ORIGINAL RESEARCH

Epidemiological features of postpartum depression in transitional Kosovo

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Abstract

Aim: Postpartum depression constitutes a serious public health challenge and this condition has become more common in routine obstetric care in many countries of the world including Kosovo. The aim of our study was to describe the distribution of postpartum depression among women in Kosovo, the newest country in Europe which has been characterized by a rapid political and socioeconomic transition in the past two decades.

Methods: A cross-sectional study was conducted in Kosovo during 2013-2014 including 385 women (mean age: 28.8±5.6 years) who delivered at the Obstetric-Genecology Clinic of the University Hospital Centre in Pristine, the capital city of Kosovo. The Adult Self Report/Adult Behavior Checklist (ASR/ABCL, 2003) was administered after 2-3 days of delivery to all women who agreed to participate in this study. In addition, data on correlates of postpartum depression, as well as demographic and socioeconomic characteristics were collected for all women included in this study.

Results: Overall, the prevalence of postpartum depression in this study population was 17.6%. The overall summary score of the depression scale was 6.1±4.5. The mean depression score of women residing in rural areas was higher compared to women residing in urban areas (6.4±4.5 vs. 5.8±4.6, respectively), but this difference was not statistically significant (P=0.216). Significant correlates of postpartum depression among Kosovo women included in this survey were the mode of delivery (natural vs. caesarean section), level of stress experienced during pregnancy, as well as family type (extended vs. nuclear family).

Conclusions: Our study provides important evidence on the magnitude and distribution of postpartum depression in Kosovo – a particularly under-researched topic in this transitional and patriarchal society. Health professionals and policymakers in Kosovo and in other countries should be aware of the magnitude and negative health consequences of postnatal depression.

Keywords: Adult Self Report/Adult Behavior Checklist, Kosovo, postnatal depression, postpartum depression.

Introduction

Postpartum depression, also referred to as postnatal depression, is a type of clinical depression which may affect both sexes after childbirth (1-3). However, the prevalence of postpartum depression is substantially higher in women, especially in developing and transitional countries (4-6) including post-war Kosovo which is currently undergoing a difficult period political and socioeconomic transition after a long war against Serbia. At a global scale, it is reported that the prevalence of postnatal depression in women ranges from 0.5% to 60% (3,7). On the other hand, among men, the same prevalence is estimated at a range from 1% to 25% (3,7). Nevertheless, the exact prevalence of postpartum depression is unclear given the wide range of different assessment methods involved.

Symptoms of postpartum depression usually consist of sadness, low energy, anxiety, irritability, crying episodes, changes in sleeping and eating patterns, as well as reduced desire for sex (3,8). It should be noted that many women experience self-limited, mild symptoms postpartum, which may be not be clinically detected. As a rule of thumb, postpartum depression should be suspected when symptoms are severe and last over two weeks according to self-reports, or partner's observations (3,8).

Given its magnitude, postpartum depression constitutes a serious medical issue and an important public health challenge. In countries such as the USA, postnatal depression is one of the major causes of homicide of children aged less than one year, with a frequency of about 8 cases per 100,000 births (3).

Notwithstanding the fact that several risk factors have been identified, the exact causes of postpartum depression are not known yet. In particular, hormonal change is assumed to play a significant role in the etiology of postpartum depression (3). In addition, the international literature reports that young age or the advanced age of pregnancy are major correlates of postpartum depression (3,8,9). Other correlates of postnatal depression include socioeconomic conditions and educational attainment (3,8,9).

Postpartum depression may last several months or even a year. Most of the women affected by this condition are fully recovered though. Treatment of postpartum depression mainly consists of support groups coupled with medications.

Postpartum depression constitutes a serious public health challenge in routine obstetric care in many developing and transitional countries of the world including Kosovo (2,3). Nevertheless, the information about the magnitude and determinants of this condition in Kosovo is scarce. In this context, the aim of our study was to describe the distribution of postpartum depression among women in Kosovo, the newest country in Europe which has been characterized by a rapid political and socioeconomic transition in the past two decades.

Methods

A cross-sectional study was conducted in Kosovo during 2013-2014 including 385 women (mean age: 28.8±5.6 years) who delivered at the Obstetric-Genecology Clinic of the University Hospital Centre in Pristine, the capital city of Kosovo.

The Adult Self Report/Adult Behavior Checklist (10) was administered after 2-3 days of delivery to all women who agreed to participate in this study. The questionnaire was administered by properly trained interviewers. The interviews had an average duration of 30 minutes (the range was from 20 to 45 minutes).

Furthermore, information about type of delivery (natural vs. caesarean section) and the level of stress during pregnancy was obtained for all study participants. In addition, data on demographic factors (age, place of residence and family type [extended vs. nuclear family]) and socioeconomic characteristics (educational attainment, employment status and economic level) were collected for all women included in this study.

The study was approved by the Faculty of Medicine in Pristine. All women who agreed to participate in this study gave their informed consent.

T-test was used to compare the distribution of demographic and socioeconomic characteristics of women by their place of residence (urban areas vs. rural areas). In all cases, a p-value of ≤ 0.05 was considered as statistically significant. Statistical Package for Social Sciences (SPSS, version 20.0) was used for the data analysis.

Results

Overall, the mean age of women included in this study 28.8±5.6 years. On average, participants had 11.0±2.8 years of formal education. Regarding the place of residence, 177 (46.1%) of women resided in urban areas, whereas 207 (53.9%) of them resided in rural areas. The vast majority of women (about 98%) reported to be married. About 83% of women reported to be unemployed compared with only 17% of their counterparts who were currently employed. On the whole, 57% of women lived in extended families, as opposed to 43% of women who lived in nuclear families.

The distribution of selected demographic and socioeconomic characteristics by place of residence (urban vs. rural areas) of women included in this study is presented in Table 1. There was no statistically significant difference in the mean age of women distinguished by their place of residence. Similarly, there was no significant difference regarding the income level. On the other hand, women residing in urban areas had a higher educational attainment compared with their counterparts from rural areas (P=0.001). Conversely, rural residents had a significantly higher number of household members (a proxy measure of family type: nuclear vs. extended) compared with women residing in urban areas (P=0.001).

Table 1. Distribution of demographic and socioeconomic characteristics of women by place of residence

Variable	Residence	Number	Mean	SD	P-value from the T-test
Age	Urban	177	28.5	5.2	>0.05
	Rural	207	29.1	5.8	
Education	Urban	166	11.9	3.6	0.001
	Rural	178	9.2	3.1	
Number of household members	Urban	177	6.4	3.4	0.001
	Rural	207	8.1	3.7	
Income level	Urban	138	592.3	500.2	>0.05
	Rural	137	536.8	395.9	

Overall, the prevalence of postpartum depression in this study population was 17.6% (not shown). The overall summary score of the depression scale was 6.1±4.5. The mean depression score of women residing in rural areas was higher compared to women residing in urban areas (6.4±4.5 vs. 5.8±4.6, respectively), but this difference was not statistically significant (T-test: P=0.216).

Significant correlates of postpartum depression among Kosovo women included in this survey were the mode of delivery (natural vs. caesarean section), level of stress experienced during pregnancy, as well as family type (extended vs. nuclear family) [data not shown].

Discussion

Main findings of this study include a high prevalence of postpartum depression in post-war Kosovo, a country which has undergone a long

period of bloody war against Serbia and has been characterized by a rapid political and socioeconomic transition in the past decades. There were no statistically significant differences in the mean scores of depression between women residing in urban areas and those residing in rural areas. On the other hand, the mode of delivery, the level of stress experienced during pregnancy, as well as the family type were important factors linked to postpartum depression in Kosovo women included in this survey.

Our findings are generally in line with previous reports from the international literature (3,9,11,12). A previous study conducted in Denmark indicated that one out of three women who suffered from psychological distress in late pregnancy with perceived social isolation developed postpartum depression (8). Therefore, it has been suggested that antenatal focus on psychosocial wellbeing may help to identify women at risk of postpartum depression (9).

Postpartum depression has been described as a *"crippling mood disorder, historically neglected in health care, leaving mothers to suffer in fear, confusion, and silence"* (13). If undiagnosed, this condition has been shown to affect negatively the mother-infant relationship and may lead to long-term emotional problems for the child (13).

In our study, we obtained evidence that young mothers and those with a low educational attainment had a higher risk of developing depression following delivery, which is in line with other reports from the international literature (3,8,14).

This study may suffer from several limitations including its design, the sample, the instruments used and the validity of the information obtained. Based on the cross-sectional design, it is not possible to infer causality from this study. Instead, prospective studies should be conducted in order to elucidate more robustly the determinants of postpartum depression in Kosovo. Furthermore, the sample included in this study may not represent the overall women of Kosovo who give birth. Hence, findings from this study should be generalized to women residing in Pristine who deliver at the Obstetric-Genecology Clinic of the University Hospital Centre. The instrument employed for data collection consists of a standardized internationally valid tool which is suggested for use in similar studies. This instrument was initially validated in a small sample of women in Pristine and, on the face of it, it was found to be valid and reliable in terms of internal consistency and stability over time (test-retest reliability). Seemingly, there was no evidence of information bias in this study, but this issue should always be taken into consideration because there might have been a possibility of differential reporting between women of different demographic and socioeconomic backgrounds (based on age, educational attainment, employment status and economic level). Therefore, findings of this study should be interpreted with caution.

In conclusion, regardless of its potential limitations, this study provides important evidence on the magnitude and distribution of postpartum depression in Kosovo – a particularly under-researched topic in this transitional and patriarchal society. Health professionals and policymakers in Kosovo and in other countries should be aware of the magnitude and negative health consequences of postnatal depression.

Conflicts of interest: None declared.

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