

Maternal mental distress: A risk factor for infant under nutrition in developing countries

Madam, a mother plays the central role in child survival programmes, in regions with high infant mortality rates.¹ It is therefore necessary that mother should be healthy both physically and mentally especially during the first few years of the child's life.

In developing countries high rates of post natal depression (6-8 weeks after childbirth) in women of child bearing age might be closely associated with child malnutrition.² Clinical depression is characterized by low mood, loss of interest and low self-esteem. Therefore a mother, who is expected to initiate breastfeeding, weaning, hygiene, water sanitation and immunization of a new born child, is unable to perform these vital tasks adequately when depressed.

In Pakistan, particularly females tend to have depressive disorders due to factors like socioeconomic distress and relationship problems.³ According to a recent study carried out in Sindh, acute malnutrition was found to be 22% and 19% of infants were born underweight. Forty one percent of children under 5 years were underweight, half of them were (50%) stunted and 13% showed moderate to severe wasting. It might be due to this fact that Pakistan faces a high infant mortality rate (78%).⁴ A study conducted in Rawalpindi, Pakistan also revealed that infants of prenatally depressed mothers had significantly more growth retardation than normal.⁵

Despite considerable evidence that post natal depression is associated with disturbances in child cognitive and emotional development, the maternal mental state as a risk factor for infant's physical health has been relatively ignored.⁶

Drawing attention towards maternal mental state as an important but relatively ignored risk factor of poor infant's health, may be helpful to create awareness among doctors and policy makers in Pakistan.

Muhammad Fawwad Ahmed Hussain, Feryal Nauman
Medical Student, Dow Medical College,
Dow University of Health Sciences, Karachi, Pakistan.

References

1. Claeson M, Waldman RJ. The evolution of child health programmes in developing countries: from targeting diseases to targeting people. *Bull World Health Organ* 2000; 78: 1234-45.
2. Patel V, Rodrigues M, DeSouza N. Gender, poverty, and postnatal depression: a Study of mothers in Goa, India. *Am J Psychiatr* 2002; 159: 43-7.
3. Husain N, Creed F, Tomenson B. Depression and social stress in Pakistan. *Psychol Med* 2000; 30: 395-402.
4. Health Crises in Pakistan, August 2008, World Health Organization. (Online) 2009. (Cited 2009 Nov 25). Available from URL: http://www.who.int/hac/crises/pak/Pakistan_Aug08.pdf.
5. Rahman A, Iqbal Z, Bunn J, Lovel H, Harrington R. Impact of maternal depression on infant nutritional status and illness: a cohort study. *Arch Gen Psychiatry* 2004; 61: 946-52.
6. Cooper PJ, Murray L. Postnatal depression. *BMJ* 1998; 316: 1884-6.