



## MENTAL HEALTH NEEDS ASSESSMENT OF PREGNANT WOMEN ATTENDING FEDERAL MEDICAL CENTRE NGURU YOBE STATE

### Biological Science

**Musbau, S.\***

Department of Biological Sciences, Yobe State University, Damaturu, Nigeria  
\*Corresponding Author

**Yusha'u, M.**

Department of Microbiology Bayero University Kano, Nigeria

### ABSTRACT

Mental health problems such as depression and anxiety are very common during pregnancy and after childbirth in all parts of the world. One in three to one in five women in developing countries, and about one in ten in developed countries, have a significant mental health problem during pregnancy and after childbirth. Mental health problems are often undiagnosed, because many of its core symptoms such as fatigue and poor sleep are also commonly associated with motherhood itself and/or part of the gender stereotype of what motherhood should include. The study was carried out among pregnant women attending antenatal clinic (ANC) at FMC Nguru Yobe State between the months of June 2016 to December 2016. A survey questionnaire was developed from existing scales for measuring domestic violence against pregnant women and psychosocial risk factors to collect qualitative data. Other information were gathered from focus group discussion (FGDs) for pregnant women during (ANC) and records of mental health issues related to pregnant women available at FMC. A demographic, physical, emotional and economic violence were all accessed. Out of the 600 participants the result obtained shows that; 93.3% are exposed to one or more physical violence during pregnancy and 81.0% experience economic violence from their husbands/ husband relatives. However, 68.0% are physically abused following their response to emotional violence from their husbands/ husband relatives. In conclusion, in order to reduce maternal morbidity and mortality, mental health assessment should be included in the ANC services.

### KEYWORDS

mental health, assessment, pregnancy

### INTRODUCTION

Mental health problems, including mental illnesses, constitute a serious social, economic and health burden globally. Mental disorders alone represent between 12 to 15% of world's total disability, and 30% of all years lived with disability (WHO, 2001) as well as 14% of global burden of diseases (Howard et al, 2013). The links between mental health problems and maternal health are a major cause for concern as they directly or indirectly increase maternal morbidity and mortality.

Mental health problems such as depression and anxiety are very common during pregnancy and after childbirth in all parts of the world. One in three to one in five women in developing countries, and about one in ten in developed countries, have a significant mental health problem during pregnancy and after childbirth. The prevalence continues to rise as high rates of mental health problems in pregnant women and mothers have been reported from many countries in Africa such as Ethiopia, Nigeria, Senegal, South Africa, Uganda, Zimbabwe and many others (WHO, 2008).

Mental health problems are often undiagnosed, because many of its core symptoms such as fatigue and poor sleep are also commonly associated with motherhood itself and/or part of the gender stereotype of what motherhood should include. Other symptoms include increased risk of obstetric complications and preterm labour (Alder et al., 2007). These symptoms and signs are not trivial conditions. Pregnant women or mothers with mental health problems are much more disabled and less likely to care adequately for their own needs. These women are less likely to seek and receive antenatal or postnatal care or adhere to prescribed health regimens. Despite this, most patients who need mental health care and treatment cannot access the required services, resulting in a large *treatment gap*, up to 80-90% in developing countries (WHO, 2001).

Social determinants often increase the risk factors of being more susceptibility to develop mental health problems among pregnant women in developing countries. Some of these include poor socioeconomic status, less valued social roles and status, unintended pregnancy and gender-based violence (Prince et al., 2007). Rates of mental health problems are at least 3 to 5 times higher in women exposed to intimate partner violence (Golding, 1999). Following rape, nearly 1 in 3 women develop posttraumatic stress disorder compared with 1 in 20 non-victims (WHO, 2001). Pre-existing psychological disturbances often surface as depression, substance abuse or attempts at suicide, particularly when combined with a pregnancy that is unwanted.

To address this burden and close the treatment gap, global health authorities recommend the integration of mental health services (MHS) at the PHC (WHO, 2007; World Mental Health Day, 2009), including providing these services at PHC centres.

Data on the degree of available and accessible MHS at primary health care level for pregnant women are scanty worldwide (WHO-AIMS, 2008; Oates, 2003). In addition, there is a huge mental health challenge confronting antenatal clients in the Nigeria, especially northern Nigeria, ranging from spousal violence to substance-related problems in the communities in northern Nigeria (Abdul *et al.*, 2009; Kabir *et al.*, 2004);

The availability of the MHS alongside other components of PHC has been recommended by WHO/WFMH as a sure way of reducing the MH burden and closing treatment gaps (Jahanfar *et al* 2013; WHO, 2007; World Mental Health Day, 2009).

### METHOD

The study was carried out at FMC Nguru Yobe State among pregnant women attending antenatal clinic (ANC) between the months of June 2016 to December 2016. A survey questionnaire was developed from existing scales for measuring domestic violence against pregnant women and psychosocial risk factors to collect qualitative data. Other information were gathered from focus group discussion (FGDs) for pregnant women during (ANC) and records of mental health issues related to pregnant women available at FMC. Using a simple random sampling method, a total of 600 participants were targeted i.e.25 participants per week. The inclusion criteria are willingness of pregnant women to participate in the study and the exclusion criteria is unwilling to participate in the study. The result obtained was analysed using simple percentage prevalence.

### RESULT

#### DEMOGRAPHIC DATA OF THE RESPONDENT

Table1

	AGE GROUP		
s/n	Age	prevalence rate	percentage %
1	15 -25	138	23.00
2	26 -35	272	45.33
3	36 -45	156	26.00
4	above 45 years	34	5.67
	Total	600	100.00

**Table 2**

MONTHLY INCOME OF THE RESPONDENT			
s/n	income #	revalence rate	percentage %
1	less than 1800	270	45.00
2	18000	176	29.33
3	more than 1800	154	25.67
4	Total	600	100.00

**Table 3**

MARITAL STATUS OF THE RESPONDENTS			
s/n	Type	prevalence rate	percentage %
1	legally married	433	72.17
2	Cohabiting	46	7.67
3	Divorcee	92	15.33
4	Widow	29	4.83
	Total	600	100.00

**Table 4**

NUMBERS OF LIFE BIRTH			
s/n	Number	prevalence rate	percentage %
1	1	204	34.00
2	2	162	27.00
3	3	124	20.67
4	4	74	12.33
5	more than 5	36	6.00
	Total	600	100.00

**Table 5**

PARITY OF THE RESPONDENT			
s/n	Parity	prevalence rate	percentage %
1	1	106	17.67
2	2	87	14.50
3	3	290	48.33
4	4	78	13.00
5	more than 5	39	6.50
	Total	600	100.00

**Table 6**

STATUS OF THE PREGNANCY			
	Type	prevalence rate	percentage %
1	Unplanned	413	68.83
2	Planned	187	31.17
	Total	600	100.00

**Table 7**

NUMBERS OF WIFES BY THE PAETNER			
s/n	Numbers	prevalence rate	percentage %
1	1	127	21.17
2	2	294	49.00
3	3	102	17.00
4	4	77	12.83
5	more than 5	0	-
	Total	600	100.00

**Table 8**

PARTNERS ALCOHOLISM/OTHER DRUGS			
	Alcoholism	prevalence rate	percentage %
1	Yes	167	27.83
2	No	433	72.17
	Total	600	100.00

**PREVALENCE RATE OF ABUSE BY PARTNERS OR OTHER RELATIVES**

**Table 9**

PHYSICAL VIOLENCE			
S/N	TYPE	PEVALENCE RATE	PERCENTAGE %
1	Pushing	184	30.67
2	Hitting	372	62
3	Strangling	44	7.33
	Total	600	100

**Table 10**

PSYCHOLOGICAL/EMOTIONAL VIOLENCE			
S/N	TYPE	PREVALENCE RATE	PERCENTAGE %
1	verbal abuse	238	39.67
2	Threats to life	103	17.17
3	sexual abuse	87	14.5
4	force to prostitution	19	3.17
5	force to marriage	153	25.5
6	Trafficking	0	-
	Total	600	100

**Table 11**

ECONOMIC VIOLENCE			
S/N	TYPE	PREVALENCE RATE	PERCENTAGE %
1	exclusively depend on the abuser	486	81
2	self dependant	114	19
3	Total	600	100

**DISCUSSION**

Improving mental maternal health is the goal 5 of the millennium developmental goal. Mental health problem especially during pregnancy has become an area of concern because directly or indirectly it increases maternal morbidity and mortality. The demographic data of the respondents showed that women at their active child bearing ages are exposed to one or more psychosocial violence i.e. 15 to 45 years, as shown in table one (1) above (94.3%).

However, poor economic situations make women to become exclusively dependent on the abusers (81.0%) simply because 74.33% of the pregnant women are surviving on <=18000 per month. This makes them to be absolutely obedient to their husbands/ husband relatives even while they were abused. Moreover, 72.17% of them are legally married to their husbands.

It was observed that 68.83% of the respondents did not plan for the pregnancy. During verbal discussions, are almost uniform complains were received viz; "my previous child before this pregnancy is between 6-9 months" "I enjoy my husband company if am not pregnant than now that am pregnant" "I have more than five children so they are ok for me".

Pushing and hitting are the major forms of physical violence with percentage occurrences of 30.67% and 68.0% respectively. However, this is common even if the abuser is not under drugs or alcohol influence. Although, during the verbal discussions it was deduced that, the physical violence are mostly triggered following a response to psychological or emotional violence from their husbands. Verbal abuse 39.67% is the most common form of emotional violence. Life threatening 17.17% is also frequent. Some men abuse their wives sexually 14.5%, even when they are not in the mood. However, many of the parents do forced their children in to marriage 25.5%, even if the man is not their right choice. One of the most shocking stories during the verbal discussion is that some women had to go into prostitution to cater for their family needs 3.17% including the husband.

**CONCLUSION**

Pregnant women or mothers with mental health problems are much more disabled and less likely to care adequately for their own needs and that of their children. Mother of child bearing age are mostly abused by their husband/ husband relatives.

**RECOMMENDATIONS**

- I. Antenatal care services should include mental health assessment.
- II. Legal action should be taken if the husband/husband relatives are guilty of abusing woman with mental health problems.

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