Essay on Postpartum Depression

CHAPTER I: INTRODUCTION

Background Information

Postpartum depression refers to a kind of depression that some women experience after childbirth (Miller, 2002). Carrying a pregnancy for nine months is not a simple task given the changes and complications that the individual is likely to face. Likewise, giving birth is neither a simple task. Giving birth is one of the things that stress pregnant women. However, the main challenge is providing becoming a mother. Many women are confused or even depressed about the idea of being a mother (Field, 2010). Others feel that they are not ready to be moms at all. In this paper, we will mainly focus on major depression, postpartum depression that is usually triggered by childbirth. Many people tend to confuse a condition that is commonly known as baby blues with postpartum depression. In as where baby blues last for a few weeks before disappearing, the postpartum depression may last for several months (Stuart-Parrigon & Stuart, 2014).

Postpartum depression is a severe condition that few months after childbirth. The same condition can also occur after the pregnant mother has experienced stillbirth or a miscarriage (Miller, 2002). Women experiencing postpartum depression have the feelings of sadness, hopelessness, and worthlessness. They always have a problem caring or even bonding with their babies (Cohn et al., 2009). Consequently, postpartum depression can progress to a severe form of depression known as postpartum psychosis. When a woman experiences postpartum psychosis, she can be dangerous to herself, the baby, or even other people around her. Hence, mothers are advised to seek medical help whenever they are faced with feelings of postpartum depression. This can help them feel better and even enjoy caring for their baby (Dennis & Dowswell, 2013).

Postpartum depression is believed to develop as a result of changes in the level of hormones that occur during a period of pregnancy. Therefore, any woman can develop postpartum depression within the first few weeks or months after birth, stillbirth or even miscarriage. Several factors put a woman at risk of postpartum pregnancy. If a female had depression or even postpartum depression before, she is likely to suffer from postpartum depression (Rutter, 2009). Support is also very crucial when it comes to postpartum depression. If a woman receives inadequate support from family, her partner, or friends, she has high chances of developing postpartum depression (Field, 2010). The fact that a woman has a sick or colicky child is capable of transitioning a woman into a state of postpartum depression. Lastly, women who experience some stresses in life are prone to postpartum depression. For instance, a woman who has financial problems may be depressed due to fears of the funds to raise her child (McCoy et al., 2006). Women that are experiencing postpartum depression show symptoms such as feelings of sadness, hopelessness, and emptiness. In addition, some women may experience restless, loss of enjoyment in doing the things they previously enjoyed doing and some can hardly concentrate on anything (Miller, 2002).

Apparently, raising a child with such a condition is problematic. Therefore, we can all agree that postpartum depression has significant impacts on child development. The results are brought about the difficulty to care or even bond with the child (Rutter, 2009). Mothers suffering from postpartum depression have a problem with caring and even bonding with their children. Hence, such babies grow while they insecurely attached. For instance, in a study conducted to investigate the effects of postnatal depression on emotional development of infants; children who are raised by postpartum depressed mothers show sociability to strangers a phenomenon that is attributed to avoidant attachment (Murray, 2008). Still on emotional development, infants brought up by mothers suffering postpartum depression are faced with behavioral problems such as sleeping, eating, and temper tantrums. They also show low quality of interaction between with the mother due to feelings of insecure attachment. Eventually, these children end up exhibiting a number of behavioral, emotional and psychiatric problems. For instance, majority of children raised by mothers suffering postpartum depression are diagnosed with mental disorders

Such as hyperactivity, conduct disorder and oppositional defiant disorder (Laursen, et al., 2011).

On cognitive development, children born to mothers who are suffering from postnatal depression have poor mental development. Investigative studies done using Bayley scale for children eighteen months old show that children of male sex have a problem of interacting with the mother (Field, 2010). In other words, the infant-

maternal interaction is poor. Based on Piaget's Stage V of development, children reared by postnatal depressed mothers rarely succeed in object permanence, which examines the child's capacity for mental representation (Lyons-Ruth et al., 2006). Hence, children cared by postnatal depressed mothers have poorly developed cognitive abilities. This phenomenon may be attributed to the fact that the mother forms the primary environment for interaction with the infant. Hence, the child is very sensitive to the interactions from the main caregiver within the first months of development (Rutter, 2009).

Postpartum depression is described as one of the world's increasing epidemics, and currently the global statistics at the moment stands it affects approximately 11-42 % of postpartum women globally (Stuart-Parrigon & Stuart, 2014). However, the prevalence rates tend to vary from one region to another depending on socioeconomic status and other determinants of health such access to quality care. Narrowing down to the African continent, the incidence rate is estimated 10% and 32%. Focusing on Ghana, the prevalence is approximately 27%. These prevalence figures show you that postpartum depression is quite a challenge in all parts of the worlds (Field, 2010).

Accordingly, the National Institute of Mental Health acknowledges that mothers that have given birth are more likely to suffer from postpartum depression during child birth once in their lifetime and for women who have already experienced PPD in their previous pregnancies the incidence rate may go as high as 41%. Compared to women, the rate of postpartum depression among fathers is not documented (Field, 2010).

Statement of the Problem

Therefore, postpartum depression has enormous impacts on the child development (Stuart-Parrigon & Stuart, 2014). Hence, this research study is aimed at determining the level of knowledge in regard to the effects of "postpartum depression on child development" among women attending antenatal clinic at Dodowa Hospital. In order to do so, the following questions will be posed to the women included in the study:

1. What do you understand by postpartum depression?
2. What are the symptoms of postpartum depression?
3. What are the risk factors for postpartum depression?
4. What are the impacts of postpartum depression on child development?
5. How is postpartum depression managed and prevented?

Purpose of the Study

PPD is a common problem that affects many women. All women are considered to be at risk of depression. This is because this condition is caused by variations in hormone levels after pregnancy (Stuart-Parrigon & Stuart, 2014). In addition, a number of other factors such as poor social support and lack of resources are hypothesized as the possible causative factors of postpartum depression. Consequently, postnatal depression has significant impacts on child developments. It impairs the cognitive and emotional development of children. Infants born of mothers suffering PPD are insecurely attached to their caregivers (mothers) show behavioral problems such temper tantrums and sleeping and eating disturbances. Cognitively, they rarely succeed the Piaget Stage V of object permanence (Stuart-Parrigon & Stuart, 2014). Hence, this research study aims at determining the level of knowledge regarding postpartum depression among women attending antenatal clinic at Dodowa Hospital. It is paramount to determine what the mothers know and what they do not know in order to develop proper postpartum depression prevention strategies. Determining the level of knowledge will include areas such as risk factors for PPD, symptoms of PPD and treatment modalities for postpartum depression. In addition, the research study will aim at developing strategies that will help in reducing incidences of PPD among women (Dennis & Dowswell, 2013).

Significance of the Topic

One of the main goals of nursing profession is to improve the health standards in the society. One of the ways of achieving this goal is through identifying common health problems that negatively impact the health of the community and develop proper strategies to remedy the situation (Stuart-Parrigon & Stuart, 2014). Postpartum depression (PPD) is a common health problem among women and even men. Studies in this area show that women have prevalence to postpartum depression of 5-25%. The lack of an exact figure has been however due to in the methodologies applied by the researchers. Importantly, postpartum depression affects the mother, the child, and other people around them. It affects the care or bonding between the other and the child. This phenomenon has vast impacts on the development of the child (Field, 2010).

Hypothesis

In order to make sure this proposed research study is focused towards achieving its set objectives and obtain relevant result findings concerning the issue of postpartum depression in, it will be essential to formulate a set of hypotheses that will be confirmed by the research findings. Therefore, this proposed study will test the following hypotheses:-

- Women who attend the antenatal clinic at Dodowa Hospital lack sufficient knowledge on postpartum depression and its effects on child development.
- Postpartum depression significantly affects child development

Objectives

General Objective

The general objective of this study is to identify the knowledge levels of women in regard to postpartum depression attending the antenatal clinic at Dodowa Hospital.

Specific Objectives

1. To establish the prevalence of postpartum depression in Dodowa Hospital
2. To establish the available treatment and management interventions for postpartum depression
3. To elucidate the effects of postpartum depression and how it affects child development

Expected Outcome

At the end of the study, it is expected that the study will be able to confirm the knowledge levels of mothers suffering from postpartum depression and in turn establish the most effective strategies for addressing the problem.

Limitations of the study

The following factors have been identified as the prospective limiting factors in this proposed research study.

1. The levels of knowledge vary with time place. Hence, it will be difficult to generalize the information for the entire population.
2. The study will include participants who can communicate well in English. Hence, women speaking others languages apart from English will be excluded in the study.
3. The study will mainly focus on postpartum depression on women. It is worth mentioning that even men suffer from postpartum depression, although their prevalence rates are lower than those of women.

Definition of Key Terms

Postpartum Depression. Also called postnatal depression or abbreviated as PPD. It refers to a type of clinical depression that affects women childbirth. Women suffering from postpartum depression feel sad, hopeless, empty, or even anxious.

1. **Peripartum Onset**. It refers to the period in which symptoms of depression manifests before the child is born.
2. **Postpartum Psychosis**. This is the worst case of postpartum depression. It characterized by psychotic symptoms such as hallucinations, delusions, thought disturbances and disorganized behavior or speech.
3. **Edinburgh Postnatal Depression Scale**. It is a "standardized self-reported" questionnaire that is used for screening women of postpartum depression.
4. **Baby Blues**. A postnatal condition that resembles postpartum depression. However, baby blues disappear within few weeks after appearance.
5. **Cognitive Development**. It refers to the child's ability in terms of processing information, conceptualizing resources, language learning, perceptual skill and other areas of brain development.
6. **Emotional Development**. It refers to the growth in the ability of the child to differentiate between and express the appropriate emotions.

CHAPTER II: LITERATURE REVIEW

Definition of Postpartum Depression

Postpartum depression is described as a chronic and debilitating psychological condition that is highly characterized with reduced quality life, heavy burden in regard to its treatment and management, and increased risks to a myriad of life-threatening adverse events and complications (Dennis & Dowswell, 2013). From a nursing point of view, postpartum disorder is defined as "a type of clinical depression that affects women after childbirth" that occurs immediately after birth or up to one year after birth, and it is in most occasions identified as a complication of childbirth rather than character or psychological flaw (Stuart-Parrigon & Stuart, 2014).

Although the exact cause of postpartum depression is not well known, it is believed that this condition is brought about changes in hormone after pregnancy. Postpartum depression has significant emotional impacts on the mother. These effects include lack of support from a sexual partner, feelings of loss of control over one's life, identity crisis, and anxiety about motherhood and sleep deprivation (Dennis & Dowswell, 2013). Importantly, medication, counseling, and support groups can be very helpful under such circumstances. In the previous research studies conducted, the prevalence rates among women range between 5% and 25%. The vast differences in this case are brought about differences in the methodology applied by the researchers. On the other hand, men reported a lower prevalence rate compared to women, being between 1% and 25% (Goodman, 2004).

Clinical Manifestation of Postpartum Depression

It is important to note that signs and symptoms of PPD can appear at any time within the first year after childbirth (Stuart-Parrigon & Stuart, 2014). Some of these symptoms include a feeling of guilt, emptiness, exhaustion, depression, low self-worth, desperation, and feelings of being overwhelmed, social withdrawal, inability to be comforted, inability to find pleasure in activities that once used to be enjoyable, sleep and eating disturbances, and decreased sex drive. Other common symptoms include irritability, crying episodes, low energy or fatigue, sadness, and anxiety among others. In addition, and the affected mother may also experience low or lack of energy. Nevertheless, some women may experience baby blues, a condition that exhibits similar symptoms almost the same as postpartum depression. However, baby blues last for a few weeks unlike postpartum depression that takes a couple of months or even years (Dennis & Dowswell, 2013).

Onset and Duration

The signs of postpartum depression begin to appear between two to four weeks after childbirth. However, some past studies have shown that postpartum depression in some women begins before birth (Field, 2010). For clear diagnosis, the symptoms must manifest themselves at least two weeks following birth. For some patients, the symptoms may be manifested earlier than expected and this attributed to increased hormonal levels and extent of fluctuations. Hence, PPD in this context can be diagnosed as "depressive disorder with peripartum onset" in DSM-5. Here, peripartum onset is regarded as the period before childbirth, and it prolong to the first four weeks after birth (Stuart-Parrigon & Stuart, 2014). In addition, the symptoms can be manifested in women who have experienced as a miscarriage or undergone an abortion.

Parent-Infant Relationship

As earlier mentioned, it is without a doubt that various research studies including the meta-analysis of studies on early interaction between mother and their infants' shows that postpartum depression affects interactions between the mother and the infant. According to Lovejoy et al. (2000), PPD can interfere with the normal maternal-infant bonding in situations where the mother is less engaged and may feel insufficient or incapable of taking care of the baby. Such mothers' are also in most cases inconsistent when it comes to childcare (Cohn et al., 2009). In most situations, this kind of interference has serious adverse effects on child development and mainly such children may suffer from many emotional, psychiatric, and behavioral problems in the future that interfere with the child's ability to interact normally with others r even have a normal emotional life (Stuart-Parrigon & Stuart, 2014). Such children also suffer from a myriad of other psychological problems that influence their emotional, cognitive, and behavioral patterns. For example, such children are later diagnosed with hyperactivity, and antisocial behaviors such as Conduct Disorder (CD) that is characterized with a rhythmic and importunate pattern of behavior in and Oppositional Defiant Disorder that is characterized with patterns of irritable behavior and lack of expect of authority (Laursen, et al., 2011).

Psychologist perceives postpartum depression has a homeostatic mechanism that determines motherly instincts and ability to cater for the infant (Field, 2010). Essentially, human infants are very vulnerable and hence they need high degree of care. Hence, incidents of postpartum depression may be indicative of an unwanted child. Finally, we can all agree that postpartum depression is not a mental illness, but rather a kind of psychological problem caused by lack of support from loved ones. Hence, the treatment of postpartum depression should comprehensively focus on addressing the kind of 'lack' the mother is experiencing (Dennis & Dowswell, 2013).

Causes of Postpartum Depression

As stated earlier on, the exact causes of postpartum depression are not clearly extrapolated or established. However, it is assumed that a myriad of physical, emotional/ cognitive, and lifestyle/environmental factors plays a significant role in its pathophysiological mechanisms (Stuart-Parrigon & Stuart, 2014). From a nursing perspective, genetical predisposition of the mother, changes in the level of the hormones during the pregnancy, and considerable occurrences in the life of the mother such as difficulties in breast-feeding, lack of support from the mother's partner and her immediate family members, and financial problems (Stuart-Parrigon & Stuart, 2014). In addition, changes in blood volume and pressure, and changes in the functions of various body systems such as the gastrointestinal, immune, endocrine, and cardiovascular systems also heightens the risk of postpartum depression. In respect to hormones, significant drop in the level of hormones, most specifically estrogen and progesterone in their standard form, are believed to play a prominent role in development postpartum depression. One of the studies carried out Miller (2002) in relation to the causes of PPD found out that the severity of the condition is determined by the amount or levels of estrogen and progesterone changes (decline) following birth (Miller, 2002). In another study conducted by researcher from University of California, it was found out that the concentration levels of "Corticotropin-Releasing Hormone" (CRH) in the placenta during the gestational can be used to predict effectively the woman's chances of developing postpartum depression (Rich-Edwards et al., 2008). Importantly, fathers can also suffer from PPD. However, the etiology for fathers might be a little different.

The changes in lifestyle that are brought about by the care of the baby are also assumed as one of the major causes of postpartum depression. However, not all researchers agree on this factor since there is very little evidence to support its assertion. For instance, it assumed that depressing situations such as difficulties in breast-

feeding, lack of support from the mother's partner and her immediate family members, and financial problems could heighten the risk of postpartum depression (Stuart-Parrigon & Stuart, 2014).

Factors/ Elements That Increase the Risk of Postpartum Depression

Previously, we stated that the causes of postpartum depression are not well known. However, there are a couple of risk factors that have been closely linked to the development of PPD. (Nielsen et al., 2000). The presence of one or more of these risk factors tends to increase the likelihood of the mother suffering from postpartum depression and its related complications. According to McCoy et al. (2006), postpartum depression can occur immediately after the birth of any child, and the risk is increased by history of postpartum depression in previous child births, prenatal depression, issues related childcare or life stress, birth-related psychological trauma, difficulties in breast-feeding, and history of stress and depression during pregnancy.

Other risk factors include previous miscarriages or abortions, depression in oxytocin levels, high prolactin levels, and unplanned pregnancy, low self-esteem, and life events such as lack of support from the mother's partner and her immediate family members, and financial problems (Dennis & Dowswell, 2013).

It is important to mention that some of these predisposing factors such as lack of or weak social support can cause PPD. Interestingly; other risk factors such as unhealthy lifestyle behaviours such as alcohol consumption and smoking have been shown to have addictive effects (Howell et al., 2006). Women who are well of financially or have enough resources for upkeep of their baby have shown or exhibited fewer cases of postpartum depression compared to their counterparts with limited resources. Statistically, the rates of postpartum depression tend the decrease with an increase in income level and social status. In addition, women from low socioeconomic backgrounds are prone to risks of unwanted pregnancies that heighten the risk of postpartum depression. Similarly, single mothers without support of their baby's father and those that are economically unstable are at high likelihood of developing postpartum depression due stress for a child upkeep (Dennis & Dowswell, 2013).

Some studies have also conducted various research studies to investigate the correlation between postpartum depression and the ethnic background of the mother (Howell et al., 2006). In this study, demographic characteristics such as age, health status of the baby after birth, level of education, socioeconomic status was shown to influence the development of PPD. From the research study, it was shown that the risk for the condition is low among Caucasians and significantly high among women of African heritage or descent (Howell et al., 2006). Apart from the influence of ethnic background, other socio-cultural elements such as sexual orientation and sexual preferences also influenced the development of PPD. According to Ross et al. (2007), the incidence of PPD is high among lesbians compared to heterosexual women, and this is attributed to societal perceptions or viewpoints that regard lesbians as immoral and unfit to be mothers. In addition, such women are discriminated against and lack social support (Ross, 2005).

Test and Diagnosis

Criteria

Postpartum depression is diagnosed based on the "Diagnostic and Statistical Manual of Mental Disorders 5" (DSM-5) criteria that perceives the condition as a subtype of major depression. According to this criterion, this condition is diagnosed when the major depression symptoms are manifested within 2-4 weeks after birth (Stuart-Parrigon & Stuart, 2014). Some of these symptoms include guilt, emptiness, exhaustion, unhappiness, low self-worth, desperation, feelings of being overwhelmed, social withdrawal, inability to be comforted, inability to find pleasure in activities that once used to be enjoyable, sleep and eating disturbances, and decreased sex drive (Field, 2010).

In situations where the diagnosis is not known or differential diagnosis is required, screening may be done using various depression-screening questionnaire or diagnostic tools such as the "Edinburgh Postnatal Depression Scale" that evaluates the extent and severity of the condition. This tool consists of ten questions that are posed to the mother in relation to her moods and overall cognitive status, and a score of more than 12 is indicative of postpartum depression. Blood tests may also be performed to determine the level of hormones and their functions in contributing the condition's signs and symptoms (Stuart-Parrigon & Stuart, 2014).

Treatment, Management, and Prevention

This condition is treatable and its management specifically depends on the mother's individual health needs and severity of the condition. Different treatment modalities exist for this condition, and the most common ones include pharmacological intervention that entails the use of antidepressants (Dennis & Dowswell, 2013). These include "selective serotonin reuptake inhibitors" (SSRIs) such as Citalopram and Sertraline that reduces depression by inhibiting the reuptake of serotonin in the brain and "tricyclic antidepressants" (TCAs) such as amitriptyline, imipramine, and desipramine that functions by blocking the reuptake of various neurotransmitters that include serotonin and norepinephrine. Treatment interventions also include hormone therapy and this entails estrogen replacement that replaces the declined hormone level after childbirth (Lyons-Ruth et al., 2006).

Postpartum depression is also managed using non-pharmacological interventions that include cognitive behavioral therapy that trains the patient to understand her condition and what is required of her, alternative treatment methods that include interpersonal therapy that consists of non directive counseling, and social skills training (Stuart-Parrigon & Stuart, 2014). In regard to prevention, PPD can be prevented by earlier screening that identifies women at risks of developing the condition, eating a healthy diet with lots of fluids, and encouraging regular physical exercise (Stein et al., 2001).

Effects or Impact of Postnatal Depression on Child Development

Plenty of evidence exists that shows parental psychiatric disorder has disastrous effects on child development. The deleterious consequences may be as a result of a number of factors. Rutter (2009) identifies three ways in which postpartum depression can affect the child development. The first way is direct pernicious effects on the baby as a result of exposure to the condition of the parent secondly, as an indirect effect which can occur through interpersonal behavior or parenting in particular. Additionally, the child may be affected by postpartum depression through third factors such as the social adversity that is directed towards people with genetic or psychiatric problems (Rutter, 2009). Overall, a child development can be impacted by postpartum depression in the three named processes. It is important to mention that infants extremely depend on their caretakers. For that reason, they have developed a great deal of sensitivity to interpersonal contacts. Often, the mother forms part of the primary environment of the infant for the first early months of development (Dennis & Dowswell, 2013). Hence, most cases of postpartum depression have been associated with adverse child outcome. Precisely, children cared for mothers suffering from PPD have been found to suffer from impaired emotional and cognitive development (Field, 2010).

Cognitive Development

Research carried out to investigate the impact of postnatal depression on child development has reported poorer mental and motor development at the age between 12 and 18 months. In a study conducted by Lyons-Ruth et al. (2006), they found out that most of the infants who were referred to "child intervention service with matched community controls" were mostly from mothers who had suffered postnatal depression. Based on Bayley scales, these children scored poorly on mental development. Another study conducted in British community showed that children of mothers who had succumbed to PPD scored poorly to the IQ test compared to those of the women who had remained healthy during pregnancy and even after delivery (Stein et al., 2001). A further follow-up check at the age of eighteen months shows that children born to postnatal depressed mothers are more likely to fail "Stage V of Piaget's object permanence task" whereas those of healthy postpartum mothers are likely to score well (Stuart-Parrigon & Stuart, 2014). "Stage V of Piaget object permanence task" examines the child's ability to perceive things and interpret concepts. Regarding Bayley scale of mental development, there was an association of the infant gender and the mother's state of mind. The results indicated that boys born to mothers suffering from postpartum depression poorly interacted with their parents compared to the boys born to postnatal healthy mothers (Lyons-Ruth et al., 2006).

Emotional Development

A study on the effects of PPD on emotional child development has been investigated in three particular approaches. The first one has been "an examination of the quality of the infant's interpersonal functioning when in direct communicative engagement with the mother" (Stein et al., 2001). A comparison of the ratings of the "quality of interaction" between the postnatal depressed mothers and their infants versus the controls showed

that the degree of interaction low among postpartum depressed mothers and their children. The infants born to mothers suffering from postpartum depression showed lower rates of interactive behavior. In addition, they had less concentration and often gave negative responses. The children also showed little degree of interaction to strangers (Stein et al., 2001).

The other way in which studies on emotional development have been made is through assessing the quality of infant attachment. The quality of infant attachment is evaluated using "Ainsworth strange situation procedure" (Lyons-Ruth et al., 2008). Several studies have been made on this area drawing samples from mothers with postpartum depression. Accordingly, "Lyons-Ruth et al. found an association between insecure attachment at the age of twelve months and increased degree of postpartum depression" (Lyons-Ruth et al., 2006). In another study conducted by Murray, he reports, "there is a significant association between the occurrence of depression in the postnatal period and insecurity of attachment at 18 months postpartum, with avoidance being the prominent insecure attachment profile" (Murray, 2008). However, a study carried out by Campbell and Cohn found results that contradict the above findings. For Campbell and Cohn, there is no association between attachment status and postnatal depression (Campbell & Cohn, 2007). However, it is important to note a few things about the study by Campbell and Cohn. First, the rate of insecurity was very high in both postnatal depressed sample and controls. In addition, the rate of follow up was very low. These two factors could have majorly contributed to the type of results they found. In a somehow different study conducted by Stein and colleagues, they observed children being separated from their mother by strangers. They discovered that infants of postnatal mothers did not show any form of distress unlike the controls that showed distress. In most aspects, this phenomenon was attributed to the avoidant attachment by children born to postpartum depressed mothers (Dennis & Dowswell, 2013).

The third and last way in which the impact of PPD on infant's emotional development was studied is taking account of the level of behavioral problems. Murray did one of the study conducted using this approach. Murray prepared a modified version of behavioral screening questionnaire (Stuart-Parrigon & Stuart, 2014). He then sampled mothers with infants who are eighteen months old from both the healthy and postnatal depressed groups. The findings indicate that mothers suffering PPD reported more behavioral problems in their children than the healthy parents. The most reported problems by the postnatal depressed mothers were separation difficulties, temper tantrums and sleeping and eating problems Murray L (2008). Conclusively, the above studies indicate that children raised by postnatal depressed mothers suffer a lot when it comes to cognitive and emotional development. As mentioned earlier on, these problems may affect the children at a later stage. It is not unlikely to find out that most of the children diagnosed with psychiatric disorders such as hyperactivity, conduct disorder and oppositional defiant disorder (Dennis & Dowswell, 2013).

CHAPTER III: METHODOLOGY

Chapter three of this paper is dedicated to the methodology. Here, we shall focus on the methods to be applied in selecting the participants of the study, the tools to be used for data collection, and data analysis (Lyons-Ruth et al., 2006).

Sampling

In efforts to select the participants to be included in the study, a simple random sampling technique will be used. The participants will be randomly picked from the mothers attending perinatal clinic at Dodowa Hospital (Dennis & Dowswell, 2013).Simple random sampling is necessary in the research study since it will help save time and resources, and it will help to eliminate issues associated with bias and subjectivity (Field, 2010). However, in order to be included in the study, the participants will be required to be English literate that is, capable of reading and writing properly in English, to be aged more than 18 years old, and to have experienced or suffered from postpartum depression immediately after delivery (Stuart-Parrigon & Stuart, 2014).

Method of Collecting Data

The primary tool used in the collection of data throughout the study is questionnaires. Every participant will be required to fill a questionnaire, and these surveys will be designed to include both closed and open-ended questions. The other consideration to be made during the preparation of the questionnaires is the level of language (Dennis & Dowswell, 2013). The questionnaires will be prepared using simple language to make sure

all the participants can understand it well. Every participant will be supplied with one questionnaire and they will be required to take a maximum of fifteen minutes to fill the survey. The respondents will be assured of their privacy and confidentiality regarding the information they provide (Field, 2010).

In fact, in the questionnaire the participants will not be expected to indicate their details such as name. Upon completion, the respondents will be required to submit their filled questionnaires at a point near the exit of the hospital. The location of this collection point will be to ensure that the numbers of questionnaires collected back are high (Lyons-Ruth et al., 2006).

Data Analysis

Statistical Program for Social Science (SPSS) software will be used to analyze the numerical data collected. SPSS is important software in entry and analysis of the data collected (Dennis & Dowswell, 2013). In addition, the software enables creation of tables and graphs without forgetting that it can handle large volumes of data. However, qualitative data collected will be analyzed by descriptive methods. These data included the risk and causative factors of postpartum depression, treatment modalities, and prevention. After data analysis, the collected will be presented in the form of tables, charts, discussions, and graphs (Lyons-Ruth et al., 2006).

Ethical/Legal Considerations

Since this research study will primarily deal with human subjects or participants, it will be imperative to protect them from any issues or occurrences that would violate on their privacy rights and elements of confidentiality (Field, 2010). Before commencement of the study, legal permission will be secured from the Ministry of Health in Ghana and Director of Public Health, Dodowa District (Stuart-Parrigon & Stuart, 2014). In addition, we will also seek permission from the medical superintendent at Dodowa District Hospital. All the participants in this study will be included on their own free will, and this means that no participants will be forced or even given incentives to participate in the study. Written consent will be obtained from them before commencement of the study. The participants will be assured of their privacy and the information they will give will be considered confidential, and it will be handled with the ultimate privacy it deserves. The names and other vital sensitive details of the patient will not appear anywhere in the final report (Dennis & Dowswell, 2013).

Conclusion

Once this research study is completed, it will be able provide detailed information in regard to the knowledge levels of postpartum depression among women attending antenatal care in Dodowa hospital in Ghana. Therefore, once approved, this research study will be able to provide a detailed understanding of the issue postpartum depression and its effects on childhood development, and the mechanisms that can be adopted to address the problem.

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