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Awareness and Knowledge of Postpartum Psychosis Among Antenatal Women: A Call for Educational Intervention

Sandhya V.[1,*], Komathi V.[2]

Abstract

Postpartum psychosis (PP) is a rare yet critical mental health disorder that poses serious risks to the well-being of new mothers. This condition manifests through a range of acute symptoms, including manic episodes, depressive states, confusion, hallucinations, and delusions. Symptoms typically present abruptly within the first two weeks following childbirth, making it a medical emergency that necessitates urgent care. Left untreated, PP can lead to severe consequences, including self-harm or harm to the infant. This research focused on evaluating the awareness and understanding of postpartum psychosis among antenatal women at a specific community health center in Bhowali. A quantitative descriptive approach was employed, with 60 participants selected through convenience sampling. Data collection involved a structured questionnaire designed to assess knowledge levels about PP. The findings highlighted that 65% of the respondents had limited knowledge of the condition, while 35% had no awareness at all. Notably, none of the participants demonstrated a comprehensive understanding of postpartum psychosis. Furthermore, the study explored correlations between knowledge levels and demographic variables, such as age, education, occupation, and socioeconomic status but found no significant associations. The results emphasize the urgent need for educational programs tailored to antenatal women to fill these knowledge gaps. Such interventions could promote early detection and prevention of postpartum psychosis, ultimately improving maternal and infant health outcomes. Future studies should focus on assessing the impact of these educational strategies and investigating the sociocultural factors that influence knowledge acquisition and awareness.

Keywords: Antenatal Women, awareness, mental health, postpartum psychosis, structured questionnaires

INTRODUCTION

Pregnancy is often seen as a transformative and joyous time in a woman's life, filled with anticipation and hope. However, for some, it can bring significant challenges, particularly in terms of mental health issues linked to childbirth. Among these, postpartum psychosis stands out as one of the most severe and concerning conditions. This rare but serious psychiatric emergency usually emerges in the first few weeks after delivery and is marked by symptoms, such as mood disturbances, confusion, hallucinations, and delusions [1].

In contrast to baby blues or postpartum depression, postpartum psychosis tends to appear suddenly and demands urgent medical care. Women with a history of bipolar disorder or previous mental health conditions are more susceptible to developing it. Although the exact causes are not fully understood, hormonal fluctuations, disrupted sleep patterns, and genetic factors are thought to play a key role.

***Author for Correspondence**
Sandhya V.
E-mail: sandhyadevu07@gmail.com

[1]Assistant Professor, Psychiatric Department, MN College of Nursing, Bikaner, Rajasthan, India
[2]Associate Professor, Obstetrics & Gynecology Nursing Department, Vinayaka Mission College of Nursing, Pondicherry, India

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The prevalence of postpartum psychosis varies worldwide but is significantly higher in developing nations compared to developed ones, influenced by disparities in cultural norms, socioeconomic conditions, and access to healthcare. Raising awareness and providing education on postpartum psychosis can lead to better outcomes, emphasizing the need for antenatal women to recognize early warning signs and seek prompt intervention [2, 3].

This study focuses on assessing the knowledge levels of antenatal women regarding postpartum psychosis. It aims to highlight gaps in awareness and explore how demographic factors may affect understanding. Bridging these gaps through targeted education can enhance the support provided to women during the postpartum period and improve their overall mental health [4].

MATERIAL AND METHODS

This study employed a descriptive quantitative research design to evaluate the knowledge of postpartum psychosis among antenatal women. The research was conducted at a selected community health center in Bhowali, with the target population being antenatal women attending the facility. The study used convenience sampling to select a total of 60 participants who met the inclusion criteria.

A structured questionnaire was designed to assess the participants' knowledge of postpartum psychosis. The tool was developed based on a comprehensive review of relevant literature and validated by subject matter experts. It included questions covering various aspects of postpartum psychosis, such as symptoms, causes, risk factors, and preventive measures.

The questionnaire was administered to the participants during face-to-face interactions, ensuring that all responses were accurately recorded. Data collection was completed within the defined study period. Demographic information, including age, education level, occupation, income, and other relevant details, was also gathered to analyze its association with knowledge levels.

Data analysis was conducted using descriptive and inferential statistics. Descriptive statistics, such as mean and standard deviation, were employed to summarize the data, while the chi-square test was used to identify associations between knowledge levels and selected demographic variables. Ethical approval was obtained from the relevant authorities, and informed consent was collected from all participants before data collection. Confidentiality and anonymity were strictly maintained throughout the research process [5, 6].

DATA INTERPRETATION & RESULT

Frequency and Percentage Distribution of Demographic Variables of Postpartum Psychosis

This section outlines the demographic characteristics of the study participants. It provides an analysis based on frequency and percentage distribution. The data highlights the participants' attributes, including age, education level, occupation, family structure, household income, religion, place of residence, dietary habits, and sources of information about postpartum psychosis [7].

Table 1 analyzed the demographic characteristics of antenatal women, revealing that 50% were aged 18–24 years, with the majority (48.33%) having completed primary education. Most participants (60%) were housewives, and 46.66% had a family income between ₹5,000–₹10,000 per month, indicating a diverse economic background. Regarding religion, 50% were Hindu, followed by 26.66% Muslims. The highest proportion (38.33%) lived in nuclear families, and 41.66% resided in urban areas. Dietary patterns showed 55% were vegetarian, while 26.66% were non-vegetarian, and 18.33% were eggetarian. In terms of information sources, 38.33% learned about postpartum psychosis from health personnel, making it the most common source, followed by friends (25%) and mass media (20%).

Figure 1 shows that out of 60 antenatal women, 30 (50%) belongs to age group of 18–24 years, 18 (30%) falls in age group of 25–31 years, 8 (13.33%) belongs to age group of 32–38 years and 4 (6.66) belongs to age group of more than 39 years.

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Table 1. Depicts the Frequency and Percentage Distribution of Demographic Variables of Antenatal Mother.

S.N.	Demographic Variables	Particular	Frequency *(f)*	Percentage %
1.	Age (in year)	18–24	30	50
		25–31	18	30
		32–38	8	13.33
		Above 39	4	6.66
2.	Education	No formal education	0	0
		Primary	29	48.33
		Secondary	24	40
		Graduate	7	11.66
3.	Occupation	Housewife	36	60
		Daily wages	11	18.33
		Private job	4	6.66
		Government job	9	15
4.	Income Per Month in Rupees	5000–10000	28	46.66
		11000–20000	20	33.33
		21000–30000	7	11.66
		>31000	5	8.33
5.	Religion	Hindu	30	50
		Muslim	16	26.66
		Christian	4	6.66
		Others	10	16.66
6.	Type of Family	Nuclear	23	38.33
		Joint	17	28.33
		Single parent family	12	20
		Extended family	8	13.33
7.	Residential Area	Urban	25	41.66
		Rural	16	26.66
		Semi–urban	15	25
		Tribal	4	6.66
8.	Dietary Pattern	Vegetarian	33	55
		Non–vegetarian	16	26.66
		Eggetarian	11	18.33
9.	Source of Information	Mass media	12	20
		Health personnel	23	38.33
		Friends	15	25
		Family members	10	16.66

Figure 2 shows that regarding educational status of antenatal women, 0 (0%) are no formal education, 29 (48.33%) did their primary education, 24 (40%) had completed their secondary education, 7 (11.66%) had completed their graduation.

Figure 3 shows that regarding occupation of antenatal women 36 (60%) were housewife, 11 (18.33%) were daily wages, 4 (6.66%) were private employee, 9 (15%) were government employee.

Figure 4 shows that based on family income per month, 28 (46.66%) of the families are getting income between Rs.5000–10000 /– 20 (33.33%) families are getting income between Rs. 11000–20000/–7 (11.66%) families are getting income between Rs. 21000–30000/– and 5 (8.33%) families are getting more than Rs. 31000 /–

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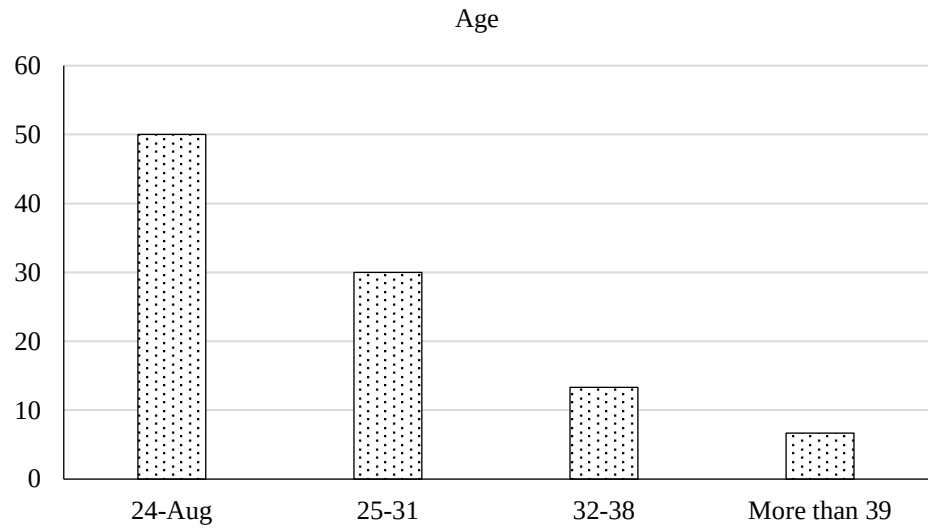

Figure 1. Bar diagram showing, percentage, distribution of antenatal women according to their age.

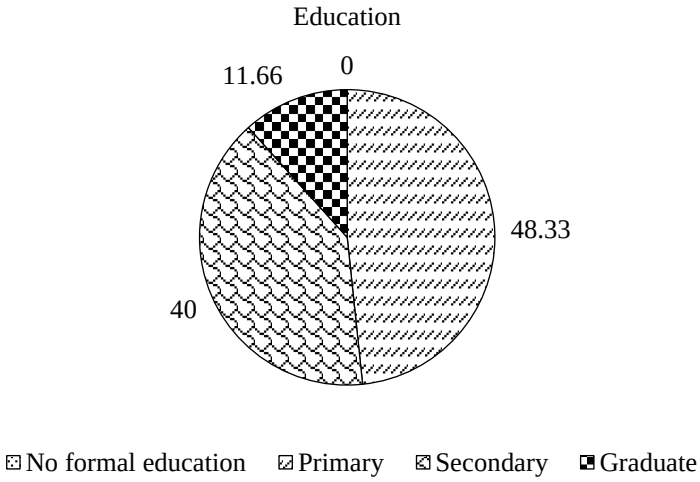

Figure 2. Pie diagram showing, percentage, distribution of antenatal women according to their education.

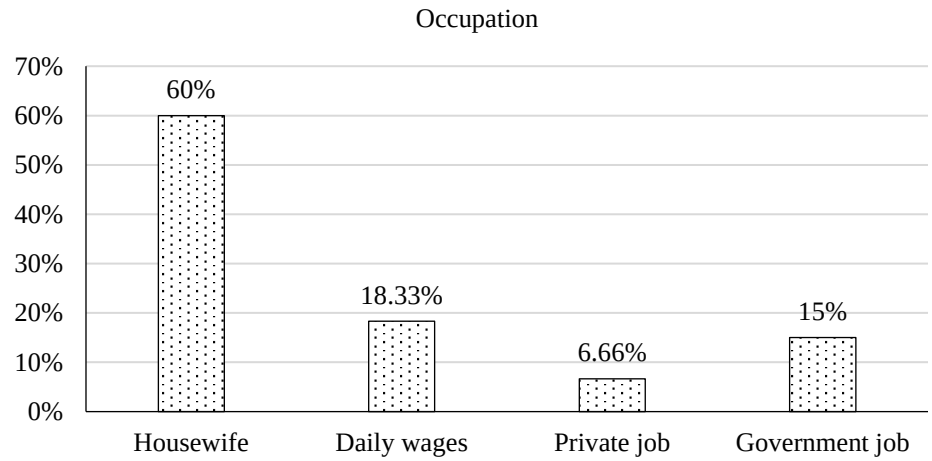

Figure 3. Bar diagram showing, percentage, distribution of occupation according to their occupation.

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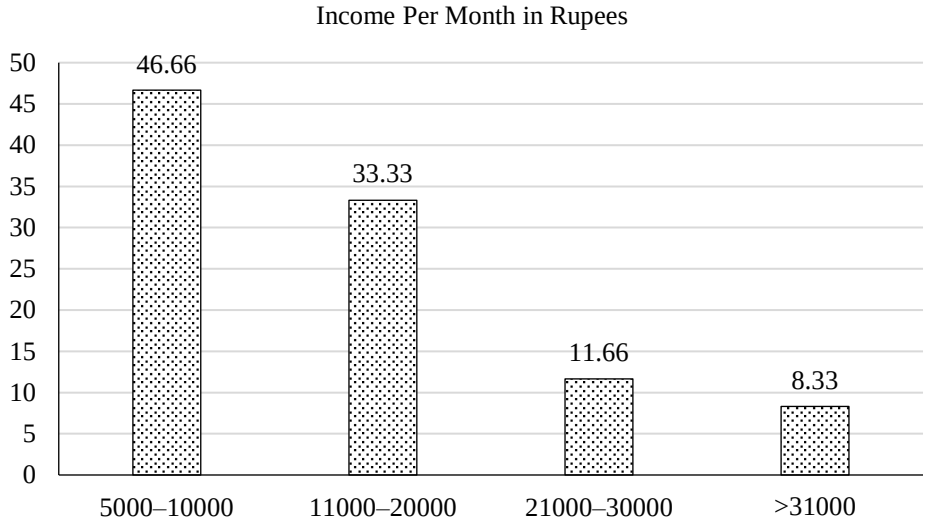

Figure 4. Bar diagram showing, percentage, distribution of antenatal mother according to their family income.

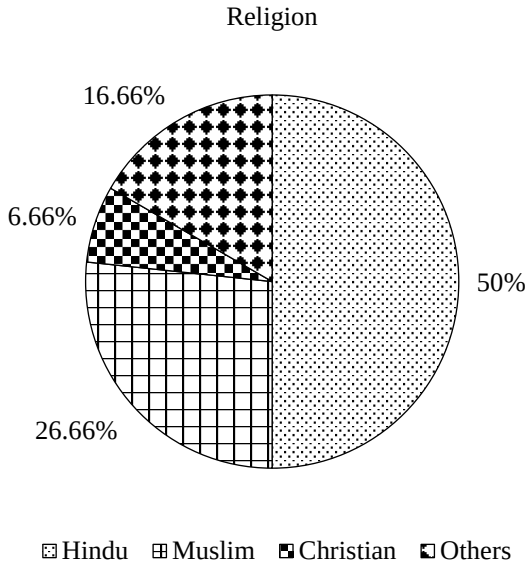

Figure 5. Pie diagram showing, percentage, distribution of antenatal mother according to their religion.

Figure 5 shows that regarding religion of antenatal mother, 30 (50%) were Hindu, 16 (26.66%) were Muslim, 4 (6.66%) were Christian and 10 (16.66%) belongs to other religion.

Figure 6 shows that regarding residential areas of postnatal mothers 25 (41.66%) live in urban areas, 16 (26.66%) live in rural areas 15 (25%) were live in semi urban area and 4 (6.66%) were live in tribal area.

Figure 7 shows that regarding dietary pattern of antenatal women, 33 (55%) were vegetarian, 16 (26.66%) were non vegetarian, and 11 (18.33%) were eggetarian.

Figure 8 is based on the source information regarding postpartum psychosis 12 (20%) received from mass media 23 (38.33%) received from health personnel 15 (25%) received from friends and 10 (16.66%) received from family members.

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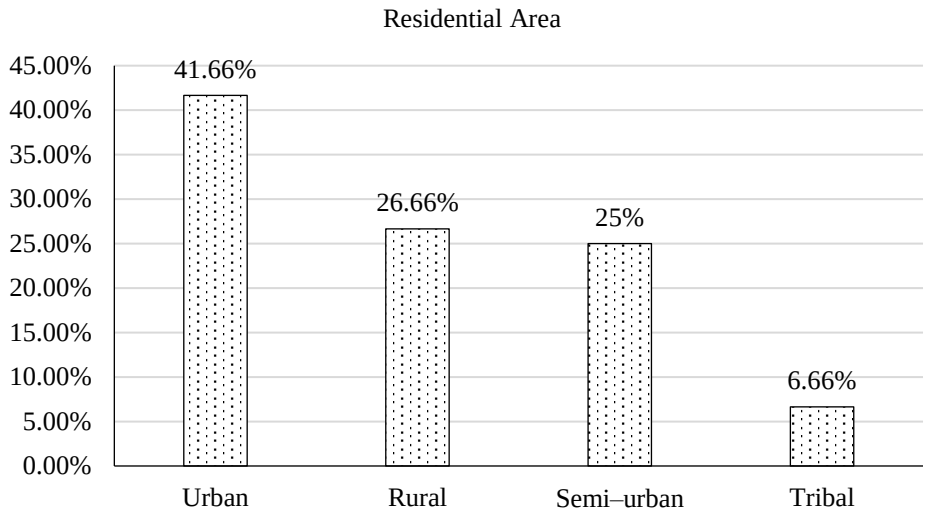

Figure 6. Bar diagram showing, percentage, distribution of postnatal mother according to their residential area.

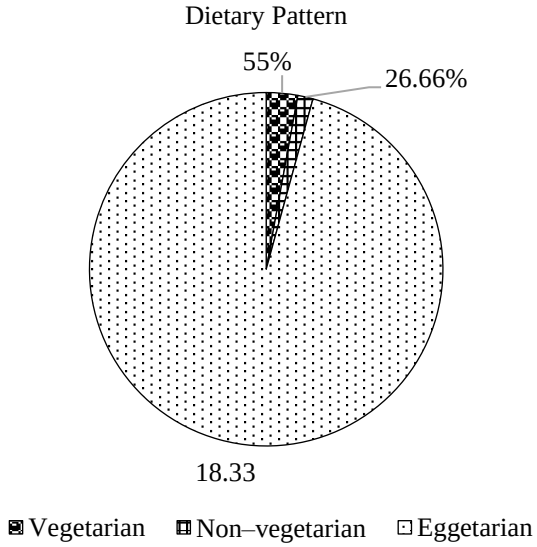

Figure 7. Pie diagram showing, percentage, distribution of antenatal women according to their dietary pattern.

Measurement of Knowledge Score of Antenatal Women Regarding Post Partum Psychosis

Table 2 reveals that the comparison between mean and standard deviation of pretest level of knowledge on postpartum psychosis among 60 antenatal women. The pre-test mean value is 9.82 and standard deviation is 1.46 this shows that the knowledge level of antenatal women.

Table 2. Measurement of knowledge score among antenatal women.

Group	Mean	Mean (%)	SD
Pre-test knowledge score	9.82	32	1.46

Note: N = 60.

Measurement of Pre-Intervention Score Among Antenatal Women Mean And SD

The Bar diagrams in Figure 9 show the measurement of knowledge level of mean and SD (9.82) intervention 1.46, respectively.

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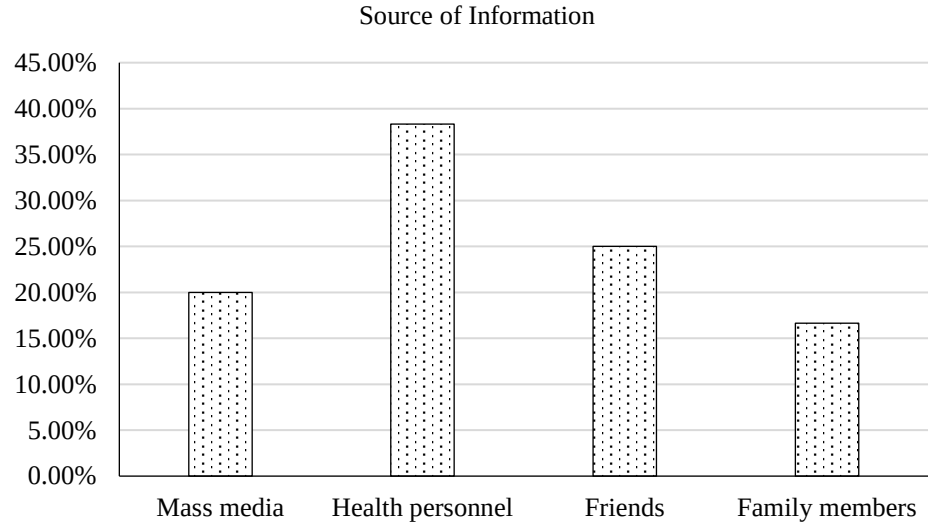

Figure 8. Bar diagram showing, percentage, distribution of antenatal women according to their source of information.

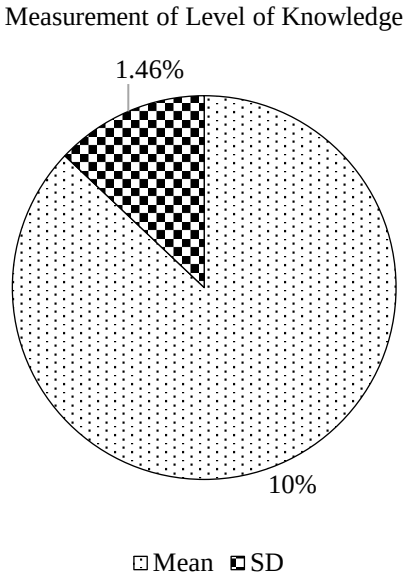

Figure 9. Bar diagrams show the measurement of knowledge level of mean and SD.

Table 3. Area wise mean and standard deviation of pre-test and post-test knowledge score of antenatal women.

Knowledge Score						
S.N.	**Areas of Knowledge**	**Max. Score**	**Range**	**Mean**	**Mean %**	**SD**
1.	Introduction and Definition	4	0–4	1.35	33.75	2.43
2.	Epidemiology and prognosis	4	0–4	1.28	32	2.51
3.	Causes, sign and Symptoms	7	0–7	2.28	32.57	2.23
4.	Diagnostic evaluation and reducing risk Factor	3	0–3	0.96	32	2.37
5.	Prevention and Treatment	9	0–9	2.9	32.22	2.26
6.	Role of supportive members, complication and psycho Education	3	0–3	1	33.33	2.45
	Total	30	0–13	9.95	33.16	1.22

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The data presented in Table 3 show the mean score obtained by the sample in different areas.

The bar diagrams in Figure 10 show that area wise knowledge score of respondents on postpartum psychosis among antenatal women.

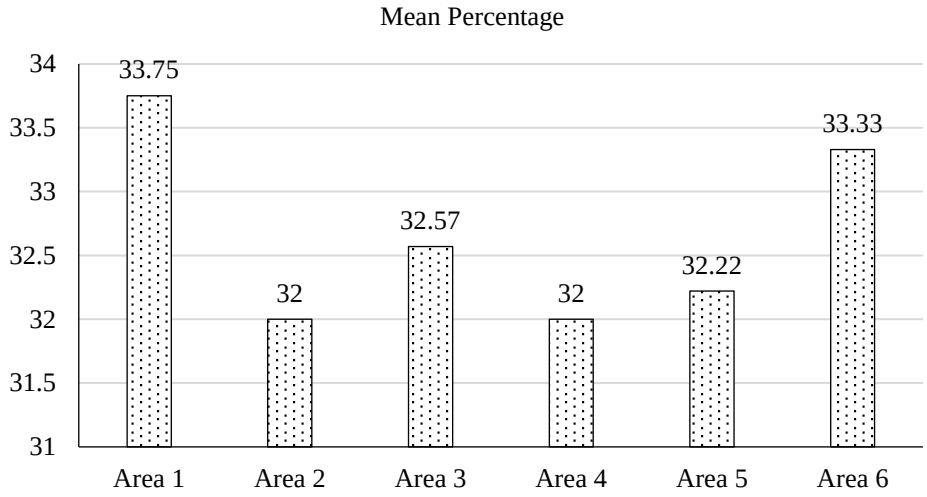

Figure 10. It shows that in all areas the mean pre-test knowledge score.

Association Between Pre-Test Level of Knowledge of Antenatal Mother Regarding Postpartum Psychosis with Their Selected Demographic Variables.

Table 4 presents the calculated chi-square values for selected demographic variables to determine their association with the knowledge levels of antenatal women regarding postpartum psychosis. Demographic factors, such as age, education, occupation, monthly income, religion, family type, residential area, dietary habits, and sources of information showed no significant association with knowledge at a 0.05 level of significance. Consequently, the research hypothesis (H1) is rejected, indicating that there is no statistically significant relationship between knowledge levels and the selected demographic variables of antenatal women regarding postpartum psychosis at the specified significance level [8, 9].

Table 4. Association between pre-test scores and selected their demographic variables.

Demographic Variables	**Pre-Test Level of Knowledge**			**DF**	χ^2	**Inference**
	Poor (0–10)	***Average (11–20)***	***Good (21–30)***			
Age (in Year)						
18–24	19	11	0			
25–31	10	8	0			
24–26	6	2	0	3	3.21	NS
More than 39	4	0	0	7.82		
Education						
No Formal Education	0	0	0			
Primary	19	10	0	2	1.77	NS
Secondary	14	10	0	5.99		
Graduate	6	1	0			
Occupation						
Housewife	22	14	0			
Daily wages	8	3	0			
Private job	4	0	0	3	3.63	NS
Government job	5	4	0	7.82		

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Income in Month						
5000–10000	18	10	0			
11000–20000	13	7	0			
21000–30000	5	2	0	3	0.16	NS
More than 31000	3	2	0	7.82	8	
Religion						
Hindu	18	12	0			
Muslim	11	5	0			
Christian	3	1	0	3	0.68	NS
Others	7	3	0	7.82		
Type of Family						
Nuclear	15	8	0			
Joint	10	7	0			
Single Parent Family	10	2	0	3	2.82	NS
Extended Family	4	4	0	7.82		
Residential Area						
Urban	15	10	0			
Rural	11	5	0			
Semi Urban	10	5	0	3	0.69	NS
Tribal	3	1	0	7.82	6	
Dietary Pattern						
Vegetarian	18	15	0			
Non-Vegetarian	12	4	0	2	3.6	NS
Eggetarian	9	2	0	5.99		
Source of Information						
Mass Media	8	4	0			
Health Personnel	14	10	0			
Friends	10	4	0	3	0.81	NS
Family Members	7	3	0	7.82	4	

DISCUSSIONS

The discussion highlights the limited knowledge of antenatal women regarding postpartum psychosis, with the majority exhibiting poor awareness. Despite examining demographic factors, such as age, education, occupation, income, religion, family type, residential area, dietary habits, and information sources, no significant associations with knowledge levels were identified. These findings emphasize the critical need for educational interventions to enhance awareness and understanding of postpartum psychosis among antenatal women. By addressing this knowledge gap, healthcare providers can promote early detection and prevention, improving maternal mental health outcomes. Future studies should explore effective strategies for knowledge dissemination and sociocultural factors influencing awareness [10].

CONCLUSIONS AND RECOMMENDATIONS

The study concludes that antenatal women have insufficient knowledge about postpartum psychosis, with a significant proportion showing limited or no awareness of the condition. This highlights an urgent need to address the knowledge gap to ensure early recognition, timely intervention, and effective management of this psychiatric emergency. Despite analyzing various demographic factors, such as age, education, occupation, income, and sources of information, no significant association with knowledge levels was found. This underscores the need for universal educational efforts rather than targeting specific subgroups.

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To enhance awareness, healthcare providers should focus on creating and disseminating structured educational materials on postpartum psychosis during antenatal care visits. Community-based awareness campaigns and health talks can also be effective in reaching wider audiences. Training programs for healthcare workers should emphasize the importance of discussing postpartum psychosis with expecting mothers as part of routine prenatal counseling.

Mass media, social platforms, and print materials can serve as additional tools for spreading knowledge about the condition. Future research should focus on developing and assessing the effectiveness of these interventions while exploring cultural and social factors that may influence awareness and access to information. These steps are essential to improve maternal mental health and overall family well-being.

REFERENCES

1. Fisher JR, Wynter KH, Rowe HJ. Innovative psycho-educational program to prevent common postpartum mental disorders in primiparous women: a before and after controlled study. BMC public health. 2010 Dec;10:1–5.
2. Higgins A, Carroll M, Sharek D. Impact of perinatal mental health education on student midwives' knowledge, skills and attitudes: A pre/post evaluation of a module of study. Nurse education today. 2016 Jan1;36:364–9.
3. Alsabi RN, Zaimi AF, Sivalingam T, Ishak NN, Alimuddin AS, Dasrilsyah RA, et al. Improving knowledge, attitudes and beliefs: a cross-sectional study of postpartum depression awareness among social support networks during COVID-19 pandemic in Malaysia. BMC Women's Health. 2022 Jun 11;22(1):221.
4. Cheng GZ, Chen A, Xin Y, Ni QQ. Using the teach-back method to improve postpartum maternal-infant health among women with limited maternal health literacy: A randomized controlled study. BMC Pregnancy and Childbirth. 2023 Jan 9;23(1):13.
5. Evagorou O, Arvaniti A, Samakouri M. Cross-cultural approach of postpartum depression: Manifestation, practices applied, risk factors and therapeutic interventions. Psychiatric Quarterly. 2016 Mar;87:129–54.
6. Bergink V, Lambregtse-van den Berg MP, Koorengevel KM, Kupka R, Kushner SA. First-onset psychosis occurring in the postpartum period: a prospective cohort study. The J Clin Psychiatry. 2011 Aug 23;72(11):13340.
7. Liu Y, Zhang L, Guo N, Jiang H. Postpartum depression and postpartum post-traumatic stress disorder: prevalence and associated factors. BMC psychiatry. 2021 Dec;21:1–1.
8. Memchoubi K, Bondre S, Jain A, Yadav A. Knowledge Regarding Postpartum Psychosis Among Women in Selected Areas of Pune City with A View to Develop Information Booklet. Educational Administration: Theory and Practice. 2024 May 24;30(5):8575–8.
9. Poreddi V, Thomas B, Paulose B, Jose B, Daniel BM, Somagattu SN, Kathyayani BV. Knowledge and attitudes of family members towards postpartum depression. Archives of psychiatric nursing. 2020 Dec 1;34(6):492–6.
10. Irfan N, Badar A. Determinants and pattern of postpartum psychological disorders in Hazara division of Pakistan. J Ayub Med Coll Abbottabad. 2003;15(3).

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