KENYA
PSYCHIATRIC
ASSOCIATION

Contribution ID: **23**   Type: **Poster Presentation**

PREVALENCE AND RISK FACTORS ASSOCIATED WITH DEPRESSION AND ANXIETY AMONG PREGNANT WOMEN RECEIVING ANTENATAL CARE IN LEVEL FOUR AND FIVE HOSPITALS IN NYANDARUA COUNTY, KENYA

PREVALENCE AND RISK FACTORS ASSOCIATED WITH DEPRESSION AND ANXIETY AMONG PREGNANT WOMEN RECEIVING ANTENATAL CARE IN LEVEL FOUR AND FIVE HOSPITALS IN NYANDARUA COUNTY, KENYA

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Background

Perinatal depression and anxiety represent significant public health challenges in low-resource settings such as Nyandarua County, Kenya. Despite their high burden, these conditions remain under detected in routine antenatal care (ANC). This study aligns with the 17th KPA Annual Scientific Conference theme by exploring the integration of mental health screening into community ANC services, fostering innovation in early detection and generating impact on maternal and child health outcomes.

Methods

A cross-sectional study was conducted among 318 pregnant women attending ANC at three Level 4/5 hospitals in Nyandarua County between July and August 2024. Validated screening tools—the Patient Health Questionnaire 9 (PHQ-9), Generalized Anxiety Disorder-7 (GAD-7), and Medical Outcomes Study Social Support Survey (MOS-SSS)—were used to assess depression, anxiety, and social support, respectively. Multivariable logistic regression identified risk factors associated with perinatal depression and anxiety. Ethical approval was granted by the Kenyatta National Hospital-University of Nairobi Ethics Review Committee (KNH-UON ERC).

Results

Prevalence:

Depression was identified in 28.9% of participants, with 22.8% experiencing moderate to severe symptoms.

Anxiety prevalence stood at 8.8%, all moderate to severe cases.

Comorbidity was significant; women with depression had a 3.5-fold increased risk of anxiety (adjusted odds ratio [aOR] = 3.52, $p = 0.004$).

Risk Factors:

Unintended pregnancies doubled the risk of depression (aOR = 2.04, $p = 0.018$).

Late gestation (second and third trimesters) increased depression odds by 3 to 4 times ($p < 0.001$).

Lower education (primary level only) was associated with higher anxiety risk compared to secondary or tertiary education (aOR range 0.26–0.37, $p < 0.05$).

Protective Factor:

Higher education reduced anxiety likelihood by 63–74% ($p < 0.05$), highlighting education as a key empowerment strategy in community mental health.

Conclusions and Implications

Integration: The high prevalence of perinatal depression and anxiety supports routine PHQ-9 and GAD-7 screening integration into ANC services to enable early detection and management.

Innovation: Training community health workers to use mobile health tools can facilitate scalable, resource-sensitive screening in rural settings.

Impact: Targeted interventions focusing on high-risk groups—women with unintended pregnancies, low education levels, and those in late gestation—can disrupt the intergenerational transmission of mental health disorders.

Community Action: Collaborations with local NGOs to implement literacy programs and social support networks can amplify the protective effects of education and social connectedness.

Keywords

Perinatal depression, Anxiety, Antenatal care integration, Community mental health, Kenya, PHQ-9, GAD-7

Alignment with Conference Theme

This study exemplifies innovation through the use of validated mental health screening tools in ANC, integration by embedding mental health into primary care frameworks, and impact by proposing prevention-focused strategies to improve maternal mental health at the community level

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Track Classification: Community Mental Health in the 21st Century: Innovation, Integration, and Impact: Community-Driven Prevention, Promotion and Early Intervention in Mental Health.