



A Descriptive Study to Assess the Level of Anxiety and Depression Among Antenatal Mothers

Ms. Richa Patel**, *Mr. Rishabh Verma*, *Ms. Rashita Singh*, *Ms. Ranjana Yadav*, *Mr. Rohit Verma*, *Ms. Rachita Verma*, *Ms. Sadiya Saeed*, *Ms. Shrishti Vajpayee*, *Mr. Shubham Awasthi*, *Mrs. Sumanlata

KG MU, College of Nursing King George's Medical University, Lucknow, U.P

*Correspondence author -Ms. Richa Patel, Nursing Officer, Mahamana Pandit Madan Mohan Malviya Cancer Centre, Varanasi UP.

ABSTRACT

Background of the study: -Historically, pregnancy is a time of enjoyment and fulfillment for women. However, evidence indicates that there is an increase in psychiatric morbidity, particularly depression and anxiety, during this period. The prevalence of depression during the third trimester is about 16% among South Indian women. Objectives- To assess the level of anxiety and depression among antenatal mothers and determine the association of socio-demographic profile with the level of anxiety and depression among antenatal mothers. Methods: -Non - experimental, Descriptive research design is used for the present study. Non - probability convenient sampling techniques are used to select 130 samples. The data for antenatal anxiety was collected using the self-structured tool Antenatal Anxiety Inventory. Data for depression was collected using a standardized tool Edinburgh's Perinatal Depression Scale. Results: The result of the study reveals that almost half, 67 subjects (51.54%) have mild anxiety. Nearly 61 subjects (46.92%) have a moderate level of anxiety, followed by least, 1 subject (0.76%) has a severe level of anxiety. The majority of subjects, 89 (68.46%) have moderate depression, followed by, 36 subjects (27.69%) who have mild depression, and at least, 5 subjects (3.85%) have severe depression. Conclusion: The study concluded that the majority of pregnant ladies have anxiety and depression ranging from moderate to severe.

Keywords -Anxiety, Depression, Antenatal Mothers

INTRODUCTION

In all societies, the family is the nucleus and women form the backbone of it. Pregnancy and childbirth are special events in a woman's life and indeed in the lives of their family. Though pregnancy is a normal physiological process, it is associated with a certain risk to health and survival both for the woman and child, and also stands for morbidity and mortality of the mother and child. The cause of maternal death is tragic indeed. A pregnant woman is "like a ship on a stormy sea", out of balance seeking equilibrium in the waves of the physiological changes.¹ For a woman pregnancy is a time of great change and adaptation. Pregnancy is a time of enormous change in a woman's body and mind. These changes affect her physical wellbeing, self-esteem, interactions with others, daily activities, and future plans. She looks for answers to questions that arise during her pregnancy from many different sources.² Anxiety is a diffuse apprehension, vague, and associated with feelings of uncertainty and helplessness. Most women and healthcare providers view an undefined level of anxiety as common and acceptable in pregnancy. Studies on antenatal psychological morbidity are only beginning to flourish in contrast to postpartum depression studies which received burgeoning attention in the past decades. This might partially be due to the misconception that women were hormonally protected from psychological disturbances during pregnancy.³ Identification of patients with antenatal anxiety and depression is further made difficult by the similarity between somatic symptoms of anxiety and depressive disorders and somatic complaints commonly found in the normal course of pregnancy, such as fatigue and appetite change.³ However, recent studies revealed that rates of anxiety and depressive symptoms were higher during pregnancy (antenatal period) than in the postpartum period, highlighting the significance of antenatal mental health problems.³ It has been reported that 7-20% of pregnant women suffer from antenatal depression. Data on the prevalence of antenatal anxiety is more limited, although a study of second-trimester Pregnant women found that Pregnant women found that 6.6% had antenatal anxiety disorders.⁵ The same study identified 14.1% of pregnant women having one or more psychiatric disorders but reported that only 5.5% received some form of treatment, showing that antenatal psychiatric problems are largely undiagnosed and untreated.⁴ This is a serious issue because mental health problems during pregnancy are known to exert adverse influences on both women and their offspring. Antenatal anxiety and depression are also powerful predictors of postpartum depression, although it is not clear at which point during pregnancy these psychological states are most predictive of postpartum depression. Indeed, antenatal psychological states appeared to be dynamic and changing in nature, with most studies demonstrating a generally increasing trend of depressive symptoms during pregnancy followed by a decline after childbirth. Unfortunately, good data on the prevalence and course of other mental health problems during pregnancy are inadequate, particularly anxiety problems.⁴ Our study aims at estimating the level of antenatal anxiety and depression across the third trimester of pregnancy and finding an association between the socio-demographic profile and level of antenatal anxiety and depression in pregnant mothers. A meta-analysis of 21 studies reported the mean prevalence of

antenatal depressive symptoms to be 12% in high-income countries. Yonkers et al. reported the prevalence of antenatal anxiety symptoms to be 24%. Studies in high-income countries suggest a link between disadvantaged socioeconomic background, domestic violence, and antenatal depressive symptoms, and antenatal anxiety symptoms.⁴ Depressive symptoms during pregnancy may have devastating consequences, not only for the women but also for the child and family. Antenatal depressive and anxiety symptoms can lead to postpartum depression, lower birth weight, and premature delivery, and have a negative impact on child development⁴. The predictors of antenatal depression and anxiety in Pakistan were husband's unemployment, low household wealth, 10 or more years of formal education, unwanted pregnancy, and partner violence.⁴ Depression and anxiety during pregnancy are rarely reported in Bangladesh. One study involving 316 pregnant women in a rural subdistrict in the southwest part of Bangladesh found a 33% prevalence of antenatal depressive symptoms. The study reported that partner violence, unsupportive husband and/or mother-in-law, and family preference for a son were predictors of antenatal depression. The few studies and partly inconsistent results emphasize the need for further research on antenatal depression, particularly antenatal anxiety among women in low-income countries.

OBJECTIVES OF THE STUDY:

- To assess the level of anxiety and depression among antenatal mothers.
- To determine the association of selected socio-demographic profiles with the level of anxiety and depression among antenatal mothers.

METHODOLOGY

Research approach: - Quantitative Research Approach is used for the present study.

Research Design: - Non-Experimental, Descriptive Research Design is used for the present study.

Sampling Method: - Non-Probability Convenient Sampling Technique

Setting: - Queen Mary Hospital, outpatient department, K.G.M.U., Chowk, Lucknow is a tertiary hospital located in Lucknow.

Data Collection tool: - Antenatal Anxiety Inventory & Edinburgh Perinatal Depression Scale.

RESULTS AND DISCUSSION -

In this study,

- The majority, 62 (47.70%) subjects belong to age group 23 to 29, followed by 43 (33.10%) belong to age group 18 to 23, followed by 21 (16.20%) belong to age group 30 to 35 while least, 4 (3.10%) subjects were above 35 years of age.
- The majority, 40 (31%) subjects were intermediate, followed by 36 (27.69%) subjects were matriculate, followed by 28 (21.53%) subjects were graduate, followed by 14 (10.76%) subjects were post-graduate and the least, 12 (9.23%) subjects were 5th pass.
- The majority, 88 (67.69%) subjects were housewives, followed by 23 (17.69%) subjects had a private job, followed by 9 (6.92%) subjects were either laborers or were government employed, and least, 1 (0.76%) subject was self-employed.
- The majority, 94 (72.30%) subjects were of Hindu religion, followed by 35 (26.92%) subjects were of the Muslim religion, and least, 1 (0.76%) subject was of Sikh religion.
- The majority, 90 (69.23%) subjects had joint family, followed by 39 (30.0%) subjects had nuclear family, and least, 1 (0.76%) subject was living in an extended family.
- The majority, 39 (30%) subjects had ₹ 10,001- 15,000 family income, followed by 36 (27.70%) had ₹ 5,000 - 10,000 family income, followed by 34 (26.15%) had family income more than ₹ 15,000 and least, 21 subjects had family income less than ₹ 5,000.
- The majority, 92 (70.76%) subjects had a rural residence, followed by 38 (29.24%) had an urban residence.
- The majority, 76 (58.46%) subjects had completed 1 to 3 years of marriage, followed by 33 (25.39%) subjects had completed 3 to 6 years of marriage, followed by 13 (10%) subjects had completed 6 to 9 years of marriage and least, 8 subjects (6.15%) had completed 9 to 12 years of marriage.
- The majority, 72 (55.40%) subjects lived with a spouse followed by 56 (43.08%) subjects lived with in-laws and least, 1 subject (0.76%) lived either with parents or had an unspecified living arrangement.

LEVEL OF ANXIETY AND DEPRESSION AMONG ANTENATAL MOTHERS.

The result of the study reveals that almost half, 67 subjects (51.54%) have mild anxiety. Nearly 61 subjects (46.92%) have a moderate level of anxiety, followed by least, 1 subject (0.76%) has a severe level of anxiety.

The majority of subjects, 89 (68.46%) have moderate depression, followed by, 36 subjects (27.69%) have mild Depression and least, 5 subjects (3.85%) have severe depression.

ASSOCIATION BETWEEN SOCIO-DEMOGRAPHIC PROFILE AND THE LEVELS OF ANXIETY AND DEPRESSION

Association of Socio-demographic profile with anxiety:

- The association of age with the level of anxiety states that the subjects who were between 18-23 years of age had mild to moderate levels of anxiety while the subjects who were above 35 years of age had moderate to severe levels of anxiety.
- The association of education with the level of anxiety states that the subjects who were under-educated had moderate to severe levels of anxiety while the subjects who were substantially educated had mild levels of anxiety.
- The association of occupation with the level of anxiety states that housewives had mild levels of anxiety while the subjects who were working or were self-employed had moderate to severe levels of anxiety.
- The association of type of family with the level of anxiety states that subjects from the nuclear family had lower levels of anxiety as compared to the ones living in a joint family or extended family.
- The association of family income with the level of anxiety is inversely proportional i.e. higher the family income, the lesser were the levels of anxiety.

Association of Socio-demographic profile with depression:

- The association of age with the level of depression states that the subjects who were between 18-23 years of age had mild to moderate levels of depression while the subjects who were above 35 years of age had moderate to severe levels of depression.
- The association of education with level of depression states that the subjects who were under-educated had moderate to severe levels of depression while the subjects who were substantially educated had mild levels of depression.
- The association of occupation with the level of depression states that housewives had mild levels of depression while the subjects who were working or were self-employed had moderate to severe levels of depression.
- The association of type of family with the level of depression states that subjects from nuclear family had lower levels of depression as compared to the ones living in a joint family or extended family.
- The association of family income with the level of depression is inversely proportional i.e. higher the family income, lesser were the levels of depression.

In the present study, the researchers calculated the p values of chi square in order to find out the association. It was found to be less than 0.05. Hence it concludes that there was significant association between the socio-demographic profile of the subjects and the level of anxiety and depression during pregnancy.

CONCLUSION:

The study revealed that there is significant level of anxiety and depression among antenatal women, and it is found to be associated with their socio-demographic profile.

RECOMMENDATIONS:

The following recommendations are made on the thesis of the present study:

- The study can be replicated on a large sample to validate and generalize the findings.
- More socio-demographic variables can be selected to identify the extent of their importance in maintaining good mental health during pregnancy.
- Similar studies can be conducted in a different setting, like in a community.
- The same study can be conducted by including the knowledge and attitude of women regarding antenatal anxiety and depression.
- Comparative studies can be conducted in urban and rural areas.

REFERENCE

-
- [1] Albert J. Solvit. Child psychiatry. 1st ed. Philadelphia: Churchill Livingstone; 1992. p.68-85.
 - [2] Diana M. Frasel, Maryaret. A Cooper book of Myles Textbook of midwives, edition 14.
 - [3] Marilyn C. Handley, RN, Emotional responses to pregnancy based on geographical classification of residence online journal of Rural Nursing and Health care Page No 7 –9.

-
- [4] Lee, Antoinette M., Lam, Siu Keung, Sze Mun Lau, Stephanie Marie Chong, Catherine Shieu Yin, Hang Wai, Fong, Daniel Yee Tak, Prevalence course and risk factors for antenatal anxiety and depression at the regional hospital, November 2007.
- [5] Hashima E Nasreen, Zarina N Kabir, MaigunEdhborg, Prevalence and associated factors of depressive and anxiety symptoms during pregnancy, June 2011
- [6] Polit D.F. and B.P. Hungler, "Text book of nursing research principles and methods", Lippincott publications, Page No. 57-61.
- [7] Subasheni G, Assess the anxiety related to onset of labour and delivery among primigravida mothers in Bengaluru, 2007
- [8] Helen M Haines, Christine Rubertsson, Julie F Pallant, and Ingegerd Hildingsson. The influence of women's fear, attitudes and beliefs of childbirth on mode and experience of birth; Published online 2012 June 24.
- [9] Belinda Edwards, Cherry Galletly, Tracy Semmler at New Zealand, in women living in a socioeconomically deprived area, on the topic Antenatal depression, 2008
- [10] Johnson AR, George M, Goud BR, Sulekha T, at Bangaluru, to screen antenatal mothers for common mental health disorder, 2018
- [11] Alessandra Biaggi, Carmine M. Pariante in identifying women at risk of antenatal anxiety and depression in 2015.
- [12] Fadzil et al. in Malaysia at the hospital Tuan Kee Bainum I Poh on the topic risk factors for depression and anxiety among pregnant women, 2013
- [13] Giardinelli L, Innocenti A, Benni L, Stefanini MC, Lino G, Lunardi C, Svelto V, Afshar S, Bovani R, Castellini G, Faravelli C, in Italy, to assess the prevalence and risk factors for perinatal depression and anxiety, 2011
- [14] Hashima E Nasreem, Zarina N Kabir, Yvonne Forsell, Maigun Edhborg, Bangladesh, they examined associated factors of antepartum depressive and anxiety symptoms in low-income countries, 2011
- [15] Dephin Swalm, Janette Brooks, Dorota Doherty, Elizabeth Nathan, Angela Jacques, Western Australia, on factor analysis conducted on the Edinburgh Postnatal Depression Scale (EPDS) responses yielding depression and anxiety factors, 2010
- [16] Lee, Antoinette M., Lam, Siu Keung, Sze Mun Lau, Stephanie Marie Chong, Catherine Shieu Yin, Hang Wai, Fong, Daniel Yee Tak, Prevalence course and risk factors for antenatal anxiety and depression at the regional hospital, November 2007.
- [17] Muna Silwal, Jacob V and Imran S, in Mangalore, India to assess the level of anxiety and depression among antenatal mothers, 2015
- [18] Alqahtani AH, Al Khedair K, Al Jeheiman R, Al Turki HA, in Saudi Arabia to assess anxiety and depression during pregnancy in women, its prevalence and associated factors, 2017
- [19] Ms. Jyothi Prasad, to assess the anxiety of primigravida women towards delivery and neonatal care in selected hospital at Bangalore, 2011
- [20] Fareeha Hamid, Aftab Asif, Imran Ijaz Haider, to study anxiety and depression during pregnancy, 2008.
- [21] Mengistu Lodebo, Dagmawit Birhanu, Samuel Abdu, and Tadele Yohannes on magnitude of Antenatal Depression and its associated factors, the prevalence of antenatal depression, 2020
- [22] Girija Kalayil Madhavanprabhakaran Melba Sheila D'Souza Karkada Subrahmanya Nairya To determine the prevalence of pregnancy-specific anxiety and its associated factors among pregnant women, 201