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## PREDICTORS OF HELP-SEEKING INTENTION OF NURSING MOTHERS TOWARDS POSTPARTUM DEPRESSION IN OSOGBO, OSUN STATE

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**ABSTRACT**: Postpartum depression is one of the major public health concerns for women of reproductive age. Studies have shown a rise in postpartum depression among nursing mothers in every part of Southwest Nigeria. Therefore, this study examined the predictors (Knowledge and sociodemographic characteristics) of Help-seeking intention towards postpartum depression among nursing mothers in Osogbo, Osun State. A cross-sectional design was adopted for this study. The multistage sampling technique was used to enroll two hundred and fifty nursing mothers from the total population of nursing mothers from facilities in the study location. Data was collected using a validated interviewer-administered questionnaire consisting of items on demographic characteristics, Knowledge of nursing mothers on postpartum depression, and items on Help-seeking intention towards postpartum depression. A standard mental help-seeking intention tool was used. Help-seeking intention toward postpartum depression was measured on a 7-point rating scale, which was categorised into low ( $\leq 4$ ) and high (> 4-7). Descriptive statistics (Frequency) and Inferential statistics (Chi-square, binary logistic regression) were conducted to give statistical responses to the research hypotheses. The mean age of the mothers was 29.3  $\pm$  5.4 years. The majority (85.6%) of the respondents were married. More than half (58.4%) of the respondents had tertiary education. More than half (59.6%) of the respondents had high Help-seeking intention toward postpartum depression. Furthermore, the respondent's level of education had a significant relationship with Help-seeking intention toward postpartum depression ( $X^2=19.1$ ; p=0.004). However, there was no significant between respondent's age  $(X^2 = 1.58; p=0.45)$ ; marital status  $(X^2 = 3.51; p=0.32)$ ; religion ( $X^2=1.18; p=0.55$ ); occupation (x=10.0; p=0.07); monthly income  $(X^2 = 5.71; p = 0.06)$  and Help-seeking intention toward postpartum depression. There was a statistically significant association between the respondents' knowledge and the Help-seeking intention of nursing mothers.

**KEYWORDS:** Help-seeking intention, Knowledge, Nursing mothers, Postpartum depression, Sociodemographic factors

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### INTRODUCTION

The United States National Library of Medicine defined postpartum depression as a mental health condition that arises after giving birth and often occurs within the first six weeks to a year after childbirth. Mothers experience maternity blues which has the same symptoms as postpartum depression. Still, the major difference is that baby blues commonly occur within the first few days of childbirth, and postpartum depression takes longer. Mothers suffering from Postpartum depression exhibit signs and symptoms that are longer, stronger, and more intense than baby blues. Early Identification of postpartum depression is important because untreated and undetected postpartum depression can have consequences on both the mother and the newborn child since the mother is not in the right state to care for the baby.

There are several risk factors for the development of postpartum depression, including biological factors, socioeconomic factors, hormonal changes during pregnancy and after delivery, and changes in the mother's body after giving birth. Psychosocial factors, lack of family and adequate support from friends and family, relationship issues, underlying health conditions, individual or family history of depression or pregnancy-induced anxiety, personal susceptibility of women, lack of adequate family and moral support during pregnancy and low socioeconomic status are part of the risk factors for Postpartum depression (Marian, 2010).

The effect of postpartum depression on both the mother and the child is numerous, including undesirable effects on the child's emotional, cognitive, cerebral, and social-emotional disorders. It might likely not be resolved over time if the mother's state of health remains unresolved. Postpartum depression can also result in a mother killing her child within a year after childbirth (Clare & Yeh, 2012) or even the mother killing herself (Comtois, Schiff & Grossman, 2008). The family at large will also be disturbed by the effects of postpartum depression in ways like child abuse and abandonment, relationship issues with the spouse, separation, or divorce (Marian, 2010). Postpartum depression can also impair the mother's ability to carry out normal day-to-day activities or tasks for herself and the baby (Beck, Hatton, Nakku, Nakasi & Mirembe., 2012).

The World Health Organization (WHO, 2015) states that one in four individuals will develop a mental disorder during their lifetime. Also, 20–40% of women in developing countries experience depression during pregnancy or after childbirth. There are currently an estimated 350 million people who are living with general depression worldwide (WHO, 2018). In the Sub-Saharan part of Africa, women diagnosed with postpartum depression range from 10 to 15% in developing countries (Madlala & Kassier, 2017).

In a survey carried out by Wang et al. (2021) to map out the global prevalence rate in the world, West Africa had a prevalence rate of 13.62% (Wang, Liu & Shuai et al., 2021). The systematic review by Wang et al. (2021) also showed that the prevalence rate of Postpartum depression is higher among those in developing countries (19.99%) compared to those in developed countries (14.85%); this might be due to various factors which include psychosocial factors, and utilization of health care resources. Postpartum depression is a serious problem in terms of awareness and recognition, majorly in developing countries such as Nigeria (Nnaka, 2018). A study conducted in Osogbo in 2018 by Abiodun, Abiodun &AkinSulore (2018) to determine the prevalence and correlates of postpartum depression in Osogbo, Osun state, revealed a high prevalence rate of postpartum depression (17.70%).

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Help-seeking intention can be defined as the participant's intention to seek help from health workers if they have a mental health concern (Yeshanew, Belete & Necho, 2020) or from an informal source such as family and friends. Mental health literacy refers to knowledge, beliefs, and perceptions about mental health disorders that aid in preventing and recognizing the condition. Mental health literacy has been one of the most studied areas related to mental health help-seeking, with accumulating evidence showing that people with lower mental health literacy are less likely to seek help for mental problems (O'Connor, Casey, Clough, 2014). Numerous studies have documented that inability to recognize mental disorders is associated with delay in and reduced likelihood of help-seeking (Coles & Coleman, 2012). Knowledge about mental health is another factor that has been frequently reported to be a predictive factor for help-seeking for mental illness, with a lack of mental health knowledge identified as an important barrier impeding people from seeking treatment (Henderson & Evans-Lacko, 2013). Therefore, the study aimed to determine the Predictors of the help-seeking intention of nursing mothers toward Postpartum depression in Osogbo, Osun state.

### **METHODS**

A descriptive cross-sectional study was carried out in Tertiary health care centres, Secondary health care centers, and Primary health care centers in Osogbo, Osun state, among women who are within 6 weeks to 12 months postpartum and within the age range of 18-50 years attending immunization clinics. The sample size of 250 was determined using the Leslie Kish formula, using the prevalence rate of 0.17. The respondents were selected using a multistage sampling technique. Data was collected using a pretested interviewer-administered questionnaire. The section of the questionnaire consisted of demographic characteristics, Knowledge of respondents on Postpartum depression, and a standardized tool to measure the Help-seeking intention of respondents. The Mental Help-seeking intention scale used is a 3item instrument designed to measure respondent's intention to seek help from a mental health professional if they have a mental health concern. A higher score on the scale indicates a greater intention to seek help. Data were analyzed using the IBM SPSS version 21.0. Frequency, Chi-square, and Binary logistic regression were used to determine which factors (Sociodemographics characteristics and Knowledge) best predict the help-seeking intention of nursing mothers toward Postpartum depression. The p value of p<0.05 was considered statistically significant. Ethical approval was obtained from Babcock University Health Research and Ethics Committee (BUHREC). Informed consent was obtained before data collection, and it was explained to the respondents that it is voluntary and all information collected were handled as confidential.

### **RESULTS**

The mean age of the mothers was  $29.3 \pm 5.4$  years. Less than half (48.4%) of the mothers were between 18-28 years old. Less than half (46.4%) of the respondent's babies were within ten weeks old. The majority (85.6%) of the respondents were married, and most (87.2%) were in a monogamous family. The majority (91.2%) of the respondents were Yoruba. More than half (54.4%) of the respondents practiced the Islamic religion. The respondents earn an average monthly income of 34,914 naira, with the majority earning between 1,000 naira -



50,000 naira. More than (58.4%) of the respondents had tertiary education. Almost half (49.6%) of the respondents were self-employed. The respondent's spouse earned an average monthly income of 86.386 naira, and more than half (57.2%) of the respondent's spouse earned between 5,000 naira to 50,000 naira. Almost half (48.8%) of the respondent's spouses were self-employed. Most (66.8%) of the respondent's spouses had tertiary education. Less than half (37.6%) of the respondents had one child.

Table 1: Socio-demographic Data of The Respondents (N=250)

Frequency(n) Percentage (%)  Age (in years) mean age = 29.3 $\pm$ 5.4 years.  18-28  121  48.4  29-39  116  46.4  40-49  13  5.2  Total  250  100
Age (in years) mean age = $29.3 \pm 5.4$ years.18-2812148.429-3911646.440-49135.2Total250100
18-28       121       48.4         29-39       116       46.4         40-49       13       5.2         Total       250       100
40-49 13 5.2 <b>Total</b> 250 100
<b>Total</b> 250 100
36 4 30 4
Marital Status
Single 24 9.6
Married 214 85.6
Divorced 10 4.0
Widowed 2 0.8
<b>Total</b> 250 100
Type of Family
Monogamous 218 87.2
Polygamous 32 12.8
<b>Total</b> 250 100
Ethnicity
Igbo 17 6.8
Yoruba 228 91.2
Hausa 4 1.6
Other 1 0.4
<b>Total</b> 250 100
Religion
Christianity 109 43.6
Islam 136 54.4
Traditional 5 2.0
<b>Total</b> 250 100
Educational attainment
Non-formal 14 5.6
Primary 32 12.8
Secondary 58 23.2
Tertiary 146 58.4
Total 250 100
Occupation
Civil servant 25 10.0
Self-employed 124 49.6
Trader 66 26.4

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Artisan	19	7.6
Full housewife	16	6.4
Total	250	100
Number of Children		
One	94	37.6
Two	76	30.4
>Two	80	32.0
Total	250	100

## **Respondents Knowledge of Postpartum Depression**

Items	Respondents in this study = $250$		
	Yes (%)	No (%)	
Understanding of postpartum depression**	` ,	` ,	
Being happy after birth	150(60.0)	100(40)	
Being sad and Unhappy after birth	108(43.2)*	142(56.8)	
being well after childbirth	115(46.0)	135(54.0)	
It is a normal phase all women should go through	146(58.4)	104(41.6)	
Signs and symptoms of Postpartum depression**			
Laughing uncontrollably for more than 7 days	144(57.6)	106(42.4)	
Being unhappy for more than 7 days	86(34.4)*	164(65.6)	
Being sad or miserable for more than a week	82(32.8)*	168(67.2)	
Having thoughts of harming oneself for more than a	61(24.4)*	189(75.6)	
week			
Risk factors of postpartum depression **			
Unplanned Pregnancy	65(26.0)*	185(74.0)	
Poor support from spouse and family	126(50.4)*	124(49.6)	
Giving birth through Cesarean section	65(26.0)*	185(74.0)	
Previous history of depression	57(22.8)*	193(77.2)	
Giving birth through vagina delivery	77(30.8)	173(69.2)	
Cause of Postpartum depression**			
Itis caused by witches and wizards	71(28.4)	179(71.6)	
It is caused by hormonal Imbalance	109(43.6)*	141(56.4)	
It is a curse by the gods	68(27.2)	182(72.8)	
It is caused by eating salty foods	107(42.8)	143(57.2)	
Depression be treated in **			
Church/Mosque	98(39.2)	152(60.8)	
Hospital	175(70.0)*	75(30.0)	
Chemist	56(22.4)	194(77.6)	
Traditional Birth Attendants	64(25.6)	186(74.4)	

<sup>\*\*</sup>Multiple response

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## Respondents Help-seeking intention towards Postpartum Depression

A little more than half (50.4%) of the respondents reported that they would likely seek help if they had postpartum depression. Less than half (46.8%) of the respondents reported that they would try to seek help from a health care professional if they had postpartum depression. Less than half (42.8%) of the respondents reported that they would plan to seek help from a health care professional if they had postpartum depression (See Table 4.6).

The respondents' Help-seeking intention measured on a 7-point rating scale showed a mean score of  $4.2\pm 1.92$ . Also, the respondents' Help-seeking intention was categorized into two, that is, low ( $\leq 4$ ) and high (> 4-7). More than half (59.6%) of the respondents had a high Help-seeking intention toward postpartum depression (See Table 4.7).

**Table 4.6 Respondents Help-seeking Intention towards Postpartum Depression** 

<b>Intention to seek help</b>	Respond	ents in th	nis study	y; N=250			
If I had postpartum	1(%)	2(%)	3(%)	4(%)	5(%)	6(%)	7(%)
depression:							
I would intend to seek	51(20.4)	2(0.8)	31	2(0.8)	122(48.8)	4(1.6)	38(15.2)
help from a health care professional			(12.4)	1			
I would try to seek help from a health care	52(20.8)	1(0.4)	37 (14.8)	2(0.8)	111(44.4)	6(2.4)	41(16.4)
professional I would plan to seek	52(20.8)	3(1.2)	41	2(0.8)	102(40.8)	5(2.0)	45(18.0)
help from a health care professional		·	(16.4)				·

Table 4.7 Proportion of Respondent's help-seeking intention towards Postpartum Depression

Total Obtainable Score (7)	Respondents in this study; N=250		
	Frequency	Percentage (%)	
Low Help-seeking intention ( $\leq 4$ )	107	40.4	
High Help-seeking intention (> 4 -7)	114	59.6	
Mean±SD	$4.2 \pm 1.92$		

# Association between Respondents Socio-demographic Characteristics and Help-seeking Intention towards Postpartum Depression

The result revealed that respondents age ( $X^2 = 1.58; p=0.45$ ); marital status ( $X^2 = 3.51; p=0.32$ ); Ethnicity ( $X^2 = 0.86; p=0.83$ ); religion ( $X^2 = 1.18; p=0.55$ ); occupation (x=10.0; p=0.07); parity ( $X^2 = 0.07; p=0.96$ ) and monthly income ( $X^2 = 5.71; p=0.06$ ) does not have a statistically significant relationship with Help-seeking intention. However, the respondent's

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level of education ( $X^2=19.1$ ; p=0.004) had a statistically significant relationship with Helpseeking intention towards postpartum depression (See, Table 4.8)

Socio-demographic	Help-seeking	Intention towards	$X^2$	p-value
variables	Postpartum Depression			1
	Low (%)	High (%)	-	
Age (in years)	` '			0.45
18-28	48(39.7)	73(60.3)	1.58	
29-39	41(35.3)	75(64.7)		
40-50	3(23.1)	10(76.9)		
Marital Status	,	, ,	3.51	0.32
Single	10(41.7)	14(58.3)		
Married	80(37.4)	134(62.6)		
Divorced	1(10.0)	9(90.0)		
Widowed	1(50.0)	1(50.0)		
Ethnicity	,	, ,	0.86	0.83
Igbo	6(35.3)	11(64.7)		
Yoruba	85(37.3)	143(62.7)		
Hausa	1(25.0)	2(75.0)		
Other	-	1(100)		
Religion		,	1.18	0.55
Christianity	36(33.0)	73(67.0)		
Islam	54(39.7)	82(60.3)		
Traditional	2(40.0)	3(60.0)		
Occupation		, ,	10.0	0.07
Civil servant	8(32.0)	17(68.0)		
Self-employed	41(33.1)	83(66.9)		
Trader	24(36.4)	42(63.6)		
Artisan	10(52.6)	9(47.4)		
Full housewife	4(100)	-		
Educational attainment			19.1	0.004*
Non-formal				
Primary	7(50.0)	7(50.0)		
Secondary	11(34.4)	21(65.6)		
Tertiary	29(50.0)	29(50.0)		
•	45(33.3)	90(66.7)		
Number of Children			0.07	0.96
One	35(37.2)	59(62.8)		
Two	27(35.5)	49(64.5)		
>Two	30(37.5)	50(62.5)		
Monthly income (naira)	,	. ,	5.71	0.06
≤ 50,000	85(39.5)	130(60.5)		
51-100,000	7(22.6)	24(77.4)		
101,000-250,000		4(100)		

Significant at p < 0.05

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## Predictor of Help-seeking intention towards Postpartum Depression

The result of the binary logistic regression showed a statistically significant association between respondent's level of education and Help-seeking intention towards postpartum depression. Those with a high level of education compared with those with a low level of education had an odd of 1.2 times more likely to seek care for postpartum depression (Odds ratio; 1.19; CI: 1.00-1.41; p=0.04) (See table 4.9).

A statistical significance association exists between respondents' knowledge and Helpseeking intention toward postpartum depression. Respondents with a high level of knowledge compared to those with a low level of knowledge had an odd of 2.3 times more likely to seek care for postpartum depression (Odds ratio=1.27; CI: 1.43- 3.59; p=0.000). (See table 4.9). It can be implied that the respondent's level of knowledge best predicts their Help-seeking intention toward postpartum depression.

**Table 4.9: Logistic Regression Showing Predictor of Help-seeking Intention towards Postpartum Depression** 

Variable	ITN Use				
			Respondents in	n this Study= 250	
	Odd ratio	p-value	Confidence Interval		
Level of education	1.19	0.04	1.00	1.41	
Level of knowledge	2.27	0.000	1.43	3.59	

## **DISCUSSION**

The finding of this study revealed that the mean age of the respondents was  $29.3 \pm 5.4$  years. This finding is similar to the mean age reported by Obioha et al., (2021) in Southwest Nigeria and Adeyemo et al. (2020) in Lagos.

The similarities in results may be because the respondents were within the reproductive age. The majority of the respondents were Yoruba. This finding is similar to the results of Obioha et al., (2021) and Adeyemo et al. (2020). These results are similar because both studies were conducted in the Southwest region. Also, Yoruba is the ethnic group that is domicile in that region of Nigeria. This study revealed that more than half of the respondents practiced the Islamic religion. This finding is at variance with the results of Obioha et al. (2021) and Adeyemo et al. (2020), who reported that most of their respondents practiced Christianity. The differences in findings may be because we have more Muslims that reside in the study area as opposed to the other study's location. The study revealed that the majority of the respondents had monogamous families. This finding corroborates the finding of Adeyemo et al. (2020). Also, this study's findings revealed that most of the respondents had tertiary

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education. This finding supports the result of Abazie et al. (2021) in Mushin and Adeyemo et al. (2020). These similarities in finding may be because females were encouraged to further their education in the study location. In South-west Nigeria, females were being encouraged to have formal education. This study finding revealed that most respondents have low monthly income, although their spouse earns better than they received. This finding corroborates the finding of Adeyemo et al. (2020). The finding of this study revealed that most of the respondents had one child. This finding corroborates the result of Obioha et al. (2021).

This study revealed a fair level of knowledge among respondents, as most of the respondents could correctly identify the causes, symptoms, and risk factors associated with postpartum depression. This finding corroborates the result of Afolayan et al. (2016) where they reported moderate knowledge among their study participants. However, this finding differs from the results of Obioha et al. (2021) and Grech et al. (2022) where they reported good knowledge of postpartum depression among their respondents. Also, Poreddi et al. (2020), Ogechi et al. (2021), and Abazie et al. (2021) reported that most of their respondents had poor knowledge of postpartum depression. The variations in results could be attributed to their level of education and difference in study location, as some of the respondents may have access to mental literacy.

This study finding revealed that most of the respondents had a high level of intention to seek care for postpartum depression. This may be due to their level of education, as most of the respondents had tertiary education. The study also revealed that respondents' level of education influences their Help-seeking intention toward postpartum depression. This finding is at variance with the result of Manso-Caordoba et al., (2020) in New York, where they reported a significant association. Also, the finding of this study revealed no significant relationship between respondents' age, marital status, occupation, income, ethnicity, parity, and Help-seeking intention toward postpartum depression. This finding corroborates the result of Manso-Caordoba et al. (2020), where they reported that neither age nor parity was associated with seeking help for postpartum depression. The study revealed no significant association between respondents' ethnicity and Help-seeking intention toward postpartum depression. This finding is at variance with the result of Manso-Caordoba et al. (2020) where they reported a strong association between different ethnic groups. The differences in findings may be because of differences in the study location.

## **CONCLUSION**

In conclusion, the nursing mothers there was a significant association exists between respondent's level of education and Help-seeking intention toward postpartum depression. Those who had a higher level of education were 1.2 times more likely to intend to seek help for postpartum depression. However, this study's findings showed that neither respondent's age, parity, occupation, religion, or ethnicity were significantly associated with Help-seeking intention. Those with a good knowledge level were 2.3 times more likely to seek help for postpartum depression. The nursing mother's knowledge of postpartum depression was the best predictor of the Help-seeking intention toward postpartum depression. However, this study's findings showed that neither respondent's age, parity, occupation, religion, and ethnicity were significantly associated with Help-seeking intention.

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### RECOMMENDATION

Midwives at all levels should include health talks on postpartum depression during antenatal and postnatal visits to enlighten women and help them prevent or recognize postpartum depression, thereby improving their Help-seeking intention toward postpartum depression and reducing the prevalence of postpartum depression

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