

Postpartum depression among mothers attending the postnatal clinic at Elshadai Hospital, Nkumba, Wakiso district. A Cross-sectional study.

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ABSTRACT

Background:

Postpartum depression (PPD) is a common mental health condition, affecting mothers after childbirth with significant consequences for maternal well-being and infant care. This study aimed to assess the knowledge, attitudes, and practices of mothers towards postpartum depression, attending the postnatal clinic at Elshadai Hospital in Nkumba, Wakiso District.

Methodology:

A descriptive cross-sectional design was employed. 52 postnatal mothers at Elshadai Hospital were selected using a simple random sampling technique. Data was collected using structured questionnaires and analyzed using Microsoft Excel 2016. Descriptive statistics, including frequencies and percentages.

Results:

The majority of respondents were aged 24–29 years (22, 42.3%), (5, 9.7%), were aged 36 years and above, (34, 65.4%) were married, whereas (4, 7.7%) were widowed. (20, 38.5%) had attained secondary education, (4, 7.7%) had no formal education, (21, 40.4%) were Catholic, (38, 73.1%) had attended a postnatal clinic before, while a minority had not attended (14, 26.9%). The majority of mothers (63.5%) had heard of PPD, primarily from health workers (38.5%), and most recognized hormonal changes as a major cause. Positive attitudes were observed, with 42.3% acknowledging PPD as a real health problem and 50% strongly agreeing that affected women should seek help. In practice, (34.6%) mothers sometimes shared emotions with health workers and (38.5%) practiced self-care occasionally, while 59.6% had not attended any health education or counseling sessions.

Conclusion:

Mothers demonstrated moderate knowledge, generally positive attitudes, and variable practices toward postpartum depression. However, gaps in awareness, misconceptions, and inconsistent engagement with health services were noted.

Recommendations:

Strengthen postnatal mental health education, integrate routine PPD screening, and promote counseling and psychosocial support at health facilities. Mothers are encouraged to actively participate in postnatal education sessions, share their emotional experiences with healthcare providers, and adopt self-care practices to maintain mental health during the postpartum period.

Keywords: Health education, postpartum depression, postnatal clinic, Elshadai hospital, Nkumba, Psychosocial support
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BACKGROUND

Postpartum depression (PPD) is a common maternal mental health problem, with the WHO estimating that about 13% of mothers experience it globally and higher rates reported in low- and middle-income countries. Postpartum depression is a common and serious mental health condition that affects mothers after childbirth, characterized by persistent low mood, fatigue, irritability, sleep disturbances, loss of interest in activities, delusions and thoughts of worthlessness, and sometimes thoughts of suicidal ideations to the baby. Globally, PPD affects approximately 10% of pregnant women and 13% of women who have just given birth, with higher rates observed in low- and middle-income countries, up to 15.6% during pregnancy and 19.8% after childbirth (World Health Organization [WHO], 2019). Despite its

prevalence and significant impact on maternal and child well-being, PPD often goes undiagnosed and untreated, especially in developing countries where maternal mental health remains neglected (Kalra et al., 2022).

Postpartum psychosis, which is rarer and more severe, is more prevalent among mothers, often triggered by hormonal fluctuations, lack of social support, previous mental illness, and stressful life events. Disparities in socio-economic factors, unprecedented outcomes of birth, and uncertainties in relationship affairs are determinants (Perry, Gordon-Smith, Jones & Jones, 2021). In India, postpartum depression is a leading maternal mental health issue, with prevalence estimates ranging between 19.8% and 35.5% among postnatal mothers (Baron et al., 2016). However, despite this high burden, maternal mental health is often overlooked in public health programming, risking

long-term effects on both mother and child (Kale, Tambawala & Rajput, 2019). Depression not only impairs maternal quality of life but also disrupts early attachment, which is crucial for the emotional and cognitive development of the infant.

Across African countries, studies report significant rates of postpartum depression. In South Africa, the prevalence is estimated at 34.7%, while in Nigeria it stands at 23.4% (Dingana et al., 2022). Many mothers experience overwhelming emotional distress due to limited healthcare access, economic hardships, stigma, and cultural expectations. Inadequate screening and mental health resources within maternal health services (Zelege, Getinet, Tassema & Gebeyehu, 2021) compound these challenges. In Kenya, the prevalence of postpartum depression among mothers is reported at around 13%, with poor birth outcomes such as low birth weight and preterm deliveries contributing significantly (Tuitoek, 2019). Depression during the postpartum period is associated with long-term consequences, not only for the mother's mental health but also for the cognitive, emotional, and physical development of her child (Ongeri et al., 2018). Unfortunately, many women suffer in silence due to stigma, lack of awareness, and limited mental health literacy.

In Uganda, postnatal mothers experience a significant burden of mental health challenges, with approximately 6.1% affected by postpartum depression (Atuhaire, 2021). This figure highlights the prevalence of puerperal psychosis and related mood disorders within the country's maternal population (Atuhaire, 2021). The prevalence of the disorder is highest in northern Uganda due to previous wars that destroyed the social well-being and health care system (Arach et al., 2020). The situation has been worsened by the financial crises, social – family disruptions, and cultural transitions. At Elshadai Hospital, located in Nkumba, Wakiso District, many mothers remain unaware of PPD and its impact. This study, therefore, seeks to assess knowledge and attitudes towards PPD among mothers attending the postnatal clinic at Elshadai Hospital, Nkumba, to generate evidence that will support targeted awareness, screening, and integration of PPD services.

METHODOLOGY

Study Design and Rationale

A descriptive cross-sectional study design using quantitative methods was employed. This design was appropriate because it enabled the collection of data at a single point in time, was efficient in terms of time and cost, and was suitable for assessing the knowledge, attitude, and practices of mothers regarding postpartum depression.

Study Setting and Rationale

The study was conducted at Elshadai Hospital, a private health facility located in Nkumba, along Entebbe Road in Kisubi Parish, Katabi Sub-county, Wakiso District, in the Central Region of Uganda. The hospital lies approximately 25 kilometers south of Kampala, Uganda's capital city, and serves both urban and peri-urban populations within and around Nkumba. Elshadai Hospital provides a broad range of health services, including maternal and child health care, antenatal, delivery, and postnatal services. The facility has recorded an increasing number of postnatal clinic attendances and a growing recognition of maternal mental health challenges, making it a suitable site for this study on knowledge and attitudes toward postpartum depression among mothers attending the postnatal clinic.

Study Population

The study population comprised postnatal mothers attending the postnatal clinic at Elshadai Hospital, as they were the most appropriate group to provide information on knowledge, attitudes, and practices regarding postpartum depression.

Sample Size Determination

The sample size was determined by the Krejcie & Morgan table (1970). A population size of 60 was used, which, according to Krejcie & Morgan's table (1970), corresponded to 52 respondents. Hence, a final sample size of 52 mothers was used.

Sampling Procedure

A simple random sampling method was used to collect data. A fair voting process was conducted using two papers, one marked "Yes" and the other "No." These papers were folded, placed in a cup, stirred, and each participant was asked to pick one. Individuals who picked the "Yes" paper were included in the study. This process was repeated until the desired sample size of 52 mothers was reached during the three days of data collection.

Inclusion Criteria

Mothers aged 18 years and above
Mothers attending postnatal care within 6 weeks of delivery
Mothers who consented to participate

Exclusion Criteria:

Mothers who were critically ill or unable to respond
Mothers aged below 18 years

Independent Variables

Mothers’ knowledge about postpartum depression
 Mothers’ attitudes towards postpartum depression
 Mothers’ practices towards postpartum depression

Dependent Variable

Postpartum depression

Research Instruments

A structured questionnaire was used, consisting of four sections: Section A had demographic data, Section B had knowledge, Section C had attitude, and Section D had practice towards postpartum depression. For illiterate participants, the research assistants interpreted for them the questions as they give in their responses. A structured questionnaire was chosen because it allowed the collection of uniform and organized information from all participants, making it easy to compare responses across the three areas of knowledge, attitude, and practice.

Data Collection Procedure

A fair voting process was conducted using two papers, one marked "Yes" and the other "No." These papers were folded, placed in a cup, stirred, and each participant was asked to pick one. Individuals who picked the "Yes" paper were included in the study. Data were collected using questionnaires. After obtaining approval, the researcher personally introduced herself and clearly explained the purpose of the study to each potential participant. Eligible respondents were provided with a questionnaire and guided through the process. To ensure privacy and comfort, each participant was attended to individually in a separate room. For confidentiality and anonymity, serial numbers were assigned in place of names, and all completed questionnaires were securely stored in a locked cupboard, with the key held exclusively. Upon completion of the interview, the researcher thanked each respondent for their time and participation.

Data Management and Analysis

Collected questionnaires were checked daily for completeness, accuracy, and consistency. After verification, data were coded, entered into Microsoft Excel 2016 for organization and cleaning, and exported to the Statistical Package for Social Sciences (SPSS) version 25.0 for analysis. Microsoft Excel assisted in initial data

entry and tabulation, while SPSS was used for detailed statistical computation and interpretation. Descriptive statistics such as frequencies and percentages were used to summarize categorical data, including respondents’ socio-demographic characteristics, levels of knowledge, and attitudes toward postpartum depression. These measures were appropriate because they showed how participants’ responses were distributed and helped identify general patterns in the data. The mean and median were computed to describe the average level of knowledge and attitude scores among mothers. The mean provided an overall measure of central performance, while the median was used when the data were skewed to indicate the midpoint of the distribution. The analyzed results were presented in tables, pie charts, and bar graphs to enhance clarity and facilitate easy interpretation.

Quality Control Validity

The tools were reviewed by the supervisor, translated into the local language, and back into English to ensure consistency. Data collectors were trained to ensure uniformity.

Reliability

The questionnaire was pretested with 10 mothers at Kisubi Hospital. Feedback was used to revise unclear questions.

Ethical Considerations

Approval was obtained from the Mildmay Uganda School of Nursing Research and Ethics Committee. Permission was also sought from Elshadai Hospital administration. Participants received an explanation of the study in simple and understandable language before enrollment, and only those willing to participate provided consent. Any participant who wished to withdraw from the study was free to do so. No one was forced to participate, adhering to the fundamental principle of voluntary participation in research ethics. Confidentiality was ensured throughout the study by using serial numbers instead of names, and completed questionnaires were kept in a locked cupboard with the key held exclusively.

RESULTS

Demographics Characteristics of the respondents

Table 1 Shows Demographic Characteristics of Respondents (n = 52)

Variable	Category	Frequency (f)	Percentage (%)
Age (years)	18–23	10	19.2
	24–29	22	42.3
	30–35	15	28.8
	36 and above	5	9.7
Marital Status	Single	9	17.3
	Married	34	65.4
	Divorced	5	9.6
	Widowed	4	7.7
Level of Education	No formal education	4	7.7

	Primary	18	34.6
	Secondary	20	38.5
	Tertiary	10	19.2
Religion	Catholic	21	40.4
	Anglican	14	26.9
	Muslim	8	15.4
	Pentecostal	6	11.5
	Other	3	5.8
Postnatal Clinic Attendance	Yes	38	73.1
	No	14	26.9

Table 1 shows that the majority of respondents were aged 24–29 years (22, 42.3%), while the minority were aged 36 years and above (5, 9.7%). Most respondents were married (34, 65.4%), whereas the minority were widowed (4, 7.7%). The largest proportion of respondents had secondary education (20, 38.5%), while the smallest proportion had no formal education (4, 7.7%). The majority were Catholic (21, 40.4%), whereas the minority

were affiliated with other religions (3, 5.8%). Most respondents had attended a postnatal clinic before (38, 73.1%), while a minority had not attended (14, 26.9%).

Knowledge towards postpartum depression among mothers attending the postnatal clinic

Table 2: Showing awareness about postpartum depression and the source of information on postpartum depression

Response	Frequency (f)	Percentage (%)
Yes	33	63.5
No	11	21.2
Not sure	8	15.3
Total	52	100
Health worker	20	38.5
Media	8	15.4
Friends/Relatives	5	9.6
Never heard	19	36.5
Total	52	100

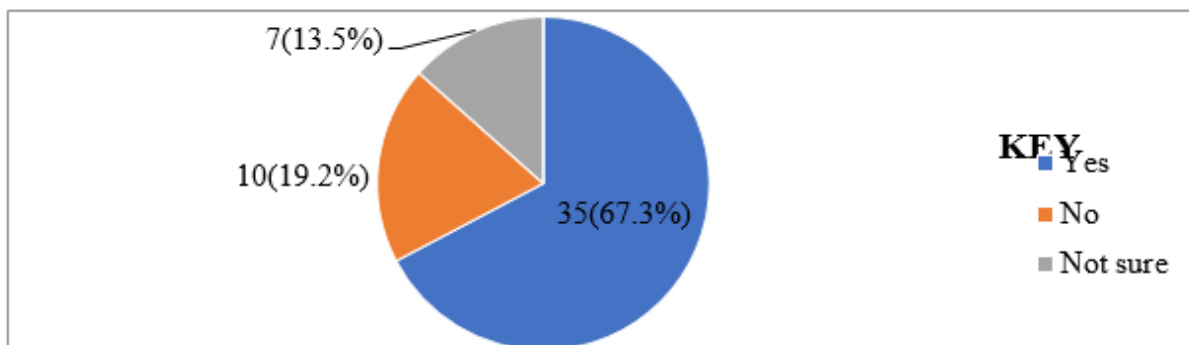
Table 2 shows that most mothers (33, 63.5%) had heard about postpartum depression, while 8 (15.3%) were not sure. The majority (20, 38.5%) of respondents received information about postpartum depression from health workers, while 19 (36.5%) had never heard about PPD.

Table 3: Showing the causes of postpartum depression and knowledge of PPD management.

Causes	Frequency (f)	Percentage (%)
Hormonal changes	25	48.1
Stress	15	28.8
Lack of support	9	17.3
Others (financial constraints and sex of the child)	3	5.8
Total	52	100
Talking to a counsellor	20	38.5
Taking medication	10	19.2
Getting family support	16	30.8
Prayers only	4	7.7
Don't know	2	3.8
Total	52	100

Table 3 shows that most respondents (25, 48.1%) believed hormonal changes cause PPD, while a few (3, 5.8%) mentioned other causes. The majority (20, 38.5%) believed talking to a counselor manages PPD, while the minority (2, 3.8%) did not know how it can be managed.

Figure 1: Showing awareness of complications of untreated ppd (n=52)



Most respondents (35, 67.3%) were aware of complications of untreated PPD, while a few (7, 13.5%) were not sure.

Attitude towards postpartum depression among mothers attending the postnatal clinic
Table 4 shows attitudes of respondents towards PPD (N=52)

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Majority View
PPD is a real health problem.	20 (38.5%)	22 (42.3%)	6 (11.5%)	3 (5.8%)	1 (1.9%)	Agree
A depressed mother is just weak.	4 (7.7%)	8 (15.4%)	6 (11.5%)	20 (38.5%)	14 (26.9%)	Disagree
Talking about emotional problems is a sign of strength.	24 (46.2%)	18 (34.6%)	5 (9.6%)	3 (5.8%)	2 (3.8%)	Strongly Agree
A woman with PPD should seek help.	26 (50.0%)	17 (32.7%)	4 (7.7%)	3 (5.8%)	2 (3.8%)	Strongly Agree

Mothers with PPD are a danger to their babies.	8 (15.4%)	15 (28.8%)	10 (19.2%)	13 (25.0%)	6 (11.6%)	Agree
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The study findings show that the majority of respondents, 22 (42.3%), agreed that postpartum depression is a real health problem. Most 20 (38.5%) disagreed that a depressed mother is just weak, showing positive perceptions toward PPD. A large number, 24 (46.2%), strongly agreed that talking about emotional problems is a sign of strength. Half of the respondents, 26 (50%), strongly agreed that a woman with PPD should seek help, indicating good health-seeking attitudes. However, 15

(28.8%) agreed that mothers with PPD are a danger to their babies, showing that some misconceptions still exist among mothers.

Practices towards postpartum depression among mothers attending the postnatal clinic

Table 5: Showing sharing feelings with health workers, coping with sadness or fatigue after childbirth

Response	Frequency (f)	Percentage (%)
Always	14	26.9
Sometimes	18	34.6
Rarely	12	23.1
Never	8	15.4
Total	52	100
Talk to a health worker	20	38.5
Talk to family/friends	17	32.7
Pray or seek spiritual help	10	19.2
Do nothing	5	9.6
Total	52	100

Table 5 shows that the majority (18, 34.6%) sometimes share their emotions with health workers, while 8 (15.4%) never do. Most respondents (20, 38.5%) talk to health workers, while a few (5, 9.6%) do nothing when they feel low after childbirth.

Figure 2: Showing respondents' attendance at PPD education or counseling. (n=52)

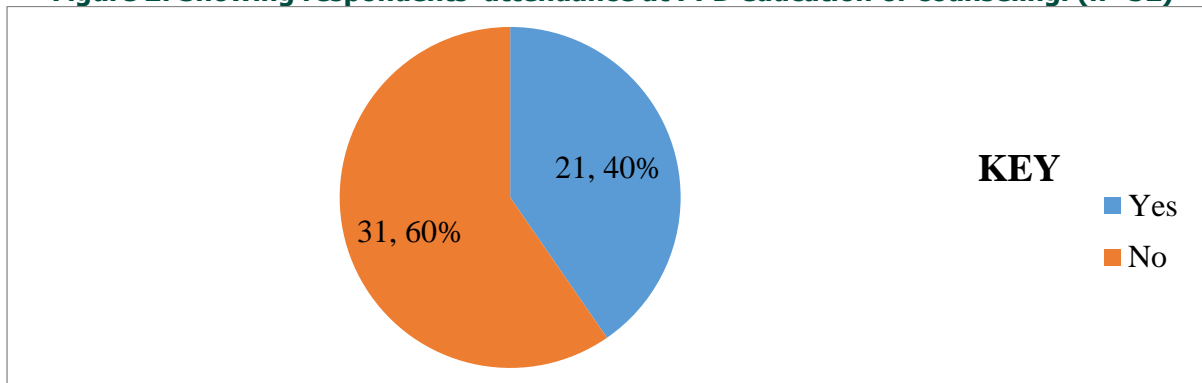


Figure 2 shows that the majority (31, 59.6%) of the respondents had not attended any health education or counseling session on PPD.

Table 6 Showing the likelihood of seeking help for PPD symptoms and self-care practices to maintain emotional well-being. (n=52)

Response	Frequency (f)	Percentage (%)
Very likely	22	42.3
Likely	16	30.8
Unlikely	8	15.4
Not sure	6	11.5
Total	52	100
Always	15	28.8
Sometimes	20	38.5
Rarely	10	19.2
Never	7	13.5

Most mothers (22, 42.3%) were very likely to seek help, while a few (6, 11.5%) were not sure.

The majority (20, 38.5%) sometimes practice self-care, while a few (7, 13.5%) never do.

DISCUSSION

Knowledge towards postpartum depression among mothers attending the postnatal clinic at Elshadai Hospital, Nkumba in Wakiso District

The purpose of this study was to assess and determine the knowledge towards postpartum depression among mothers attending the postnatal clinic at Elshadai Hospital, Nkumba in Wakiso District, and the findings were as follows: The study showed that most mothers (33, 63.5%) had heard about postpartum depression, and (20, 38.5%) received information from health workers. This indicates a moderate level of awareness among mothers attending the postnatal clinic. The awareness could be attributed to exposure to health information during antenatal or postnatal visits and community health education. This finding is higher than reported by Akongo (2024) in Jinja (35%) and Atuhaire et al. (2021) in Mbarara and Rwampara (29%), suggesting some improvement in awareness in this setting. Compared to studies in Nigeria, where most mothers learned about PPD from friends or media (Abazie & Usoro, 2021; Jaiyeola & Abdulrazaq, 2022), this finding suggests better integration of mental health education into postnatal care at this hospital.

The majority (20, 38.5%) believed talking to a counselor helps manage PPD, while the minority (2, 3.8%) did not know how it can be managed. This suggests that counseling is increasingly recognized as a key intervention, though some mothers remain uncertain, thus aligning with the problem statement. Similarly, Grech et al. (2022) found that 61% of mothers were unaware of counseling or medication as treatment, indicating that knowledge gaps about management are common globally. Most respondents (35, 67.3%) were aware of complications if PPD is untreated, while a few (7, 13.5%) were not sure. This demonstrates moderate knowledge about the potential impact of PPD on both mothers and infants. This finding contrasts with Adjorlolo et al. (2021) in Ghana, where only 21% knew about complications,

suggesting that education and counseling in this study setting may have improved awareness of PPD risks.

Attitude towards postpartum depression among mothers attending the postnatal clinic at Elshadai Hospital, Nkumba in Wakiso District

The purpose of this study was to determine the attitude towards postpartum depression among mothers attending the postnatal clinic at Elshadai Hospital, Nkumba in Wakiso District, and the following were as follows: the study showed that the majority of respondents (22, 42.3%) agreed that postpartum depression is a real health problem. This indicates that many mothers acknowledge PPD as a legitimate mental health condition requiring attention, which misaligns with the problem statement. This positive perception could be attributed to exposure to health education during antenatal and postnatal visits. Similar awareness gaps exist in other contexts; for instance, Atuhaire et al. (2021) in Uganda found that 44% of mothers viewed PPD as a normal emotional response, highlighting cultural differences in perception.

Most respondents (20, 38.5%) disagreed that a depressed mother is weak, showing rejection of stigmatizing beliefs. This suggests that mothers recognize PPD as a medical condition rather than a personal failing. However, in Kenya, Omondi et al. (2019) reported that 58% of women feared being judged as weak if they spoke about emotional struggles, indicating that stigma still limits openness in some settings.

Nearly half of the respondents (24, 46.2%) strongly agreed that discussing emotional issues is a sign of strength. This indicates a positive attitude toward expressing feelings and seeking support, which may encourage early identification and management of PPD. Contrastingly, in Nigeria, Tobiloba et al. (2022) found that 49% of women preferred to “deal with it alone,” reflecting ongoing cultural barriers to open discussion.

The findings revealed that half of the respondents (26, 50%) strongly agreed that a woman with PPD should seek help, demonstrating good health-seeking attitudes. This may be attributed to increased awareness of mental health services and trust in professional care. However, in South Africa, Van der Westhuizen et al. (2020) found that only

24% of mothers were willing to seek care for emotional distress, showing lower help-seeking intentions in some contexts.

Practices of mothers towards postpartum depression are complete as per the guidelines.

The purpose of this study was to find out the practice towards postpartum depression among mothers attending the postnatal clinic at Elshadai Hospital, Nkumba in Wakiso District, and its results were as described below: The study showed that the majority of respondents (18, 34.6%) sometimes shared their emotions with health workers, while 8 (15.4%) never did. This indicates that while many mothers are willing to communicate about their emotional health, a significant minority remain silent. This could be attributed to stigma, fear of judgment, or lack of confidence in health services. Similarly, Van der Westhuizen et al. (2020) in South Africa found that many mothers relied on informal support and rarely disclosed symptoms to healthcare providers, showing that reluctance to share feelings is common across settings.

The majority of respondents (31, 59.6%) had not attended any health education or counseling session on PPD. This suggests gaps in the provision and utilization of postnatal mental health services, which may limit mothers' knowledge and coping strategies. Obioha et al. (2020) in Southwest Nigeria reported similar findings, noting that routine counseling and follow-up were largely absent despite a high PPD burden, highlighting poor integration of mental health services into postnatal care.

The study findings also showed that less than half of respondents (20, 38.5%) sometimes practiced self-care, while a few (7, 13.5%) never did. This indicates that while self-care is practiced to some extent, consistent implementation is limited. Mohamed et al. (2022) in Egypt found that depressive symptoms negatively affected caregiving and maternal practices, highlighting the need for psychosocial support and guidance to improve both self-care and infant care outcomes.

LIMITATIONS

The study was conducted with a relatively small sample of 52 mothers, which limited the generalizability of the findings to all postnatal mothers in Wakiso District or other regions.

Data were collected using self-administered questionnaires, which were influenced by social desirability bias.

Some respondents might have over-reported positive practices or knowledge to appear favorable.

CONCLUSION

Findings revealed that the majority of mothers attending postnatal care at Elshadai Hospital, Nkumba, Wakiso District, had moderate knowledge about postpartum depression, with most aware of its causes, management, and potential complications.

Attitudes towards PPD were generally positive; however, there were gaps in awareness, attitudes, and practical support, underscoring the need for enhanced postnatal mental health education, counseling, and integration of systematic PPD screening into maternal care services.

RECOMMENDATION

Policy makers should develop and implement national guidelines that integrate routine screening, counseling, and management of postpartum depression into maternal and child health services to ensure early detection and support for affected mothers.

The Elshadai Hospital administration should strengthen its postnatal services by providing regular health education sessions and counseling on postpartum depression, ensuring that all mothers attending the clinic are screened, informed about available support, and encouraged to adopt healthy emotional coping practices.

Health Workers should provide regular postnatal counseling, psychosocial support, and follow-up for mothers, emphasizing the importance of emotional well-being, self-care, and timely help-seeking for postpartum depression.

Mothers should be encouraged to actively participate in postnatal education sessions, share their emotional experiences with healthcare providers, and adopt self-care practices to maintain mental health during the postpartum period.

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LIST OF ABBREVIATIONS

ANC	Antenatal Care
DSM-V	Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition
GOU	Government of Uganda
HIV	Human Immunodeficiency Virus
IEC	Information, Education, and Communication
KAP	Knowledge, Attitude, and Practice
MDD	Major Depressive Disorder
MOH	Ministry of Health

PNC	Postnatal Care
PPD	Postpartum Depression
SCBU	Special Care Baby Unit
SPSS	Statistical Package for the Social Sciences
UHPAB	Uganda Health Professionals Assessment Board
WHO	World Health Organization

SOURCE OF FUNDING

The study was not finished.

CONFLICT OF INTEREST

The author declares that there was no conflict of interest.

AUTHOR CONTRIBUTIONS

PN- Study developer and investigator

RA- Supervised the Study.

HN- Supervised the Study.

IN-Supervised the Study.

JFN-Supervised the Study.

DATA AVAILABILITY

Data is available upon request.

INFORMED CONSENT

There was full disclosure; full comprehension, and respondents voluntarily consented to participate in the study.

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