

## Prevalence of Postpartum Depression Among Mothers Seeking Maternal Child Health Services in a Kericho County Hospital

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### Abstract

The purpose of this article is to determine the prevalence of postpartum depression among mothers attending the maternal child health clinic at Kericho County Referral Hospital. Postpartum depression is a significant maternal mental health problem that adversely affects both mothers and infants, leading to poor mother–infant attachment, maternal dysfunction, and negative developmental outcomes. A cross-sectional descriptive research design was adopted, targeting 375 mothers between six and eight weeks postpartum. Participants attending the clinic were chosen using a stratified sampling method. Information was gathered through the Edinburgh Postnatal Depression Scale (EPDS), which evaluates symptoms like sadness, anxiety, anhedonia, and sleep disruptions. Descriptive statistics, including frequencies, percentages, and mean scores, were used to analyse the quantitative data. Findings revealed that 79.9 per cent of the respondents were affected by postpartum depression, which is substantially greater than rates reported in other research. This highlights a significant maternal mental health challenge in the study setting. The findings indicate that postpartum depression is widespread among mothers attending the clinic, underscoring the need for immediate interventions. The study recommends incorporating routine mental health screening into maternal and child health services, along with counselling, psychoeducation, and culturally appropriate lifestyle support. Such strategies are crucial for promoting maternal well-being and improving infant health outcomes.

**Key terms:** Edinburgh Postnatal Depression Scale, maternal mental health, postpartum depression, prevalence, psychosocial risk factors.

## INTRODUCTION

Postpartum depression (PPD) is a significant maternal mental health disorder globally, with serious consequences for both mothers and their infants. According to the *Diagnostic and Statistical Manual of Mental Disorders*, PPD is defined as a major depressive episode with peripartum onset, occurring during pregnancy or within four weeks after delivery, although clinical practice often extends this period to within the first year postpartum (American Psychiatric Association, 2013). Similarly, the World Health Organisation recognises maternal mental health disorders, including postpartum depression, as a major public health concern affecting women globally (World Health Organisation, 2016).

PPD is estimated to occur in approximately 5–25 per cent of women after childbirth and is characterised by persistent sadness, loss of interest or pleasure, anxiety, fatigue, and disturbances in sleep and appetite, which can impair daily functioning (O'Hara & McCabe, 2013). PPD remains a significant public health challenge given its harmful consequences for maternal and infant well-being. It negatively affects mother–infant bonding, increases the likelihood of premature weaning, and disrupts breastfeeding practices, ultimately contributing to poor infant growth and developmental outcomes (Dennis & McQueen, 2019).

Despite the documented burden globally and within Kenya, postpartum depression is often underdiagnosed and inadequately addressed within maternal health systems. Although PPD is widely reported, there is insufficient localised evidence on its prevalence among mothers attending maternal-child health clinics in Kericho County. This lack of context-specific data limits the ability of healthcare providers and policymakers to design targeted and effective interventions within this setting.

## LITERATURE REVIEW

Globally, the prevalence of postpartum depression varies widely, ranging from 0.5 per cent to 60.8 per cent, depending on the population studied and assessment tools used (Di Florio et al., 2017). According to Fisher et al. (2007), a systematic review covering 47 studies in 18 low- and lower-middle-income countries found that 18.6 per cent of women experienced postpartum depression. In Africa,

postpartum depression is the most common perinatal psychological disorder, with a pooled prevalence of 18.3 per cent (Fisher et al., 2007). Estimates from East Africa range between 6 per cent and 39 per cent during the postpartum period (Ongeri et al., 2018).

In Kenya, existing studies demonstrate considerable variation in prevalence depending on the study setting and population. A prevalence of 18.7 per cent has been reported among mothers attending Maternal and Child Health (MCH) clinics in urban, resource-poor settings, representing community-based populations. In contrast, a significantly higher prevalence of 64.1 per cent has been documented among mothers of children with severe acute malnutrition admitted to paediatric wards at Kenyatta National Hospital, representing a high-risk clinical population (Dadi et al., 2020). These variations highlight the influence of contextual, socioeconomic, and clinical factors on postpartum depression outcomes.

In addition to prevalence, existing literature identifies several determinants of postpartum depression, including low socioeconomic status, lack of social support, obstetric complications, and prior mental health history (O'Hara & McCabe, 2013). Furthermore, evidence indicates that early screening, counselling, and community-based psychosocial interventions are effective in reducing the burden of postpartum depression; however, such interventions remain inadequately integrated into routine maternal healthcare services in many low-resource settings (World Health Organisation, 2016).

Existing evidence on postpartum depression in Kenya is largely derived from studies conducted in specific contexts, including urban MCH clinic populations and high-risk clinical settings. For instance, studies summarised by Dadi et al. (2020) include populations such as mothers of hospitalised children with severe acute malnutrition, while Ongeri et al. (2018) examined postpartum depression within selected Kenyan populations with varying demographic and clinical characteristics. These studies, while informative, do not adequately represent mothers attending routine maternal and child health services in semi-urban and rural settings. Consequently, there is limited context-specific evidence on postpartum depression among mothers attending MCH clinics in areas such as Kericho

County. This gap constrains the development of targeted, facility-based mental health interventions within routine maternal healthcare services.

Therefore, this study aimed to determine the prevalence of postpartum depression among mothers attending the Maternal Child Health clinic at Kericho County Referral Hospital.

## METHODOLOGY

A cross-sectional descriptive research design was used in this study to assess the prevalence of postpartum depression among mothers attending the Maternal Child Health clinic at Kericho County Referral Hospital. The design was appropriate for estimating prevalence within a defined population at a single point in time. The target population comprised 6,000 mothers seeking maternal and child health services at the facility. A sample size of 375 respondents was determined using Yamane's formula,  $n = N / (1 + Ne^2)$ , with a 5 per cent margin of error. Stratified sampling was employed, where the population was categorised into homogeneous strata based on age, marital status, education level, pregnancy planning status, delivery complications, delivery method, preterm birth status, and infant health status, followed by random selection within each stratum to ensure representativeness.

The study collected data using the Edinburgh Postnatal Depression Scale (EPDS), a standardised 10-item self-report instrument designed to assess postpartum depression symptoms, including sadness, anxiety, anhedonia, and sleep disturbances. The

instrument's validity and reliability were ensured through expert review and adherence to standardised administration procedures.

The collected data were reviewed for completeness, coded, and analysed using SPSS version 23. Descriptive statistics, including frequencies, percentages, and mean scores, were used to summarise the findings and were presented in tabular form. Ethical clearance was obtained from Kisii University and the National Commission for Science, Technology, and Innovation. All participants provided informed consent, and their participation was entirely voluntary. Confidentiality and anonymity were maintained by de-identifying data and securely storing research records.

## FINDINGS AND DISCUSSION

The focus of the study was to establish the prevalence of postpartum depression among mothers visiting the Maternal Child Health clinic at Kericho County Referral Hospital.

### Response Rate

The researcher administered questionnaires to 375 mothers attending the Maternal Child Health clinic at Kericho County Referral Hospital. A total of 333 out of 375 distributed questionnaires were returned fully completed, giving a response rate of 88.8 per cent. This response rate was considered adequate for statistical analysis and interpretation of the study findings.

**Table 1 Response Rate**

Responses	Frequency	Percentages
Responded	333	88.8
No response	42	11.2
Total	375	100

Since this rate was more than 50 per cent, it met Mugenda and Mugenda (2010) criteria for statistical analysis.

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The Edinburgh Postnatal Depression Scale (EPDS) scores were computed and categorised using standard cut-off points. The findings in Table 2 indicate a high

prevalence of postpartum depression among mothers attending the Maternal Child Health clinic at Kericho County Referral Hospital, with the majority of respondents falling within moderate to severe depression categories.

**Table 2 Edinburgh Postnatal Depression Scale (EPDS)**

EPDS Score Category	Description	Frequency	Percentage (%)
0–9	No depression	47	14.1
10–12	Mild depression	20	6.0
13–19	Moderate depression	173	52.0
≥20	Severe depression	93	27.9
<b>Total</b>		333	100.0

The findings from the Edinburgh Postnatal Depression Scale (EPDS) indicate a high prevalence of postpartum depression among mothers attending the Maternal Child Health clinic at Kericho County Referral Hospital. As shown in Table 2, the majority of respondents fell within the moderate (52.0%) and severe (27.9%) depression categories, resulting in an overall prevalence of 79.9 per cent for clinically significant depressive symptoms (EPDS ≥13). Only 14.1 per cent of respondents were classified as having no depression, while 6.0 per cent had mild depressive symptoms.

The results indicate that a large number of mothers are facing considerable emotional and psychological challenges during the postpartum period. High levels of depressive symptoms, such as persistent sadness, anxiety, reduced enjoyment of activities, sleep disturbances, and impaired coping ability, are consistent with the clinical features of postpartum depression. This level of burden is considerably higher than global and regional estimates, indicating a serious maternal mental health concern within the study setting.

The findings support earlier studies showing that postpartum depression is a common condition in low- and middle-income countries and is often associated

with multiple psychosocial and clinical risk factors, including socioeconomic challenges, limited social support, and maternal health complications (O’Hara & McCabe, 2013; Fisher et al., 2007). Furthermore, untreated postpartum depression has been shown to negatively affect maternal functioning, mother–infant bonding, and child development outcomes (Dennis & McQueen, 2019).

The high proportion of respondents in the moderate to severe categories underscores the need for routine screening and early intervention within maternal healthcare services. Integrating mental health assessment tools such as the EPDS into standard Maternal and Child Health services could facilitate early identification and management of affected mothers, thereby improving both maternal well-being and infant health outcomes.

### CONCLUSION AND RECOMMENDATIONS

**Conclusion:** Based on the study findings, postpartum depression was found to be highly prevalent among mothers at the Maternal Child Health Clinic in Kericho County Referral Hospital, affecting 79.9 per cent of participants. This is higher compared to other studies where the global incidence ranges between (0.5–60.8%), and even those studies conducted in Kenya

range between (18.7- 64.1%). The statistic indicates a severe social health problem, underscoring the urgent need for intervention measures at the hospital level and across the community.

The study concluded that there is a high prevalence of postpartum depression among the mothers attending Kericho County referral hospital. Most mothers face emotional distress, anxiety, ongoing sadness, and challenges in coping, highlighting the critical need for targeted interventions and strengthened mental health support for postpartum women.

**Recommendations:** The hospital management should place priority on incorporating mandatory and comprehensive mental health screening into the routine maternal care services for all mothers, i.e., screening for depression. Provision of counselling and psychological support to all mothers at the MCH department, creating awareness and sensitisation about mental health issues to the population to aid in prevention, early identification and intervention to those who are at risk of postpartum depression. The management and other stakeholders could also consider training healthcare providers to enhance their capacity to address mental health issues.

## REFERENCES

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Publishing.
- Dadi, A. F., Akalu, T. Y., Baraki, A. G., & Wolde, H. F. (2020). Epidemiology of postpartum depression and associated factors among mothers in Africa: A systematic review and meta-analysis. *BMC Pregnancy and Childbirth*, 20, 251. <https://doi.org/10.1186/s12884-020-02943-1>
- Dennis, C. L., & McQueen, K. (2019). The relationship between infant-feeding outcomes and postpartum depression: A qualitative systematic review. *Pediatrics*, 123(4), e736–e751. <https://doi.org/10.1542/peds.2008-1629>
- Di Florio, A., Putnam, K., Altemus, M., Apter, G., Bergink, V., Bilszta, J., & Meltzer-Brody, S. (2017). The impact of education, country, race and ethnicity on the self-report of postpartum depression using the Edinburgh Postnatal Depression Scale. *Psychological Medicine*, 47(10), 1778–1794. <https://doi.org/10.1017/S0033291716002087>
- Fisher, A. J., Lund, C., Funk, M., Banda, M., Bhana, A., & Doku, V. (2007). Mental health policy development and implementation in four African countries. *Journal of Health Psychology*, 12(3), 505–516. <https://doi.org/10.1177/1359105307076237>
- Fisher, J., Cabral de Mello, M., Patel, V., Rahman, A., Tran, T., Holton, S., & Holmes, W. (2007). Prevalence and determinants of common perinatal mental disorders in women in low- and lower-middle-income countries: A systematic review. *Bulletin of the World Health Organization*, 85(8), 606–615. <https://doi.org/10.2471/BLT.06.034306>
- Mugenda, O. M., & Mugenda, A. G. (2010). *Research methods: Qualitative and quantitative approaches*. Acts Press.
- O'Hara, M. W., & McCabe, J. E. (2013). Postpartum depression: Current status and future directions. *Annual Review of Clinical Psychology*, 9, 379–407. <https://doi.org/10.1146/annurev-clinpsy-050212-185612>
- Ongeri, L., Wanga, V., Otieno, P., Mbui, J., & Juma, E. (2018). Demographic, psychosocial and clinical factors associated with postpartum depression in Kenya. *BMC Psychiatry*, 18, 318. <https://doi.org/10.1186/s12888-018-1890-7>
- World Health Organization. (2016). *Maternal mental health*. World Health Organization.