

## Psychosocial Correlates of Stress and Depressive Symptoms During Pregnancy: A Community Based Study

Monaspika Das<sup>1\*</sup>, Apurba Saha<sup>2</sup>, Fayaz Ahmad Paul<sup>3</sup>, Rini Gogoi<sup>4</sup>

### ABSTRACT

**Background:** Pregnancy is known as the crucial period for women as well as her family. It is a stage where women undergoes 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 various psychosocial factors. **Aim:** To assess the psychosocial factors contributing for stress and depression among the pregnant women. **Materials and Method:** Purposive sampling technique was used to recruit 30 pregnant women from the second and third trimester with their informed consent. The tools used for the present study was a semi-structured questionnaire, Hamilton Depression Rating Scale and Perceived Stress Scale. **Results:** It shows significant differences in level of depression and stress among pregnant women. Stress and depression are correlated in a positive way. **Conclusion:** Various psychosocial factors like lack of emotional support from husband and in-laws, poverty, unplanned pregnancy, unfavorable environmental conditions in the house, etc are the risk factor which can trigger stress and depression among the 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 occurs due to hormonal change in the body but psychosocial factors can also trigger stress and depression.

**Keywords:** Psychosocial stress, Depression & Pregnancy

Pregnancy is known as the crucial period for women as well her family. Pregnancy is a stage where a women 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 psycho social factors like lack of family support, unemployment, tragic event during the time of pregnancy. For more than a decade,

<sup>1</sup>Ph.D Scholar, Department of Psychiatric Social work, LGB Regional Institute of Mental Health, Assam, India

<sup>2</sup>Assistant Professor, Department of Social Work, Tezpur Central University, Assam, India

<sup>3</sup>Ph.D Scholar, Department of Psychiatric Social work, LGB Regional Institute of Mental Health, Assam, India

<sup>4</sup>Ph.D Scholar, Department of Psychiatric Social work, LGB Regional Institute of Mental Health, Assam, India

\*Corresponding Author

Received: March 24, 2022, 2022; Revision Received: May 16, 2022; Accepted: May 21, 2022

## Psychosocial Correlates of Stress and Depressive Symptoms During Pregnancy: A Community Based Study

psychiatry and other related disciplines have been concerned about women experiencing symptoms of anxiety and depression during pregnancy and in the months following a birth.<sup>1</sup> According to World health organization pregnancy is define as a gravidity or gestation, it is the time during which one or more offspring develops inside a woman. Pregnancy occurs by sexual intercourse or assisted reproductive technology. A multiple pregnancy involves more than one offspring, such as with twins.<sup>2</sup> Stresses is often characterized as a close, 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 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, and lose your appetite or overeat.<sup>3</sup>

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.<sup>4</sup>

Depression is a mood condition that affects 1 in 4 women at some point during their lifetime, so it should not be shocking that woman 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.<sup>5</sup> 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, growth and development of the fetus proceeds at phenomenal rate. The first three months of pregnancy include a period of adjustment to fact of having a baby and to the physical changes beginning in the body.<sup>6</sup> Morning sickness like 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 background out of which 28% experienced nausea and an additional 52% had both nausea and vomiting, the etiology of nausea during pregnancy is still unknown. And due to the health issue a women can also undergo stress because she feel nausea and cannot eat food due to vomiting but it depend on the coping capacity of the women that how she handle it.<sup>7</sup>

The second three months are usually more comfortable for women. Changes that took place in the women body at this time include development of stretch marks, problem of heart beat, indigestion problem and constipation, varicose veins, difficult in sleeping and backache. Due to the health problem of the women this may be stressful for her to deal with which may cause stress.<sup>8</sup>

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, 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 causes stress.<sup>9</sup>

Though it also depends on the pregnant women how she cope up with all the biological changes that her body has to go through. According to a research in United Kingdom the

## Psychosocial Correlates of Stress and Depressive Symptoms During Pregnancy: A Community Based Study

women who are pregnant for the first time undergo stress or depression for all this biological changes.<sup>10</sup> Fetal mal development, Abortion, Miscarriage, Still birth, Ectopic pregnancy, Hydatidiform mole, and Blood group incompatibility may also leads to secondary depression among women.<sup>11</sup>

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.<sup>12</sup>

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, and they are at higher risk of stress and depression.

### *Aim of the Study*

To assess the psychosocial factors contributing for stress and depression among the pregnant women.

### *Objectives*

- To understand the ante partum depressive symptoms that a women undergoes through her prenatal stages of pregnancy.
- To understand the ante partum stress symptoms that a women undergoes through her prenatal stages of pregnancy.
- To assess the psychosocial determinates of depression and stress among the pregnant women.
- To analyze the relationship between psychosocial factors of depression and stress.

## **MATERIAL AND METHODS**

Thirty pregnant women from the second and third trimester were selected purposively from the rural area of Tezpur, Assam with their informed consent based on the inclusion criteria of pregnant women having score 7 in Hamilton depression rating scale and those who are registered in 5-mile P.H.C, Tezpur, Assam. Approval was taken from the departmental research committee of 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.<sup>13</sup>
- **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.<sup>14</sup>

## Psychosocial Correlates of Stress and Depressive Symptoms During Pregnancy: A Community Based Study

### *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 aim and objectives of the study.

## RESULTS OF THE STUDY

**Table 1: Shows the 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%
Favorable Environment	70.0%
Non-Favorable Environment	30.0%

Table 1 show that; out of 30 respondents 66.7% belongs to below poverty line and 33.3 % of the respondents belongs to above poverty line. It was observed that majorities (i.e., 83.3%) of the respondents' husband 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 respondent 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 sizeable no of respondent (93.3%) did not consult the doctor before conceiving so it was unplanned and only 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 where as only 16.7% did the family planning. Out of 30 respondent 80% of them have did not have the history of any miscarriage and 20% of them had a history of miscarriage during her earlier pregnancy. Out 30 respondent 70% of the respondent's live in a favorable environment and 30% of the respondent environment is not favorable.

**Table 2: Shows the Level of Depression among the pregnant women**

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

**Psychosocial Correlates of Stress and Depressive Symptoms During Pregnancy: A Community Based Study**

Table 2 show that 88% have 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 gains due to decrease or insufficient diet, the inability to experience gratification from activities that are normally enjoyable.

**Table 3: Level of Stress among the pregnant women**

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

The table 3 shows that 60% 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 labor 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: Shows the Correlates of stress and depression through PSS and HAM-D**

Scales	Variables	
	Depression	Stress
Perceived Stress Scale (PSS)	1	.161*
	.161*	1

***P 0.39 < 0.05***

The table 4 shows that the stress and depression is 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.<sup>15</sup> Although for many women, pregnancy is a time for enjoyment and fulfillment but 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.

## Psychosocial Correlates of Stress and Depressive Symptoms During Pregnancy: A Community Based Study

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 over work 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.<sup>16</sup> Different people find different things stressful, and triggers may be quite normal everyday things, or they might be extraordinary events. All of the following have been found to affect fetal development.

### *Limitations of the Study*

Since the sample size is small, therefore result cannot be generalized. Variables used in the study are few. The questionnaire was not standardized. There are many other psycho-social factors which can trigger depression and stress during pregnancy but the main factor cannot be specified. Future research could be done on a larger population in the Indian settings.

## CONCLUSION

The study shows that the significant differences in 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 their in-laws, poverty, unplanned pregnancy, unfavorable environment conditions in the houses etc. These are the risk fact which can trigger stress and depression in pregnant women. Pregnancy is a time when a woman become vulnerable to stress and depression. That is why depression and stress during pregnancy should not be ignored. Stress and depression occur due to hormonal change in the body but psycho social factors can also trigger the stress and depression. So the family member should help the pregnant women and should consult the midwife, doctor as soon as possible.

## REFERENCES

1. Dunkel Schetter, C., & Tanner, L. (2012). Anxiety, depression and stress in pregnancy: implications for mothers, children, research, and practice. *Current opinion in psychiatry*, 25(2), 141–148.  
<https://doi.org/10.1097/YCO.0b013e3283503680>
2. Fleming N, O'Driscoll T, Becker G, Spitzer RF, Allen L, Millar D, Brain P, Dalziel N, Dubuc E, Hakim J, Murphy D. Adolescent pregnancy guidelines. *Journal of Obstetrics and Gynaecology Canada*. 2015;37(8):740-56.
3. Bowen A, Stewart N, Baetz M, Muhajarine N. Antenatal depression in socially high-risk women in Canada. *J Epidemiol Community Health* 2009;63(5):414-6.
4. Kramer J, Bowen A, Stewart N, Muhajarine N. Nausea and vomiting of pregnancy: prevalence, severity and relation to psychosocial health. *MCN: The American Journal of Maternal/Child Nursing*. 2013;38(1):21-7.
5. Davis EP, Sandman CA. The timing of prenatal exposure to maternal cortisol and psychosocial stress is associated with human infant cognitive development. *Child*

## Psychosocial Correlates of Stress and Depressive Symptoms During Pregnancy: A Community Based Study

- development.2010;81(1):131-48.  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2846100/>
6. Beck AT, Rial WY, Rickels K. Short form of depression inventory: cross-validation. *Psychological reports*. 1974.
  7. Beck AT, Steer RA, Carbin MG. Psychometric properties of the Beck Depression Inventory: Twenty-five years of evaluation. *Clinical psychology review*. 1988;8(1):77-100.
  8. Washington KT, Meadows SE, Elliott SG, Koopman RJ. Information needs of informal caregivers of older adults with chronic health conditions. *Patient Education and Counseling*. 2011;83(1):37-44.
  9. Hyman I, Dussault G. Negative consequences of acculturation on health behaviour, social support and stress among pregnant Southeast Asian immigrant women in Montreal: an exploratory study. *Canadian Journal of Public Health*. 2000;91(5):357-60.
  10. Hanninen V, Aro H.(2013) Coping and depression among young pregnant women. *Soc Sci Med* ;43:1453–60.
  11. Accortt EE, Freeman MP, Allen JJ. Women and major depressive disorder: clinical perspectives on causal pathways. *Journal of Women's Health*. 2008 Dec 1;17(10):1583-90.
  12. Holcomb Jr WL, Stone LS, Lustman PJ, Gavard JA, Mostello DJ. Screening for depression in pregnancy: characteristics of the Beck Depression Inventory. *Obstetrics & Gynecology*. 1996;88(6):1021-5.
  13. González-Pinto A, Mosquera F, Reed C, Novick D, Barbeito S, Vega P, Bertsch J, Alberich S, Haro JM. Validity and reliability of the Hamilton depression rating scale (5 items) for manic and mixed bipolar disorders. *J Nerv Ment Dis* 2009;197(9):682-6.
  14. Cohen S, Kamarck T, Mermelstein R. A global measure of perceived stress. *J Health Soc Behav* 1983;24(4):385-96.
  15. Omidvar, S., Faramarzi, M., Hajian-Tilak, K., & Nasiri Amiri, F. (2018). Associations of psychosocial factors with pregnancy healthy life styles. *PloS one*, 13(1), e0191723. <https://doi.org/10.1371/journal.pone.0191723>
  16. Dailey DE, Humphreys JC. Social stressors associated with antepartum depressive symptoms in low-income African American women. *Public health nursing*. 2011;28(3):203-12.

### **Acknowledgement**

Author acknowledges Dr. Apurba Saha for his Kind help and support.

### **Conflict of Interest**

The author(s) declared no conflict of interest.

**How to cite this article:** Das M., Saha A., Paul F. A. & Gogoi R. (2022). Psychosocial Correlates of Stress and Depressive Symptoms During Pregnancy: A Community Based Study. *International Journal of Indian Psychology*, 10(2), 230-236. DIP:18.01.023.20221002, DOI:10.25215/1002.023