PREVALENCE AND RISK FACTORS OF POSTPARTUM DEPRESSION AMONG REFUGEES AND INTERNALLY DISPLACED WOMEN IN LEBANON

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BACKGROUND

Postpartum depression (PPD) is a significant health concern, affecting maternal and child health outcomes. PPD is classified under major depressive disorder if onset of mood symptoms occurs during pregnancy or in the 4 weeks following delivery.[1] Whereas 9% of women go through a major depressive episode between conception and birth, slightly less than 7% experience PPD between delivery and the 12 months postpartum.

Refugees and internally displaced women represent a vulnerable population facing unique challenges. Lebanon hosts over 1.5 million Syrian refugees, 489,292 Palestinian refugees and 11,654 refugees of other nationalities including Iraqis and Sudanese.[2] Moreover, since October 2023, armed confrontations at the Southern border have led to internal displacement, reaching 92,094 Internally Displaced Persons (52% women) in April 2024.[3]

This study falls under core theme 3 of WHO's global research agenda, which focuses on the determinants of health of migrants, refugees and other displaced populations.[4] We hypothesize that security concerns, stress due to displacement, and limited access to resources during transition to motherhood affect women's likelihood of developing PPD.

OBJECTIVES

- Investigate the prevalence and severity of PPD among refugees and internally displaced women in Lebanon
- Assess the factors associated with PPD, including individual and social determinants of health

METHODOLOGY

Design: Cross-sectional

Inclusion Criteria: Pregnant women or new mothers (up to 12 months postpartum), 18 years of age or older, displaced Lebanese or refugee

Ethical considerations: Study approved by LAU Institutional Review Board (IRB #: LAU.SOM.CB1.23/Nov/2023). Informed consent obtained from all participants.

Data collection: Between November 2023 and March 2024, through face-to-face interviews at a public hospital and in shelters, waves of WhatsApp messages, and snowball effect. The language of the survey was Arabic.

Measurement tool: Questionnaire consisted of 1) sociodemographic and health-related variables, 2) social determinants of health[5,6], 3) Brief Resilience Scale (BRS),[7] and 4) validated Arabic version of the Edinburgh Postnatal Depression Scale (EPDS).[8]

Required sample size: Using Daniel's formula,[9] a sample of 255 participants is required, assuming a confidence level of 95%, margin of error of 5%, and population proportion of 21%.

Statistical Analysis: Bivariate analysis using Pearson Chi-Square test and Student test for parametric tests and Fisher exact test for non-parametric tests.

RESULTS

Table 1
Characteristics of the sample and association with PPD

Variable (*N=368*)	N	%	Association with PPD p-value
Maternal Status			
Pregnant	268	72.8	***.013***
Mothers (up to a year postpartum)	100	27.2	
Age	26.9 ± 6.5*		***.012***
Governorate			
Beirut and Mount Lebanon	284	77.1	***.000***
Periphery: North, Bekaa, Nabatieh, South, Akkar, Baalbek	84	22.8	
Nationality			
Lebanese	37	10.1	***.000***
Syrian	325	88.3	
Palestinian or Sudanese	6	1.6	
Educational level			
No formal education	206	56	***.000***
Primary school	118	32.1	
Secondary/vocational school or above	44	12	
Employment status of husband			***.000***
Unemployed	135	36.7	
Number of years in Lebanon	9.4 ± 7.6*		***.000***
Number of displacements	1.7 ± 1.9*		***.000***

** Quantitative variables are expressed as means and standard deviations*

Table 2
Health-related issues and association with PPD

Variable (N=368)	N	%	Association with PPD p-value
Postpartum depression *(score on EPDS)*			--
Depressed (<12)	215	58.4	
Unplanned pregnancy	114	31	***.000***
Resilience *(score on BRS)*			
Low (1-2.99)	236	64.1	***.000***
Normal (3-4.30)	126	34.2	
High (4.31-5.00)	6	1.6	
Self-reported health			
Very good to excellent	156	42.4	***.000***
Good	148	40.2	
Poor to fair	64	17.4	
Emergency room admission in pregnancy			
Once	156	42.4	***.000***
≥ 2	39	10.6	
None	173	47	
History of rape in childhood			***.000***
Yes	45	12.3	
Psychiatric antecedents			
Yes	42	11.4	***.000***
Panic syndrome in the past month			
Yes	26	7.1	***.000***
Help needed in reading medical instructions			
Yes	249	67.6	***.000***
Having a regular health provider			
No	339	92.1	***.000***

Table 3
Social determinants of health and association with PPD

Variable (N=368)	N	%	Association with PPD p-value
Living arrangement			
Formal camp	23	6.3	***.000***
Collective shelter	25	6.8	
Informal settlement	6	1.6	
Rented accommodation	278	75.5	
Moved in temporarily with relatives	36	9.7	
Home environment			
Lack of heating	112	30.4	***.000***
Water leaks	158	42.9	***.002***
Current challenges			
Abuse	29	7.9	***.000***
Weak sense of belonging	297	80.7	***.000***
Trouble accessing healthcare services	277	75.3	***.025***
Fearing an uncertain future	124	33.7	***.019***
Economic struggles	29	7.9	***.000***
Limited info. on services and rights	73	19.8	***.022***
Loneliness (sometimes to always)	283	76.9	***.002***
Difficulty asking for help	233	63.3	***.030***
Difficulty paying rent	109	29.6	***.002***
Difficulty paying for transportation	85	23.1	***.030***
Lack of health coverage	114	31	***.000***

DISCUSSION/CONCLUSION

High prevalence of PPD (58.4%) and associated risk factors indicate a need for:

- Routine screening for PPD among refugee and internally displaced women
- Recognition of the impact of past trauma, multiple displacements, years in exile, alienation, uncertainty, and abuse on PPD
- Awareness-raising about PPD, including symptoms, risk factors and available services to encourage help-seeking behaviors
- Resilience-buidling interventions, with a focus on developing coping skills and self-care strategies
- Training of health providers to communicate effectively and address health literacy barriers including the need for help in reading and understanding medical instructions
- A link to a regular health provider to foster trust and continuity of care
- Mitigation of housing insecurity through rental assistance

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