

Prevalence of Post Natal Depression and Risk Factors of Depression among Women Seeking Health Services in Southern India

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ABSTRACT:

Postpartum depression is a debilitating illness that wreaks havoc on women's lives during the transition to motherhood. There have been numerous risk factors associated with postnatal depression, including physical, social, and financial aspects. The illness might manifest up immediately after delivery or up to six weeks postpartum. The purpose of this study is to determine the prevalence and risk factors for postnatal depression during the postpartum period.

Methods: The study used a quantitative descriptive cross sectional design with 700 postnatal women up to 42 days after delivery who were selected using a convenient sampling technique, excluding those in intensive care units. The data were gathered using socio demographic data, and depression was identified using the Edinburgh postnatal depression scale. The data were analysed using descriptive and inferential statistics, and it was discovered that the majority of them were between the ages of 25 and 30, had spontaneous conception, and delivered normal vaginal delivery. The postnatal depression score revealed that **29.57%** of women had a typical degree of depression and **70.43 %** are depressed. As a result, the prevalence of postnatal depression was **70.93%** among women. It was negligible in light of the presence of risk factors (**20.14 %**). The link between depression severity and socio demographic and obstetric characteristics were significant, and the study's findings indicate that women over 30 years old, married for more than 30 years, living in urban areas, and having PIH, GDM, or anaemia had a higher risk when compared to others. As nurses are the primary healthcare providers, nurse-led therapies such as early symptom detection, psychotherapy, cognitive behavioural therapy, and intensive counselling are essential.

Keywords: cognitive behavioural therapy; post natal depression; psychotherapy;

INTRODUCTION

Depression was a debilitating public health problem that, if left untreated, progressed to serious psychotic disease. Each and every person is susceptible to depression at some point in their lives. Around the world, it is believed that 5% of adults suffer from depression. Postpartum was the most difficult stage of parenting transition ^[1]. Postpartum depression is the most common type of depression in women. It arises following childbirth. Postpartum depression (PPD), the onset of

depressive episodes following childbirth, occurs during a vital period in a woman's life and can endure for many years. ^[2, 3]

Depressive episodes are substantially more likely to occur during this stage of a woman's life than at other stages ^[4], and commonly go unnoticed and untreated ^[5], wreaking havoc on spouses and children's and adolescents' emotional and cognitive development ^[6,7]. Despair, grief, nausea, changes in sleep and eating patterns, decreased libido, sobbing bouts, anxiety, irritability, feelings of isolation, mental liability, thoughts of self- or infant-harm, and even thoughts of suicide are all common symptoms of this form of depression ^[8]. Postpartum depression can begin at any point within the first year following birth and last several years. ^[9]

Globally, the pooled estimate of postpartum depression among Middle Eastern women was approximately 27%. ^[9] At the national level, the study concluded that the relative prevalence of postpartum depression at six weeks was 3.79 % for women who delivered through caesarean section and 2.35 % for those who delivered vaginally. Postpartum depression was more prevalent in women under the age of 25. ^[10]

In undiagnosed cases, the illness progresses to major depression, which is associated with a greater prevalence of morbidity and mortality in women. Globally, if interventions are not implemented properly as a preventive measure, this will overtake smoking the main cause of death by 2030. ^[8]

Stressful recent life events, a lack of social support, and a prior history of depression were all identified as substantial predictors of postpartum depression. While childcare stress, low self-esteem, maternal neuroticism, and problematic infant temperament are all moderate predictors of postpartum depression. Obstetric and pregnancy difficulties, negative cognitive attributions, single marital status, bad relationship with partner, and poorer socio economic level, including money, were the least significant indicators.

Postpartum depression is frequently misdiagnosed and is a significant health issue for a large number of mothers from diverse cultures. The most distinctive and noticeable characteristics of postpartum depression have been its effect on the mother-infant bond, as well as the child's growth and development. Children of mothers with postpartum depression were more likely to suffer cognitive, behavioural, and interpersonal difficulties than children of non-depressed mothers ^[11].

As postpartum depression contributes to a serious public health problem by affecting not only the mother and infant, but also deteriorates the entire health system. Due to the critical role of nurses in diagnosing and caring for mothers, postpartum depression can be diagnosed early. However, research on the prevalence of postpartum depression and its risk factors in India has been underreported. The researcher deemed it vital to collect baseline data prior to carrying out necessary postpartum depression interventions.

AIM OF THE STUDY;

1. To assess the post natal depression level during post natal period.
2. To assess the risk factors of for post natal depression
3. To associate the mean difference with selected demographic variables and risk factors.

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MATERIALS AND METHODS:

Study design and setting: This is a quantitative descriptive cross-sectional study undertaken in the post natal wards at a tertiary care Hospital in Chennai, India.

Sample criteria: Permission to conduct the study was obtained in advance from the competent authority. The study was explained to participants in their native language, and consent was obtained orally and in writing. A standardized questionnaire was used to collect data on socio-demographic and clinical factors. Each participant was screened to determine their eligibility. The sample size of 700 post natal mothers using convenient sampling approach. The inclusion criteria were as follows: a. Postnatal mother up to 42 days of delivery, b. Mothers who are willing to participate, c. Mothers who can understand tamil and /or English. The following criteria were used to exclude Postnatal mothers: a. Mothers who are in intensive care unit, b. Mothers who have visual and hearing impairment.

TOOLS OF DATA COLLECTION: Demographic data such as Age, age of marriage, area of residence, education ,occupation, etc and clinical variable such as parity, nature of marriage, mode of delivery, etc and babies details such as gestation age, breastfeeding, etc were collected from the subjects. Standardized tool such as Edinburgh Postnatal Depression Scale was used collect the Data.

STATISTICAL ANALYSIS: The gathered data was imported to Microsoft Excel 2010 for data entry. Statistical analysis was performed using the Statistical Package for the Social Sciences (SPSS© version 21). Descriptive statistics (mean and standard deviation) were derived for normally distributed variables comprising age, marital status, income. Frequencies and percentages were calculated for demographic and clinical data. Chi square and Mann Whitney U-test / kurskal Wallis H-test were used to analyze Demographic-clinical data related to postnatal depression and associate the level of risk factors.

RESULTS AND DISCUSSION:

Postpartum depression is a major public health concern that can be prevented early on to avoid problems. In terms of sociodemographic factors, the majority of participants were between the ages of 20 and 25. 366 (52.29 %) were married between the ages of 20-25 years, 439 (62.71 %) were married between the ages of 20-25 years, and 284 (40.57 %) had completed their degree programme. Around 562 (80.29%) of participants were full-time homemakers, 299 (42.74%) earned between Rs 10001 and Rs 15,000 per month, and 371 (53%) lived in joint families. Around 605 (86.43 %) of the population were Hindu, while 432 (61.71 %) lived in urban areas. The majority of them 431(61.57%) are accompanied by their mothers.

In terms of obstetric factors, 430 (61.43 %) were primiparous, 549 (78.43 %) aborted, and 473 (67.57 %) delivered normally. The majority of moms 461 (65.86 %) are not consanguineous, and the majority of them 609 (87 %) had a spontaneous conception, with only a small fraction having an artificial conception. 141 moms (20.14 %) had risk factors throughout pregnancy.

In terms of baby information, the majority of babies 642 (91.71 %) cried soon after birth, with substantial newborns 308 (44 %) weighing between 2.6 and 3 kilogram's after birth. The majority of kids 502 (71.71 %) were breastfed within an hour of birth, and the majority of them 606 (86.57 %)

were delivered at term and roomed in with their mother without having any congenital defects. The majority of them, 683 (97.57%), were on their seventh postnatal day, with more than half having female infants 359 (51.29%).

When the percentage of women seeking health services at a tertiary hospital assessed using the Edinburgh Postnatal Depression Scale was considered, it was discovered that 29.57 % of women had a normal level score and 70.43 % are depressed^[Table 1]. Thus, the primary source of concern was the fact that depression was prevalent in women at a rate of 70.93 %. A comparable study discovered a significantly greater prevalence of post-natal depression, with 39% experiencing mild depression, 22% experiencing moderate depression, 6% experiencing moderately severe depression, and 11% experiencing severe depression, indicating a high prevalence of PPD.^[12] A study found that nearly a quarter (23.7%) of moms were depressive, providing additional support for our study findings.^[13] The current study's findings corroborate those of a previous study in which depression was shown to be prevalent at 16.9 % and 15.2 %, respectively.^[14,15] According to a study conducted at Dhulikhel Hospital and the Maternity Hospital's immunisation clinic in Kathmandu, the general prevalence of depressed symptoms is 29% and 30%, respectively.^[16, 17]

Table 1: LEVEL OF POST PARTUM DEPRESSION

Level of score	Number of women	%
Normal	207	29.57%
Depressed	493	70.43%
Total	700	100.00%

The existence of risk factors was only a minor factor (20.14 %) ^[Table 2], with contributing hazards centred on PIH, GDM, and anaemia, which must be addressed specifically for mothers with this diagnosis. The study's findings support previous research indicating that low haemoglobin levels relate to postpartum depression symptoms.^[18]

TABLE 2: PRESENCE OF RISK FACTORS

Level	Number of women	%
Yes	141	20.14%
No	559	79.86%
Total	700	100.00%

The relationship between depression severity and sociodemographic and obstetric characteristics are significant, and the study's findings indicate that women over the age of 30^[FIGURE 1] and those married for more than 30 years^[FIGURE 2] have a higher risk of depression than others. Thus, the primary area of concern is for women who live in urban areas and have risk factors for hypertension, diabetes, or anaemia during pregnancy. A study discovered a discrepancy in that younger women experience postpartum depression at a higher rate than women over the age of 30^[12,19] Similarly, age plays a significant role in depression.^[20]

FIGURE 1: ASSOCIATION BETWEEN THE LEVEL OF DEPRESSION AND WOMEN AGE GROUP

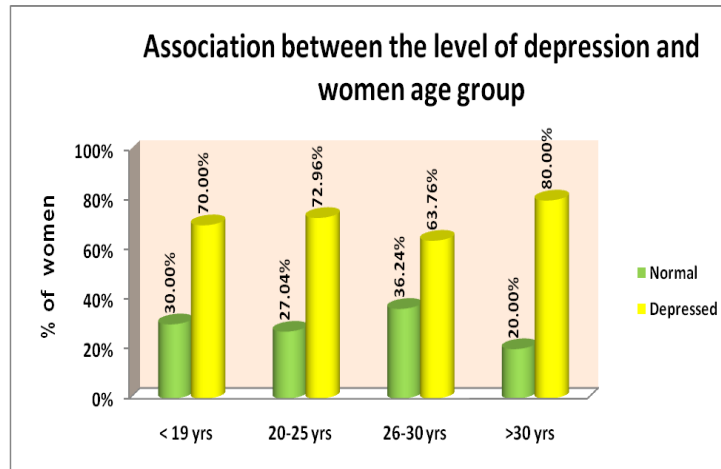
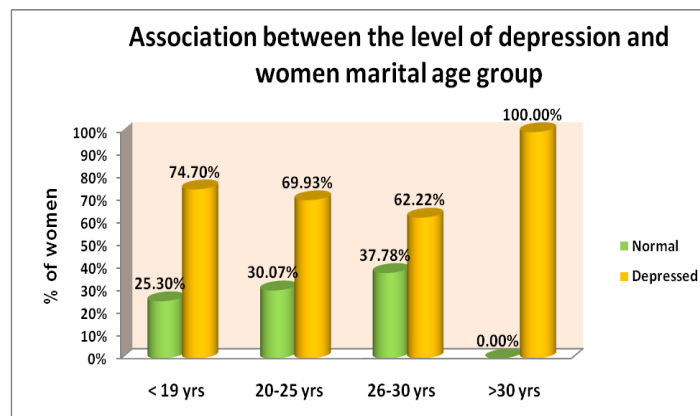


FIGURE 2: ASSOCIATION BETWEEN THE LEVEL OF DEPRESSION AND WOMEN MARITAL AGE GROUP



CONCLUSION:

Postpartum is a moment of concern since it is highly dependent on maternal and foetal connection. If this phase is to be uneventful, postnatal depression must be recognised early to avoid consequences. The study's conclusions are based on mothers with a high prevalence of postnatal depression and associated risk variables such as age, residency age, and gestational age. Antenatal screening for depression must be conducted with the same intensity as physical examinations. Psychological interventions should be provided by nurses, and as the primary healthcare provider, they should address the issue, identify a solution, and provide thorough therapy. Clinics conducted by midwives can be established to address the issue and determine the most appropriate treatment for individual mothers. Policymakers can prepare for psychotherapy, cognitive behavioural therapy, and individual treatment to aid them in resolving the issue with the support of family and friends.

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