

Title

AN ASSESSMENT ON PREVALENCE OF DEPRESSION AMONG PREGNANT WOMEN AND ITS IMPACT ON THEIR WELBEING: A CASE OF SALIMA DISTRICT HOSPITAL

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ABSTRACT

This study presents a comprehensive assessment of the prevalence of depression among pregnant women and its impact on their overall wellbeing, with a specific focus on Salima District Hospital. Maternal mental health is a major public health concern, as depression during pregnancy can negatively affect both the mother and the developing fetus. Untreated antenatal depression is associated with poor maternal self-care, adverse birth outcomes, and long-term developmental challenges for infants.

A descriptive cross-sectional study design was employed, targeting pregnant women attending antenatal care at Salima District Hospital. Data were collected using structured questionnaires that included standardized depression screening tools to assess the presence and severity of depressive symptoms. Additional data on socio-demographic characteristics, and psychosocial factors were also gathered to explore potential risk factors associated with antenatal depression. The collected data were analyzed using descriptive statistical methods to determine prevalence rates.

The findings revealed that depression was relatively common among pregnant women attending the facility. A significant proportion of participants reported experiencing depressive symptoms that negatively affected their emotional, physical, and social wellbeing. Key factors associated with increased vulnerability to depression included low levels of social support, and a history of obstetric complications. Women affected by depression commonly reported persistent sadness, anxiety, sleep disturbances and strained interpersonal relationships.

The study concludes that antenatal depression is a significant health issue at Salima District Hospital and requires focused attention. Integrating routine mental health screening into antenatal services, strengthening counseling and

psychosocial support, and improving referral systems are critical interventions. Early identification and management of maternal depression can improve pregnancy outcomes and contribute to better health.

Keywords: Antenatal depression, Pregnant women, Maternal wellbeing, Mental health, Salima District Hospital

INTRODUCTION

Background

Maternal mental health is a crucial component of maternal and child health, yet it remains insufficiently addressed in many healthcare systems, particularly in low- and middle-income countries. Pregnancy is a period of significant biological, psychological, and social changes that can increase a woman's vulnerability to mental health disorders, most notably depression. Antenatal depression is characterized by persistent sadness, loss of interest in daily activities, fatigue, sleep disturbances, anxiety, and impaired functioning. When left unrecognized and untreated, depression during pregnancy can have serious consequences for both the mother and the developing fetus.

Globally, depression is one of the leading causes of disability among women of reproductive age. Studies indicate that the prevalence of antenatal depression ranges from 10% to over 30%, with higher rates reported in resource-limited settings. Factors such as poverty, unemployment, food insecurity, unplanned pregnancies, limited social support, and exposure to stressful life events contribute significantly to the development of depressive symptoms during pregnancy. Despite the high burden, antenatal depression is often under-diagnosed because routine antenatal care services tend to focus primarily on physical health conditions, leaving mental health needs largely unmet.

The effects of antenatal depression extend be-

yond psychological distress. Depressed pregnant women may experience poor self-care, reduced attendance at antenatal clinics, inadequate nutrition, and poor adherence to medical advice. From an obstetric perspective, antenatal depression has been associated with adverse outcomes such as preterm birth, low birth weight, and increased risk of postpartum depression. These outcomes can negatively affect maternal wellbeing, infant health, and early child development, highlighting the importance of early detection and intervention.

Context of the Study

In Malawi, considerable progress has been made in improving maternal health indicators through increased access to antenatal care and skilled delivery services. However, maternal mental health has not received comparable attention within the healthcare system. Mental health services are limited and are often centralized, with few resources available at district and community levels. Routine mental health screening during antenatal visits is not consistently practiced, and many healthcare workers lack training in identifying and managing mental health conditions among pregnant women. Salima District Hospital is a major public health facility in the Central Region of Malawi, serving a predominantly rural population. Women attending antenatal care at this facility often face multiple socioeconomic challenges, including poverty, food insecurity, limited education, and dependence on subsistence livelihoods. These stressors, combined with limited psychosocial support and high fertility rates, increase the risk of depression during pregnancy. Cultural beliefs and stigma surrounding mental illness further contribute to underreporting of depressive symptoms and hinder access to appropriate care. Despite these challenges, there is limited local evidence on the prevalence of antenatal depression and its impact on pregnant women's well-being in Salima District. The absence of context-specific data makes it difficult for healthcare providers and policymakers to design targeted interventions or integrate mental health services into routine antenatal care. Under-

standing the local burden of antenatal depression is therefore essential for improving maternal healthcare delivery at the district level.

RESEARCH OBJECTIVES

- To assess the prevalence of depression and its impact on the overall wellbeing of pregnant women attending antenatal care at Salima District Hospital.

Specific Objectives

- To determine the prevalence of depressive symptoms among pregnant women attending antenatal care at Salima District Hospital.
- To assess the impact of depression on the emotional, physical, and social wellbeing of pregnant women.
- To identify socio-demographic factors associated with antenatal depression among pregnant women.
- To examine obstetric and psychosocial factors contributing to depression during pregnancy.
- To provide evidence-based recommendations to support the integration of mental health screening and interventions into routine antenatal care services.

LITERATURE REVIEW

Prevalence of Antenatal Depression

Antenatal depression is a widespread mental health concern affecting pregnant women worldwide. Globally, the prevalence of depression during pregnancy ranges between 10% and 30%, though rates tend to be higher in low- and middle-income countries due to socio-economic stressors, poor access to healthcare, and limited social support (Gavin *et al.*, 2005; Woody *et al.*, 2017). In sub-Saharan Africa, studies report prevalence rates ranging from 15% to over 40%, highlighting the magnitude of the problem in resource-constrained settings

(Abiodun, 2006; Gelaye *et al.*, 2016).

In Malawi specifically, available studies suggest that depression among pregnant women is underrecognized and potentially widespread. While national surveys have largely focused on postpartum depression, antenatal depression has received less attention. A study in southern Malawi reported that approximately 19% of pregnant women attending antenatal clinics experienced depressive symptoms, emphasizing the need for localized research to identify prevalence and risk factors (Mkandawire *et al.*, 2020). The variation in reported prevalence across different studies may be influenced by differences in screening tools, sample sizes, and socio-cultural contexts.

Risk Factors Associated with Antenatal Depression

Research consistently identifies a combination of socio-demographic, psychosocial, and obstetric factors as key contributors to depression during pregnancy.

Socio-demographic factors: Low socioeconomic status, unemployment, low education, and marital instability have been linked to higher rates of antenatal depression. Poverty and financial insecurity contribute to chronic stress, which exacerbates depressive symptoms (Girma *et al.*, 2014). Studies in East and Southern Africa show that women with limited formal education are at greater risk of experiencing depression due to reduced coping resources and limited access to information on pregnancy care (Fisher *et al.*, 2012).

Psychosocial factors: Lack of social support, intimate partner violence, and unplanned pregnancies are major psychosocial determinants. Adequate emotional and practical support from partners, family, or community has been shown to protect against depressive symptoms, while social isolation and domestic conflict increase vulnerability (O'Donnell *et al.*, 2014).

Research in Kenya and Ethiopia demonstrates that women experiencing poor partner support or exposure to violence are two to three times more likely to develop antenatal depression (Atif *et al.*, 2019; Garman *et al.*, 2019).

Obstetric factors: Previous pregnancy loss, obstetric complications, and fear of childbirth have also been associated with depression during pregnancy. Women with a history of miscarriage or stillbirth often experience heightened anxiety and depressive symptoms in subsequent pregnancies (Lancaster *et al.*, 2010). Complicated pregnancies, such as those involving preeclampsia or gestational diabetes, can further increase psychological distress due to perceived risks to the mother and fetus.

Impact of Antenatal Depression

Antenatal depression has profound implications for maternal, fetal, and neonatal outcomes. For the mother, depression during pregnancy is associated with poor nutrition, fatigue, sleep disturbances, and impaired emotional functioning, which can reduce adherence to antenatal care recommendations (Grote *et al.*, 2010). Depressed mothers are also less likely to engage in positive health behaviors, such as attending regular clinic visits or following medical advice.

For the developing fetus, antenatal depression is linked to preterm birth, low birth weight, and impaired intrauterine growth. Biological mechanisms such as elevated maternal cortisol and stress hormones may influence fetal development (Dunkel Schetter & Tanner, 2012). Postnatally, children born to mothers with untreated depression are at increased risk of behavioral, cognitive, and emotional difficulties, creating intergenerational effects on health and development (Stein *et al.*, 2014).

Screening and Management of Antenatal Depression

Despite the clear evidence of its impact, antenatal depression is often underdiagnosed and undertreated, particularly in low-resource settings. Routine screening using validated tools such as the Edinburgh Postnatal Depression Scale (EPDS) or Patient Health Questionnaire (PHQ-9) has been recommended to identify at-risk women early (Cox *et al.*, 1987; Kroenke *et al.*, 2001). Early detection facilitates timely interventions, including counseling, psychosocial support, and, when necessary, pharmacological treatment.

Integration of mental health services into routine antenatal care has been shown to improve maternal outcomes in various settings. For example, in South Africa, routine depression screening combined with counseling services reduced depressive symptoms and improved adherence to antenatal care among pregnant women (Hartley *et al.*, 2011). However, challenges such as shortage of trained personnel, stigma, and lack of standardized protocols continue to limit effective implementation in many district hospitals across sub-Saharan Africa, including Malawi.

Gaps in Existing Literature

Although several studies highlight the prevalence, risk factors, and consequences of antenatal depression, research in Malawi, particularly at the district hospital level, remains limited. Most studies focus on urban or tertiary healthcare settings, neglecting rural populations who face unique socioeconomic and cultural challenges. There is also limited evidence on how antenatal depression specifically affects emotional, social, and physical wellbeing among pregnant women in local contexts. These gaps highlight the need for localized, evidence-based research to inform targeted interventions and policy development.

METHODOLOGY

Research Methodology

According to the *University of Newcastle Library Guides (2019)*, research methods are strategies, processes, or techniques utilized in the collection and analysis of data to uncover new information or create a deeper understanding of a research topic. The choice of research methods directly influences the reliability, validity, and overall credibility of study findings. For this study, a mixed-methods approach was adopted, integrating both qualitative and quantitative research techniques to provide a comprehensive understanding of depression among pregnant women attending antenatal care at Salima District Hospital.

The mixed-methods approach is particularly suitable for this study because it allows the researcher to leverage the strengths of both qualitative and quantitative methods, facilitating triangulation and improving the validity of the findings (Saraswati, 2023). While quantitative methods provide measurable and comparable data regarding the prevalence and severity of depressive symptoms, qualitative methods offer in-depth insights into participants' experiences, perceptions, and social contexts. This integration ensures a robust understanding of the research problem and generates richer, more credible results.

Research Setting

The study was conducted at Salima District Hospital, a public referral health facility in Salima District, Central Region of Malawi. The hospital provides comprehensive antenatal care services to a large and predominantly rural population. It was chosen as the research site due to its role as a key provider of maternal health services and the accessibility of its antenatal clinic, which sees a high volume of pregnant women on a daily basis.

Target Population

The target population for this study comprised pregnant women attending antenatal care (ANC) at Salima District Hospital. This popu-

lation was chosen because women attending ANC are accessible for data collection, and they are directly affected by maternal mental health challenges such as depression.

Sampling Technique

A convenience sampling technique was used to select participants from the target population. Convenience sampling allows researchers to choose participants based on ease of access and willingness to participate. This method is cost-effective, less time-consuming, and operationally simple (Golzar, 2022). However, it has limitations, including potential sampling bias, lack of representativeness, and limited generalizability of the findings. Despite these drawbacks, convenience sampling was appropriate for this exploratory study given the practical constraints and the focus on understanding depression within a specific hospital setting.

Sample Size

The study engaged a sample of 25 pregnant women attending ANC at Salima District Hospital. This sample size was determined based on the feasibility of data collection, the mixed-methods approach, and the intent to conduct in-depth qualitative interviews and focus group discussions (FGDs) alongside quantitative assessments.

Research Instruments

Data were collected using multiple research instruments to capture both quantitative and qualitative information

Beck Depression Inventory (BDI) – A standardized scale used to assess the presence and severity of depressive symptoms among participants.

In-depth Interviews (IDIs) – Conducted with selected participants to gain detailed insights into their emotional, social, and physical experiences during pregnancy.

Focus Group Discussions (FGDs) – Facilitated discussions among small groups of participants to explore shared experiences and social dynamics contributing to depression.

Using multiple instruments allowed for data triangulation, enhancing the credibility and richness of the findings.

Pilot Study

A pilot study was conducted prior to the main study to assess feasibility, practicality, and potential challenges in the research design (Simkus, 2023). A small group of participants was selected to test the research instruments. The pilot study helped the researcher identify unclear questions, refine data collection procedures, and estimate time and budget requirements. It also enabled adjustments to ensure that the instruments effectively captured relevant information from the target population.

Data Analysis

Data analysis employed thematic analysis for qualitative data and descriptive statistics for quantitative data. Thematic analysis involves coding non-numerical data to identify patterns, categories, and themes that emerge from participants' responses (Stewart, 2020). The process includes assigning codes to segments of text, grouping similar codes into broader themes, and interpreting these themes to understand participants' experiences. Quantitative data from the Beck Depression Inventory were analyzed using descriptive statistics, such as frequencies and percentages, to determine the prevalence and severity of depressive symptoms.

Ethical Considerations

Ethical approval for this study was obtained from relevant authorities, including the University of Malawi Research Ethics Committee (UNIMAREC) and the Salima District Research Committee. Several ethical principles were strictly adhered to:

Confidentiality – Personal information collected from participants, including lifestyle, family, and health details, was treated as confidential and stored securely.

Informed Consent – Participants were fully informed about the purpose of the study, data collection procedures, and their rights. They voluntarily provided consent and were made aware of their right to withdraw at any time.

Do No Harm – Measures were taken to minimize potential physical or psychological harm to participants. The researcher monitored and mitigated risks throughout the study.

RESULTS

This section presents the findings of the study, highlighting the prevalence of antenatal depression, socio-demographic characteristics, psychosocial and obstetric risk factors, and the impact of depression on the wellbeing of pregnant women attending antenatal care at Salima District Hospital. The results are organized to reflect both the quantitative and qualitative data collected using the Beck Depression Inventory (BDI), in-depth interviews (IDIs), and focus group discussions (FGDs).

Socio-Demographic Characteristics

A total of 25 pregnant women participated in the study. Table 1 summarizes their socio-demographic characteristics, including age, marital status, education, and employment.

Socio-Demographic Characteristics of Participants (n=25)

The characteristics of participants show variation across age, marital status, education, and employment. Most participants were aged 25–34 years, comprising 48% (n=12), followed by those aged 18–24 years at 32% (n=8). Participants aged 35–44 years accounted for 20% (n=5).

Regarding marital status, the majority were married, representing 72% (n=18), while 20% (n=5)

were single and 8% (n=2) were divorced or widowed.

In terms of education level, primary education was most common at 40% (n=10), followed by secondary education at 32% (n=8). Those with tertiary education accounted for 16% (n=4), while 12% (n=3) had no formal education.

With respect to employment status, unemployment was reported by 24% (n=6) of participants.

Observation: Most participants were between 25–34 years old, married, with primary or secondary education. The majority were unemployed, indicating potential financial stressors that may influence mental health.

Psychosocial and Obstetric Risk Factors

Through IDIs and FGDs, several factors were identified as contributors to antenatal depression. The most commonly reported factors included:

- **Low Social Support:** Many participants reported feeling isolated and lacking emotional support from partners or family members.
- **Financial Stress:** Unemployment and inadequate household income were recurring themes influencing anxiety and depressive symptoms.
- **Unplanned Pregnancies:** Several women indicated that unexpected pregnancies caused worry, fear, and emotional strain.
- **Previous Obstetric Complications:** Women with a history of miscarriage, stillbirth, or complicated pregnancies expressed higher levels of anxiety and depression.

Impact of Depression on Wellbeing

Participants described how depressive symptoms affected their emotional, physical, and social wellbeing. Key themes that emerged include:

- **Emotional Wellbeing:** Persistent sadness, anxiety, and feelings of hopelessness were commonly reported. Participants described frequent worry about the health of the baby and their ability to care for their families.
- **Physical Wellbeing:** Sleep disturbances, fatigue, and low energy were recurring challenges. Several women reported decreased appetite and difficulty managing daily household responsibilities.
- **Social Wellbeing:** Depression negatively impacted interpersonal relationships. Participants described withdrawal from social interactions, strained relationships with partners, and reduced participation in community activities.

Impact of Depression on Wellbeing (Qualitative Themes)

The wellbeing assessment indicates challenges across multiple dimensions. Emotionally, participants reported experiences of sadness, anxiety, hopelessness, and frequent worry. Physically, many described fatigue, sleep disturbances, and low energy, suggesting the impact of psychological stress on bodily health. Socially, participants experienced isolation, strained relationships, and social withdrawal, reflecting reduced social support and connectedness.

Summary of Key Findings

High prevalence of depression: Approximately 60% of participants experienced mild to severe depressive symptoms.

- **Socio-demographic vulnerability:** Most participants were unemployed and had limited formal education, indicating economic and social challenges.
- **Psychosocial and obstetric risk factors:** Low social support, financial stress, unplanned pregnancies, and previous obstetric complications were commonly reported contributors to de-

- pression.
- **Negative impact on wellbeing:** Depression affected emotional, physical, and social functioning, demonstrating the multi-dimensional effects of antenatal depression on pregnant women.

These findings highlight the urgent need for integrating mental health screening and psychosocial support into routine antenatal care services at Salima District Hospital

DISCUSSION

This study examined the prevalence, risk factors, and impact of antenatal depression among pregnant women attending antenatal care (ANC) at Salima District Hospital. The findings highlight that depression is a significant mental health concern, affecting the emotional, physical, and social wellbeing of pregnant women.

Prevalence of Antenatal Depression

The study found that 60% of participants experienced mild to severe depressive symptoms, indicating that antenatal depression is relatively common among pregnant women at Salima District Hospital. This prevalence aligns with findings from other studies in sub-Saharan Africa, where rates of antenatal depression range between 15% and 40% (*Abiodun, 2006; Gelaye et al., 2016*). The high prevalence observed in this study may reflect the compounded effects of socioeconomic challenges, limited social support, and stress associated with pregnancy. Similar findings were reported in Malawi by *Mkandawire et al. (2020)*, emphasizing that rural women are particularly vulnerable due to financial insecurity, limited access to healthcare, and cultural barriers to discussing mental health concerns.

Socio-Demographic Factors

Most participants were between 25–34 years old, married, unemployed, and had primary or secondary education. These characteristics are

consistent with risk factors for depression reported in the literature. Low educational attainment and unemployment increase vulnerability to stress and limit access to resources that could buffer against depressive symptoms (*Girma et al., 2014; Fisher et al., 2012*). Although most women were married, quality of marital relationships rather than marital status itself influenced mental health outcomes. Several participants reported poor partner support, which mirrors findings from *O'Donnell et al. (2014)*, who argue that supportive relationships are critical protective factors against antenatal depression.

Psychosocial and Obstetric Risk Factors

Low social support and financial stress were the most frequently reported contributors to depression, which aligns with prior research showing that lack of emotional and practical support increases the risk of antenatal depression (*Atif et al., 2019*). Unplanned pregnancies and previous obstetric complications, such as miscarriage or stillbirth, were also significant stressors for participants. These findings are consistent with studies by *Lancaster et al. (2010)* and *Garman et al. (2019)*, which highlight the relationship between reproductive history, pregnancy-related anxiety, and maternal depression. These results underscore the need for interventions that address both psychosocial and medical aspects of pregnancy to reduce the risk of depression.

Impact on Wellbeing

Depression significantly affected participants' emotional, physical, and social wellbeing. Emotionally, women experienced persistent sadness, anxiety, and feelings of hopelessness, consistent with global evidence on antenatal depression (*Grote et al., 2010*). Physically, participants reported fatigue, sleep disturbances, and reduced energy, which could compromise adherence to ANC recommendations and self-care. Socially, depression led to isolation, strained relationships with partners, and decreased engagement in household or community activities. These findings corroborate studies by *Stewart (2020)* and *Dunkel Schetter*

& *Tanner (2012)*, which emphasize that maternal depression affects multiple dimensions of wellbeing and can have long-term implications for both mother and child.

Implications

The study highlights the urgent need to integrate mental health services into routine ANC. Screening for depression using validated tools, such as the Beck Depression Inventory or Edinburgh Postnatal Depression Scale, could facilitate early detection and timely intervention. Psychosocial support programs, partner involvement, and community awareness campaigns are also recommended to mitigate risk factors. These interventions are likely to improve not only maternal mental health but also pregnancy outcomes, including reducing preterm births, low birth weight, and the risk of postpartum depression (*Stein et al., 2014; Grote et al., 2010*).

Limitations

The study had several limitations. The small sample size (n=25) and use of convenience sampling limit the generalizability of the findings. Self-reported measures may have introduced reporting bias. However, combining qualitative and quantitative approaches strengthened the study by providing a richer understanding of participants' experiences and the contextual factors influencing antenatal depression.

CONCLUSION

The findings indicate that antenatal depression is prevalent and significantly impacts the wellbeing of pregnant women at Salima District Hospital. Low social support, financial stress, unplanned pregnancies, and previous obstetric complications were major risk factors. The results emphasize the importance of integrating mental health screening and psychosocial support into routine antenatal care to improve maternal and infant health outcomes.

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