

Relation between Maternal Mental Health and Nutritional Status of Their Children Aged 6-24 Months

Thesis

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In The Name Of God, Most Gracious, Most Merciful



(سورة طه : الآية ١١٤)

("and say My Lord, increase me in knowledge.")

Acknowledgement

First of all I thank GOD for all His blessings and gifts. May Allah accept my work.

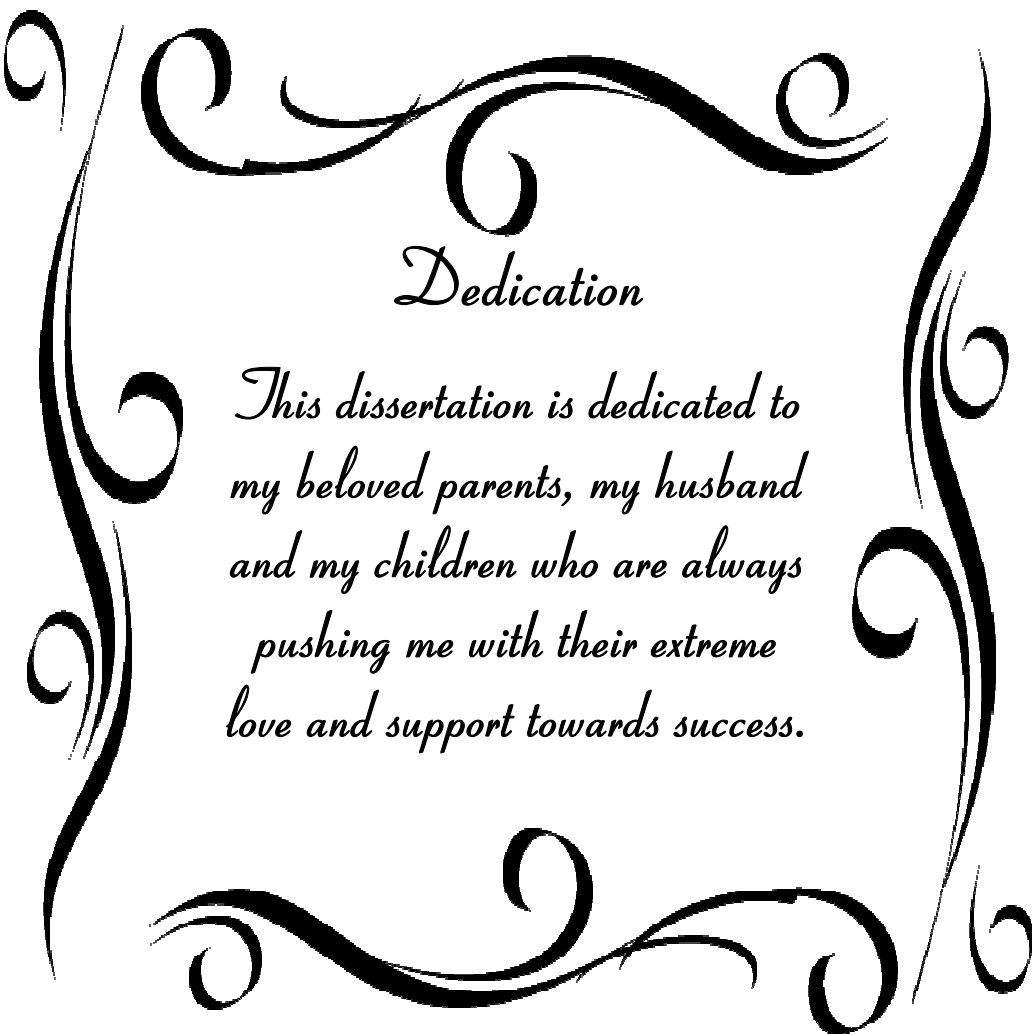
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A decorative border made of black, flowing scrollwork lines that frame the central text. The lines are elegant and curvy, with several loops and swirls.

Dedication

*This dissertation is dedicated to
my beloved parents, my husband
and my children who are always
pushing me with their extreme
love and support towards success.*

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Glossary of Abbreviations

BCG	Bacillus Calmette-Guerin
CDC	Centre For Disease Prevention And Control
CEE/CIS	Central and Eastern Europe and the Commonwealth of Independent States
CI	Confidence Interval
CMD	Common Mental Disorders
CSPM	Centre for Social And Preventive Medicine
DPT	Diphtheria, Pertussis, Tetanus
EDHS	Egyptian Demographic and Health Survey
GBD	Global Burden Of Disease
HBV	Hepatitis B Virus
HIC	High Income Countries
IFPS II	Infant Feeding Practices Study II
LAMIC	Low And Middle Income Countries
LBW	Low Birth Weight
MCMD	Maternal Common Mental Disorders
MDGs	Millenium Development Goals
mhGAP	Mental health Gap Action Programme
MMR	Measles, Mumps, Rubella
OPV	Oral Polio Vaccine
OR	Odds Ratio
PAHO	Pan American Health Organization
PPD	Postpartum Depression
SRQ20	Self Reporting Questionnaire 20
UN	United Nations
UNFPA	United Nations Population Fund (formerly United Nations Fund for Population Activities)
UNICEF	United Nations International Children's Emergency Fund, or United Nations Children's Fund is the shortened version
WHO	World Health Organization

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INTRODUCTION

Maternal and child health problems are among the leading causes of disease burden globally and in the region **(Mathers, 2009)**.

When children's health is mentioned, their mothers cannot be neglected. The closely integrated relationship between mothers and their children make it impossible to address the health of one without considering the other. Giving much attention to this most intimate partnership of all – between mothers and their children – is the most important step in ensuring health for children, prosperity for families and strength for communities **(Save the children, 2009)**.

The World Health Organization estimates that malnutrition and mental health problems are principal sources of disability throughout the world, particularly among women and children **(WHO, 2001)**. Worldwide, more than half of all child deaths are related to under nutrition and in some countries, rates of under nutrition approach 50%. There is a similar trend with mental health problems; among women in developing countries, average rates of depressive disorders may also approach 50%. According to different studies conducted in a number of developing countries these rates were found to be ranging from 11% as concluded from a study performed in rural India **(Chandran, 2002)** and up to 57% as stated in a study conducted in Pakistan **(Husain, 2000)**.

Beside the natural stresses of motherhood created by her role in caring for the child as well as the family, mother is subjected to a series of factors like poverty, illiteracy and deprivation. Occupational fatigue,

anxiety about infant care and poor physical health can reduce quality of life for women and their families. All of these interact with a woman's capacity to care for her baby **(Fisher and Rowe, 2005)**.

Maternal mental health problems pose a huge human, social and economic burden to women, their infants, their families, and society and constitute a major public health challenge **(WHO, 2001)**.

Maternal common mental disorders (CMD), characterized by significant levels of depressive, anxiety and somatic symptoms, are highly prevalent in low and middle income countries (LAMIC) **(Prince, 2007)**.

Women of childbearing age are particularly at risk for depression and many of them experience high levels of social morbidity and depressive symptoms that are often unrecognized and untreated **(CPS, 2004)**.

The societal burden of maternal depressive disorders extends beyond women to the next generation by increasing the risk of problems related to growth and development among infants of depressed mothers **(Hammen et al., 2004 and Weissman et al., 2005)**. Recent studies indicate a potential aetiological role in infant undernutrition **(Anoop et al., 2004 , Adewuya et al., 2008 , Stewart et al., 2008 and Black et al., 2009)**.

Many studies have revealed the potential role of confounders related to maternal mental health and child under nutrition. Some of these confounders are concerned with the mother, others are related to the child and some play a dual role. Socioeconomic level, mother's age, education,

employment and child's age, sex, birth weight and physical health are some of the studied confounders **(Fein et al., 2008 , Lund et al., 2010 and Lindsay et al., 2012)**.

There is a lack of studies on maternal mental health and child nutrition **(Rahman et al., 2004)**. That is why, there is a real need to disentangle the interrelationship between these issues and how they might affect mother and infant health, to inform clear guidance on mothers mental health as well as child nutritional practices.

Importance of the study:

Inspite of its importance as a key underlying factor for child under nutrition, maternal mental health is largely neglected in child health programs in developing countries. Even the World Health Organization's high profile Integrated Management of Childhood Illness strategy does not tackle maternal mental health **(Rahman et al., 2002)**.

As depression and other maternal common mental disorders can be identified relatively easily, they could be important markers for a high-risk infant group. Early management of maternal mental health problems could benefit not only the mother's health but also the infant's physical health and development **(Rahman et al., 2004)**.

Study Goal:

The present study was designed to promote the nutritional status of children in the age group of 6-24 months through detection of maternal mental health problems.

Study Specific Objectives:

1. To investigate the association of maternal mental health and the nutritional status of their children aged 6-24 months, using the Self Reporting Questionnaire 20 (SRQ20) as a screening tool.
2. To identify feeding practices of mothers for their children through nutrition counseling.
3. To assess other factors associated with the nutritional status of children aged 6-24 months e.g. maternal education, occupation, general health of mother and child .

Review of Literature

Maternal Mental Health

Mental health

Mental health is integral to the conceptualization of health as defined in the preamble of the WHO Constitution. Mental illness is a broad concept which includes many different conditions with differing aetiologies, ranging from schizophrenia to depression and substance misuse. The World Health Organization (WHO) estimates that over 450 million people worldwide (10% of the adult population) suffer from mental disorders at any one time. In 2001, mental disorders accounted for 12% of the global burden of disease **(WHO, 2001)**.

Among psychiatric disorders, the most common are depressive and anxiety disorders, known as common mental disorders (CMD) **(Patel and Kleinman, 2003)**, the WHO estimates that one in three people will be affected by CMD in their lifetime **(WHO, 2001)**.

CMD is a term used to describe a range of different conditions characterized by anxiety and depression which are “commonly encountered in community settings and whose occurrence signals a breakdown in normal functioning” **(Goldberg and Huxley, 1992)**.

Anxiety disorders include generalized anxiety disorder, obsessive-compulsive disorder, panic disorder and phobias. Mood disorders include bipolar disorders and major and minor depressive disorders. Of these, depression is rated the single most disabling disorder in the world,