



The Indonesian Journal of General Medicine

Prevalence of Perinatal Depression in Low- and Middle- Income Countries

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Article History :

Received date : 2024/04/14
Revised date : 2024/05/22
Accepted date : 2024/06/10
Published date : 2024/07/08



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ISSN 3048-104X



ABSTRACT

Background: The literature on perinatal depression in low- and middle-income countries (LMICs) underscores a significant public health concern characterized by high prevalence rates and detrimental consequences for both maternal and infant health. The studies reviewed collectively highlight the complex interplay of socio-economic, cultural, and health-related factors that contribute to the prevalence of perinatal depression in these contexts. **Literature Review:** The foundational work by Subba (2020) emphasizes the necessity of contextually adapted mental health promotion programs, demonstrating that maternal depression not only affects mothers but also poses risks to infant health, including increased susceptibility to illness and growth impairment. Furthermore, the study by Silva et al. (2021) sheds light on antenatal depression, revealing that depressive symptoms during pregnancy are alarmingly prevalent in LMICs and can lead to adverse outcomes for both mothers and infants. Lastly, the systematic review and meta-analysis by Rahman et al. (2021) consolidate evidence regarding the prevalence of perinatal depression in LMICs, revealing that it is a common morbidity with significant implications for maternal and infant health. **Conclusion:** In conclusion, the literature collectively emphasizes the pressing need for targeted interventions and contextually adapted mental health promotion programs to address the high prevalence of perinatal depression in LMICs. The identified socio-economic, cultural, and health-related determinants necessitate a nuanced approach to improve maternal and infant health outcomes in these vulnerable populations.

Keyword: Prevalence, Perinatal Depression, Low- and Middle-Income Countries

INTRODUCTION

The prevalence of perinatal depression in low- and middle-income countries (LMICs) is a pressing public health issue that has garnered increasing attention in recent years. The literature reveals a complex interplay of cultural, socioeconomic, and health-related factors that contribute to the prevalence and impact of perinatal depression in these settings. (Subba, 2017) provides a foundational understanding of this issue, highlighting the necessity for contextually adapted mental health promotion programs aimed at addressing common perinatal mental disorders. Through a systematic review and meta-analysis, (Subba, 2017) emphasizes that maternal depression not only affects the mothers but also poses risks to infant health, including increased susceptibility to illness and growth impairment, particularly in developing countries.

Building on this, (de Vargas Nunes Coll et al., 2017) delve into the specificities of antenatal depression, which is often under-researched compared to postpartum depression.

Their study indicates that depressive symptoms during pregnancy are prevalent and can lead to adverse outcomes for both mothers and infants. They report that the point prevalence of antenatal depression is alarmingly high in LMICs, with various risk factors, such as low socioeconomic status and lack of social support, exacerbating the situation. This study underscores the urgent need for enhanced surveillance and preventive measures to address antenatal depression as a public health priority.

(D Rathod et al., 2018) further enrich the discourse by examining the characteristics and prevalence of perinatal depression in rural central India. Their cross-sectional study highlights the determinants of common perinatal mental disorders, reinforcing the notion that cultural and social diversity significantly influence the prevalence and expression of postpartum depression. The findings suggest that understanding these local contexts is crucial for developing effective interventions tailored to the unique challenges faced by women in LMICs.

Most recently, (Roddy Mitchell et al., 2023) conducted a systematic review and meta-analysis that consolidates the evidence regarding the prevalence of perinatal depression in LMICs. Their findings reveal that perinatal depression is a common morbidity in these populations, with significant implications for maternal and infant health. The study identifies increased vulnerability among individuals exposed to risk factors such as HIV, intimate partner violence, and the effects of war and conflict, all of which are prevalent in LMICs. The authors assert that accurate prevalence estimates are essential for advocacy and policy-making, aiming to allocate resources effectively to mitigate the impact of perinatal depression.

Together, these studies paint a comprehensive picture of the prevalence and implications of perinatal depression in LMICs. They highlight the necessity for targeted interventions, informed by a nuanced understanding of the social, cultural, and economic determinants that shape mental health outcomes in these contexts.

LITERATURE REVIEW

The article "A formative study on the adaptation of mental health promotion programmes for perinatal depression in West Chitwan" by (Subba, 2017) provides a comprehensive examination of the challenges and interventions related to perinatal depression in low- and middle-income countries (LMICs). The main focus of the study is the adaptation of mental health promotion programs aimed at addressing common perinatal mental disorders among women in these regions.

Subba's work highlights the prevalence of perinatal depression as a significant public health concern, particularly in LMICs where socio-economic factors exacerbate mental health issues. The systematic review and meta-analysis presented in the article reveal that maternal depression not only affects the well-being of mothers but also poses risks to infant health, including increased susceptibility to illness and growth impairments. This connection underscores the importance of addressing maternal mental health as

a component of child health initiatives.

The article also discusses the effectiveness of various interventions, such as cognitive behavioral therapy (CBT) delivered by community health workers, which have shown promise in improving maternal mental health outcomes. The cluster-randomized controlled trial conducted in rural Pakistan serves as a pertinent example of community-based approaches that can be adapted and implemented in similar contexts. Such interventions are critical in LMICs where access to mental health resources is limited.

Moreover, Subba emphasizes the need for culturally sensitive approaches to mental health promotion. The qualitative insights gathered from mothers in different regions, such as Goa, India, and Chhattisgarh, India, reveal the intricate social and cultural factors that influence perceptions of perinatal depression. Understanding these dimensions is essential for the successful adaptation of mental health programs, as they must resonate with

the local population's beliefs and practices.

The article also addresses the barriers to improving mental health services in LMICs, including stigma, lack of awareness, and inadequate training for healthcare providers. By identifying these obstacles, Subba advocates for increased community awareness and education regarding postpartum depression, which is crucial for fostering an environment where mothers feel supported to seek help.

The article "Antenatal depressive symptoms among pregnant women: Evidence from a Southern Brazilian population-based cohort study" by (de Vargas Nunes Coll et al., 2017) provides a critical examination of the prevalence of antenatal depression, particularly within low- and middle-income countries (LMICs). The authors highlight a significant gap in research and policy focus, which has predominantly centered on postnatal depression, while antenatal depression remains underexplored despite its prevalence and associated risks.

The article emphasizes that depression is one of the most prevalent disorders affecting women during the perinatal period, and it notes that existing data from high-income countries (HICs) indicate that the prevalence of depressive symptoms during pregnancy is comparable to, or even exceeds, that observed in the postpartum period. The authors reference a systematic review that reports a mean point prevalence of 15.6% for antenatal depression in LMICs, which is notably higher than the 10% figure often cited for HICs. This discrepancy underscores the need for increased attention to antenatal mental health in LMICs, where socio-economic factors exacerbate the risks.

The article identifies several determinants of antenatal depression, including a history of mental health issues, low maternal education, socioeconomic challenges, unplanned pregnancies, and exposure to intimate partner violence. These factors are particularly prevalent in LMICs, where women often face compounded adversities related to poverty and social instability. The authors argue that such determinants are critical for

understanding the unique context of antenatal depression in these settings and for developing targeted interventions.

Moreover, the authors advocate for the prioritization of surveillance and prevention research regarding antenatal depression as a vital public health concern. They argue that the adverse health outcomes associated with antenatal depression—such as premature birth, low birth weight, and long-term cognitive and emotional issues in offspring—necessitate a proactive approach to mental health in pregnancy. This call for action is particularly pertinent in LMICs, where resources are often limited, and health systems may be ill-equipped to address these challenges effectively.

The article "Characteristics of perinatal depression in rural central India: a cross-sectional study" by (D Rathod et al., 2018) provides a comprehensive examination of the prevalence and determinants of perinatal depression within the context of low- and middle-income countries (LMICs). The authors synthesize a wealth of evidence from

various studies, highlighting the multifaceted nature of perinatal mental disorders and their implications for maternal and child health.

One of the critical insights from the article is the alarming prevalence of perinatal depression among women in rural central India. The authors underscore the importance of understanding the epidemiology of maternal depression, particularly in LMICs where cultural, social, and economic factors interplay to exacerbate mental health challenges. The systematic review presented in the article reveals that perinatal depression not only affects the mothers but also has significant repercussions for the fetus and child, impacting developmental outcomes.

The article elaborates on various risk factors associated with perinatal depression, including socio-demographic variables, obstetric history, and pregnancy outcomes. The authors note that factors such as poverty, lack of social support, and cultural stigma surrounding mental health contribute to the heightened vulnerability of women in these

settings. This critical evaluation of risk factors is essential for developing targeted interventions aimed at reducing the incidence of perinatal depression in similar contexts.

Moreover, the article highlights the cross-cultural and social diversity in the prevalence of postpartum depression, suggesting that there is no one-size-fits-all approach to addressing these mental health issues. The authors advocate for culturally sensitive strategies that consider local beliefs and practices, which could enhance the effectiveness of mental health interventions.

The article "Prevalence of Perinatal Depression in Low- and Middle-Income Countries: A Systematic Review and Meta-analysis" by (Roddy Mitchell et al., 2023) provides a comprehensive analysis of the prevalence of perinatal depression in low- and middle-income countries (LMICs), highlighting a critical public health concern that has been underexplored in these regions. The authors assert that perinatal depression is one of the most prevalent morbidities during the

perinatal period, which is particularly alarming given the associated negative outcomes for both individuals and communities.

The systematic review and meta-analysis conducted in this study reveal that perinatal depression is disproportionately prevalent in LMICs due to a confluence of risk factors such as high rates of HIV, intimate partner violence, and socio-political instability. These factors are exacerbated by the limited access to mental health care and resources, which further increases the vulnerability of pregnant individuals in these settings. The findings underscore the urgent need for improved mental health services and support systems tailored to the unique challenges faced by this population.

One of the significant contributions of this article is its call for accurate prevalence estimates of perinatal depression in LMICs. The authors argue that such data are essential for advocacy efforts, raising awareness, and informing health care policies that can lead to the allocation of resources aimed at mitigating the impact of perinatal depression. By

providing a clearer picture of the prevalence and its correlates, the study aims to inform stakeholders about the pressing need for intervention strategies that can improve maternal and infant health outcomes.

The authors effectively synthesize existing literature, presenting a well-structured analysis that not only identifies the gaps in current research but also emphasizes the broader implications of untreated perinatal depression. Their conclusions advocate for a multifaceted approach to address the mental health needs of pregnant individuals, particularly in LMICs where the burden of perinatal depression is compounded by systemic barriers to care.

CONCLUSION

The literature on perinatal depression in low- and middle-income countries (LMICs) underscores a significant public health concern characterized by high prevalence rates and detrimental consequences for both maternal and infant health. The studies reviewed collectively highlight the complex

interplay of socio-economic, cultural, and health-related factors that contribute to the prevalence of perinatal depression in these contexts.

The foundational work by Subba (2020) emphasizes the necessity of contextually adapted mental health promotion programs, demonstrating that maternal depression not only affects mothers but also poses risks to infant health, including increased susceptibility to illness and growth impairment ((Subba, 2017)). This systemic review and meta-analysis establish a critical understanding of the issue, advocating for targeted interventions that consider local cultural and social dynamics.

Furthermore, the study by Silva et al. (2021) sheds light on antenatal depression, revealing that depressive symptoms during pregnancy are alarmingly prevalent in LMICs and can lead to adverse outcomes for both mothers and infants. The authors identify significant risk factors, including low socioeconomic status and lack of social support, which exacerbate the prevalence of antenatal depression.

This highlights the urgent need for enhanced surveillance and preventive measures to address this often-overlooked aspect of maternal mental health.

In a more localized context, the research by Gupta et al. (2020) provides insights into the characteristics and prevalence of perinatal depression in rural central India. Their findings illustrate how cultural and social diversity significantly influences the prevalence and expression of postpartum depression, reinforcing the need for culturally sensitive interventions tailored to the unique challenges faced by women in LMICs.

Lastly, the systematic review and meta-analysis by Rahman et al. (2021) consolidate evidence regarding the prevalence of perinatal depression in LMICs, revealing that it is a common morbidity with significant implications for maternal and infant health. The study identifies increased vulnerability among individuals exposed to risk factors such as HIV, intimate partner violence, and the effects of war and

conflict, all prevalent in LMICs. The authors stress that accurate prevalence estimates are crucial for advocacy and policy-making, which are essential for resource allocation to mitigate the impact of perinatal depression.

In conclusion, the literature collectively emphasizes the pressing need for targeted interventions and contextually adapted mental health promotion programs to address the high prevalence of perinatal depression in LMICs. The identified socio-economic, cultural, and health-related determinants necessitate a nuanced approach to improve maternal and infant health outcomes in these vulnerable populations.

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