

An Exploration of the Prevalence of Depression amongst Obese Pregnant Women and the Relationship between Depression and Potential Demographic Risk Factors

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Background: Antenatal depression is a condition from which 8–29% of women suffers worldwide, and may be more prevalent in obese women and women of low socioeconomic status. Counties Manukau is a region of New Zealand that has a high prevalence of obesity and socioeconomic deprivation amongst its population. There are limited data concerning the issue of depression in pregnant women in this population. Additionally, the relationship between demographic characteristics and rates of depression in this population is unexplored.

Methods: Depression was assessed amongst obese pregnant women at recruitment to the Healthy Mums and Babies (HUMBA) trial (between 12–18 weeks of pregnancy) using the Edinburgh Postnatal Depression Scale (EPDS). These scores were analyzed to determine the prevalence of depression in the study cohort, defined as EPDS score > 13. Additionally, socioeconomic status was evaluated using New Zealand's Deprivation Index. Demographic factors were self-reported by study participants using questionnaires administered by HUMBA research midwives. Statistical analysis was done using logistic regression and chi square tests. At present, 65% of the study cohort has been recruited.

Findings: One hundred and thirty seven women were included in the current analysis of whom 19 (13.9%) met the criteria for depression. Deprivation index was not associated with depression. Women who did not complete secondary school were more likely to be depressed than women who had a secondary school qualification or completed some form of tertiary education (OR: 4.81, CI: 1.63–14.19). BMI grouping did not have a significant overall effect on EPDS score. Comparisons between categorical groups showed that the BMI group of 30–35 was associated with a higher rate of depression compared to the other BMI groups (OR: 3.90, CI: 1.02–14.89). When level of education was adjusted for in a multivariate model, BMI group of 30–35 no longer had a significant relationship with depression.

Interpretation: The rate of depression in this obese cohort of pregnant women is similar to rates reported in other settings. Women with lower levels of education appeared to be more likely to be depressed than their more educated counterparts. If this finding is confirmed in results from the full cohort, women with lower educational attainment should be considered for EPDS screening during pregnancy.

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Transformed Women, Transformed Communities: Impact of Mental Health Support Groups for North Indian Women

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Background: Although major depression is one of the leading causes of premature death and disability in India, there is little infrastructure to provide mental health services in the highly populated North Indian state of Uttarakhand. The worldwide burden of depression is 50% higher in women than men, however Indian women experience the double burden of gender disadvantage and poverty which restricts their autonomy and access to social support, and increases their risk for common mental disorders (CMDs). In this low resource setting, community mental health (CMH) models of care may offer the best approach to supporting women with CMDs. This study partnered with a local NGO in Uttarakhand to examine barriers for women participating in mental health support groups (MHSGs), and the groups' impact on the women and their communities.

Methods: Focused ethnographic research was conducted over three months in 2016, involving ten focus group discussions with MHSGs, and eight key informant interviews with community health workers and mental health professionals. Data was translated and transcribed from Hindi to English.

Findings: The principal barrier to MHSG participation was gender inequality, specifically, women not being granted permission to leave the home to participate. In terms of impact, the women explained how learning and talking about their own depression and anxiety increased their knowledge and improved their mental health. MHSGs created safe social spaces for women to talk, which increased women's confidence to speak freely in their community. Communities were impacted by the MHSGs as women shared their MH knowledge widely, and referred and accompanied community members to MH services.

Interpretation: These findings are significant because women in MHSGs were able to work together to improve their MH in the context of high gender inequality and mental health stigma. Greater ability to speak out and act collectively may empower women to contribute to household and community decisions, and participate economically, advancing their health and social interests.

This research demonstrates how MHSGs can benefit not only the women involved but their community and its mental health. It highlights the importance of understanding models for CMH services that build on local resources and can serve as a model for other underserved communities.

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A Randomized-controlled Trial of a Livestock Asset Transfer Intervention to Improve Economic and Health Outcomes and Reduce Intimate Partner Violence in a Post-Conflict Setting

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