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## Major Depression Among Pregnant Women Attending a Tertiary Teaching Hospital in Northern Uganda Assessed Using DSM-V Criteria

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### Background

Major depression (MD) during pregnancy complicates maternal and neonatal outcomes. Despite its significant impact, there is a lack of evidence on the prevalence and associated factors of MD among pregnant women in Uganda. We assessed the magnitude and factors associated with MD among pregnant women attending antenatal care (ANC) at a large teaching hospital in Northern Uganda.

### Methods

Between June and August 2023, we enrolled pregnant women aged 18 years or older attending ANC clinic at Gulu Regional Referral Hospital in Northern Uganda. Data were collected using a validated semi-structured questionnaire. MD was evaluated using DSM-V criteria and was defined as having 1) at least two weeks of either persistent low mood or excessive sadness, 2) plus additional symptoms from the MD diagnostic criterion A, for a total of at least five MD symptoms, and 3) the symptoms caused significant distress or problem and significantly altered behaviour or functionality. Modified Poisson regression analyses with robust standard errors were constructed to evaluate for factors independently associated with major depression. Adjusted prevalence ratio (aPR) whose 95% confidence interval (CI) did not include the null value (0) or  $p < 0.05$  was considered statistically significant.

### Results

We enrolled 329 participants, with a mean age of  $26.1 \pm 5.5$  years. Overall, 29.8% ( $n=98$ ) had MD; 37 (11.2%) mild, 49 (14.9%) moderate, and 12 (3.6%) severe MD. Having a co-wife (aPR: 1.64, 95% CI: 1.09-2.45,  $p=0.016$ ), an arranged marriage (aPR: 1.56, 95% CI: 1.02-2.42,  $p=0.042$ ), partner's income in second quartile (aPR: 2.14, 95% CI: 1.29-3.54,  $p=0.003$ ), experiencing physical violence (aPR: 1.75, 95% CI: 1.09-3.81,  $p=0.019$ ), controlling behaviours from partner (aPR: 3.60, 95% CI: 1.79-7.26,  $p<0.001$ ), and planned pregnancy (aPR: 0.53%, 95% CI: 0.35-0.81,  $p=0.003$ ) were independently associated with MD.

### Conclusion

MD affects nearly one-third of pregnant women in Northern Uganda. MD is more prevalent among women with co-wives, in arranged marriages, with unplanned pregnancies, whose partners had low income, who experienced physical violence or controlling behaviors from a partner. These findings highlight the urgent need for targeted interventions, including prevention, screening, and treatment services for MD within ANC clinics. Implementing such measures is crucial to improving maternal, fetal, and neonatal health outcomes in the region.

**Keywords:** Major depression, Antenatal care, Pregnancy

**Author:** OKOT, Jerom (Faculty of Medicine, Gulu University)

**Co-authors:** BONGOMIN, Felix (Gulu University); Dr PEBALO PEBOLO, Francis (Department of Reproductive Health, Gulu University); Dr OCHOLA, Henry (Mbarara University of Science and Technology, Uganda); Dr AEKU

JOB, Micheal (1. Faculty of Medicine, Gulu University, Uganda); Mrs P. BLASICH, Nozuko (3. Academic Affairs, Research and Quality Assurance National Health Laboratory Service, Johannesburg, South Africa); Dr OUMA, Simple (7. Department of Public Health, Gulu University, Uganda)

**Presenter:** OKOT, Jerom (Faculty of Medicine, Gulu University)

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