

Assessment of depression among Pregnant women at Al-Basrah primary health centers

Wasfi Dhahir Abid Ali¹ ; luay abdulwahid shihab²;Fatima Yahia Jihad³; Huda Qaseem khouribet⁴; Rusel Alaa Mohsen⁵

1.College of nursing – University of Basrah – Iraq

2. Assist Prof. College of Nursing, University of Basrah, Basrah, Iraq,

3. 4.5. student in College of Nursing, University of Basrah, Basrah, Iraq

ABSTRACT :The current study was conducted at the College of Nursing, University of Basra. Aimed to assess the condition of pregnant women regarding depression in three health centers affiliated with the Basra Health Directorate .The results of the study showed that the percentage of women who suffer from mild depression is 16%, who suffer from moderate depression is 34% and who have major depression is 22%. As for very severe depression, their percentage is 14%. It was related to many factors such as economic status, number of pregnancies, type of family, as well as life pressures

Keywords : pregnancy , depression .health centers.Basrah

I. INTRODUCTION

Depression is the most common psychological problem that affects a woman worldwide during the perinatal period [1].Maternal and Child Health Programs in developing countries are commonly focused upon improving the nutritional status and less importance is given toward a woman's emotional and mental health during and after pregnancy [2].Pregnancy entails physiological, hormonal and psychological changes which could increase the probability of mental and emotional changes resulting in depression, anxiety or psychological distress in the pregnant mother

[3] Poor mental health of the woman during pregnancy could have profound consequences for the mother and her child in terms of adverse pregnancy outcomes and offspring development[4]. Even though prenatal depression is an important public health problem, the importance of screening for depression during pregnancy is that prenatal depression, if not treated and diagnosed early, may continue as postnatal depression [5]. High-level thinking skills, such as the ability to digest and filter information and spot patterns, are fostered via concept-based curriculum and teaching [16] . Nursing is a work done to help the individual – sick or healthy – to do activities that contribute to his or her health [17].

II. METHODOLOGY

Fifty pregnant women in three health in Basrah city. Participated, to achieve the aim direct interview questionnaire corresponding depression in pregnant women .The project carried out in nursing collage-University of Basra- Basra health center(Al-Razi ,Al-Aqsa Intifada , Ezzedine Selim) ., Fifty pregnant women were participated to assess depression in pregnant women. comprisedof questions (assessment questionnaire taken by written. Before Introduction this items distributed for Factually numbers of Nursing college .It divided in to two parts, the first parts was to identify the socio- demographic situation include age ,education level, material status , family number and . The second part include twenty one items regarding depression in pregnant women For data analysis Percentage. Frequency .were counted

III. RESULTS AND DISCUSSION

The risk of prenatal depression increases significantly as the pregnancy progresses and clinically significant depressive symptoms are common in the mid and late trimester.

The results of Table (1) showed that the age of pregnant women here is between 18-25 than others, and the percentage was 44%, those aged from 26-30 represented 36%, those aged 30-40 were 16%, and those aged 40 and over were 4%, and the percentage of divorced women Few, as 6% and were married 94% were uneducated, and 20% had completed primary education, 26% had completed secondary education, 48% had completed institute and college studies, 56% were housewives, and 22 female students %, female employees

12%, self-employment 10%, and the number of women who repeat their pregnancy from 1-3 is 58%, and from 4-6 their percentage is 28%, and from 6 and above it is 14%. As for women who have suffered a abortion, their percentage is 10%. They suffer, their percentage is 90%. As for women who did not have children before, it is 24%. As for those who have children from 1-3, their percentage is 54%, and those from 4-6 are 18%, and those from 6 and above are 4%. Monthly income is less than 100,000, their percentage is 52%, and those whose income was from 100,000 or above, their percentage is 48%. As for the family, those who used to live In small families, their percentage was 46%, and in large families, their percentage was 54%, with regard to genetic diseases, for those who had diseases, the percentage was 10%, and for those who did not have diseases, their percentage was 90%. With regard to mental diseases, the percentage of those who had a genetic history was 2% and those who did not 98%.

**Tablet (1) : The frequent and percentage for nursing college students
Participants the questionnaires**

	F	%
Age		
18-25	22	44
26-30	18	36
30-40	8	16
40-over	2	4
Social status		
married	47	94
divorced	3	6
Educational level		
illiterate	3	6
primary	10	20
medium	10	20
infection	3	6
institute	4	8
college	20	40
other	0	0
Occupation		
housewife	28	56
student	11	22
employee	6	12
Free busineses	5	10
other	0	0
Number of pregnancies		
1-3	29	58
4-6	14	28
6-over	7	14
Number of abortion		
0	45	90
1	4	8
2-over	1	2
Number of children		
0	12	24
1-3	27	54
4-6	9	18
6-over	2	4
Level economic stats		
150000-1000000	26	52
>1000000	19	38
>2000000	5	10
Family typy		
sequenced	27	54
small	23	46
Genetic diseases		

yes	5	10
no	45	90
Mental illness		
yes	1	2
no	49	98
The primary health center		
Al-Razi	21	42
Al-Intifada	20	40
Ezzedine Selim	9	18

Depression affects about 20% of women during their lifetime, with pregnancy being a period of high vulnerability [6]. Depression can occur during pregnancy (antenatal depression), after birth (postpartum depression) or even affect the woman throughout the pregnancy and childbirth [7,8]. Their results showed that Depression was present in 14.8% of the pregnant women and was more frequent during the second trimester of pregnancy. Depression during pregnancy was significantly associated with number of births, number of children, ranking as the number of pregnancies, family support, amount of cigarettes smoked per day, consumption of alcohol, use of daily medications, history of mental disorder, presence of striking events in the last 12 months and history of domestic violence.

Tablet (2) : The frequent and percentage Participants the questionnaires

Questions	F	%
1.		
I do not feel sad	16	32
I feel sad	21	42
I am so sad and unhappy that I can't stand it	7	14
I am so sad and unhappy that I can't stand it	6	12
2.		
I am not particularly discouraged about the future	29	58
I feel discouraged about the future	10	20
I feel I have nothing to look forward to	9	18
I feel the future is hopeless and that things cannot improve	2	4
3.		
I do not feel like a failure	26	52
I feel I have failed more than the average person	16	32
As I look back on my life, all I can see is a lot of failures	6	12
I feel I am a complete failure as a person	2	4
4.		
I get as much satisfaction out of things as I used to	8	16
I don't enjoy things the way I used to	26	52
I don't get real satisfaction out of anything anymore	15	30
I am dissatisfied or bored with everything	1	2
5.		
I don't feel particularly guilty	23	46
I feel guilty a good part of the time	19	38
I feel quite guilty most of the time	5	10
I feel guilty all of the time	3	6
6.		
I don't feel I am being punished	47	94
I feel I may be punished	1	2
I expect to be punished	1	2
I feel I am being punished	1	2
7.		
I don't feel disappointed in myself	21	42
I am disappointed in myself	23	46
I am disgusted with myself	3	6
I hate myself	3	6

8.		
I don't feel I am any worse than anybody else	11	22
I am critical of myself for my weaknesses or mistakes	24	48
I blame myself all the time for my faults	11	22
I blame myself for everything bad that happens	4	8
9.		
I don't have any thoughts of killing myself	37	74
I have thoughts of killing myself, but I would not carry them out	10	20
I would like to kill myself	3	6
I would kill myself if I had the chance	0	0
10.		
I don't cry any more than usual	11	22
I cry more now than I used to	23	46
I cry all the time now	10	20
I used to be able to cry, but now I can't cry even though I want to	6	12
11.		
I am no more irritated by things than I ever was	6	12
I am slightly more irritated now than usual	27	54
I am quite annoyed or irritated a good deal of the time	6	12
I feel irritated all the time	11	22
12.		
I have not lost interest in other people	6	12
I am less interested in other people than I used to be	20	40
I have lost most of my interest in other people	20	40
I have lost all of my interest in other people	4	8
13.		
I make decisions about as well as I ever could	20	40
I put off making decisions more than I used to	10	20
I have greater difficulty in making decisions more than I used to	16	32
I can't make decisions at all anymore	4	8
14.		
I don't feel that I look any worse than I used to	6	12
I am worried that I am looking old or unattractive	28	56
I feel there are permanent changes in my appearance that make me look unattractive	12	24
I believe that I look ugly	4	8
15.		
I can work about as well as before	2	4
It takes an extra effort to get started at doing something	29	58
I have to push myself very hard to do anything	19	38
I can't do any work at all	0	0
16.		
I can sleep as well as usual	7	14
I don't sleep as well as I used to	29	58
I wake up 1-2 hours earlier than usual and find it hard to get back to sleep	13	26
I wake up several hours earlier than I used to and cannot get back to sleep	1	2
17.		
I don't get more tired than usual	4	8
I get tired more easily than I used to	28	56
I get tired from doing almost anything	16	32
I am too tired to do anything	2	4
18.		
My appetite is no worse than usual	15	30
My appetite is not as good as it used to be	27	54
My appetite is much worse now	7	14
I have no appetite at all anymore	1	2

19.		
I haven't lost much weight, if any, lately	30	60
I have lost more than one pounds	8	16
I have lost more than two pounds	8	16
I have lost more than four pounds	4	8
20.		
I am no more worried about my health than usual	11	22
I am worried about physical problems like aches, pains, upset stomach, or constipation	24	48
I am very worried about physical problems and it's hard to think of much else	9	18
I am so worried about my physical problems that I cannot think of anything else	6	12
21.		
I have not noticed any recent change in my interest in sex	20	40
I am less interested in sex than I used to be	16	32
I have almost no interest in sex	9	18
I have lost interest in sex completely	5	10

The results of Table(3) showed that the percentage of women who do not suffer from depression was 14%, those who suffer from mild depression, 16%, those who suffer from moderate depression, 34%, and severe depression 22%. As for the very severe depression, their percentage is 14%

Table (3) According to the depression assessment table listed below:

0-9	There is no depression	14%
10-15	simple depression	16%
16-23	moderate depression	34%
24-36	Severe depression	22%
37- over	very severe depression	14%

[9]. The prevalence rates of prenatal depression differ between high, middle and low—income countries. Studies from various countries around the world show a prevalence rate ranging from as low as 4% to as high as 81% [10] The prevalence rate is reported to be lower in high income countries like Australia 7% [11].Hong Kong 4.4% [12].Finland 7.7% [13] and higher in many of the low-income countries like Pakistan 64.6% [14]. and Ethiopia 24.94% [15].The prevalence of depression in India is varies from 9.18% .

IV. CONCLUSION

The percentage of women who suffer from mild depression is 16%, who suffer from moderate depression is 34% and who have major depression is 22%. As for very severe depression, their percentage is 14%. It was related to many factors such as economic status, number of pregnancies, type of family, as well as life pressures

V. REFERENCES

- [1] Fatoye FO, Adeyemi AB, Oladimeji B. Emotional distress and its correlates among Nigerian women in late pregnancy. *J Obstet Gynecol.* 24:504–9. doi: 10.1080/01443610410001722518
- [2] Rahman A, Patel V, Maselko J, Kirkwood B. The neglected 'm' in MCH programmes—why mental health of mothers is important for child nutrition. *Trop Med Int Health.* 13:579–83. doi: 10.1111/j.1365-3156.2008.02036.x.
- [3] DiPietro JA. Psychological and psychophysiological considerations regarding the maternal-fetal relationship. *Infant Child Dev.* (19:27–38. doi: 10.1002/icd.651
- [4] Grote NK, Bridge JA, Gavin AR, Melville JL, Iyengar S, Katon WJ. A meta-analysis of depression during pregnancy and the risk of preterm birth, low birth weight, and intrauterine growth restriction. *Arch Gen Psychiatry.* (67:1012–24. doi: 10.1001/archgenpsychiatry.2010.111
- [5] Heron J, O'Connor TG, Evans J, Golding J, Glover V, ALSPAC Study Team. The course of anxiety and depression through pregnancy and the postpartum in a community sample. *J Affect Disord.* 80:65–73. doi: 10.1016/j.jad.2003.08.004

- [6] **Rich-Edwards** JW, Kleinman K, Abrams A, Harlow BL, McLaughlin TJ, Joffe H, et al. Sociodemographic predictors of antenatal and postpartum depressive symptoms among women in a medical group practice. *J Epidemiol Community Health*. 2006;;60:221–7.
- [7] **Pereira** PK, Lovisi GM, Lima LA, Legay LF.(2010)Complicações obstétricas, eventos estressantes, violência e depressão durante a gravidez em adolescentes atendidas em unidade básica de saúde. *Rev. Psiquiatr. Clín.*; 2010;37(5):216-22 .
- [8] **Monica Maria** de Jesus Silva1;Eliana Peres Rocha Carvalho Leite2; Denismar Alves Nogueira 3;Maria José Clapis4 . Depression in pregnancy. Prevalence and associated factors *Invest. educ. enferm* 2016;vol.34 no.2 .
- [9] Manikkam I, Burns JK.Antenatal depression and its risk factors: an urban prevalence study in KwaZulu-Natal. *South Afr Med J*. 102:940–4. doi: 10.7196/samj.6009
- [10] Nasreen H, Kabir Z, Forsell Y, Edhborg M. Prevalence and associated factors of depressive and anxiety symptoms during pregnancy: a population based study in rural Bangladesh. *BMC Womens Health*. 11:22. doi: 10.1186/1472-6874-11-22.
- [11] Eastwood J, Ogbo F, Hendry A, Noble J, Page A. The impact of antenatal depression on perinatal outcomes in Australian women. *PLoS ONE*. 12:e0169907. doi: 10.1371/journal.pone.0169907
- [12] Lee DT, Chan SS, Sahota DS, Yip AS, Tsui M, Chung TK. A prevalence study of antenatal depression among Chinese women. *J Affect Disord*. 82:93–9. doi: 10.1016/j.jad.2003.10.003
- [13] Pajulo M, Savonlahti E, Sourander A, Helenius H, Piha J. Antenatal depression, substance dependency and social support. *J Affect Disord*. 65:9–17. doi: 10.1016/S0165-0327(00)00265-2
- [14] Humayun A, Haider I, Imran N, Iqbal H, Humayun N. Antenatal depression and its predictors in Lahore, Pakistan. *East Mediterr Health J*. 19:327–32. doi: 10.26719/2013.19.4.327
- [15] Biratu A, Haile D. Prevalence of antenatal depression and associated factors among pregnant women in Addis Ababa, Ethiopia: a cross-sectional study. *Reprod Health*. 12:99. doi: 10.1186/s12978-015-0092-x
- [16] Luayabduhwahidshihab1, Abdulkareem Sleman Khudhair2, Hussain Abdul Hussain Hussain3, Haidar WafiDhahi4, Ihab Thaer Ali, A Comparison Between Nursing Courses at the College of Nursing, University of Basrah and the College of Nursing,India, Delhi University, (2021), Annals of R.S.C.B., ISSN: 1583-6258, Vol. 25, Issue 5
- [17] Luay abduhwahid shihab, ISRAA HUSSIN ABD, Zeinab Faisal Abd, Zahia AbdelHussein Masatar, Evaluation of the nurses' knowledge about the internet, Journal of Network Computing and Applications (2018) 3: 1-7 Clausius Scientific Press, Canada.