

These results suggest that home visits by mental health nurses can contribute to positive mental health and social changes for women with post-partum depression. A larger trial is warranted to test this approach to care.

- 11) J.R.WFisher conducted the study to examine depressive symptomatology in women after childbirth in Ho Chi Minh City, Vietnam. at Setting Hung Vuong Obstetrics and Gynaecology Hospital and the Maternal, Child Health and Family Planning Centre of Ho Chi Minh City, Vietnam. 506 women who participated, 166 (33%) had EPDS scores in the clinical range of >12 and 99 (19%) acknowledged suicidal ideation. In a forward stepwise logistic regression analysis, 77% of cases with EPDS scores >12 were correctly classified in a model which included unwelcome pregnancy, lack of a permanent job, <30 days complete rest after childbirth, an unsettled baby, not being given special foods, avoiding proscribed foods and being unable to confide in their husbands. there conclusion was Depressive symptomatology is more prevalent among parturient women in Ho Chi Minh City, Vietnam than reported rates in developed countries and is at present unrecognised.

3. Methods/ Approach

The study undertaken is aimed at assessing the level of postnatal depression among post natal mothers

Setting: Krishna hospital, Karad.

Population: Postnatal Mothers admitted at Krishna hospital, Karad.

Sampling technique: Convenient sampling technique

Sample and sample size: 60 Postnatal Mother.

Sampling Criteria:

I. Inclusion criteria

1. Mothers in the selected Hospital area.
2. Mothers available at the time of data collection.
3. Mothers willing to participate in the Study

II. Exclusion criteria

1. Mothers who are having psychotic symptoms.
2. Mothers who are not willing to participate in study. Mothers
3. Mothers those who are Not available at the time of the study.

Data Collection Technique

1. Development of Tool: Tool used for the research study is Edinburgh postnatal depression scale.
2. Description of the tool :
The questionnaire has 2 parts. Part 1, part 2

Part I: Included items of demographic variables such as age, sex of child, religion, income, educational status, type of family, occupation, number of children, Gravida, associated any other major diseases.

Part 2: Contain questionnaires on postnatal depression. The EPDS was developed at health centres in Livingston and Edinburgh. It consists of ten short statements. The mother underlines which of the four possible responses is closest to how she has been feeling during the past week. Most mothers complete the scale without difficulty in less than 5 minutes.

The validation study showed that mothers who scored above threshold 92.3% were likely to be suffering from a depressive illness of varying severity. Nevertheless the EPDS score should not override clinical judgment. A careful clinical assessment should be carried out to confirm the diagnosis. The scale indicates how the mother has felt during the previous week and in doubtful cases it may be usefully repeated after 2 weeks. The scale will not detect mothers with anxiety neuroses, phobias or personality disorder.

4. Results

Table 1: Distribution of mothers according to demographic characteristics

Sr. no.	Demographic variables	Frequency	Percentage
1	Age of mother in year		
2	<20	11	18%
3	21-25	38	63%
4	26-30	12	20%
5	More than 30	1	1.6%
2. Religion			
1.	Hindu	53	87.9%
2.	Muslim	04	6.6%
3.	Christian	1	1.6%
3. Education			
1.	Primary	04	6.6%
2.	High School	34	56%
3.	PUC & Graduation and above	22	35%
4. Occupation			
1.	Housewife	51	85%
2.	Daily wages	04	6.6%
3.	Government employee	05	8.3%
4.	Private sector employee	0	0
6. Type of family			
1.	Nuclear	20	33%
2.	Joint	40	67%
7. Number of children			
1.	One	25	40.5%
2.	Two	24	40%
3.	Three	04	6.6%
4.	Four	0	0
8. Child alive or dead			
	Alive	56	93.4%
	Dead	04	6.6%
9. Sex of child			
1.	Male	30	50%
2.	Female	30	50%
9. Type of delivery			
1.	Normal	46	75.6%
2.	L.S.C.S	14	24.4%

5. Discussion

The current data support that various factors like age, religion, education, occupation, type of family, type of delivery, number of children, child alive or dead, sex of child i.e., age of post natal mother between (21 to 25), high school educated mothers, in occupation house wife and in type of family joint family lastly in number of children, were having significant association with post natal depression ($P < 0.5$).

Type of delivery, sex of child, religion does not have any significant association with post natal depression ($P > 0.5$).

The distribution of demographic characteristics, of the postnatal mothers are more observed in age group of (21 to 25) i.e. 63%, it was observed that a large majority (87.9%) were Hindus, As per occupation (85%) women's are housewife, many mothers belong to joint family (67%), normal delivery were (75.6%). It was observed that 21-25 age group of post natal mothers were more prevalent to have post natal depression among 60 sample's taken. No association was seen with religion, It was observed that high school educated post natal mothers were more. Prevalence was seen more in them. postnatal mothers were more from joint family taken. Prevalence was seen more in them too. No prevalence was seen between sex of child. There was no any association It was observed that normal delivery were more than L.S.C.S. The prevalence of postnatal depression was more among them within 60 sample's taken from maternity ward of Krishna Hospital Karad. Hospital Karad.

6. Conclusion

The following conclusions have been drawn keeping in mind the findings of the present study: Postnatal depression is widely prevalent among Postnatal mothers in world wide especially developing countries like India, as evidenced by the various epidemiological studies carried out around the country. Antenatal education programme needs to be implemented on a large scale and rigorously throughout the country. Though the mothers are provided opportunities for education by health personnel and anganwadi workers, the mothers seem to lack the enthusiasm to actively participate in education programme. Hence much needs to be done in the area of assessment of factors affecting digressional status of mothers. The health education pamphlet distributed among the mothers revealed the need for increasing awareness among the mothers through planned awareness programmes.

7. Implication

The findings of the study have varied implications in different areas of nursing administration, nursing education and research

1. Nursing Administration

- the present study would help the nurses to develop an understanding about the knowledge of mothers regarding factors affecting post natal depression

- The nurses working in the community could collaborate with mothers for the early recognition of factors affecting post natal depression

2. Nursing Education

Ongoing in-service training helps to promote & enhance practice skills essential to manage the post natal mothers' care and improves the knowledge of staff & students in management.

3. Implications to Nursing Research

The nurse researchers can further plan, implement and evaluate a planned awareness programmes among post natal mothers regarding factors responsible for postnatal depression

8. Limitations

- The study was limited to postnatal mothers.
- The study was limited to the maternity ward in Krishna hospital.
- The study included only some of the factors such as age, type of delivery, spacing of child, type of family sex of child ect.

9. Recommendations/ Future Scope

Having become familiar with the problems faced during the study and keeping the limitations in view, the following recommendations are offered for further research.

- The study can be replicated among rural community areas.
- The study can be replicated among mothers of home delivery.
- The tool may be modified to include the other factors affecting depression status of postnatal mothers.
- A comparative study can be conducted to assess the knowledge of rural and urban post natal mothers
- A planned teaching programme can be evaluated for effectiveness among post natal mothers to facilitate early recognition of factors affecting digressional status.
- A large-scale study needs to be carried out to generalize the findings
- A study can be conducted to assess the knowledge of anganwadi workers on factors affecting digressional status of postnatal mothers.

References

- [1] Thomas J, Paranjothy S. National Sentinel Caesarean Section Audit Report. London: Royal College of Obstetricians and Gynaecologists; Clinical Effectiveness Support Unit; 2001.
- [2] Bradley C. The Effects of Hospital Experience on Postpartum Feelings and Attitudes of Women. British Columbia: University of British Columbia; 1977.
- [3] Cohen N. Minimizing emotional sequelae of caesarean childbirth. Birth Family Journal 1977;4:114-9.
- [4] Cooper PJ, Campbell EA, Day A, Kennerley H, Bond A. Non-psychotic psychiatric disorder after childbirth. A prospective study of prevalence, incidence, course and nature. Br J Psychiatry 1988;152:799-806.

- [5] Cox JL, Murray D, Chapman G. A controlled study of the onset, duration and prevalence of postnatal depression. *Br J Psychiatry* 1993;163:27–31.
- [6] O'Hara MW, Swain AM. Rates and risks of postpartum depression—a meta-analysis. *International Review of Psychiatry* 1996;8:37–54.
- [7] Cummings EM, Davies PT. Maternal depression and child development. *J Child Psychol Psychiatry* 1994;35:73–112.
- [8] Downey G, Coyne JC. Children of depressed parents: an integrative review. *Psychol Bull* 1990;108:50–76.
- [9] Field TM. Infants of depressed mothers. *Dev Psychopathol* 1992;4:49–66.
- [10] Jacobsen T. Effects of postpartum disorders on parenting and on offspring. In: Miller LJ, ed. *Postpartum Mood Disorders*. Washington, DC: American Psychiatric Press, Inc; 1999:119–39.
- [11] Lovejoy MC, Graczyk PA, O'Hare E, Neuman G. Maternal depression and parenting behavior: a meta-analytic review. *Clin Psychol Rev* 2000;20:561–92.
- [12] Martins C, Gaffan EA. Effects of early maternal depression on patterns of infant-mother attachment: a meta-analytic investigation. *J Child Psychol Psychiatry* 2000;41:737–46.
- [13] Tukaram Zagade, Asha Pratinidhi “Effectiveness of Educational Intervention on Knowledge and Practice among Biomedical Waste Handlers” *International Journal of science and Research* Volume 3 Issue 5, May 2014: 285 to 295.
- [14] Tukaram Zagade, Amol Patil ” Effectiveness of Self Instructional Module on Knowledge Regarding Prevention of Micro vascular and Macrovascular Complications among Patients with Diabetes Mellitus” *International Journal of science and Research* Volume 3 Issue 5, May 2014: 902 to 908.
- [15] Nilesh Pendase, Tukaram Zagade “Knowledge and Attitude Regarding Health Hazards of Mobile Phone Users among the Junior College Students” *International Journal of science and Research* Volume 3 Issue 5, May 2014 (IJSR): 554 to 561.
- [16] Amosh Talsandekar, Tukaram Zagade “Effectiveness of Learning Package on Knowledge about CardioRespiratory Assessment Among under Graduate student Nurses” *International Journal of science and Research* Volume 3 Issue 5, May 2014: 548 to 553.
- [17] Asha Pratinidhi, Tukaram Zagade, Satish V Kakade “Effectiveness of Educational Intervention on Practice among Biomedical Waste Handlers” *International Journal of science and Research* Volume 3 Issue 8, August 2014: 1885 to 1891.
- [18] Murray L, Cooper P. Effects of postnatal depression on infant development. *Arch Dis Child* 1997;77:99–101.
- [19] Rutter M. Commentary: some focus and process considerations regarding effects of parental depression on children. *Dev Psychol* 1990;26:60–7.

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