

Psychosocial correlates of stress and depressive symptoms during pregnancy

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ABSTRACT

Background: Pregnancy is known as the crucial period for women as well as her family. It is a stage where women undergo several biological changes and have to face various psychosocial issues. Perinatal depression is much more serious than the “baby blues” of relatively mild depressive and anxiety symptoms that typically clear within two weeks after delivery that many women experience after giving birth but some pregnant women suffer from stress and depression due to different psychosocial factors. **Materials and Method:** Purposive sampling technique was used to recruit 30 pregnant women from the second and third trimesters with their informed consent. The tools used for the present study was a semi-structured questionnaire, Hamilton Depression Rating Scale and Perceived Stress Scale. **Result:** It shows significant level of depression and stress among pregnant women. Stress and depression are correlated in a positive way. **Conclusion:** Various psychosocial factors like lack emotional of support from husband and in-laws, poverty, unplanned pregnancy, unfavourable environmental conditions in the house, etc. is the risk factor which can trigger stress and depression in pregnant women. Pregnancy is a time when women become vulnerable to stress and depression. That is why depression and stress during pregnancy should not be ignored. Depression occur due to hormonal change in the body but psychosocial factors can also trigger stress and depression. So the family member should help the pregnant woman and should consult the midwife, doctor as soon as possible.

Keywords: Psychosocial, stress, depression, pregnant, women

INTRODUCTION

Pregnancy is known as the crucial period for women as well her family. Pregnancy is a stage where a woman undergoes several biological changes like nausea, morning sickness this is common for all pregnant women but some pregnant women suffer from stress and depression due to different psychosocial factors like lack of family support, unemployment, tragic events during the time of pregnancy

For more than a decade, psychiatry and related disciplines have been concerned about women experiencing symptoms of anxiety and depression during pregnancy and in the months following birth.^[1]

According to the World Health Organization, pregnancy is defined as gravidity or gestation, it is the time during which one or more offspring develops inside a woman. Pregnancy occurs through sexual intercourse or assisted reproductive technology. Multiple pregnancies involve more than one offspring, such as twins.^[2] Stress is often characterized as a close, a tense and worried feeling of being overwhelmed, wound up. Everyone has endured tension often once in a lifetime. Often it can help to inspire us to complete a mission or perform well. But when we become over-stressed and it interferes with our ability to get on with our daily life for too long, stress can

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also be detrimental. But during the time of pregnancy feeling stressed is common, too much stress can make a person uncomfortable. Stress can make trouble sleeping, have headaches, loss your appetite or overeat.^[3]

For every woman, the causes of stress are different, but here are some common causes during pregnancy, such as coping with pregnancy discomforts, such as nausea, constipation, being exhausted or getting a backache. Hormones are shifting, which can trigger changes in your mood. Mood fluctuations can make it more difficult to manage stress.^[4]

Depression is a mood condition that affects 1 in 4 women at some point during their lifetime, so it should not be shocking that women who are pregnant may be affected by this disease. But all too often, during pregnancy, depression is not adequately diagnosed because people believe that another form of hormonal imbalance^[5] Some forms of depression are slightly different, or they may develop under unique circumstances, such as: In the first trimester many women are unaware of their pregnancy for the first 4-6 weeks. Despite this, the growth and development of the fetus proceed at a phenomenal rate. The first three months of pregnancy include a period of adjustment to the fact of having a baby and to the physical changes beginning in the body^[6] Morning sicknesses like the feeling of nausea and vomiting are the most frequent, the most characteristic and perhaps the most troublesome symptoms of early pregnancy. In a recent study from urban practice in the United Kingdom, of 363 women from mixed socio-economic backgrounds out of which 28% experienced nausea and an additional 52% had both nausea and vomiting, the aetiology of nausea during pregnancy is still unknown. And due to the health issue, a woman can also undergo stress because she feels nausea and cannot eat food due to vomiting but it depends on the coping capacity of the woman that how she handles it.^[7]

The second three months are usually more comfortable for women. Changes that took place in the women body at this time include the development of stretch marks, the problem of heartbeat, indigestion problem and constipation, varicose veins, difficulty in sleeping and backache. Due to the health

problem of the woman, this may be stressful for her to deal with which may cause stress^[8]

The third three months of pregnancy is a time of marked growth for the baby and therefore expansion of the mother's abdomen; biological changes like breathlessness, the problem with heartburn, urinary frequency, cramps, muscle and nerve twinges, charged emotions including anticipation and anxiety. The women nearly all women experience some degree of discomfort or pain during pregnancy and this discomfort may cause stress^[9]

Though it also depends on the pregnant woman how she copes up with all the biological changes that her body has to go through. According to research in the United Kingdom, women who are pregnant for the first time undergo stress or depression for all these biological changes^[10] Foetal maldevelopment, abortion, miscarriage, stillbirth, ectopic pregnancy, hydatidiform mole, and blood group incompatibility may also lead to secondary depression among women^[11]

Perinatal depression is often more extreme than the "baby blues" that many women encounter after giving birth (relatively mild depressive and anxiety symptoms that are usually apparent within two weeks after delivery). Women with perinatal depression during pregnancy or after delivery experience full-blown severe depression (postpartum depression). The feelings of extreme sadness, anxiety and exhaustion that accompany perinatal depression may make it difficult for these new mothers to complete daily care activities for themselves and/or for their babies^[12]

The present study was designed at this juncture to examine the psychosocial factors leading to stress and depression among pregnant women. We hypothesized that during the pregnancy cycle, women are more vulnerable to stress and depression, and because of all psychosocial factors, they are at a higher risk of stress and depression.

MATERIALS AND METHOD

Thirty pregnant women from the second and third trimesters were selected purposively from the rural area of Tezpur, Assam with their informed consent based on the inclusion criteria of pregnant women having a score of 7

on the Hamilton Depression Rating Scale and those who are registered in 5 miles P.H.C, Tezpur, Assam. Approval was taken from the departmental research committee of the Department of Social Work, Tezpur Central University, Assam.

Tools Used

Semi-structured Questionnaire (SSQ): This had been prepared by the researcher for the present study which includes respondents' socio-demographic details and major events related to stress and depression in their life.

Hamilton Depression Rating Scale (5 items) (HAMD-5): For depressive symptoms, it has been a shorter scale which is cost-effective and practical.^[13]

Perceived Stress Scale (PSS): It has 14 items to measure a person level of stress. Seven out of the fourteen items of PSS-14 are considered negative (1, 2, 3, 8, 11, 12, 14) and the remaining seven as positive (4, 5, 6, 7, 9, 10, 13), representing perceived helplessness and self-efficacy, respectively.^[14]

Statistical Analysis: Statistical Package for Social Sciences (SPSS) version 20 was used for data analysis. Pearson product-moment correlation coefficient (PPMCC) was used to achieve the objectives.

RESULTS

Table 1 Semi-structured schedule results

Variables	Percentage
Below Poverty line	66.7
Above Poverty line	33.3
Husband addicted to substance	83.3
Caring husband	66.7
Abusive husband	20.0
Sensitive husband	13.3
Verbal abuse	33.3
Sexual abuse	6.7
Did not face any abuse	60.0
Unplanned pregnancy	93.3
No family planning	83.3
Family planning done	16.7
Miscarriage	20.0
No miscarriages	80.0
Favourable environment	70.0
Non-favourable environment	30.0

Table 1 shows that; out of 30 respondents 66.7% belongs to the below poverty line and 33.3 % of the respondents belongs to the above poverty line. It was observed that majorities (i.e. 83.3%) of the respondents' husbands were addicted to substances and 16.7% are not addicted to any substances. It has been found that 66.7% of the respondent's husbands were caring towards the respondent, 20% of them were abusive and 13.3% of them were sensitive. Out of 30 respondents, 60% of the respondent did not face any violence, 33.3% faced verbal abuse and 6.7% of them faced sexual abuse. That 60% respondent suffers from abusive behaviour, domestic violence. A sizable no of the respondent (93.3%) did not consult the doctor before conceiving so it was unplanned and only a few i.e. 6.7% of them had consulted the doctor before conceiving. The study found that 83.3% of the respondent did not do the family planning whereas only 16.7% did the family planning. Out of 30 respondents, 80% of them have did not have a history of any miscarriage and 20% of them had a history of miscarriage during her earlier pregnancy. Out of 30 respondents 70% of the respondent's live in a favourable environment and 30% of the respondents' environment is not favourable.

Table 2 Level of Depression

Level of depression	Percentage
Mild	88%
Moderate	11.2%
Severe	0.8%

Table 2 show that 88% have the mild disorder, 11.2% have moderate depression and 0.8 is suffering from severe depression. This may be attributable to many factors, such as unplanned pregnancy, family conflict, domestic violence, poor prenatal care adherence, poor reassurance response, low self-esteem, such as feelings of inadequacy about parenthood, excessive baby anxiety, poor weight gain due to decrease or insufficient diet, the inability to experience gratification from activities that are normally enjoyable, finance

Table 3 Level of Stress

Level of Stress	Percentage
Low Stress	60%
Moderate Stress	30.9%
Perceived Stress	9.1%

Table 3 shows that 60% of pregnant women have low stress, 30.9% have moderate stress and 9.1% have perceived stress. This may be due to different factors, such as feeling uncomfortable with physical changes, such as nausea, exhaustion, mood swings, and backache. Fear of labour and childbirth, fear of talking about the baby's treatment, the baby's wellbeing, whether there is a prior miscarriage or birth episode, and financial stress.

Table 4 Correlates of stress and depression

SCALE	VARIABLES	
Perceived Stress Scale	Depression	Stress
	1	.161*
HAM-D	.161*	1

$P0.39 < 0.05$

Table 4 shows that stress and depression are correlated in a positive way. From this, we can say that stress can lead to depression. Much as the respondent suffers from poverty and is pregnant at the same time, the respondent is going through a traumatic life event, and if this lives longer, this stress will turn into depression.

DISCUSSION

Psychosocial variables of anxiety, stress, depression, marital dissatisfaction, and social support to association with six domains of healthy lifestyles of pregnant women, including nutrition, physical activity, health responsibility, stress management, interpersonal relationships, and self-actualization^[15] Although for many women, pregnancy is a time for enjoyment and fulfilment evidence indicates that there is an increase in psychiatric morbidity, and particularly depression and anxiety during pregnancy.

Feelings of stress and depression are very common during pregnancy. They may come and go, or they may persist. Various studies show that in around 15% of pregnant women, these symptoms are quite serious and could affect the development of the fetus. Although it is important to remember that it only increases the risk of problems and most children of even much-stressed mothers are fine. Most pregnant women who are experiencing emotional problems during pregnancy do not get any help from their doctor, nurse or midwife. It is very important that the pregnant woman

is aware of how she feels, and asks for help when needed.^[16]

Depression is a mood disorder that affects 1 in 4 women at some point during their lifetime, so it should be no surprise that this illness can also touch women who are pregnant. But all too often, depression is not diagnosed properly during pregnancy because people think it is just another type of hormonal imbalance. This assumption can be dangerous for the mother and the unborn baby. Depression in pregnancy is an illness that can be treated and managed. However, it is important to seek out help and support first.

Pregnancy can be both an exciting and worrying time for parents. Pregnant women experience a range of physical and emotional changes, all of which may trigger anxiety. Fear of the unknown, stress, feelings of insecurity overwork or money, and daily pressures add to hormonal changes during pregnancy and may make women feel overwhelmed. Couple this with the constant worry over the baby's health, and anxiety becomes a real possibility.^[17] Different people find different things stressful, and triggers may be quite everyday things, or they might be extraordinary events. All of the following have been found to affect fetal development.

Limitations: Since the sample size is small, therefore the result cannot be generalized. Variables used in the study are few. The questionnaire was not standardized. Many psychosocial factors can trigger depression and stress during pregnancy but the main factor cannot be specified. Future research could be done on a larger population.

CONCLUSION

The study shows that significant differences in the level of depression and stress among pregnant women. Stress and depression are correlated in a positive way. This could be due to various psychosocial factors like lack of emotional support from husband and in-laws, poverty, unplanned pregnancy, unfavourable environmental conditions in house etc this is the risk fact which can trigger stress and depression in pregnant women. Pregnancy is a time when a woman becomes vulnerable to stress and depression. That is why depression and stress during pregnancy should not be ignored because many people this that stress or

depression occur due to hormonal change in the body but psychosocial factors can also trigger the stress and depression. So the family member should help the pregnant woman and should consult the midwife, doctor as soon as possible.

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