



ORIGINAL RESEARCH – QUANTITATIVE

Prevalence and risk factors for postnatal depression in Sabah, Malaysia: A cohort study

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ABSTRACT

Background: Postnatal depression can have serious consequences for both the mother and infant. However, epidemiological data required to implement appropriate early prevention are still lacking in Malaysia.

Aim: To investigate the prevalence of postnatal depression within six months postpartum and associated risk factors among women in Sabah, Malaysia.

Methods: A prospective cohort study of 2072 women was conducted in Sabah during 2009–2010. Participants were recruited at 36–38 weeks of gestation and followed up at 1, 3 and 6 months postpartum. The presence of depressive symptoms was assessed using the validated Malay version of the Edinburgh Postnatal Depression Scale. Logistic regression analyses were performed to ascertain risk factors associated with postnatal depression.

Findings: Overall, 14.3% of mothers (95% confidence interval (CI) 12.5–16.2%) had experienced depression within the first six months postpartum. Women depressed during pregnancy (odds ratio (OR) 3.71, 95% CI 2.46–5.60) and those with consistent worries about the newborn (OR 1.68, 95% CI 1.16–2.42) were more likely to suffer from depression after childbirth. Women whose husband assisted with infant care (OR 0.43, 95% CI 0.20–0.97) and mothers who were satisfied with their marital relationship (OR 0.27, 95% CI 0.09–0.81) appeared to incur a reduced risk of postnatal depression.

Conclusion: A substantial proportion of mothers suffered from postnatal depression in Sabah, Malaysia. Screening and intervention programmes targeting vulnerable subgroups of women during antenatal and early postpartum periods are recommended to deal with the problem.

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1. Introduction

According to the World Health Organization, depression has become the leading cause of disease burden for women of reproductive age.¹ Postnatal depression is defined as “the presence of five of the following symptoms: depressed mood, diminished interest or pleasure in activities, appetite disturbance, sleep disturbance, physical agitation, fatigue, feelings of worthlessness or excessive or inappropriate guilt, decreased concentration or ability to make decisions or recurrent thoughts of death or suicidal ideation.”² It is the most common complication of childbearing,³ which can have deleterious effects on the health of the mother, her

marital relationship and interaction with the newborn, as well as infant growth.⁴ Moreover, because of its potential adverse impact on breastfeeding duration,⁵ both the depressed mother and her infant are unlikely to benefit from the numerous health advantages of prolonged lactation. In the long term, untreated depression may lead to subsequent emotional, behavioural and cognitive problems for the child.⁶ In Malaysia, epidemiological data on postnatal depression are still lacking to enable appropriate screening and early detection of the problem.

2. Literature review

Worldwide, the reported prevalence of postnatal depression varied widely between populations due to different criteria of assessment and period of time under consideration.⁷ A meta-analysis incorporating 59 studies of 12,810 participants reported an overall prevalence of 13%,⁸ with onset of the condition occurred

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mostly during the first three months after delivery.⁹ Recent studies have concluded that the prevalence of depressive symptoms within three months postpartum was high at 19%.¹⁰ Statistics from Asia indicate a wide range of 3.5% to 63.3% of mothers suffering from postnatal depression.⁴

In Malaysia, the limited results available suggested a ranged between 3.9% and 22.8%.^{11–14} Among 377 mothers in the state of Kelantan, the prevalence of postnatal depression was 22.8% and 20.7% at 1 and 4–6 weeks postpartum, respectively.¹³ Yet a survey of 154 women attending the 6 weeks postpartum check-up at a general hospital in Kuala Lumpur reported a prevalence of depression at 3.9%.¹¹ Of the four published studies conducted among Malaysian mothers, three used the Edinburgh Postnatal Depression Scale (EPDS) for the assessment of depressive symptoms.^{11,13,14}

Risk factors for postnatal depression also differ between developing and developed countries. A literature review of 65 studies from Asia showed that history of depression, stressful life events, low social support, antenatal anxiety, unplanned pregnancy, preference of infant's gender, and low income were pertinent risk factors.⁴ For Malaysian women, depressive symptoms during late pregnancy, emergency delivery, traditional postpartum practice, marital problems, as well as low income were associated with an increased risk of developing postnatal depression.^{11–14} The aim of this prospective cohort study was to investigate the prevalence and risk factors of postnatal depression during the first six months postpartum in Sabah, Eastern Malaysia.

3. Participants and methods

3.1. Study design and participants

A prospective longitudinal study of maternal depression was conducted at five maternal and child health clinics in Kota Kinabalu and Penampang Districts of Sabah, Malaysia, between 2009 and 2010. Sabah, with a population of 3.5 million, is situated on the island of Borneo in East Malaysia. According to the Department of Statistics Malaysia, the Gross Domestic Product per capita in Sabah was approximately 17,100 Ringgit (\approx 5400 USD) in 2010, below the national level of 27,900 Ringgit (\approx 8850 USD).

Women who attended the clinics for their routine antenatal care at 36–38 weeks were invited to participate in this study. Exclusion criteria were multiple pregnancy, illiteracy or deemed unwell to participate as advised by health professionals. No incentives were provided for participation. A minimum sample size of 900 mothers at six months postpartum was required, calculated by assuming a prevalence of postnatal depression between 7% and 12%.

During 36–38 weeks of gestation, 2072 eligible women consented to participate (response rate 92.2%). They were asked to complete a self-administered questionnaire in a private space. Trained nurses were available for clarification if required. Information collected from the baseline questionnaire included demographic, socioeconomic, and health characteristics as well as depressive symptoms during pregnancy. The content validity of the baseline questionnaire was verified in a pilot study involving 50 pregnant women in the study population. Mothers were then followed up at 1, 3, and 6 months postpartum when they returned to the clinics for immunisation and routine examination of the infants. A total of 979 participants (47.2%) remained in the cohort at the end of 6 months postpartum.

3.2. Measurement of postnatal depression

The EPDS is a 10-item self-administered questionnaire designed specifically to measure postnatal depression. Each item

was rated on a 4-point scale (0–3), with the total score ranging from 0 to 30. The reliability and validity of the Malay version of the EPDS have been verified, whereby a score of 11.5 represented the optimum cut-off point for 72.7% sensitivity, 95% specificity and positive predictive value of 80%.¹⁵ Therefore, women with an EPDS score ≥ 12 were categorised as having depressive symptoms in this study.

3.3. Ethical considerations

The study protocol was approved by the Sabah State Health Department and the Human Research Ethics Committee of the researcher's institution (approval number HR 169/2008), and conformed to the provisions of the Declaration of Helsinki. An information letter explaining the project was given and read to each woman before obtaining her written consent. All participants were assured of confidentiality of the information provided and their right to withdraw at any time without prejudice.

3.4. Statistical analysis

Descriptive statistics were first performed to profile the characteristics of participants, taking into account the missing data for some variables. In addition to univariate statistics, stepwise logistic regression analysis was applied to ascertain the risk factors associated with postnatal depression. Independent variables considered in the logistic regression model included socio-demographic variables (maternal age, ethnicity, education level, occupation, monthly household income), biomedical variables (gender of infant, method of delivery), psychosocial variables (planned pregnancy, antenatal depression, maternal satisfaction with infant's gender, practical/emotional support during confinement, whether husband helped take care of the infant, satisfaction with marital relationship, consistent worries about the infant) and traditional postpartum practice related variables (adherence to food taboos during confinement, confinement within the house). Information on the independent variables was obtained via self-report from the questionnaires. These plausible factors, chosen from the literature, were relevant in the Malaysian context. Both crude and adjusted odds ratios (OR) and corresponding 95% confidence intervals (CI) were used to assess the magnitude of the associations. All analyses were conducted using the IBM SPSS Statistical Package version 21 (IBM, Armonk, NY, USA).

4. Results

The average age of the 2072 participants was 26.7 (SD 5.6) years. The majority of the women were Muslims (64.2%) and housewives (70.2%), who came from families with a monthly income less than 1000 Ringgit (68.3%). In terms of ethnic group, 78% of the participants were indigenous people comprising all Sabah ethnic minority groups. The remaining participants were of Indonesian (10.5%), Filipino (4.2%), Chinese (4.0%), Malay (3.4%), or Indian (0.3%) origin. About 76% of the partners attained secondary school education or above and 70% of them had full-time employment. Compared to women remaining in the cohort, those who were lost to follow-up have obtained a tertiary degree, and employed with a higher household income, but no differences in maternal age, religion or ethnicity were apparent between the two groups.

In this study, the prevalence (95% CI) of postnatal depression was found to be 7.1% (5.8–8.5%) at 1 month ($n = 1362$), 6.9% (5.5–8.5%) at 3 months ($n = 1153$), and 7.6% (6.1–9.4%) at 6 months ($n = 979$). Overall, 195 out of 1362 mothers (14.3%, 95% CI 12.5–16.2%) had ever experienced depression during the first six months postpartum.

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