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RISK FACTORS ASSOCIATED WITH ANTENATAL DEPRESSION AND THEIR INFLUENCE ON PSYCHOSOCIAL QUALITY OF LIFE AMONG ANTENATAL MOTHERS ATTENDING PRIMARY HEALTH CARE SETTINGS IN UASIN GISHU COUNTY, KENYA

Women of reproductive age suffer a disproportionate high prevalence of depression that impacts on quality of life. Depression is rated the second leading cause of Disability-Adjusted Life Years and the leading cause of Years Lived with Disability, among women aged 15–44 years. Early identification and management of depression among antenatal mothers in primary health care facilities (PHCF) is fundamental in enabling a larger number of mothers to get easier and faster access to services. The objectives will be to identify the risk factors associated with antenatal depression, assess the psychosocial quality of life (PQoL), determine the influence of identified risk factors on PQoL, and determine the role of depression as a mediator between risk factors and PQoL. A cross-sectional study design will be adopted. Data collection will be sequenced from quantitative to qualitative data. The study variables will comprise the HIV status, socio-demographic and obstetric characteristics, levels of depression, and domains of psychological and social relationship of quality of life. The target population will be antenatal mothers attending routine antenatal clinics. A random sample of 270 antenatal mothers will be proportionately selected from the six sub-Counties of Uasin Gishu. Qualitative data will be collected from depressed antenatal mothers using FGDs. Key-informants will include nurses and clinicians working in antenatal. All ethical principles will be applied to ensure anonymity, informed consent, protection of data, feedback and referral of the depressed patients. SPSS statistical software will be used for quantitative data while the qualitative data will be analyzed thematically using N-vivo. Statistical tests will be set at 95% CI, to include Pearson chi-square, likelihood ratio and other inferential statistics. The results will benefit policy on screening and holistic care of depressed antenatal mothers to improve PQoL, minimize antenatal suicide and improve care of the infants.

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