# Postpartum depression among primigravida mothers in Kabul, Afghanistan

Maria Jamizada[1]

1. Department of Public Health, Noida international university, Uttar Pradesh, india

## ARTICLE INFO

*Corresponding Author:

Maria Jamizada

Address: Department of Public Health, Noida international university, Uttar Pradesh, india

E-mail address:

Maria.jamizada1@gmail.com

## ABSTRACT

**Introduction:** Postpartum depression (PPD) is a prevalent mental health issue affecting women post-childbirth, particularly primigravida mothers. This study aims to explore the prevalence and risk factors of PPD among primigravida mothers in Kabul, Afghanistan, a low- and middle-income country with limited research on PPD among primigravida mothers.

**Materials and Methods:** A descriptive cross-sectional study design was employed, and data were collected from 200 primigravida mothers who gave birth in Rabia Balkhi and Malalai Hospitals in Kabul. A structured questionnaire was utilized to gather data on socio-demographic characteristics, PPD symptoms, and risk factors, which were analyzed using descriptive statistics and SPSS.

**Results:** The study findings revealed that 42.5% of the primigravida mothers in Kabul experienced symptoms of PPD according to EPDS scores. This prevalence rate was higher than global estimates and previous studies in high-income countries. Risk factors associated with PPD among primigravida mothers in Kabul included a history of depression or mental health problems (55.5%), job loss or financial difficulties (74.5%), trauma related to natural disasters or war (63%), experiences of physical or verbal abuse (34.5%), lack of social support or feelings of isolation (23%), and difficulties adjusting to motherhood (48.5%).

**Conclusion:** The study highlights the prevalence and risk factors of Postpartum Depression among primigravida mothers in Kabul, Afghanistan, emphasizing the need for interventions to support new mothers' mental health, including prioritizing screening, providing targeted support, and addressing socioeconomic and environmental challenges, through investment in mental health services and public health campaigns.

**Keywords:** Postpartum depression, Primigravida mothers.

## 1. Introduction

Postpartum depression (PPD) is a type of depression that affects women after childbirth. It is characterized by feelings of sadness, hopelessness, and fatigue that interfere with daily life and can last for several weeks or even months (1). Primigravida mothers are women who are pregnant for the first time. The term "primigravida" is derived from the Latin words "primi," meaning "first," and "gravida," meaning "pregnant (2). PPD among primigravida mothers can have a range of emotional and physical effects on both the mother and the infant. (3) Postpartum depression (PPD) affects 17% of women worldwide, with an incidence of 12% (4). According to another study, PPD affects 13–19% of women in European countries (5).

Some studies suggest primigravida mothers may be at a higher risk of developing PPD compared to women who have had previous pregnancies. PPD in primigravida mothers is associated with a range of negative outcomes, including lower rates of breastfeeding, decreased maternal-infant bonding, and impaired cognitive development in infants. Other studies have suggested that risk factors for PPD among primigravida mothers may include a lack of social support, a history of depression or anxiety, and a difficult or traumatic childbirth experience (6). PPD can be caused by a variety of factors, including hormonal changes, sleep deprivation, and stress. According to the American Psychiatric Association (APA), PPD affects about 1 in 7 women who give birth (7). Symptoms of PPD can include:

- Depressed mood or severe mood swings
- Loss of interest in activities you once enjoyed
- Changes in appetite or sleep patterns
- Anxiety or feelings of being overwhelmed
- Reduced libido
- Fatigue or low energy

- Feelings of worthlessness or guilt
- Difficulty concentrating or making decisions
- Thoughts of self-harm or suicide

PPD can be treated with a variety of interventions, including therapy, medication, and lifestyle changes. It's important for women experiencing symptoms of PPD to seek help from a healthcare provider (8). It is important for healthcare providers to screen for PPD in all mothers, including primigravida mothers, and to provide support and treatment as needed. Treatments for PPD may include therapy, medication, and lifestyle changes (9).

The need for this study on postpartum depression among primigravida mothers is driven by the high prevalence of this condition and the lack of understanding and support for new mothers in this population. Despite the significant impact of postpartum depression on the health and well-being of new mothers and their families, this issue is often overlooked or stigmatized, making it difficult for women to get the care and support they need. Previous research on postpartum depression has shown that the condition is common among first-time mothers, with rates ranging from 10% to 20% (10). However, these studies have primarily been conducted in high-income countries, and there is a gap in our understanding of the prevalence and risk factors for postpartum depression among primigravida mothers in low- and middle-income countries such as Afghanistan.

There have been a limited number of studies examining postpartum depression in Afghanistan, and these have focused primarily on the prevalence and risk factors for this condition in the general population (11). There has been no research specifically examining postpartum depression among primigravida mothers in Kabul.
The objectives of the study were to estimate postpartum depression prevalence and identify

associated risk factors among primigravida mothers in Kabul, Afghanistan.

## 2. Material and methods

The study design chosen for this research was a descriptive cross-sectional approach. Data was collected from primigravida mothers who visited Rabia Balkhi and Malalai hospitals in Kabul, Afghanistan, during the period from December 2022 to January 2023. The study duration extended from December 2022 to May 2023, while data collection specifically occurred between February and March 2023. The study population consisted of primigravida mothers who delivered at Rabia Balkhi and Malalai Hospitals in Kabul, Afghanistan. Purposive sampling was utilized to select a sample size of 200 primigravida mothers for this research. The inclusion criteria stipulated the inclusion of women giving birth for the first time, aged between 18 and 35 years, proficient in Dari and Pashto languages, and with some participants having proficiency in English. Exclusion criteria involved unmarried women and those outside the age range of 18 to 35 years.

The data collection process involved structured questionnaires covering socio-demographic characteristics, the Edinburgh Postnatal Depression Scale (EPDS) for assessing postpartum depression, and inquiries aimed at identifying risk factors associated with PPD. Data analysis was conducted through descriptive statistical methods to meet the objectives of the study. The findings were presented in the form of tables and figures and were interpreted and analyzed using Excel and SPSS.

## 3. Results

### 3-1. The socio-demographic profile of the respondents.

The majority of participants, accounting for 43%, fell within the age range of 18–23, while 52% were aged between 24-29. Interestingly, there were no respondents aged 36 and above.

All participants, constituting 100%, were married. Educational levels varied among the respondents, with 21% having completed primary school, 59% completing secondary school, and 21% having higher education qualifications. In terms of employment, only 8% were employed full-time, 16% part-time, and the majority (75%) were not employed. Regarding household income, 61% had a monthly income of less than 10,000 Afghanis, 25% fell in the range of 10,000–20,000 Afghanis, 12% in the range of 20,000–30,000 Afghanis, and merely 3% had an income above 30,000 Afghanis per month. Family structure showed that 15% belonged to a nuclear family, while 85% were part of a joint family setup (Table 1).

### 3-2. PPD prevalence among primigravida mothers in Kabul, Afghanistan.

Of the 200 primigravida mothers who participated in the study, approximately 42.5% exhibited symptoms consistent with postpartum depression, as per their responses to the EPDS questionnaire. In contrast, 57.5% of the respondents did not display signs of PPD based on the assessment (Fig. 1).

### 3-3. Risk factors associated with PPD among the primigravida mothers

A substantial 56% of respondents had a history of depression or other mental health issues, while 38% experienced complications during pregnancy or childbirth. Moreover, 23% reported a lack of social support or feelings of isolation, and a concerning 75% faced job loss or financial difficulties. Other prevalent risk factors included recent experiences of loss of a loved one (15%), lack of support from partners or family in parenting duties (18%), physical or verbal abuse (35%), trauma related to natural disasters or war (63%), difficulties adjusting to motherhood (49%), feeling overwhelmed by caring for a newborn (44%), managing diet or routine difficulties due to parenting responsibilities (30%), and challenges in finding time for self-care (48%).
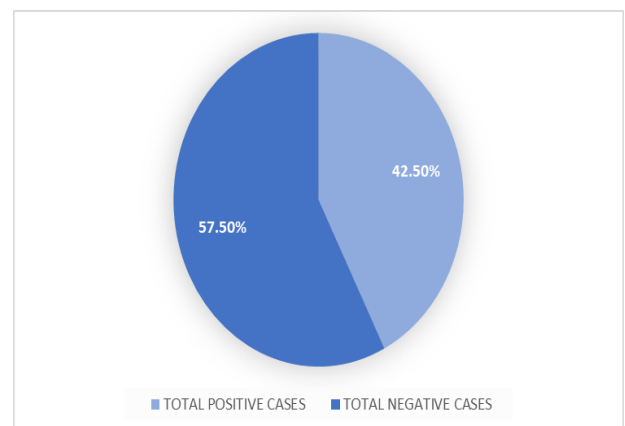
**Table 1.** Sociodemographic variables of the study

| S/no | Characteristics | Responses | Frequency (200) | Percentage (%) |
|---|---|---|---|---|
| 1 | Age of the respondent | A.  18-23<br>B.  24-29<br>C.  29-34<br>D.  35-above<br>**Total** | 85<br>103<br>12<br>0<br>**200** | 42.5%<br>51.5%<br>6%<br>0%<br>**100%** |
| 2 | Marital Status | A.  Married<br>B.  Unmarried<br>**Total** | 200<br>0<br>**200** | 100%<br>0%<br>**100%** |
| 3 | Education Level | A.  No formal education<br>B.  Primary school education<br>C.  Secondary school education<br>D.  Higher education Not employed<br>**Total** | 0<br>41<br>118<br>41<br>**200** | 0<br>20.5%<br>59%<br>20.5%<br>**100%** |
| 4 | Employment Status | A.  Employed full time<br>B.  Employed part time<br>C.  Not employed<br>**Total** | 16<br>31<br>150<br>**200** | 8%<br>15.5%<br>75<br>**100%** |
| 5 | Household Income | A.  Less than 10,000 Afghanis per month<br>B.  10,000-20,000 Afghanis per month<br>C.  20,000-30,000    Afghanis per month<br>D.  More than 30,000 Afghanis per month<br>**Total** | 122<br>49<br>24<br>5<br>**200** | 61%<br>24.5 %<br>12%<br>2.5%<br>**100%** |
| 6 | Type of family of the respondent | A.  Nuclear family<br>B.  Joint  family<br>**Total** | 30<br>170<br>**200** | 15%<br>85%<br>**100%** |

## 3-4. Risk factors associated with postpartum depression among the primigravida mothers in this study.

A substantial 56% of respondents had a history of depression or other mental health issues, while 38% experienced complications during pregnancy or childbirth. Moreover, 23% reported a lack of social support or feelings of isolation, and a concerning 75% faced job loss or financial difficulties. Other prevalent risk factors included recent experiences of loss of a loved one (15%), lack of support from partners or family in parenting duties (18%), physical or verbal abuse (35%), trauma related to natural disasters or war (63%), difficulties adjusting to motherhood (49%), feeling overwhelmed by caring for a newborn (44%), managing diet or routine difficulties due to parenting responsibilities (30%), and challenges in finding time for self-care (48%).



**Fig. 1.** Illustrates that 42.5% are positive cases and 57.5% are negative cases.

**Table 2.** Frequncy and percentage table of Risk Factors of PP

| S/No | Questions | Responses | Frequency(200) | Percentage (%) |
|---|---|---|---|---|
| 1 | Did you have a history of depression or other mental health problems? | A) No<br>B) Yes<br>**Total** | 89<br>111<br>**200** | 44.5<br>55.5<br>**100** |
| 2 | Did you experience any complications during pregnancy or childbirth? | A) No<br>B) Yes<br>**Total** | 124<br>76<br>**200** | 62<br>38<br>**100%** |
| 3 | Do you experience a lack of social support or feel isolated? | A) No<br>B) Yes<br>**Total** | 154<br>46<br>**200** | 77<br>23<br>**100%** |
| 4 | Have you experienced any job loss or financial difficulties lately? | A) No<br>B)Yes<br>**Total** | 51<br>149<br>**200** | 25..5<br>74.5<br>**100%** |
| 5 | Have you experienced the loss of a loved one recently? | A) No<br>B) Yes<br>**Total** | 170<br>30<br>**200** | 85<br>15<br>**100** |
| 6 | Do you experience lack of support from your partner or family members in parenting duties? | A) No<br>B) Yes<br>**Total** | 165<br>36<br>**200** | 82<br>18<br>**100** |
| 7 | Have you experienced any kind of physical or verbal abuse recently? | A) No<br>B) Yes<br>**Total** | 131<br>69<br>**200** | 65.5<br>34.5<br>**100** |
| 8 | Have you experienced any trauma related to natural disaster or war recently? | A) No<br>B) Yes<br>**Total** | 74<br>126<br>**200** | 37<br>63<br>**100** |
| 9 | Are you experiencing difficulties adjusting to motherhood? | A) No<br>B) Yes<br>**Total** | 103<br>97<br>**200** | 51.5<br>48.5<br>**100** |
| 10 | Are you feeling overwhelmed by the demands of caring of a newborn? | A) No<br>B) Yes<br>**Total** | 112<br>88<br>**200** | 56<br>44<br>**100** |
| 11 | Are you experiencing difficulties in managing your diet or routine due to parenting responsibilities? | A) No<br>B) Yes<br>**Total** | 140<br>60<br>**200** | 70<br>30<br>**100** |
| 12 | Are you experiencing difficulties in managing time for self-care due to parenting responsibilities? | A) No<br>B) Yes<br>**Total** | 104<br>96<br>**200** | 52<br>48<br>**100** |
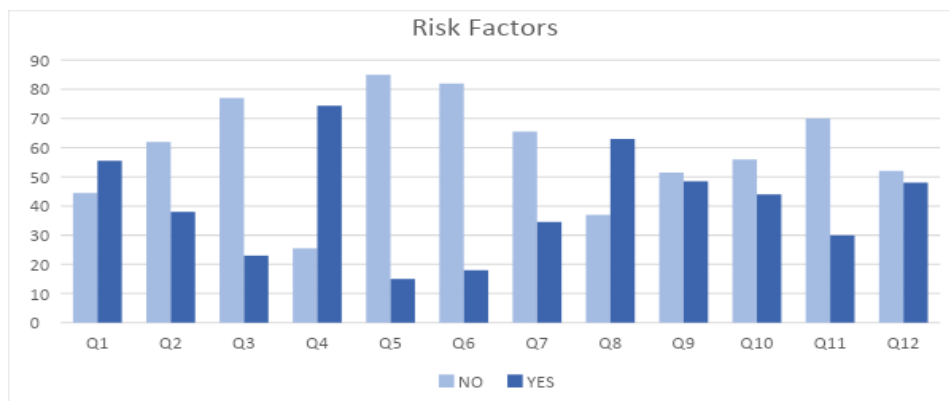


Fig. 2. Illustrates high percentages of risk factors.

## 4. Discussion

The findings of this study provide valuable insights into the prevalence and risk factors of postpartum depression (PPD) among primigravida mothers in Kabul, Afghanistan. The results indicate that PPD is a significant issue affecting new mothers in this population, with 42.5% of participants experiencing symptoms of postpartum depression according to the Edinburgh Postnatal Depression Scale (EPDS) scores. This prevalence rate is higher than the global estimate of 17% and the range of 10% to 20% reported in previous studies conducted in high-income countries [10]. These findings emphasize the urgent need to address PPD among primigravida mothers in Kabul and develop appropriate interventions to support their mental health.

The study also highlights several risk factors associated with postpartum depression in this population. A significant proportion of participants reported a history of depression or other mental health problems (55.5%), which suggests a potential predisposition to developing PPD. This finding aligns with previous research indicating that a personal or family history of mental health issues is a risk factor for PPD [6]. It underscores the importance of identifying women with a history of mental health problems during antenatal care and providing targeted support to prevent or manage PPD. Furthermore, the study reveals that primigravida mothers in Kabul face various social and environmental risk factors that contribute to PPD. A majority of participants reported experiencing job loss or financial difficulties (74.5%) and trauma related to natural disasters or war (63%). These findings highlight the impact of socioeconomic stressors and the ongoing conflict in Afghanistan on the mental health of new mothers. Addressing these structural challenges is crucial for improving the overall well-being of primigravida mothers and reducing the burden of PPD.

The study also identified other risk factors associated with PPD, including experiences of physical or verbal abuse (34.5%), a lack of social support or feelings of isolation (23%), and difficulties adjusting to motherhood (48.5%). These factors are consistent with the existing literature on PPD risk factors [6]. They emphasize the importance of promoting social support networks and providing targeted interventions to address the specific challenges faced by primigravida mothers in Kabul.

The results of this study have important implications for healthcare providers, policymakers, and advocacy groups working to improve maternal mental health in Afghanistan. Firstly, it highlights the need for increased awareness and understanding of PPD among healthcare professionals. Screening for PPD should be integrated into routine antenatal and postnatal care, and healthcare providers should be equipped with the necessary knowledge and resources to identify and support primigravida mothers at risk of PPD. Secondly, the study underscores the importance of developing evidence-based interventions tailored to the specific context of Kabul, taking into account the social, cultural, and economic factors that contribute to PPD in this population. Such interventions may include targeted counseling and support services, community-based programs to enhance social support networks, and initiatives aimed at addressing the socioeconomic challenges faced by new mothers.

Additionally, the study highlights the need for policy changes and resource allocation to support maternal mental health. Policymakers should prioritize investments in mental health services, particularly for women during the perinatal period. This includes ensuring access to affordable and quality mental health care, promoting comprehensive social protection programs, and creating supportive work environments that accommodate the needs of new mothers. Furthermore, public health campaigns and community outreach initiatives should be implemented to raise awareness about PPD, reduce stigma, and encourage help-seeking behaviors among primigravida mothers.

## 5. Conclusion

This study in Kabul, Afghanistan, revealed a high PPD rate of 42.5% among primigravida mothers, surpassing global estimates. Risk factors identified include mental health history, socioeconomic stressors, trauma from conflict, abuse, a lack of support, and motherhood adjustment difficulties. Urgent interventions are crucial, such as integrating PPD screening into antenatal and postnatal care, tailored interventions, and mental health support. Policymakers should invest in perinatal mental health services, social protection, and awareness campaigns to reduce stigma. Collaborative efforts can significantly improve maternal mental health by offering early detection, intervention, and support, ultimately enhancing the well-being of both mothers and infants in Kabul, Afghanistan.

DOI:

https://doi.org/10.62134/ajbms/v2.i1.khatamuni.3

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