

14th World Pediatrics & Neonatal Healthcare Conference

September 11-12, 2017 Los Angeles, CA, USA

<http://pediatrics.cmesociety.com>

Perinatal depression and associated factors among reproductive aged group women at Goba and Robe Town of Bale Zone, Oromia region, south east Ethiopia

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Background: In sub Saharan Africa little progress has been made towards achieving the Millennium Development Goals. Lack of achievement of MDGs is reflected in only minor changes in maternal mortality and child health, this is especially true in Ethiopia. Perinatal depression is common in developing countries where one in three women has a significant mental health problem during pregnancy and after childbirth. Perinatal depression is associated with inadequate prenatal care and poor maternal weight gain, low infant birth weight, and infant growth restriction. This study determined the prevalence of perinatal depression and its associated factors among reproductive age group women at Goba and Robe town of Bale zone, Oromia region, south east Ethiopia. A cross sectional study with simple random sampling was employed to include 340 eligible subjects. The WHO self-reporting questionnaire with 20 items with a cut-off point 6 and above was used to separate non-cases/cases of perinatal depression. Data were collected by trained data collectors. Descriptive analysis was done using SPSS Version 16. Multivariate logistic regression was used to identify independent predictors of perinatal depression at 95% CI and P value of ≤ 0.05 .

Results: Prevalence of perinatal depression was about 107 (31.5%). About 20 (5.9%), 86 (25.3%) were current smokers and alcohol consumers respectively. Two hundred seventy-seven (71.2%) of the respondents reported husband support during their pregnancy and after birth and 195 (59.3%) were reported support from the husband's family/relatives. Maternal perceived difficulty of child care, family history of mental illness, family visit during the perinatal period, history of child death and husband smoking status were found as independent predictors of perinatal depression.

Conclusion: This study found that 1 in 3 women in this region of Ethiopia have depression. Depression screening is not currently routine care, but should be given due attention due to the high prevalence of depression in these populations. Public health agencies could organize special training events for health care workers, including health extension workers on mental health and must provide screening service to strengthen mental health in the pregnant and postpartum family.

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