

Prevalence and determinants of perinatal depression: a cohort study of migrant and refugee women on the Thailand-Myanmar border

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Background and Setting

- Perinatal depression is a significant contributor to maternal morbidity and mortality globally.¹
- Migrant and refugee women represent a particularly vulnerable group due to stressors experienced before, during and after migration.²
- Existing evidence focuses predominantly on migrants and refugees living in high-income destinations; those who resettle to low- and middle-income country (LMIC) destinations are under-represented.³
- This study addresses the significant evidence gap by assessing the prevalence and determinants of perinatal depression among migrant and refugee women on the Thai-Myanmar border.
- The Shoklo Malaria Research Unit has provided maternity services to migrant and refugee populations along the border since 1986 (Figures 1–3).



Figure 1. Maeda refugee camp (credit: Gracia Fellmeth)



Figure 2. Migrant women awaiting assessment at SMRU antenatal clinic in Wang Pha (credit: Suphak Nosten)



Figure 3. Map of SMRU clinics and study location (credit: SMRU)

Aims and hypotheses

- This study aimed to quantify prevalence and risk factors of perinatal depression among migrant and refugee women on the Thai-Myanmar border.
- We hypothesised that the burden of perinatal depression would be high in this population, and that the condition would likely be associated with conditions of socio-economic disadvantage.

Methods

- A cohort of migrant and refugee women was recruited from SMRU antenatal clinics in the first trimester of pregnancy and followed-up until one month post-partum.
- Depression status was assessed in each trimester of pregnancy and at 1 month post-partum, and data on demographic, social and clinical factors were collected as shown in Figure 4.

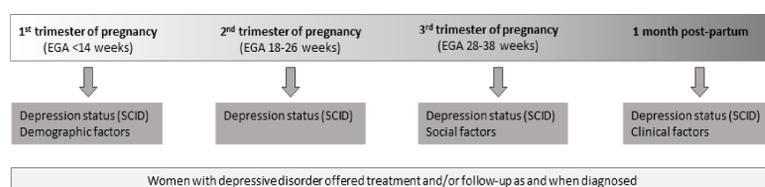


Figure 4. Study timeline

- The Structured Clinical Interview for the Diagnosis of DSM-IV Disorders⁴ (SCID) was used to diagnose depressive disorder of moderate-severe severity, defined as meeting the criteria for the diagnoses of Major Depressive Disorder or Minor Depressive Disorder⁵ (Figures 5, 6).
- Period and point prevalence rates and incidence of depression were calculated and univariable and multivariable logistic regression were used to estimate odds ratios (OR) of association between exposure variables and depression.



Figure 5. SMRU staff conducting SCID interview with study participant (credit: Gracia Fellmeth; both individuals pictured consented to use of photo)

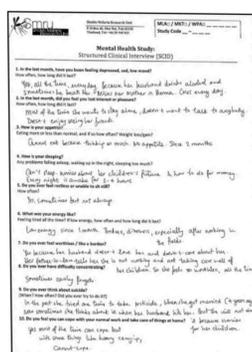


Figure 6. Structured Clinical Interview for the Diagnosis of DSM-IV Disorders (SCID)

Results

- A total of 567 (317 migrant and 250 refugee) women participated in the cohort.
- The median age was 25 years; the predominant ethnicity was Sgaw Karen among refugees and Burman among migrants; and women had completed a median of four years of formal education.
- The period prevalence of perinatal depression over the duration of the study period was 18.5% (95% CI 15.4–21.9%) (Figure 7).
- Point prevalence ranged from 5.0% in the third trimester to 8.3% at one month post-partum (Figure 7).
- The incidence of (new onset) perinatal depression over the study period was 15.4% (95% CI 11.8–19.6%).

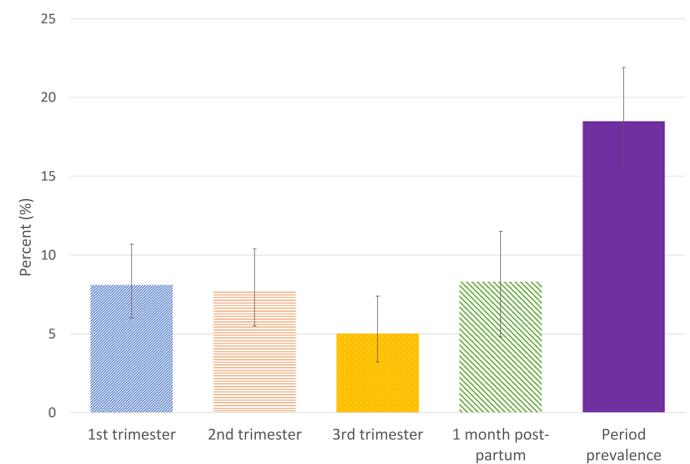


Figure 7. Point and period prevalence of moderate-severe perinatal depression among migrant and refugee women (n=568)

- Factors significantly associated with perinatal depression after adjusting for potential confounding variables were:
 - interpersonal violence: OR 4.5 (95% CI 1.9–11.1)
 - history of trauma: OR 2.4 (95% CI 1.4–4.3)
 - self-reported history of depression: OR 2.3 (95% CI 1.2–4.2)
 - migrant (as opposed to refugee) status: OR 2.1 (95% CI 1.1–4.0)
 - poor social support: OR 2.1 (95% CI 1.1–3.7)
 - maternal age: OR 1.1 for every 1 year increase in age (95% CI 1.0–1.1)
- Depression in the antenatal period (in the first, second or third trimesters) was significantly associated with postnatal depression (at one month post-partum) (adjusted OR 5.0; 95% CI 2.1–12.3).

Conclusions

- Perinatal depression represents a significant burden among migrant and refugee women on the Thai-Myanmar border, affecting almost **one in five** women during the perinatal period.
- Multiple psychosocial risk factors** were associated with perinatal depression in this setting.
- Addressing these multi-factorial determinants – alongside early case identification and effective treatment and referral systems – are essential to managing perinatal depression and better supporting women in this low-resource setting.

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