PREVALENCE AND ASSOCIATED FACTORS OF MATERNAL POSTNATAL DEPRESSION IN LOMA DISTRICT, DAWURO ZONE, SOUTHERN NATIONS AND NATIONALITIES PEOPLE REGION, SOUTH WEST ETHIOPIA, COMMUNITY BASED CROSS-SECTIONAL.

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A THESIS SUBMITTED TO JIMMA UNIVERSITY, COLLEGE OF PUBLIC HEALTH AND MEDICAL SCIENCES, DEPARTMENT OF POPULATION AND FAMILY HEALTH IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF PUBLIC HEALTH IN REPRODUCTIVE HEALTH (MPH/RH)

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JIMMA, ETHIOPIA

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ABSTRACT

Back ground: *Maternal Post partum depression (PPD), also known as postnatal depression (PND) is a type of depression that affects some women after having a baby. Typically it develops within four to six weeks after giving birth, but sometimes takes several months to appear. Usually there is no clear reason for the depression.*

Objective: *The objective of this study was to assess prevalence and associated factors of Maternal postnatal depression within a year of child birth in the Loma district, Dawuro zone, Southern Nations, Nationalities, and Peoples Region.*

Methods: *A community-based cross-sectional study was conducted on randomly selected 441 postnatal women from April 8-15, 2014. Data were collected by face to face interview by using semi structured questionnaire. Women who has scored greater than or equal to 3 for WHO Self reporting questionnaire was considered as having postnatal depression. To identify independent predictors of postnatal depression, multivariate logistic regression was used.*

Results: *A total of 441 postnatal mothers were screened for PPD by using WHO SRQ 20. Ninety five mothers scored >=3 points corresponding to a prevalence of possible PPD at 21.5% (95/441). In multivariate analysis post natal women whose husband has polygamy marriage were 67% more likely to develop PND than whose husband has monogamy marriage type, AOR=0.3331; 95CI(0.174-0.638), a Postnatal woman whose husband uses substance were 65% more likely to develop PND than whose husband doesn't use substance, AOR=1 .653; 95CI(1.532-4.635), a woman who has history of IPV during the last 12 months were 1.852 times more likely to develop PPD than non violated woman, AOR=1.852;95CI(1.113-3.08), food insecured women were 45% more likely to develop maternal PND than food secured women, AOR=0.551;95%CI(0.333-0.912),a women with unplanned last birth were 2.645times more likely to develop maternal PND than a women whose last pregnancy were planned AOR=2.645;95%;CI (1.58-4.43),also a women whose last birth were for the first time were2.781 times more likely to develop PND than a women whose last delivery were two and above,AOR=2.781;95%C(1.48-5.23).*

Conclusion and Recommendation: *PPD a common maternal health problem in Dawuro zone Loma District, thus strengthening of early screening, providing treatment and strengthing of referral system of postnatal mothers who had developed depression is important to reduce its prevalence.Woreda health office should Provide integrated preventive activities with stake holders especially Women youth and children affair office, and A griculture office to reduce the risk factors to maternal postnatal depression.*

Key words: Postnatal depression, Intimate partner violence, Food insecurity, Loma district

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TABLE OF CONTENTS

LIST OF FIGURES

List of Tables

ACRONYMS and ABBREVIATIONS

- **ANC** = Antenatal care
- **AVD=** Assisted vaginal delivery
- **BS.c =** Bachelor of science
- **CI** = Confidence Interval
- **CMD =** Common Mental Disorder
- **CNS =** Central Nervous System
- **CPRS =** Comprehensive Psychopathologic Rating Scale
- **C/S=** Caesarean section
- **DC =** Data Collector
- **DSM-IV** = Diagnostic and Statistical Manual for Mental Disorder 4th edition
- **EPDS =** Edinburgh Postpartum Depression Scale
- **ERB =** Ethical Review Board
- **Fig =** Figure
- **IPV=** Intimate partner violence
- **LLMICS =** Low and Lower Middle Income Countries
- **LAMIC =** Low and Middle Income Countries
- **MCH =** Maternal and Child Health
- **ORs =** Odds Ratios
- **PI** = Principal Investigator
- **PND** = Postnatal Depression
- **PPD** = Postpartum Depression
- **SNNPR** = Southern Nations and Nationalities People Region
- **SPSS** = Statistical Package for Social Study
- **SRQ** = Self Reporting Questionnaire
- **SVD**= Spontaneous vaginal delivery
- **WHO =** World Health Organization**.**

1. INTRODUCTION

1.1 Back ground

Pregnancy and childbirth are complex events, packed with physical and psychological incidents as well as a profound biological, social and emotional transition. Although reactions of anxiety and sadness are common during pregnancy, most women navigate this transition without major psychopathology. Postpartum depression is by definition a major depression with an onset during the first weeks after delivery. In practice, however, the term, postpartum depression is used to characterize all kinds of depressive symptoms after child birth (1).It's also defined as an affective mood disorder often occurring in women up to one year after child birth (2, 3). This disorder is often characterised by feelings of loss and sadness and sometimes the loss of self-esteem (4).The depressive scale of this disorder and its presentation ranges from mild depression requiring minimal intervention to puerperal psychosis which often requires multi-therapy intervention, hospitalization and long term support (5).

The postpartum period is characterized by increased physical and emotional demands on women and postnatal depression (PND) affect the mother, infant and close others. Post partum depression (PPD), also known as postnatal depression (PND) is a type of depression that affects some women after having a baby. Typically it develops within four to six weeks after giving birth, but sometimes takes several months to appear. Usually there is no clear reason for the depression (6-8). However, there are some women who are at increased risk including those with low social support including low spousal support, a previous history of depression or other mental problems, stressful life events including an unplanned pregnancy, and daily stressors including financial problems(7).

A longer-term consequence of not diagnosing and treating maternal postpartum depression is the effects it can have on the family, including the parental relationship and the development of the child. Children of depressed women have been found to have attachment problems, higher rates of behavioral problems, and lower vocabulary skills. At the extreme end of the spectrum, women who develop postpartum psychosis have, rarely, committed suicide and infanticide. Education of the public is key to helping people recognizes the signs of postpartum depression so these new

mothers can find the help they need to cope with the depression. All health care professionals need to be alert for the signs of depression and to openly discuss the issue of postpartum depression with their clients prenatally and after delivery (*7*).

There are several tools available to screen women for depressive symptoms, Edinburgh Postpartum Depression Scale, Comprehensive psychopathological rating scale, Post partum depression screening scale, the Self-Reporting Questionnaire (SRQ) and Diagnostic and statistical manual for mental disorder(DSM-IV) diagnoses of major and minor depressive disorder .The Edinburgh Postnatal Depression Scale (EPDS) has been established as a useful screening questionnaire for detecting postnatal depression in many different cultures. The EPDS does not require prior psychiatric training which favours its application in settings where mental health professionals are scarce(9) , however EPDS demonstrated limited clinical utility as a screen for perinatal depression in the rural, low-income setting. The SRQ-20 was superior to EPDS across all domains for evaluating cultural equivalence and showed validity as a dimensional measure of perinatal depression(10).

Research studies use different methods for identifying PND, different criteria and different symptom thresholds. For example, some use the Edinburgh Postnatal Depression Scale (EPDS); a screening tool for PND, (higher scores indicating greater risk), whereas other studies use a professional diagnosis. Diagnostic criteria for PND also vary. Some define PND as onset of symptoms within the first four weeks postpartum, although there are also reports that 50% of cases start within three months and 75% of cases within seven months. This means that there may be significant variance between study samples with implications for generalisability of research findings(11) .

Postnatal depression affects approximately 10–15% of all mothers in Western societies (12). Recent epidemiological studies have reported prevalence rates of maternal postnatal depression in Arab 15.8%, 16% in Zimbabwe, 13.5% in China , 17% in Japan, 23% in India (13), 28% in Pakistan (14) and 34.7% in South African (15).

Thus, prevalence rates in the developing world range from being equal to almost double that of developed countries. Risk factors identified in these studies include previous psychiatric problems, life events in the previous year, poor marital relationship and economic deprivation. Female infant gender was found to be an important determinant of postnatal depression in India

(9), but not in South Africa (11). These studies found that postnatal depression was associated with high degrees of chronicity, disability and disturbances of mother infant relationship. The impact of postnatal depression on the mother, child and family is considerable and there has been significant research in developed countries on its risk factors (8).

1.2 Statement of the problem

Postnatal depression is a common mental disorders, with similar signs and symptoms that can occur at other times in life and includes: A long with a sad or depressed mood, the patient may have some of the following symptoms: Agitation or irritability, Changes in appetite, Feelings worthless or guilty, Feeling withdrawn or unconnected, Lack of pleasure or interest in most or all activities, Loss of concentration, Loss of energy, Problems doing tasks at home or work, Significant anxiety, Thoughts of death or suicide, Trouble sleeping. A mother with postpartum depression may also: Be unable to care for herself or her baby, Be afraid to be alone with her baby, Have negative feelings toward the baby or even think about harming the baby (Although these feelings are scary, they are almost never acted on). Worry intensely about the baby, or have little interest in the baby (16)

Effects of this illness are usually felt within the first three to six months postpartum but it can take up to a year for symptoms to develop. Some women progress from baby blues into postpartum depression while others feel good immediately following the birth of their child with depressive symptoms gradually developing over time. Postpartum depression typically lasts several months and is usually resolved within a year(7). Unfortunately, women who have suffered from postpartum depression have a 50-62% risk for future to develop depression than those who have no experienced postnatal depression (17).

Depression accounts for the greatest burden of disease among all mental health problems, and it is expected to become the second highest among all general health problems by 2020 (18).

Postpartum depression (PPD) is a common health problem which affects women in the postpartum period. The prevalence of postpartum depression has been reported to be from 0.5% to 60% globally, and from 3.5% to 63.3% in Asian countries, in which Malaysia and Pakistan had respectively the lowest and highest rates (19).

Unfortunately, little attention has been paid to this condition in terms of identification, diagnosis, and treatment (20). Recently, there appears to be a growing international recognition of postnatal depression as a significant public health concern (21). It has been noted that postnatal depression, particularly in western countries, affect 10-15% of postpartum women but many researches and epidemiological studies have recognized the occurrence of an increasingly high incidence of PPD in diverse cultures in different parts of the world (22).

The majority of evidence relating to PND is from high income countries (HICs). Prenatal mental health problems have been studied in more than 90% of HICs compared with just 10% of low and middle income countries. Recent evidence suggests that levels of PND in low and middle income countries may be even higher than the 10-15% estimated for HICs .PND in low and lower middle income countries (LLMICs) is a public health problem with substantial impacts on maternal, pregnancy-related and infant mortality and morbidity that is under-acknowledged and researched(6).

In sub-Saharan Africa, maternal depression or common mental disorder (CMD) has been investigated in Nigeria, Uganda, Ethiopia, Zambia, Zimbabwe, Burkina Faso and South Africa. Existing prevalence estimates of maternal depression (CMD in sub-Saharan Africa range from 8.3 to 41% in pregnancy and from 3.5 to 34.7% in the first year postpartum. The wide variation in estimates may be, in part, accounted for by differences in the populations studied (community vs. clinic), timing of recruitment within the perinatal period, and the measures used to determine cases. Some studies used diagnostic interviews to identify major depression; others used screening questionnaires that measure depressive, anxiety and somatic symptoms (9, 23).

When we see the prevalence of postpartum depression in Ethiopia the overall prevalence of major and minor depression was 13 % (9). PND can impact negatively on a wide range of outcomes including: maternal deaths due to suicide, the mother-infant relationship, child psychological development and infant nutrition and growth (6)

AS we have seen from the above literatures maternal postnatal depression is a worldwide public health problems with different prevalence's due to cultural, Economical factors and screening instruments variation. The purpose of this study is to know the prevalence of postnatal depression by using SRQ-20 which has a better Validity than EPDS in Ethiopia (9, 10).This

study helps also to clarify the associated factors with PND which helps the local government to tackle the risk factors of PND. More over this study helps the primary health care workers by providing a clue about prevalence of postnatal depression and associated factors of PND which in turn helps the health workers to early Identify, prevent and treat cases before the cases were develop severe mental disorder and other complications.

2. LITERATURE REVIEW

2.1 Overview

Mental health is as intrinsically important as physically well-being with no exception since it allow human being to enjoy works and lives in the broader society. The World Health Organization states that an absence of a mental disorder means individuals are aware of their own abilities, are capable of coping average daily stresses, enable to product fruitfully work and can make a contribution to where they belong (25,26). Postpartum psychiatric disorders are generally divided into three categories: postpartum blues, postpartum psychosis and postpartum depression (17)

Maternal postpartum depression must be distinguished from two other mood disorders which occur after the birth of a child. The first is the maternity blues (baby blues).The vast majority of new mothers experience at least some symptoms of the baby blues, including moodiness, sadness, difficulty sleeping, irritability, appetite changes, and concentration problems. Symptoms of the baby blues typically show up within a few days of giving birth and last from several days to a couple of weeks. The baby blues are a normal part of new motherhood probably caused by the hormonal changes that occur following birth. The second category of disorder is the postpartum psychoses are rare, but extremely serious disorder which arises in the early weeks following delivery. These disorders affect around one in one thousand postpartum women. It is characterized by loss of contact with reality. Symptoms include: Hallucinations (seeing things that aren't real or hearing voices), Delusions (paranoid and irrational beliefs), Extreme agitation and anxiety, Suicidal thoughts or actions, Confusion and disorientation, Rapid mood swings, bizarre behavior, Inability or refusal to eat or sleep and Thoughts of harming or killing their baby (27).

In terms of severity, postpartum depression lies between these two classes of disturbance (28)

It is a clinical depression, with signs and symptoms that can include persistent fatigue, A feeling of being overwhelmed, A feeling of being trapped, A feeling that is impossible to cope, A low mood that lasts for longer than a week, A sensation of being rejected, Crying a lot, Feeling guilty, Frequent irritability, Head ache, Stomach aches, Blurred vision-sign of tension, Loss of libido, panic attacks, Problem on concentrating or focusing on things, Reduced motivation, The

mother lacks interest in herself, A feeling of inadequacy, Un explained lack of interest in the new baby, Lack of desire to meet up or stay in touch with friends, social withdrawal, sadness, changes in sleeping and eating patterns, anxiety. Postpartum non-psychotic depression is the most common complication of childbearing affecting approximately 10-15% of women and as such represents a considerable public health problem affecting women and their families (29).

2.2 Prevalence Of Postnatal Depression

Among all types of psychiatric disorder, depression is the most prevalent one which affect nearly one third of the contemporary adult population. Depression also ranks top with regard to women's health and is now contributing heavily to the world wide disease burden. WHO makes clear that the overall rates of women's depression confirmed across all centers are almost 2 times higher than that of men (26).

Postnatal depression affects 12% to 15% of childbearing women, with prevalence varying from 3% to 30% depending on the method and time of assessment. Major depression in women generally has a peak onset during the childbearing years. It has been shown that major and minor depression, anxiety disorders and adjustment disorder with depressed mood are more prevalent in the first three months postpartum than in age-matched non-childbearing women. Between 40% and 70% of cases of postnatal depression have their onset in the first three months postpartum. This is a significantly greater concentration of new cases than for matched non-childbearing women. Postnatal depression often persists for many months, with estimates that 25% to 60% of cases remit within three to six months postpartum and a further 15% to 25% will remit within 12 months. A smaller proportion of cases continue for years, with inadequate treatment probably contributing to chronicity (30).

Maternal sadness affects approximately 50-80% of women in the puerperal period, with about 20% of those women developing postpartum depression (31). However, there is a wide range of reported prevalence of postpartum depression from almost 0% to 60% in different countries. In some countries such as Singapore, Malta, Malaysia, Austria and Denmark there are very few reports of postpartum depressive symptoms, whereas in other countries (e.g. Brazil, Guyana, Costa Rica, Italy, Chile, South Africa, Taiwan and Korea) reported prevalence is high. It has been advocated that "the widely cited mean prevalence of 10-15% for postpartum depression is

not representative of the magnitude of the problem, due to the wide range of reports", which may be due to transcultural variations in reporting and interpretation of symptoms as well as distinct socio-economic variables (32). The consequences of postpartum depression affect not only the mother, but also the child and the family, and may cause matrimonial conflict and damage the child's social and cognitive development. Postpartum depression is infrequently diagnosed and indeed treated, despite its significant incidence and morbidity (33).

2.3 Factors Associated with Postnatal depression

Although the exact cause of postpartum depression has not yet been clearly explained there are several psychosocial, social support, obstetrical and infant related factors that have been found to be associated, with it (34). These various factors may include socio-demographic and socio economic factors, obstetrical related factors, family related factors, Substance use related Factors of the mother or husband.

2.3.1 Socio Demographic and Economic Factors

Institutional based cross-sectional survey with respondent rate of 100% done in 2006 G.C in peri=urban primary health care Kampala Uganda showed that the Socio- demographic and socio-economic characteristics of the respondents, particularly age and marital status of the mother's were significantly associated with postnatal depression; i.e. a mother whose age were below 19 years were three times higher risk of postnatal depression than that of a mother whose age was greater than or equal to 20 years at 95% CI(1.42-6.30) with P-value of .001 and mother who are single have 2.53 times more risk of postnatal depression than mothers who are married with 95% CI(1.0-6.19) and p-value is .025. Where as in this study and also study done in Kallar Syedan one of the four administrative circles of a sub-district in Rawalpindi Pakistani showed that low family monthly income (low socio- economic status) was not found to be significant risk factors for postnatal depression (35). In contrary to the above literature study done in rural Malawi showed that episode of postnatal depression was significantly associated with low socio-economic status of the women (23). Study done in 2011 G.C in rural Uganda showed that type of marriage (a woman whose husband have other female sexual partners) has higher risk of postpartum depression symptom than a husband who has no other female sexual partners

(35).When we see place of residence and postnatal depression study done in Butajira showed that the prevalence was high among rural dwellers than urban mothers (24).

2.3.2 Obstetrics related Factors

When we see obstetrics related factors and the association between postnatal depression specially Antenatal care and Postnatal care services there is no related study, however different literatures showed that number of parity, Interest on the last pregnancy and breast feeding status of the mothers were some of the obstetric related risk factors for postnatal depression. Study in Nuuk-Green land showed that first time mothers have less postnatal depression than Multiple birth mothers (p=0.016) (36). Study done in Hong Kong university showed that a mother who had unwanted pregnancy of last pregnancy have 2.6-3.88 times higher risk of postnatal depression than whose last pregnancy were planned/wanted (26), study done in Bahraini showed that there is no significant association between type of delivery(Vaginal or Caesarean section) and postnatal depression(42),but study done in OSU Oklahama state university showed that Vaginal birth was not associated with a significantly lower occurrence of a positive screen for PPD than Caesarean section (37). In addition to the above Obstetrics related factors Study done in OSU Center for Health Science showed that breast feeding status of a mother is associated significantly with postnatal depression i.e. a mother who fed her infant a breast milk has a lower risk of postnatal depression than a mother who fed a formula for her infant the relative risk for formula feeding mother has 2.04 times higher risk of developing PND than a mother who fed breast milk (37).

2.3.3 Post natal depression and house hold food insecurity

Food insecurity is a multidimensional phenomenon that has successive stages as categorized by the USDA: high food security, marginal food security, low food security, and very low food security. As households become less food secure, there is a decrease in the frequency and quantity of adults' and children's food intake (38). This study shows that Food insecure homes had higher levels of depression which were in turn associated with fair or poor physical health for young children. Study done in peri-urban Ghana showed that Women living in persistent food insecure households were 2.85 times more likely to experience stress compared to those who were not from persistently food insecure households (39). Even if it's not supported by

figures a study done in USA showed that a decline in both child and maternal health are associated with moving into house hold food insecurity along mental depression (40). Additional study done in peri-urban South Africa shows that house hold food insecurity was highly associated with postnatal depression)(41).

2.3.4 Social Support

Receiving social support through friends and relatives during stressful times is thought to be a protective factor against developing depression and several earlier studies have evaluated the role of social support in reducing postpartum depression. Social support is a multidimensional concept. Sources of support can be a spouse, relatives, friends or associates. There are also different types of social support, for example *informational* support (where advice and guidance is given), *instrumental* support (practical help in terms of material aid or assistance with tasks) and *emotional* support (expressions of caring and esteem) (29).

2.3.5 Intimate partner violence and PND

Violence against women is a major public health problem and human rights concern worldwide imbedded in the imbalance in power between men and women. Gender-based violence is multifaceted phenomenon grounded in interplay between personal, situational and socio-cultural factors (43). Although reliable prevalence data are scarce, it is estimated that between 20% and 75% of women in most countries have experienced physical violence from an intimate partner.

IPV is defined as "any behavior within an intimate relationship that causes physical, psychological, or sexual harm to those in the relationship. Such behavior includes:

Acts of **physical aggression** – slapping, hitting, & kicking, scratching, pushing, shoving, throwing, grabbing, biting, choking, shaking, poking, hair-pulling, slapping, punching, hitting, burning, use of a weapon (gun, knife or other object), and use of restraints or one's body, size, or strength against another person.

Psychological (Emotional) abuse – intimidation, constant belittling, and humiliating controlling what the person can and cannot do; withholding information from the person; getting annoyed if the person disagrees; deliberately doing something to make the person feel diminished (e.g. less smart, less attractive); deliberately doing something to make the person feel embarrassed; isolating the person from friends and family; prohibiting access to transportation or

telephone; denying access to money and other resources; threatening loss of custody of children; and, smashing objects or destroying property.

Forced intercourse and other forms of sexual coercion (44)

Study done in USA showed that women experiencing IPV during pregnancy were 2.5 times more likely to report being depressed than those not experiencing IPV (45). Still other research finds that IPV is strongly associated with perinatal depression in particular, along with other social stresses such as marital relations, work, finances, and housing (46)

2.3.6 Substance use of the Mother or Her husband and postnatal depression

A study done in the Oklahoma State University (OSU) Physician clinic system in Tulsa by using patient record review of 209 women who visited three university medical clinics in Tulsa, Okla for postnatal care service at 4 week visit between June 1, 2001, and June 1, 2003 with the inclusion criteria required that the records of potential study subjects contain data on the characteristics noted as well as patient completed Edinburgh Postnatal Depression Scale forms Showed that Cigarette smoking was associated significantly with post natal depression than those who were not smoking p-value < 0.01 the relative risk of smokers to develop postnatal depression were 1.58 times higher than non smoker(37). When we see the association between postnatal depression and Alcohol use study done in Butajira rural area showed that there is no significant difference between who consume alcohol and who didn't consume alcohol (24)

In summary all the reviewed literatures except (24) (Community based survey) others used the health facility based, Literature review and patient record review of data collection method which is difficult for generalization of the findings, So this study will be community based cross-sectional study which will be useful to know the prevalence of postnatal depression in the community level. In addition to its being Community based research the gap of all the reviewed literatures they did not identified or studied the relationship between postnatal depression with antenatal and postnatal care utilization.This study will see also the association between maternal PND with ANC and PNC utilization.

CONCEPTUAL FRAME WORK

PND has negative health impact on the mothers, Infants, families and Communities as well as it's a worldwide public health problems and it's associated with different risk factors. By reviewing different literatures this conceptual frame work is developed to identify factors associated with postnatal depression. The message of this conceptual framework is that postnatal depression among women in postnatal period was influenced by the interaction of a number of factors; it shows different factors contributing for postnatal depression. The concepts of socio-demographic and socio-economic factors are the variation in socio demographic characteristics and socio- economic status, status of house hold food insecurity, social support, obstetrics related factors of the women(number of pregnancy, Interest on last pregnancy, ANC utilization during last pregnancy, mode of delivery, PNC utilization after last delivery and breast feeding status of the mother) and substance use of the women and her husband which may affects mental status of mother in their postnatal period are included in this conceptual frame work as associated factors of PND.

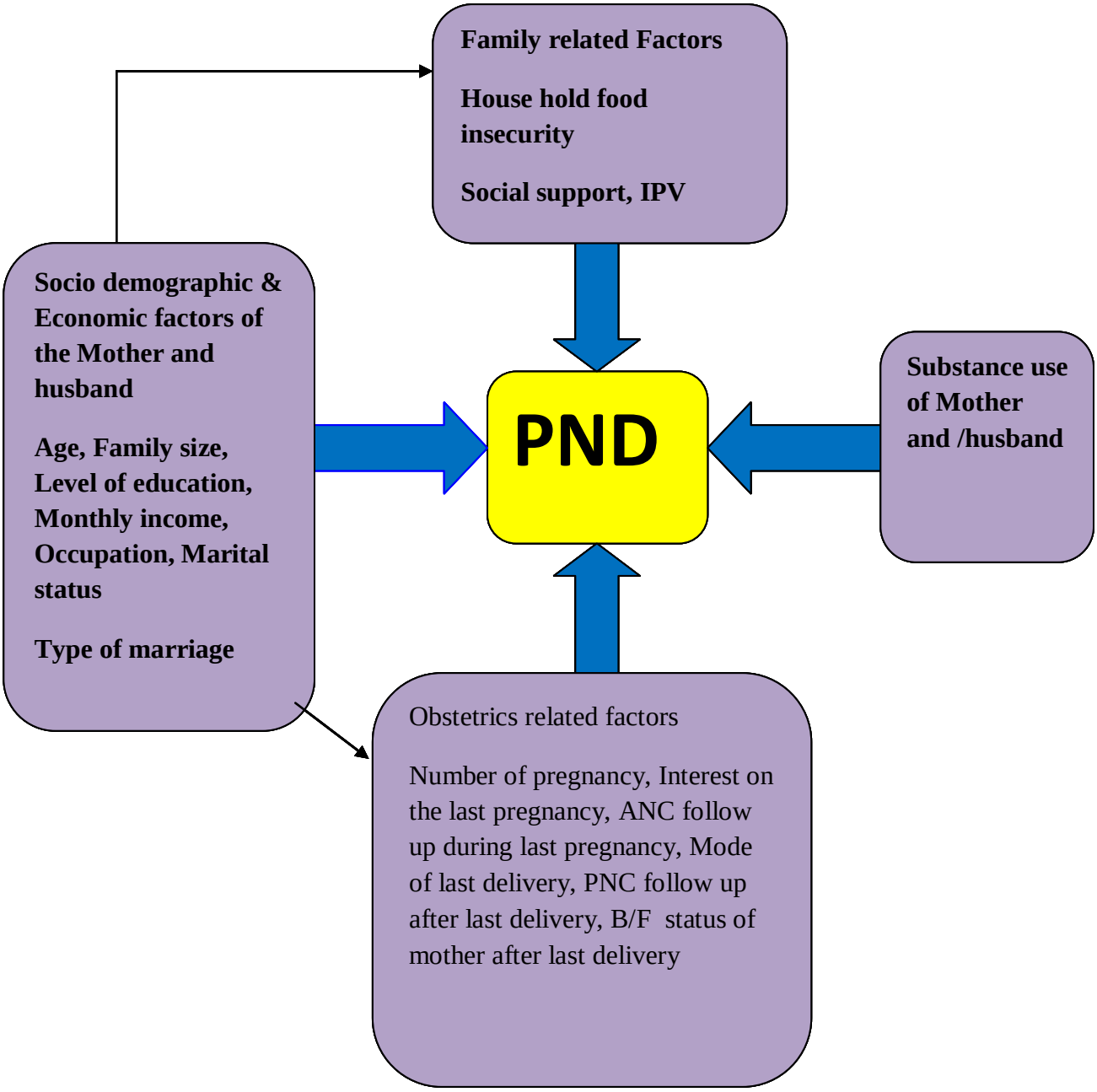

Figure 1: Conceptual frame work for factors associated with post natal depression

Source: Adapted after reviewing literatures by principal investigator.

SIGNIFICANCE OF THE STUDY

Mental health problems, such as depression, rank among the top causes of disability among women worldwide; however, they still remain inconspicuous as a component of reproductive health care. Postnatal depression has a profound impact on maternal health and wellbeing, and both short-term and long-term implications for the developing child and wider family. The potential adverse effect of postpartum depression upon the maternal-infant relationship and child development reinforces the need for early identification and effective treatment models. Therefore, estimating the magnitude and assessing socio-economic correlates of depression by using relatively valid screening instrument in the general population is helps to increase knowledge to facilitate interventions that aim at prevention and early treatment of depression. Unfortunately, there are few studies of public health interventions that can prevent or mitigate the impact of postpartum depression in developing countries. Even though it has a great impact of health from individual to family level yet postnatal depression has not been studied well and concern is not given to reduce its public health impacts especially in developing countries.

The aim of this study is to estimate prevalence of maternal postnatal depression and identify factors associated with it at the community level. Majority of the study which was done previously were take over facility based which make it difficult to generalize the findings and take appropriate intervention based on the findings at community level, more over this study helps to identify weather antenatal, delivery and postnatal care provision has a benefit or not in relation to postnatal depression. This result may help for local health officials, health facilities in the study area and health departments at different level to develop targeted and evidence based strategies to prevent and early treatment of postnatal depression during postpartum period and it is also serving as input for further study on this area.

3. OBJECTIVES

3.1 General Objective

- To assess the prevalence & factors associated with maternal postnatal depression in Dawuro Zone Loma District, SNNPR South West Ethiopia, 2014.

3.2 Specific Objectives

- To determine the prevalence of maternal postnatal depression in Dawuro Zone Loma District, SNNPR South West Ethiopia, 2014.
- To identify factors associated with maternal postnatal depression in Dawuro Zone Loma District, SNNPR, South West Ethiopia,2014

4. METHODS AND MATERIALS

4.1 Study area and period

The study was conducted in Dawuro Zone Loma District. Loma is one of the five Districts in Dawuro Zone SNNPR, located in south West of Ethiopia 566 Kms far from Addis Ababa, 243 Kms from regional City Hawassa and 178 Kms from Jimma. Loma District has 33 rural Kebeles and four urban which is administrated by Municipality. Based on central statistics agency report of 2007, the projected total population in 2013/14 is 133,341 from which 51% (68,004) are females and 49% (65,337) are males.

In the District there are one dstrict hospital under construction, 5 health centers, 7 lower clinics, one rural drug vendor and 37 health posts at the time of the study.

Data were collected from April 8- 15, 2014.

4.2 Study design

Community based descrptive cross-sectional study design was employed.

4.3 POPULATION

4.3.1 Source population

All women who gave birth in the last one year proceeding the study period in Dawuro Zone, Loma District.

4.3.2 Study population

Sampled women who gave birth in the last one year preceding the study period in Dawuro Zone, Loma District who fulfil the incluision criteria.

4.4 Inclusion and Exclusion Criteria

4.4.1 Inclusion criteria

- ✓ All women who gave birth in the last one year preceding the study period.
- ✓ Who lived at least six month in the study Kebele.

4.4.2 Exclusion criteria

- ✓ A postnatal mother whose duration of delivery is < 1month.
- ✓ Postnatal women who was critically sick and unable to respond to the questionnaire.

4.5 Sample size determination and sampling procedure

4.5.1 Sample size determination

All women who gave birth in the last one year proceeding the study period in Dawuro Zone Loma District were included in the study and the sample size was calculated by using single population proportion formula. With assumption of prevalence of postnatal depression is 13 % (9) & 95% confidence level with 3% precision and 10% non-response rate was added to the total sample size.

$$N = \frac{(Z\alpha/2)^2 (pq)}{d^2}$$

$$\frac{(1.96)^2 * 0.13 * 0.87}{0.03 * 0.03} = 483$$

Prevalence of postnatal depression among postnatal women in Ethiopia=13 % (9)

P=0.13

q =1-p = 1-0.13= 0.87

Zα/2= Standard normal score at 0.05 level of significance=1.96

n= Minimum optimum sample size

d= Margin of error=0.03

I was use d = 0.03 because in previous study prevalence of postnatal depression is < 20% which is recommended for prevalence of study with less than 20 %(43)

Since the number of women in postnatal period in loma district are less than 10,000 i.e. population correction formula was used .

$$nf=N/1+(N/n) \quad \frac{483}{1+483/3582} = 426$$

With 10% non- respondent rate, the total sample will be => 426+ 42.6=469

4.5.2 Sampling technique

First the District was stratified into 33 Rural and 4 urban kebeles and then 30% of both strata were selected by Simple random sampling technique. 11 Kebeles were included in the study, by simple random sampling technique one Kebele from urban and the remained 10 Kebeles are from rural. Postnatal mothers' census was done prior to the data collection in randomly selected Kebeles. Then total 469 Sample size was allocated to all randomly selected Kebeles proportionately based on number of postnatal women in each sampled Kebeles and the study Participants were selected by simple random sampling technique by using Microsoft-Excel.

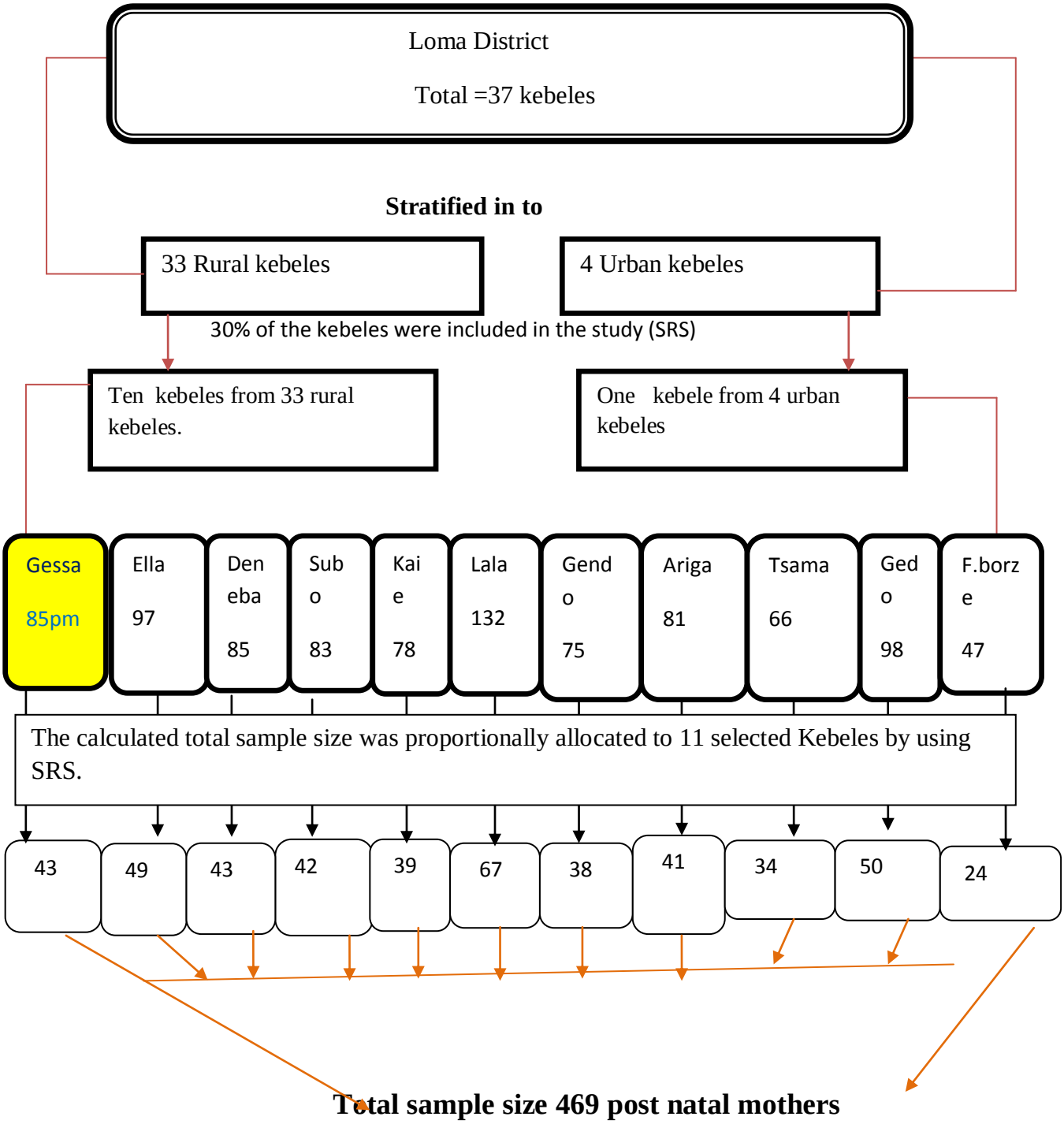

Figure 2: Schematic presentation of sampling procedure.

4.6 Variables

4.6.1 Dependent variable

Post natal depression

4.6.2 Independent variables

I. Socio demographic and economic factors of mother

- Age
- Ethnicity
- Religion
- Educational status
- House hold monthly income
- Occupation
- Marital status
- Family size
- Place of residence

II. Obstetric related factors of mother

- Number of pregnancy
- Occurrence of last pregnancy
- ANC utilization
- Place of delivery
- Mode of delivery
- Postnatal service utilization
- Breast feeding status of mother

III. Family related factors

- House hold Food security status
- Social support

- IPV

IV. Substance use of mother

- Alcohol use
- Cigarette smoking

V. Socio demographic and economic factors of husband

- Age
- Educational status
- Occupation
- Marital type

VI. Substance use of husband

- Alcohol use
- Cigarette smoking
- Khat chewing

4.7 Data collection Procedures

Quantitative method was employed, by using pre-tested semi-structured questionnaire which is established after review of relevant literature. Pre-test was conducted on 5% of the total sample size in Gessa chare kebele which is outside the survey area (kebeles which are other than 11 kebeles from which the sample was collected) before the study period.

Data collection tools used in this study were adopted from different literatures,WHO-SRQ-20 which is used because of it's better validity which was tested in Addis Ababa and Butajira which has sensitivity of 85.7% and Specificty of 75.6% both in rural and urban area(9,10) for screening of maternal postnatal depression and house hold food security status was assessed by using House hold food insecurity access scale score which is relatively good to assess food security status of the household in the developing countries(48).

The main contents are socio demographic and socio economic factors of the women and her husband, Obstetrics related factors, House hold food insecurity status, Substance use of the women and her husband and Symptoms of Postnatal depression by using SRQ-20 are the main data's that was collected from the study subjects. Training was given for two days on the objective of the study, method of data collection, interview techniques and procedures for 6 data collectors who are female diploma nurses and for two supervisors who are BS.c in health. During all levels of the training, privacy and confidentiality were given high emphasis. Data was obtained from sampled postnatal women by direct face to face interviewing at their home.

It was collected at day time especially from10:00 am -5:00 pm this because in rural area mothers were responsible for preparing breakfast to all families and taking responsibilities for domestic animals early morning which make them busy. In any reason if the mother missed in the first visit additionally the mother was revisted 2 times by data collectors by giving free information to her families and neighbors.

4.8 Data entry and analysis

Data was checked, cleaned and edited for completeness and missing values and it was entered by using EpiData version 3.1 and analyzed by Statistical Package for Social Sciences version (SPSS) 16.0.

Associations between factors and postnatal depression were estimated by computing odds ratios (ORs) and their 95% confidence intervals (CIs). Bivariate analysis was used to compute crude association and to identify candidate variables for multivariable logistic regression. To assess independent risk factor for postnatal depression, variables with a P-value < 0.25 in bivariate analysis was a candidate to be entered in multivariable logistic regression by back ward step wise regression methods and, P value < 0.05 was considered as statistically significant. Summary of the result were presented descriptively by frequency tables, graphs, and charts and analytically presented by adjusted odds ratio and confidence interval.

4.9 Data quality assurance

Quality assurance was introduced during the design, at fieldwork and during data entry.Data collectors and supervisors were trained for two days on the objective of the study, method of data collection &content of questionnaire. Data was checked for completeness, accuracy, and consistency by supervisors & principal investigator after the data collection on daily base. The questionnaires were prepared first in English and translated into Dawuregna and retranslated back to English by other person to check for consistency. A pretest was done on 5% of the Sample in Gessa Chare kebele that have similar back ground one week prior to the data collection, which was not be included in the main data analysis to identify the clarity of question, sequence of questions, and gap on data collector and also to familiarizes the data collectors with instruments.

4.10 ETHICAL CONSIDERATION

The study was carried out after getting approval from the ethical clearance committee of Jimma University, collage of public health and Medical sciences.Then, data was collected after getting written consent from Dawuro zone loma woreda health office.

In addition to District cooperation letters was obtained from each Kebele before data collection. Participating woman were informed about the objectives of the study and verbal consent for participation was obtained individually. During the data collection the utmost efforts was made to maintain privacy and confidentiality. To maintain privacy, individual interview was made in separate place near to their home. Finally Information was given to the participants that they have full right to withdraw at any time from the study.

4.11 DISSEMINATION PLAN

Findings of the study will be submitted and presented to Jimma University, Department of population and family health college of public health and Medical science. Findings will be presented and distributed to District Health office, Zonal Health department and local NGO's. Peer review publication will also be considerd.

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4.12 Operational definition

- **Postnatal period:** a period for women after giving live birth up to one years in the study area.
- **Smoker:** A women who use Cigarette or Traditionally Gayia in her postnatal period.
- **Alcohol drinking women:** A women who drinks any alcohol Containing fluids (Teji, Tella, Areke both locally and industrial prepared and Booridee during postnatal period.
- **Alcohol drinking husband=** A person who drink any alcohol containing fluids more than 2cups per day or 6 cups per week.
- **Food secured:** A woman was classified as food secured if the respondent answered affirmatively less than or equal two of the first two questions from nine household food security assessment questions (49)**.**
- **Food insecure:** A women was classified as food insured if she were answered "yes" for house hold food security assessment scale options numbered from three up to 9 (49).
- **Maternal postnatal depression:** A woman who's WHO SRQ-20 for a symptom of depression "Yes" is greater than or equal three out of twienty which has a sensitivity of 85.7% and specificity of 75.6% (9 & 10).
- **ANC:** A woman who used health service planned for pregnant mother's by trained health workers including health extension workers during her last pregnancy.
- **Mode of delivery:** A way by which a mother give her last birth (SVD, AVD, C/S).
- **PNC:** A woman who get health care service by trained health workers after delivery within the first 42 days which are planned for postnatal mothers during her last birth.
- **Social Support**: Any type of support including Financial, house chores and /or spiritual (psychological) supports given to postnatal women during her postnatal period.
- **IPV:** Any of the following violence; physical, emotional or Sexual violence by the intimate partner in the last 12 month.
- **Substance using woman:** A woman who uses Alcohol, Cigaretee or Khat during her postnatal period.
- **Substance using husband:** A respondent's husband who uses Alcohol, Cigaretee or Khat or all of them.

5. RESULTS

5.1 Socio Demographic profile of the respondents

A total of 441 postnatal women were included in the final analysis, giving a response rate of 94%. From a total 28 non-respondents; 10 were absent during the visit, 6 were not voluntary to participate and the rest 12 were rejected due to incomplete data,how ever the total non-response rate was only 6% and we inculeded 10% thus it has no impact in our finding. The mean age of the respondents was 26.4(SD ± 3.8) years.The mean family size of the respondents were 5.3(SD± 1.55). Majority 398 (90.2%) of the respondents were rural by residence and Dawuro is the major ethnic group accounting for 418(94.8%). Three hundred eight (69.8%) of the postnatal women follow protestant religion, One hundred one (22.9%) were orthodox, while catholic accounted for 29 (6.6%) of the respondents. Majority 429(97.3%) of respondents were married and 131(29.7%) unable to read and write, 173(39.2%) were attended their elementary school and 34(7.7%) were above secondary school.Three hundred ninety four (89.3%) of respondents were house wifes followed by government employee 21(4.8%).The study showed that monthly income of the respondents, 25.6%, 19.5%, 30.8% and 24.% were in the 1st quartile 2nd quartile, 3rd quartile and 4th quartile respectively(Tabe 1).

Table 1: Socio-demographic characteristics of postnatal women who were included in this study in Dawuro Zone Loma district, south West Ethiopia, 2014.

Characteristics	frequency	Percent
Age(years)		
15-19	**6**	**1.4**
20-24	**128**	**29**
25-29	**215**	**48.8**
30-34	**74**	**16.8**
>=35	**18**	**4.1**
Residence		
Rural	**398**	**90.2**
Urban	**43**	**9.8**
Marital status		
Single	**5**	**1.1**
Married	**429**	**97.3**
Living together	**4**	**.9**
Widowed	**2**	**.5**
Religion		
Orthodox	**101**	**22.9**
Protestant	**308**	**69.8**
Catholic	**29**	**6.6**
others	**3**	**.7**
Ethnicity		
Dawuro	**418**	**94.8**
Wolayta	**12**	**2.7**
Amhara	**11**	**2.5**
Educational status		
Unable to read and write	**131**	**29.7**
Read and write only	**45**	**10.2**
Elementary(1-8)grade	**173**	**39.2**
Secondary(9-12)	**58**	**13.2**
Above secondary	**34**	**7.7**
Occupation		
House wife	**394**	**89.3**
Daily laborer	**3**	**.7**
Merchant	**17**	**3.9**
Private employee	**6**	**1.4**
Government employee	**21**	**4.8**
Monthly Income		
First qurtile	**113**	**25.6**
Second quartile	**86**	**19.5**
Third quartile	**136**	**30.8**
Fourth quartile	**106**	**24**

5.2 Scio-demographic characteristics of the respondents' husbands

From a total 441 respondent 438 were married and the estimated mean ages of the respondent's husband were 31.9 years (± 5.37).From the total 438 husbands majority of them were attended primary education 203(46.3%) followed by unable to read and write and attended secondary school, 75(17.1%) & 66(15%) respectively. Two hundere ninety eghit (68%) of the husband's were farmers followed by merchant and government employee 49(11.2%) and 39(8.9%) respectively. When we see the marital type of the husband's majority of them have one to one type of marriage 381(86.9%) where as 57(13.1%) of the husband's have poly gamy marriage type (Table 2).

Table 2: Socio-demographic characteristics of post natal women's husband whose wife were included in this study in Dawuro Zone Loma district, south West Ethiopia, 2014.

Characteristics	frequency	Percent
Age(years)		
20-24	**15**	**3.4**
25-29	**147**	**33.6**
30-34	**127**	**28.9**
>=35	**149**	**34**
Educational status		
Unable to read and write	**75**	**17.1**
Read and write only	**39**	**8.9**
Elementary(1-8)grade	**203**	**46.3**
Secondary(9-12)	**66**	**15**
Above secondary	**55**	**12.6**
Occupation		
Farmer	**298**	**68**
Daily laborer	**25**	**5.7**
Merchant	**49**	**11.2**
Private employee	**27**	**6.2**
Government employee	**39**	**8.9**
Marital type		
Monogamy	**381**	**87**
Polygamy	**57**	**13**

5.3 Obstetric related Factors of the respondents

Three hundred sixty six (83%) of the respondents have two and above pregnancy while for 75 (17%) mothers the last pregnancy was their first. One hundred sixty six (38%) of recent pregnancy was not planned pregnancy. Among 441 respondents, 365(82.8%) had attended antenatal clinic (ANC) at least once during their last pregnancy. Majority of the respondents were gave their last birth at home 307(69.6%) from those who gave their last birth in healthy facility 101(75.6%) were spontaneous vaginal delivery followed by 30(22.2%) and 3(2.2%) were delivered by assisted vaginal delivery and by C/S respectively. Four hundred twenty six (96.6%) women were attended postnatal clinic and almost all 436(98.9%) of the respondents' were fed their child breast (Table 3).

Table3: Obstetric Related factors of the respondents.

Characteristics	frequency	Percent	**Remark**
Number of pregnancy			
First time	75	17%	
Two and above	366	83%	
Occurrence of last pregnancy			
Planned	275	62%	
Unplanned	166	38%	
Respondents ANC follow up Hx during their last pregnancy	365	82.8%	
Yes	76	17.2%	
No			
Place of delivery			
Health facility	134	30.4%	
Home	307	69.6%	
Respondents PNC follow up Hx after their last delivery			
Yes	426	96.6%	
No	15	3.4%	
Breast feeding status of the respondents			
Yes	436	99%	
No	5	1%	

5.4 Family related factors and Substance use of the respondents and their husbands.

Four hundred fourteen (99.8%) of the respondents had social support during their postnatal period. Two hundered sixteen (49.3%) of the postnatal women have history of intimate partner violence during the last 12 month period prior to the data collection. When we see in this study House hold food security nearly 38% of the respondents had food insecurity (Table 4**).**

Table 4: Family related and substance using history of the respondents and their husbands.

Characterstics	*frequency*	*precent*	*Remark*
Social support			
Yes	440	99.8%	
No	1	0.2%	
History of IPV			
Yes	216	49.3%	
No	225	50.7%	
House hold food security status			
Secured	275	62%	
Insecured	167	38%	
Subsatnce use of the respondents			
Yes	26	5.9%	
No	415	94.1%	
Subsatnce use of the husbands			
Yes	78	17.7%	
No	360	82.3%	

Among the total 441 respondents; concerning substance use during their postnatal period nearly 26(6%) of postnatal women take substances i.e either alcohol or smoke cigaretee" local Gayia" or both (Fig 3).

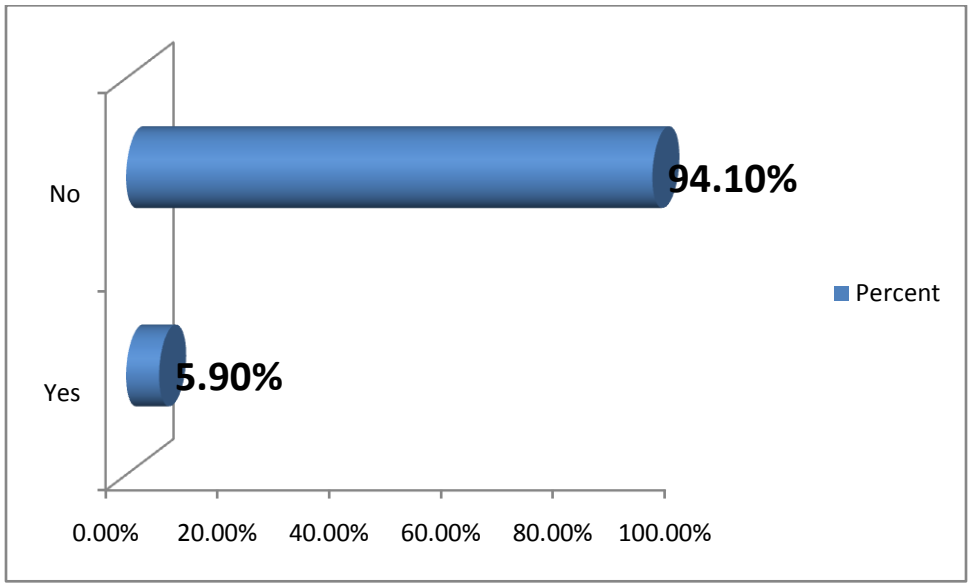

Figure3: Prevalence of substance uses among postnatal women in Dawuro zone Loma district, 2014

Regarding to history of substance use of their husbands during postnatal period From 438 coupled postnatal women nearly 18% were reported that their husbands were take substances i.e Alcohol, Khat, Cigaretee or three of them (Fig 4).

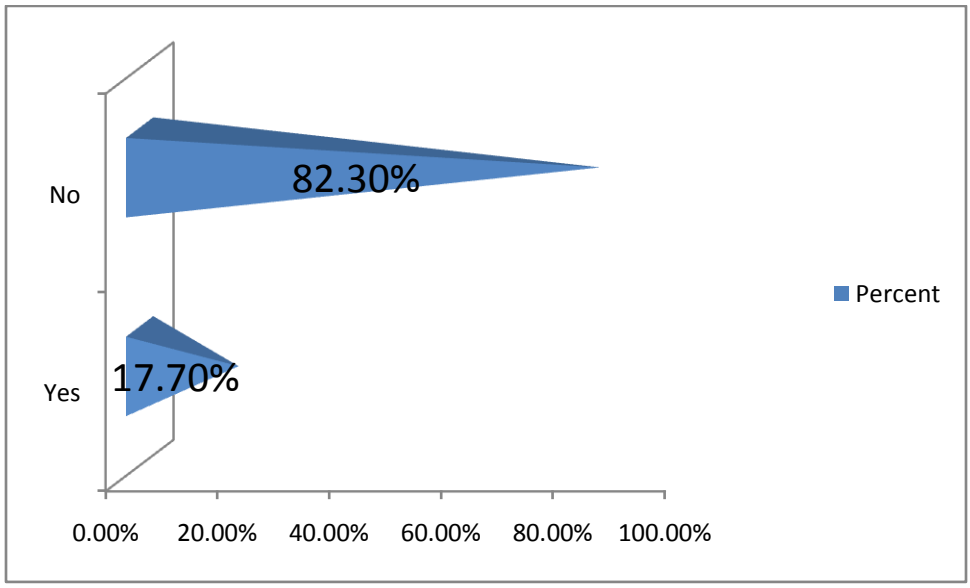

Figure 4. Prevalence of substance use among postnatal woman's husbands in Dawuro zone Loma district, 2014.

Factors affecting postnatal depression

In this study, both binary and multivariable logistic regressions were done and those variables with P value < 0.25 on bivariate analysis were candidates for multiple logistic regression.

This study showed that variables like Maternal age, Educational status, Occupation, Family size, monthly income of the house hold, Marital status, Place of residence, ANC , place of delivery, Mode of delivery and PNC utilization has no association in Bivariate analysis which has p-value >= 0.25.

Where as Breast feeding status of the women and social support has not been tested for association by using bivariate analysis because there were zero cells in 2*2 cross tabs.

Table 5: Bivariate analysis of factors associated with maternal postnatal depression and those have p-value >=0.25, in Dawuro zone Loma district (n=441).

Variables		Postnatal depression		COR 95%CI
		Yes	No	
Maternal age	<=20	4(16%)	21(84%)	1.470(0.492-4.391)***
	>=21	91(22%)	325(78%)	1
Marital status	Married	91(21%)	338(79%)	1
	Not married	4(33)	8(67)	0.538(0.159-1.828)***
Family size	<=5	51(21%)	196(79%)	1.127(0.715-1.778)***
	>=6	38(17%)	187(83%)	1
Place of residence	Rural	85(21.3%)	313(78.3%)	1.116(0.529-2.355)***
	Urban	10(23.3%)	33(76.7%)	1
Hx of ANC follow up	yes	77(21%)	288(79%)	1.161(0.646-2.085)***
	no	18(24%)	58(76%)	1
Place of last delivery	H.facility	32(24%)	102(76%)	0.823(0.507-1.336)***
	Home	63(20.9%)	244(79.5%)	1
	yes	92(22%)	334(78%)	0.908(0.251-3.284)***
Hx of PNC follow up	no	3(20%)	12(80%)	1
Occupation of the respondent	House wife	86(22%)	308(78%)	0.848(0.395-1.823)***
	Others	9(19%)	38(81%)	1
Educational status of respondents	Unable to read & write	31(24%)	100(76%)	0.839(0.515-1.367)***
	Read and write	64(21%)	246(79%)	1

**** indicates variables assessed for their association with maternal PND in bivariate and has p-value >= 0.25.*

Bivariate logestic anylysis showed that husband's marital type, Intimate partner violence in the last 12 month, Food insecurity, Occurrence of last pregnancy, number of birth, substance use of postnatal woman and husband has association with PND with p-value < 0.25 and the variables with p-value <0.25 are candidates for multivariate logistic regression.

Table 6: Bivariate analysis of factors associated with maternal postnatal depression and those have p-value <0.25, in Dawuro zone Loma district (n=441).

		Postnatal depression		COR 95%CI
Variables		Yes	No	
Type of husband's marriage	Monogamy	68(17.8%)	313(82.2%)	.278(0.155-0.499)**
	Polygamy	25(45.4%)	32(54.6%)	1
Occurrence of last pregnancy	Planned	44(16%)	231(84%)	1
	Un planned	51(30.1%)	115(69.9%)	1.615(1.272-2.052)**
IPV In the last 12 months	yes	55(25.8%)	158(74.2%)	1.713(1.077-2.726)**
	No	38(17%)	187(83%)	1
Number of pregnancy	First	23(30.6%)	52(69.4%)	1.806(1.037-3.144)**
	>=2	72(19.7%)	294(80.3%)	1
Women substance use during PNP	yes	11(44%)	15(56%)	2.671(1.269-5.671)**
	no	84(19%)	331(75%)	1
Husband's substance use	yes	32(41%)	46(59%)	2.526(1.711-3.731)**
	no	63(14%)	299(68%)	1
	In secured	48(28.7%)	119(71.3%)	1.469(1.148-1.888)**
Food security status of HH	secured	47(17%)	227(83%)	1

*** indicates variables assessed for their association with maternal PND in bivariate anylysis and has p-value < 0.25 which are candidate for multiple logestic regression.*

In multivariable logistic regression analysis variables predicting maternal postnatal depression among the study participants were Occurrence of last pregnancy, number of birth, husband marital type, substance use of husband, Intimate partner violence during the last 12 month, and house hold food insecurity are dependent variables those were used for multivariable logistic regression because of their statistical significance **(Table 7).**

Table 7: Multivariable logistic analysis of factors associated with maternal postnatal depression,Dawuro zone Loma destrict

Variables		Crude OR 95%CI	AOR 95%CI
Husband's marital type	monogamy	0.278(0.155-0.499)	0.333(0.174-.638)*
	Poly gamy		1.0
Substance use of husband	Yes	2.526(1.711-3.731)	1.653(1.532-4.635)*
	No		1.0
Intimate partner violence	Yes	1.713(1.077-2.726)	1.852(1.113-3.08)*
	No		1.0
House hold food security status	Secured	1.469(1.148-1.888)	0.551(0.333-0.912)*
	in secured		1.0
Occurrence of last birth	Unplanned	1.615(1.272-2.052)	2.645(1.58-4.43)*
	Planned		1.0
Number of birth	First	1.806(1.037-3.144)	2.781(1.48-5.23)*
	>=2		1.0

* P-value <0.05.

In our study Marital type of the husband has a significant association with maternal post natal depression in that those whose husband has polygamy marriage type women has nearly 67% more likely to develop postnatal depression when compared with monogamy marriage type of husband AOR=0.33,95% CI;(0.174-0.638).postnatal mothers whose husband take a substance has nearly 65% more chance to develop postnatal depression than those whose husband did not take any substance AOR=1.653,95% (1.532-4.635).Those who have history of intimate partner violence during the last 12 month has 1.852 times more chance to develop PND when compared with non violated postnatal women during the last 12 months AOR=1.852,95% CI;(1.113-3.08).Postnatal women who live in food in secured house hold have 45% more likely to develop postnatal depression than a women those live in food secured house hold AOR=.551,95% CI;(0.333-0.912).women whose last pregnancy occurred unplanned postnatal mothers have nearly 2.6 times more chance to develop maternal postnatal depression when compared with a mothers whose pregnancy were occurred by planning AOR=2.645,95%CI;(1.58-4.43).This study shows also there is a significant association between maternal postnatal depression and number of birth which means a women whose last birth was for the first time has nearly 2.781 times more likely to develop depression than whose last birth was two or more AOR=2.781, 95% CI;(1.48-5.23).

6. DISCUSSION

This study is one of community based study looking at prevalence of maternal PPD among postnatal women in Dawuro zone Loma district.

Postnatal women who gave birth within one year prior to data collection were included in this study and tried to assess factors affecting maternal postnatal depression in Dawuro Zone Loma District. The postpartum period is characterized by increased physical and emotional demands on women and postnatal depression (PND) affect the mother, infant and close others, and the objective of this study was to know the prevalence and associated factors of postnatal depression which might helps the local government and health facility to take appropriate intervention based on this finding. Maternal postnatal depression is a public health problem with different prevalence in different countries. Majority of evidence relating to PND is from high income countries. In this study Prevalence of Maternal postnatal depression was 21.5% among postnatal women within one year of their last delivery this is consistent with the prevalence of maternal postnatal depression in Sub-Saharan Africa range from(3.5%-34.7%) in the first year of postpartum(9,23) while when we compare the prevalence of this study it is greater than study done in Addis Ababa which is 13%(9).The variation of prevalence is might be due to study area difference, study setting(Community vs. facility based) and instruments used for assessing maternal postnatal depression (SRQ-20 vs. CPRS).

Previous findings relating PPD to social support, breast feeding, place of residence, maternal age, Monthly income, marital status and mode of delivery were not associated to maternal PND in our study.

Our study shows that a postnatal woman whose husband has polygamy marriage type nearly 67% higher risk of postpartum depression than whose husband's marital type was monogamy AOR=0.337, 95% CI (0.174-0.638), study done in rural Uganda supports our finding which says that a postnatal mother whose husband has polygamy type of marriage has higher risk of postpartum depression symptom than a woman whose husband has mono gamy type of marriage (35). This might be due to during postnatal period husband's with other wife didn't spent time and provide care and support to a postnatal women.

Postnatal woman whose husband use (take) substance, has nearly 65% more likely to develop maternal postnatal depression than those whose husband didn't take any substance, AOR=1.653 95%CI (1.532-4.635), study done in Hong Kong university also showed the risk of developing PND among woman whose husband use substance was 3.2 times higher than non substance using husband (26). This might be those who uses substances were spent more of their money and time by using substances and also they might harm postnatal women.

Regarding to intimate partner violence(IPV) this study showed that nearly 49.3% of the respondent postnatal women were violated during the last 12 month prior to data collection by their intimates either physically, emotionally or sexually or three of them and violated women have nearly 1.85 times higher risk of developing PND than non-violated ones, AOR=1.852,95%CI (1.113-3.08).This finding was consistent with study done in USA that showed women experienced IPV during their pregnancy were nearly three times more likely to report postnatal depression than non violated (45).This might be due to the long and short term out come of physical,emotional and/or sexual violence in the mental health of the women.

This result shows us postnatal women who live in food in secured house hold were 45% more likely to develop maternal postnatal depression when compared with house hold food secured mothers, AOR = 0.55; 95%CI (0.333-0.912).our finding was consistent with many literatures; study done in Peri-urban Ghana showed that women living in food insecure households were 2.85 times more likely to experience depression when compared with women who live in food secured households (39). Additionally study done in peri-urban South-Africa showed that household food insecurity was highly associated with postnatal depression, AOR=1.05; 95% CI (1.02-1.07) (41).This might be due to malnutrition and anxiety and loss of care and support to postnatal women by families because of searching of foods.

Our result showed that unplanned pregnancy predisposes to maternal postnatal depression nearly three times than planned pregnancy, AOR=2.645, 95%CI (1.58-4.43), while similarly study done in Hong Kong university showed that a mother who had un planned pregnancy has 2.6-3.88 times higher risk of developing PND than whose pregnancy was planned (26).It might be resulted due to the fear of pregnancy outcome, psychological unpreparedness and fear of care of child.

This study also shows that a post natal women who gave first birth has 2.781 times more likely to develop maternal postnatal depression than a women whose birth was two and above, AOR=2.781, 95%CI (1.48-5.23), in contrary to this result study done in Nuuk-green land showed that first time mothers have less postnatal depression than multiple birth (36).This might be due to socio-cultural and socio-economic variation of two countries and also it might be due to fear of complication of delivery.

Strength and limitation

Strength of the Study: It is community based study which used primary data, probability sampling method were also used.

Limitations: PPD and its potential risk factors were based on self reports of the postnatal woman rather than on psychiatric evaluation and other objective measures. It measures individual symptoms which might leads to increased prevalence of PND. There also a possibility of social desirability biasness and recall biasness of the respondents. In addition to the above limitation the study also didn't considered the presence of other important mental health conditions related to postnatal depression such as Baby blues, postpartum psychosis and Anxiety disorders.

7. Conclusions and Recommendation

Postpartum depression has a significant adverse impact, not just on the affected woman, but on her partner and the family as a whole. This study showed that nearly two out of 10 postnatal women were developed PND.Maternal postnatal depression is one of the maternal mental health problem which acconted nearly 21.5% of the respondents have symptoms of maternal postnatal depression,but it's a neglected part and no concern was given in prevention and control of postnatal depression.Factors like marital type of the husband, substance use of husband, number of pregnancy, occurrence of last pregnancy, intimate partner violence during the last 12 month and house hold food security status of the respondents were siginficantly associated with maternal postnatal depression.

Recommendation

From our study we find that prevalence of maternal postnatal depression is 21.5 and its major associated factors, so we recommend:

- **District Health office** =>Primary health care provision facilities especially health centers and District hospitals should provide prevention of maternal postnatal depression as one of the component of MCH services by providing health education during ANC, early screening of postnatal mother, referral and teartment of cases.

  District health office: should also avail family planning services and increase coverage of instutitional delivery by providing awareness creation of the community about the benefit of instutitional delivery.
- **District women children and youth affair** => have to provide information and education to the community about the risk of IPV and polygamy marriage.
- **Agriculture office** => should empower women and male partner by providing technical and material support to be productive and to be free from food insecurity.
- Further more we recommend **researchers** to study bout the maternal postnatal depression and its association with birth outcome.

Reference

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ANNEXES

English version questionnaire

Informed oral Consent Form for Quantitative survey questionnaires:

My name is ---------- I am working as a data collector temporarily for post graduate student of Jimma University College of Medical Science. The objective of the present study is to assess the prevalence and factors affecting postnatal depression among child bearing women in the community. During the interview you will be asked some short questions about your background, your husband's background, your feeding status and also some of your feelings in the postnatal period etc.

Your answers will be recorded on a survey questionnaire. No personal identifiers will be attached/ recorded to the interview.

All the data obtained will be kept strictly confidential by using only code numbers. Your participation in the study is upon purely voluntary basis. The interview will be conducted individually and will take 20-30 minutes. During the interview (discussion) period, if you feel inconvenient, you can interrupt and clarify inconvenience, appoint to other time or even withdraw any time after you get involved in the study. Your honest and genuine participation in responding to the questions prepared is very important & highly appreciated. If you agree to participate in this study I will interview you.

Would you be willing to participate? Yes ☐ No ☐

If yes, proceed. If no, thank and stop here._____ (Signature of interviewer certifying that respondent has given Informed consent verbally).

የመጠይቅ ኮድ---------

ጂማ ዩኒቨርስቲ የህብረተሰብ ጤና እና ህክምናና ሳይንስ ኮለጅ

የጥናት መረጃ መስጫ የስምምነት ቅጽ

<u>መግቢያ</u>

ጤና ይስጥልኝ ስሜ---------- ይባላል፡፡የምሰራዉ ለጅማ ዩኒቨርስቲ የህብረተሰብ ጤና እና ህክምና ሳይንስ ኮለጅ

ድህረ-ምረቃ ተማሪ ለሆነው እንዴ ጊዜያዊ መረጃ ሰብሳቢ በመሆን ነው፡፡

የጥናቱ ዓላማ፡-

የዚህ ጥናት ዋና ዓላማው ከወልድ በኋላ በእናቶች የሚከሰተዉን የድብርት በሽታ ስርጭትና የበሽታዉ መንሰኤዎች ልሆኑ ይችላሉ ተብሎ የሚታሰቡ ችግሮችን በጥናቱ ለመለየት ነዉ፡፡

በዚህ ቃለመጠይቅ ወቅት እርሶ ከወሊድ በኋላ የሚከሰተዉ የድብርት በሽታ ዋናዋና ምልክቶች፣የራሶትንና የቤተሰቦን የአመጋገብ ሁኔታ እንድሁም ለጥናቱ ይጠቅማሉ ተብለዉ የተለዩ የግል ህይዎቶን በሚመለከት የተዘጋጁ ቃሌ መጥይቆች የተካተቱ ጥያቀዎችን ይጠየቃሉ፤ መልሶትም ለጥናቱ በተዘጋጀዉ የመጠየቂያ ቅጽ ላይ ይመዘገባል፡፡ አንድ አንድ ግላዊ ጥያቄዎችን በሚጠየቁበት ወቅት መጥፎ ስሜት ሊሰማዎት ይችላል፤ ነገር ግን በዚህ መጠይቅ ውስጥ ስም ና እርሶን ለመለየት የሚያገለግል ነገር አይፃፍም፡፡ ሁሉም መረጃ የቁጥር ኮድ በመጠቀም በጥንቃቄ እንደሚያዝ ልገልጽሎት እወዳለሁ፡፡

በዚህ ጥናት ላይ የሚያደርጉት ተሳትፎ ሙሉ በሙሉ በፍቃደኝነት ላይ የተመሰረተ ነው፡፡ ከዚህ ጥናት የምናገኘዉ መረጃ ከወልድ በኋላ በእናቶች ላይ የሚከሰተዉን የድብርት ጤና ችግር ስርጭትና ዋናዋና መንሰኤዎችን በመለየት እናቶች፣ቤተሰቦችና የጤና ባለሙያዎች ስለ በሽታዉ ስርጭት እንደሁም መንሰኤዎቻቸዉን እንድያዉቁ በማድረግ የእናቶችን ጤና ለማሻሻል እንደ ግብአት ለመጠቀም ይረዳል፡፡ መጠይቁ የሚካሄደዉ በግል ስሆን ከ20-30 ደቂቃ ይፈጃል፤ መመለስ ያልፈለጉትን ጥያቄ እንዲመልሱ አይገደዱም፡፡ በሂደቱ ላይ በጥናቱ ላለመካፈል በማንኛውም ወቅት መወሰን ይችላሉ፡፡ ነገር ግን ሁሉንም ጥያቄዎች እንዲመልሱልን እናበረታታለን፡፡ ግልፅ ያልሆነ ነገር ካለ ሊጠይቁን ይችላሉ፡፡ ስለትብብርዎ በጣም አመሰግናለሁ፡፡ ከዚህ ቀጥሎ በጥናቱ ለመሳተፍ መስማማትዎን ለማረጋገጥ የሚከተለውን የስምምነት ቅጽ አነብሎታለሁ፡፡

<u>የስምምነት ቅጽ፡-</u>

ተመራማሪው የጥናቱን ዓላማ በሚገባ አስረድተውኛል፡፡ በተጨማሪም በጥናቱ ያለመሳተፍና በማንኛውም ጊዜ ለማቋረጥ ያለኝን መብት ገልጽውልኛል፡፡ በዚህም መሠረት በጥናቱ ለመሳተፍ ሙሉ ፈቃደኛ መሆኔን አረጋግጣለሁ፡፡

ተጠያቂው ተስማምቷል?አዎ ☐ አልስማማም ☐

የጠያቂው ፊርማ----------ቀን----------

የተጠያቂው ፊርማ----------ቀን----------

JimmaYuniverestia Deretatha payatetaa nagiyanee assa akamiya saynissia kollejiya.

Filigetawu mayetowaa k'onichiyia ts'apuwa

Doometaa

- Sarotetay hintewu gido. Ta sunthayi----------gettetayi

Tanni ootiyawe jimma Yuniverestiya Deretetha payatetaa nagiyanee assa akkamiya saynissiya kollejiyan la"eto digiriya tamariya gidedawoo timiritiya pollanawu madiyaa piligetawu kooshshiyaa Oshata shiishanasaa.

Haa piligetawu go''ayi53

✓ Gac'inoo mac'asani beettiya boorasuwa haarigiya laaleetsanee hup'p'e hup'pe gaassota eranawunne sinitappe haa metuwa birishnawu ossetanaa koshshiya oogeta besseesi.

Haa Oshshatu gidoni it'ee it'ee oyshaa oo'chodoe hintenaa upaayisenna e'tsana danidayoppene, ha piligetawuu loyittidi maadiya gishshawu zarwuwa I'manawu minittetidee hintee sunitay woykohintena eranawu maadiya maalatay haa zaruwani Ts'aapetena.

Ha oysha zaranawu 20-30 dak'ik'a koshiyawa gidishshinade oshshatuppee hinitenna uppayisenawanta zarenani e''ts'anawune k'asi ubakka bashshanawu danidayitaa.

Mayetusaa

Tanaa oochiyanaa haa piligetaa g'oaa loyitee e'risaduu. Hewaa gidiyaa gishshawu ta sheniyani oyishsheto oyshatusi zaaruwa immadii.

Oshshetanawu mayetadii? 1. Ee ☐

2. Mayetikee ☐

- Oochchedanii paramma---------- Galassa----------
- Ooshetedanii paramma----------Galassa----------

Questionnaires

General instruction: Circle the correct number which contains the answer from answer box or Put the answer on the space provided.

PART I: Respondents Demographic and Socio- economic information

S.no	*Questions for respondent*	*Answers*	*Code*	*Remark*
101	How old are you? (in year)	_____years		
102	What is your religion?	1. Orthodox 2. Protestant 3.Catholic 4. Other(Specify)_____		
103	What is your ethnicity?	1. Dawuro 2. Amhara 3. Wolayta 4. Gurage 5. Other(Specify)___		
104	What is your Educational Status?	1. Unable to read and write 2. Read and write 3.. Elementary (1-8) 4. High school (9-12) 5. Higher education graduate		
105	What is your Occupation?	1. House wife 2.Daily laborer 3. Merchant 4. Private employee 5 .Gov. employee 99.Others(specify)___		

106	What is your Marital status?	1.Never married 2.Married 3.Living together 4.Divorced/Separated 5.Widowed		
107	Does your husband have other wife than you?	1.Yes 2. No		
108	Family size	_____		
109	Estimated monthly house hold income	---------- Et.birr		
110	Place of residence	1. Rural 2. Urban		
Part II. Substance use of Mother				
201	Do you smoke cigarettes (Gayia)?	1. Have never smoked 2. I smoke some times 3. I smoke daily		
202	Do you drink alcoholic beverages likeTella, Teji,Beer,Areke,Boridee?	1. Have never drink 2. I have tried once/twice 3. I drink from time to time 4. I drink daily		
Part III. Obstetrics related factors of the respondents				
301	How many times you give birth including the last birth?	1. First time 2. Two and above		
302	How did your last Pregnancy occured?	1. Planned/wanted 2. Unplanned/ Un wanted		

303	Have you attended ANC during the last pregnancy?	1. Yes 2. No		
304	If yes for Q 303 how many times you attend ANC follow up?	1. 1times 2. Two times 3. Three 4. >=4 times		
305	Where did you give your last birth?	1. Health facility 2. Home		
306	If 'Health facility' for Q 303 mode of delivery you gave birth?	1.Spontanous vaginal delivery 2. Assisted Vaginal delivery 3.Cesearian section		
307	Have you used PNC service after your last delivery?	1.Yes 2. No		
308	Did you feed your infant exclusively your breast milk?	1. Yes 2. No		
PART V. Socio-demographic character of the husband.				
401	Estimated age of your husband in year?	_____		
402	Your Husband educational status	1. Unable to read and write 2. Read and write 3. Elementary (1-8) 4. High school (9-12) 5. Higher education graduate		
403	Your Husband's Occupation	1.Farmer		

		2. Daily laborer 3. Merchant 4. Gov. employee 5. Private employee 6. Others (specify)____		
404	Did your husband smoke cigarettes (Gayia)?	1.Have never Smoked 2.He have tried once/twice 3. He smoke daily		
405	Did your husband drink alcoholic beverages like Tella, Teji, Beer, Areke, Boridee?	1.Have never drink 2. He have tried once/twice 3. He drink daily		
406	Do your husband chew Khat	1.Have never chewed 2.He have tried once/twice 3.He chew daily		

Part V. Family related factors.

	Social support		
501	Have you got any support during your postnatal period?	1.Yes 2. No	

502	If yes for Q501 who supported you during your postnatal period?	1. spousal support 2. Women's own mother or her relatives 3.Husband's own mother or his relatives 4. House maid 5. Neighbors 6. Others(specify)---------	
503	Have you any of the following attack in the last 12 months? a) Physical	1.Being slapped 2.Shoved 3.Hit with fist or some thing 4. Beaten or kicked 5. Being chocked 6.Burnt and threatened using knife or gun 7. Others(specify)----------	
	b) Emotional	1. If she was belittled(humiliated) in front of others 2.If she was intimidated(scared) on purpose 3. If she was threatened to hurt her or someone she cares about 4.Others(specify)--------	

	C) Sexual	1. Experiencing of a forced sexual intercourse 2. Intercourse that made a women afraid of what will come next 3. Experience of degrading or humiliating type of intercourse without the consent of women. 4.Others(specify)----------	

Household Food Insecurity access scale indicators 21-Item (48)

Women were asked whether because food ran out or money was not enough to buy food in the last 3 months.

S.no	*Item*	*Answer*	*Remark*
601	Were you worried about running out of food in the last 4 weeks?	1 .Yes 2. No	
602	If yes for question 601for how long you worried in the last 4 weeks?	1. 1-2 times 2. 3-10 time 3. many times	
603	In the last 4 weeks were you (your families) unable to consume a healthy and varied diet because you didn't have enough food (money to buy food)?	1. Yes 2. No	
604	If yes for question 603 for how long you (your families) were unable to eat a healthy and varied diet in the last 4 weeks?	1. 1-2 times 2. 3-10 time 3. many times	
605	Is there any time in the last 4 weeks you (your	1.Yes	

	families) consumed just a few foods because you didn't have enough food (money to buy foods)?	2.No
606	If yes for question 605 for how long?	1. 1-2 times 2. 3-10 time 3. many times
607	Is there any time in the last 4 weeks you (your families) consumed a food that they (you) didn't want to eat?	1.Yes 2.No
608	If yes for Q607 for how long?	1. 1-2 times 2. 3-10 time 3. many times
609	Is there any time in the last 4 weeks you (your families) eat less food what you thought you should because there was no enough food(money to buy food)?	1.Yes 2.No
610	If yes for Q 609 for how long?	1. 1-2 times 2. 3-10 time 3. many times
611	Is there any time in the last 4 weeks you (your families) reduced the size of meals in daily bases when compared with other times because there was no enough food (money to buy food)?	1.Yes 2.No
612	If yes for Q 611 for how long?	1. 1-2 times 2. 3-10 time 3. many times
613	Is there any time in the last 4 weeks you (your families) run out of food?	1.Yes 2.No
614	If yes for Q 613 for how long?	1. 1-2 times 2. 3-10 time

		3. many times
615	Is there any time in the last 4 weeks you (your families) run out of food the whole night while you (your) families were hungry because there was no food (money to buy food)?	1.Yes 2.No
616	If yes for Q 615 for how long?	1. 1-2 times 2. 3-10 time 3. many times
617	Is there any time in the last 4 weeks you (your families) go without food for a whole day or night because there was no food (money to buy food)?	1.Yes 2.No
618	If yes for Q 617 for how long?	1. 1-2 times 2. 3-10 time 3. many times
	The listed below questionnaires from 619-621 were consider only about you.	
619	Is there any time in the last 3 months you worried that you would run out of food or money to buy food?	1.I never worried 2.1-7 days 3.8-21 days 4.>21days
620	Is there any time in the last 3 months you ever reduced the size of meals or skip meals because there was no enough food (money to buy food)?	1.I never reduced 2.1-7 days 3.8-21 days 4.>21days
621	Is there any time in the last 3 months you go without food for a whole day or night because there was no food (money to buy food)?	1.I never go without food 2.1-7 days 3.8-21 days

4.>21 days

Part VII. Post natal depression assessment of the respondents by using WHO Self Reporting Questionnaires (SRQ-20)

S.no	***Questions***	***Response***	Remark
701	**Do you often have headache?**	1.yes 2. No	
702	**Is your appetite poor?**	1.yes 2. No	
703	**Do you sleep badly?**	1.yes 2. No	
704	**Are you easily frightened?**	1.yes 2. No	
705	**Do your hands shake?**	1.yes 2. No	
706	**Do you feel nervous, tense, or worried?**	1.yes 2. No	
707	**Is your digestion poor?**	1.yes 2. No	
708	**Do you have trouble thinking clearly?**	1.yes 2. No	
709	**Do you feel unhappy?**	1.yes 2. No	
710	**Do you cry more than usual?**	1.yes 2. No	

711	**Do you find it difficult to enjoy your daily activities?**	1.yes 2. No	
712	**Do you find it difficult to make decision?**	1.yes 2. No	
713	**Is your daily work suffering?**	1.yes 2. No	
714	**Are you unable to play a useful part in your life?**	1.yes 2. No	
715	**Have you lost interest in things?**	1.yes 2. No	
716	**Do you feel that you are a worthless person?**	1.yes 2. No	
717	**Has the thought of ending your life been on your mind?**	1.yes 2. No	
718	**Do you feel tired all the time?**	1.yes 2. No	
719	**Do you have uncomfortable feeling in your stomach?**	1.yes 2. No	
720	**Are you easily tired?**	1.yes 2. No	

.

Administered/Reviewed by _____

Date _____

Oshshatta

Ubba oshshataka assiti zareda marrani malate ge7iya sohani xaffa

Baga I: oshetiya assa de7owa mara ochiya oshshata

Paayiidwa	Oyishsha	Zaarowa	Malata	Hasiyisowa
101	Ne Yeleta laytayi aappune? (laytan)	_____layta		
102	Ne ayiba amanayi?	1. Orthodokisiya 2. protestantee 3.Catholikiya 99.hara(yota)_____		
103	Ne Zariya qomoiye aybee?	1. Dawurowa 2. Amharaa 3. Wolayitaa 4. Guragiya 99.hara(yota)_____		
104	Ne Timirtiya dethayi woyise?	1.nababanwunene xafanawu dandayike 2.nababowane xafayise 3.. koyiro detha (1-8) 4. la7etha detha (9-12) 5. la7etha dethafe bolla		
105	Ne Ossoyi aybee?	1. gole maccassa 2.wolqa kitancha 3. zala7ancha 4. gile osancha 5 .kawowa osancha		

		99.hara(yota)_____		
106	Gole asayi Agana demiya birayi appune?	_____birrani		
107	Ne soyzoyi hanotay?	1.Gellabeyke 2.Assina geladi 3.Itipe de7ayisi 4.biletadi . 5.Assinayi haykeda		
118	Ne Azinasi neppe hara machiya de7ayi?	1.ee 2. bawa		
119	Soo assa payidoyi aapunee?	_____		
120	De7iya sohu?	1. Gaxariyana 2. Katammana		
Part II. Dhaliya akowa hanota oyishsha				
201	Ne Gacino gidoni sijara woyikoo gayiaa ushayi?	1. Gamaka usha erike 3. Ad''aa Ad''aa ushayisi 3. galasi galasi ushayisi		
202	Ne Gachino gidoni mattoyia ushaa usha erayi?	1. Usha erike 2. Iissito/la7hutoo 3. Galassani galassani ushayi		
Part III. Shaaraanna gayttidaa hanotaa oshuwaa				
301	**Hawwee newu apapunittoo yello**	**1.Koyero 2.Na7anne bolla**		
302	**Ha yeleta na7ayi (na7iya) waati attede?**	**1.Koshani(halchuani) 2.Halchnaninne**		

303	Ha yellwuaa yellanasi kassena payetetha nagiya keetha ba erayi?	1. ee 2. ba erike		
304	Oosha 303 kala era gidoppe appune gede?	1.1gede 2.2gede 3.3gede 4.4gede nee Bolla		
305	Ne wursetha yelowa haqani maretadi?	1.Payetetha nago kethana 2.Soyani		
306	Payetetha kethani maretada kidope yelowa hanotayi?	1.Maccatethani xossa ogeni 2. Massioneni madetide 3.Ullowa kanxetina		
307	Yeloppe kalide emitiya payetetha nagowa kaladi?	1.E7ee 2. kalaweyike		
308	Ne na7a dhantha dhantha?	1.E7ee 2.Dhanthiki		
PART IV.Ne Assinaa hanotana oyk'eteda oshata.				
401	Ne azinasi appuu layithe?	_____		
402	Ne azina timritiaya hanotayi?	1.nababanwunene xafanawu dandayina 2.nababowane xafayise 3.. koyiro detha (1-8) 4. la7etha detha (9-12) 5. la7etha dethafe bolla		
403	Ne azina oosu	1. Goshancha 2.wolqa kitancha		

		3. zala7ancha 4. gile osancha 5 .kawowa osancha 99.hara (yota)_____		
404	Ne azinayi Gayia woykkoo sijarra ushi?	1. gamaka usha erina 2.issi issi kala ushe 3. galasa galasa ushayessi		
405	Ne azinayi parsowa ushi?	1.Usha erina 2.Issi issi kala ushe 3.galasa galasa ushessi		
406	Ne azinayi chatiya qami	1.Qami erena 2.Issi issi kala qammee 3.Uba galaka qamme		
V	Golle asana gaketiyaa ooshataa			
501	GaCino wodeni assayi nenaa madedee	1.E7e 2.Madibenna		
502	Madeda gidoppe onee?	1.Ta asinaa 2.Ta daayoo woyko ta dabuwa 3.Azina ayewu woyiko ta azina dabuwaa 4.shooruwa 5. Ta soni qa7axareteda asaa		
503	Aad'eedaa 12 aginani neena ne azzinappe gakka metuu hak'awee? 503.1. Nee asateta bolla	1.kushiyan gork'k'edda 2.Sugi oledda 3.Bak'edda		

		4.k'akeedda 5.Mitsanna dom''iseedda 6.Michcha birattan s'uugedda 7. Mashshani c'aadedda 8.Tsamihanii shooc'eedaa		
	503.2.Wozanna shaburssa	1. Assa sintani nenaa kawushiseedaa(booreddaa) 2.Ta k'oppo yewuwa polenaadaa babbissisii(tawd'ube gideedda 3.Shoc'aanaa gii ta bollaa c'ek'eedda 4.Ta dabuwanaa woyikoo shoruwanaa gakettenaa malla oteddaa.		
	503.3. Aashoo gaketsaa	1. Ubb wode ta koyyennani de'ishini taana wolk'k'an gisanawu koyyee. 2. Tana yeelayiya asho gakketa pollana koyyee		
Part VI.Soo Assayi barenna K'umanii dandayuwa eranawu makiya miishshaa				
601	Aad'd'a ooyiduu saamintatawuu giddon hinttennanee hintteesoo assa kallisennaa guutsa k'umaa	1.ee 2.baawa		

	maanadda metuu gakoo wodi de'ii?			
602	Killii oshaawu ee'' goppe ad'd'o itti agina giddon aappu kaalla gakkeddee?	1.laafawode(itti laa''u kalla) 2.Ad'd'i ad'd'i(3-10 kallaa) 3.C'ora wode		
603	Aad'd'a ooyiduu saamintata giddon hinttennanaa mal''ya k'umaa katsii maana ginna wolk'k'ay d'ayyo wodi de'ii?	1.Ee 2.Bawa		
604	Killii oshaawu Ee'' goppe ad'd'o itti agina giddon dooro k'umaa k'ommuwa mana ginaa aappwuu kaalla d'ayedee?	1.laafawode(itti laa''u kalla) 2.Ad'd'i ad'd'i(3-10 kallaa) 3.C'ora wode		
605	Aad'd'a ooyiduu saamintata giddon hinttee (hinttesooasay) koyyowa keena k'umma shaluwa woykko k'umaa d'ayuwa gaasswan meenan atto wodi de'ii?	1.Ee 2.baawa		
606	Killii oshaawu ee'' goppe ad'd'o itti agina giddon aappu kaalla gakkeddee?	1.laafawode(itti laa''u kalla) 2.Ad'd'i ad'd'i(3-10 kallaa) 3.C'ora wode		
607	Aad'd'a ooyiduu saamintata giddon hinttee (hinttesooasay) dosierenaa k'umaa meedaa wodi de'ee?	1.Ee 2.baawa		
608	Killii oshaawu ee'' goppe ad'd'o itti agina giddon aappu kaalla hinttee dosii erenaa k'umma meeditee?	1.laafawode(itti laa''u kalla) 2.Ad'd'i ad'd'i(3-10 kallaa) 3.C'ora wode		
609	Aad'd'a ooyiduu saamintata giddon hinttee (hinttesooasay) kallisennaa guutsa k'umaa maanadda metuu	1.Ee 2.baawa		

	gakko wodi de'ii?			
610	Killii oshaawu ee'' goppe ad'd'o itti agina giddon aappu kaalla kallisennaa guutsa k'umaa medi'tee?	1.laafawode(itti laa''u kalla) 2.Ad'd'i ad'd'i(3-10 kallaa) 3.C'ora wode		
611	Aad'd'a ooyiduu saamintata giddon hinttee (hinttesooasay) mishsha woy k'umaa d'ayuussan kasseena e'iite kamani miyia k'umaapee guutsa maanadda metu gakoo wodi de'ii?	1.Ee 2.baawa		
612	Killii oshaawu ee'' goppe ad'd'o itti agina giddon aappu kaalla guutsa k'umaa medi'tee?	1.laafawode(itti laa''u kalla) 2.Ad'd'i ad'd'i(3-10 kallaa) 3.C'ora wode		
613	Aad'd'a ooyiduu saamintata giddon hinttee soon meetettiya k'umay ubbanna d'ayo wodi de'ii?	1.Ee 2.baawa		
614	Killii oshaawu ee'' goppe ad'd'o itti agina giddon aappu kaalla k'umay ubbana d'ayedee?	1.laafawode(itti laa''u kalla) 2.Ad'd'i ad'd'i(3-10 kallaa) 3.C'ora wode		
615	Aad'd'a ooyiduu saamintata giddon hinttee (hinttesooasay) koshatidde kawuwa meennani gisi ak'k'o gallassy de'ii?	1.Ee 2.baawa		
616	Killii oshaawu ee'' goppe ad'd'o itti agina giddon aappu kaalla mella ak'editee?	1.laafawode(itti laa''u kalla) 2.Ad'd'i ad'd'i(3-10 kallaa) 3.C'ora wode		
617	Aad'd'a ooyiduu saamintata giddon hinttee (hinttesooasay) k'umaa d'ayuwa gaasuwani k'amaa woy	1.Ee 2.baawa		

	gallassi meennan atoo wodi de'ee?			
618	Killii oshaawu ee'' goppe ad'd'o itti agina giddon aappu kaalla k'amaa woy gallassi meennani ateeditee?	1.laafawode(itti laa''u kalla) 2.Ad'd'i ad'd'i(3-10 kallaa) 3.C'ora wode		
Ha''I guutsa oosha neena oochchanna				
619	Aad'd' 3 agina giddoni k'umaa woy k'umaa shammiayia shaaluwa d'ayo wodi de'ii?	1.d'aya erikee 2.1-7 gallassa d'ayadii 3.8-21 gallassa d'ayadii 4.21 gallassapee bolla d'ayadii		
620	Aad'd' 3 agina giddoni k'umaa woy k'umaa shammiayia shaaluwa appwu gedee d'aya diee?	1.d'aya erikee 2.1-7 gallassa d'ayadii 3.8-21 gallassa d'ayadii 4.21 gallassapee bolla d'ayadii		
621	Aad'd' 3 agina giddoni k'umaa woy k'umaa shammiayia shaaluwa d'ayo gishshawu nee miyia k'umaa lafetoo wodi de'ii?	1.d'aya erikee 2.1-7 gallassa la''faa madii 3.8-21 gallassa la''faa madii 4.21 gallassapee bolla la''faa madii		
622	Aad'd' 3 saamintta giddoni k'umaa d'aywuwa gaasuuwan gallassa woy k'amma kumentsa k'umaa meennani atoo wodi de'ee?	1.d'aya erikee 2.1-7 gallassa d'ayadi 3.8-21 gallassa d'ayadi 4.21 gallassapee bolla d'ayadi		

Part VII. Yelowappe kalii de''yia (Huppiyaa Payatettaa) Boorasuwaa Harigiyannaa oyiketeda oshsha(SRQ-20)			
Payidwua	**ooshsha**	***zorowa***	*hassa yisso*
701	**C'ora wode huup'ii sakkii?**	**1.E7ee**	

		2.Sakkenna	
702	**Nena K'ummaa dosetsennee?**	**1.E7ee** **2.dosetseee**	
703	**K'amma k'amma neena gim''ishu metii?**	**1.E7ee** **2.metenna**	
704	**Eesuuwan gagamey?**	**1.E7ee** **2.Dagamikke**	
705	**Kushi newu kokori eri?**	**1.E7ee** **2.kokorenna**	
706	**Daagama, hank'eta woyiko yayaa erayi?**	**1.E7ee** **2.Earikke**	
707	**Ne meedda K'umay uluwaani gachetiki gii eri?**	**1.E7ee** **2.Erikke**	
708	**Ne akekaa woy ne k'offa bolla metuu gakki eri?**	**1.E7ee** **2.Erena**	
709	**Kayyotaa eray?**	**1.E7ee** **2.Erikee**	
710	**Harodewape dumateeda ogiyan yeeka erayi?**	**1.E7ee** **2.Erikee**	
711	**Ubba woen ootsiya oosuwa ufayssan ootsay?**	**1.E7ee** **2.Ootsikke**	
712	**Qoppa qachanawu nena meti eriy?**	**1.E7ee** **2.Erena**	
713	**Ubba wode oossuu new dees's'ii?**	**1.E7ee** **2.Dees's'enna**	
714	**Ne de'uwa laytsan neena go''e giya yewuwa polanawu new is's'ii erii?**	**1.E7ee** **2. Erena**	
715	**Ubba yewuu iiti?**	**1. E7ee** **2. Iitenna**	

716	**Ta ayanne maaddike ga k'oppa erayi?**	**1. E7ee** **2.Erikkee**	
717	**Ubba ha biittaappe d'aya d'aya agaa gii neena k'ofetsii**	**1. E7ee** **2.Erena**	
718	**Uba wode dafurissii**	**1. E7ee** **2. Dafurissenaa**	
719	**Ullo gidoni new iitiyabayi sisetti?**	**1. E7ee** **2.Sisettenaa**	
720	**C'oo neena dafursii?**	**1. E7ee** **2. Dafurissenaa**	

KEEHIPPE GALATAY!!!

Ocheda assa suntha _____

Galassa _____

መጠይቆች

መመሪያዎች፡ ለሚጠየቁ ጥያቀዎች ትክክለኛ መልስ በመስጠት ይተባበሩ።።

ተ.ቁ	*ጥያቄዎች*	*መልስ*	*መለያ*	*ምርመራ*
101	ዕድመሽ ስንት አመት ነዉ?	_____		
102	ሀይማኖትሽ ምንድነዉ?	1. ኦርቶዶክስ 2. ፕሮቴስተንት 3.ካቶሊክ 4. ሌላ ከሆነ ይጥቅሱ_____		
103	ብሔርሽ ምንድነዉ?	1. ዳዉሮ 2.አማራ 3. ወላይታ 4. ጉራጌ 5. ሌላ ከሆነ ይጥቅሱ_____		

104	የት/ት ደረጃሽ?	1. ማንበብም መፃፍም አልችልም 2. ማንበብም መፃፍም እችላለሁ 3.. 1ኛ ደረጃ (1-8) 4. 2ኛ ደረጃ (9-12) 5. ከፍተኛ ደረጃ		
105	ሥራሽ?	1. የቤት እመቤት 2.ቀን ሠራተኛ 3. ነጋዴ 4. የግል ተቀጣሪ 5. የመንግስት ሠራተኛ 6. ሌላ ከሆነ ይጥቀሱ_____		
106	የጋብቻ ሁኔታሽ	1. አላገባሁም 2.አገብችያለሁ 3. ከጓደኛዬ ጋር አብረን እንኖራለን 4. ተፋተናል/ተለያይተናል 5. ባሌ ሞቷል		
108	የቤተሰብ የወር ገቢ	_____ብር		
119	ባሌበትሽ ከአንች ሌላ ምስት አለዉ?	1.አዉ 2. የለዉም		
120	የቤተሰባችሁ ብዛት ስንት ነዉ	_____		
121	የመኖሪያ አድራሻ	1. ገጠር 2. ገጠር		
ክፍል ሁለት፡ እፅ አጠቃቀምን በተመለከ የተዘጋጀ መጠይቅ				
201	በመጫትነሽ(ከወለድሽ) ቦኋላ ታጨሽያለሽ?	1. አላጨሰም 2. በየቀኑ አጨሳለሁ 3. በየሳምንቱ አጨሳለሁ 4. አልፎ አልፎ አጨሳለሁ 5.በወር 1ጊዜ አጨሳለሁ		

202	በመጫትነሽ(ከወለድሽ) ቦኋላ አልኮል መጠጦችን ትጠጭያለሽ?	1. አልጠጣም 2. በየቀኑ እጠጣለሁ 3. 5-6 ቀናት በሳምንት እጠጣለሁ 4. 1-4 ቀናት በሳምንት እጠጣለሁ 5. 1-3 ቀናት በሳምንት እጠጣለሁ 6.በወር አንድ ጊዜ እጠጣለሁ		
ክፍል 3. ከእርግዝና ጋር ተያያዥ ለሆኑ ጉዳዮች የተዘጋጀ መጥይቆች				
301	አሁን የወለድሽዉን ጨምሮ ስንት ልጆች አሉሽ?	1. የመጀመሪያ 2. ሁለትና ከዛ በላይ		
302	አሁን የወለድሽዉ እርግዝናሽ እንደት ነበረ የተፀነሰዉ?	1. በፅቅድ 2. ያለፅቅድ(ሳይታሰብ)		
303	ከመዉለድሽ በፍት ማለቱ በዚህኛዉ ወልድ የቅድመ ወልድ አግ/ት ተጠቅመሻል?	1. አዉ 2. አልተጠቀሙኩም		
304	የቅድመ ወልድ አግ/ት ተጠቅመሽ ከሆኔ ስንት ጊዜ?	1. 1ጊዜ 2. 2 ጊዜ 3. 3ጊዜ 4. 4ጊዜ ና ከዛ በላይ		
305	ይህንን ወልድ የት ነዉ የተገላገልሽዉ?	1. ጤና ተቋም 2. በቤት		
306	በጤና ተቋም የወለድሽ ከሆኔ እንደት ነበር የተገላገልሽዉ?	1.በተፈጥሮ ያለ ምንም ችግር በባለሙያ ድጋፍ 2. በባለሙያና በመሣሪያ እርዳታ በተፈጥሮ 3.በቀዶ ጥገና		
307	ከወለድሽ ቦኋላ የድህሪ ወልድ አግ/ት ተጠቅመሻል?	1. አዉ 2. አልተጠቀሙኩም		

308	ህፃኑን ጡት ታጠብያለሽ?	1. አዉ 2. አላጠባም		
ክፍል አራት. ከትዳር ጓደኛ ጋር የተያያዙ መጥይቆች				
401	የባለቤትሽ እድመ ስንት አመት ነዉ?	_____		
402	የባለቤትሽ የት/ት ደረጃ ?	1. ማንበብም መፃፍም አይችልም 2. ማንበብም መፃፍም ይችላል 3. 1ኛ ደረጃ (1-8) 4. 2ኛ ደረጃ (9-12) 5. ከፍተኛ ደረጃ		
403	የባለቤትሽ ስራ?	1.ገበሬ 2. የቀን ሠራተኛ 3. ነጋዴ 4. የመንግሰት ሠራተኛ 5. የግል ተቀጣሪ 6. ሌላ ከሆነ ይጥቀሱ____		
404	ባለቤትሽ ያጨሳል?	1.አያጨስም 2. አልፎ አልፎ ያጨሳል 3 በየቀኑ ያጨሳል		
405	ባለቤትሽ አልኮል መጠጦችን (ቢራ፣ወይን፣አረቄ፣ጠላ፣ጠጅ ቦርዴ) ይጠጣል?	1.አይጠጣም 2. በየቀኑ ይጠጣል 3. 5-6 ቀናትን በሳምንት ይጠጣል 4. 1-4 ቀናትን ይጠጣል 5. 1-3 ቀናትን ይጠጣል 6. በወር አንድ ጊዜ ብቻ ይጠጣል		
406	ባለበትሽ ጫት ይቅማል?	1.አይቅምም 2.አልፎ አልፍ ይቅማል 3. በየቀኑ ይቅማል		

	ክፍል 5. ከበተሰብ ጋር ተያያዥ ገዳዮች መጠይቅ		
501	በመጫትነት(ከወለድሽ) ቦኋላ ድጋፍ ተደርጎልሻል?	1.አዉ 2. አልተደረገልኝም	
502	ድጋፍ ተደርጎልሽ ከሆኔ ማን ረዳሽ?	1. ባለቤቴ 2. እናቴ ና የኔ በተሰቦች 3.የባለቤቴ እናትና ቤተሰቦቹ 4. ሠራተኛዬ 5. ጎረበቶቼ	
503	ባለፉት 12 ወራት ዉስጥ በትዳር ጓደኛሽ ከዚህ በታች ከተዘረዘሩት ጥቃቶች ዉስጥ አንችን የደረሰ አለ? ሀ) አካላዊ ጥቃት	1.በጥፍ መመታት 2.መግፋት 3.በቡጥ መይም በሌላ ነገር መምታት 4. መጠለዝ 5. ማነቅ 6.በእሳት ማቃጠል (በቢላዋ መዉጋት)	
	ለ) ስኔ ልቦናዊ	1. በሰዎች ፍት ማንቋሸሽ(መሳደብ) 2. ሆን ብሎ የበታችነት እንድሰማት ማድረግ 3. ራስሽን ወይም የሚትጅዉን ሰዉ እንድትጎጂ ማድረግ 4. ከዘመድ (ከጎረበት) ጋር እንዳትገናኚ ማድረግ 5. የመወሰን መብት መከልከል	
	ሐ) ወስባዊ ጥቃት	1. በጉልበት (በማስፈራራት) ወስብ መፈፀም 2. የማትፈልገዉን አይነት የግብሬ ስጋ ግንኙነት መፈፀም	
ክፍል 6 በቤተሰብ ደረጃ የምግብ ዋስትና ሁኔታ መለኪያ ቅፅ			
601	ባለፉት አራት ሳምንታት ዉስጥ **ለቤተሰቡ የሚሆን ምግብ ያጥረናል ብላችሁ ተጨንቃችሁ ታውቃላችሁ?**	1. አዉ 2. አናዉቅም	

602	**ይህ የነበረ ጭንቀት ባለፈው አንድ ወር** ውስጥ **ምንያህል ጊዜ አጋጠማችሁ?**	ነ.. በትንሹ (ካንዴም ሁሌቱ ብቻ) 2. አልፎ አልፎ (3-10) 3. አብዛኛዉን ጊዜ	
603	**ባለፉት አራት ሳምንት ጊዜያት ውስጥ የምትመርጡትን አይነት ምግብ መመገብ ያለቻላችሁበት ጊዜ ነበረ ወይ?**	**1. ነበረ** **2. አልነበረም**	
604	**□ህ የምትመርጡትን አይነት ም□ብ መመገብ አለመቻል ባለፈው አንድ ወር** ውስጥ **ምን ያህል ጊዜ አጋጠማችሁ?**	ነ. በትንሹ (ካንዴም ሁሌቱ ብቻ) 2. አልፎ አልፎ (3-10) 3. አብዛኛዉን ጊዜ	
605	**ባለፉት አራት ሳምንት ጊዜአት ውስጥ** እርስዎ **ወይም ሌላ የቤተሰቡ አባል የምትፈልጉትን ያህል የምግብ መጠን (በገንዘብ ወይም በም□ብ እጥረት ምክንያት) መመገብ ያልቻላችሁበት ጊዜ ነበረ ወይ?**	**1. ነበረ** **2. አልነበረም**	
606	**□ምትፈልጉትን ያህል የምግብ መጠን መመገብ አለመቻል ባለፈው አንድ ወር** ውስጥ **ምን ያህል ጊዜ አጋጠማችሁ?**	ነ. በትንሹ (ካንዴም ሁሌቱ ብቻ) 2. አልፎ አልፎ (3-10) 3. አብዛኛዉን ጊዜ	
607	**ባለፉት አራት ሳምንት ጊዜያት ውስጥ**እራስዎ **ወይም ሌላ የቤተሰቡ አባል የማትፈልጉትን የምግብ አይነቶች ለመመገብ የተገደዳችሁበት ጊዜ ነበረ ወይ?**	**1. ነበረ** **2. አልነበረም**	
608	**ይህ የማትፈልጉትን ምግብ አይነቶች ለመመገብ መገደድ ባለፈው አንድ ወር** ውስጥምንያህል ጊዜ አጋጠማችሁ?	ነ. በትንሹ (ካንዴም ሁሌቱ ብቻ) 2. አልፎ አልፎ (3-10) 3. አብዛኛዉን ጊዜ	
609	**ባለፉት አራት ሳምንት ጊዜያት ውስጥ**እርስዎ **ወይም ሌላ የቤተሰቡ አባል አነስተኛእና የማያጠግብ የምግብ መጠን ለመመገብ የተገደዳችሁበት ጊዜ ነበረ ወይ?**	**1. ነበረ** **2. አልነበረም**	

610	**ይህ አነስተኛእና የማያጠግብ የምግብ መጠን ለመመገብ መገደድ ባለፈው አንድ □ርውስጥምንያህል ጊዜ አጋጠማችሁ?**	1. በትንሹ (ካንዴም ሁሌቴ ብቻ) 2. አልፎ አልፎ (3-10) 3. አብዛኛዉን ጊዜ	
611	**ባለፉት አራት ሳምንት ጊዜአት ውስጥእርስዎ □□ም ሌላ □ቤተሰቡ አባል (በገንዘብ ወይም በም□ብእጥረት ምክንያት) በተለምዶ በቀን □ሰ□ ከምትመገቡበት ጊዜ ያነሰ ለመመገብ የተገደዳችሁበት ጊዜ ነበረ ወይ?**	**1. ነበረ** **2. አልነበረም**	
612	**ይህ በተለምዶ በቀን ውስጥከምትመገቡበት ጊዜ ያነሰ ለመመገብ መገደድ ባለፈው አንድ □ር ውስጥ ምን ያህል ጊዜ አጋጠማችሁ?**	1. በትንሹ (ካንዴም ሁሌቴ ብቻ) 2. አልፎ አልፎ (3-10) 3. አብዛኛዉን ጊዜ	
613	**ባለፉት አራት ሳምንት ጊዜአት ውስጥ በቤታችሁ ምንም የሚበላ ምግብ የጠፋበት ጊዜ ነበረ ወይ?**	**1. ነበረ** **2. አልነበረም**	
614	**□ህ □ሚበላ ም□ብ መጥፋት ባለፈው አንድ □ር ውስጥ ምን □ህል □□ አጋጠማችሁ?**	1. በትንሹ (ካንዴም ሁሌቴ ብቻ) 2. አልፎ አልፎ (3-10) 3. አብዛኛዉን ጊዜ	
615	**ባለፉት አራት ሳምንት ጊዜአት ውስጥ እርስዎ □□ም ሌላ የቤተሰቡ አባል በም□ብ እ□ረት ምክንያት እየራባችሁ ለመተኛት (ሌሊቱን ለማሳለፍ) የተገደዳችሁበት ጊዜ ነበረ ወይ?**	**1. ነበረ** **2. አልነበረም**	
616	**□ህ እየራባችሁ ለመተኛት (ሌሊቱን ለማሳለፍ) መገደድ ባለፈው አንድ ወር ውስጥ ምን ያህል ጊዜአጋጠማችሁ?**	1. በትንሹ (ካንዴም ሁሌቴ ብቻ) 2. አልፎ አልፎ (3-10) 3. አብዛኛዉን ጊዜ	

617	**ባለፉት አራት ሳምንት ጊዜአት ውስጥእራስዎ ወይም ሌላ የቤተሰቡ አባል (በምግብእ□ረት ምክንያት) ቀኑን ወይንም ሌሊቱን ሙሉ ምንም ምግብ ለመመገብ ያልቻላችሁበት ጊዜ ነበረ ወይ?**	**1. ነበረ** **2. አልነበረም**	
618	**ይህ ቀኑን ወይንም ሌሊቱን ሙሉ ምንም ም□ብ ለመመገብ ያለመቻል ባለፈው አንድ □ር** ውስጥ ምን □**ህል** □□ **አጋጠማችሁ?**	1. በትንሹ (ካንዴም ሁሌቴ ብቻ) 2. አልፎ አልፎ (3-10) 3. አብዛኛዉን ጊዜ	
	አሁን ትንሽ ጥያቄዎችን በግልሽ /በራስሽ) ያጋጠመሽን እጠይቅሻለሁ		
619	ባለፉት ሶስት ወራት ዉስጥ፣ ለምን ያህል ቀናት የምበላዉን ምግብ አጣሁ አልያም ምግብ የምትገኝበትን ብር አጥተሽ ታዉቅያለሽ?	1. በፍፁም አላጣሁም 2. 1-7 ቀናት 3. 8-21 ቀናት 4. ከ21 ቀናት በላይ	
620	ባለፉት ሶስት ወራት ዉስጥ፣ ለምን ያህል ቀናት ምግብ ወይም የምግብ ገንዘብ መግኘ እጥተሽ የምትበዪዉን ምግብ ጊዜ ቀንሰሽ ታዉቂያለሽ?	1. በፍፁም አላጣሁም 2. 1-7 ቀናት 3. 8-21 ቀናት 4. ከ21 ቀናት በላይ	
621	**ባለፉት ሶስት** ወራት **ጊዜአት ውስጥ (በምግብ እጥረት ምክንያት) ቀኑን ወይንም ሌሊቱን ሙሉ ምንም ምግብ ለመመገብ ያልቻልሽባቸዉ ጊዜ ነበረ ወይ**?	1. በፍፁም አላጣሁም 2. 1-7 ቀናት 3. 8-21 ቀናት 4. ከ21 ቀናት በላይ	
622	ባለፉት ሶስት ወራት ዉስጥ፣ ለምን ያህል ቀናት ምግብ አጥተሽ የምትበዪዉን/ የምትገዥበትን ገንዘብ ጠይቀሽ ታዉቂያለሽ?	1. በፍፁም አላጣሁም 2.1-7 ቀናት 3. 8-21 ቀናት 4. ከ21 ቀናት በላይ	

የአእምሮ ጤና (የድብርት በሽታ)ሁኔታን ለመለየት የሚረዱ መጥይቆች (SRQ-20)

ተ.ቁ	*ምልክቶቹ*	*ምላሽ*	*ምልከት*	*ምርመራ*
601	ብዙ ጊዜ የእራስ ምታት ይሰማሻል?	አዉ የለም		
602	የምግብ ፍላጎትሽ ደካማ ነው?	አዉ የለም		
603	እንቅልፍ ለመተኛት ትቸገሪያለሽ?	አዉ የለም		
604	በቀላሉ ትደነግጭያለሽ?	አዉ የለም		
605	እጆችሽ ይንቀጠቀጣሉ?	አዉ የለም		
606	ጭንቀት፣ስሜታዊ መሆን፣የሀዘን ስሜት ይሰማሻል?	አዉ የለም		
607	የምትመገቢው ምግብ የመፍጨት ችግር አለብሽ?	አዉ የለም		
608	በማስተዋልሽ በአስተሳሰብሽ ላይ ችግር አለብህሽ?	አዉ የለም		
609	ደስታ የማጣት ስሜት አለብሽ?	አዉ የለም		
610	ከተለመደዉ ውጪ ታለቅሻያሽ?	አዉ የለም		
611	የእለት ተእለት እንቅስቃሴዎችህሽ በደስታ ታከናውኝያለሽ?	አዉ የለም		
612	ውሳኔ በመስጠት ላይ ችግር አጋጥሞሽ ያዉቃሌ?	አዉ የለም		
613	የእለት ተእለት እንቅስቃሴዎችሽ አስቸጋሪ ይሆንብሻል?	አዉ የለም		
614	በህይወትሽ አስፈላጊ(ጠቃሚ)ነው የምትይውን ማከናወን ተስኖሻል?	አዉ የለም		
615	በነገሮች ላይ ፍላጎት ማጣት ይታይብሻል?	አዉ የለም		
616	ጥቅም የሌለኝ ሰው ነኝ የሚል ስሜት አለሽ?	አዉ የለም		
617	እራስሽን የማጥፋት ስሜት አለ?	አዉ የለም		
618	ሁሌ ጊዜ ድካም ይሰማሻል?	አዉ የለም		
619	በሆድሽ ውስጥ የማይመች ስሜት ይሰማሻል?	አዉ የለም		
620	በቀላሉ ይደክምሻል?	አዉ የለም		

አመሰግናለሁ!!!