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ANALYSIS OF INCIDENCE OF POSTPARTUM DEPRESSION IN WORKING WOMEN OF PAKISTAN

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Abstract:

Introduction: *Postpartum depressive symptom (PDS) is a debilitating mental disorder, generally occurring during the first year postpartum. The global prevalence rates range between 0.5-60.8percent* ***Objective of the study:*** *The basic aim of the study is to analyze the incidence of postpartum depression in working women of Pakistan.* ***Methodology of the study:*** *This cross-sectional study was conducted at Fatima Memorial Hospital, Lahore during March 2019 to December 2019. The data were collected from 100 pregnant working women and non-probability purposive sampling technique was used for sample selection. Women aged >18 to < 40, women their labor had not started, Consent to participate in the research and all type of gravidas & Para were included in this study. Data was collected through A Self Structure Questionnaire composed of socio-demographic & obstetric baseline characteristics. Hospital Anxiety Depression Scale (HADS) was used to find out the level of depression & anxiety.* ***Results:*** *Results of the study include physical characteristics, demographics, prevalence of Depression & Anxiety and associated Risk factors. In this study Mean age of participants was 25.93 ±4.06. Mean Height 5.18±0.46 and Mean Weight 65.84±10.25 of the study participants. BMI (body mass index) of patients was also calculated, Mean BMI was 25.99±3.52. Patient's Demographics includes occupation, education & socioeconomic status, which were described and their graphically presentation. Prevalence of anxiety was 33.21% and depression was 30.46%. In this study, Mean Anxiety score was 7.23±3.27 and Mean Depression score was 7.35±2.83. Mean score of anxiety & depression indicate mild to moderate level of antenatal anxiety and depression.* ***Conclusion:*** *Study concluded that one-third of pregnant working women were reported with anxiety and depression. Findings of current study show that family crises were strongly associated with antenatal anxiety & depression while gender discrimination, history of miscarriage and fear of C-section were the other causes.*

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INTRODUCTION:

Postpartum depressive symptom (PDS) is a debilitating mental disorder, generally occurring during the first year postpartum. The global prevalence rates range between 0.5-60.8%. Anxiety is a state of confusion or disturbance, but depression is persistent feeling of sadness & worthlessness which affect the person's behavior, creativity, satisfaction, reduce their physical activity and sense of well-being [1]. Pregnancy is natural event during which many biological and psychosocial changes occur. Antenatal A&D is the most prevailing psychiatric disorder and it is consider as an important subject of public health due to many reasons. Depression during pregnancy is major risk factor for post-natal depression and it can also cause adverse Maternal & Fetal outcomes. WHO estimates that depressive disorder will be the second leading cause of global disease burden by the year 2020 [2]. Women of reproductive age (14-49 years) are at high risk of having depressive disorder than that of men in same age range. In every woman's life pregnancy is a critical period in which she experiences several mental, physical, psychological, hormonal changes and due to these changes she suffer from depression. Symptoms of antenatal depression include; depressed mood, loss of interest, loss of concentration and feeling of low self-esteem. These symptoms are same as depression in general population [3]. Antenatal depression is the predictor of postpartum depression and PPD leads to serious consequences for women's life and cause behavioral disorders, poor interaction and physical impairment in child's life [4].

Objective of the study

The basic aim of the study is to analyze the incidence of postpartum depression in working women of Pakistan.

METHODOLOGY OF THE STUDY:

This cross-sectional study was conducted at Fatima Memorial Hospital, Lahore during March 2019 to December 2019. The data were collected from 100 pregnant working women and non-probability purposive sampling technique was used for sample selection. Women aged >18 to < 40, women their labor had not started, Consent to participate in the research and all type of gravidas & Para were included in this study while Females > 40 of age, who used psychiatric drugs during pregnancy, women with known psychiatric or neurological disorders, women having pregnancy related complications (placenta previa, preeclampsia, fetal distress etc.) all were excluded. Data was collected through a self-structure questionnaire composed of socio-demographic & obstetric baseline characteristics. Hospital Anxiety Depression Scale (HADS) was used to find out the level of depression & anxiety.

Statistical analysis

Data was analyzed through SPSS 21 and results were generated. Mean, standard deviations and percentages of all variables were calculated.

RESULTS:

Results of the study include physical characteristics, demographics, prevalence of Depression & Anxiety and associated Risk factors. In this study Mean age of participants was 25.93 ±4.06. Mean Height 5.18±0.46 and Mean Weight 65.84±10.25 of the study participants. BMI (body mass index) of patients was also calculated, Mean BMI was 25.99±3.52. Patient's Demographics includes occupation, education & socioeconomic status, which were described and their graphically presentation. Prevalence of anxiety was 33.21% and depression was 30.46%. In this study, Mean Anxiety score was 7.23±3.27 and Mean Depression score was 7.35±2.83. Mean score of anxiety & depression indicate mild to moderate level of antenatal anxiety & depression.

Table 01: shows Mean ±S.D of physical characteristics of patients.

		Frequency	Percentage	Mean ± S.D
Anxiety	**Control**	388	66.8	7.23±3.27
	Case	193	33.21	
Depression	**Control**	404	69.5	7.35±2.83
	Case	177	30.46	

Table 2: presents Level of Anxiety & Depression

Anxiety Present				
		Control	Case	OR(95% CI)
Fear of C-Section	NO	310	140	1.50
	YES	78	53	
Fear of Baby Girl	NO	380	183	2.59
	YES	8	10	
History of miscarriage	NO	330	147	1.78
	YES	58	46	
Family crises last few months	NO	344	102	6.97
	YES	44	91	
Moral support from spouse	NO	7	44	0.62
	YES	381	194	

DISCUSSION:

Current study highlights the frequency of Anxiety & Depression during pregnancy, level of antenatal anxiety & depression and its associated risk factors. Results of current study show that by comparing two groups (one is case and other one is control group) anxiety was reported in 193 cases while 177 cases were reported with antenatal depression out of 581 participants. Study found frequency of antenatal anxiety was about (33.21%) & depression was (30.46%) by using HADS [5]. Ahmad Waqas et al, (2015) were conducting cross-sectional study and found prevalence of antenatal depression (31%) & anxiety (49%) [6]. Current findings show prevalence of antenatal anxiety was same to previously conducted studies in Pakistan but prevalence of antenatal depression was higher [7].

In current study (n=193) having anxiety and (n=177) having depression whereas, in previous study, Mechtilda Rwakarema et al,(2015)conducted a cross-sectional study were found 33.8% (n=134) prevalence of antenatal depression by using EPDS. Sawyer et al, conducted a systematic review studies were found mean prevalence of antenatal depression of about (11.3%) in 8 African countries [8].

Niloufer S. Ali et al, (2012) were conducted hospital-based cross-sectional study to determine frequency of antenatal depression by using HADS. Results of their study shows (16.8%) having depression, (20.4%) having anxiety and (32.9%) participants suffering from both anxiety & depression. Hamirani et al, from Karachi were found antenatal depression (34.6%) by using EPDS. On the same participants by using ICD-10 diagnostic criteria Niaz et al were found low prevalence of anxiety & depression as compare to HADS.(10) Results of current study were much higher than previous study. Current study was case-control study with larger sample size. Lack of family support, gender based violence and history of miscarriage was might be the reasons for higher prevalence of antenatal depression & anxiety [9]. Previous study, Niloufer S. Ali et al, (2012) reported that Family problems due to lack of involvement in decision making, lack of husband support, poor relation with in-laws and gender discrimination were major risk factor of antenatal anxiety & depression [10].

CONCLUSION:

It is concluded that one-third of pregnant working women were reported with anxiety and depression. Findings of current study show that family crises were strongly associated with antenatal anxiety & depression while gender discrimination, history of miscarriage and fear of C-section were the other causes.

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