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Silent and suffering: Postnatal impasse

Background & Aim: One of the lowest priorities in healthcare worldwide is perhaps that of maternal mental health. Post natal complications not only predispose to chronic or recurrent depression but consequently affect family and children's cognitive, behavioral and interpersonal relationships. Most studies are traditionally hospital-based, but more than half of all cases are not detected by healthcare providers. However, fewer studies have focused on the postnatal difficulties and associated risk factors of mothers attending the Pediatric OPDs (with their babies, 0-3 months for immunization), that often go undetected and hence remain, unmanaged.

Method: Brief and user-friendly self-assessment scales assessed socio-demographic and postnatal health (SRQ 20, WHO) using purposive sampling and descriptive cross-sectional design. Information was abstracted from 55 women who consented to participate and their confidentiality assured. Data was analysed using descriptive, T test and correlation analysis (SPSS 16).

Result: Mean age of respondents was 27.71 (4.13) and that of spouses were 32.33 (3.85) years. More women (46.7%) were in the 21-25 years age group, +2 educated (53%), equal number were housewives or working (50%), had arranged marriages (55.6%), gave birth to first baby (88.9%), female child (60%) and delivered by C-section (66.7%). Significant differences in psychological difficulties (p<0.05) seen in working mothers (35.38±3.82), but not due to type of marriage, sex of child or type of delivery. The overall scores on SRQ 20 were 33.97±4.76 (range 21-40), depressive symptoms were being unhappy 46.5%; worthlessness 16.3% and thoughts of ending life 34.9%, while somatic symptoms were handshake 51.2% and poor digestion 20.9%. Correlation was negatively significant with husbands occupation (p<0.05) and non-significant with husbands' education, income and respondents education, occupation, mode of delivery and gender of child.

Conclusion: Post natal difficulties affect 20% of mothers (best and most productive years) in developing countries, manifesting as Postpartum Depression (PPD). Unfortunately, India's reproductive health programs do not include services for prevention or treatment of PPD. The NMHP and the draft National Policy for Women (2016) are highlighting women's mental health on the public radar. Multi-disciplinary research, screening from non-conventional sources and multi-pronged services urgently needed.

Biography

J Harini Christopher is the recipient of the Best Free Oral Paper awarded by the 21st World Congress on Mental Health, 2017 and another on mental health in the work place, WCMH, 2017 and co-author of Lester Fernandez Studentship, 2016. She obtained her Doctoral degree in Social Work. Prior to taking a position at Sampurna Monfort College, she worked as Professor at the CMR University, Bangalore and BALM, Chennai, affiliated to the TISS University, Mumbai and earlier at the Dept. of Psychiatry, SJMCH. She has worked in the field of mental illness for over 19 years and her main activities revolve around clinical work, academia and research relating to psychological well-being of different sections of society, which have been presented at National and International conferences and published. She has conducted training programs with NIMH, NTA, KPAMRC and RCI and founding board member of the persons with Cerebral Palsy and Neuro Muscular Disorders and Board Director of the Centre for Counseling, Research, Training and Consultancy.

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