Distress and "problematic pregnancies" : prevalence and factors associated with depressive morbidity in women visiting perinatal primary health care settings of Dar es Salaam, Tanzania

Propositions corresponding to the dissertation

Distress and "Problematic Pregnancies": Prevalence and Factors Associated with Depressive Morbidity in Women Visiting Perinatal Primary Health Care Settings of Dar es Salaam, Tanzania

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1. Socio-cultural models of illness causation during pregnancy, particularly relating to socio-economic adversity and supernatural causality, influence women's perceptions of prevention of health related adversities and forms of expression of psychological distress (this dissertation)
2. Tanzanian peri-urban pregnant women visiting primary health care clinics, who have significant depressive morbidity, tend to emphasize somato-physiological rather than emotive features of depression and anxiety when reporting health concerns (this dissertation).
3. Emphasizing emotive features of depressive morbidity during pregnancy, such as sadness, is a Western phenomenon that may be less common in women from non-Western socio-cultural contexts.
4. Amongst Tanzanian peri-urban pregnant women, recent partner conflicts, and perceived economic difficulty are predictors of depressive morbidity independent of a history of previous depressive episodes (this dissertation).
5. In pregnant women with HIV infection, occurrence of episodes of clinically significant depressive morbidity predicts more rapid clinical progression of HIV disease and mortality from any cause (this dissertation).
6. A diathesis-stress model may be relevant in explaining episodes of perinatal depressive morbidity in the Tanzanian context.
7. Systems and strategies for ongoing assessment, recognition and management of depressive episodes among perinatal women are particularly necessary in settings where interventions for prevention of maternal to child transmission of HIV are implemented.
8. A combination of social and biomedical sciences approaches are required to inform the strengthening of strategies for the early recognition and management of perinatal depressive morbidity at community and primary health care levels in Tanzania.
9. Interventions aimed at improving perinatal mental health literacy in Tanzanian communities will need to be multi-level, targeting perinatal women, their families and providers in both traditional and allopathic systems of health care.
10. Strengthening inclusion of male partners in the process of delivering obstetrical services needs to be considered in interventions aiming at early recognition and management of depressive disorders in perinatal women in developing countries such as Tanzania.