KNOWLEDGE AND ATTITUDES TOWARD POSTPARTUM DEPRESSION AMONG FAMILY MEMBERS OF POSTPARTUM WOMEN AT HAI PHONG OBSTETRICS AND GYNECOLOGY HOSPITAL IN 2026

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ABSTRACT

Objective: To describe the knowledge and attitudes of family members of postpartum women toward postpartum depression and examine the association between knowledge and attitudes.

Method: A cross-sectional descriptive study was conducted from February to April 2026 among 420 family members of postpartum women at Hai Phong Obstetrics and Gynecology Hospital. Participants were recruited using convenience sampling.

Results: Overall, 53.3% of participants had adequate knowledge and 59.5% showed a positive attitude toward postpartum depression. Crisis situations, lack of family support, and domestic violence were the most commonly recognized causes (90.5%). Feeling sad/miserable and sleeping problems were the most frequently identified symptoms (92.9%). Positive attitudes were mainly reflected through empathy toward affected women (94.3%) and willingness to provide support (89.8%). However, 41.4% of participants still believed postpartum depression could be caused by supernatural factors, and only 25.5% agreed that postpartum depression is common among women.

Conclusion: More than half of the participants had adequate knowledge and most showed positive attitudes toward postpartum depression. Nevertheless, misconceptions and stigmatizing beliefs were still observed, highlighting the need for community-based educational interventions.

Keywords: Knowledge, attitude, postpartum depression, family members, Hai Phong.

1. INTRODUCTION

Postpartum depression (PPD) is a common mental health disorder among women after childbirth, with a prevalence ranging from 10% to 20% worldwide. In Vietnam, the prevalence of PPD has been reported to range from 8.2% to 48.1% [1]. If not identified and managed promptly, PPD may negatively affect maternal mental health and child development [2],[3]. However, the treatment-seeking rate remains low (13.7%), highlighting the need to strengthen early detection and appropriate support interventions [4].

Family members play an important role in recognizing early signs of PPD and supporting postpartum women in accessing mental health services. Nevertheless, several studies have shown that relatives of postpartum women still have limited knowledge and misconceptions about PPD, such as considering it a sign of personal weakness or attributing it to spiritual causes [5],[6].

These misconceptions may increase stigma and hinder help-seeking behaviors.

Currently, studies on knowledge and attitudes toward PPD among family members in Vietnam, particularly at Hai Phong Obstetrics and Gynecology Hospital, remain limited. Therefore, this study was conducted to assess the knowledge and attitudes of family members regarding PPD, providing evidence for the development of appropriate health education and communication programs.

2. METHODS

2.1. Study participants

- ***Inclusion criteria:*** Family members of postpartum women (husbands, parents, siblings, or other relatives) who were directly involved in caring for postpartum women during hospitalization at Hai Phong Obstetrics and Gynecology Hospital; aged 18 years or older; able to speak and read Vietnamese; and willing to participate in the study.

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- Exclusion criteria: Relatives who were not directly involved in caring for postpartum women; those with signs of mental disorders or insufficient cognitive ability to answer the questionnaire.

2.2. Study setting

The study was conducted at Hai Phong Obstetrics and Gynecology Hospital.

2.3. Study period

The study was carried out from From February to April 2026.

2.4. Study design

A cross-sectional descriptive study was conducted.

2.5. Sample size and sampling method

The sample size was calculated using the formula for estimating a proportion in a cross-sectional study. Based on a previous study of Aqeeli et al [7] reporting that 45.4% of family members had good knowledge of postpartum depression, p was set at 0.454, with d = 0.05 and a 95% confidence level (Z = 1.96). The minimum required sample size was 381 participants. After adding 10% for possible non-response, the final sample size was estimated to be 420 participants.

Participants who met the inclusion criteria were recruited using a convenience sampling method during the study period.

2.6. Study variables and measurements

General characteristics of the participants: gender, age, educational level, occupation, and relationship with the postpartum woman.

Knowledge of postpartum depression: Knowledge of PPD was assessed using a 23-item questionnaire developed by Chongpanish et al. and modified by Poreddi et al. [5,8], including items on causes/risk factors and symptoms. Responses were "agree," "disagree," or "don't know," with 1 point for correct answers and 0 for incorrect or "don't know." Total scores ranged from 0 to 23. Due to non-normal distribution, the median was used as the cut-off; scores ≥19 indicated adequate knowledge, and <19 indicated inadequate knowledge.

Attitudes toward postpartum depression: Attitudes were assessed using a 15-item questionnaire developed by Chongpanish et al. and modified by Poreddi et al. [5,8], rated on a 3-point Likert scale (agree = 3, partly agree = 2, disagree = 1). Total scores ranged from 15 to 45. Due to non-normal distribution, the median was used as the cut-off; scores ≥37 indicated positive attitudes and <37 indicated negative attitudes toward PPD. The questionnaire was translated using forward–backward translation and pilot-tested on 30 participants. Reliability was acceptable, with Cronbach's alpha of 0.85 for knowledge and 0.76 for attitudes.

2.7. Data collection procedures

Data were collected through direct face-to-face interviews.

2.8. Data analysis

Data were entered and analyzed using SPSS version 27.0. Descriptive statistics were used to summarize frequencies and percentages. The association between knowledge and attitudes toward postpartum depression was analyzed using the Chi-square test. Results were presented as odds ratios (ORs) with 95% confidence intervals (CIs) and corresponding p-values. A p-value < 0.05 was considered statistically significant.

2.G. Ethical considerations

The study protocol was approved by the Institutional Scientific Proposal Committee of Hai Phong University of Medicine and Pharmacy in 2026 (No. 686/QD-YDHP). Participation was voluntary, and all information was kept confidential and used only for research purposes.

3. RESULTS

Table 1. Some characteristics of the study subjects (n = 420)

Variable	Characteristics	n	%
Gender	Male	186	44.3
	Female	234	55.7
Age	<30	139	33.1
	31-50	203	48.3
	>50	78	18.6
Place of residence	Urban	246	58.6
	Rural	174	41.4
Occupation	Farmer	58	13.8
	Worker	43	10.2
	Office staff/employees	156	37.1
	Business, trade	113	26.9
	Other	50	11.9
Education	≤ High School	234	55.7
	> High School	186	44.3

Among the 420 participants, females accounted for 55.7% and males for 44.3%. The largest age group was under 30 years old (33.1%). Most participants lived in urban areas (58.6%).

Regarding occupation, office staff/employees represented the largest proportion (37.1%), followed by business/trade workers (26.9%), farmers (13.8%), workers (10.2%), and other occupations (11.9%). More than half of the participants had an education level of high school or lower (55.7%).

Table 2. Knowledge of research subjects about PPD (n = 420)

Variable	Agree	Disagree/ Don't know
Causes for postpartum depression		
1. Genetic/hereditary	140 (33.3)	280 (66.7)
2. Crisis situation	380 (90.5)	40 (9.5)
3. History of depression	347 (82.6)	73 (17.4)
4. Lack of family support	380 (90.5)	40 (9.5)
5. Ghost possessed/doingsin/Black magic*	174 (41.4)	246 (58.6)
6. Health problem/sickness of baby	362 (86.2)	58 (13.8)
7. Domestic violence	380 (90.5)	40 (9.5)
8. Younger age (below 20 years)	194 (46.2)	226 (53.8)
9. Disappointment with gender of the baby	243 (57.9)	177 (42.1)
10. Poverty/financial difficulties	367 (87.4)	53 (12.6)
11. Poor education of the mother	190 (45.2)	230 (54.8)
12. Increased work pressure or stress	357 (85.0)	63 (15.0)
13. Personal weakness	263 (62.6)	157 (37.4)
14. Substance abuse among husband	323 (76.9)	97 (23.1)
15. Single mother	287 (68.3)	133 (31.7)
Symptoms of postpartum depression		
1. Feeling sad/miserable	390 (92.9)	30 (7.1)
2. Lack of bonding or worry about bonding with baby	337 (80.2)	83 (19.8)
3. Not interested in doing household chores	224 (53.3)	196 (46.7)
4. Not interested in talking with others	340 (81.0)	80 (19.0)
5. Feeling of fatigue/ weakness	360 (85.7)	60 (14.3)
6. Sleeping problems	390 (92.9)	30 (7.1)
7. Irritability	370 (88.1)	50 (11.9)
8. Death wishes	337 (80.2)	83 (19.8)

Note: (*) reverse-coded item

The most commonly identified causes of postpartum depression were crisis situations, lack of family support, and domestic violence (90.5%), followed by financial difficulties (87.4%), infant health problems (86.2%), work-related stress (85.0%), and history of depression (82.6%). Substance abuse by husbands (76.9%) and single motherhood (68.3%) were also frequently reported. Lower proportions were observed for dissatisfaction with baby's gender (57.9%), young maternal age (46.2%), and low education level (45.2%). Notably, 41.4% of participants attributed postpartum depression to supernatural causes such as spirit possession or black magic.

The most commonly identified symptoms of postpartum depression were sadness/misery and sleep problems (92.9%), followed by irritability (88.1%), fatigue/ weakness (85.7%), and reduced interest in social interaction (81.0%). Lack of bonding or concern about bonding with the baby and death wishes were reported by 80.2% of participants, while the least recognized symptom was reduced interest in household chores (53.3%).

Table 3. Subjects'attitudes towards women with postpartum depression (n = 420)

Variable	Agree	Partly agree	Disagree
1. Ashamed to disclose postpartum depression*	50 (11.9)	126 (30.0)	244 (58.1)
2. Women with postpartum depression cannot be good mothers*	20 (4.8)	150 (35.7)	250 (59.5)
3. Women with postpartum depression should stay home*	78 (18.6)	143 (34.0)	199 (47.4)
4. Need patience and empathy toward women with postpartum depression	396 (94.3)	24 (5.7)	0 (0)
5. Women with postpartum depression cannot care for their children*	50 (11.9)	214 (51.0)	156 (37.1)
6. Caring for women with postpartum depression is burdensome*	40 (9.5)	190 (45.2)	190 (45.2)
7. Women with postpartum depression cannot make decisions*	73 (17.4)	224 (53.3)	123 (29.3)
8. Women with postpartum depression should not have another child*	67 (16.0)	103 (24.5)	250 (59.5)
9. Willing to help relatives with postpartum depression	377 (89.8)	43 (10.2)	0 (0)

Variable	Agree	Partly agree	Disagree
10. Women with postpartum depression are a family burden*	40 (9.5)	117 (27.9)	263 (62.6)
11. Mother and baby should be separated if postpartum depression occurs*	33 (7.9)	163 (38.8)	224 (53.3)
12. Postpartum depression does not require treatment*	0 (0)	74 (17.6)	346 (82.4)
13. Postpartum depression is common among women	107 (25.5)	205 (48.8)	108 (25.7)
14. Breastfeeding should be stopped in postpartum depression*	20 (4,8)	103 (24.5)	297 (70.7)
15. Women with postpartum depression have suicide risk	160 (38.1)	230 (54.8)	30 (7.1)

Note: (*) reverse-coded items

The highest proportions of positive attitudes were observed for "we should be patient and have empathy with the women who have postpartum depression" (94.3%) and "I am ready to help if my relative has postpartum depression" (89.8%). 82.4% of participants disagreed that "Postpartum depression does not require any treatment", while 70.7% disagreed that "breast feeding to be stopped if a woman develops postpartum depression". More than half of the participants disagreed that "postpartum women who have postpartum depression cannot be good mothers" (59.5%), "postpartum women who have postpartum depression should not have another child" (59.5%), and "postpartum depression is a burden on the family" (62.6%). However, only 25.5% agreed that "postpartum depression is common among women".

Table 4. General knowledge and attitudes of participants (n=420)

Variable	Category	n	%
Knowledge	Adequate	224	53.3
	Inadequate	196	46.7
Attitude	Positive	250	59.5
	Negative	170	40.5

Overall, 53.3% of participants had adequate knowledge about postpartum depression and 59.5% showed positive attitudes toward postpartum depression.

Table 5. Relationship between knowledge and attitudes of participants (n=420)

Knowledge	Attitude			
	Negative n (%)	Positive n (%)	OR (G5%CI)	p
Inadequate	93 (47.4)	103 (52.6)	1.724 (1.163–2.554)	0.006
Adequate	77 (34.4)	147 (65.6)		

Participants with inadequate knowledge were 1.724 times more likely to have negative attitudes toward postpartum depression compared with those with adequate knowledge

(OR = 1.724; G5% CI: 1.163–2.554; p = 0.006)

4. DISCUSSION

Study resutls showed that 53.3% of participants in the present study demonstrated adequate knowledge about postpartum depression, which was comparable to the findings reported by Poreddi et al [5], where 54% of family members had adequate knowledge. Similar to previous studies, most participants in the present study correctly identified crisis situations, lack of family support, domestic violence, poverty/financial difficulties, and history of depression as causes of postpartum depression. In addition, feeling sad/ miserable and sleeping problems were the most commonly recognized symptoms [5, 9].

However, misconceptions regarding postpartum depression were still observed. In the current study, 41.4% of participants believed that postpartum depression could be caused by ghost possession, doing sins, or black magic. This finding was similar to the studies by Juntaruksa et al and Poreddi et al [5, 6], which also reported persistent cultural misconceptions about postpartum depression among family members and husbands. Furthermore, knowledge regarding younger maternal age and poor maternal education as risk factors remained limited in both the present study and previous studies. These findings suggest that misconceptions regarding postpartum depression still exist among family members and may negatively affect early recognition and help-seeking behaviors. Therefore, community education and awareness programs on postpartum depression are necessary to improve understanding and support for postpartum women.

In the present study, 59.5% of participants demonstrated positive attitudes toward postpartum depression. This finding was lower than that reported by Poreddi et al. (69.7%) but higher than the study by Alkhawaja et al., in which more than half of the participants had negative attitudes [6]. The differences may be related to variations

in study settings, participant characteristics, and assessment tools used across studies.

Similar to previous studies, most participants in the current study reported empathy toward women with postpartum depression and expressed willingness to help if their relatives experienced postpartum depression. In addition, the majority disagreed that postpartum depression did not require treatment or that breastfeeding should be stopped if a woman developed postpartum depression. However, some negative attitudes were still observed. A proportion of participants considered women with postpartum depression unable to care for their children or make decisions, which was also reported in the studies by Poreddi et al. and Juntaruksa et al [5], [6]. Furthermore, only 38.1% of participants agreed that women with postpartum depression had a high risk of suicide, suggesting that awareness regarding the severity of postpartum depression remains limited among some family members.

Our study showed that family members of postpartum women with inadequate knowledge about postpartum depression were 1.724 times more likely to have negative attitudes compared with those with adequate knowledge (OR = 1.724; 95% CI: 1.163–2.554; p = 0.006). This finding is consistent with the study by Poreddi et al., which reported a significant positive correlation between knowledge and attitudes related to postpartum depression ($r = 0.25$; $p < 0.001$). This suggests that adequate knowledge about postpartum depression may contribute to more positive attitudes toward women affected by the condition [5].

5. CONCLUSIONS

In conclusion, more than half of the participants had adequate knowledge and positive attitudes toward postpartum depression. However, misconceptions regarding the causes of postpartum depression and some negative attitudes toward women with postpartum depression were still observed. These findings highlight the need for community education programs to improve awareness and reduce stigma related to postpartum depression.

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