

AWARENESS OF HEALTH SEEKING BEHAVIOUR OF POSTPARTUM MENTAL ILLNESS AMONG PREGNANT WOMEN ATTENDING AHMADU BELLO UNIVERSITY TEACHING HOSPITAL, ZARIA ANTENATAL CLINIC.

OLUBIYI S.K. (Ph.D., M.Sc., B.Sc., PGDE, PGDDE, FWACN.)

Department of Nursing Science, Faculty of Clinical Sciences, College of Health Science, University of Ilorin, Ilorin, Nigeria.

Email: olubiyisimeon@yahoo.co.uk. Tel. +2348033617649

ISSA B.A (M.B.B.S., FWACS)

Department of Behavioral Sciences, Faculty of Clinical Sciences, College of Health Science, University of Ilorin, Ilorin, Nigeria.

Email: issababa2002@yahoo.com. Tel. +2348033559293

LAITAN, O. L. (Ph.D.)

Department of Health Promotion and Environmental Health Education, Faculty of Education, University of Ilorin, Ilorin, Nigeria.

Email: lanreolives@yahoo.com. Tel. +2348034715348

ONASOGA O.A (M.Sc., B.Sc., FWACN.)

Department of Nursing Science, Faculty of Clinical Sciences, College of Health Science, University of Ilorin, Ilorin, Nigeria

Email: yinka_onasoga@yahoo.com. Tel. +2348064967578

ABUBAKAR I. (M.Sc., B.Sc., FWACN.)

Department of Nursing Science, Faculty of Clinical Sciences, College of Health Science, University of Ilorin, Ilorin, Nigeria

Email: imayinla@yahoo.com. Tel. +2348033735882

IBRAHIM. H. (B.Sc.)

Department of Nursing Science, Ahmadu Bello University, Zaria.

Correspondence To: **OLUBIYI SK**

Department of Nursing Science, Faculty of Clinical Sciences, College of Health Sciences, University of Ilorin, Nigeria.

olubiyisimeon@yahoo.co.uk, olubiyi.sk@unilorin.edu.ng +8033617649

Abstract

Mental health problems have adverse effects on a woman's obstetrical outcome. Hence, the aim of the study was to assess the awareness of health seeking behaviour of postpartum mental illness among pregnant women attending Ahmadu Bello University Teaching Hospital, Zaria antenatal clinic. A research design of cross sectional descriptive study was used with a population of two hundred and forty (240) consecutive pregnant women receiving antenatal care in ABUTH, Zaria. A structured, self-administered questionnaire was used for data collection. Descriptive and inferential statistics were used with SPSS version 16 to analyze the data generated at 5% level of significance. Majority of the women, 142(59.2%), had good awareness of postpartum mental illness, 184(76.7%) of the respondents had a poor health seeking behavior towards the disorder. There was significant relationship found between awareness of postpartum mental illness and health seeking behavior for the disorder. Government at all levels of health care should scale up public awareness on postpartum mental illness with improved health education on mental healthcare centers. Also, the establishment of mental health facilities in areas strategically close to the vast majority of the population they are meant to serve will assist in controlling the menace of postpartum mental illness.

Keywords: Awareness, Health seeking behaviour, postpartum mental illness, pregnant women.

Introduction

About 10-20% of women attending postnatal clinic suffered from postpartum mental disorder. Postpartum disorder accounts for high morbidity and mortality rate across the world. The prevalence of postpartum mental illness following childbirth can be as high as 70-80% if the very mild forms are included. The improvement of maternal health is one of the millennium development goals (WHO, 2008). Nigeria records one of the worst rates of maternal and infant mortality in the world (Benjamin, Virginia & Sadocks, 2003). Aside from the often reported complication of postpartum hemorrhage, infection and eclampsia; there is dearth report on the magnitude of full spectrum of psychiatric morbidity associated with delivery in the country (Phillip, 2006). A host of demographic, psychosocial and culture-specific risk factors have been identified for antenatal and postnatal distress. Socioeconomic deprivation and maternal psychological distress tend to co-occur; examining the differential effect of risk factors is therefore a challenge (Owoeye, Aina & Morakinyo, 2006).

Very few pregnant and postpartum women proactively seek help or engage in treatment and less than 15% of pregnant and postpartum women receive needed mental healthcare (Carmen, Teresa & Teri, 2014; Sharma & Sharma, 2012). While system-related barriers limit accessibility and availability of mental health services, personal barriers such as views of mental health and its treatment are also cited as significant deterrents of obtaining mental healthcare (Bowen, Bowen, Butt, Rahman & Muhajarine, 2012). Despite the growing awareness of the importance of mental health issues in the prenatal period in developed countries, there is very little information available in Nigeria. Therefore the study aimed at assessing the awareness and health seeking behavior of postpartum mental illness among pregnant women.

Methodology

The study was a descriptive cross-sectional survey. Purposive sampling technique was used to select two hundred and forty five (245) consecutive attendees of the clinic. The inclusion criteria were the pregnant women that attended the clinic and did not have any major mental disorder or actively receiving treatment for major mental disorders and were willing to participate during the study period were selected for this study.

The respondents completed a structured, close-ended questionnaire. Approval to conduct the

study was obtained and informed consents were obtained from the individuals before administration of questionnaire. Confidentiality on the identity of the respondents was ensured.

The awareness outcome; correct responses were scored as 1, while incorrect responses were scored as 0. The maximum obtainable awareness score was 7, scores ≤ 3 were classified as poor awareness. The data was analyzed with the Statistical Package for Social Sciences, (SPSS) version 16 software using descriptive statistical measures. The statistical methods employed included: percentages, and frequency distribution. Chi- square test was applied for the relationship between awareness and health seeking behavior of postpartum mental illness.

RESULTS

Table 1: Socio-demographic variables of the Respondents

(n=240)		Frequency	Percentage%
Age Range:	<18 years old	5	2.1
	18-25 years old	88	36.7
	26-33 years old	105	43.8
	34-41 years old	42	17.5
	42-49 years old and above	0	0.0
	Total	240	100
Tribe:	Hausa		
	Yoruba	110	45.8
	Igbo	34	14.2
	Others	23	9.6
	Total	73	30.4
Religion:	Islam		
	Christianity	137	57.1
	Others	101	42.1
	Total	2	0.8
	Total	240	100
Marital status:	Single		
	Married	5	2.1
	Divorced	235	97.9
	Widow	0	0.0
	Separated	0	0.0
	Total	0	0.0
Occupation:	Civil servant		
	Trader	89	37.1
	Housewife	19	7.9
	Others	95	39.6
	Student	10	4.2
	Total	27	11.2
Educational level:	Primary		
	Secondary	6	2.5
	Tertiary	43	17.9
	No Formal Education	183	76.2
	Total	8	3.3
		240	100

Table 2: Health seeking behavior for postpartum mental illness

Variables	Response	Frequency	Percentage (%)
Availability of postpartum mental illness health facility	Not attempted	75	31.2
	Yes	94	39.2
	No	71	29.6
	Total	240	100.0
If yes, what is the one-way walking time to the health facility from your residence?	Not attempted	143	59.6
	Less than 30min.	35	14.6
	More than 30min.	62	25.8
	Total	240	100.0
Can you afford for its service?	Not attempted	138	57.5
	Yes	70	29.2
	No	32	13.3
	Total	240	100.0
Would you see a psychiatrist or visit a mental health facility if you had postpartum mental illness?	Not attempted	75	31.2
	Yes	59	24.6
	No	106	44.2
	Total	240	100.0
If no, why?	Not attempted	172	71.7
	Ineffective	0	0.0
	Not curative	32	13.3
	No confidentiality	10	4.2
	Restricts movement	0	0.0
	Stigma	24	10
	Others	2	0.8
	Total	240	100.0
What would be your preferred choice of treatment?	Not attempted	128	53.3
	Prayer house	94	39.2
	Herbalist	5	2.1
	Family support	11	4.6
	Others	2	0.8
	Total	240	100.0
Would you prefer to be silent if there is no health facility near you that treats postpartum mental illness?	Not attempted	75	31.2
	Yes	2	0.8
	No	163	67.9
	Total	240	100.0
If no, where would you go to seek help?	Not attempted	77	32.1
	Prayer house	93	38.8
	Traditional healers	5	2.1
	Family	8	3.3
	Look for a psychiatrist	57	23.7
	Total	240	100
	Total	240	100.0

Table 3: Awareness of Participants on postpartum mental illness health seeking behaviour

Variables	Response	Frequency	Percentage%
Awareness	Good	142	59.2
	Poor	98	40.8
	Total	240	100.0
Health seeking Behavior	Good	56	23.3
	Poor	184	76.7
Total		240	100.0

Table 4: Relationship between awareness and health seeking behavior of postpartum mental illness

Awareness	Health Seeking Behavior		Pearson Chi-square X^2 (P-value)	df
	Good	Poor		
Good	45	97	$X^2= 12.456$ ($p=3.841$)	1
Poor	11	87		
Total	56	184		

There was no significant relationship between Participants' awareness and their health seeking behavior of postpartum mental illness with $P > 0.5$

Most of the respondents 132(55%) were within the range of multi-para pregnant women and the least being 39(16.2%) with >4 pregnancies. Majority of the respondents 91(37.9%) had 2-4 children, followed by 73(30.4%) who have had no child and the least 23(9.6%) having >4 children. The mode of childbirth for most respondents; 137(57.1%) was spontaneous vaginal delivery and the least 11(4.6%) being assisted vaginal delivery. Majority of the respondents, 191(79.6%) never experienced any complications during pregnancy and 221(92.1%) respondents after delivery. 35(14.6%) had experienced miscarriage during pregnancy and none had experienced mental illness during pregnancy and after delivery.

Majority of the respondents; 105 (43.8%) were within the age range of 26-33 years followed by 18-25 years 88(36.7%), none of the respondents, were within 42-49 years of age. Hausa 110(45.8%) was the tribe of majority of the respondents, followed by other tribes which constituted 73(30.5%) of the respondents, then Yoruba with 34(14.2%) and the least was Igbo 23(9.6%). It showed that majority of respondents 137 (57.1%) are Muslims, while 101 (42.1%) are Christians. Majority of the respondents are married 235(97.9%), while 5(2.1%) are single. Majority of the participants are housewives 95(39.6%), followed by civil servants 89(37.1%) and the least being others 10(4.2%). Most of the respondents 183(76.2%) attained tertiary level of education, followed by secondary level 43(17.9%) and the least been primary education 6(2.5%).

Majority of the women 145(60.4%) have heard about postpartum mental illness, while 91(37.9%) have never heard of postpartum mental illness. Majority 137(57.1%) of the respondents believed that it is a mental illness occurring after birth. Most of the respondents believed that it is caused by stress of pregnancy 71(29.6%), followed by social stress 31(12.9%), hereditary 27(11.2%), evil spirits 20(8.3%) and divine wrath 2(0.8%). Majority of the respondents 154(64.2%) believe postpartum mental illness can be cured, while 2(0.8%) did not believe. Majority of the respondents 99(41.3%) believed prayer is the treatment for postpartum mental illness, 50(20.8%) Psychiatrist

Consult and 7(2.9%) that visiting a spiritualist was the remedy.

Majority of the respondents 94(39.2%) have health facility near them for the treatment of postpartum mental illness, 70(29.2%) can afford the service while 32(13.3%) cannot. Most of the respondents 142(59.1%) are awareness of the postpartum mental illness, while 98(40.1%) have poor awareness of postpartum mental illness. Majority of the respondents 184(76.7%) have poor health seeking behavior, whereas 56(23.3%) have good health seeking behavior.

Discussion of Findings

Majority of the respondents had good awareness of postpartum mental illness with good knowledge on what causes postpartum mental illness. This is in congruence with the findings in which the vast majority of respondents were aware of postpartum depression as compared with the baby blues, the awareness of postpartum depression, its symptoms, the baby blues, and sources of assistance varied according to the demographic profiles of the respondents (family structure, education, and language spoken at home) (Sealy, Fraser, Simpson, Evans & Hartford, 2009). This is however in contrast to a study where majority of women who took part in the study did not recognize postnatal depression as psychological issue, but considered the problems as a result of an evil eye or gene (Ghubash & Eapen, 2009).

The health-seeking behavior of the respondents was found to be poor, where majority 94(39.2%) choose prayer as preferred treatment option. Barriers to good health seeking behavior of postpartum mental illness in this study included long distant to health facility, not curative and stigma associated with postpartum mental illness. This is line with the study where participants endorsed the use of prayer and counseling as coping strategies, but were ambivalent about the use of medications (Earlise & Heidrick, 2010). Treatment seeking barriers included poor access to care, stigma, and lack of awareness of mental illness.

There was significant relationship between awareness and health seeking behavior of postpartum mental illness, although social stigma, not being curative and long distance to health facility were found to be the attributing factors to poor health seeking behavior among some of the respondents with good awareness of the condition. This is in line with a study in which a strong relationship was found between health seeking behaviors, perceptions of the local population and the use of mental healthcare services in India and Pakistan (Lia van der, Wright & Vo van, 2011; James, Okogbenin, Igberase & Omoaregba, 2010).

Conclusion

Having an understanding that postpartum mental illness is an illness that occur after childbirth, and could be treated medically, will help mothers come forward to seek for necessary help. This would eliminate the belief that postpartum mental illness cannot be cured medically and the stigma associated with the condition.

Public awareness about postpartum mental illness should be increased through psycho-educational intervention to fight against stigma and discrimination related to other mental illnesses. Health education concerning awareness and the treatments available for postpartum mental illness should be included in the antenatal and postnatal health education programmes.

References

- Benjamin, J. S., Virginia, A. & Sadocks, K. (2003). *Synopsis of psychiatry*. 9th edition, Philadelphia: Lippincott, William and Wilkins; p 526.
- Bowen, A., Bowen, R., Butt, P., Rahman, K., & Muhajarine, N. (2012). Patterns of depression and treatment in pregnant and postpartum women. *Can J Psychiatry*. 57 (3):161–167.
- Carmen, M., Teresa, L. S., & Teri, P. (2014): Postpartum Psychosis updates and clinical issues. www.psychiatrytimes.com accessed 03/05/2016.
- Earlise, C. W. & Heidrich, S. M. (2010). African American women belief about mental illness, stigma and preferred coping Behaviors. *Res Nurs Health*. Author manuscript; available in PMC 2010.
- Ghubash, R. & Eapen, V. (2009). *Postpartum mental illness: perspectives from an Arabian Gulf population*. UAE University, Al Ain, United Arab Emirates.
- James, B. O., Okogbenin, E. O., Igberase, O., & Omoaregba, J. O. (2010). Puerperal psychotic disorders: A retrospective review at the psychiatric hospital, Uselu, Benin city, Nigeria. *Nigerian Journal of Psychiatric*; 8 (1).
- Lia van der, H., Wright, P., & Vo van, T. (2011). Perceptions of mental health and health seeking behavior in an urban community in Vietnam: An explorative study 574-84, *In community Mental Health Journal* 47(5). [http:// www.Springer link.com](http://www.Springerlink.com).
- Owoeye, A.O., Aina, O. F. & Morakinyo, O. (2006): Risk factors of postnatal depression and EPDS scores in a group of Nigerian women. *Trop. Doct.*; 36(2)100-103.
- Philip, N.B. (2006). *Obstetric by 10 teachers*. (18th edition), London: Hodder and Almond. P303.
- Sealy, P.A., Fraser J., Simpson J.P., Evans, M., & Hartford, A. (2009). Community awareness of postpartum depression. *Journal of obstetrics, gynecologic and neonatal nursing*; 39(2): 121-133.
- Sharma, V. & Sharma, P. (2012) Postpartum depression: diagnostic and treatment issues. *JOGC.*; 34 (5): 436–442. [PubMed]
- WHO, (2008). Bulletin on Maternal and child Mental Health, available at www.wikipedia.com.