

A Comparative Study of Mental Health among Rural and Urban Pregnant Women of Bihar

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Abstract: *This study is conducted to compare the mental health status of rural and urban pregnant women of Bihar. For this purpose, 200 women age ranging from 18 - 40 years from different government and private hospitals of Nalanda district. All the samples were collected through purposive random sampling method. All the data were analyzed on SPSS software. In this study it was found that mental health status of rural pregnant women is better than the urban pregnant women; which will be better for their new born child. Having rich in fresh air, water and pollution free environment rural areas are better to live especially in the case of pregnant women.*

Keywords: Pregnant women, Government & Private hospitals, mental health, quality of life, fresh air & water, pollution free environment, new born child

1. Introduction

Antenatal period is a very crucial time for women, since they face several physical, biological and psychological challenges. These physiological, psychological and social transformations are also described as crises (Hollway, 2010; Raphael - Leff, 2011) ¹. The psychological state of mother can affect the child in her womb and hence mental health problems of the mother can lead to various complications during child birth and child's health. Prenatal depression and anxiety in this period is one of the major risk factors for postpartum depression (Norhayati et al., 2015) ². Anxiety and depression are very common during pregnancy and after childbirth. One in three to one in five women in developing countries, and about one in ten developed countries, have significant mental health problem during pregnancy and after childbirth (WHO, 2008) ³. According to Lee et al. (2007); Leigh & Milgrom (2008) ⁴, there are 13% of women experience depression and 54% experiencing anxiety during pregnancy. Most importantly these statistics are considered to be underrated as there are many cases of prenatal distress which remain undiagnosed due to the stigma attached to the expression of mental health problems (Gavin et al., 2005; Leung & Kaplan, 2009) ⁵. Prevalence of mental health distress has been found to be high both during antenatal and postnatal periods especially in the developing countries (Satyanarayana et al., 2011) ⁶. If the ability of women to take care of their baby is compromise, the survival and development of the infant is at risk. Extensive researches are available on maternal mental health because of its significance on the wellbeing of the fetus. Researchers have indicated an association between mental health problem during pregnancy and impaired attachment with neonate (Martins & Gaffan, 2000; McFarland et al., 2011) ⁷. Maternal depression is directly linked to lower infant birth weight, higher rates of malnutrition, higher rates of diarrheal disease, infections illness, hospital admission and reduced completion of recommended schedules of immunization in children. It also adversely affects the physical, cognitive, social, behavioral and emotional development of children (WHO, 2008).

Mental health problems during pregnancy

1) Anxiety

According to Glover et al (2018) ⁸ anxiety symptoms are universal among pregnant women which also continue in the post natal period. Prenatal anxiety had direct consequences on fetus development (Behere et al., 2017) ⁹. Experience of anxiety is found to be more during antenatal period than post natal period which is generally unmonitored (Kamali, 2018) ¹⁰. Pregnant mothers suffer from pre eclampsia, nausea, vomiting, preterm labour and delivery, low birth weight of the baby, difficulties in breastfeeding, PTSD symptoms and elective c - section deliveries (Brockington, 1996; Martini et al., 2010) ¹¹.

2) Depression

Pregnancy is a time that burdens women both mentally and physically. The world Health Organisation (WHO) defines depression as "a common mental disorder, characterized by sadness, loss of interest or pleasure, feelings of guilt or low self - worth, disturbed sleep or appetite, feelings of tiredness and poor concentration (WHO 2016) ¹²." Women from lower economic background, having one or more children can develop negative viewpoint towards pregnancy. Depression which exhibit during pregnancy is called antenatal depression. Its prevalence is estimate to 19 - 25% in low- income nation and 10 - 15% in developed nations. Among them approximately 54% also suffer from post - partum depression (Kamali, 2018) ¹³. It is predicted that the depression is rising by 22.5% contribution to both disability and mortality (Martin et al., 2007) ¹⁴. One in eight women has the lifetime risk of depression which is more prevalent during pregnancy (Correa - de - Araujo & Yoon, 2021) ¹⁵.

3) Stress

Stress during pregnancy is defined as "the imbalance that a pregnant woman feels when she cannot cope with the demands which is expressed both behaviourally and physiologically." (Ruiz & Fullerton, 1999) ¹⁶. Studies have reported associations between psychosocial stress during pregnancy and domestic violence (Bullock et al., 2006; Curry, 1998) ¹⁷, depressive symptoms (Jesse et al., 2004) ¹⁸, psychiatric diagnoses (Spitzer et al., 2000) ¹⁹, poor weight gain and chronic medical disorder (Orr et al., 1996) ²⁰. Some

of these factors identified as having association with poor birth outcomes are preterm delivery (Rodrigues et al., 2008)²¹ and low birth weight (Kelly et al., 2002)²².

Psychosocial factors affecting mental health during pregnancy

Social factors such substance abuse, impaired relationships and domestic violence are linked to the development of psychological distress among women. In India intimate partner violence and alcohol abuse by partner are widely associated with depression. Losses of social support lead to isolation as a consequent globalization, urbanization, modernization and migration. It amplifies the number of individuals experiencing depression, anxiety, stress and others mental health problems. Significant contributions of additional factors are also accountable for poor manifestation of mental health. Some of the include belief system, religion, ethnicity, caste, attitudes and poverty (Keynejad et al., 2020)²³. As a result, development of a holistic perspective is essential to deliver care to the pregnant mothers in an integrated setting. Similarly, marital status was found associated with anxiety and depression among pregnant mothers. Studies have identified that depression during antenatal period is higher amongst single mothers or those who are engaged in single parenting than married pregnant women and those living in a romantic relationship (Raisanen et al., 2014; Jeong et al., 2013)²⁴. However, single mothers reported frequent depression as compared to the women having supportive husbands, but less frequent depression was found as compared to those who had unsupportive husbands. On the contrary no association was found between marital status and antenatal depression in various studies (Agostini et al., 2015; Pereira et al., 2009)²⁵.

Objectives

To examine the difference between pregnant women of rural and urban areas on the measures of mental health.

2. Methodology

Sample

A sample of 200 women age ranging from 18 - 40 years; from different government and private hospitals of Nalanda district were selected to complete this study. All the samples were collected through purposive random sampling method.

Tests and Tool

- 1) Mental Health Scale developed by Srivastava A. K. & Jadish
- 2) Case study proforma

Analysis of Data

The data was analyzed through statistical software like SPSS, STATA etc and other statistical tools as per requirement of the study.

3. Result and discussion

Table 1: Comparison in mental health status among rural and urban pregnant women of Nalanda district

Area	Status	Number	Percent
Rural	Very Good	0	0.0
	Good	36	18.0
	Average	129	64.5
	Poor	25	12.5
	Very Poor	0	0.0
Urban	Very Good	12	6.0
	Good	0	0.0
	Average	25	12.5
	Poor	71	35.5
	Very Poor	105	52.5

Source: Estimated from field survey; where N= 200 (Multi Answer Question)

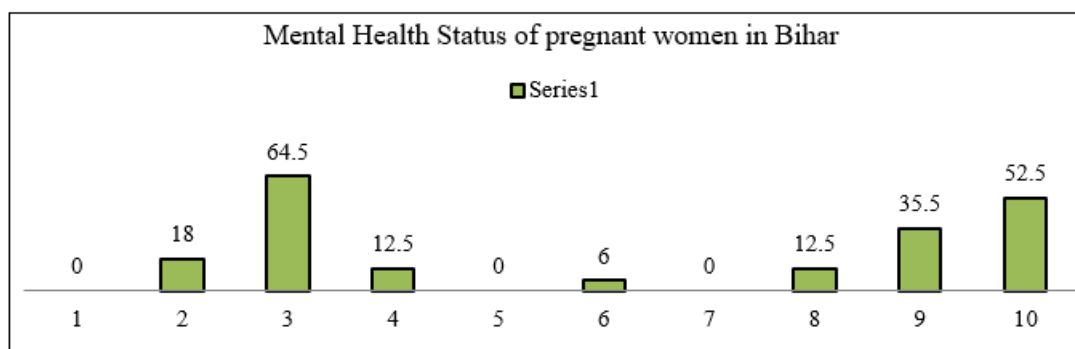


Figure 1: Graphical Presentation of Data

From table 1 we can see that mental health status of maximum rural pregnant women is average (64.5%) while urban pregnant women are average (12.5%). Very good condition of mental health was found in only urban women with 6% only while in rural areas women were found in good condition of mental health with 18%. Women in poor health condition were found in rural areas with 12.5% while in urban areas with 35.5%. Some 52.5% pregnant women was also found in very poor mental health condition in urban areas while no cases of very poor mental health condition of women was found in rural areas. Thus, it can be said that

pregnant women in rural areas are in better mental health condition in compare to urban pregnant women.

4. Conclusion

On the basis of the study it can be concluded that mental health status of rural pregnant women is better than the urban pregnant women; which will be better for their new born child. Having rich in fresh air, water and pollution free environment rural areas are better to live especially in the

case of pregnant women. So it is suggested that women should settle in rural side areas during pregnancy time to give birth a healthier child. Decision of delivery in urban will be better decision at that time.

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