

Socio-economic and partner relationship factors associated with antenatal depressive morbidity among pregnant women in Dar es Salaam, Tanzania

S.F. KAAYA^{1*}, J.K. MBWAMBO², G.P. KILONZO¹, H. VAN DEN BORNE³, M.T. LESHABARI⁴, M.C. SMITH FAWZI⁵ and H. SCHAALMA⁶

¹Department of Psychiatry and Mental Health, Muhimbili University of Health and Allied Sciences, P.O. Box 65023, Dar es Salaam, Tanzania

²Department of Psychiatry and Mental Health, Muhimbili National Hospital, Dar es Salaam, Tanzania

³Department of Health Promotion, University of Maastricht, Maastricht, the Netherlands

⁴Department of Behavioural Sciences, Muhimbili University of Health and Allied Sciences, Dar es Salaam, Tanzania

⁵Department of Global Health and Social Medicine, Harvard Medical School, Boston, USA

⁶Faculty of Psychology, University of Maastricht, Maastricht, the Netherlands

Abstract: Depression during pregnancy may negatively influence social functioning, birth outcomes and postnatal mental health. A cross-sectional analysis of the baseline survey of a prospective study was undertaken with an objective of determining the prevalence and socio-demographic factors associated with depressive morbidity during pregnancy in a Tanzanian peri-urban setting. Seven hundred and eighty seven second to third trimester pregnant women were recruited at booking for antenatal care at two primary health care clinics. Prenatal structured interviews assessed socio-economic, quality of partner relationships and selected physical health measures. Depressive symptoms were measured at recruitment and three and eight months postpartum using the Kiswahili version of the Hopkins Symptom Checklist. Completed antenatal measures available for 76.2% participants, showed a 39.5% prevalence of depression. Having a previous depressive episode (OR 4.35, $P<0.01$), low (OR 2.18, $P<0.01$) or moderate (OR 1.86, $P=0.04$) satisfaction with ability to access basic needs, conflicts with the current partner (OR 1.89, $P<0.01$), or booking earlier for antenatal care (OR 1.87, $P=0.02$) were independent predictors of antenatal depression in the logistic regression model; together explaining 21% of variance in depression scores. Attenuation of strength of multivariate associations suggests confounding between the independent risk factors and socio-demographic and economic measures. In conclusion, clinically significant depressive symptoms are common in mid and late trimester antenatal clinic attendees. Interventions for early recognition of depression should target women with a history of previous depressive episodes or low satisfaction with ability to access basic needs, conflict in partner relationships and relatively earlier booking for antenatal care. Findings support a recommendation that antenatal services consider integrating screening for depression in routine antenatal care.

Key words: pregnancy, depression, socio-economic adversity, Tanzania