

# AB007. Perinatal depression screening in Sub-Saharan Africa and Southeast Asia: a systematic review

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**Background:** Perinatal depression is a serious global health issue that is associated with poor maternal and child health outcomes. Inadequate screening techniques lead to failure to properly diagnose and treat perinatal depression among sub-groups whose experiences with depression are less overt. There is much progress to be made regarding consistency and follow-up for the mothers. The aims of the current study are to provide a systematic review of studies using various perinatal depression screening tools and methods and to inform future programs and policies on ways to improve screening and diagnosis to improve maternal and child health outcomes.

**Methods:** Seventy-five articles were incorporated into the review, and all were published between 2007–2021. The following Sub-Saharan African countries were included: South Africa, Ethiopia, Malawi, Tanzania, Kenya, Nigeria, Ghana, Swaziland, Sudan, Zimbabwe, Cameroon, and Eritrea. Sample sizes within Sub-Saharan Africa ranged from 58–13,360. The Southeast Asian countries included Thailand, Indonesia, Vietnam, India, Lao PDR, Malaysia, Myanmar, Thailand-Myanmar border, and Pakistan. Sample sizes within Southeast Asia ranged from 9–2,072.

**Results:** This systematic review identified a high proportion of mothers with depression during the perinatal period. Despite the high prevalence of reported depression, the aforementioned regions are underserved in screening and treatment. Antenatal and postpartum depression are related to inadequate family planning, minimal spousal or familial support, socio-economic inequities, and stigma around diagnoses. There are numerous inconsistencies in measurement tools used, time of screening, and reported

lifestyle factors. Current available literature demonstrates a need for uniform and routine perinatal depression screening and treatment throughout Sub-Saharan Africa and Southeast Asia to properly address the lifelong health of both mothers and infants.

**Conclusions:** Our findings support an integrative and culturally sensitive approach that emphasizes the multilevel nature of perinatal depression and identifies ways to improve the protective role of appropriate screening.

**Keywords:** Maternal health; perinatal depression; mental health; Africa; Asia

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## Footnote

*Conflicts of Interest:* All authors have completed the ICMJE uniform disclosure form (available at <https://jphe.amegroups.com/article/view/10.21037/jphe-2023-apru-ab007/coif>). B.B. reported departmental scholarship through the Department of Population and Public Health Sciences, University of Southern California. M.W. serves as the Editor-in-Chief of *Journal of Public Health and Emergency* from July 2023 to June 2025. A.F.K. has no conflicts of interest to declare.

*Ethical Statement:* The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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