



Effectiveness of a Structured Teaching Programme on Knowledge Regarding Postpartum Depression among Postpartum Women

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Abstract

Background: Postpartum depression (PPD) is a common mental health problem among women after childbirth and remains a neglected issue in maternal healthcare, especially in developing countries. Lack of awareness often leads to delayed identification and treatment.

Methodology: A pre-experimental one-group pre-test and post-test design was used. The study was conducted among 60 postpartum women in selected hospitals of Jaipur, Rajasthan. A structured questionnaire was used to assess knowledge before and after the teaching program.

Results: The pre-test results showed inadequate knowledge among most participants. After the Structured Teaching Program, knowledge scores significantly improved, indicating the effectiveness of the educational intervention.

Conclusion: The Structured Teaching Program was effective in improving knowledge regarding postpartum depression. Educational interventions should be incorporated into maternal healthcare to promote early detection and management of PPD.

Keywords: Effectiveness; Structured Teaching Programme; Knowledge; Postpartum.

INTRODUCTION

Pregnancy is a special, thrilling, and frequently happy period in a woman's life that highlights her incredible creative and nurturing abilities and serves as a bridge to the future. However, this change has a hefty price because the developing baby is totally dependent on the mother's healthy body for all of its needs; the mother must take great responsibility for her own physical and nutritional health. Although most people think of childbirth as a moment to celebrate, the physical discomfort, weariness, and new responsibilities of caring for an infant can make the experience stressful. Many women have severe anxiety about their capacity to parent and the burdensome responsibilities of starting a new life, which can lead to intricate bodily and psychological changes.^{1,2}

The birth of a woman's first baby is a major life event that marks the beginning of a period of cognitive transition—a time when roles and self-identities are redefined and reorganized. New motherhood requires women to adjust to

a multitude of new responsibilities, for which they may have inadequate preparation or support. Although this phase can be joyous, it holds the potential to be a highly stressful life event as the relentless tasks of infant care result in a perceived loss of control over daily routines and personal identity.³

The World Health Organization (WHO) states that the postpartum period, which starts just after delivery and lasts for six weeks, is the most important but often overlooked stage of a mother's and child's life. The body returns to a non-pregnant condition during this period of dynamic hormonal flux, which makes it a susceptible window for the emergence of emotional and psychological illnesses.^{4,5} Women are three times more likely to experience mental problems in the first

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month following childbirth. Up to 85% of women may have postpartum depression (PPD), a brief but dangerous affective illness marked by mood swings, persistent sorrow, and emotional lability.^{6,7}

The «baby blues,» postpartum depression, and postpartum psychosis are the three clinical classifications for postpartum mood disorders. PPD is more severe and long-lasting, marked by dread, rage, and dependency, whereas the blues are fleeting and frequently go away in two weeks. One in eight postpartum women may have these symptoms, according to the Diagnostic and Statistical Manual (DSM-IV). About 15% of patients with severe depressive episodes may be at danger of suicide if treatment is not received, underscoring the critical need for early diagnosis and medical care⁸.

The frequency of PPD varies greatly around the world. The prevalence is reported to be 18.6% in low- and lower-middle-income nations, while it ranges from 10 to 15% in Western countries. Depending on cultural conditions and the degree of family support, some studies have found percentages as high as 60%^{9,10,11}. In India, the pooled estimate of PPD prevalence stands at approximately 22%, with risk factors including financial difficulties, domestic violence, marital conflict, and the birth of a female child. In Rajasthan specifically, studies have indicated that over 40% of mothers show some level of depressive symptoms, ranging from mild to early clinical PPD.¹²⁻¹⁴

Despite the high prevalence, there is a profound lack of awareness among postpartum women and their families. Many mothers have inadequate knowledge regarding the signs of psychiatric disorders, often mistaking clinical depression for normal exhaustion. Research indicates that structured educational interventions can significantly improve knowledge levels, moving from inadequate baseline scores to over 76% proficiency following a teaching program. Addressing this knowledge gap is essential to ensure early detection and prevent the progression of PPD into postpartum psychosis.^{15,16}

This study, therefore, aims to assess the baseline knowledge of postpartum women in selected hospitals in Jaipur and evaluate the effectiveness of a Structured Teaching Program (STP) in enhancing their understanding of PPD. By empowering mothers with information, healthcare providers can reduce maternal morbidity and enhance the vital bonding between parent and child.

MATERIALS AND METHODS

Study design: Pre-experimental one-group pre-test post-test

Study setting: Selected hospitals in Jaipur, Rajasthan

Sample size: 60 postnatal mothers

Sampling technique: Purposive sampling

Data collection tool: Structured questionnaire (30 items)

Intervention: Structured Teaching Programme

Data analysis: Descriptive statistics, Paired t-test, Chi-square test

Reliability: 0.88

RESULTS AND ANALYSIS

The data was collected from 200 postpartum women. The analysis focused on the comparison between pre-test and post-test knowledge scores and the correlation with demographic variables (Tables 1-3 and Figures 1 and 2).

Knowledge Level Distribution

Before the intervention, the majority of the participants had poor or average knowledge. Following the Structured Teaching Program, there was a significant shift toward “Good” and “Very Good” levels.

Effectiveness of the STP

The effectiveness was measured by comparing the mean scores. The “t” test was applied to check the significance of the improvement.

The data reveal that the mean post-test score (32.16) was significantly higher than the mean pre-test score (7.23),

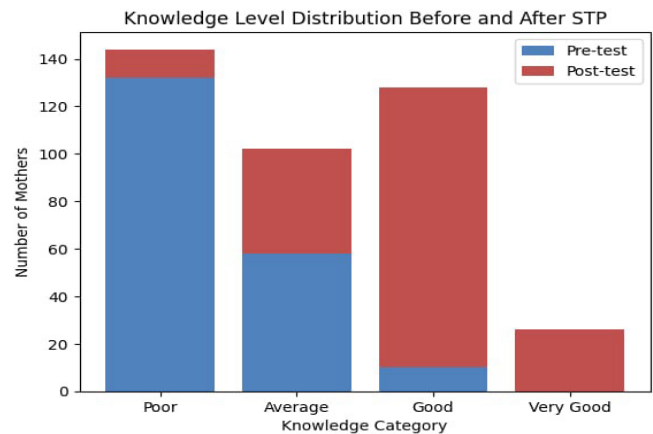


Figure 1: Distribution of knowledge levels among postpartum women before and after structured teaching programme

Table 1: Distribution of knowledge levels (N=200)

Knowledge category	Pre-test count	Pre-test (%)	Post-test count	Post-test (%)
Poor (0–10)	132	66	12	6
Average (11–20)	58	29	44	22
Good (21–30)	10	5	118	59
Very Good (31–40)	0	0	26	13



Table 2: Comparison of mean pre-test and post-test knowledge scores

Variables	Mean score	Standard deviation (SD)	Mean difference	't' Value	Significance
Pre-test	7.23	2.15	24.93	18.42*	$p < 0.05$
Post-test	32.16	4.82			

*Significant at 0.05 level

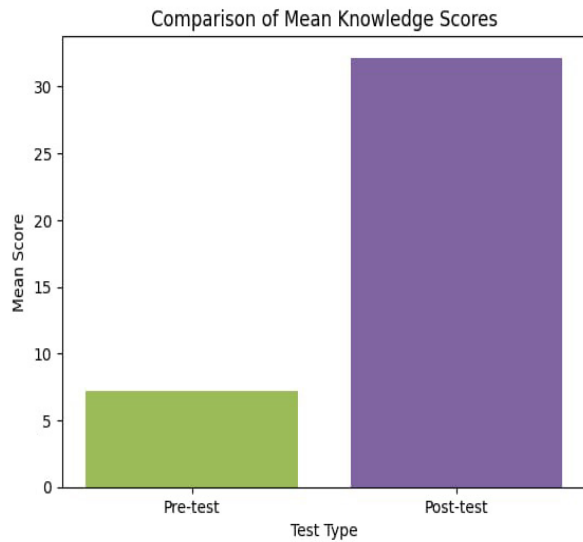


Figure 2: Comparison of mean pre-test and post-test knowledge scores

supporting the hypothesis H1 that the educational intervention is effective.

Demographic Association

The study found that certain demographic variables had a significant association with the baseline knowledge of the mothers.

DISCUSSION

The present study evaluated the effectiveness of a structured teaching program (STP) on knowledge regarding postpartum depression among postnatal mothers in selected hospitals of Jaipur. The pre-test findings showed that most participants had inadequate knowledge about postpartum depression.

After the implementation of the structured teaching program, a significant improvement in knowledge scores was observed, indicating that the educational intervention was effective. Similar findings have been reported in previous studies showing that awareness programs improve mothers' knowledge about postpartum mental health.

The study also found that educational status had a significant association with knowledge levels, while other demographic variables showed no significant association. These findings highlight the importance of educational interventions in improving awareness and early identification of postpartum depression among mothers.

Table 3: Association between pre-test knowledge and demographic variables

Demographic variable	Chi-square value	df.	p-value	Result
Age of mother	12.45	3	0.012	Significant
Education level	15.62	4	0.008	Significant
Type of family	8.11	2	0.045	Significant
Monthly income	10.33	3	0.021	Significant

CONCLUSION

The study concludes that postpartum women initially possess inadequate knowledge regarding postpartum depression. The implementation of a structured teaching program is a highly effective strategy for increasing awareness. Educational interventions should be integrated into routine postnatal care to ensure mothers can identify symptoms early and seek appropriate psychological support.

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