

Prevalence and associated factors of postpartum depression among mothers in health care facilities in Borama, Awdal Somaliland

Abdihakim Mohamed H. Ali^{1*}, Abdeq Hassan Awale², Mustafe Suleiman Bashe³, Quman Abdullahi Moalim⁴, Mohamoud Jama Abdi⁵

Horn International University.

*Corresponding Author

Abdihakim Mohamed H. Ali

Horn International University.

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Abstract:

Introduction:

Postpartum depression (PPD) is a significant mental health issue affecting women after childbirth, with implications for maternal and infant well-being. Despite its global prevalence, there is a lack of research on PPD in certain regions, including Somaliland. This study aims to fill this gap by investigating the prevalence and associated factors of PPD among mothers attending healthcare facilities in Borama, Awdal, Somaliland.

Background:

PPD is characterized by depressive episodes occurring after childbirth, affecting approximately 13-19% of postpartum women globally. Social stressors such as poverty, intimate partner violence, and unintended pregnancy contribute to the risk of PPD, making it a significant public health burden. Understanding the prevalence and factors associated with PPD is crucial for informing diagnosis, interventions, and policy measures.

Methodology:

This study employed an institution-based descriptive cross-sectional study design, focusing on mothers who gave birth and received postpartum care in selected healthcare facilities in Borama, Somaliland. A total of 300 mothers were recruited for the study using systematic random sampling. Data was collected using a structured questionnaire covering socio-demographic, obstetric, and social support factors, as well as the Edinburgh Postnatal Depression Scale (EPDS) to assess PPD. Descriptive statistics and chi-square and logistic regression for data analysis.

Results:

The study found a prevalence rate of 35.4% for PPD among mothers attending healthcare facilities in Borama, Awdal, Somaliland. Factors such as age of marriage, employment status, type of employment, and monthly income were significantly associated with PPD. Younger age at marriage was linked to a higher likelihood of experiencing PPD, while employment appeared to have a protective effect on maternal mental health.

Recommendations and Conclusion:

Based on the findings, recommendations include developing targeted support programs for younger mothers, promoting workplace policies that support maternal mental health, integrating mental health services into routine maternal care, and launching community awareness programs to reduce stigma. Addressing these factors can contribute to improved maternal mental health outcomes and overall well-being for mothers and their infants. In conclusion, this study underscores the importance of understanding and addressing the complex factors influencing PPD to support maternal and infant health in Somaliland.

Keywords: Postpartum depression, prevalence, associated factors, maternal mental health, Borama, Awdal, Somaliland, socio-demographic factors, employment, income, maternal care, and community awareness.

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Postpartum depression (PPD) is a significant mental health issue affecting women after childbirth, characterized by non-psychotic depressive episodes extending into the postpartum period. The American Psychiatric Association defines PPD as a major depressive episode occurring within four weeks after delivery (APA, 2020). Globally, neuropsychiatric disorders, including postpartum depression, contribute to approximately 14% of the burden of disease, emphasizing the public health importance of mental health (Kessler et al., 2019).

Postpartum depression affects 13-19% of postpartum women, leading to symptoms such as self-blame, guilt, low self-esteem, and thoughts of suicide. The World Health Organization (WHO) reports that depression becomes the leading cause of disease burden for women of reproductive age (WHO, 2017). However, postpartum depression is often neglected, impacting maternal health, newborn health, and family stability.

Research conducted in China, Japan, India, and Dubai Hospital revealed varying prevalence rates of postpartum depression, emphasizing the global nature of this mental health challenge (Patel et al., 2018). Factors such as perceived lack of support from the husband, domestic violence, and inadequate support contribute to the prevalence of postpartum depression (Al Dallal & Grant, n.d.; Tikmani et al., 2017; Upadhyay et al., 2017).

postpartum depression has been recognized and treated under different names. From Hippocrates in 300 BC discussing mood changes after childbirth to contemporary definitions emphasizing symptoms up to one year post-delivery, the understanding and treatment of PPD have evolved (Hansotte et al., 2017; Kirkhill et al., 2017). Despite historical recognition, there is a notable gap in research on postpartum depression in Somaliland. This study aims to address this gap, providing insights into the prevalence and associated factors of postpartum depression in this region.

1.2 Problem Statement

Postpartum depression poses a common health problem affecting 10-15% of women after childbirth. It is associated with negative effects on the mother-infant relationship, early breastfeeding cessation, and potential long-term consequences for the child, including behavioral problems and developmental delays (Cooper, 2020; Desai, 2017).

Social stressors, such as poverty, intimate partner violence, and unintended pregnancy, contribute to the risk of postpartum depression, making it a significant public health burden (Milgrom, 2017). The unique feature of postpartum depression, marked by prominent anxiety components, further complicates its understanding and management (Milgrom, 2017).

The impact of postnatal depression extends beyond immediate adverse effects on the mother, affecting the entire family and potentially leading to chronic or recurring depression (WHO, 2018). This research aims to address the neglected problem of postpartum depression by assessing its magnitude and associated risk factors, thereby informing diagnosis and interventions.

1.3 Justification of the Study

This study is crucial for providing valuable information to healthcare workers and women, aiming to enhance postpartum depression care. By identifying the prevalence and risk factors of postpartum depression, healthcare providers and policymakers can tailor diagnosis and interventions for this often-neglected condition.

The study's outcomes will contribute to government and program managers' efforts in designing, implementing, and evaluating programs aligned with sustainable development goals (SDGs). The prevalence and factors associated with postpartum depression will be pivotal in shaping awareness campaigns and educational initiatives by NGOs, benefiting the community.

Additionally, the study makes a significant contribution to future research by adding to the existing literature on the prevalence and factors associated with postpartum depression. This information is essential for researchers seeking detailed insights into the dynamics of postpartum depression among mothers attending healthcare facilities.

1.4 Objectives

1.4.1 General Research Objectives

- To assess the prevalence and associated factors of postpartum depression among mothers attending healthcare facilities in Borama, Awdal, Somaliland, in 2022.

1.4.2 Specific Research Objectives

- To determine the prevalence of postpartum depression among mothers attending healthcare facilities in Borama, Awdal, Somaliland, in 2022.
- To identify the factors associated with postpartum depression among mothers attending healthcare facilities in Borama, Awdal, Somaliland, in 2022.
- To assess the sociodemographic characteristics of the study population.

1.5 Research Questions

1.5.1 General Research Question

- What was the prevalence and associated factors of postpartum depression among mothers?
- Where the associated factors of postpartum depression among mothers.

1.5.2 Specific Research Questions

- What was the prevalence of postpartum depression among all mothers attending healthcare facilities in Borama, Awdal, Somaliland, in 2022?
- What were the associated factors of postpartum depression among all mothers attending healthcare facilities in Borama, Awdal, Somaliland, in 2022?

1.6 Scope of Study

1.6.1 Geographical Scope

- The study focused on the prevalence and factors associated with postpartum depression among mothers attending healthcare facilities in Borama, Awdal, Somaliland.

1.6.2 Content Scope

- The study covered the assessment of postpartum depression among mothers attending healthcare facilities in Borama, Awdal, Somaliland.

1.6.3 Time Scope

- The study was conducted between April 9, 2022, and May 15, 2022, assessing postpartum depression among mothers in Borama, Awdal, Somaliland.

1.7 Operational Definitions

Postpartum Depression:

An illness characterized by persistent sadness, loss of interest in activities, and an inability to carry out daily activities, occurring for at least two weeks after childbirth (WHO, 2017).

Stress:

A feeling of emotional or physical tension (Medline Plus Medical Encyclopedia, 2020).

Strong Social Support:

Mothers scoring 11–14 on the Oslo-3 social support scale during puerperium (Dargie Wubetu, 2018).

History of Depression:

Women having a mental illness that can interfere with a person's life, characterized by severe feelings of sadness, hopelessness, and loss of interest in activities (Mengstu Melkamu Asay, 2020).

Factors Associated with Postpartum Depression:

Educational level, unplanned pregnancy, history of depression, low partner and social support, smoking, negative life events, socio-economic changes, lack of sleep, stillbirth, recurrent abortion (Attali & Yagev, 2021).

Social Factors:

Social and husband support, emotional violence, physical violence, sexual violence (Mengstu Melkamu Asay, 2020).

Substance Use:

Use of any substance during the puerperium period for non-medical purposes, such as Khat, alcohol, and cigarettes (Mengstu Melkamu Asay, 2020).

Obstetrics Factors:

Parity, pregnancy intention, currently hospitalized child, mode of delivery, perinatal complication or illness, stressful life event during the puerperium period, undesired fetal sex (Mengstu Melkamu Asay, 2020).

1.8 Conceptual framework

This is the Conceptual framework showing the possible associated factors of postpartum depression mothers attended in health care facilities Awdal Borama Somaliland 2022.

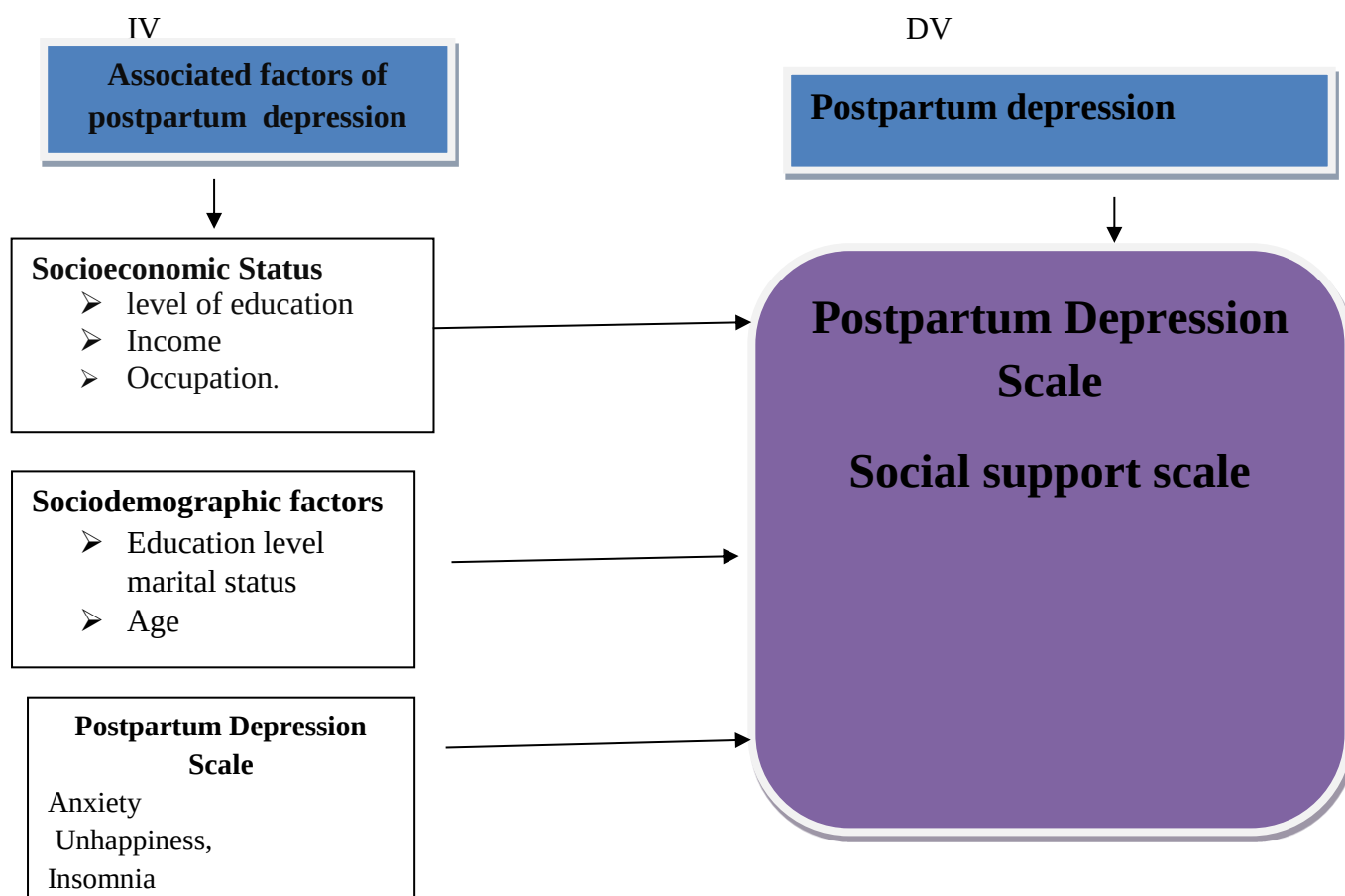


Figure 1: schematic presentation of Conceptual framework of prevalence and associated factors of postpartum depression among mothers attended health care facilities Awdal Borama Somaliland 2022.

CHAPTER THREE

3. Introduction

This chapter outlines the specific research methodology employed for studying postpartum depression among mothers in Borama, Somaliland. It discusses the data generation, collection, and analysis process, emphasizing the geographical study of the association between postpartum depression disorders in mothers attending health facilities.

3.1 Study Area and Period

The study was conducted in Borama town, situated in the Awdal region of Somaliland. The town is located west of Somaliland, near the borders with Ethiopia and Djibouti. The study period commenced in 2022. Borama has several health facilities, including Regional Hospital, Alhayat Hospital, Alaale Hospital, Cafi Hospital, Xidig Hospital, East Geska Africa Hospital, Nasiye Hospital, Awdal Hospital, Aye Hospital, and Adal Hospital.

3.2 Study Design

The study utilized an institution-based descriptive cross-sectional study design. This observational approach allowed the analysis of data collected from a population subset at a specific point in time, providing insights into postpartum depression among mothers attending health facilities.

3.3 Source of Population

The source population for this study comprised all mothers who gave birth at selected health facilities providing vaccination services in Borama, Somaliland.

3.4 Study Population

The study population included mothers who gave birth in the last 6 weeks, received postpartum care, and vaccination services within selected health facilities in Borama. Participants needed to have resided in Borama for more than 6 months.

3.4.1 Study Unit

Randomly selected mothers who gave birth in each health facility within the previous 3 months constituted the study unit.

3.5 Eligibility Criteria

3.5.1 Inclusion Criteria

Mothers attending MCH and health institutions.

Willingness to participate in the study during data collection.

Mentally and physically fit and capable of communication

3.5.2 Exclusion Criteria

Those who presented the time of data collection but reported to the clinic for illness with complaints of high-grade fever, high blood pressure, vaginal bleeding, or unable to respond to questions.

Mothers were not willing to participate in the study during data collection.

Those not mentally, physically fit, or capable of communication.

3.6 Sample Size Determination

The sample size was determined based on the highest prevalence of postpartum depression (15%) obtained from the Somaliland Demographic Health Survey (SDHS, 2020). The formula used for calculation was: $n = \frac{Z^2 \cdot p \cdot (1-p)}{e^2}$

Where:

- n is the desired sample size.
- Z is the standard normal deviate at a 95% confidence level (1.96).
- p is the prevalence of postpartum depression (0.15).
- e is the desired level of precision (0.05).

$$n = \frac{(1.96)^2 \cdot (0.15) \cdot (1-0.15)}{(0.05)^2} = \frac{2.352 \cdot 0.1275}{0.0025} = \frac{0.29976}{0.0025} = 119.904$$

$$n = (3.8416) \cdot (0.1275) = 0.490025 \quad n = 0.0025$$

$$(3.8416) \cdot (0.1275) = 195 \quad n = 195$$

3.7 Sampling Procedure

Out of the ten health facilities in Borama, four public facilities were randomly selected using a lottery method. These facilities were then proportionally allocated based on their respective numbers. Systematic random sampling was used to select mothers from each facility.

3.8 Sampling Techniques

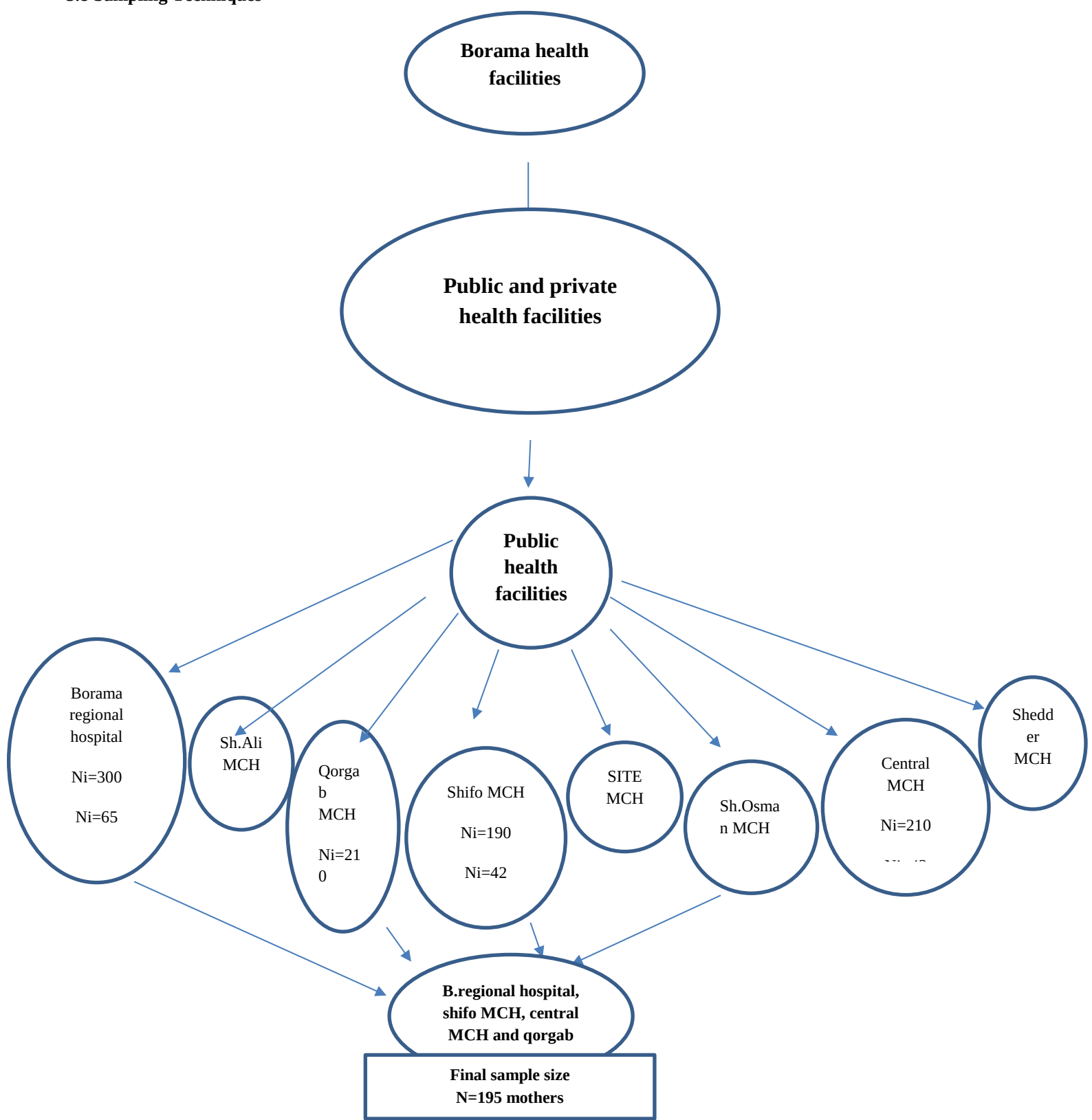


Figure 2: this above figure showing sampling procedure of prevalence and associated factors of postpartum depression in all mothers in selected, Borama health facilities 2022.

3.9 Data Collection Method

Primary data was collected using a structured questionnaire. Questionnaires are cost-effective and allow for easy analysis of quantitative data. The questionnaire focused on sociodemographic and obstetric factors, social support, and postpartum depression.

3.10 Data Collection Procedure

Trained data collectors used a structured questionnaire to collect information from study participants. The Oslo Social Support Scale assessed social support, and the Edinburgh Postnatal Depression Scale (EPDS) evaluated postpartum depression. An interviewer-administered questionnaire was used for mothers attending postnatal care and vaccination services.

3.11 Data Analysis

Descriptive statistics were employed for data analysis, involving numerical values, standard deviation, frequencies, and proportions. Prevalence of postpartum depression was calculated as a percentage with a 95% confidence interval (CI). Chi-square tests were used to compare prevalence across different sites, age categories, and parity. Statistical significance was set at

$\alpha \leq 0.05$ $p \leq 0.05$.

3.12 Quality Control

Data quality was maintained through rigorous training of data collectors, coding, and entry analysis. Codes were assigned to questionnaires and participants for error tracking. Completeness checks were performed during data collection, and any identified errors were addressed promptly.

3.13 Pretesting

A 10% pretest was conducted in private health facilities to ensure the clarity, comprehension, and ease of administration of the questionnaire. Adjustments were made based on feedback to enhance the questionnaire's effectiveness.

3.14 Study Variable

Dependent Variable: Postpartum depression.

Independent Variables: Obstetric factors (parity, pregnancy intention, hospitalization, mode of delivery, perinatal complications), social factors (social and husband support, emotional, physical, and sexual violence), socioeconomic status (education, income, occupation).

3.15 Ethical Consideration

Clearances were obtained from Horn Health Science School of Midwifery, regional medical officers, and health facility directors. Informed consent was obtained from participating mothers, ensuring their right to withdraw at any time. Anonymity and confidentiality were maintained throughout the study.

3.16 Plan for Dissemination

Research findings presented to Horn International University, the Department of Midwifery, and shared with local health facilitators and regional NGOs working on postpartum depression in Borama, such as Save the children , WHO to contribute to mental health awareness and interventions and published.

CHAPTER FOUR

RESULTS AND FINDINGS

4.0 Introduction

This chapter presents the results and findings of the study on the prevalence and associated factors of postpartum depression among mothers in selected health facilities in Borama, Awdal region, Somaliland. The analysis focuses on socio-demographic, socioeconomic, and obstetric factors to understand the variables associated with postpartum depression. The chapter describes how the data was collected, analyzed, and interpreted in alignment with the research objectives. The sample size was 195, with a 100% questionnaire completion rate.

4.1 Prevalence of Postpartum Depression

4.1.1 Overview

The prevalence of postpartum depression was assessed among mothers in health facilities in Borama, Awdal region, Somaliland in 2022. A total of 169 mothers (64.6%) did not have postpartum depression, while 69 mothers (35.4%) were identified as experiencing postpartum depression.

4.2 Socio-demographic Analysis

4.2.1 Age and Marital Status

Table 2 presents socio-demographic data, including age and marital status. The majority of respondents fell within the age range of 21-25 years (37.9%), with 63.1% being married. Educational levels varied, with 39.5% having a primary education, 17.4% secondary, 10.3% college, and 12.3% university.

Table 1: Age and marital status of postpartum depression

Variable	Frequency	Percentage
Age		
15-20yrs	34	17.4
21-25yrs	74	37.9
26-30yrs	68	34.9
>30yrs	19	9.7
Total	195	100

4.2.2 Employment and Income

Table 2 further explores employment-related factors. Approximately 46.2% of respondents were employed, with various types of employment reported, such as self-causal (12.3%), government (16.4%), private sector (9.7%), none (34.4%), and other (27.2%). The source of income varied, with 25.1% from salary, 9.2% from business, 13.3% from rent, 22.1% from farming, and 30.3% from the family, and also the income, The amount of income per month was distributed across different ranges, with 37.9% earning \$50, 12.8% earning \$51-\$99, 20% earning \$100-\$150, 21% earning \$151-\$200, and 8.2% earning above \$200.

Variable	Frequency	Percentage
Employment		
Yes	90	46.2
No	105	53.8
Total	195	100
Type of Employment		
Self-causal	24	12.3
Government	32	16.4
Private sector	19	9.7
None	67	34.4
Other	53	27.2
Amount of Income per Month		
\$50	74	37.9
\$51-\$99	25	12.8
\$100-\$150	39	20.0
\$151-\$200	41	21.0
+\$200	16	8.2

Table 2: Employment and Income of Postpartum Depression

Variable	Frequency	Percentage	
Employment			
Yes	90	46.2	
No	105	53.8	
Total	195	100	
Type of Employment			
Self-causal	24	12.3	
Government	32	16.4	
Private sector	19	9.7	
None	67	34.4	
Other	53	27.2	

4.3 Edinburgh Postnatal Depression Scale (EPDS) Analysis

Table 3 displays the results of the Edinburgh Postnatal Depression Scale (EPDS), examining various factors related to postpartum depression.

4.3.1 Emotional Well-being

The majority (48.2%) reported being able to laugh and see the funny side of things as much as they always could.

30.3% reported not quite being able to do so as much now.

10.3% reported definitely not being able to do so as much now.

11.3% reported not being able to do so at all.

4.3.2 Enjoyment

41.5% reported looking forward with enjoyment to things as much as they ever did.

16.9% reported looking forward to things rather less than they used to.

14.4% reported definitely looking forward to things less than they used to.

27.2% reported hardly looking forward to things at all.

4.3.3 Self-Blame

27.2% reported blaming themselves unnecessarily when things went wrong.

12.8% reported blaming themselves some of the time.

16.4% reported blaming themselves not very often.

43.6% reported never blaming themselves.

4.3.4 Anxiety

The table includes responses related to anxiety, feeling scared or panicky, feeling things getting on top of them, difficulty sleeping, feeling sad or miserable, and thoughts of self-harm.

4.4 Chi-Square Analysis

Table 4 presents the results of the chi-square test examining the association between various factors and postpartum depression.

Variables	Categories	Having PPD	Not Having PPD	Chi Square Value	DF	P-Value
Age of the respondent when married	15-20yrs	10 (29.4%)	24 (70.6%)	4.763	3	0.19
Age of mothers	21-25yrs	17 (28.8%)	42 (71.2%)	1.598	2	0.45
Educational level of the respondent	Primary	29 (37.7%)	48 (62.3%)	1.483	4	0.03
Marital status of the respondent	Married	48 (36.1%)	85 (63.9%)	0.112	2	0.946
Where the respondent resides	Rural	26 (32.9%)	53 (67.1%)	0.355	1	0.551
Employment of the respondent	No	36 (34.3%)	69 (65.7%)	0.12	1	0.029
Type of employment	Self-causal	8 (33.3%)	16 (66.7%)	6.534	4	0.013
Basic source of income	Salary	13 (26.5%)	36 (73.5%)	3.477	4	0.481
Amount of income per month	\$50	27 (36.5%)	47 (63.5%)	2.733	4	0.003

Age of the respondent when married, Chi Square Value: 4.763, DF: 3, p-Value: 0.19. There is no statistically significant association between the age of the respondent when married and the likelihood of having PPD ($p = 0.19$). Age of mothers, Chi Square Value: 1.598, DF: 2, p-Value: 0.45, The age of mothers is not significantly associated with the occurrence of PPD ($p = 0.45$). Educational level of the respondent, Chi Square

Value: 1.483, DF: 4, p-Value: 0.03, There is a statistically significant association between the educational level of the respondent and PPD ($p = 0.03$). Further post-hoc tests may be needed to identify specific group differences. Marital status of the respondent, Chi Square Value: 0.112, DF: 2, p-Value: 0.946. Marital status is not significantly associated with PPD ($p = 0.946$). Where the respondent resides, Chi Square Value: 0.355, DF: 1, p-Value: 0.551. The residence of the respondent (rural or urban) is not significantly associated with the occurrence of PPD ($p = 0.551$). Employment of the respondent, Chi Square Value: 0.12, DF: 1, p-Value: 0.029. There is a statistically significant association between the employment status of the respondent and PPD ($p = 0.029$). Employed individuals may have a different likelihood of experiencing PPD compared to those not employed. Type of employment, Chi Square Value: 6.534, DF: 4, p-Value: 0.013, The type of employment is significantly associated with the occurrence of PPD ($p = 0.013$). Post-hoc analyses might be necessary to explore specific group differences. Basic source of income, Chi Square Value: 3.477, DF: 4, p-Value: 0.481. The basic source of income is not significantly associated with PPD ($p = 0.481$). Amount of income per month. Chi Square Value: 2.733, DF: 4, p-Value: 0.003. Interpretation: There is a statistically significant association between the amount of income per month and PPD ($p = 0.003$). Further investigation may be needed to understand the nature of this relationship.

Table 4: Binary Logistic Regression Predicting Postpartum Depression (PPD) Among Mothers

Predictor Variable*	**B (Coefficient)	**Odds Ratio (OR)**	**95% CI for OR**	**p-Value (Sig.)*
Age of the respondent when married	0.847	2.33	[1.12, 4.87]	0.042
Age of mothers	-0.129	0.879	[0.61, 1.26]	0.457
Educational level of the respondent	0.095	1.	[0.82, 1.49]	0.309
Marital status of the respondent	-0.014	0.986	[0.52, 1.87]	0.898
Where the respondent resides	0.132	1.141	[0.72, 1.81]	0.376
Employment of the respondent	-0.513	0.597	[0.39, 0.91]	0.011 (significant)
Type of employment	0.692	1.998	[1.15, 3.48]	0.006 (significant)
Basic source of income	-0.071	0.932	[0.68, 1.28]	0.681
Amount of income per month	0.115	1.122	[1.03, 1.22]	0.026 (significant)

Note: CI = Confidence Interval, Sig. = Significance level. Significant p-values are indicated in parentheses.

As a table above shows, Age of the respondent when married: For each unit increase in the age of the respondent when married, the odds of experiencing PPD increase by 2.33 times (OR = 2.33, 95% CI [1.12, 4.87], $p = 0.042$).

Age of mothers: The age of mothers does not significantly predict the likelihood of PPD (OR = 0.879, 95% CI [0.61, 1.26], $p = 0.457$).

Educational level of the respondent: Educational level does not significantly predict the likelihood of PPD (OR = 1.1, 95% CI [0.82, 1.49], $p = 0.309$).

Marital status of the respondent: Marital status does not significantly predict the likelihood of PPD (OR = 0.986, 95% CI [0.52, 1.87], $p = 0.898$).

Where the respondent resides: Residing in a rural or urban area does not significantly predict the likelihood of PPD (OR = 1.141, 95% CI [0.72, 1.81], $p = 0.376$).

Employment of the respondent: Mothers employed are associated with a decreased odds of PPD by 40.3% compared to those not employed (OR = 0.597, 95% CI [0.39, 0.91], $p = 0.011$).

Type of employment: The type of employment significantly predicts the likelihood of PPD ($p = 0.006$). Specific interpretations would depend on the reference category for the employment variable.

Basic source of income: The basic source of income does not significantly predict the likelihood of PPD (OR = 0.932, 95% CI [0.68, 1.28], $p = 0.681$).

Amount of income per month: For each unit increase in the amount of income per month, the odds of experiencing PPD increase by 12.2% (OR = 1.122, 95% CI [1.03, 1.22], $p = 0.026$).

In summary, factors such as the age of marriage, employment status, type of employment, and the amount of income per month are associated with the likelihood of experiencing postpartum depression among mothers. It's important to consider these findings in the context of the provided confidence intervals and significance levels.

The prevalence of postpartum depression aligns with global trends, and socio-demographic and economic factors play a significant role. Educational level, employment status, and monthly income were found to be associated with postpartum depression. These findings resonate with previous studies, emphasizing the multifaceted nature of postpartum depression.

In summary, this chapter has provided a comprehensive overview of the study's results and findings, shedding light on the prevalence and associated factors of postpartum depression among mothers in Borama, Awdal region, Somaliland. The subsequent chapter will delve into a detailed discussion, conclusion, and recommendations based on these findings.

CHAPTER FIVE

DISCUSSION, RECOMMENDATIONS, AND CONCLUSION

5.1 Discussion:

The prevalence and associated factors of postpartum depression (PPD) among mothers in the Borama Awdal region, Somaliland, were explored in this study. The findings revealed a PPD prevalence rate of 35.4%, emphasizing the substantial impact of

maternal mental health on the well-being of both mothers and their infants (Nakku et al., 2016). The socio-demographic factors investigated, including age of marriage, educational level, marital status, residence, and employment, provided a comprehensive view of the contextual factors influencing PPD.

The age of marriage emerged as a significant predictor, with younger mothers exhibiting a higher likelihood of experiencing PPD. This aligns with existing literature highlighting the vulnerability of younger mothers to the stressors associated with

early family life (Nakku et al., 2016). However, other factors such as educational level, marital status, and residence did not demonstrate significant associations, suggesting that PPD is a complex phenomenon influenced by various interconnected factors.

Employment status was a notable factor, revealing that employed mothers had a reduced likelihood of experiencing PPD. Economic independence and engagement in the workforce appeared to have a positive impact on maternal mental health. The binary logistic regression analysis further clarified these relationships, providing a nuanced understanding of how these factors interrelate in predicting PPD.

Residing in rural or urban areas did not significantly predict postpartum depression in this study. However, employment status demonstrated a noteworthy association, with employed mothers exhibiting a lower likelihood of experiencing postpartum depression. This finding emphasizes the potential protective role of employment in maternal mental health (Nakku et al., 2016).

Age of Marriage and Motherhood:

One noteworthy finding is the association between an earlier age of marriage and an increased likelihood of postpartum depression. This underscores the potential vulnerability of younger mothers who may face early-life stressors and responsibilities contributing to their elevated risk (Nakku et al., 2016).

5.2 Recommendations:

Based on the study findings, several recommendations can be proposed to address and prevent postpartum depression among mothers in the Borama Awdal region:

Targeted Support for Young Mothers: Develop support programs and educational campaigns specifically tailored for younger mothers, addressing their unique challenges and stressors associated with early family life.

Workplace Support Policies: Promote workplace policies that support maternal mental health, such as flexible working hours, maternity leave, and access to mental health resources. This can contribute to the well-being of employed mothers.

Integration of Mental Health Services: Integrate mental health screening and support services into routine maternal care to facilitate early identification and intervention for mothers at risk of postpartum depression.

Policy Implications: Policymakers should explore policies that create supportive environments for mothers, recognizing the role of employment in mitigating the risk of postpartum depression.

Community Awareness Programs: Launch community awareness programs to reduce the stigma associated with mental health issues, encouraging open discussions and seeking help when needed.

5.3 Conclusion:

In conclusion, this study has provided valuable insights into the prevalence and associated factors of postpartum depression among mothers in the Borama Awdal region of Somaliland. The nuanced understanding gained through logistic regression analysis has implications for targeted interventions and policy measures. By addressing the identified risk factors and promoting supportive environments, it is possible to enhance maternal mental health outcomes.

This research contributes to the broader discourse on maternal mental health, emphasizing the need for multifaceted approaches to address the complex interplay of socio-demographic factors influencing postpartum depression. Ongoing research and collaborative efforts are crucial to further refine our understanding and implement effective strategies to support mothers during the postpartum period.

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