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Research Article

**ANALYSIS OF FACTORS OF DEPRESSION IN PREGNANT  
WOMEN OF PAKISTAN**Muhammad Adil Shahzad<sup>1</sup>, Muhammad Tahir Ismail<sup>2</sup>, Iqra Qasim<sup>3</sup>

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**Abstract:**

**Introduction:** Pregnancy-related depression is the one encountered during the time of child conception. **Objectives of the study:** The main objective of the study is to analyse the factors of depression in pregnant women of Pakistan. **Material and methods:** This cross sectional study was conducted in Health department Punjab during March 2019 to December 2019. The data were collected with a designed questionnaire with multiple choice questions. The questionnaire form included a descriptive information form that included sociodemographic information, the Beck Depression Inventory (BDI), and the multidimensional scale of perceived social support (MSPSS). **Results:** The mean age of the participating women was  $26.54 \pm 4.49$  years. Of studied pregnant women, 84.9% were housewives, 54.5% had primary school or secondary school certificates, 51.9% were primigravida, and 68.8% were in the third trimester. The mean BDI scores of the pregnant women was found to be  $11.12 \pm 6.65$ . Depression symptom severity of 18.2% of the pregnant women was at a level that required treatment and the mean BDI score in this group was  $21.62 \pm 5.24$ . **Conclusion:** It is concluded that depression is a common maternal and public health problem; further attention should be given to unplanned pregnancy, social support, pregnancy-related complications, conflicts, and household violence.

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**INTRODUCTION:**

Pregnancy-related depression is the one encountered during the time of child conception. It is manifested by persistent sadness and associated with additional somatic symptoms like decreased energy, sleep disturbance, weight loss, hopelessness, difficulty to think, poor concentration, disturbed sleep, and trouble with appetite along with inability to feel happiness [1]. Studies done in different countries showed that untreated antenatal depression in pregnant women has consequences on fetus like increased risk of preterm birth (PTB), low birth weight (LBW), intrauterine growth restriction (IUGR), neurobehavioral development and adverse perinatal outcome like lower birth weight, childhood behavioral disturbance, difficulty in language development, unhealthy maternal behaviors, maternal impairment during the postpartum period, substance abuse, and decrease in parenting quality and effectiveness [2].

Depression, a commonly seen psychological health problem across the world, prevents the functionality, creativity, happiness, and satisfaction of individuals, reduces their quality of life, and leads to losses in the work force. Pregnancy, one of the important processes in women, is a natural event as well as a period during which many biological and psychosocial changes are experienced [3]. The risk of the many factors that may cause depression is high because of its stress and anxiety. Besides, the neuroendocrinological and psychosocial changes that pregnancy causes are too many compared to other periods of life [4].

High levels of norepinephrine and cortisol decrease blood flow into the uterus and thus cause severe obstetric and neonatal problems for both the pregnant woman and the fetus. These problems may be listed as follows: spontaneous abortion, antenatal bleeding, increased uterine artery resistance, preeclampsia, eclampsia, fetal death, low Apgar score, newborns with low birth weight and high levels of cortisol, neonatal growth retardation, and babies that require neonatal intensive care [5].

Among the factors that increase depression risk during pregnancy are history of depression, younger ages of mothers, low socioeconomic status, being exposed to violence before and during pregnancy, disharmony between couples, living alone, having experienced a miscarriage in the past, undesired pregnancy or ambivalent thoughts about pregnancy, having many children, and a lack or absence of social support [6].

**Objectives of the study**

The main objective of the study is to analyse the factors of depression in pregnant women of Pakistan.

**MATERIAL AND METHODS:**

This cross sectional study was conducted in Health department Punjab during March 2019 to December 2019. The data were collected with a designed questionnaire with multiple choice questions. The questionnaire form included a descriptive information form that included sociodemographic information, the Beck Depression Inventory (BDI), and the multidimensional scale of perceived social support (MSPSS). It included questions related to the sociodemographic characteristics of the study participants and their medical and obstetric history.

**Statistical Analysis**

The SPSS 17.0 was used for statistical analysis. The parametric conditions were evaluated according to the sample size.

**RESULTS:**

The mean age of the participating women was  $26.54 \pm 4.49$  years. Of studied pregnant women, 84.9% were housewives, 54.5% had primary school or secondary school certificates, 51.9% were primigravida, and 68.8% were in the third trimester. The mean BDI scores of the pregnant women was found to be  $11.12 \pm 6.65$ . Depression symptom severity of 18.2% of the pregnant women was at a level that required treatment and the mean BDI score in this group was  $21.62 \pm 5.24$ .

Table 1: **Distribution of Depressive Symptom Severity**

Depressive Symptom Severity	Values	BDI Score
$\leq 16$ points	216 (81.2)	$8.68 \pm 4.09$
$\geq 17$ points	50 (18.8)	$21.62 \pm 5.24$
<b>Total</b>	266 (100.0)	$11.12 \pm 6.65$

**DISCUSSION:**

Depression, one of the frequently seen health problems among women, is experienced by women in fecundity periods and its incidence increases with pregnancy. In the studies that investigated the incidence of depression during pregnancy in different cultures, the rate of depression was found to be 7.5% in China, 8.1% in Korea, 17.9% in Hungary, 30% in Canada, 20% in the USA, and 19.6% in Brazil [7]. As for Turkey, the incidence of depression during pregnancy ranges from 12% to 36%. Our study detected an 18.2% rate in the type of pregnancy depression that required medical treatment. The depression level detected by the current study and mean depression scores were similar to some studies while different from others; the reason for this discrepancy may be due to the different culture of the studied societies and or the use of the different measurement methods to detect depression [8].

Sociodemographic factors may affect depression during pregnancy. It is emphasized in some studies that these factors, including age, low socioeconomic status, negative life experiences, lack of a job with satisfactory income, family problems, low educational status of pregnant women and their husbands augment the severity of the depression symptoms [9,10].

**CONCLUSION:**

It is concluded that depression is a common maternal and public health problem; further attention should be given to unplanned pregnancy, social support, pregnancy-related complications, conflicts, and household violence. A proper obstetric and maternal care in women as well as a routine screening of women in the antenatal period may decrease the prevalence of depression during pregnancy.

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