**RESULTS**

**4.0 Data Presentation**

This chapter presents the data collected in this study as well as the analysis of the research data, out of 288 sample estimated to be collected, 264 questionnaires were administered, yielding a 91.7% response rate.

**4.1 Sociodemographic Characteristics of the Participants**

**Table 4.1 Sociodemographic Characteristics of the Participants**

|  |  |  |
| --- | --- | --- |
| **Characteristics** | **N =264** | **%** |
| **Age group** |  |  |
| 15-19 | 12 | 5% |
| 20-24 | 57 | 22% |
| 20-25 | 2 | 1% |
| 25-24 | 3 | 1% |
| 25-29 | 89 | 34% |
| 30-34 | 60 | 23% |
| 35-39 | 37 | 14% |
| 40-44 | 4 | 2% |
| **Level of education** |  |  |
| Primary | 37 | 14% |
| Secondary | 76 | 29% |
| Tertiary | 138 | 52% |
| others | 13 | 5% |
| **Occupation** |  |  |
| attendant | 3 | 1.1% |
| Business | 102 | 39% |
| civil servant | 29 | 11% |
| farmer | 3 | 1.1% |
| fashion designer/Tailor | 14 | 5.3% |
| hair dresser | 12 | 4.5% |
| health worker | 12 | 4.5% |
| house wife | 43 | 16% |
| journalist | 3 | 1.1% |
| student | 31 | 12% |
| teacher | 7 | 2.7% |
| **Marital status** |  |  |
| Divorced | 6 | 2.2% |
| married | 256 | 97% |
| single | 2 | 0.8% |
| **Education of husband** |  |  |
| primary | 27 | 10% |
| secondary | 69 | 26% |
| tertiary | 132 | 50% |
| others | 30 | 11% |

The table above provides a snapshot of the socio-demographic data of study participants. The results are discussed as follows:

The data in Table 4.1 above shows the respondents' age distribution and indicate that 34% of the participants were in the 25-29 years age group, see the table for the detailed age distribution of the respondents.

The educational level distribution of the study participants consisted of 52.0% in the tertiary level of education.

The five top occupations, were as follows: Business (39%), house wife (16%), student (12%), civil servant (11%) and fashion designer/ tailor (5.3%). Majority of the participants were married (97%), half of them claimed their husband had tertiary level of education (50%).

**Table 4.1b Sociodemographic Characteristics of the Participants (CONT’D)**

|  |  |  |
| --- | --- | --- |
| **Characteristics** | **N =264** | **%** |
| **Occupation of husband** |  |  |
| accountant | 3 | 1.1% |
| banker | 3 | 1.1% |
| business | 159 | 60% |
| civil servant | 39 | 15% |
| engineer | 2 | 0.8% |
| Farmer | 12 | 4.5% |
| health worker | 8 | 3.0% |
| lawyer | 7 | 2.7% |
| lecturer | 2 | 0.8% |
| pastor | 3 | 1.1% |
| police | 6 | 2.3% |
| student | 3 | 1.1% |
| tailor | 3 | 1.1% |
| teacher | 8 | 3.0% |
| **No. of previous pregnancies** |  |  |
| None | 54 | 20% |
| 1-3 | 174 | 66% |
| 4-6 | 30 | 11% |
| >6 | 4 | 1.5% |
| **Duration of pregnancies (N =172)** |  |  |
| 1-3 months | 11 | 6% |
| 4-6 months | 74 | 43% |
| 7-9 months | 85 | 49% |
| > 9 months | 2 | 1% |
| **Age of last baby (for postpartum mother) (N =84** |  |  |
| 1- 6 months | 71 | 84.5% |
| 7-12 months | 13 | 15.5% |

Furthermore, the distribution of the participants’ husband occupation showed the top five occupations: Business (60%), civil servant (15%), farmer (4.5%), health worker (3%) and teacher (3%). Majority of the participants (66%) had had between 1-3 pregnancies in the past, while the majority (32%) of the current pregnancies were reported to be between 7-9 months. The dominant age of last baby was reported to be between 1-6 months (84.5%)

**4.2 Mental Health Awareness**

**Table 4.2.1 Mental Health Awareness**

|  |  |  |
| --- | --- | --- |
| **Characteristics** | **N =264** | **%** |
| have you heard of mental health conditions that can affect postpartum women? |  |  |
| Yes | 198 | 75% |
| No | 66 | 25% |
| Do you know of any Clinic or health facility offering mental health treatment? |  |  |
| Yes | 179 | 68% |
| No | 85 | 32% |
| Do you know about Postpartum Depression (PPD)? |  |  |
| Yes | 157 | 59% |
| No | 107 | 41% |
| Are you familiar with the following symptoms of postpartum depression: A. Fear of harming self or baby?B. suicidal thoughts?C. Severe anxiety or panic attacks?D. detachment from reality? |  |  |
| Yes | 162 | 61% |
| No | 102 | 39% |
| Do you know of someone who has experienced or is experiencing Postpartum  Depression (PPD)? |  |  |
| Yes | 99 | 38% |
| No | 165 | 62% |
| Received any mental health education during Ante Natal Clinic visits? |  |  |
| Yes | 172 | 65% |
| No | 92 | 35% |
| Received any mental health education during Post Natal Clinic visits |  |  |
| Yes | 147 | 56% |
| No | 117 | 44% |
| Discussed mental health with your healthcare provider? |  |  |
| Yes | 94 | 36% |
| No | 170 | 64% |

In Table 4.2.1, the majority of the participants (75%) claimed they had heard of mental health conditions that can affect postpartum women, many of them claimed they know some clinics or health facility offering mental health treatment (68%). More than half of them (59%) claimed they knew about PPD, majority of them (61%) were familiar with the symptoms of PPD, majority of them (62%) did know anyone who has experienced or is experiencing PPD. Majority of the participants (56%) claimed they had received some mental health education during their post-natal clinic visits as most of them (64%) claimed they have never discussed mental health with their healthcare provider.

**Table 4.2.2 Categorization of levels of awareness**

|  |  |  |  |
| --- | --- | --- | --- |
| **Level** | **Range** | **Frequency (N=264)** | **Percentage** |
| Poor | 0-69% | 152 | 57.6% |
| Good | 70-100% | 112 | 42.4% |

The table above shows the breakdown of the overall assessment of the awareness of the participants, it shows that majority of them (57.6%) scored less than 70% which translate to poor awareness while 42.4% of the participants had poor knowledge.

4.3 Attitude towards seeking help

Table 4.3.1 Attitude towards seeking help

|  |  |  |
| --- | --- | --- |
| **Characteristics** | **N =264** | **%** |
| Would you seek help if you experience mental health concerns during pregnancy or postpartum |  |  |
| Yes | 236 | 89% |
| No | 28 | 11% |
| Do you believe seeking mental health support is a sign of weakness? |  |  |
| Yes | 94 | 36% |
| No | 170 | 64% |
| Would you encourage a friend or family member to seek mental health help? |  |  |
| Yes | 245 | 93% |
| No | 19 | 7% |
| Do you think healthcare providers take mental health concerns seriously? |  |  |
| Yes | 213 | 81% |
| No | 51 | 19% |
| Have you ever sought mental health support for yourself or someone else? |  |  |
| Yes | 94 | 36% |
| No | 170 | 64% |
| Would you seek help from a healthcare provider for mental health concerns? |  |  |
| Yes | 224 | 85% |
| No | 40 | 15% |
| Have you ever used online resources for mental health information? |  |  |
| Yes | 95 | 36% |
| No | 169 | 64% |
| Would you consider seeking mental health support from a traditional healer? |  |  |
| Yes | 76 | 29% |
| No | 188 | 71% |
| Do you have health insurance that covers mental health services? |  |  |
| Yes | 45 | 17% |
| No | 219 | 83% |
| Have you ever contacted a mental health hotline? |  |  |
| Yes | 33 | 13% |
| No | 231 | 87% |

Majority of the participant (89%) claimed they would seek help if they experience mental health concerns during pregnancy or postpartum, while majority (64%) claimed that they do not believe that seeking help is a sign of weakness, most of them (93%) also claimed that they would encourage a friend to seek mental health help.

Majority of them claimed the following: healthcare providers take mental health concerns seriously (81%), never sought mental health support for themselves (64%), would not seek help from a healthcare provider for mental health concerns (85%), never used online resources for mental health information (64%), would not consider seeking mental support from a traditional healer (71%).

Many of the participants claimed that they do not have any mental health insurance services (83%) as the majority claimed they have not contacted a mental health hotline (87%).

**Table 4.3.2 Categorization of levels of attitude**

|  |  |  |  |
| --- | --- | --- | --- |
| **Level** | **Range** | **Frequency (N=264)** | **Percentage** |
| Negative | 0-69% | 210 | 79.5% |
| Positive | 70-100% | 54 | 20.5% |

The table above shows the breakdown of the overall assessment of the attitude of the participants, it shows that majority of them (79.5%) scored less than 70% which translate to negative attitude while 20.5% of the participants had positive attitude.

4.4 Barriers to seeking mental healthcare

Table 4.4 Barriers to seeking mental healthcare

|  |  |  |
| --- | --- | --- |
| **Characteristics** | **N =264** | **%** |
| Is there any mental health facility close to you |  |  |
| Yes | 133 | 50% |
| No | 131 | 50% |
| Are you scared people will laugh at you or judge you if you discuss mental health issues? |  |  |
| Yes | 126 | 48% |
| No | 138 | 52% |
| Can you afford to seek Mental Healthcare Services? |  |  |
| Yes | 153 | 58% |
| No | 111 | 42% |
| Does you culture allow you seek mental health care? |  |  |
| Yes | 225 | 85% |
| No | 39 | 15% |
| Does your family or community support people with mental health issues? |  |  |
| Yes | 199 | 75% |
| No | 65 | 25% |
| Have you ever sought for help concerning mental health issues? |  |  |
| Yes | 46 | 17% |
| No | 218 | 83% |
| If your answer to question 6 above is yes, was there long waiting time before you were attended to? (N = 46) |  |  |
| Yes | 6 | 12% |
| No | 40 | 88% |

Table 4.4 presents the barriers to seeking mental healthcare, half of the participants (50%) claimed they there are no mental health facility close to them. Most of them (52%) claimed that they are not scared people will laugh at them or judge them, while slightly above half of them (58%) claimed they can afford to seek mental healthcare services.

Majority of them (85%) claimed their culture allowed them to seek mental health care, while 75% of the participants claimed their family or community support people with mental health issues. Majority (83%) claimed that they have not sought for help concerning mental health issues, those that had sought mental health care claimed they there were long waiting time (88%)

**4.5: The effects of mental health during pregnancy and postpartum on the baby and the mother**

**Table 4.5: The effects of mental health during pregnancy and postpartum on the baby and the mother**

|  |  |  |
| --- | --- | --- |
| **Variables** | **N =264** | **%** |
| **On baby** |  |  |
| Behavioural and development issues | 29 | 11% |
| Ill health | 31 | 12% |
| Inadequate care and attention | 33 | 13% |
| Poor feeding | 9 | 3% |
| Death | 4 | 2% |
| Hinder growth | 3 | 1% |
| Poor hygiene | 4 | 2% |
| **On Mother** |  |  |
| Depression | 55 | 21% |
| Harm herself | 5 | 2% |
| Low supply of breast milk | 3 | 1% |
| Poor hygiene | 2 | 1% |
| Poor social relationship | 2 | 1% |
| Shame and self-doubt | 6 | 2% |
| Stress | 4 | 2% |
| Fear of harming baby | 10 | 4% |
| Ill health | 2 | 1% |
| Lack of care | 3 | 1% |
| PTSD | 4 | 2% |
| Suicidal thoughts | 24 | 9% |
| Affect live generally | 3 | 1% |
| Poor feeding. | 3 | 1% |

Table 4.5 explores the effect of mental health illness of the baby and mother during pregnancy and postpartum. It reveals that the top three effects on the baby as follows: Inadequate care and attention (13%),Ill health (12%) and Behavioural and developmental issues (11%). Meanwhile, the top three effects on the mother are as follows: Depression (21%), suicidal thought (9%) and fear of harming the baby (4%)

**Hypothesis Testing**

1. There is no significant association of the sociodemographic with the level of mental health awareness among pregnant and postpartum women in Jos Metropolis.
2. There is no significant association of the sociodemographic with the level of mental health attitude among pregnant and postpartum women in Jos Metropolis.

Table 4.6: Association between socio-demographic characteristics and awareness of PPD

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Characteristic** | **Good  N = 112** | **Poor N = 152** | ***X2*** | **p-value** |
| **Age group** |  |  | 18.404 | 0.010\* |
| 15-19 | 3 (2.7%) | 9 (5.9%) |  |  |
| 20-24 | 18 (16%) | 39 (26%) |  |  |
| 20-25 | 2 (1.8%) | 0 (0%) |  |  |
| 25-24 | 0 (0%) | 3 (2.0%) |  |  |
| 25-29 | 45 (40%) | 44 (29%) |  |  |
| 30-34 | 22 (20%) | 38 (25%) |  |  |
| 35-39 | 18 (16%) | 19 (13%) |  |  |
| 40-44 | 4 (3.6%) | 0 (0%) |  |  |
| **Educational level** |  |  | 10.069 | 0.018\* |
| others | 2 (1.8%) | 11 (7.2%) |  |  |
| Primary | 13 (12%) | 24 (16%) |  |  |
| Secondary | 27 (24%) | 49 (32%) |  |  |
| Tertiary | 70 (63%) | 68 (45%) |  |  |
| **Marital Status** |  |  | 2.923 | 0.2 |
| Divorced | 4 (3.6%) | 2 (1.3%) |  |  |
| married | 108 (96%) | 148 (97%) |  |  |
| single | 0 (0%) | 2 (1.3%) |  |  |
| **Number of previous pregnancies** |  |  | 31.048 | <0.001\* |
|  | 0 (0%) | 2 (1.3%) |  |  |
| >6 | 2 (1.8%) | 2 (1.3%) |  |  |
| 1-3 | 78 (70%) | 96 (63%) |  |  |
| 4-6 | 23 (21%) | 7 (4.6%) |  |  |
| None | 9 (8.0%) | 45 (30%) |  |  |
| **Duration of pregnancies** |  |  | 15.579 | 0.004\* |
|  | 37 (33%) | 55 (36%) |  |  |
| > 9 months | 2 (1.8%) | 0 (0%) |  |  |
| 1-3 months | 9 (8.0%) | 2 (1.3%) |  |  |
| 4-6 months | 37 (33%) | 37 (24%) |  |  |
| 7-9 months | 27 (24%) | 58 (38%) |  |  |
| **Age of last baby** |  |  | 0.785 | 0.7 |
|  | 78 (70%) | 102 (67%) |  |  |
| 1- 6 months | 30 (27%) | 41 (27%) |  |  |
| 7-12 months | 4 (3.6%) | 9 (5.9%) |  |  |

\*-significant at p-value < 0.001

This table above shows the statistically significant association between the socio-demographic characteristics and the level of awareness of PPD. It revealed that the following were significantly associated: age group (p-value = 0.010), educational level (p- value = 0.018), number of previous pregnancies (p-value < 0.001), duration of pregnancies (p-value = 0.004).

Association between socio-demographic characteristics and attitude of PPD

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Characteristic** | **Negative  N = 210** | **Positive  N = 54** | ***X2*** | **p-value** |
| **Age group** |  |  | 50.368 | <0.001\* |
| 15-19 | 3 (1.4%) | 9 (17%) |  |  |
| 20-24 | 49 (23%) | 8 (15%) |  |  |
| 20-25 | 0 (0%) | 2 (3.7%) |  |  |
| 25-24 | 3 (1.4%) | 0 (0%) |  |  |
| 25-29 | 84 (40%) | 5 (9.3%) |  |  |
| 30-34 | 43 (20%) | 17 (31%) |  |  |
| 35-39 | 26 (12%) | 11 (20%) |  |  |
| 40-44 | 2 (1.0%) | 2 (3.7%) |  |  |
| **Educational level** |  |  | 17.502 | <0.001\* |
| others | 11 (5.2%) | 2 (3.7%) |  |  |
| Primary | 20 (9.5%) | 17 (31%) |  |  |
| Secondary | 62 (30%) | 14 (26%) |  |  |
| Tertiary | 117 (56%) | 21 (39%) |  |  |
| **Marital Status** |  |  | 1.129 | 0.6 |
| Divorced | 4 (1.9%) | 2 (3.7%) |  |  |
| married | 204 (97%) | 52 (96%) |  |  |
| single | 2 (1.0%) | 0 (0%) |  |  |
| **Number of previous pregnancies** |  |  | 20.660 | <0.001\* |
| >6 | 0 (0%) | 4 (7.4%) |  |  |
| 1-3 | 139 (66%) | 35 (65%) |  |  |
| 4-6 | 21 (10%) | 9 (17%) |  |  |
| None | 48 (23%) | 6 (11%) |  |  |
| **Duration of pregnancies** |  |  | 35.494 | <0.001\* |
| > 9 months | 2 (1.0%) | 0 (0%) |  |  |
| 1-3 months | 7 (3.3%) | 4 (7.4%) |  |  |
| 4-6 months | 43 (20%) | 31 (57%) |  |  |
| 7-9 months | 72 (34%) | 13 (24%) |  |  |
| **Age of last baby** |  |  | 13.900 | <0.001\* |
| 1- 6 months | 65 (31%) | 6 (11%) |  |  |
| 7-12 months | 13 (6.2%) | 0 (0%) |  |  |

\*-significant at p-value < 0.001

This table above shows the statistically significant association between the socio-demographic characteristics and the level of attitude towards PPD. It revealed that the following were significantly associated: age group (p-value < 0.001), educational level (p- value < 0.001), number of previous pregnancies (p-value < 0.001), duration of pregnancies (p-value < 0.001) and age of last baby (p-value < 0.001).

**Predictors of the strength of the association between sociodemographic and the level of awareness of PPD**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Variable** | **P-value** | **AOR** | **Lower** | **Upper** |
| **Age** |  |  |  |  |
| 15-19 | <0.001 | 5.655 | 8.317 | 39.126 |
| 20-24 | <0.001 | 1.453 | 4.848 | 4.359 |
| 20-25 | 0.998 | 8.137 | 1.112 | 10537 |
| 25-24 | 0.992 | 5.750 | 2.356 | 13.221 |
| 25-29 | <0.001 | 7.748 | 2.994 | 2.005 |
| 30-34 | <0.001 | 1.554 | 5.550 | 43.558 |
| 35-39 | 0.002 | 8.556 | 8.557 | 8.557 |
| 40-44 |  | 1 |  |  |
| **Education** |  |  |  |  |
| others | 0.015 | 7.703 | 1.491 | 39.792 |
| Primary | 0.064 | 3.082 | 0.938 | 10.133 |
| Secondary | 0.014 | 2.390 | 1.191 | 4.794 |
| Tertiary | . | 1 |  |  |
| **No of previous pregnancy** |  |  |  |  |
| 6 | 0.998 | 1.349 | 0.332 | 2.783 |
| 1-3 | <0.001 | 0.178 | 0.071 | 0.447 |
| 4-6 | <0.001 | 0.035 | 0.008 | 0.141 |
| None | . | 1 |  |  |
| **Duration of pregnancies** |  |  |  |  |
| 9 months | 0.997 | 1.227 | 0.158 | 4.33 |
| 1-3 months | 0.144 | 0.265 | 0.045 | 1.574 |
| 4-6 months | 0.015 | 0.395 | 0.187 | 0.837 |
| 7-9 months |  | 1 |  |  |

## Factors Influencing awareness of pregnant women and post-partum mothers to Mental Health and PPD

Age: 35-39 years’ age group were 8 times more likely to have poor awareness of PPD than other age group (AOR = 8.556, p-value < 0.001).

Education: participant with other forms of education were 7 times more likely to have poor awareness of PPD than the other educational groups (AOR = 7.703, p-value = 0.015).

Number of pregnancies: Participant with 1-3 pregnancies were 0.2 times likely to have poor awareness of PPD (AOR = 0.178, p-value <0.001).

Duration of pregnancies: 4-6 months were 0.4 times likely to have poor awareness of PPD than the other duration of pregnancies. (AOR = 0.395, p-value = 0.015)

**Predictors of the strength of the association between sociodemographic and the level of attitude towards PPD**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Variable** | **P-value** | **AOR** | **Lower** | **Upper** |
| **Age** |  |  |  |  |
| 15-19 | 0.006 | 3.954 | 1.000 | 6.321 |
| 20-24 | 0.197 | 1.716 | 0.037 | 5.778 |
| 20-25 | 0.907 | 3.533 | 2.000 | 7.332 |
| 25-24 | 0.221 | 1.202 | 0.022 | 3.885 |
| 25-29 | 0.051 | 5.686 | 2.200 | 12.832 |
| 30-34 | 0.039 | 1.769 | 0.265 | 3.226 |
| 35-39 | 0.396 | 1.574 | 0.422 | 3.556 |
| 40-44 |  | 1 |  |  |
| **Education** |  |  |  |  |
| others | 0.348 | 0.350 | 0.324 | 4.544 |
| Primary | <0.001 | 2.818 | 0.006 | 5.215 |
| Secondary | 0.395 | 1.660 | 0.516 | 5.335 |
| Tertiary |  | 1 |  |  |
| **No of previous pregnancy** |  |  |  |  |
| 6 | 0.996 | 2.313 | 0.113 | 7.332 |
| 1-3 | 0.023 | 0.125 | 0.021 | 2.749 |
| 4-6 | 0.016 | 0.069 | 0.008 | 3.610 |
| None |  | 1 |  |  |
| **Duration of pregnancies** |  |  |  |  |
| 9 months | 0.998 | 1.902 | 0.358 | 3.862 |
| 1-3 months | 0.734 | 1.388 | 0.209 | 9.207 |
| 4-6 months | <0.001 | 0.630 | 0.018 | 1.214 |
| 7-9 months |  | 1 |  |  |
| **Age of last baby** |  |  |  |  |
| 1- 6 months | <0.001 | 1.388 | 0.209 | 9.207 |
| 7-12 months |  | 1 |  |  |

## Factors Influencing the attitude of pregnant women and post-partum mothers to Mental Health and PPD

Age: 15-19 years’ age group were 4 times more likely to have negative attitude of PPD than other age group (AOR = 3.954, p-value = 0.006).

Education: participant with primary education level were 3 times more likely to have negative attitude of PPD than the other educational groups (AOR = 2.818, p-value < 0.001).

Number of pregnancies: Participant with 4-6 pregnancies were 0.1 times likely to have negative attitude of PPD (AOR = 0.069, p-value = 0.016).

Duration of pregnancies: 4-6 months were 0.6 times likely to have negative attitude of PPD than the other duration of pregnancies. (AOR = 0.630, p-value < 0.001)

Age of last baby: 1-6 months were 1.4 times more likely to have negative attitude of PPD than the other category of the baby’s age. (AOR = 1.388, p-value < 0.001)

Awareness of pregnant and Postpartum Mental Health

This study shows that 57.6% of participants had poor awareness of mental health issues, and only 59% knew about postpartum depression (PPD).

Similarly, a study in Ethiopia found that only 41.8% of postpartum women were aware of mental health conditions, particularly PPD (Tesfaye et al., 2018). Also, in another study in Ghana, low awareness was related to limited education and stigmatization surrounding mental health (Oppong et al., 2019).

Attitudes Toward Seeking Help

In our study, 79.5% of participants showed negative attitudes toward mental health help-seeking behaviours, though 89% claimed they would seek help if necessary.

In a similarly study in Nigeria it was found that 68% of women felt seeking help on mental health as unnecessary unless symptoms were severe (Adewuya et al., 2008).

3. Barriers to Mental Healthcare

In our study, it identified significant barriers which were a lack of facilities (50%), affordability (42%), and stigma (48%).

Similarly, In a study in South African, it found out that over 60% of women cited financial constraints and limited availability of services as major obstacles (Myer et al., 2015) .

Contrastingly, In high-income settings, barriers are more likely to occur due to personal factors such as lack of time or fear of medication side effects rather than systemic issues like access and cost (Dennis & Chung-Lee, 2006).

Effects of Mental Health on Mothers and Babies

This study reported depression (21%), suicidal thoughts (9%), and fear of harming the baby (4%) as the main effects on mothers, while for babies, inadequate care (13%) and developmental issues (11%) were reported.

In a similar study in Kenya it was found that postpartum depression was associated with poor infant growth due to inadequate care and poor feeding (Ng'eno et al., 2019).

Contrarily, Higher-income countries reported certain maternal factors, including anxiety disorders and substance abuse (O'Hara & Wisner, 2014).

Sociodemographic Predictors

Significant predictors in this study included younger age, lower education, and fewer pregnancies, aligning with other studies in LMICs.

In Ethiopia, low education and young maternal age were also significant predictors of poor awareness and attitudes (Fekadu et al., 2020)

Contrarily, In developed nations, predictors like history of mental health issues and lack of social support play a more significant role than sociodemographic factors (Austin et al.,)

This study revealed the association between some sociodemographic characteristics and the awareness of PPD by the pregnant women using the Chi-square test of association at p-value < 0.05. The following were reported as significantly associated: Age group (p-value = 0.010), Educational level (0.018), Number of previous pregnancies (<0.001) and duration of pregnancies (0.004). The following categories were the predictors of poor awareness: 15-19 years’ age group, other level of education category, the participant with 4-6 number of previous pregnancies, 4-6 months’ duration of pregnancy.

This study also assessed the association between some sociodemographic characteristics and the attitude of PPD by the pregnant women using the Chi-square test of association at p-value < 0.05. The following were reported as significantly associated: Age group (p-value = 0.001), Educational level (<0.001), Number of previous pregnancies (<0.001), duration of pregnancies (<0.001) and age of the baby (<0.001). The following categories were the predictors of negative attitude: 15-19 years’ age group, participant with primary education level, Participant with 4-6 pregnancies, 4-6 months’ duration of pregnancy and 1-6 months old babies.