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A STUDY ON MENTAL HEALTH STATUS OF ANTENATAL MOTHER ATTENDING ANTENATAL CARE SERVICE IN UPHC'S & UCHC'S IN CHENNAI, TAMILNADU TOWARDS ACHIEVING SUSTAINABLE DEVELOPMENT GOALS.

Vignesh.N[1], E. Nesamani Rahel Jenifer[2]

Student[1], Guest Lecturer[2], PG Department of Social Work

Dr. Ambedkar Government Arts College, Chennai

Email : natarajanvigneshnvbs@gmail.com[1],raheljenifer1993@gmail.com[2]

ABSTRACT

The purpose of the research is to know "The antenatal depression, anxiety, stress and associated factors among pregnant mother's attending antenatal care service in UPHC's & UCHC's in Chennai, Tamilnadu". The study focuses on the prevalence of antenatal mothers with the mental health problems, and on the support from the family, workplace and government. The study employed quantitative method by utilizing data collection tool DASS 21 depression, anxiety, stress scale used to measure the level of depression, level of stress, level of anxiety. The major finding of the study includes level of depression, level of stress and level of anxiety and the social determinants of the antenatal mother. The scope of the research includes policy formation, increasing of researches in the field of maternal mental health and creating a quality healthcare system. The sustainable development goal- good health and well – being also important for the effective development of country where the maternal and mental health also matters which in turn reduces the infant mortality rate, malnourishment of child.

***KEYWORDS**: Pregnancy, Mental health, Anxiety, Depression, Stress.*

INTRODUCTION

Pregnancy is a time of increased vulnerability for the development of anxiety and depression and stress.Depression and anxiety and stress during pregnancy is a major public health problem because of their high prevalence. The world Health Organization (WHO) estimates that the depressive disorders will be the second leading cause of global disease burden.Depression, anxiety and stress are the most common mental health problems during pregnancy, with around 12% of women experiencing depression and 13% experiencing anxiety at some point; many women will experience both. According to the American College of Obstetricians and Gynecologists, between 14% and 23% of women will struggle with some symptoms of depression during pregnancy. India, persisting stigma

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towards mental disorders, socio-economic deprivation, intimate partner violence, traditional confinement practices after childbirth and women's low status in society act as risk factors for the development of mental disorders for many women. Globally, common mental disorders (CMD) including depressive and anxiety disorders are one of the largest contributors to maternal morbidity and mortality. Maternal depression, anxiety, and stress during pregnancy have been associated with poor fetal development and poor.

Mental health refers to cognitive, behavioural, and emotional well-being. It is all about how people think, feel, and behave. People sometimes use the term "mental health" to mean the absence of a mental disorder.

Pregnancy is often a very happy and exciting time. But not every woman feels this way. You may have mixed, or even negative, feelings about being pregnant. You may find it more difficult than others to cope with the changes and uncertainties which pregnancy brings

Pregnancy changes your body in all sorts of ways. Morning sickness, backache, headache, leg cramps, varicose veins, itchiness, constipation, haemorrhoids, indigestion and vaginal discharge are some of the realities of pregnancy. And not surprisingly, they can affect how you feel about being pregnant.

Most of these problems are often missed or undertreated, possibly because of its typical features such as fatigue and poor sleep which are also common in motherhood itself. However, it results in many devastating consequences. Those are increased maternal morbidity and mortality with increased risk of maternal suicide and impaired parenting capability which can badly affect the physical, emotional, social, and cognitive development of their children. Also, it can lead to marital problems and future mental health problems. They have an increased risk of obstetric complications and preterm labour. In India and China, suicide is now a leading cause of death in young women in the childbearing age group. One in five pregnant women will experience antenatal depression, and also, these antenatal depressed women have a sixfold increased risk of developing postpartum depression.

Early detection and effective interventions where necessary are important to prevent devastating consequences for women themselves, their children, and families.

WHO's Mental Health Gap Action Programme (mhGAP) stipulates evidence-based guidelines for an integrated system to treat maternal depression, psychosis and alcohol abuse at primary and community health care levels through a non-specialised health workforce in LMIC. The mhGAP intervention guide provides simple and locally applicable tools, that can be integrated within the health system for comprehensive planning, education and training of health care providers, and delivery of services at primary level to manage mental health problems.

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On sustainable developmental goals there is a specific reference is made to mental health and substance abuse under goal 3. Target 3.4 on premature mortality from non-communicable diseases aims for a reduction by "one third through prevention and treatment and promotion of mental health and wellbeing", and target 3.5 addresses prevention and treatment of substance abuse. Moreover, as pointed out by Izutsu et al. the rights of people with disabilities are referred to specifically in goals 4, 8, 10, and 11, which is relevant for people with mental, intellectual, and psychosocial disabilities. The SDGs provide a rationale and a framework to address mental health from many perspectives with renewed urgency.

The Kerala initiative The state of Kerala in India has taken the lead in integrating mental health into routine antenatal and postnatal care and their model may give us some leads about country-wide implementation, Amma Manasu (Mother's mind). Mothers will be assessed during their antenatal and postnatal visits by junior public health nurses, who will be trained to provide first-level interventions. Referral pathways will be established for stepped care and include doctors in primary care and the District Mental Health Programme. It will be useful to use this technology both to identify mothers at high risk for mental health problems and to enable information-sharing between different stakeholders in the health system to provide seamless care for such mothers.Based on the experience of the Kerala initiative, the National Health Mission is considering replicating the integrated maternal mental healthcare model into other states in India

STRESS AND PREGNANCY

Stress is a common feeling during pregnancy. Physical discomforts and other changes in your daily life can cause stress during pregnancy.The term stress is more widely used, despite other meanings such as "tension," "fatigue," and "tiredness." Nevertheless, the term has become popular in colloquial language and in medicine. Nowadays, the concept has other meanings that go beyond these aspects. According to Filgueira and Hippert, "stress" is a state manifested by a specific syndrome, consisting of all nonspecific alterations produced in a biological system. According to those authors, stress (physical, psychological, or social) may be understood as a term encompassing a group of reactions and stimuli that cause disturbances in the body equilibrium, frequently with damaging effects.

In a lower or higher intensity, pregnancy is a period of emotional alterations, resulting from both social and psychological factors, as well as typical hormonal alterations. Some stressors are related to both specific events and physiological adaptations expected in the maternal body: nausea, weight gain, insomnia, and emotional lability. Individual factors, such as unplanned pregnancies, changes in family dynamics such as the relationship with a partner, acquired responsibilities with neonatal care, and the risk of complications during pregnancy and labor are other stressors. Another important factor

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which can be an aggravating stressor for pregnant women is the socioeconomic context: low income, domestic violence, use of drugs and alcohol, lack of a family support network, and other vulnerabilities.

DEPRESSION AND PREGNANCY

The onset of pregnancy can temporarily alter the hormonal balance in women which predispose them to a different form of affective disorders such as depression

Depression occurs in varying degrees for a different form of child delivery such as vaginal delivery, Cesarean Section Delivery and assisted vaginal delivery. Some psychiatric, physiological and socioeconomic variables have been attributed as risk factors or predictors of antepartum depression. They are listed as: sleep deprivation, sexual function during pregnancy, weak social structure, lack of support from family and loved ones, obesity, trauma, anxiety and violence and unplanned pregnancies.

Depression is characterized by sad, irritated, or empty moods, as well as somatic and cognitive changes such as loss of concentration, anhedonia, hopelessness, loss of appetite, sleep disturbances, and suicidal ideation, all of which have a negative impact on an individual's ability to function. Depression that occurs during pregnancy is known as antenatal depression. The occurrence of depression during pregnancy and afterward is quite high. Women having a history of depression before pregnancy have a high probability of getting depression during pregnancy again. The purpose of the study is to review the effect of untreated depression during pregnancy on maternal and neonatal outcomes. The primary outcomes of this review were the identification of studies showing the relationship between untreated depression during the pregnancy indicated by depression measures and any associated adverse birth outcomes; specifically, low birth weight, small for gestational age, preterm birth, postpartum depression, and infant neurodevelopmental outcome.

It was found that maternal depression during pregnancy has a positive association with preterm birth, small for gestational age, stillbirth.h, low birth weight, and maternal morbidity including perinatal complications, increased operative delivery, and postpartum depression. To prevent these adverse outcomes, depression should be screened, monitored, and managed appropriately keeping risk-benefit in consideration.

ANXIETY AND PREGNANCY

Pregnancy is an emotional time, and anxiety is just one of many feelings that pregnant women experience. A moderate amount of new fears and worries is normal and expected during this time of

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change. If you are experiencing quite a bit of anxiety, it can be helpful to first learn more about what anxiety is, and how it can show up during pregnancy.

High levels of anxiety, during pregnancy, have adverse effect on mother and baby. Anxiety, in early pregnancy, results in loss of fetus and in the second and the third trimester leads to a decrease in birth weight and increased activity of the Hypothalamus – Hypophysis–Adrenal axis. It causes a change in steroidogenes, destruction of social behavior and fertility rate in adulthood. Also anxiety during pregnancy is accompanied by emotional problems, hyperactivity disorder, decentralization and disturbance in cognitive development of children.

REVIEW OF LITERATURE

Kavitha Nagandla1 *, Sivalingam Nalliah1 , Loh Keng Yin3 , Zainab Abd Majeed2 , Mastura Ismail4 , Siti Zubaidah5 , Uma Devi Ragavan4 , Shamini Gayatri Krishnan (2016) Shows highlight several important correlates of CMD during pregnancy such as lack of social support, domestic violence and unplanned pregnancy. Intimate partner violence continued to be associated with antepartum depressive symptoms in multivariate analyses as evidenced by literature. Assessment for CMD at two different points in pregnancy has provided an important step in understanding the dynamic nature of anxiety and depression across different stages of pregnancy. Our results indicate that detection of women at risk of developing postnatal depression can be done in early pregnancy. Further, the accuracy of the prevalence in our study was improved by follow up with clinical diagnostic interview. Importantly our study identified the need for clinical attention to perinatal anxiety disorders that have seemingly emerged as a more prevalent and potent risk factor for adverse maternal and fetal outcomes. Our results are important for practicing clinicians as they identify risk factors during routine obstetric care. The providers should consider the possibility of antenatal patients developing depression and anxiety symptoms in the presence of risk factors. This window of opportunity should be our best bet in reducing postnatal depression. The antenatal records should have remainder boxes for history of CMD and intimate partner violence. Future research should focus on capturing this data and evaluate how to use these risk factors to improve our screening accuracy and clinical assessments.

Christine Dunkel Schetter and Lynlee Tanner (2012) rigorous research now demonstrates the potential deleterious effects of negative affective states and stress during pregnancy on birth outcomes, fetal and infant development, and family health, we do not yet have a clear grasp on the specific implications of these facts. Key issues for the next wave of research are as follows: disentangling the independent and comorbid effects of depressive symptoms, anxiety symptoms, pregnancy anxiety, and various forms of stress on maternal and infant outcomes; better understanding

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the concept of pregnancy anxiety and how to address it clinically; and further investigating effects of clinically significant affective disturbances on maternal and child outcomes, taking into account a mother's broad socio-environmental context. As our knowledge increases, it will be critical to identify the signs, symptoms, and diagnostic thresholds that warrant prenatal intervention and to develop efficient, effective, and ecologically valid screening and intervention strategies to be used widely. If risk factors can be identified prior to pregnancy and interventions designed for preconception, many believe this window of opportunity is our best bet . Interdisciplinary research and collaboration will be crucial, however, to meeting these objectives and in order to reduce the burden of maternal stress, depression, and anxiety in the perinatal period.

B. Sheeba[1*], Anita Nath[2], Chandra S. Metgud[3], Murali Krishna[4], Shubhashree Venkatesh[1], J. Vindhya[1] and Gudlavalleti Venkata Satyanarayana Murthy (2019) This study focuses on prenatal depression which has received less attention than postnatal depression. All the instruments/scales used to measure the study variables had good psychometric properties. Our study had few a limitations. Antenatal care at such hospitals is mostly availed by pregnant women from the lower and middle—income groups in a community. Hence the findings from this study cannot be extrapolated to pregnant women belonging to the high income group as there could be variations in the psychosocial factors and standard of living. The present study showed a high prevalence of prenatal depression which is suggestive of its public health importance in the study region. Spouse physical and sexual violence, pregnancy related anxiety and a history of catastrophic events were important predictors of prenatal depression. Obstetric practice should include screening and diagnosis of prenatal depression as a part of routine antenatal care in low and middle—income countries.

METHODS

The study is conducted to know the prevalence of mental health problems among the antenatal mothers attending the UPHC's & UCHC'sin Chennai,Maternal mental health is a major problem in India. In this maternal mental health there is a lack of researches among the pregnant woman in India. There is a lack of health care model in antenatal and maternal mental health in primary health care. These made a study on antenatal depression, anxiety, stress and associated factors among pregnant mother's attending antenatal care service in UPHC's & UCHC's in Chennai, Tamilnadu. In India, there is no dedicated maternal mental health services available in primary health care system and no prescribing guidelines for Psycho trophic medicines in pregnant and breast feeding woman and there is no statistics regarding the proportion of perinatal woman with mental health disorders in contact with services, lack of training and stigmatizing attitudes of primary health care (PHC) and urban community health care (UCHC) staffs toward mentally ill. And non- availability of health care

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Personnal for maternal mental health to deliver psychosocial Interventions. In India the maternal mental health is not so much aware to the people in the community.

The researcher used descriptive research design to study the objectives to assess the antenatal depression, anxiety, stress among antenatal mothers and to know the prevalance factor among the antenatal 50 antenatal women where identified using the simple random sampling with the consent of the persons.The primary data was collected from the samples through semi structured interview schedule with respective to the objectives of the study. The collected primary data was analyzed through software package for social sciences (SPSS).

OVERALL FINDINGS

FINDINGS PERTAING TO FAMILY SUPPORT, WORKPLACE SUPPORT, GOVERNMENT SUPPORT.

- The greater number (56%) of the respondents are having a good family support during pregnancy.
- The higher number (78%) of the respondents are unexpecting support from the workplace during the pregnancy.
- The greater number (54%) of the respondents expecting special support from the government during the pregnancy.

MAJOR FINDINGS

The major findings based on the objectives and methodology of the study

TABLE-1 (DASS SCALE FINDINGS)

DASS SCALE FINDINGS	LEVEL OF DEPRESSION	LEVEL OF ANXIETY	LEVEL OF STRESS
NORMAL	56%	36%	64%
MILD	22%	12%	20%
MODERATE	18%	28%	12%
SEVERE	4%	14%	4%
EXREMELY SEVERE	0%	10%	0%

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SUGGESTIONS:

The study mainly focuses on the prevalence factor of the depression, anxiety and stress during pregnancy (antenatal). It is the matter of great concern to implement in the areas of primary health care to decrease the affect of mental health problems during pregnancy.

- Educating about mental health problems during pregnancy and its affects on mother and infant in the primary health care system.
- Placing mental health professionals (i.e, social worker, psychologists) in the primary health care.
- Ensuring the availability of counseling, therapies to the affected maternal.
- The primary health care system and mental health care system to be collaborated to ensuring a prevention in the starting stage of mental health problems.
- Creating awareness about the maternal mental health and the issues faced by the maternal.
- Screening methods and techniques has to be implemented in the primary health care system in India to prevent the maternal mental health.
- Decreasing the social determinants factors in the India by the government policy makers.
- Developing and validating simple screening methods that identify psychosocial risk factors and maternal distress.
- Focusing on high-risk group of maternal (i.e,HIV infection, mothers facing childbirth trauma, including obstetric violence)
- Conducting more research on maternal mental health and models, theories has to be created to the sustainability of the maternal mental health care in India.
- Referral pathways will be established for stepped care and include doctors in primary care and the District Mental Health Programme.

CONCLUSION

The study focused on the prevalence of antenatal mental health and mental health problems during pregnancy and the associated factors however the research identifies the prevalence percentage of the mental health affected antenatal mothers by Screening. The study shows that 10% to 18% of the antenatal mothers having a Mental Health Problems in Chennai. Hence it is very important to make polices and models and increasing of quality research in the field of maternal mental health and constructing a primary health care prevention by screening the maternal. Also, it is significant to place a MentalHealth Professionals (i.e., social worker,psychologists) in the primary health care setting in urban and rural to ensure the quality health care and to achieve the sustainable developments goals by 2030.

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