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A CROSS SECTIONAL STUDY ON SOCIAL FACTORS RESPONSIBLE FOR MENTAL MORBIDITY AMONG PREGNANT WOMEN

Keerti S Jogdand[1], Pravin N Yerpude [2]

Associate Professor,Dept of Community Medicine,Gujarat Adani Institute of Medical Sciences,Bhuj-370001,Gujarat,India[1,2]

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Corresponding Author:
Keerti S Jogdand, ,
Associate Professor, Dept of Community Medicine,Gujarat Adani Institute of Medical Sciences,Bhuj-370001,Gujarat,India

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ABSTRACT

Introduction: Pregnancy is often considered as the golden period in woman's life. There are physical as well as mental challenges faced by them during that period, while apparent physical problems are often addressed but the challenges related to mental health often go undiagnosed .
Mental health problems such as depression and anxiety are very common during pregnancy and after childbirth in all parts of the world. Nearly 20% of women suffer from mental health disorders during gestation which causes significant morbidity for mother as well as child worldwide.
Materials and methods:Study subjects included in the study were pregnant women attending the antenatal clinic of the hospital. After taking consent from them, participants was screened for Mental health by using Goldberg's 6 item General Health Questionnaire. Those who answered 'YES' for at least one question were considered as mentally ill and assessed the severity of mental illness by using Hamilton 'D' scale for depression and Hamilton 'A' scale for anxiety.
Results: Out of 254 pregnant women 113(44.49%) were having mental morbidity and 141(55.51%) were normal. Among those with mental morbidity, 54 (21.26%) were having mild depression, 13(5.12%) were having anxiety and 17 (6.69%) were having both anxiety with depression .Social factors like occupation of husband,domestic violence,support of husband,addiction of alcohol in husband were found to be statistically significant with mental morbidity in pregnant women.
Conclusion: The study shows that a substantial number of pregnant women screened in obstetrics settings have significant symptoms of depression, and most of them are not being monitored effectively during this vulnerable time. This information may be used to justify and streamline systematic screening for depression in clinical encounters with pregnant women as a first step in determining which women may require further treatment for their symptoms of mental illness.

INTRODUCTION

Pregnancy is often considered as the golden period in woman's life. There are physical as well as mental challenges faced by them during that period, while apparent physical problems are often addressed but the challenges related to mental health often go undiagnosed[1].

Mental health problems such as depression and anxiety are very common during pregnancy and after childbirth in all parts of the world. Nearly 20% of women suffer from mental health disorders during gestation which causes significant morbidity for mother as well as child worldwide. About one in ten in developed countries, and one in three to one in five women in developing countries, have a significant mental health problem during pregnancy. As a matter
of fact, in India prevalence of depression ranges from 10% to 41% [2].

Social determinants like illiteracy, low income, domestic violence and associated diseases increase their susceptibility to develop mental health problems specially in developing country [3] .Pregnant mothers with mental health problems are much more disabled and less likely to care adequately for their own needs. These women are less likely to seek and receive antenatal or postnatal care or adhere to prescribed health regimens. So they have increased risk of obstetric complications and preterm labour. Mental illness have been associated with poor prenatal care,
inadequate nutrition, impulsive behavior, increased incidence of postpartum depression, preterm birth and low Apgar score. Certain symptoms of depression including appetite change, lowered energy, sleep disturbance are considered normal in pregnancy and their psychological

significance is therefore underestimated. Mental health problems among pregnant women
are often undiagnosed. Depression during pregnancy is the most common predictor of depression in postnatal period. Untreated depression during pregnancy has a number of adverse outcomes not only for the mother but also for her unborn child [4] .

MATERIALS AND METHODS

The present cross sectional hospital based study was conducted in Katuri Medical College and Hospital,Guntur(Andhra Pradesh) .The study period was from July 2010 to December 2010.Before the start of the study, Clearance was taken from College Ethical Committee. Study subjects included in the study were pregnant women attending the antenatal clinic of the hospital. After taking consent from them, participants were screened for Mental health by using Goldberg's 6 item General Health Questionnaire. Those who answered 'YES' for at least one question were considered as mentally ill and assessed the severity of mental illness by using Hamilton 'D' scale for depression and Hamilton 'A' scale for anxiety. A standard pre-tested questionnaire was used to assess the socio-demographic information. Total study subjects participated in the study was 254.

RESULTS

Among 254 pregnant women, 117(46.06%) were in age group of 23 to 27 years, 67(26.38%) were in the age group of 18-22 years, 44(17.32%) were in age group of 28- 32 years. 235(78.3%) were housewife and 65 (21.7) were farm workers. Husbands of 47(18.50%) pregnant women were unemployed and husbands of 207(81.50%) pregnant women were farm worker and coolie. 127 (42.3%) women were primigravida and 173(57.7%) were multigravida. Only 43(16.93%) pregnant women were illiterate.63(24.80%) women were from joint, 93(36.62%) from three generation and 98(38.58%) from nuclear family. According to Modified B.G. Prasad classification, 17.32% were from class II, 40.94% were from class III and 24.02% were from class IV (**Table 1**) .Out of 254 pregnant women 113(44.49%) were having mental morbidity and 141(55.51%) were normal. Among those with mental morbidity, 54 (21.26%) were having mild depression, 13(5.12%) were having anxiety and 17 (6.69%) were having both anxiety with depression (**Table 2**) .Social factors like occupation of husband,domestic violence,support of husband,addiction of alcohol in husband were found to be statistically significant with mental morbidity in pregnant women(**Table 3**).

DISCUSSION

In the present study, prevalence of mental morbidity like depression, anxiety and both anxiety with depression among pregnant women was 44.49 % .In the study conducted in Hawaii in 2006 among 44 pregnant women between age group of 18 to 35 years of which 5% were having depression and 13% were having anxiety [4] . Another study done in rural area of Tamil Nadu in 2002 among 991 pregnant women, by using Clinical Interview Schedule(CIS-R) showed that
16% women were suffering from depression [5]. Study done in China in 2001 by Dominic et al [6] among 959 pregnant women showed 13.5% of them to be suffering from depression. Prevalence of mental illness was 39.5% 8 in the study conducted at Tanzania [7] .In the present study, social factors like occupation of husband,domestic violence,support of husband,addiction of alcohol in husband were found to be statistically significant with mental morbidity in pregnant women

Prevalence of depression and anxiety by using EPDS was 18% and 29% respectively which was found significantly associated with domestic violence, poor partner relationship in a study done in Bangladesh [8] . In a Study done in Pakistan also showed that unemployment status of husband and physical violence were strongly associated with the depression among pregnant women [9].Partner violence was associated with depression during pregnancy in a study from Peru [10] which was similar with the results of our study.

Table 1: Socio-demographic characteristics of pregnant women

Characteristics	Number(%)
Age	
18-22 yrs	67(26.38%)
23-27 yrs	117(46.06%)
28-32 yrs	44(17.32%)
Above 32 yrs	26(10.24%)
Education	
Illiterate	43(16.93%)
Literate	211(83.07%)
Occupation of husband	
Unemployed	47(18.50%)
Farm worker	2017(81.50%)
Type of family	
Joint	63(24.80%)
Nuclear	98(38.585)
Three generation	93(36.62%)
Socioeconomic status	
I	13(5.13%)
II	44(17.32%)
III	104(40.94%)
IV	61(24.02%)
V	32(12.59%)
Domestic violence	
Yes	112(44.09%)
No	142(55.91%)
Support of husband	
Yes	139(54.72%)
No	115(45.28%)
Addiction of alcohol in husband	105(41.32%)
Yes	149(58.68%)
No	
Associated diseases	78(30.71%)
Yes	176(69.29%)
No	
Sternous workload at home	139(54.72%)
Yes	115(45.28%)
No	

Table 2: Distribution of mental illness among pregnant women

Mental Illness	No(%)
None	141(55.51%)
Mild depression	54(21.26%)
Moderate depression	21(8.27%)
Severe depression	8(3.15%)
Anxiety	13(5.12%)
Anxiety with depression	17(6.69%)

Table 3: Association of socio-demographic characteristics with mental morbidity in pregnant women

Characteristics	Mental Morbidity Yes	No	Chi Square value
Type of family			
Joint	29(25.66%)	34(24.11%)	
Nuclear	34(30.09%)	64(45.39%)	X^2=7.11 P
Three generation	50(44.25%)	43(30.50%)	=0.028 N**S**
Occupation of husband			X^2=10.76 P <
Unemployed	31(27.43%)	16(11.35%)	0.0010 **S**
Farm worker	82(72.57%)	125(88.65%)	
Domestic violence			X^2=62.84 P <
Yes	81(71.68%)	31(21.99%)	0.0001 **S**
No	32(28.32%)	110(78.01%)	
Support of husband			

Yes No	49(43.36%) 64(56.64%)	90(63.83%) 51(36.17%)	X^2=10.60 P <0.001 **S**
Addiction of alcohol in husband Yes No	 72(63.72%) 41(36.28%)	 33(23.40%) 108(76.60%)	 X^2=42.03 P < 0.0001 **S**
Associated diseases Yes No	 33(29.20%) 80(70.80%)	 45(31.91%) 96(68.09%)	 X^2=0.21 P = 0.64 **NS**
Workload at home Yes No	64(56.64%) 49(43.36%)	75(53.19%) 66(46.81%)	X^2=0.30 P = 0.58 **NS**

CONCLUSION

This study concludes high prevalence of mental morbidity in terms of depression, anxiety and both among pregnant women. The finding of this study highlights the potential significance of identifying and addressing the unmet needs of low- income women during pregnancy. These data show that a substantial number of pregnant women screened in obstetrics settings have significant symptoms of depression, and most of them are not being monitored effectively during this vulnerable time. This information may be used to justify and streamline systematic screening for depression in clinical encounters with pregnant women as a first step in determining which women may require further treatment for their symptoms of mental illness. Presence of mental morbidity in gravid women has been associated with adverse maternal and infant outcomes; hence further study of the impact of psychiatric treatment is essential. The finding in this study demonstrates the significance of screening for mental health issue in pregnant women and the need for intervention and prevention.

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CONFLICT OF INTEREST: None declared

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