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ASSESSMENT & THE PREVALENCE OF POSTPARTUM DEPRESSION IN INDRA GANDHI CHILDREN HOSPITAL, KABUL AFGHANISTAN

Dissertation submitted to

Maulana Azad University, Jodhpur

In partial fulfillment of the requirements

For the award of the degree of

Master of Hospital Administration (MHA)

BY

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MHA-Batch 2017-2019

Under The Guidance of

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Contents

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Abbreviation:

OPD	(Out Patient Department)
EPDS	(Eden burgh Postpartum Depression scale)
UNOCA	Unit ate Nation Compound for Afghanistan
MCH	Mother and Child Health
SD	Standard deviation
NGO	Non Governmental organization
MoPH	Ministry of Public Health
RMNACH	Reproductive Mothers, New natal and child Health.
MHA	Master of Hospital Administration

Research question:

1. What is the prevalence of Post Partum Depression among Mothers of children age 2weeks- 12 months who attend the children OPD for their child health related problem at Indira Gandhi Children Hospital?

2. What is some Demographic characteristic of women suffering from postpartum Depression?

Abstract:

Background: Mental disorder is the most prevalence problem in General population and depression is particularly most common. PPD affect the nutrition, child health and mother health, thus we conducted a cross sectional study to estimate that how many mothers of children age 2weeks- 12months are suffering from postpartum depression and as well as to identify some demographic characteristic of women suffering from Postpartum Depression.

Methods: Total 138 objects/ mothers who had been come for delivery and given child birth within last 12 months (2weeks up to 12months) were interviewee and out of the total 129 Mothers responded and gave consent to be part of the research. Those women who had delivered within last 12month period and have been attending outpatient department (OPD) of Indira Gandhi Children Hospital for their Child related health problems were selected and screened by Eden Burgh Postpartum Depression scale (EPDS) for assessing postpartum depression.

Key Result: The study showed that (14, 11%) Normal, (26, 20 %) with minor symptoms and 89, 69.99% out of total 129 participants were Postpartum depression (PPD), In this study the only significance difference between mother with and without PPD was in term of number of children at home (61% in 1st child and 82% in 4or more children), while occupational status, mothers education level and baby's age didn't was not found to be the cause of PPD.

Conclusion: The study revealed that the prevalence of PPD symptoms is high amongst women who delivered in last 12months and attended Indira Gandhi Children's Hospital OPD for child vaccination and others health related problems.

Recommendations: Ministry of Health have to be consider Screening for PPD during post natal care visits in Health system of Afghanistan and plan effective intervention for them.

Background:

Postpartum Depression(PPD) refer to a non-psychotic depressive episode that begins in or extend into the postpartum period, post-partum can belong to a preexisting case of the baby blues normally or can become apparent after the 1st week of giving birth and can last as long as 14months. Sign and symptoms of PPD are including anxiety, depressed mood, and lack of interest, negative maternal attitude and poor parenting self-efficacy. Different treatment option for Post-partum Depression exists, including psychosocial counseling or interpersonal therapy and pharmaceutical intervention. Mothers who were suffering from PPD showed significant consequences especially with their ability to cope with their life problems, mother responsibilities. PPD has negative effects on mother, her children and the family. Immediate effects of PPD are inability of mother to take care of the newborn and have recurrent tendency to suicide attempts. Long term consequences of PPD will be chronic depression; relation problem between mother and child, family problems, and developmental problems for the newborn. Mother's depression also constitutes a risk factor for infant malnutrition as well.

Postpartum depression is a common psychiatric problem during postpartum period. PPD is a disorder with a prevalence of 20% worldwide that has negative consequences not only for the mother but also for the newborn and can cause delays in physical, social and cognitive development. While mental health symptoms are common among Afghans, PPD is may a major health issue for many mothers in Afghanistan which has negative health consequences for the mother, child and family. Many women suffering from depression may have it relapsed or exacerbated during pregnancy or periperium period. Depression and anxiety symptoms are common after childbirth, some studies estimate such symptoms 40%-60% in others countries, from these 15%-20% may have depression. It is important to remember that without treatment post-partum depression lasts more than six months and 1%-2% may develop severe depression or Psychosis. The risk of depression during 3-6 months following birth as compared to other times of life increases by three-fold. Treatment for depression has been found to be effective and generally safe during pregnancy and while breastfeeding and the risks and benefits of treatment

must be carefully evaluated and balanced with the risk of no treatment. PPD is a major health concern, produces insidious effects on new mothers, their infant, and family. Researchers have demonstrated the amenability of PPD to treatment; there is preliminary evidence suggesting maternal mood in the immediate postpartum period may be predictive of PPD such that secondary preventive interventions may be implemented. A review showed the importance of current state of knowledge regarding risk factors for PPD and its implications for clinical practice. Health care professionals should be aware that the phenomenon is as prevalent in Asian cultures as in European cultures. Women should be screened for depressive symptoms during postpartum periods so that appropriate interventions can be initiated in a timely fashion. In many Islamic countries the PPD prevalence has been reported high such as Iran 19%, Lebanon 21% Jordan22%-, Turkey 27%, and Pakistan 36%. Base on my knowledge there is no data available on PPD among Afghan women in Afghanistan. There have been studies outside country among Afghan women related to PPD, in a study of emotional wellbeing of Afghan immigrant mothers living in Australia, 41% of respondents reported feeling depressed and 31% was probably depressed.

The ministry of public health has long ago declared reduction of maternal and child mortality as its strategic goal and priority and therefore, efforts has been largely focused in reaching that. With that goal program such as community base midwifery prevention and treatment of communicable diseases, maternal and child nutrition, newborn health, sexual and reproductive health, information, education and communication received attention and resources.

Although the Mother and Child Health (MCH) has been long declared the focused of the MoPH of Afghanistan, the interventions have been limited to antenatal services, emergency obstetric care, immunization, promotion of breast feeding, prevention and treatment of common childhood illness, reproductive health care including family planning, and nutrition, undermining the not very obvious yet prevalent cause of morbidity and mortality among women.

In a country with very scarce financial and trained resource and competing health programs, conditions such as mental disorder in general and post-partum depression in particular received inadequate attention both at decision making level and research domain.

Rationale:

According to Afghanistan National Mental health survey recently carry out, over all prevalence rates is 5.07% for major depressive disorder, life time prevalence for suicidal thought is 7.56 and 3.63 are suicide attempted and Mental health distress is very high (prevalence of mental distress is 47.72%) and approximately half of the population is suffering from psychological distress and 20% declared that they were impaired in their tasks for a mental reason(conseil satie led, Dec-2018).

Since the depression symptoms in general population and among women are high, Services for people suffering from mental disorders are scarce and culturally it is difficult for women to receive services. This study is designed to identify symptoms of Depression during post-partum period. Aim of this study to estimate numbers of post-partum Depression within Mothers attend OPD in Indira Gandhi Children Hospital for their child related health problem, The findings informing post natal care visits in all health facilities.

Objectives:

Primary objective: To estimate/assess the prevalence of Postpartum Depression among Mothers who attended Children OPD in Indira Gandhi Children Hospital for their child health related problem.

Secondary objective:

- To estimate that how many mothers of children age 2weeks- 12months are suffering from post-partum depression.
- To identify the some demographic characteristic of women suffering from Postpartum Depression.

Literature Review:

Many studies have shown that depression symptoms are more common in women than men (a study during Taliban rule in Kabul showed that majority of women under study had declining physical and mental health (71% and 81% respectively). From the same group 97% had symptoms of depression and 86% had symptoms of anxiety (MH, Social function and disability in postware Afghanistan , August 2014).Similarly another study reported that major depression among women in Taliban controlled area was 73%-78% while in non-Taliban controlled areas was 28% after the fall of Taliban, a study in 2004 showed that 62% of group under study reported experiencing at least 4 trauma events during the previous 10 years. The prevalence of respondents with symptoms of depression was 67% and 71% and symptoms of anxiety 72% and 84% for nondisabled and disabled respondents, respectively. Women had significantly poorer mental health status than men did. Coping mechanisms included religious and spiritual practices, focusing on basic needs, such as higher income, better housing, and more food; and seeking medical assistance (Amowitz LL, Jull- August 2004).According to Afghanistan National Mental health survey recently carry out, over all prevalence rates is 5.07% for major depressive disorder, life time prevalence for suicidal thought is 7.56 and 3.63 are suicide attempted and Mental health distress is very high (prevalence of mental distress is 47.72%) and approximately half of the population is suffering from psychological distress and 20% declared that they were impaired in their tasks for a mental reason (consortium, Dec-2018)

Postpartum depression is a common psychiatric problem during postpartum period (kingston, 2015). PPD is a disorder with a prevalence of 20% worldwide that has negative consequences not only for the mother but also for the newborn and can cause delays in physical, social and cognitive development While mental health symptoms are common among Afghans, PPD is may a major health issue for many women in Afghanistan which has negative health consequences for the mother, child and family. Many women suffering from depression may have it relapsed or exacerbated during pregnancy or periperium period. Depression and anxiety symptoms are common after childbirth, some studies estimate such symptoms 40%-60%, from these 15%-20% may have moderate depression (sherwen, 2003). It is important to remember that without treatment post-partum depression lasts more than six months and 1%-2% may develop severe depression or psychosis (D, 2002). The risk of depression during 3-6 months following birth as compared to other times of life increases by three-fold(stowe ZN, 2005). Treatment for

depression has been found to be effective and generally safe during pregnancy and while breastfeeding and the risks and benefits of treatment must be carefully evaluated and balanced with the risk of no treatment. PPD is a major health concern, produces insidious effects on new mothers, their infant, and family. Researchers have demonstrated the amenability of PPD to treatment; there is preliminary evidence suggesting maternal mood in the immediate postpartum period may be predictive of PPD such that secondary preventive interventions may be implemented. A review showed the importance of current state of knowledge regarding risk factors for PPD and its implications for clinical practice. Health care professionals should be aware that the phenomenon is as prevalent in Asian cultures as in European cultures. Women should be screened for potential risk factors and depressive symptoms during pregnancy and postpartum periods so that appropriate interventions can be initiated in a timely fashion (Klainin, oct-2009). In many Islamic countries the PPD prevalence has been reported high such as Iran 19%(Fatehmi Abdollahi, 2014), Lebanon 21%(chaaya, 2002), Jordan22%(Mohammad K, December 2011), Turkey 27%(inandi T, 2002), and Pakistan 36%(Husain, july-2006). Base on my knowledge there is no data available on PPD among Afghan women in Afghanistan. There have been studies outside country among Afghan women related to PPD, In a study of emotional wellbeing of Afghan immigrant mothers living in Australia, 41% of respondents reported feeling depressed and 31% was probably depressed(shaffie, july-2015). In earlier study among Afghan women in refugee camps in Pakistan found 36% of women positive for a common mental disorder, 91% of those screened positive had suicidal thoughts in the previous month(Rahman Ali, Nov 2003).PPD has negative effects on mother, her children and the family. Immediate effects of PPD are inability of mother to care the newborn and suicide attempt (Galler JR, sep-2000). Long term consequences of PPD will be chronic depression; relation problem between mother and child, family problems, and developmental problems for the newborn. Mother's depression also constitutes a risk factor for infant malnutrition as well (Atif Rahman, 2004).

Among the participants, 129 (68.5%) mothers had PPD. Of the studied factors, unplanned pregnancy could predicted the incidence of PPD (P = 0.004). No difference was observed between mothers with and without PPD in terms of pregnancy order, delivery method, education level, occupation, history of substance abuse, and previous history of depression.

A study conducted at South Africa that showed the participants who had PND, 28.8% was severe, 48.8% moderate and 22.5% mild(Ethelwynn)A study carry out at India that showed PPD

is a common mental health problem seen among the postnatal women as it was found in 12.75% (19 out of 149) of subjects at six weeks of their delivery. Moreover, it has significant association with the young maternal age (p-value=0.040), birth of the female child (p-value=0.015), previous stressful life events (p-value= 0.003), low self-esteem and feeling of loneliness (p-value=0.007)(post partum Depression in women: Arisk facator analysis)

The study showed that women with EPDS Score more than 12 was 6 and women with EPDS score less than 12 were 82, it show 6.8% prevalence rate of Post-partum Depression .(Maria Ahmadi)

Methodology:

Study area: The study was conducted at Indira Gandhi Children Hospital located in Kabul city.

Study design: This was a quantitative cross sectional study. Updated Edinburgh Postpartum scale (EPDS) was used which is a structured questionnaire; The EPDS questionnaire was then translated to local language (Dari and Pashto). Data collectors have been trained on how to administer the EPDS questionnaire.

Study Population: Women of childbearing age 18-45years who had delivered within last 12 months. Those women who had childbirth within last 12month period and have been attending outpatient department of Indira Gandhi Children Hospital for their child related health problems were screened for post-partum depression after having their consent.

Sample size: sample size was calculated by following formula and total sample size138 subjects/ mothers of children age 2weeks- 12months for this study:

$$\textbf{Sample size} = \frac{Z1-\alpha/2^2 P(1-P)}{d^2}$$

$Z1-\alpha$ = is standard normal vitiate (at 5% type I error (p<0.05) it is 1.96 and a 1% type I error (p<0..02 it 2.58). as in majority of studies p values are considered significant below 0.05 hence 1.96 is use by researcher .

Inclusion criteria:

- Women of child bearing age 18-45years with new born of 2weeks-12months old.
- Who have undergone abortion?
- Who have undergone stillbirth.
- Who have undergone others diseases.

- Welling to participate in the study and can provide consent or assent

Exclusion criteria:

- Had a recent grief of a family member.
- Widow or divorce.
- Not willing to participate in the study and can't provide consent or assent

$Z1 - \alpha$ = is standard normal vitiate (at 5% type I error ($p<0.05$) it is 1.96 and a 1% type I error ($p<0..02$ it 2.58). as in majority of studies p values are considered significant below 0.05 hence 1.96 is use by researcher .

Data instrument used: The EPDS was developed for screening postpartum women in outpatient, home visiting settings, or at the 6 –8 week postpartum examination. It has been utilized among numerous populations including U.S. women and Spanish speaking women in other countries. The EPDS consists of 10 questions. The test can usually be completed in less than 5 minutes. Responses are scored 0, 1, 2, or 3 according to increased severity of the symptom. Items marked within at risk (*) are reverse scored (i.e., 3, 2, 1, and 0). The total score is determined by adding together the scores for each of the 10 items. Validation studies have utilized various threshold scores in determining which women were positive and in need of referral. Cut-off scores ranged from 9 to 13 points. Therefore, to err on safety's side, a woman scoring 9 or more points or indicating any suicidal ideation – that is she scores 1 or higher on question #10 – should be referred immediately for follow-up. Even if a woman scores less than 9, if the clinician feels the client is suffering from depression, an appropriate referral should be made. The EPDS is only a screening tool. It does not diagnose depression – that is done by appropriately licensed health care personnel. EPDS Questionnaire was adapted through adding some Demographic characteristics indicators to be able to identified Characteristics of mothers having PPD.

Data Management and Analysis:

All the data was entered in data base made in CSPRO, then the data are export to STATA software for analysis, once the data are cleaned and data quality have been checked then performed the cross tabulation and logistic regression for descriptive analysis**.**

Ethical consideration: There was no any risk involved for the participants of the study and the researchers toke the inform consent letter from each participants.

Result section:

Among the 138 questionnaires return by data collectors, 129 objects were responded the questioners and rest of 9 are none responded and 129 (94%) could to screened for PPD. The mothers age between 15- 40years with means 26.7 years and the age of infant between 1month to 12months (mean age 5months).

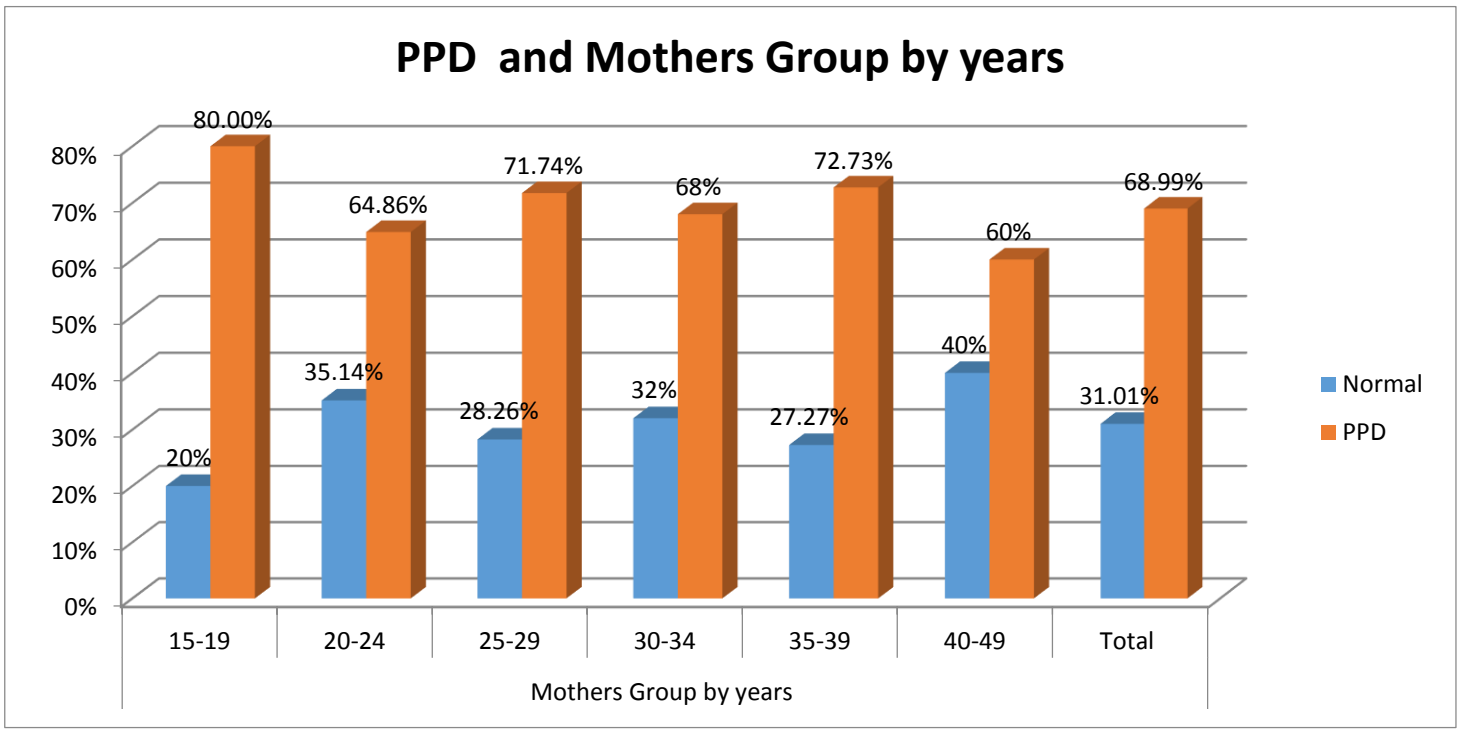
Demographic information:

129 women of childbearing age 18-45years who had delivery and child birth within last 12 months were recruited for the study from the outpatient department of Indra Gandhi children Hospital.

Mother age	Mean	SD
Baby age	5moths	0.5143
No. of children at home	3	0.5959

EPDS score categories by:

Record of EPDS Scores-cat	Mothers Group by years						
	15-19	20-24	25-29	30-34	35-39	40-49	Total
Normal	1	13	13	8	3	2	40
	20%	35.14%	28.26%	32%	27.27%	40%	31.01%
PPD	4	24	33	17	8	3	89
	80.00%	64.86%	71.74%	68%	72.73%	60%	68.99%



31% (40) mothers EPDS score were normal and 69% (89) mothers EPDS scores were indicated PPD. Participants were further divided by their age by categories and their scores were higher in age between 25-29years(33, 71.74%) respectively.

EPDS scores and baby ages

Record of EPDs score –cat	0-3moths	4-6m	7-9m	10-12m	Total
Normal	14	10	13	3	40
	28.57%	32.26%	40.63%	17.65%	31.01
Postpartum Depression (PPD)	35	21	19	14	89
	71.43%	67.74%	59.38%	82.35%	68.99%

Among the PPD group 71% (35) has had baby between 0-3months, 68% (21) has baby between 4-6 months, 59% (19) has baby between 7-9 months, 82% (14) has baby between 10-12months.

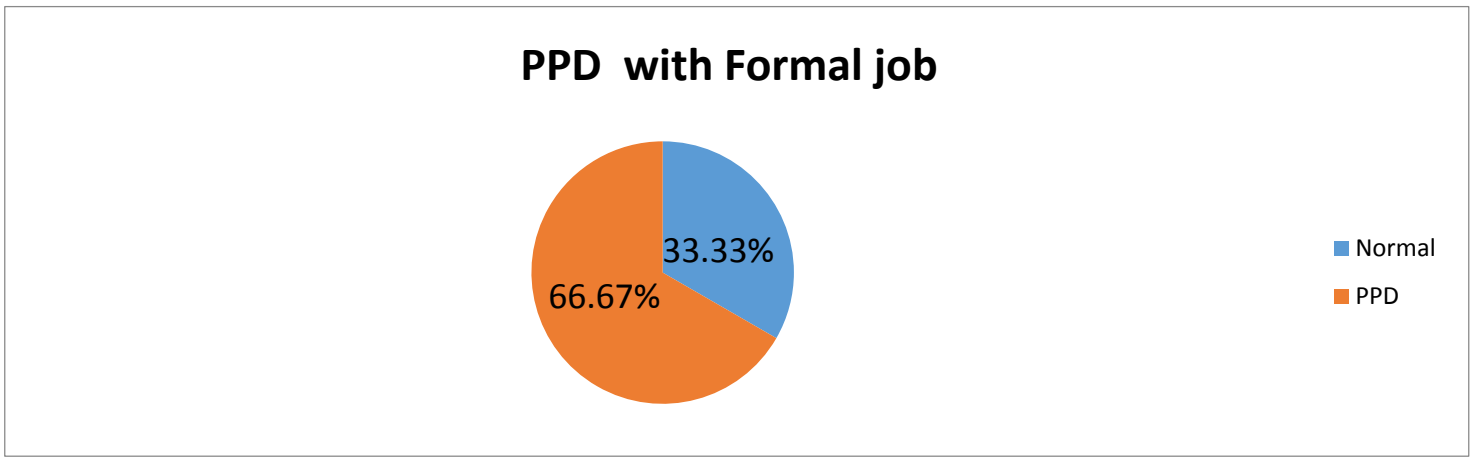
EPDS scores and mother education level

EPDs Scores -cat	Mothers Education level				
	Illiterate	School	Diploma	University or more	Total
Normal	23	2	12	3	40
	31.08%	28.57%	28.57%	50%	31.01%
PPD	51	5	30	3	89
	68.92%	71.43%	71.43%	50%	68.99%
Total	74	7	42	6	129
	100%	100%	100%	100%	100%

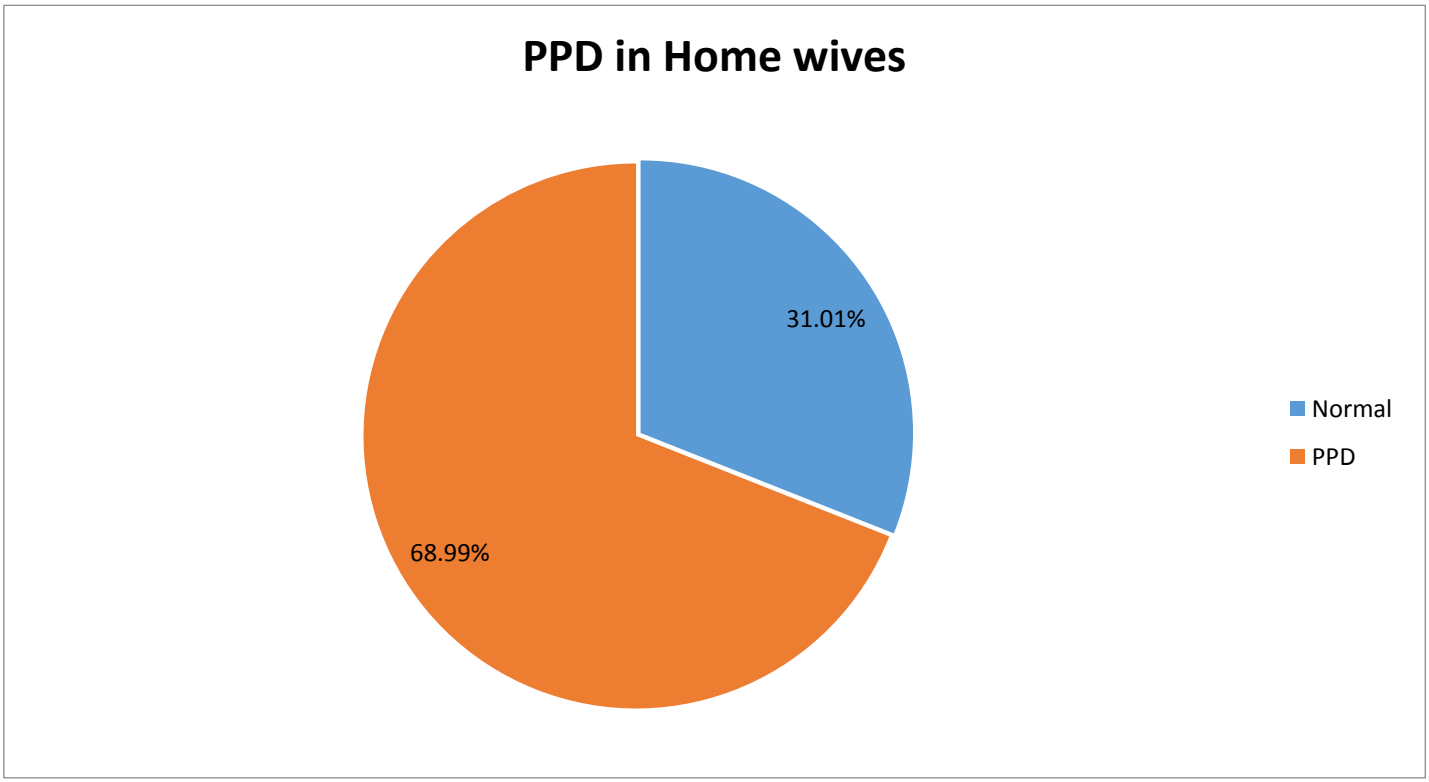
Among 129 participants 74 (%) reported they not have any level of education, 7(%) have had school education, 42 (%) have had diploma and only 6(%) have had university or higher education. The average number of children at home was 3 for the whole group whiles the average number of Children for normal score group was 31.01% and average number of children for PPD group was 68.9% among the PPD group the number of children at home was higher in the group have higher scores.

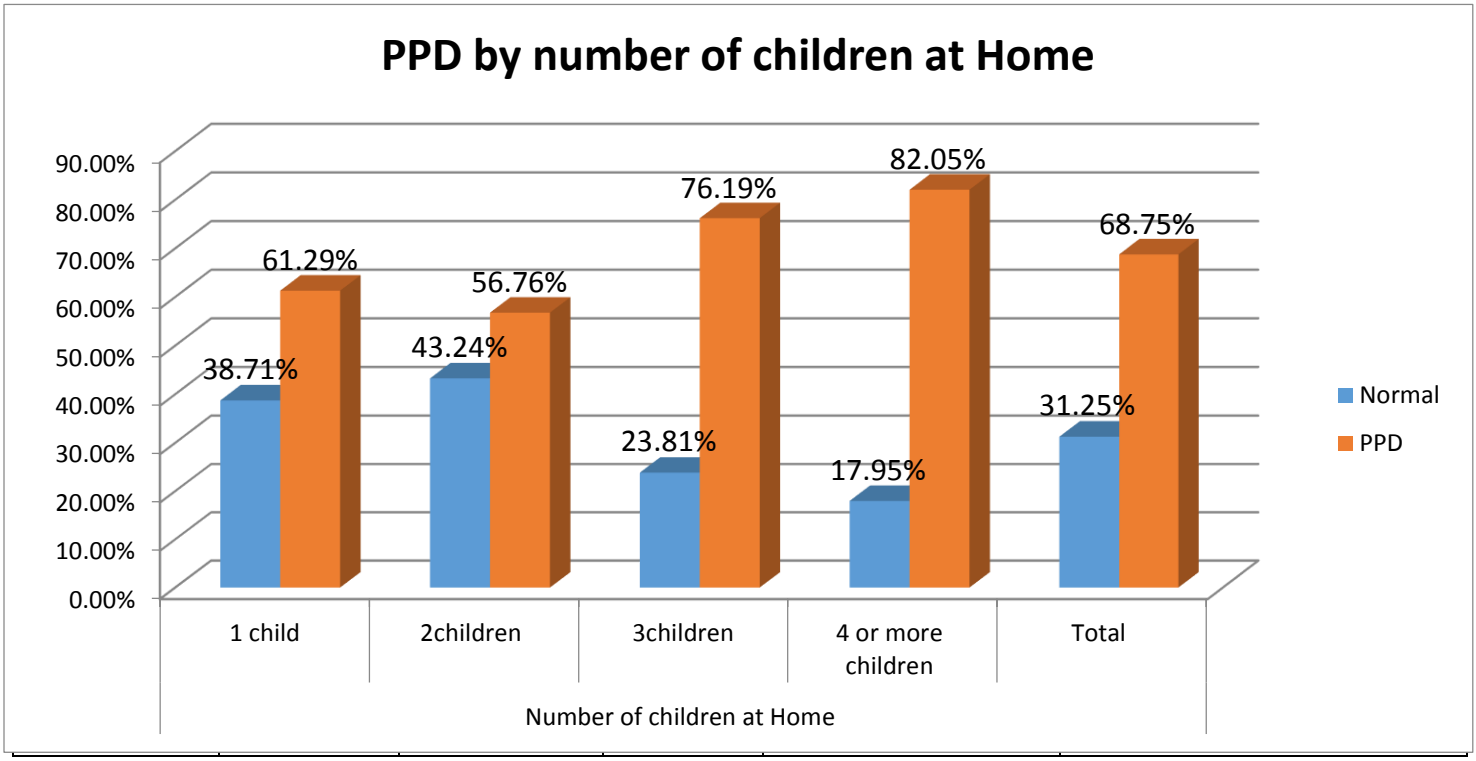
Post-Partum Depression and occupation status

EPDS Scores –cat	**Formal job**	**Home wife**
Normal	2	40
	33.33%	31.01%
PPD	4	89
	66.67%	68.99%



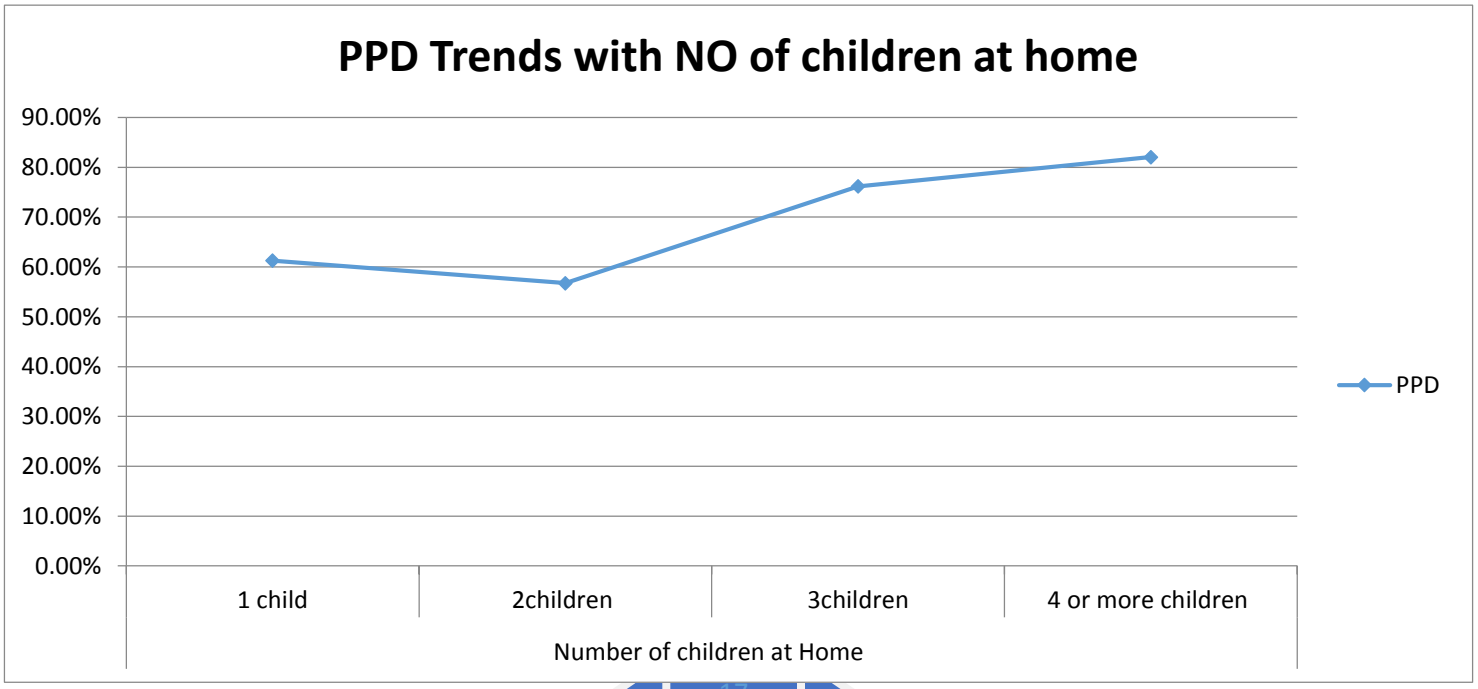
6 (%) of the participants had formal job while 94% were house wives. Among those who had the score indicating PPD 4(%) had formal job while 89(%) had no formal job and were house wives.





Postpartum Depression and number of children at home:

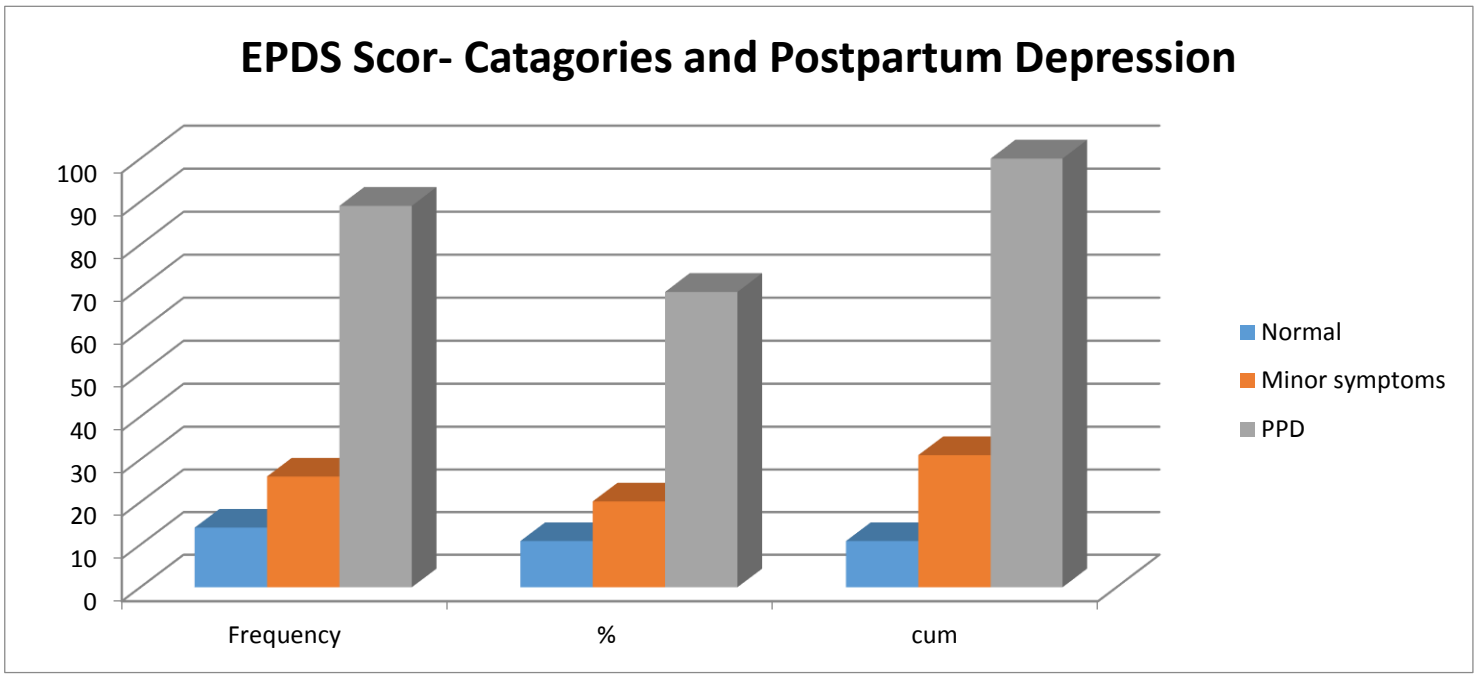
Among normal Group, 38.71% of the participants had 1child at home while the 17.95% had 4 or



more children at home, but in PPD Group (61.29% had 1child at home) and 82.05% had 4 or more than 4childrens, the mean age of children at home is 2children at home.

EPDS Score- categories and postpartum Depression:

EPDS Scores categories	**Frequency**	%	Cum
Normal	**14**	10.85	10.85
Minor symptoms	**26**	20.16	31.01
PPD	**89**	68.99	100



We found in this study that (14, 11%) Normal, (26, 20 %) with minor symptoms and (89, 69%) out of total 129 participants were Postpartum depression, it show high percentage of postpartum depression comparison with others study carry out in neighboring and others developing countries i.e. 65.8% in Iran (**Frequency of postpartum depression and its related factors in women referred to health centers in Rafsanjani, Iran, in 2015) ,** 36% for Pakistan, Jordan

22% and Turkey 27%. in this study showed high prevalence may because of tool used by data collectors.

Logistic regression

Number of obs	=	128
LR chi2(15)	=	14.82
Prob > chi2	=	0.4642
Pseudo R2	=	0.0932

Log likelihood = -72.086973

ppd	Odds Ratio	Std. Err.	z	P>|z|	[95% Conf.	Interval]
childagegroups1						
2	.9482488	.5143564	-0.10	0.922	.3274968	2.745602
3	.4469621	.253559	-1.42	0.156	.1470243	1.35879
4	2.005362	1.541432	0.91	0.365	.4445413	9.046349
mother_education_level						
2	1.454345	1.576803	0.35	0.730	.1736974	12.17703
3	1.213629	.5959511	0.39	0.693	.4635586	3.177368
4	.4504015	.502708	-0.71	0.475	.0505296	4.014708
number_of_children_at_home						
2	.9485926	.5222997	-0.10	0.924	.3224067	2.790972
3	2.252991	1.546746	1.18	0.237	.5866569	8.652364
4	4.695054	3.317361	2.19	0.029	1.175469	18.75296
2.occupational_status_le~l	.6919804	.9000209	-0.28	0.777	.0540733	8.855333
womenagegroups1						
2	.5144552	.6554918	-0.52	0.602	.0423439	6.250343
3	.7568778	1.001026	-0.21	0.833	.0566564	10.11119
4	.5793922	.7854035	-0.40	0.687	.040655	8.25717
5	.477043	.6955494	-0.51	0.612	.0273822	8.310867
6	.1240806	.2062328	-1.26	0.209	.0047746	3.224594
_cons	3.658592	6.285616	0.75	0.450	.1261577	106.0997

Discussion:

This study showed high numbers of PPD compared to others countries i.e. Pakistan 36%, turkey 27%, Jordan 22% while in a study carry out in Rafsanjani, Iran, in 2015 similar/closed to this study and showed 65.8%, however it seems the prevalence of PPD was higher than others countries, this difference might be due to data collection tools used and more than three decades continues war and violence contribute to PPDs in the countries.
In this study the only significance difference between mother with and without PPD was in term of number children at home (61% in 1st child and 82% in 4or more children, Odds Ratio 4.69), while occupational status, mothers education level and baby age didn't cause of PPD.

Conclusion:

According to the result of this study, it can be summarize that the prevalence of PPD symptoms is high in Kabul, Afghanistan; hence we like to recommend to policy maker to be consider PPD Screening during post natal care visits.

Limitation: the information here reported, sampling was purposive sampling selected from OPD, less number of sample size and may the prevalence of PPD is highly than others country because of May problem in tools used and may can't representative actual prevalence of PPD in Afghanistan.

Annexure:

Annex one: Eden burgh Post-partum Depression scale (EPDS) (English version)

Annex two: Eden burgh Postpartum Depression scale (EPDS) (Dari version)

Annex three: Eden burgh Post-partum Depression scale (EPDS) (Pashto version)

Annex four: consent letter (English version)

Annex five: consent letter (Dari version)

Annex six: consent letter (Pashto version)

Annex seven: scoring system

Annex eight: Permission letter

Annexure1:

EDINBURGH POSTNATAL DEPRESSION SCALE (EPDS)

(Adapted English version)

Date:

Address:

Baby's Age: Age of mother (years):

Education level: 1.illiterate 2. School 3. Diploma 4. University degree or more

Number of children at Home: (0, 1 2 3 4 or more)

Occupational status level: Governmental job NGO job House wife

As you have recently had a baby, we would like to know how you are feeling.

Please UNDERLINE the answer which comes closest to how you have felt IN THE PAST 7 DAYS, not just how you feel today.

1. I have been able to laugh and see the funny side of things

• As much as I always could

• Not quite so much now

• Definitely not so much now

• Not at all

2. I have looked forward with enjoyment to things

• As much as I ever did

• Rather less than I used to

• Definitely less than I used to

• Hardly at all

3 .I have blamed myself unnecessarily when things went wrong

• Yes, most of the time

• Yes, some of the time

• Not very often

• No, never

4. I have been anxious or worried for no good reason

• No, not at all

• Hardly ever

• Yes, sometimes

• Yes, very often

5. I have felt scared or panicky for no very good reason

• Yes, quite a lot

• Yes, sometimes

• No, not much

• No, not at all

6. Things have been getting on top of me

• Yes, most of the time I haven't been able to cope at all

• Yes, sometimes I haven't been coping as well as usual

• No, most of the time I have coped quite well

• No, have been coping as well as ever

7. I have been so unhappy that I have had difficulty sleeping

• Yes, most of the time

• Yes, sometimes

• Not very often

• No, not at all

8. I have felt sad or miserable

• Yes, most of the time

• Yes, quite often

• Not very often

• No, not at all

9 I have been so unhappy that I have been crying

• Yes, most of the time

• Yes, quite often

• Only occasionally

• No, never

10. The thought of harming myself has occurred to me

• Yes, quite often

• Sometimes

• Hardly ever

• Never

Annex two: Edinburgh postnatal Depression scale (EPDS) (Adapted Dari version)

(سوالنامه تطابق شده)

تاریخ:.....آدرس: .....

سن کودک: .....سن مادر (سال): .....

سطح تحصیلات: 1. بیسواد 2. دوره مکتب 3.چهارده پاس 4.لسانس و بالاتر

تعداد فرزندان در خانه: A.1،0 B.2وبیشترا C.3 D. 4

وظیفه شما:

A. مامور دولتی

B. مامور موسسه غیر دولتی

C. خا نم خانه

فسمیکه که اخیرا طفل به دنیا آورده اید، ما می خواهیم بدانیم که چگونه احساس می کنید.لطفا میشه بگویید که خود راطی یک هفته گذشته چگونه احساس میکردید نه فقط قسمیکه امروز خود را احساس می کنید.

1. آیا شما قادر به خنده کردن و دیدن چیز های خنده دار بودید؟

A.همانطور همانند همیشه

B. اکنون زیاد نی مانند همیشه

C. خیلی کم

D. هیچ خنده نمیکنم

2. آیا شما از دیدن چیزهای دلنیشین لذت میبرید؟

A.همانطور مانند گذشته

B. اکنون زیاد نه مانند گذشته

C. بسیا رکم

D. هیچ لذت نمیبرم

3 وقتی که چیزی اشتباه میشود من خودم را سرزنش کرده و مقصرمیدانم؟

A. بله، بیشتر اوقات

B. بله، بعضی اوقات

C.بسیار کم

D. هرگز خود را ملامت نمیکنم

4. آیا بدون کدام دلیل واضح تشویش میکنید و یا مضطرب هستی ؟

A.هرگز نه

B.بسیار کم

C.گاه گاهی یا بعضا

D.بلی اکثر اوقات

5. آیابدون کدام دلیل واضح و روشن احساس دست پاچگی یا ترس کرده اید.

A. بلی، بیشتر اوقات

B. بلی، بعضی اوقات

C.بسیار کم

D. هرگزاحساس نکردم

6. آیا گاهی شده که با چیزی و مشکلات که از توان تان بالاتر بوده مقابل شوید؟

A. بلی، بیشتر اوقات قادر بودم با آن مقابله کنم.

B. بلی، گاهی اوقات قادر بودم با آن مقابله کنم.

C. نخیر، اغلب اوقات نتوانستم با ان مقابله کنم.

D.نخیر، هرگز مقابله نتوانستم.

7. آیا بیخوابی وخواب نامنظم باعث نا راحتی و جگر خونی شما شده است؟

A.بله، بیشتر اوقات

B. بله گاهی اوقات

C.بسیار کم

D.هرگز نشدم

8. آیا شده است که احساس غمگینی و ناراحتی کرده باشید؟

A.بله، بیشتر اوقات

B. بله گاهی اوقات

C.بسیار کم

D.هرگز نشده

9 آیا احساس غمگینی و ناراحتی پس از گریه میکردید؟

A.بله، بیشتر اوقات

B. بله گاهی اوقات

C.بسیار کم

D.هرگز نه

10. آیا گاهی فکر ضرر و آسیب رسانیدن به خود را کرده اید؟

A.بله، بیشتر اوقات

B. بله گاهی اوقات

C.بسیار کم

D.هرگز نکردم

Annex three: Edinburgh postnatal Depression scale (EPDS) (Adapted Pashto version)

(پښتو پوښتنليک)

نيټه : .....ادرس: .....

د کوچنی عمر(مياشتی) : .....د مورعمر(کال): .....

د ذدکړی کچه : 1. بيسواد 2. د مکتب دوره 3. څوارلسم پاس 4. لسانس يا دهغی څخه لوړ

د ماشومانو تعداد : اي. صفر ، ۱ بي. ۲ سي. ۳ دي. ۴ يا زيات

ستاسی وظيفه :

A. دولتی مامور
B. د غيری دولتی موسسی کارکونکی
C. د کورميرمن

څرنګه چی تاسی پدی اخرو کی کوچنی دی دنيا ته راوړی ، غواړم چی تاسی څرنګه احساس کوی ، مهربانی وکړی ووايياست چی پدی تيره يوه هفته کښی مو څرنګه احساس درلودو نه داچی فقط نن کوم احساس لری .

1. ايا تاسی په خندا کولو او خندا لرونکو شيانو په ليدلو قادروی ؟
   A. هو په همدی ډول هميشه
   B. لکه هميشه زيا ت نه
   C. ډيرکم
   D. هيڅ خندا نه کوم
2. ايا هميشه د زړه رابنکونکو شيانو څخه خوند اخلی ؟
   A. هو په همدی ډول هميشه
   B. لکه هميشه زيا ت نه
   C. ډيرکم
   D. هيڅ خوند نه اخلم
3. کله چی کومه غلطی راڅخه وشی خپل ځان ملامته کوم ؟
   A. هو ډيری وخت
   B. هو بعضی وخت
   C. ډير کم

D. ځان هیڅ ملامت کوم نه

4. ایا بی له کوم واضح دلیل څخه زیات تشویش کوم او تشویشی یم ؟

A. هیڅ نه کوم

B. ډیر کم

C. کله کله

D. هو ډیروخت

5. ایا بی له کوم واضح دلیل څخه د بی وسی احساس کوم یا ویره لرم ؟

A. هو، ډیری وخت

B. هو، بعضی وخت

C. ډیر کم وخت

D. قطعا احساس نه کوم

6. ایا دخپل توانه پورته شیانو او مشکلاتو سره مخامخ شوی یاست ؟

A. هو ، ډیر وخت پدی قادر وم چی ورسره مقابله وکړم

B. هو، کله کله پدی قادروم چی ورسره مقابله وکړم .

C. نه خیر، ډیری وخت پدی قادرنه وم چی ورسره مقابله وکړم .

D. نه خیر، هیڅ مقابله می نشوای کولای .

7. ایا بی خوبی او بی نظمه خوب ستاسی د نارامی او جګرخونی باعث شوی ؟

A. هو ، همیشه

B. هو ، بعضی وخت

C. ډیر کم

D. هیڅ نه

8. ایا داسی شوی چی د غمګینی او نارامی احساس مو کړی وی ؟

A. هو ، ډیرو ختونه

B. هو ، بعضی وختونه

C. ډیر کم

D. هیڅ نه

9. ایا وروسته د ژړا څخه د غم او نارامی احساس کوی ؟

A. هو ، ډیروختونه

B. هو ، بعضی وختونه

C. ډیر کم

D. هیڅ نه

10. ایا کله مو ځان ته دضرر رسولو کوم فکرکړی ؟

A. هو ، ډیروختونه

B. هو ، بعضی وختونه

C. ډیر کم

D. هیڅ نه

Annex four: consent letter (English version)

Date: / / **Inform consent**

ID No:

1. Project information:

1.1. **Title of Project:** Health Research

Study Title: Assessment the prevalence of the postpartum Depression in Indra Gandhi children Hospital, Kabul Afghanistan.

Overall objective of the study: Dr.Zahid sharifi, MHA Last semester student of Moulana Azad university, Jodhpur, India conducting a research to investigate the prevalence of postpartum depression in indra Gandhi children Hospital, Kabul, the finding of this research will help number of Directorates within MoPH such as mental health, RMNCH, Nutrition, gender, curative medicine to understand the magnitude of the problem and depth of post-partum Depression on certain population and impact on both women and child health outcome.

2. Interview process information for participants:

- Taking part in this study is entirely voluntary.
- No financial remuneration will be paid to participants.
- All persons who agree to be interviewed may refuse to answer any question, stop the interview or withdraw from the project at any time without having to give a reason.
- Participation in the study will involve approximately less than 5 minute interview.
- All the information provides by subject will be keeping being confidential.
- Ever question have to be respond by choosing one choice from given 4answers.

3. Consent Statement:

I understand what will be required of me and what will happen to me if I take part in it. My questions concerning this study have been answered by interviewer. I understand that at any time I may withdraw from this study without giving a reason and without any negative consequences.

Interviewee Signed/finger

Date: ____/_____/_2019___

Signed Interviewer:

Name/position _____

Date: ____/_____/__2019___

Email:

Annex five: consent letter (Dari version)

رضایت نامه

معلومات درمورد پروژه :

عنوان پروژه : تحقیق صحی

عنوان تحقیق :ارزیابی شیوع افسردگی بعد ازولادت در شفاخانه صحت طفل (اندراگاندهی) شهرکابل.

هدف عمومی این تحقیق : داکترمحمد زاهد شریفی محصل پروگرام ماستری در اداره شفاخانه در سمستر اخری پوهنتون مولانا ازاد کشورهندوستان یک مطالعه برای تحقیق شیوع افسردگی بعد ازولادت شفاخانه صحت طفل اندرا گاندی کابل براه انداخته اند که یافته های این تحقیق برای یک تعداد دیپارتمنت های وزارت صحت عامه مانند امریت صحت روانی ، صحت مادر اطفال ونوجوانان ، تغذیه ، جندر ، طب معالجوی کمک خواهد کرد تا درمورد گسترش مشکل شیوع افسردگی بعد از ولادت درمادران و تاثیرات ان بالای صحت مادران و اطفال کمک خواهد کرد .

معلومات برای اشتراک کننده درمورد پروسه مصاحبه :

- اشتراک دراین مطالعه کاملا اختیاری است
- کدام حق زحمه مالی برای اشتراک کننده داده نمیشود .
- تمام اشتراک کنندگان که قراراست مصاحبه گردد میتواند سوالات را رد کنند و مصاحبه هروقت که بخواهد را ترک نمایند .
- زمان اشتراک دراین مصاحبه تقریبا کمتراز 5 دقیقه می باشد .
- شما میتوانید که هرسوال با یکی از چهار گزینه جواب دهید .
- تمام معلوما ت که توسط شما ارایه میگردد سری نگاه خواهد شد .

حالت رضایت : ما درمورد ان که ازما ضرورت دارید فهمیدم . سوالات وتشویش که ما درمورد این مطالعه داشتم ازطرف مصاحبه کننده جواب داده شد . ما فهمیدم که هروخت که ما بخواهیم مصا حبه را بیدون کدام دلیل ترک کرده میتوانم .

امضا مصا حبه کننده: ..... امضا یا شصت مصاحبه گیرنده:.....

موقف وظیفوی : .....

تاریخ : 2019/ ...../ ..... تاریخ : 2019/ ...../ .....

ایمیل ادرس :

Annex five: consent letter (Pashto version)رضایت فورمه

تاریخ: / / 1398
آی دی نمبر:( )

د پروژی په اړه معلومات :

د پروژی عنوان : روغتیایی مطالعه

دمطالعی عنوان : د کابل اندراګاندهی د کوچنیانو په روغتون کی د ولادت څخه وروسته د ژورخفګان د شیوع ارزیابی

ددی تحقیق عمومی هدف : داکترمحمد زاهد شریفی د هندوستان دهیواد د مولانا ازاد پوهنتون د روغتون د اداری په برخه کی خپله ماستری د پروګرام اخری سمیستر محصل دی د کابل بناراندرا ګاندی دروغتون د ولادت څخه وروسته د ژورخفګان د کچی د معلومولو لپاره یوه مطالعه په لار اچولی چی ددی نتایج به د عامی روغتیا دوزارت د روانی روغتیا امریت، د موراو ماشوم د روغتیا ریاست ا، تغذی ، جندر ، طب معالجوی ریاست سر ه د ولادت څخه وروسته د ژورخفګان د ناروغی د شیوع او دهغی اغیزی د مور او ماشوم باندی سره مرسته وکړی .

د مصاحبی د پروسی په اړه د اشتراک کونکی لپاره معلومات :

- برخه اخیستل پدغه مطالعه کی کاملا په خپله خوښه دی .
- کومه مالی حق زحمه اشتراک کونکی ته نه ورکول کیږی .
- ټول ګډونوال قرارداچی مصاحبه شی کولای شی سوالونه رد او یا هروخت چی وغواړی کولای شی مصاحبه ترک کړی .
- په ټوله کی دغه مصاحبه د پنځو دقیقو څخه کم وخت نیسی .
- ټول هغه معلومات چی دستاسی په وسیله ورکول کیږی کاملا پټ ساتل کیږی .
- جمله لس سواله دی او تاسی کولای شی چی هرسوال په یو د ورکولو شوو څلورو ځوابونوڅخه په انتخاب سره ځواب کړی .

د رضایت حالت :زه په هغه څه پوه شوم چی زما څخه ضرورت دی . هغه سوالونه او تشویشونه چی ما ددی مطالعی په اړه درلودل د مصاحبه کونکی په وسیله ځواب شول او زه پدی هم پوه شوم هرکله چی زه وغواړم بی له کوم دلیل څخه مصاحبه ترک کولای شم .

د مصاحبه اخیستونکی امضا : ..... د مصاحبه کونکی امضا یا شصت :.....

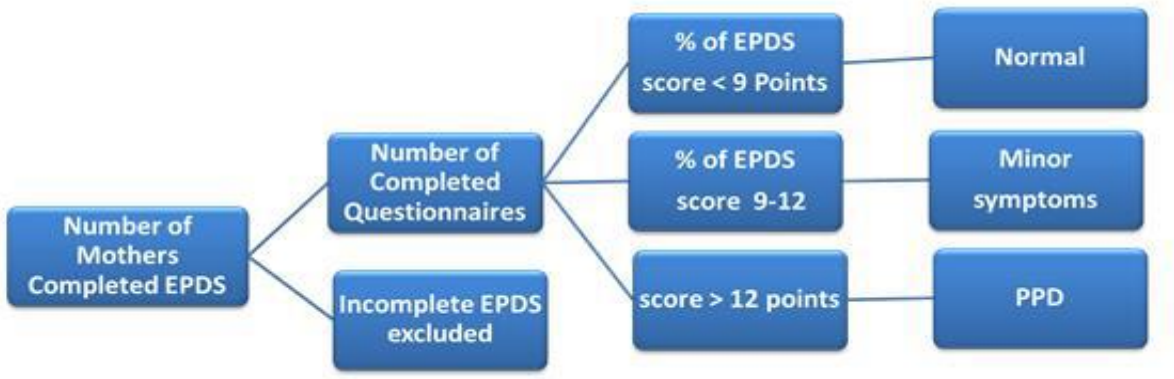
وظیفوی موقف: .....

نیټه : ...../...../..... نیټه : ...../...../.....

بریښنالیک ادرس:

Annex seven: scoring system

Annex 2: Classification of PPD According to EPDS Scores



Edinburgh postnatal Depression scale (EPDS) Guideline for scoring (coxl)**:**
Edinburgh Postnatal Depression Scale (EPDS)
Cox JL, Holden JM Sagovsky R (1987) Detection of postnatal depression: development of the 10-item
Edinburgh postnatal depression scale. Brit J Psychiatry 150 782-86. Reproduced with permission.

Name:…….. …… Date:……

We would like to know how you have been feeling in the past week. Please indicate which of the following comes closest to how you have been feeling over the past seven days, not just how you feel today. Please tick one circle for each question that comes closest to how you have felt in the **last seven days.**
Here is an example already completed.
I have felt happy:
Yes, all of the time
Yes, most of the time
No, not very often
No, not at all
This would mean: 'I have felt happy most of the time during the past week'.
Please complete the other questions in the same way.

1. I have been able to laugh and see the funny side of things
0 As much as I always could
1 Not quite so much now
2 Definitely not so much now
3 Not at all

2. I have looked forward with enjoyment to things
0 As much as I ever did
1 Rather less than I used to
2 Definitely less than I used to
3 Hardly at all

3. I have blamed myself unnecessarily when things went wrong
3 Yes, most of the time
2 Yes, some of the time
1 Not very often
0 No, never

4. I have been anxious or worried for no good reason
0 No, not at all
1 Hardly ever
2 Yes, sometimes
3 Yes, very often

5. I have felt scared or panicky for no very good reason
3 Yes, quite a lot
2 Yes, sometimes
1 No, not much
0 No, not at all

6. Things have been getting on top of me
3 Yes, most of the time I haven't been able to cope at all
2 Yes, sometimes I haven't been coping as well as usual
1 No, most of the time I have coped quite well
0 No, I have been coping as well as ever

7. I have been so unhappy that I have had difficulty sleeping
3 Yes, most of the time
2 Yes, sometimes
1 Not very often
0 No, not at all
8. I have felt sad or miserable
3 Yes, most of the time
2 Yes, quite often
1 Not very often
0 No, not at all

9. I have been so unhappy that I have been crying
3 Yes, most of the time
2 Yes, quite often
1 Only occasionally
0 No, never
10. The thought of harming myself has occurred to me
3 Yes, quite often
2 Sometimes
1 Hardly ever
0 Never

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