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Research Article

**PREVALENCE OF POSTPARTUM DEPRESSION AND  
ASSOCIATED RISK FACTORS AMONG WOMEN LIVING IN  
SLUMS AREA.****<sup>1</sup>Dr Rumaisa Zahid,<sup>2</sup>Dr Maria Warraich,<sup>3</sup>Dr Hira Saif**<sup>1,2,3</sup>MBBS, Nawaz Sharif Medical College, Gujrat.**Article Received:** October 2020**Accepted:** November 2020**Published:** December 2020**Abstract:**

*Women living in under developed countries have higher percentage of PPD. Literature has reported that there is high incidence of PPD in women with high income. In low- or middle-income women the prevalence of postpartum common mental disorder was around 20% while there is approximately 64% prevalence of depression in postpartum women in Asian countries. Children's physical health has negative impact due to postpartum depression. Studies has reported that PPD leads to poor infant feeding practices, consequently leading to malnutrition and reduced physical growth. PPD leads to the lower levels of interaction and bonding between the mother and child, which lead to inadequate social, emotional and cognitive development of the child. Multiple attacks of depression lead to chronic stress at later stages. There could be many risk factors of postpartum depression such as education level, race, age, and ethnicity. Postpartum depression has mental and physical health issues as well.*

*However the study concludes that there are multiple factors which have negative impact on mother's physical and mental health as well. Working women are more suffered in this however women who hd paid maternity leaves has better mental health. So the maternity leaves scheme should be oversight to minimize the mental disorders among postpartum women in slums area.*

**Corresponding author:****Dr. Rumaisa Zahid,**

MBBS, Nawaz Sharif Medical College, Gujrat.

QR code



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**INTRODUCTION:**

The prevalence of postpartum depression ranges from 0.5 to 60.8% around the globe. A common non psychotic mood or mental disorder which typically occurs in mothers after first year of post-partum is known as postpartum depression.

Women living in under developed countries have higher percentage of PPD. Literature has reported that there is high incidence of PPD in women with high income. In low- or middle-income women the prevalence of postpartum common mental disorder was around 20% while there is approximately 64% prevalence of depression in postpartum women in Asian countries. Children's physical health has negative impact due to postpartum depression. Studies has reported that PPD leads to poor infant feeding practices, consequently leading to malnutrition and reduced physical growth. PPD leads to the lower levels of interaction and bonding between the mother and child, which lead to inadequate social, emotional and cognitive development of the child. Multiple attacks of depression lead to chronic stress at later stages. There could be many risk factors of postpartum depression such as education level, race, age, and ethnicity. Postpartum depression has mental and physical health issues as well.

Many other factors such as preterm delivery, loss of job, low socio-economic status, poor emotional support, first-born child, high parity, obstetric complications, sleep disturbances, low self-esteem, negative attitude towards pregnancy, antenatal depression or anxiety, previous history of depression, poor marital relationship, history of domestic abuse, and level of daily hassles are strong predictors of PPD among women.

By comparing rural and urban areas there was high prevalence of depression in rural areas due to low economic status, nutritional status, physical violence, domestic quarrels with husband and in laws, stress, past mental and depressive symptoms during pregnancy, perinatal death, poor relationship between husband and in laws, morbidity during pregnancy, and current health condition. A study demonstrated that financial crises, adverse life events, intimate partner violence, health problems, and lack of practical social support were causes of daily emotional distress and sadness at postpartum period. The purpose of the study was to evaluate the burden and risk factors of PPD among women living in urban slums.

**MATERIAL AND METHODS:**

It was a cross sectional study which includes postpartum women up to one year. The sample size was 350. Participants who met the inclusion criteria were recruited in the study. A written informed consent was signed before recruiting them into the study. To evaluate the depressing symptoms Edinburgh postnatal depression scale was used. This questionnaire contains 10-item. The responses were ranged from zero to three. Another questionnaire was made to analyze the socio-demographic data such as age, educational level.

Obstetric, reproductive, and child characteristics such as the number of children, history of miscarriage and child death, pregnancy intention, age and sex of last child, reported gestational age and child birth weight, neo-natal complications. SPPSS were used for data analysis. The margin of error was less than 5 percent.

**RESULTS:**

Total 150 women were included in the study. Half of the women reported at least one symptom of EPDS during their pregnancy period whereas 35% had reported family, working or any other mental stress during the pregnancy period. 21% women were adult and 35% were literate enough to sign their names. About 51% women were mothers of first child whereas 25% had three or more. The postpartum depression among women who started working after delivery of child was only 6.2%

About 61.1% of mothers faced intimate partner violence before their last pregnancy. The prevalence of postpartum depression was more common in uneducated women as compared to the women who at least had completed their secondary education. The prevalence of depression was more common in currently employed mothers comparing unemployed mothers.

Mothers who used to work before pregnancy and had to leave job due to pregnancy had high prevalence as compared to those who did not leave the job. The high prevalence of postpartum depression was also observed in participants who had miscarriage or still birth or child death. The major factor of postpartum depression was unplanned pregnancy. Postpartum depression was not associated with factors related to the child such as preterm birth, low birth weight child and neonatal complication.

**DISCUSSION:**

The prevalence of postpartum depression depends upon different culture and region. It is significant that we investigate its prevalence in our society so that appropriate measures can be taken to avoid its

occurrence and treat the effected. Cultural mindset also poses hindrance in our cognition of presence of such a disorder as child birth is thought to be a huge blessing and a festive occasion.

The study has demonstrated that women who participated in this study were suffering from PPD and the associated risk factors were current job involvement, job loss due to pregnancy, history of miscarriage, still birth and child death, unintended pregnancy, cost of delivery managed from borrowing/selling asset/mortgage, depressive symptom during pregnancy period, perceived antenatal stress, poor marital relationship with husband, and intimate partner violence. Women living in slums areas were having high prevalence of postpartum depression among mothers.

Previous studies have also shown that women living in urban slum areas have higher level of mental disease burden. A study conducted by Khan et al has stated that mothers with children under age of five have commonly suffered from mental diseases. Depression was seen more in women who had to quit their job due to pregnancy.

A study conducted in Canada has proposed that women who were having maternity leaves were found less depressive. Another study conducted in Australia stated that paid maternal leave had been most beneficial for postpartum health and wellbeing. Working women had scored less depression score in postpartum period. Working women had scored more depression in postpartum period. Of this cause there are multiple reasons such as taking care of new child with professional stress. This increased burden and had negative impact on psychological as well as well-being.

The higher authorities must oversight the maternity leave programs for postpartum women especially living in slums area it could improve their mental and physical health.

The review also highlights the importance of cultural relevance in supporting mothers during this stressful transition period. Especially with the globalization of medical care, it is very important that healthcare professionals recognize the importance of providing culturally congruent care to new mothers. Multiple variables are linked with postpartum depression who had undergone hospitalized session during postpartum period. Participants who had hospitalized child during their postpartum period were 3 times more depressed as compared to those who had no hospitalized session. Similarly participants who had

undergone worse conditions such as losing a close one or a relative during their pregnancy was more likely to score more depression as compared to those who had not lost any of the close relative. A study conducted by Bale Zone has also stated similar results by comparing different groups. The main reason could be due to the fact that experiencing life-threatening events during the postpartum period became intolerable and may affect the mental wellness of the mothers.

The study demonstrated prevalence and incidence of PPD for a specific group of healthy mothers without prior history of mental illnesses including PPD. Previous literature has very limited data on this topic however given that the PPD prevalence among this group of mothers is similar to those with a history of psychiatric illnesses, equal emphasis should be placed on them. Despite the lack of significant common predictors like age, parity, and marital status on PPD prevalence, our review showed that Middle Eastern and Asian mothers have heightened risks of PPD, especially beyond six months postpartum. Overall, this review sets the stage for future practice and research to focus on healthy mothers during the postpartum period.

It can have positive effects so that healthcare professionals should be mindful of when providing culturally congruent care. Women who received interpersonal psycho-therapy had a significant decrease in their depressive symptomatology (measured by Hamilton Depression Rating Scale and Beck Depression Inventory) compared to the waitlist group, as well as significant improvement in social adjustment scores.

However the study concludes that there are multiple factors which have negative impact on mother's physical and mental health as well. Working women are more suffered in this however women who had paid maternity leaves has better mental health. So the maternity leaves scheme should be oversight to minimize the mental disorders among postpartum women in slums area.

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