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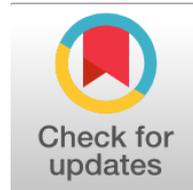
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Assessment of Women's Knowledge about Postpartum Depression: Penilaian Pengetahuan Wanita tentang Depresi Pascapersalinan

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Abstract

General Background: Postpartum depression is a major public health concern affecting maternal mental health and child well-being worldwide. **Specific Background:** Limited knowledge and awareness among postnatal mothers contribute to delayed recognition, stigma, and low help-seeking behavior, particularly in developing settings. **Knowledge Gap:** Despite increasing global attention, evidence regarding the level of postpartum depression literacy and associated factors among postnatal mothers in the study setting remains insufficient. **Aims:** This study aimed to assess the level of knowledge and awareness of postpartum depression among postnatal mothers and to identify related sociodemographic characteristics. **Results:** The findings indicate that a considerable proportion of mothers demonstrated inadequate understanding of symptoms, risk factors, screening, and available treatment options. Educational level, prior information exposure, and contact with health services were associated with higher literacy levels. Misconceptions and stigma-related beliefs were still present among respondents. **Novelty:** This study provides updated empirical data on postpartum depression literacy within the local maternal population, highlighting specific domains of misunderstanding that require targeted educational strategies. **Implications:** Strengthening maternal mental health education through antenatal and postnatal services, including routine screening and counseling by healthcare professionals, is essential to promote early detection and appropriate support for affected mothers.

Keywords: Postpartum Depression, Maternal Mental Health, Depression Literacy, Postnatal Mothers, Mental Health Awareness

Key Findings Highlights:

A substantial proportion of respondents showed limited understanding of symptoms and risk factors.

Sociodemographic characteristics were associated with variations in literacy levels.

Misconceptions and stigma-related beliefs remained evident among participants.

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Introduction

Postpartum depression (PPD) is an important mental health disorder that occurs in women after giving birth with its symptoms that include constant sadness, anxiety, exhaustion, irritability, and impaired daily functioning. In contrast to the temporary postpartum "baby blues," which usually passes quickly, PPD is much more severe and persistent and can have negative consequences for both the mother and the child if untreated. Worldwide, PPD affects about 10-20 % of women after childbirth, with incidence rates influenced by a complex combination of genetic, hormonal, psychological and socio-environmental factors [1, 2].

PPD typically develops during the first year after giving birth, most often occurring in the first three months after childbirth. It has been said metaphorically to be "the thief that steals motherhood," for it robs mothers of the expected joy that comes with nurturing a newborn during an important time of transition with profound emotional, physical, and social transformations. The exact cause of PPD is unclear; however, many risk factors have been consistently identified in the literature, such as hormonal and physiological changes, genetic predisposition, psychological vulnerability, and poor obstetric outcomes. Other salient factors include unexpected pregnancy, infant illness or bereavement, previous mental illness, chronic stress, marital discord, domestic violence and a lack of social or emotional support [4].

Contemporary evidence emphasizes the importance of women's awareness of PPD to early identification, help-seeking and participation in appropriate therapy. Understanding of PPD includes the ability to identify symptoms, risk factors and mechanisms leading to them, and different treatment modalities. A deficit of this understanding may hinder the ability of women to identify the symptoms of depression and seek professional help, which may lead to maladaptive responses to the symptoms in turn causing prolonged psychological suffering [5]. As a result, assessment of women's understanding of PPD is critical in understanding how mothers perceive, identify and respond to symptoms of depression during the postpartum period.

Despite the growing global attention on maternal mental health, the research in various cultural and geographic settings continues to show the lack of understanding of PPD among women. Cross-sectional studies of perinatal women in China have shown poor mental health literacy for PPD, especially in relation to identification of symptoms and appropriate help-seeking behaviors [2, 6]. Investigations in Saudi Arabia revealed that despite over fifty % of women assessed having a moderate understanding of PPD; there were still misconceptions and unfavorable attitudes surrounding mental health disorders [7]. Similar results have been found in the Middle Eastern context with the lack of understanding of PPD being a barrier to early identification and treatment [8].

In addition to geographic disparities, research tend to show these awareness deficiencies in sub-Saharan Africa. A Nigerian study suggested that although many women were aware of PPD, their understanding of symptoms, severity and implication was not sufficient [9]. Moreover, in online surveys that assessed women's knowledge on postpartum mood disorders and evidence-based interventions such as cognitive-behavioral therapy, overall awareness of PPD and treatment for PPD was low in different populations [10].

Women's views of PPD are deeply connected to the current beliefs and stigma about mental health in society. Negative perceptions (such as the perception of PPD as a normative aspect of parenthood; or a perception that women should innately be able to handle childcare without psychological distress) are often found. These beliefs could affect the recognition of symptoms and negatively influence women's inclination to seek professional help, which can make symptoms of depression more severe and prolonged [11].

Accordingly, early screening is important for the early detection and management of PPD. Several professional organizations recommend regular screening for postpartum depression. The United States Preventive Services Task Force recommends screening all persons including postpartum women irrespective of risk factors. The Edinburgh Postnatal Depression Scale (EPDS) is most commonly used as a screening tool, and has been recognised for its strong validity, reliability and easy administration. Additional validated instruments include the Patient Health Questionnaire-patient health questionnaire (PHQ-9) and the Postpartum Depression Screening Scale (PDSS) [12].

Maternity nurses and midwives play an important role in the early detection and prevention of PPD, with which they maintain regular communication with women during the prenatal and postpartum periods. Through well-designed assessments, planned follow-ups and targeted education, nurses are able to identify women who may be at increased risk, support increased awareness of PPD symptoms and support early referral and intervention. Providing accurate information with useful resources to mothers so that they can recognize the signs for early warnings may significantly enhance early detection and treatment outcomes [13].

Given the significant prevalence and serious consequences of PPD, the extent to which women understand PPD is important for developing effective educational and preventive interventions. Identifying existing knowledge gaps can be used to identify targeted strategies aimed at improving maternal mental health literacy, as well as stimulating the early identification of and treatment for postpartum depression.

Findings of the Study

Socio-Demographic Characteristics	Group	Study Sample		Mean	St. deviation
		F	%		
Age	19-29	2	2	2.34	0.517
	30-40	62	62		
	=>41	36	36		
	Total	100	100		
Residence	Urban	54	54	1.46	0.501
	Rural	46	46		
	Total	100	100		
Educational Level	Not read and write	24	24	3.28	1.923
	Read and write	18	18		
	Primary school	18	18		
	Secondary school	10	10		
	Institute graduate	11	11		
	College graduate	14	14		
	Postgraduate	5	5.0		
	Total	100	100		
Occupation	House wife	77	77	1.26	0.562
	Employ	22	22		
	Free work	1	1.0		
	Total	100	100		
Monthly income	Enough	48	48	1.80	0.853
	Barley Enough	24	24		
	Not Enough	28	28		
	Total	100	100		

F = Frequency, % = percentage

Figure 1. Table (1): Descriptive Statistics for the Socio-demographic Characteristics

Reproductive Information	Group	Study Sample	
		F	%
Number of Living birth	1-2	41	41
	3-4	45	45
	5-6	12	12
	=>7	2	2
	Total	100	100
Para Number	1-2	41	41
	3-4	45	45
	5-6	12	12
	=>7	2	2
	Total	100	100
Gravida Number	1-2	36	36
	3-4	40	40
	5-6	20	20
	=>7	4	4
Total	100	100	
Number of Abortions	0	79	79
	1	18	18
	2	3	3
	Total	100	100
Delivery Mode	Normal Labor	39	39
	C/S	61	61
	Total	100	100

F = Frequency, % = percentage

Figure 2. Table (2): Descriptive Statistics for the Reproductive information

No	Marital and Family Questions	Very poor		Poor		Satisfactory		Good		Very good	
		F	%	F	%	F	%	F	%	F	%
1.	How do you evaluate your marital life and your relationship with your partner?	0	0	0	0	24	24	31	31	45	45
2.	How do you evaluate the help and support provided by your husband?	0	0	0	0	22	22	21	21	57	57
3.	How do you evaluate your relationship with your own family (father, mother, brothers and sisters)?	0	0	0	0	0	0	14	14	86	86
4.	What is your evaluate of your relationship with your husband's mother?	16	16	19	19	15	15	10	10	40	40
5.	How do you evaluate your relationship with your husband's family in general?	16	16	19	19	15	15	10	10	40	40

F: Frequency, %: Percentage

Figure 3. **Table (3): Descriptive Statistics for the Marital and family relationship factors**

No.	Postpartum Depression Questions	Choices	F	%
1.	I have been able to laugh and see the funny side of things	Q1	21	21
		Q2	19	19
		Q3	31	31
		Q4	29	29
2.	I have looked forward with enjoyment to things	Q1	15	15
		Q2	26	26
		Q3	27	27
		Q4	32	32
3.	I have blamed myself unnecessarily when things went wrong	Q1	21	21
		Q2	32	32
		Q3	32	32
		Q4	15	15
4.	I have been anxious or worried for no good reason	Q1	16	16
		Q2	19	19
		Q3	34	34
		Q4	31	31
5.	I have felt scared or panicky for no very good reason	Q1	30	30
		Q2	24	24
		Q3	17	17
		Q4	29	29
6.	Things have been getting on top of me	Q1	21	21
		Q2	24	24
		Q3	29	29
		Q4	26	26
7.	I have been so unhappy that I have had difficulty sleeping	Q1	17	17
		Q2	50	50
		Q3	24	24

Figure 4. **Table (4.1): Assessment Women's Knowledge about Postpartum Depression**

		Q4	9	9
8.	I have felt sad or miserable	Q1	38	38
		Q2	25	25
		Q3	11	11
		Q4	26	26
9.	I have been so unhappy that I have been crying	Q1	25	25
		Q2	28	28
		Q3	24	24
		Q4	23	23
10.	The thought of harming myself has occurred to me	Q1	4	4
		Q2	9	9
		Q3	8	8
		Q4	79	79

F: Frequency, %: Percentage

Figure 5. **Table (4.2): Assessment Women's Knowledge about Postpartum Depression**

Variables	Classification	F	%
Women's knowledge about postpartum depression	Poor	8	8
	Moderate	3	3
	High	89	89
	Total	100	100

F = Frequency, % = percentage

Figure 6. **Table (5): Knowledge of Study Sample**

Discussion

Age :

The current study used to determine that most of the participants aged between 30 and 40 years (62 %) were in the age group, hence indicating that they belonged to the mature stage of reproductive age. This finding agrees with the most recent academic syntheses, in particular, the systematic review and meta-analysis by Zarroug et al. (2025). The total number of articles included 32 studies with a cumulative number of 10,975 women, and the mean age of the study population was 30.38 8.622 years.

Residence:

The present research also indicated that 54 % of the respondents were city dwellers as earlier results indicated. Putri et al. (2023) reported a prevalence rate of PPD in the six months of 4.0 % with a advanced frequency in urban parts (5.7 %) compared to rural parts (2.9 %).

Educational Level

The investigations found out that 24 % of the respondents were illiterate, which is contrary to Alsulami et al. (2024). On the other hand, 53.1 % had received university degrees.

Occupation

Pre-eminent demographic features revealed 77 % of the study sample consisted of housewives. As Huang et al. (2023) affirm, this subgroup showed that it is significantly connected with a high level of postpartum depression literacy (F = 11.808, p = 0.001). Also, female workers evidenced higher literacy rates compared to the jobless ones (F \square = 2.187, p= 0.05).

Monthly Income

The research found that 48 Of respondents had a sufficient monthly income, which is in contrast to Karki et al. (2024), where 72 Of respondents had a monthly income ranging between 20,000 and 40,000, which only 9 Of had higher incomes over 60,000.

Knowledge of the Study Sample

Among women, the level of size of postpartum depression knowledge was generally notable, as compared to the findings of Mohamed et al. (2024). In fact, 51% of the sample of the new mothers studied had little knowledge, and 78.3% had negative

attitudes towards the condition.

Conclusions: the present study concluded

A major proportion of the respondents (62 %) was of the ages between 30 and 40, and half of them lived in cities. Interestingly, 24% of them had no literacy, and 77% were housewives. Further, 48% of them said that they have sufficient monthly income. The high levels of knowledge were reported in postpartum depression.

Recommendations: the study recommends

1. It is considered to be necessary to implement supportive programs that can contribute to the improvement of women in terms of psychological, emotional, and social competency, and hope to prevent the worsening of the situation.
2. Scholars emphasize the necessity of managing the postpartum depression because it is harmful both to the child and the mother.
3. Postpartum disorder educational workshops must be launched specifying the possible difficulties and providing an overall picture of the period of transition that will take place.
4. The researchers recommend that this study should be replicated in all localities of Al -Muthanna Governorate.

References

1. [1] World Health Organization, "Maternal Mental Health," Geneva, Switzerland: WHO, 2020. [Online]. Available: <https://www.who.int/news-room/fact-sheets/detail/mental-health-of-mothers>
2. [2] Y. Li, H. Zhang, and J. Chen, "Knowledge, Attitudes, and Practices Toward Postpartum Depression Among Pregnant and Postpartum Women: A Cross-Sectional Study," *BMC Pregnancy and Childbirth*, vol. 23, p. 608, 2023.
3. [3] I. M. Citu et al., "Postpartum Depression—The Thief That Steals Motherhood," *Medicina*, vol. 58, no. 6, p. 773, 2022.
4. [4] A. Pillai et al., "Risk Factors and Determinants of Postpartum Depression: A Contemporary Review," *Journal of Affective Disorders*, vol. 309, pp. 86-95, 2022.
5. [5] Y. Huang, Q. Liu, and S. Chen, "Knowledge and Awareness of Postpartum Depression Among Postpartum Women: A Cross-Sectional Study," *BMC Women's Health*, vol. 22, p. 412, 2022.
6. [6] L. Zhang, Q. Wang, and Y. Liu, "Postpartum Depression Literacy Among Chinese Perinatal Women: Levels and Associated Factors," *Frontiers in Psychiatry*, vol. 14, p. 1117332, 2023.
7. [7] F. Alqahtani, A. Alzahrani, and F. Khan, "Saudi Women's Perspectives on Postpartum Depression: Knowledge, Attitudes, and Practices," *Frontiers in Global Women's Health*, vol. 5, p. 1326130, 2024.
8. [8] S. Mohamed, R. El-Sayed, and M. Hassan, "Assessment of Knowledge, Attitudes, and Prevalence of Postpartum Depression Among New Mothers in Minia City, Egypt," *Middle East Nursing Journal*, vol. 18, no. 3, pp. 45-58, 2024.
9. [9] A. Adeyemi and O. Oladoyin, "Awareness About Postpartum Depression Among Women in Nigeria," *African Research Journal of Global Obstetrics*, vol. 5, no. 2, pp. 23-35, 2025.
10. [10] T. A. Smith, J. H. Lee, and M. Ramirez, "Women's Knowledge of Postpartum Anxiety Disorders, Depression, and Cognitive Behavioral Therapy: An Online Survey," *Archives of Women's Mental Health*, vol. 24, no. 2, pp. 301-309, 2021.
11. [11] M. Branquinho et al., "Stigma and Beliefs Related to Postpartum Depression: A Systematic Review," *Journal of Affective Disorders*, vol. 276, pp. 973-984, 2020.
12. [12] M. George, "Screening Tools for Postpartum Depression: Clinical Implications and Best Practices," *Journal of Women's Mental Health*, vol. 12, no. 1, pp. 45-52, 2023.
13. [13] M. L. Merrill, "The Role of Nurses and Midwives in Early Detection of Postpartum Depression," *Journal of Maternal and Child Health Nursing*, vol. 18, no. 2, pp. 101-108, 2023.
14. [14] M. Zarroug et al., "The Prevalence and Risk Factors of Postpartum Depression Among Saudi Arabian Women: A Systematic Review and Meta-Analysis," *Healthcare (Basel)*, vol. 13, no. 16, p. 2040, 2025.
15. [15] A. S. Putri, T. Wurisastuti, I. Y. Suryaputri, and R. Mubasyiroh, "Postpartum Depression in Young Mothers in Urban and Rural Indonesia," *Journal of Preventive Medicine and Public Health*, vol. 56, no. 3, pp. 272-281, 2023.
16. [16] A. Alsulami, A. Orabi, and S. Timraz, "Saudi Women's Perspectives on Postpartum Depression," *Frontiers in Global Women's Health*, vol. 5, p. 1326130, 2024.
17. [17] W. Huang et al., "Postpartum Depression Literacy in Chinese Perinatal Women: A Cross-Sectional Study," *Frontiers in Psychiatry*, vol. 14, p. 1117332, 2023.
18. [18] S. Mohamed, R. El-Sayed, and M. Hassan, "Assessment of Knowledge, Attitudes, and Prevalence of Postpartum Depression Among New Mothers in Minia City, Egypt," *Middle East Nursing Journal*, vol. 18, no. 3, pp. 45-58, 2024.
19. [19] D. Karki et al., "Knowledge Regarding Postpartum Depression Among Postnatal Mothers in Selected Hospitals of Kathmandu," *Dinkum Journal of Medical Innovations*, vol. 3, no. 9, pp. 645-655, 2024.