



Investigation of Health Sciences Faculty Students' Knowledge About Postpartum Depression

Sağlık Bilimleri Fakültesi Öğrencilerinin Postpartum Depresyon Hakkında Bilgilerinin İncelenmesi

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ABSTRACT

Aim: The research was conducted to investigate the knowledge of nursing and midwifery students studying at the faculty of health sciences of a university in the Eastern Anatolia Region of Türkiye about postpartum depression.

Material and Methods: Two hundred ninety students studying in the 3rd and 4th year nursing and midwifery departments in the 2019–2020 academic year who agreed to participate in the research constituted the sample of this descriptive study. A personal information form and a postpartum depression information form were used in data collection. The data were analyzed using the IBM Statistical Package for Social Sciences (SPSS) program version 22. Values, means, percentage frequency distributions, Kruskal-Wallis H test and the Mann-Whitney U test were used in data analysis.

Results: Of the study participants, 79.3% were nursing students, and 52.4% were studying in the 3rd year. Of the participants, 82.1% knew traditional practices related to postpartum depression, and 37.8% considered traditional practices correct. The average level of the participants' knowledge about postpartum depression was 4.70±2.39 points. The study revealed a statistically significant difference between the averages of the nursing and midwifery students' knowledge levels about postpartum depression and the total number of correct answers ($p<0.05$).

Conclusion: The awareness and correct knowledge levels of health sciences faculty students about postpartum depression were found to be inadequate. The average knowledge levels of students studying in two different departments were different. It is recommended that the education provided to students who are future healthcare professional candidates about postpartum depression be strengthened, and awareness-raising studies and practices be conducted.

Key words: knowledge; midwife; nurse; student; postpartum depression

Özet

Amaç: Türkiye'nin Doğu Anadolu Bölgesinde yer alan bir üniversitenin sağlık bilimleri fakültesinde öğrenim gören hemşirelik ve ebelik öğrencilerinin postpartum depresyon hakkında bilgilerini incelemek amacıyla yapılmıştır.

Gereç ve Yöntemler: Tanımlayıcı tipte yapılan bu araştırmanın örneklemini 2019–2020 yılında öğrenim gören 3. ve 4. sınıf hemşirelik ve ebelik bölümünde bulunan ve araştırmaya katılmayı kabul eden 290 öğrenci oluşturmuştur. Verilerin toplanmasında kişisel bilgi formu ve postpartum depresyon bilgi formu kullanılmıştır. Veriler, IBM Sosyal Bilimlerde İstatistik Paket Programı (SPSS) sürüm 22 ile analiz edilmiştir. Verilerin analizinde değerler, ortalamalar, yüzde frekans dağılımları, Kruskal-Wallis H testi ve Mann-Whitney U testi kullanılmıştır.

Sonuçlar: Katılımcıların %79,3'ünü hemşirelik bölümü öğrencisi ve %52,4'ü 3. sınıfta öğrenim görmektedir. Katılımcıların %82,1'inin postpartum depresyon ile ilgili geleneksel uygulamalar hakkında bilgisi olduğu ve %37,8'isinin geleneksel uygulamaları doğru bulduğu belirlenmiştir. Katılımcıların postpartum depresyon bilgi düzeyi ortalama olarak 4,70±2,39 puan elde edilmiştir. Araştırmada hemşirelik ve ebelik bölümündeki katılımcıların postpartum depresyon bilgi düzeyleri ve toplam doğru sayısı ortalamaları arasında istatistiksel olarak anlamlı düzeyde farklılık saptanmıştır ($p<0,05$).

Sonuç: Sağlık bilimleri fakültesi öğrencilerinin postpartum depresyon hakkında farkındalık ve doğru bilgi düzeylerinin yetersiz olduğu bulunmuştur. İki farklı bölümde öğrenim gören öğrencilerin bilgi düzeylerinin ortalamasının farklı olduğu belirlenmiştir. Geleceğin sağlık profesyoneli adayı olan öğrencilere postpartum depresyon hakkında verilen eğitimin güçlendirilmesi ve farkındalık artırıcı çalışmaların uygulamaların yapılması önerilmektedir.

Anahtar kelimeler: bilgi; ebe; hemşire; öğrenci; postpartum depresyon

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Introduction

The moments experienced during pregnancy, childbirth, and the postpartum period are essential for women¹. During the postpartum period, which is one of the said periods, women undergo biological, physiological, and psychological changes². The postpartum period begins with the end of labor in women and covers the 6–8 weeks after childbirth. During the period in question, mothers have developmental and physical responsibilities, such as caring for their infants, communicating with them, creating a safe environment, and adapting to the changing family structure due to the inclusion of the infant in the family³. Additionally, women should assume these roles and responsibilities. Sometimes, the physiological changes and psychosocial challenges that occur in women's lives during this period can create a crisis environment⁴. In this case, women have mental disorders⁵. Biological, psychological, sociocultural, and economic factors have been reported to cause mental disorders⁶. Postpartum depression, one of the mental disorders after childbirth, adversely impacts mothers and is responsible for 20% of suicides after childbirth. The depression experienced also impacts the infant's behavioral, emotional, and cognitive development. The prevalence of postpartum depression is around 10–20% in general, and cultural changes and countries' income levels impact this rate⁷. Postpartum depression refers to a mood disorder occurring within the first six weeks to 1 year after childbirth^{8,9}. Mothers experience symptoms such as loss of energy, fatigue, inability to show interest in the infant, poor memory, changes in appetite, sleep disturbances, and thoughts of suicide and harming the infant. Risk factors include low social support, low income, a history of depression during a previous pregnancy, becoming a mother at a young age, anxiety, perceived negative body image, breastfeeding problems, unwanted pregnancy, number of births, and smoking^{9,10}. Moreover, a decreased social support level adversely impacts the quality of women's sleep and their physical and mental health¹¹. Nowadays, behavioral and pharmacological treatment methods are applied in postpartum depression, and antidepressant drugs can pass from breast milk to the infant¹². Therefore, women at risk should be identified, and precautions should be taken. The early diagnosis and treatment of the disease help to protect women against long-term problems, such as postpartum depression, by increasing mothers' quality of life¹³. In addition to the support provided to the mother by her family and environment during the postpartum period, the support provided by midwives and nurses

is also essential¹⁴. Midwives and nurses evaluate mothers by making regular home visits during pregnancy and the postpartum period¹⁵. Few studies in the literature have determined levels of students' knowledge about postpartum depression. In this regard, it is aimed to determine the levels of understanding of midwifery and nursing students, who play an essential role in preventing postpartum depression, its early diagnosis and treatment, and who will serve the society as future healthcare personnel, about postpartum depression, to assess the levels of their awareness, and to contribute to the literature by determining the areas of deficiency and making the necessary arrangements in the curriculum.

Materials And Methods

Type of Research

The research was conducted as a descriptive study to investigate "health sciences faculty students' knowledge about postpartum depression."

Population and Sample of the Study

The study's population consisted of midwifery and nursing students studying at Kafkas University, Faculty of Health Sciences. Third and fourth-year nursing and midwifery students whose curriculum includes mental disorders in the postpartum period were included in the study's sample. In the study, the sample size was determined to be 246 students, calculated with a 5% alpha error level, 80% power, and an effect size of 0.8 using the program G-Power 3.1.9.7. Two hundred ninety students who continued their education in the 2019–2020 academic year and agreed to take part in the research were included in the study.

Research Questions

What are nursing and midwifery students' levels of knowledge about postpartum depression and the factors affecting it?

Do nursing and midwifery students' levels of knowledge about postpartum depression differ?

Is there a difference between the knowledge levels of 3rd- and 4th-grade students in the departments about postpartum depression?

Data Collection Instruments

Personal Information Form: This form includes 21 questions, prepared by the researchers as a result of the

literature review, about students' socio-demographic characteristics (age, grade, department, gender, etc.), and sources of information about postpartum depression (where they obtained the information, level of knowledge, practices they apply to individuals diagnosed with postpartum depression) and level of knowledge about traditional practices in postpartum depression, accuracy and examples of conventional practices^{13,16,17}.

Postpartum Depression Information Form: The researchers prepared the form by reviewing the literature and obtaining expert opinions to ensure content validity. It investigates nursing and midwifery students' knowledge about postpartum depression and includes a total of 40 questions. It includes items that contain information about the definition of postpartum depression, its frequency, symptoms, risk factors, treatment, impacts on maternal and child health, prevention, and the roles of nurses and midwives in early diagnosis. The form includes two questions about the definition and frequency of postpartum depression, 16 questions about risk factors, 10 questions about symptoms, seven questions about the role of nurses and midwives in prevention and early diagnosis, four questions about treatment, and 1 question about its impacts on maternal and child health. There are statements "true," "false," and "I don't know" against the items in the information form. With reference to the Karagöz 2011 study, the correct option in the information form is scored 1 point, the incorrect option is scored 0 points, and the don't know option is not scored¹³. A score between 0 and 40 points is obtained from the form^{3,6,7,12,13,18-34}.

Implementation of the Research

A survey form was applied to twenty 3rd and 4th-year nursing and midwifery students to determine the comprehensibility and usability of the questions in the data collection form. The data of this pilot study were not included in the research analysis. The incomprehensible questions in the research form were examined, and necessary arrangements were made. The researcher applied the data collection forms to the 3rd and 4th-year nursing and midwifery students of the Faculty of Health Sciences at Kafkas University between November and December 2019, using a face-to-face interview method lasting 15–20 minutes.

Data Evaluation

The data were analyzed using the "IBM Statistical Package for Social Sciences (SPSS) program version 22

for Windows" package program. Numbers, percentages, minimum and maximum values, mean and standard deviations, and statistical analyses were used in the data analysis. In the normality assumption of the data, skewness and kurtosis were based on -1.5 and +1.5 values³⁵. Descriptive analyses were used in the evaluation of sociodemographic data. The Mann-Whitney U test was used to compare paired groups, and the Kruskal-Wallis H test was used for more than two group comparisons. Statistical significance was determined at a threshold of $p < 0.05$.

Ethical Considerations of the Study

Before the study, ethics committee permission dated 02.10.2019 and numbered 81829502.903/85 was obtained from the Non-Interventional Research Ethics Committee of Kafkas University, Faculty of Health Sciences. Institutional permission was received from Kafkas University Faculty of Health Sciences Dean's Office. Participants were informed about the study's purpose, and a voluntary informed consent form was obtained. The research was conducted following the ethical standards in the Declaration of Helsinki.

Results

Of the study participants, 69% were female, 2.4% were married, 79.3% were nursing students, 52.4% were studying in the 3rd year, and 60% had income equal to their expenses. Of the participants, 89.7% knew about major depression, 14.8% had been diagnosed with major depression at some point in their lives, and 100% knew about postpartum depression. Of the participants, 58.3% learned about postpartum depression from the university, 27.6% had encountered an individual diagnosed with postpartum depression, and the majority (48.8%) had talked to an individual diagnosed with postpartum depression and helped them relax when they encountered such an individual. Of the participants, 82.1% were knowledgeable about traditional practices related to postpartum depression, and 37.8% considered traditional practices correct. Whereas the most well-known conventional practice applied in postpartum depression was "The postpartum mother should not leave the house for the first 40 days," to which 63.9% answered "I know," the least known traditional practice was "A man should be with the postpartum mother," to which 84.9% answered "I don't know." Of the participants, 31.7% most frequently gave a score of 5 points, and 71.3% showed a score between 1 and 5 points when scoring their levels

of knowledge about postpartum depression. The participants' mean age was 21.66 ± 1.17 , ranging from 19 to 25. The levels of participants' knowledge about postpartum depression varied between 1 and 10 points. The 8th item in the risk factors in the postpartum depression information form was answered correctly by 87.9% of the participants. The 38th item regarding the role of nurses and midwives in the prevention and early diagnosis of PPD is the one to which participants gave the most incorrect answers, with a rate of 38.6%. The highest number of "don't know" answers was in the 34th item in the treatment section of the form, with a rate of 44.5%. The participants' average level of knowledge about postpartum depression was 4.70 ± 2.39 . According to the participants' answers to information about postpartum depression, the average number of correct responses was 24.88 ± 5.56 , the average number of incorrect responses was 7.84 ± 3.74 , and the average number of "I don't know" responses was 7.30 ± 4.69 .

Table 1 examines the participants' average test results according to their department and grade levels. When the level of knowledge about postpartum depression was asked subjectively, it was revealed that the group with the highest score was the 4th-year midwifery students. Considering the total number of correct answers, 4th-year midwifery students scored the highest, while 4th-grade nursing students gave the highest number of incorrect answers.

Table 2 shows a statistically significant difference between nursing and midwifery students' levels of knowledge about depression and total correct answer averages ($p < 0.05$). No significant difference was identified between the groups in terms of the incorrect answer averages ($p > 0.05$).

A statistically significant difference was found between 3rd and 4th-year students in terms of the average level of knowledge about postpartum depression, the

Table 1. Participants' average test results according to their department and grade levels

	Level of knowledge about postpartum depression (mean \pm SD)	Average of correct answers (mean \pm SD)	Average of incorrect answers (mean \pm SD)
All participants	4.70 \pm 2.39	24.88 \pm 5.56	7.84 \pm 3.74
Nursing	4.40 \pm 2.36	24.48 \pm 5.63	7.81 \pm 3.90
Midwifery	5.86 \pm 2.18	26.45 \pm 5.04	7.95 \pm 3.05
Midwifery 3 rd year	4.96 \pm 2.17	26.23 \pm 4.93	7.53 \pm 2.45
Midwifery 4 th year	6.76 \pm 1.83	26.66 \pm 5.23	8.36 \pm 3.54
Nursing 3 rd year	3.65 \pm 2.13	26.06 \pm 4.88	6.17 \pm 3.37
Nursing 4 th year	5.24 \pm 2.33	22.69 \pm 5.90	9.66 \pm 3.63

SD: Standard Deviation

Table 2. Comparison of participants' mean scores on the postpartum depression information form in terms of their department and grade characteristics

		Average level of knowledge about postpartum depression (mean \pm SD)	Average of correct answers (mean \pm SD)	Average of incorrect answers (mean \pm SD)
Department	Nursing	4.40 \pm 2.36	24.48 \pm 5.63	7.81 \pm 3.90
	Midwifery	5.86 \pm 2.18	26.45 \pm 5.04	7.95 \pm 3.05
	Test and p- p-value	U: 4482.500 Z: -4259 p: 0.000	U: 5544.000 Z: -2.348 p: 0.019	U: 6465.000 Z: -0.755 p: 0.450
Midwifery Department	3 rd year	4.96 \pm 2.17	26.23 \pm 4.93	7.53 \pm 2.45
	4 th year	6.76 \pm 1.83	26.66 \pm 5.23	8.36 \pm 3.54
	Test and p- p-value	U: 242.000 Z: -3.217 p<0.001	U: 411.000 Z: -0.578 p: 0.563	U: 389.500 Z: 0.578 p: 0.368
Nursing Department	3 rd year	3.65 \pm 2.13	26.06 \pm 4.88	6.17 \pm 3.37
	4 th year	5.24 \pm 2.33	22.69 \pm 5.90	9.66 \pm 3.63
	Test and p- p-value	U: 3986.500 Z: -5.248 p: 0.000	U: 4417.000 Z: -4319 p: 0.000	U: 3036.500 Z: -7.079 p: 0.000

SD: Standard Deviation, U: Mann-Whitney U Test, Z: Standard Score, $p < 0.05$

Table 3. 3rd- and 4th-year students' postpartum depression knowledge level, correct answer, and incorrect answer averages

3 rd -4 th year (mean ± SD)	Average level of knowledge about postpartum depression (3 rd year: 3.91±2.19 4 th year: 5.57±2.32)	Average of correct answers (3 rd year: 26.09±4.87 4 th year: 23.55±5.97)	Average of incorrect answers (3 rd year: 6.44±3.25 4 th year: 9.38±3.64)
Mann-Whitney U	6223.500	7967.500	5694.000
Z	-6.094	-3.541	-6.748
p	0.000	0.000	0.000

SD: Standard Deviation, Z: Standard Score, p<0.05

Table 4. Comparison of participants' mean scores on the postpartum depression information form according to their sociodemographic characteristics and knowledge about postpartum depression

		Correct (mean ± SD)	Incorrect (mean ± SD)	I don't know (mean ± SD)
Sex	Female	25.69±5.30	7.46±3.42	6.83±4.72
	Male	23.10±5.75	8.67±4.25	8.34±4.49
	Test and p-value	U: 6515 p<0.001	U: 7335 p: 0.011	U: 6994.500 p: 0.002
Income status	Income <Exp.	24.58±4.70	8.06±4.14	7.46±4.12
	Income: Exp.	25.01±5.92	7.71±3.51	7.26±5.01
	Income >Exp.	25.23±6.28	7.85±3.79	6.90±4.51
	Test and p-value	H: 1.281 p: 0.527	H: 0.324 p: 0.850	H: 0.439 p: 0.850
Status of knowledge about depression	Yes	24.93±5.49	7.90±3.74	7.19±4.71
	No	24.50±6.22	7.26±3.75	8.23±4.53
	Test and p-value	U: 3809.500 p: 0.835	U: 3517.500 p: 0.377	U: 3307.500 p: 0.172
Status of being diagnosed with depression	Yes	24.83±5.25	7.13±3.04	8.02±4.49
	No	24.89±5.62	7.96±3.84	7.17±4.72
	Test and p-value	U: 5166 p: 0.775	U: 4777.500 p: 0.292	U: 4661 p: 0.200
Encountering someone diagnosed with PPD	Yes	24.51±5.25	8.62±3.68	6.86±4.37
	No	25.03±5.68	7.54±3.72	7.47±4.80
	Test and p-value	U: 7741 p: 0.301	U: 6897 p: 0.018	U: 7912.500 p: 0.444
Status of knowledge about traditional practices in PPD	Yes	25.27±5.31	7.85±3.61	6.91±4.59
	No	23.11±6.36	7.78±4.31	9.09±4.78
	Test and p-value	U: 4870 p: 0.016	U: 5998.500 p: 0.728	U: 4545.500 p: 0.003
Status of finding traditional practices correct	Yes	24.52±5.45	7.97±3.51	7.50±4.57
	No	25.73±5.18	7.77±3.67	6.55±4.58
	Test and p-value	U: 5564.500 p: 0.033	U: 6320.500 p: 0.508	U: 5718.500 p: 0.067

SD: Standard Deviation, U: Mann-Whitney U Test, H: Kruskal-Wallis H Test, p<0.05

average of correct answers, and the average of incorrect answers in Table 3 (p<0.05). A statistically significant difference was found between the 3rd-grade nursing and 4th-grade nursing students in terms of PPD knowledge level, mean number of correct and mean number of incorrect (p<0.05). A statistically significant difference was found between the 3rd and 4th year

midwifery students in terms of PPD knowledge level (p=0.001). Still, no significant difference was found in terms of the mean number of correct and the mean number of incorrect (p>0.05).

As seen in Table 4, women had a significantly higher average number of correct answers, a considerably lower

average number of incorrect answers, and a significantly lower average number of “I don’t know” answers than men ($p < 0.05$). Individuals who knew traditional practices in terms of PPD had a significantly higher average number of correct answers and a considerably lower average number of “I don’t know” answers than those without such knowledge ($p < 0.05$). The average number of correct answers was significantly higher in the group that stated they did not find traditional practices correct compared to the group that indicated they found such practices correct ($p < 0.05$).

Discussion

Since it is thought that acquiring information about postpartum depression during midwifery and nursing education will also positively affect professional life, the current study investigated the cultural and medical knowledge levels of midwifery and nursing students about postpartum depression.

When asked to group their knowledge levels about postpartum depression, most participants stated that they knew about it. However, when asked to score their knowledge levels, the majority chose a score between 1 and 5, revealing that they perceived their knowledge as low to medium and considered themselves inadequate. A study conducted with midwives in Ireland and a survey conducted with midwives and nurses in Türkiye found that almost all of the participants knew about postpartum depression^{36,37}. In the study by Işık et al.³⁶, participants indicated that they had moderate knowledge about postpartum depression. In the study performed by Mivsek et al.³⁸ in Slovenia and in the study carried out by Junior et al.³⁹ in Brazil, midwives and nurses stated that their knowledge levels about postpartum depression were inadequate. The fact that midwives and nurses who are active in their professional lives or students during their undergraduate education do not have accurate and adequate knowledge about postpartum depression indicates the inadequacy of the education provided. In this regard, knowledge deficiency should be eliminated through courses and training during or after the education period, and health-care professionals should be more equipped.

The present study determined that most participants acquired their knowledge about postpartum depression during their undergraduate education. The results of the studies from Türkiye support our research, and the majority of the study participants indicated that they learned about postpartum depression during

their undergraduate education^{36,40}. A study from Saudi Arabia found that most midwives and nurses learned about postpartum depression during their university/college education⁴¹. We believe that knowledge and skills about postpartum depression should be prioritized during university education, and that more accurate and sufficient information will be provided by enhancing the quality of education.

The prevalence of postpartum depression is reported between 0.5–60.8% worldwide and between 3.5–63.3% in Asian countries⁴². The incidence of postpartum depression varies according to societies’ characteristics⁴³. Studies from Türkiye found the incidence of postpartum depression to be between 14.2–19.90%^{44,45}. In this study, most midwifery and nursing students receiving undergraduate education, almost 3 out of every 4 participants, reported that they had not encountered an individual diagnosed with postpartum depression. A study conducted in the family health and community health center found that the majority of midwives and nurses had not encountered an individual diagnosed with postpartum depression¹³. The study results support our research, showing that the prevalence of postpartum depression is not very high. In this regard, it is recommended that simulation or case-based education be incorporated into undergraduate programs to teach physicians, nurses, and midwives their roles and responsibilities in preventing, diagnosing, referring, and providing care for postpartum depression.

The study found that students who encountered women diagnosed with postpartum depression mostly tried to comfort patients by talking to them and referred patients to a psychiatrist. In the study by Işık et al.³⁶, most participants stated that they would refer patients to a psychiatrist. Another study indicated that the nurse group mostly referred women for support and counseling, while the midwife group mainly directed women to meet with postpartum women⁴⁶. Midwifery and nursing students indicated behaviors, such as referring women to a psychiatrist, supportive attitudes, and providing psychoeducation to the patient’s family and relatives, which are essential in terms of postpartum depression (PPD) treatment. In this respect, it can be stated that the student group in our research focused on evidence-based treatment options for PPD.

The majority of our study participants indicated that they knew about traditional practices but did not consider them correct. Concerning traditional practices, not leaving home for forty days, keeping the Quran

and an amulet, and ensuring that a woman and her infant are not left alone for 40 days postpartum were the practices that the participants knew the most. In a study, the practices of not going home for forty days and keeping the Quran and an amulet were known⁴⁷. The results of our research are similar to the results of the study. However, no study on the accuracy of traditional practices has been found in the literature.

In the postpartum depression information form, the participants' risk factors and clinical characteristics were at a medium-high level, and the treatment options were at a low-medium level. A study revealed that midwives and nurses had low levels of knowledge about PPD risk factors and moderate levels of knowledge about PPD symptoms and clinical manifestation³⁶. The current study found that participants had a medium-high level of expertise from the postpartum depression information form. Kurtçu et al.⁴⁰ determined that midwives and nurses had a medium-high level of knowledge about postpartum depression, and Jones et al.⁴⁸ revealed that midwives in Australia had a medium-high level of knowledge about postpartum depression. The results of our study are consistent with the findings in the literature and show similar deficiencies in knowledge levels. The low levels of participants' knowledge about PPD indicate that they did not have an adequate understanding.

In the present study, women had a significantly higher average number of correct answers, a considerably lower average number of incorrect answers, and a significantly lower average number of "I don't know" answers compared to men ($p < 0.05$). A study stated that men knew the symptoms experienced by women during postpartum depression less than women did⁴⁹. The fact that men live in a patriarchal society and regard PPD as a problem influencing only women adversely impacts their ability to obtain adequate information about PPD.

The study revealed that the average number of correct answers was higher in individuals who knew traditional practices in terms of PPD than in those without such knowledge. Additionally, the group stating that they did not find traditional practices correct had a lower average than the group saying they did. Studies have found that most women know traditional practices^{47,50}. It is thought that participants learn about conventional practices since traditional practices still exist nowadays. Yeşilçinar et al.⁵¹ determined that women believed traditional practices were wrong after increasing their

knowledge about the postpartum period. Increasing knowledge about the postpartum period hinders the implementation of wrong conventional practices.

In the current study, midwifery students scored higher than nursing students, and 3rd-grade students scored higher than 4th-grade students on the postpartum depression information form. A study in the literature investigating midwives' and nurses' knowledge and approaches regarding postpartum depression determined that midwives scored higher than nurses in all correct answer averages⁴⁰. This study, supporting our research, interpreted that midwives taking more practical and theoretical courses on pregnancy, childbirth, and the postpartum period during their education, along with encountering more women in the prepartum and postpartum periods, may have affected this situation.

Limitations of the Study

The research was conducted at a university in the east of Türkiye. Students studying at other universities in Türkiye may give different responses.

Conclusion

The early diagnosis and treatment of postpartum depression, which is one of the mental disorders in the postpartum period and adversely impacts the health of the mother and infant, are essential. Midwives and nurses, who communicate with women and take a significant part in the early diagnosis and treatment of the disease, should know about postpartum depression to provide adequate and quality care. The present study found that midwifery and nursing students, who are the healthcare personnel of the future, had inadequate knowledge about postpartum depression; female students had more knowledge than male students, midwifery students were more knowledgeable than nursing students, and students in both departments thought they had knowledge about postpartum depression but had incorrect or incomplete knowledge. Furthermore, it was determined that students had knowledge about traditional practices applied to prevent postpartum depression, which is widespread in Türkiye, and they described them as incorrect. This demonstrates the deficiency or inadequacy of the education curriculum, and necessary arrangements should be made to ensure that midwifery and nursing students, who will serve society, have adequate knowledge to provide quality and individualized care. Training should be organized to increase the awareness of male students about

postpartum depression. Additionally, a standard curriculum should be used, and quality education should be provided to prevent differences in knowledge levels between departments and grade levels.

Conflict of Interest

There is no conflict of interest related to this study

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