

UNIVERSITI TEKNOLOGI MARA

**PREVALENCE AND ASSOCIATED
RISK FACTORS FOR PATERNAL
PERIPARTUM DEPRESSION
AMONG PARTNERS TO WOMEN
ATTENDING TWO MATERNAL &
CHILD HEALTH CLINICS IN
GOMBAK DISTRICT**

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ABSTRACT

Background:

Paternal Peripartum Depression (PPPD) is increasingly studied. The factors associated with PPPD are inconsistent and require further exploration and until this study was conducted, there was no published data on PPPD in Malaysia. This study was conducted to determine the prevalence and factors associated with PPPD among partners to women attending two health clinics in Gombak District.

Method:

This was a cross-sectional study. The women who attended maternal and child health clinic (MCHC) in Sungai Buloh Health Clinic and Taman Ehsan Health Clinic between June to December 2021 were approached. The inclusion criteria included: men who are ≥ 18 years old, male partner to women attending MCHC for antenatal or postnatal clinic or who has had a baby up to one year and men who are able to read and understand Malay or English language. The exclusion criterion included: man, who was diagnosed with major depressive disorder (MDD) and receiving treatment for the condition. Those who agreed were given a Google form link or hardcopy questionnaire for their male partners. The questionnaire consisted of socio-demographic details, Multidimensional Scale of Perceived Social Support (MSPSS) questionnaire, and Edinburgh Postnatal Depression Scale (EPDS) questionnaire. Those with EPDS ≥ 10 were considered to have PPPD. Sample size for this study was 350. Data were analysed using SPSS version 26 where descriptive analysis was used to describe the socio-demographic characteristics, simple and multiple logistic regression to find associated factors with PPPD.

Results:

A total of 381 participants were analysed. The mean age of participants was 32.72 years old ($SD \pm 5.648$). The prevalence of PPPD in this population was 12.4%. There were two significant factors: the presence of chronic disease with p-value of 0.039, odd ratio (OR) of 2.384 and 95% confidence interval (CI) of (1.043,5.450) and low-to-moderate social support with p-value of 0.026, OR of 2.176 and CI of (1.095,4.324) were risk factors for PPPD.

Conclusion:

The prevalence from this study was equivalent to other international studies. Low social support is a known factor, but the presence of chronic disease is a new finding. It is important to consider these factors when screening for PPPD.

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CHAPTER 1

INTRODUCTION

The definition of Paternal Peripartum Depression (PPPD) in this study follows the general depressive symptoms of MDD, which includes a presentation of five symptoms, at least one of the symptoms of depressed mood or loss of interest or pleasure, and the other symptoms are; appetite disturbance, sleep disturbance, psychomotor agitation or retardation, fatigue, feeling of worthlessness or excessive or inappropriate guilt, decreased concentration or ability to make decision or recurrent thought of death or recurrent suicidal ideation[2, 3]. Peripartum includes from the time of pregnancy up to one year[4].

The prevalence of PPPD from systematic reviews and meta-analysis varies from 1% to 46% depending on the country of study, partner's mental health, peripartum timing, sample size, and the tools used to evaluate the condition[5]. A meta-analysis by Paulson and Bazemore found a meta-estimate of paternal perinatal depression was around 10% based on 43 studies published from 1980 to 2009. The meta-analysis also pointed out that there was a comparatively higher rate of depression in the 3-to 6- month postpartum period which is 25.6%[6].

Perinatal mental health issues among women have been comprehensively studied[7-10]. There has been an increase in awareness in many countries regarding PPPD in men. Research on PPPD has grown over the last 10 years and is carried out in many countries such as Saudi[11, 12], Japan[13], China[8], Ethiopia[14], and New Zealand[15]. However, there are still substantial inconsistencies and disagreement in details discourse, phenomenology, and the manifestation of perinatal mental health in men[11, 14-18].

The literature review on PPPD indicated various interrelated factors which may contribute to PPPD. Using the ecological framework by the World Health Organisation, PPPD risk factors can be summarised according to individual factors, micro-level