

Societal Contribution to Incidence of Puerperal Psychosis in Federal Psychiatric Hospital, Calabar, Cross River State, Nigeria

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Abstract

The purpose of this study was to examine societal contribution in incidence of puerperal psychosis in Federal Psychiatric hospital, Calabar. In order to achieve this purpose, three research questions and three hypotheses were formulated to guide the study. The descriptive survey research design was used for the study. The population of study comprised all female psychiatric patients suffering from puerperal psychosis in Federal Psychiatric Hospital, Calabar. A convenience method of non-probability sampling was used to select sample for the study. This was made possible with in-patients' record from female wards in the hospital revealing a total of 50 patients. Instruments used for collection of data were questionnaires and face to face interview. The reliability of the instrument was established through internal consistency technique using Cronbach Alpha Analysis. A reliability estimate of 0.867 was obtained for the instrument. Chi-square statistical analysis was used for testing the hypotheses. All the hypotheses formulated were tested at .05 level of significance. The result of the analysis revealed that acceptability of married women by family does significantly contribute to puerperal psychosis. Again, denial of pregnancy does significantly contribute to puerperal psychosis. Finally, the result revealed that continuous delivery of same sex children does significantly contribute to puerperal psychosis. Based on this findings, it was concluded that society do contribute to incidence of puerperal psychosis in Federal Psychiatric Hospital Calabar, Nigeria. It was therefore recommended that the media, traditional leader and religious organisations should educate the citizens on the importance of family members allowing married couples to live their life without undue intervention. Lastly, Government should enforce legislation to punish any man who for one reason or the other maltreats his wife.

Keywords: puerperium, psychosis, tranquilizer

Introduction

Background of studies

Puerperal psychosis also regarded as postpartum psychosis refers to sudden mental illness which manifests after child's birth. It is a serious form of mental illness in women during peuperium. It presents with sudden appearance of psychotic symptoms like irritability, mood swinging, hallucinations, restlessness, paranoid and suspicious ideas, homicide and sometimes suicide. In most cases the baby is at risk. It is always a surprised condition to the patient, family and health care provider—^[15]Twomey, T.(2009). The best approach is through psychiatry hospitalization—^[16]Wikipedia, (Feb., 2016).

Statement of problem

It's common these days in third world countries like Africa to see most cultures maltreating married women who for one reason or the other experience delay in conception. Lots of disregard is observed on women who delivers same sex babies, especially female children. In some cases they are put on hard labour, made to feign for home keep, threatened to be divorced if they failed to be pregnant or deliver both sexes. Most families reject both baby and mother and pressurises the husband to bring in another woman who could deliver

them baby boys. These unfortunate happenings force most women to be under pressure, and for fear of being sacked; they live on extreme thoughts leading to puerperal psychosis.

This study is therefore poised against this background to examine how society contributes to puerperal psychosis in Calabar, Cross River State, Nigeria using Federal Psychiatric Hospital as a case study.

Objectives of study

Specifically, the objectives of the study include:

1. To examine the extent to which acceptability of a married woman by family members can contribute to puerperal psychosis
2. To determine the extent to which denial of pregnancy contributes to puerperal psychosis
3. To investigate the extent to which continuous delivery of same sex children contributes to puerperal psychosis.

Research questions

The following research questions were formulated to guide the study:

1. To what extent does acceptability of married women by family contributes to puerperal psychosis?
2. To what extent does denial of pregnancy contributes to puerperal psychosis?
3. To what extent does continuous delivery to same sex children contributes to puerperal psychosis?

Hypothesis

The following hypotheses were formulated to direct the study:

1. Acceptability of married women by family does not significantly contributes to puerperal psychosis
2. Denial of pregnancy does not significantly contributes to puerperal psychosis
3. Continuous delivery of same sex children does not significantly contribute to puerperal psychosis.

Significant of study

This study will be beneficial to nurses as they use knowledge to counsel married couples on proper relationship to prevent puerperal psychosis.

Knowledge acquired will be useful to health care providers in counselling society and extended family members to avoid stigmatizing the mentally ill women.

This material will serve as reference source to other researchers for further studies

It will assist government sensitize the public on maternal care in other to attain millennium development goal.

Limitation of study

Anticipated hindrance to this study is uncompromised attitude of the patients, staff, hospital management and patients' families towards providing necessary information for the study.

Delimitation of study/scope

This study covers all female patients with mental illness after child's birth in Federal Psychiatric hospital, Calabar.

Literature review

^[10]Osianda, F. (1797) described puerperal psychosis as endogenous, acquired, occurring suddenly, not so harmful, and improves drastically with mood stabilizing agents. ^[2]Doucet, S. et. al. (2011) said that symptom begins days or some weeks after delivery with incidence rate between 10—15 of every 100 delivery. ^[3]Gelder, 1996 said cause is unknown, but ^[8]Marcé,

L. V. (1862) and ^{[4][5]}Jones, I. (2001) linked the cause to hormonal and chromosomal imbalance. ^[7]Kaplain, (1994) and ^[14]Stafford-Clark, D. (1978) emphatically said societal stress, frustration and increased workload has significant factor in causation. This was confirmed by William, V. (2016), as she enumerated her several pregnancies without an outstanding husband to shear the experience. Again, Igwe, C. (2004) revealed in secrecy that deliveries without a baby boy earn a woman no right and recognition in their tradition. ^[6]Jones, I. and Smith, S. (2009) contributed that symptom ranges from mania to depression, hallucination, delusion and confusion, and is regarded as psychiatric emergencies. ^[13]Robertson, E. (2005) suspected that it occurs after 20% subsequent child births. ^[12]Reed, P. et. el. (1999) said it could be treated with Electro convulsive therapy. ^[9]Oates, M (1988) found Lithium with other antipsychotic useful in its medication, and ^[11]Almeida, Ana (2009) found hospital admission best for mother and child. This is followed up with home care after multidisciplinary review, counselling and nursing care.

Theoretical framework

^[11]Peplau, E. (1999), theorized in her book 'Interpersonal Relationship in Nursing' that nurses should give wide information to the patient and the society about health matters. And she should make use of her learners' experience through their expression in further planning of healthcare.

Relationship

This refers to constant observation, documentation and reporting of findings to appropriate bodies especially the family. Through this, bizarre attitudes would be early detected, adequate measure and therapeutic action taken to prevent high risk, danger to child and others, even suicidal attempt.

Methodology

Research design

The research design of the study is descriptive survey.

Population of study

The population of study is all female psychiatric patients suffering from puerperal psychosis in Federal Psychiatric Hospital, Calabar.

Sampling technique

A convenience method of non-probability sampling is used. This is made possible with in-patients' record from female wards in the hospital revealing a total of 50 patients.

Research instrument

Instruments used for collection of data are questionnaires and face to face interview of participating patients.

Validity

The instrument was validated using face validation method where copies were given to experts to check if the items in the instrument measure the variable they are supposed to measure. Based on the useful suggestions and contributions of the experts, a valid instrument was developed by the researcher.

Reliability

In order to establish reliability co-efficient of the instrument, it was administered to 20 psychiatric patients who were drawn from the area of the study. The scores obtained from the respondents were subjected to internal consistency technique using Cronbach Alpha Analysis.

A reliability estimate of 0.867 was obtained for the instrument. The computation is presented in the appendix.

Method of data analysis

Chi-square statistical analysis was used for testing the hypotheses. All the hypotheses formulated were tested at .05 level of significance.

Data analysis and results

The results obtained are analysed in the light of the research hypotheses formulated to guide the study.

Hypothesis one

Acceptability of married women by family does not significantly contribute to puerperal psychosis.

Chi-square (X^2) test was used for testing this hypothesis. The result of the analysis is presented in Table 1:

Table 1. Chi-square (X^2) test of the contribution of acceptability of married women by family to puerperal psychosis.

		Column		Total	
		Yes	No		
Row	Item 1	Count	19	31	50
		Expected Count	23.6	26.4	50.0
	Item 2	Count	23	27	50
		Expected Count	23.6	26.4	50.0
	Item 3	Count	22	28	50
		Expected Count	23.6	26.4	50.0
	Item 4	Count	36	14	50
		Expected Count	23.6	26.4	50.0
	Item 5	Count	18	32	50
		Expected Count	23.6	26.4	50.0
Total		Count	118	132	250
		Expected Count	118.0	132.0	250.0

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	16.789 ^a	4	.002
Likelihood Ratio	17.158	4	.002
Linear-by-Linear Association	.967	1	.325
N of Valid Cases	250		

The result in Table 1 shows that the calculated Chi-square(X^2) value of 16.789 is greater than the critical Chi-square(X^2) value of 9.49 at .05 alpha level with 4 degrees of freedom. With this result the null hypothesis that says acceptability of married women by family does not significantly contribute to puerperal psychosis was rejected. This implies that acceptability of married women by family significantly contribute to puerperal psychosis.

Hypothesis two

Denial of pregnancy does not significantly contributes to puerperal psychosis

Chi-square (X^2) test was used for testing this hypothesis. The result of the analysis is presented in Table 2:

Table 2. Chi-square (X^2) test of the contribution of denial of pregnancy to puerperal psychosis.

		Column		Total	
		Yes	No		
Row	Item 1	Count	39	11	50
		Expected Count	32.6	17.4	50.0
	Item 2	Count	37	13	50
		Expected Count	32.6	17.4	50.0
	Item 3	Count	31	19	50
		Expected Count	32.6	17.4	50.0
	Item 4	Count	41	9	50
		Expected Count	32.6	17.4	50.0
	Item 5	Count	15	35	50
		Expected Count	32.6	17.4	50.0
Total		Count	163	87	250
		Expected Count	163.0	87.0	250.0

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	39.066 ^a	4	.000
Likelihood Ratio	38.471	4	.000
Linear-by-Linear Association	16.997	1	.000
N of Valid Cases	250		

The result in Table 2 shows that the calculated Chi-square(X^2) value of 39.066 is greater than the critical Chi-square(X^2) value of 9.49 at .05 alpha level with 4 degrees of freedom. With this result the null hypothesis that says denial of pregnancy does not significantly contribute to puerperal psychosis was rejected. This implies that denial of pregnancy significantly contribute to puerperal psychosis.

Hypothesis three

Continuous delivery of same sex children does not significantly contributes to puerperal psychosis

Chi-square (X^2) test was used for testing this hypothesis. The result of the analysis is presented in Table 3:

Table 3. Chi-square (X²) test of the contribution of continuous delivery of same sex children to puerperal psychosis.

		Column		Total	
		Yes	No		
Row	Item 1	Count	43	7	50
		Expected Count	28.0	22.0	50.0
	Item 2	Count	22	28	50
		Expected Count	28.0	22.0	50.0
	Item 3	Count	24	26	50
		Expected Count	28.0	22.0	50.0
	Item 4	Count	33	17	50
		Expected Count	28.0	22.0	50.0
	Item 5	Count	18	32	50
		Expected Count	28.0	22.0	50.0
Total		Count	140	110	250
		Expected Count	140.0	110.0	250.0

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	32.630 ^a	4	.000
Likelihood Ratio	35.196	4	.000
Linear-by-Linear Association	12.296	1	.000
N of Valid Cases	250		

The result in table 3 shows that the calculated Chi-square(X²) value of 32.630 is greater than the critical Chi-square(X²) value of 9.49 at .05 alpha level with 4 degrees of freedom. With this result the null hypothesis that says continuous delivery of same sex children does not significantly contributes to puerperal psychosis was rejected. Hence continuous delivery of same sex children does significantly contribute to puerperal psychosis.

Summary of the results

The findings of the study are summarised below:

1. Acceptability of married women by family does significantly contribute to puerperal psychosis.
2. Denial of pregnancy does significantly contribute to puerperal psychosis.
3. Continuous delivery of same sex children does significantly contribute to puerperal psychosis.

Discussion of findings

The result of the first research hypothesis revealed that acceptability of married women by family significantly contributes to puerperal psychosis. This result is possible because in most third world countries, some cultures permits the family to choose a wife for the husband and in cases where the man disobeys and marry his choiced woman, the family members make the matrimonial home uncomfortable for them. This caused the wife’s disregards which might result in depression and isolation, and in worst cases into puerperal psychosis. This confirms ^[6]Jones, I. and Smith, S. (2009) view; that symptoms of puerperal psychosis ranges from mania to depression, hallucination, delusion and confusion, and is regarded as psychiatric

emergencies. Meaning that depression, confusion and undue pressure from societal members could cause puerperal psychosis.

The result of the second research hypothesis revealed that denial of pregnancy does significantly contribute to puerperal psychosis. This finding is possible in that most families who do not undergo family planning end up having undesired number of children which in most cases are not always accepted by the men. Men reject both the wife and the baby if the pregnancy is not welcomed. This unfortunate development can subject the woman to thought and fear of being abandoned with baby, or sent packing.

The result of the third research hypothesis revealed that continuous delivery of same sex children does significantly contribute to puerperal psychosis. This is true due to the fact that most cultures especially in Africa attach importance to having male children. If a woman delivers female children severally; the husband and his kindred might threaten her replacement, ridicule and mockery. This finding supports ^[7]Kaplain, (1994) and ^[14]Stafford-Clark, D. (1978) who emphatically supports that societal stress, frustration and increased workload have significant factor in causation.

Conclusion

Based on the findings of the study, it was concluded that society do contributes to incidence of puerperal psychosis in Federal Psychiatric Hospital Calabar, Nigeria.

Recommendation

The following recommendations were made:

1. That the media, traditional leader and religious organisations should educate the citizens on the importance of family members allowing married couples to live their life.
2. Health caregivers should use their knowledge and experience to educate nursing mothers to dismiss pressures emanating from the society for whatever reason.
3. Government should enforce legislation to punish any man who maltreats his wife unnecessarily.

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