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Research Article

**A DESCRIPTIVE ANALYSIS OF FACTORS OF DEPRESSION
IN PREGNANT WOMEN OF PAKISTAN**¹Dr Iqra Ayaz, ¹Dr Muhammad Usman Hanif, ¹Dr Ghania Yousaf¹Bahwal Victoria Hospital, Bahawalpur.

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Abstract:

Introduction: Pregnancy and the complications that comes along with it have been a concerning issue of public health around the globe. Pregnancy and then the following transition to motherhood comprises of major psychological and social changes in a woman, which have been linked to symptoms of anxiety as well as depression.

Aims and objectives: The basic aim of the study is to find the factors of depression among pregnant women in Pakistan.

Methodology: This cross sectional study was conducted in Bahawal Victoria Hospital, Bahawalpur during March 2018 to November 2018. The data was collected from 100 pregnant women. The data was collected through a questionnaire. This questionnaire consist of two parts, the first section consists of the personal characteristics of the subjects under study including age, education, occupation etc. Another questionnaire is the Beck Depression Inventory, which is standard one and has been used for pregnant women and its validity has also been confirmed.

Results: The pregnant women aged between 17-45 years with a mean of 27.07 ± 4.88 years. The average age of marriage was 21.18 ± 4.08 . 76.2% of the samples lived in urban areas. The majorities of women (42.7%) had high school degree and were housewives (90.3%). 80.5% of the spouses were self-employed, and most of them (39%) had high school degree. 50.4% of women had a child and 47.7% experienced their first trimester of pregnancy, while 45.9% had their third trimester of pregnancy. 86% of women got pregnant naturally and 59.9% had a natural childbirth history. The frequency of depression in pregnant women showed that 46.1% of women had mild depression and (27.2%) moderate and (7.2%) severe and only 19.5% had no depression.

Conclusion: It is concluded that high prevalence of depression was found in this study, and it is imperative paying attention to the diagnosis of mothers at risk of depression by health care providers.

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INTRODUCTION:

Pregnancy and the complications that comes along with it have been a concerning issue of public health around the globe. Pregnancy and then the following transition to motherhood comprises of major psychological and social changes in a woman, which have been linked to symptoms of anxiety as well as depression. There is quite a hand full of risk factors that predisposes to depression during pregnancy. A few of them are meager antenatal care, poor nourishment, stressful events in life like economic instability, gender based discrimination and violence, previous history of psychiatric disorders, any puerperal complications in the past, incidents during pregnancy like prior miscarriages, and the delivery modes like past instrument facilitated or operative delivery [1]. Other factors include age of the mother, her marital status, gravidity, whether pregnancy was planned or is a result of spontaneous conception, previous history of any stillbirth, previous history of going into prolonged labor, and how well is her level of social support [2]. All of these highlighted points mentioned above predispose a woman to the dark side of antenatal depression. Pregnancy is an important period in women's life during which brings a lot of emotional, physical and social changes takes place [3]. According to WHO, depression disorder is one of the most important causes of women's disability in the world today and approximately 10–15% of women experience depression during pregnancy, which is a major risk factor for postpartum depression. Various physiological, psychological and social changes, hormonal changes, physical discomforts associated with pregnancy such as nausea, vomiting, and anxiety related to sonography, anxiety about the baby's health and even the type of delivery are affective in the development of mental disorders including depression during pregnancy [4].

Depression has negative effects on the mother and the developing fetus. Depression during pregnancy can lead to increased stress in pregnancy, self-neglect, lack of prenatal care, inadequate nutrition, smoking, pre-eclampsia [6], drug use which may cause low weight of child at the time of birth and preterm delivery.

Aims and objectives:

The basic aim of the study is to find the factors of depression among pregnant women in Pakistan.

Methodology:

This cross sectional study was conducted in Bahawal Victoria Hospital, Bahawalpur during March 2018 to November 2018. The data was collected from 100 pregnant women. The data was collected through a questionnaire. This questionnaire consist of two parts, the first section consists of the personal characteristics of the subjects under study including age, education, occupation etc. Another questionnaire is the Beck Depression Inventory, which is standard one and has been used for pregnant women and its validity has also been confirmed. In this inventory, a score ranging from 0-15 indicates no depression (normal mean), (16-30) mild depression, (31-45) moderate to severe depression, and (46-63) severe depression (12).

Statistical analysis:

The data was analyzed by SPSS 18 and Chi square, as well as linear regression was used for prediction of factors associated with depression.

RESULTS:

The pregnant women aged between 17-45 years with a mean of 27.07 ± 4.88 years. The average age of marriage was 21.18 ± 4.08 . 76.2% of the samples lived in urban areas. The majorities of women (42.7%) had high school degree and were housewives (90.3%). 80.5% of the spouses were self-employed, and most of them (39%) had high school degree. 50.4% of women had a child and 47.7% experienced their first trimester of pregnancy, while 45.9% had their third trimester of pregnancy. 86% of women got pregnant naturally and 59.9% had a natural childbirth history. The frequency of depression in pregnant women showed that 46.1% of women had mild depression and (27.2%) moderate and (7.2%) severe and only 19.5% had no depression.

In comparing the results of depression between third trimesters of pregnancy using Chi-square test, it was found that there was a significant difference between the progression of pregnancy and increasing depression (Table 1).

Table 01: Factors Related to Depression in pregnant women

	N (%)	B	Std. Error	P	OR	95% CI
Educational level				0.007	2.12	2.22-3.68
Uneducated	8(0.9)	0.75	0.28			
Primary school	190(20.9)					
Secondary school	387(42.7)					
College or University	322(35.5)					
Husband's Educational level				0.01	1.24	0.3-5.24
Uneducated	13(1.4)	-0.04	0.02			
Primary school	306(33.7)					
Secondary school	353(38.9)					
College or University	235(25.9)					
Husband Employment status				0.000		
Unemployment	731(80.6)	0.73	13.91		15.57	3.68-65.89
Employed	176(19.4)					
Number of child				0.02		
0	470(51.9)					
1-3	414(45.5)	-1.34	0.60		0.7	0.7-1.2
>3	23(2.5)					
Number of pregnancy				0.006		
First pregnancy	440(48.5)	1.25	0.48		2.81	1.37-5.79
Second pregnancy	337(37.2)					
Tried pregnancy	130(14.3)					
Previous abortion				0.000		
Yes	204(22.5)	-16.18	0.24		3.96	2.22-7.06
No	703(77.5)					

DISCUSSION:

The antenatal period is considered to be one of the most compelling and crucial period for both the expecting mother and the developing fetus for it can have dire side effects. At the time of this period, there is a plethora of physiological and emotional changes in a mother. Hence, it can be stated that depression at the time of pregnancy has very solemn and deleterious side effects on both, the developing fetus and the soon

to be mother [6]. It can also very easily be misattributed to the usual physiological variations that do so occur in pregnancy, e.g., troubled sleep and fluctuations in appetite. Depression at the time of pregnancy or can be called antepartum depression, is just as any other clinical depression. It should be handled as nothing different and is as equally important to treat [7]. The results of this study indicate that the prevalence rate of depression in

pregnant women is 80.5%. On the other hand, the findings of the study by Edward et al and Hosseini Sazi were consistent with our study. The low depression score in the first trimester may be attributed to the lack of exposure to pregnancy complications and difficulties increased in the second and third trimesters due to the progression of pregnancy as well as complications and problems of pregnancy and childbirth [8]. However, there are few studies on the prevalence of depression in pregnancy trimesters and it requires further studies. Regarding the correlation of depression with the studied variables, the results indicate that there is a significant relationship between depression and educational status of women and their husbands [9]. Low educational status of pregnant women increases the risk of depression by 1.2%. Additionally, in the study by Rahmanie et al., (2011), a significant relationship was found between maternal education and depression [10].

CONCLUSION:

It is concluded that high prevalence of depression was found in this study, and it is imperative paying attention to the diagnosis of mothers at risk of depression by health care providers. Depression in its mild form was figured to be the most prevalent. Prevalence is highest in expecting mothers who are young, low parity & gravida and the ones who live in a joint family system with no internal core support.

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