"EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING POSTPARTUM BLUE AMONG THE ANTENATAL MOTHERS IN SELECTED HOSPITALS OF KAMRUP, ASSAM: AN EVALUATIVE STUDY"

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ABSTRACT:

**Background:** Postpartum blues, also known as baby blues and maternity blues, is a very common but self-limited condition that begins shortly after childbirth and can present with a variety of symptoms such as mood swing, irritability, and tearfulness. 85% new mothers are affected by postpartum blues, with symptoms starting within few days after childbirth and lasting up to two weeks. But if the symptoms last longer and become more severe it's called postpartum depression**.** Postpartum depression has been classified by the diagnostic statistical manual -V American psychiatric association 2022, one out of eight postnatal women may experience postpartum blues and it develop postpartum depression in their lifetime. It affects 11.5 million people every year, and approximately 15% of patients commit suicide._**Objectives:**_1.To assess the pre-test and post-test knowledge on postpartum blues among the antenatal mothers in selected hospitals of Kamrup, Assam.2.To evaluate the effectiveness of structured teaching programme on knowledge regarding postpartum blue among the antenatal mothers in selected hospitals of Kamrup, Assam 3.To find out the association between pre-test knowledge with selected demographic variables in selected hospitals of Kamrup, Assam. _**Methods:**_ Pre experimental one group pre-test post-test design was used to accomplish the objectives. Study was undertaken on 82 antenatal mothers admitted in the antenatal ward in selected hospitals of Kamrup, Assam by using non probability purposive sampling technique and quantitative approach was adopted to achieve the study objectives. Antenatal mothers were selected on the basis of inclusion criteria. Pre-test knowledge was checked using self structured knowledge

questionnaire. The post-test was conducted on the 4th day after the administration of STP in the same manner. *Results***:** Descriptive and inferential statistics were used to analyze the data. A total of 82 antenatal mothers', majority of the respondents that is 49(59.8%) are in the age group of 21-25 years, 82(100%) were married, 50(61%) belongs to Hindu religion, 68(82.9%) were from rural area, 47(57.3%) had primary level of education, 57(69.5%) occupation were daily wages earner, 72(87.8%) of the respondents work pattern were moderate,71(86.6%) belongs to nuclear family, 59(72%) family income per month were Rs.3,908- 11,707, 82(100%) respondents were received support during perinatal period, 51(62.2%) respondents were primipara and 82(100%) respondents were not experienced postpartum blue previously. It was observed that in the pretest, 55(67.07%) had inadequate knowledge and 27(32.93%) had moderately adequate knowledge on postpartum blues. And in the post-test 69(84.15%) had moderate adequate knowledge, 12(14.63%) had adequate knowledge and 1(1.22%) had inadequate knowledge on postpartum blues. Analysis shows that the pretest mean score of knowledge on postpartum blues was 8.95 ± 2.01 and the post-test mean score of knowledge was 15.95 ± 3.67. The mean difference score was 7.0. The calculated paired "t" test value of t=15.983 was statistically significant at p<0.001 level. This clearly infers that after the administration of structured teaching programme on postpartum blues among antenatal mothers was found to be effective and the antenatal mothers gained adequate knowledge in the post test. And also observed that the demographic variables income of family **(p=0.020)** had statistically significant association with pretest level of knowledge on postpartum blues among antenatal mothers at p<0.05 level. *Conclusions***:** After analyzing the collected data, this study shows that antenatal mothers have inadequate knowledge regarding postpartum blue. After this study, it is recommended that there should be more awareness programmes related to postpartum blue among mothers since their societal atmosphere can sometimes hinder their inclination towards expressing their feelings on these issue. There should be mental health programmes for community health workers so that they can give preventive and promotive measures to the community.

KEYWORDS: postpartum blue, antenatal mothers, effectiveness, structured teaching programme, knowledge.

INTRODUCTION:

85% new mothers are affected by postpartum blues, with symptoms starting within few days after childbirth and lasting up to two weeks. But if the symptoms last longer and become more severe it's called postpartum depression**.**

Postpartum depression has been classified by **the diagnostic statistical manual -V American psychiatric** association 2022, one out of eight postnatal women may experience postpartum blues and it develop postpartum depression in their lifetime. It affects 11.5 million people every year, and approximately 15% of patients commit suicide.

According to **AMERICAN PSYCHIATRIC ASSOCIATION** (2008) One out of eight postnatal women experiences blues in their lifetime. The prevalence of postpartum blues among women was 15%-18%, and approximately 15% of postnatal women commit suicide (APA) If depression is crawling into mother's life, the event is critical which interferes in postnatal women's ability to recognize and response to their infants.

OBJECTIVES:

1.To assess the pre-test and post-test knowledge on postpartum blues among the antenatal mothers in selected hospitals of Kamrup, Assam.

2.To evaluate the effectiveness of structured teaching programme on knowledge regarding postpartum blue among the antenatal mothers in selected hospitals of Kamrup, Assam

3.To find out the association between pre-test knowledge with selected demographic variables in selected hospitals of Kamrup, Assam

METHODS AND MATERIALS:

Pre experimental one group pre-test post-test design was used to accomplish the objectives. Study was undertaken on 82 antenatal mothers admitted in the antenatal ward in selected hospitals of Kamrup, Assam by using non probability purposive sampling technique and quantitative approach was adopted to achieve the study objectives. Antenatal mothers were selected on the basis of inclusion criteria. Pre-test knowledge was checked using structured knowledge questionnaire. The post-test was conducted on the 4th day after the administration of STP in the same manner.

DESCRIPTION OF THE TOOL

The tools used for the study consisted of two sections:

 (Section I) - **Dealt with Demographic variables**

 (Section II)- **Dealt with self-structured knowledge questionnaire**

DATA COLLECTION PROCEDURE:

A brief self-introduction and the purpose of the study were explained to the sample prior to data collection and keeping in mind the ethical aspect of research, the data was collected after obtaining the informed consent of the sample for their willingness to participate in the study. The samples were assured anonymity and confidentiality of information provided by them. The self-structured knowledge questionnaire was distributed among the respondents to assess the level of knowledge on Postpartum blue. The respondents took approximately 20-25 minutes to complete the questionnaire. And the participants are divided into two group and   Structured teaching programme given on Postpartum blue after pre-test and the investigator provided leaflet on causes and sign& symptoms of postpartum blue to the respondents. Then on the 4th day post-test was conducted by using the same structured knowledge questionnaire on postpartum blue. Out of 100% of sample size, 79.27% of sample was collected from the GMCH and 20.73% of sample was collected from the Tolaram Bafna Civil Hospital

SECTION-I: Frequency and percentage distribution of antenatal mothers according to their socio-demographic characteristics

TABLE I n= 82

DEMOGRAPHIC VARIABLES	FREQUENCY(f)	PERCENTAGE(%)
AGE IN YEARS		
21 – 25	49	59.8
26 – 30	20	24.4
31 – 35	13	15.9
36 – 40	-	-
MARITAL STATUS		
Married	82	100%
Widowed	-	-
Divorced	-	-
RELIGION		
Hinduism	50	61.0
Islam	24	29.2
Christianity	8	9.8
Others	-	-
LOCALITY OF RESIDENCE		
Rural	68	82.9
Urban	14	17.1
EDUCATIONAL STATUS		
Primary education	47	57.3
Middle school	16	19.5
Higher secondary	10	12.2
Graduate	9	11.0
Post graduate	-	-
OCCUPATION		
Government service	10	12.2
Private service	15	18.3
Daily wages earner	57	69.5
Others	-	-
WORK PATTERN		
Sedentary	-	-
Moderate	72	87.8
Strenuous	10	12.2
TYPE OF FAMILY		

Nuclear family	71	86.6
Joint family	11	13.4
Extended family	-	-
INCOME OF FAMILY PER MONTH (RS.)		
3,908 – 11,707	59	72.0
19,516 – 29,199	15	18.3
29,200 – 39,032	8	9.7
SUPPORT SYSTEM DURING PERINATAL (DURING PREGNANCY) PERIOD		
Yes	**82**	**100**
No	-	-
NUMBER OF PARITY		
Yes	31	37.8
No	51	62.2
EXPERIENCED POSTPARTUM BLUE PREVIOUSLY?		
Yes	-	-
No	82	100.0

The table I depicts that, majority of the respondents that is 49(59.8%) are in the age group of 21-25 years, 82(100%) were married, 50(61%) mothers were Hindu, 68(82.9%) of the respondents were from rural area, 47(57.3%) had primary level of education, 57(69.5%) of the respondents were daily wages earner, 72(87.8%) of the respondents work pattern were moderate, 71(86.6%) belongs to nuclear family, 59(72%) family income were Rs. 3,908- 11,707, 82(100%) respondents were received support during perinatal period, 51(62.2%) respondents were primipara, 82(100%) respondents were not experienced postpartum blue previously.

SECTION II: Frequency and percentage distribution of pretest and post-test level of knowledge on postpartum blues among antenatal mothers.

TABLE II   **n = 82**

Level of Knowledge	Pre-test		Post Test	
	Frequency(f)	**Percentage (%)**	**Frequency(f)**	**Percentage (%)**
Inadequate knowledge (≤33%)	**55**	**67.07**	1	1.22
Moderate knowledge (34 – 66%)	27	32.93	**69**	**84.15**
Adequate knowledge (≥67%)	-	-	12	14.63

The table II depicts that in the pretest, 55(67.07%) had inadequate knowledge and 27(32.93%) had moderately adequate knowledge on postpartum blues. After the STP, 69(84.15%) had moderate adequate knowledge, 12(14.63%) had adequate knowledge and 1(1.22%) had inadequate knowledge on postpartum blues.

SECTION- III: evaluation of the effectiveness of structured teaching programme on knowledge regarding postpartum blues among antenatal mothers.

TABLE III   n=82

Variables	Mean	SD	Score	Range	Mean Difference	Paired "t" test and p- Value
Pre-test	8.95	2.01	30	6-15	7.0	t = 15.983 p=0.0001, S***
Post Test	15.95	3.67	30	10-22		

***p<0.001, S – Significant

The table III depicts that the pretest mean score of knowledge on postpartum blues was 8.95±2.01 and the post-test mean score of knowledge was 15.95±3.67. The mean difference score was 7.0. The calculated paired "t" test value of t=15.983 was statistically significant at p<0.001 level.

This clearly infers that after the administration of Structured Teaching Programme on postpartum blues among antenatal mothers was found to be effective and the antenatal mothers gained adequate knowledge in the post test.

SECTION- IV: Association of pretest level of knowledge on postpartum blues among the antenatal mothers with their selected demographic variables.

TABLE IV   n = 82

Demographic Variables	Inadequate		Moderate		Chi-Square p-value / Fisher Exact test p-value
	f	%	f	%	
Age in years					χ^2=1.498 d.f=2 p=0.507 N.S
21 – 25	36	42.7	14	17.1	
26 – 30	13	15.9	7	8.5	
31 – 35	7	8.5	6	7.3	
36 – 40	-	-	-	-	
Marital status					-
Married	55	67.1	27	32.9	
Widowed	-	-	-	-	
Divorced	-	-	-	-	

Demographic Variables	Inadequate		Moderate		Chi-Square p-value / Fisher Exact test p-value
	f	%	f	%	
Religion					χ^2=5.757 d.f=2 p=0.051 N.S
Hinduism	34	41.5	16	19.5	
Islam	13	15.9	11	13.4	
Christianity	8	9.8	0	0	
Others	-	-	-	-	
Locality of residence					p=0.533 N.S
Rural	47	57.3	21	25.6	
Urban	8	9.8	6	7.3	
Educational status					p=0.441 N.S
Primary education	34	41.5	13	15.9	
Middle school	8	9.8	8	9.8	
Higher secondary	7	8.5	3	3.7	
Graduate	6	7.3	3	3.7	
Post graduate	-	-	-	-	
Occupation					p=0.507 N.S
Government service	6	7.3	4	4.9	
Private service	12	14.6	3	3.7	
Daily wages earner	-	-	-	-	
Others	37	45.1	20	24.4	
Work pattern					p=0.485 N.S
Sedentary	-	-	-	-	
Moderate	47	57.3	25	30.5	
Strenuous	8	9.8	2	2.4	
Type of family					p=1.000 N.S
Nuclear family	47	57.3	24	29.3	
Joint family	8	9.8	3	3.7	
Extended family	-	-	-	-	
Income of family per month (Rs.)					**p=0.020 S***
3,908 – 11,707	41	50.0	18	22.0	
19,516 – 29,199	12	14.6	3	3.7	

Demographic Variables	Inadequate		Moderate		Chi-Square p-value / Fisher Exact test p-value
	f	%	f	%	
29,200 – 39,032	2	2.4	6	7.3	
Support system during perinatal (During Pregnancy) period					-
Yes	55	67.1	27	32.9	
No	-	-	-	-	
Number of parity					χ^2=0.148 d.f=1 p=0.809, N.S
Yes	20	24.4	11	13.4	
No	35	42.7	16	19.5	
Experienced postpartum blue previously?					-
Yes	-	-	-	-	
No	55	67.1	27	32.9	

*$p<0.05$, S – Significant, $p>0.05$, N.S – Not Significant

The table IV depicts that the demographic variables income of family **(p=0.020)** had statistically significant association with pretest level of knowledge on postpartum blues among antenatal mothers at $p<0.05$ level. The other demographic variables did not show statistically significant association with pretest level of knowledge on postpartum blues among antenatal mothers at $p<0.05$ level.

DISCUSSION:

In this present study structured teaching programme on postpartum blue was found effective among antenatal mothers.

The findings of the study was also in inconsistent with the similar study done by Abraham Elsa Linu, Bharathi M, where it was proven that the structured teaching programme on postpartum depression helps in improving the knowledge of the postnatal mothers.

A comparative study can be conducted to find out the similarities or differences in knowledge and attitude among antenatal mothers and postnatal mothers regarding postpartum blue problem.

CONCLUSION:

After analyzing the collected data, this study shows that antenatal mothers have inadequate knowledge regarding postpartum blue. After this study, it is recommended that there should be more awareness programmes related to postpartum blue among mothers since their societal atmosphere can sometimes hinder their inclination towards expressing their feelings on these issue. There should be mental health programmes for community health workers so that they can give preventive and promotive measures to the community.

Non probability purposive sampling techniques was used to select the samples. The data was collected from 82 antenatal mothers with the help of self-structured knowledge questionnaire before and after administration of structure teaching programme. On the basis of findings following conclusion were made. The findings of the study revealed that the demographic variables income of family **(p=0.020)** had statistically significant association with pretest level of knowledge on postpartum blues among antenatal mothers at p<0.05 level and there was a marked increased in overall knowledge score (84.15%) of posttest than the pre-test (67.07%) the overall improvement in the mean difference was 7.0 with paired "t" test value t=15.983 was statistically significant at p<0.001 level. Thus after the administration of structured teaching programme on postpartum blues among antenatal mothers was found to be effective and the antenatal mothers gained adequate knowledge in the post test.

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