ORIGINAL ARTICLE

MENTAL HEALTH DURING PREGNANCY AMONG EARLY AND NON-EARLY MARRIED FEMALES

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Background: Pregnancy is a risk factor for mental health of women. Marriage at <18 years age falls in category of early marriage. This is an immature stage of life, thus particularly influence the pregnant female's mental health more enormously than non-early married females. This study tried to compare mental health of early and non-early married females during pregnancy. Method: One hundred and fifty (150) early and non-early married pregnant women were included in the study by applying nonprobability clinical sampling technique. There were 75 early married females and 75 non-early married females. Comparative descriptive research design was applied. The study was conducted from Jan to Sep 2017 at University of Haripur. Veit and Ware mental health scale of Mental Health Inventory-38 (MHI-38) was used for data collection. Results: Anxiety, depression, loss of behaviour, and psychological distress scores were higher (41.72±7.64, 17.19±3.08, 40.13±9.07 and 87.53±21.84 respectively) in early-married females. Mean scores for emotional ties, general positive effect, life satisfaction, and psychological wellbeing in early-married females were lower than non-early married females (10.59±1.75, 7.59±2.34, 2.36±7.99, and 23.75±8.11 respectively). Overall mental health was higher in non-early married pregnant females than early married females (276.52±30.15 vs 189.41±17.40). All findings were significant at p<0.001. Conclusion: Early married pregnant females' mental health was found to be more disturbed during pregnancy than non-early married pregnant

Keywords: Mental health, depression, loss of behaviour, psychological wellbeing, early marriages, non-early marriage, late marriage

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INTRODUCTION

The pressure, nervousness and discouragement during pregnancy are huge connected in first-time pregnant females. Additionally, examinations uncovered that uneasiness related with first pregnancy as opposed to dejection rose as the critical indicator of pregnancy based worry according to stepwise relapse investigation. Pakistan has a high number of young people, almost 40 million, that makes up 22.3% of the aggregate population when contrasted with just 16% in the USA and Japan. Anxiety, depression and stress stretch exposures in pregnancy to antagonistic maternal and youngster results, and to guide consideration regarding new discoveries on pregnancy tension, an intense maternal vulnerability factor. 3.4

Mental health is not merely the absence of illness but a complete state of physical, psychological and social wellbeing by separating mental health into three domains self realization, mastery over their environment and autonomy. Early pregnancy is defined as a teenage girl, usually within the age of 13–19 year, becoming pregnant. The term in everyday speech usually refers to females who have not reached legal adulthood which varies across the world, who become pregnant. Investigations of early marriage and

psychological wellbeing tend to concentrate on the normal impacts of marriage on emotional wellness, and few researchers have sought to distinguish potential mediators of this relationship.⁶ Especially marriage at an early non-regularizing age may not be as healthy as marriage at an all the more socially fitting age. This is the marriage among kids at age of less than 18 years.⁷ Pakistan is additionally incorporated into those nations where routine regarding early marriage is embraced. As per financial study of Pakistan 2012–13, Pakistan is the 6th crowded nation on the planet having an expected 184.35 million individuals with 2% growth ratio.⁸

Early marriage has extremely hurtful impacts on the wellness, physical, mental and financial solace of youthful females, and additionally for the babies. Pregnancy is high risk factor of depression, anxiety, and stress among women and reduces the mental wellbeing of women. Kid marriage is probably going to promote early pregnancy and is related with emotional wellness dangers for the mother and the child. Pakistan in like manner, and Pakhtoon society specifically, has a strict custom and convention supporting early relational unions. Early marriage likewise implies early pregnancy. An investigation directed in our nation detailed that 9.6% of females between age 15 and 19 years are hitched and proportion for no less than one live

birth was 40.7% for these females.¹¹ Depressive issue are normal and impairing among prenatal females.¹² First-time-mother females with advance in age reported decreased life satisfaction.¹³ Stress has also been reported to be associate with anxiety and depression among pregnant females.¹⁴ This study has tried to compare mental health of early and non-early married females during pregnancy.

METHODOLOGY

This was a descriptive, comparative study. Total female participants were 150 (75 early-married pregnant females and 75 non-early married pregnant females), within the age range of 14-18 and 25-40 years respectively, were selected from District Head Quarter Hospital, and some local private hospitals of Haripur city. Inclusion criteria was further set to be ten years of schooling of participants in order to be able to understand mental health inventory questions and give satisfactory responses. An exclusion criterion for participants was females with age <14 years and >40 years. This study was conducted from January to September 2017 in Haripur after obtaining ethical approval from Institutional Ethical Committee of University of Haripur. The study population was not highly qualified, thus mental health scale was translated with the help of 3 bilingual experts, psychologist, and psychiatrists, 3 times with the help of back translation method.

Data collection process was completed in more than 6 months. The participants were educated about the process of study, developed good repo, and obtained their consent. During temptation of scale, if participants felt any difficulty in understanding and comprehending the question, they were assisted accordingly. Mental health inventory of Viet and Ware comprised of 38 items was used for data collection. This scale has sub factors of mental health, life satisfaction, emotional ties, general positive effect, psychological wellbeing, depression and anxiety. These scales were personally administered on participants.

RESULTS

Table-1 describes the statistical features of the study population, the early non-early married females were 75(50%) and 75 (50%) respectively. Region-wise urban and rural, early and non-early married females were 75 (50%), and 75 (50%) respectively.

Table-2 reveals that the mental health of early married pregnant females was more disturbed as their scores on anxiety, depression, loss of behaviour and psychological distress were higher (41.72±7.64, 17.19±3.08, 40.13±9.07, and 87.53±21.84 respectively; p<0.001). The non-early married pregnant females' mental health was better regarding anxiety, depression, loss of behaviour and psychological distress

 $(24.69\pm2.14, 11.09\pm5.85, 22.60\pm2.53, 4.95\pm0.80, and$ 46.09 ± 10.93 respectively; p<0.001). Contrary to negative elements of mental health, positive sub-factors like general positive effect, emotional ties, life satisfaction and psychological wellbeing revealed good mental health in non-early married females than early-married females (53.64±7.531, 11.57 ± 1.153 , $4.95\pm.804$, and 60.44 ± 14.431 ; p<0.001) respectively. Emotional ties, general positive effect, life satisfaction and psychological wellbeing among earlymarried females were lower (10.59±1.748, 7.59±2.337, 2.36 ± 7.99 , and 23.75 ± 8.116 ; p<0.001) respectively. Overall mental health scores of early married pregnant females also were not so good (189.41±17.40); on other hand, non-early married pregnant females' mental health was better (276.52±30.149). In the nutshell there was a significant difference among early- and non-early married pregnant females' mental health with different sub-factors, i.e., level of depression, anxiety, loss of behaviour, general positive effect, emotional ties, life satisfaction, psychological wellbeing, psychological distress and mental health.

Table-1: Psychometric properties of early and nonearly married females (n=150)

Variables	Frequency	Percentage
Early pregnant	75	50
Non-early pregnant	75	50
Urban	75	50
Rural	75	50

Table-2: Level of mental health among early and non-early married females (Mean±SD)

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	Mental Health of	Mental Health of		
	Early-married	Non-early Married		
Test	Females	Females		
Parameters	n=75	n=75	p	
Anxiety	41.72±7.64	24.69±2.14	0.000	
Depression	17.19±3.08	11.09±5.85	0.000	
LOS	40.13±9.07	22.60±2.53	0.000	
ET	10.59±1.75	11.57±1.15	0.000	
GPE	7.59±2.34	53.64±7.53	0.000	
LS	2.36±7.99	4.95±0.80	0.000	
PW	23.75±8.12	60.44±14.43	0.000	
PD	87.53±21.84	46.09±10.93	0.000	
TMH	189.41±17.40	276.52±30.15	0.000	

LOS=loss of behaviour, ET=emotional ties, GPE=general positive effect, LS= life satisfaction, PW=Psychological wellbeing, PD=psychological distress, MH=mental health

DISCUSSION

The subject matter of present study was to address early and non-early married females' mental health during pregnancy. The finding of the study suggested that the rate of depression, anxiety, emotional ties, psychological distress and loss of behaviour was higher in early-married pregnant females as compared to non-early married pregnant females.

The present study observed that 33-67% pregnant women's mental health was disturbed due to

early marriage pregnancy. Alvi *et al*¹¹ reported that 30–66% of pregnant women in Pakistan suffered from depression and anxiety while in UK this ratio was 70%. Empirical literature further shows that 78% of pregnant females experience low to direct antenatal psychosocial thrust and 6% of them experience anomalous states.

The present study showed that there is a significant difference in mental health level among early and non-early married pregnant females. Early-married pregnant females' positive mental health level was significantly lower than non-early married pregnant females whose positive mental health status was higher. Moreover, level of all positive factors of mental health among early-married pregnant females was lower as compared to non-early married pregnant females. These findings are in line with the previous researches which states that at early age females are immature as compared to correct age married females; some of them are demoralized due to their early marriage while facing the pressures of responsible and practical life with their limited and underdeveloped coping skills, they feel immense pressure on mind. Due to this particular reason it is very difficult for early-married females to survive in new environment. Change in environment, and poor coping skills causes stress, depression and anxiety in them. Early marriages dangerously affect females' level of mental health whereas the non-early married females have well-developed abilities to survive in new environment. This finding is consistent with previous empirical findings that the mental health of earlymarried pregnant females and non-early married pregnant females has a significant and visible difference reflective in their depression, anxiety, poor coping skills, stress and life satisfaction where early-married pregnant females were higher as compared to non-early married pregnant females.14

The females who get married and pregnant in late age, have high level of mental health than those who get married and got pregnant in early age. Similarly early-married pregnant females had high depression anxiety and stress than the females who got married in later age. Reasons may be inferred as early-married pregnant females have to face many adaptation problems in environment and social settings because they are immature while late-married females are mature and have more coping skills for adaptation and adjustment in environment.¹⁵

Findings of this study explained that mental health level was lower in early-married pregnant females as compared to non-early married pregnant females. It has also been found that not only mental health of newly becoming mother is on stake, but child marriages directly affected the fertility and fertility control of Indian women. Therefore it had been conclude that early marriages badly affect the fertility of female. ^{17–19}

CONCLUSION

Early-married pregnant females' mental health indices like depression, anxiety, life satisfaction, emotional ties, loses of behaviour, general positive effect and psychological wellbeing were found to be more disturbed during pregnancy than non-early married pregnant females.

IMPLICATION

This study has marvellous implication in medical setting and valuable for clinical psychologists and psychiatrists.

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CONFLICT OF INTEREST

There is no conflict of interest is to be declared.

REFERENCES

- Masood A, Musarrat R, Mazahir S, Naz S. Stress, anxiety and depression in women with primigravada: A study on Pakistani women. Khyber Med Univ J 2017;9(3):117–21.
- Marcus SM, Flynn HA, Blow FC, Barry KL. Depressive symptoms among pregnant women screened in obstetrics settings. J Womens Health 2003;12(4):373–80.
- Dunkel Schetter C, Tanner L. Anxiety, depression and stress in pregnancy: Implications for mothers, children, research, and practice. Curr Opin Psychiatry 2012;25(2):141–8.
- Raj A, McDougal L, Rusch ML. Changes in prevalence of girl child marriage in South Asia. JAMA 2012;307:2027–9.
- Jahoda M. (Ed). Current concepts of positive mental health. New York: Basic Books Inc; 1958.p. 172. Available from https://archive.org/details/currentconceptso00jaho
- Park S, Kim BN, Kim JW, Shin MS, Yoo HJ, Lee J, et al. Associations between maternal stress during pregnancy and offspring internalizing and externalizing problems in childhood. Int J Ment Health Syst 2014;8(1):44–8.
- Frech A, Williams K. Depression and the Psychological Benefits of Entering Marriage. J Health Soc Behav 2007;48:149–63.
- Williams K, Umberson D. Marital Status, Marital Transitions, and Health: A Gendered Life Course Perspective. J Health Soc Behav 2004;45(1):81–98.
- Daraz U, Naz A, Khan W, Hazirullah. Early marriage: A developmental challenge to women in Pakhtun Society. J Soc Sci 2014; 8(1):91–6.
- Ghaffar R, Iqbal Q, Khalid A, Saleem F, Hassali MA, Baloch NS, et al. Frequency and predictors of anxiety and depression among pregnant women attending tertiary healthcare institutes of Quetta City, Pakistan. BMC Womens Health 2017; 25; 17(1):51.
- Alvi SM, Ali AZ, Shah RA, JabeenT, Gul N, Maryam A. Internalizing psychological problems as predictor of mental wellbeing and life satisfaction among pregnant women. Pak J Physiol 2018;14(3):28–32.
- Husain N, Cruickshank K, Husain M, Khan S, Tomenson B, Rahman A. Social stress and depression during pregnancy and in the postnatal period in British Pakistani mothers: A cohort study. J Affect Disord 2012;140(3):268–76.
- Hamid F, Asif A, Haider II. Study of anxiety and depression during pregnancy. Pak J Med Sci 2008;24(6):861–4.

- Jabeen M, Sherin A, Jabeen M, Khan SA. Association of stress with anxiety and depression during pregnancy. J Pak Med Assoc 2017;67(12):1803–8.
- Shabbir S, Nisar SR, Fatima S. Depression, anxiety, stress and life satisfaction among early and late married females. Eur J Busin Soc Sci 2015;4(8):128–31.
- Husain N, Parveen A, Husain M, Saeed Q, Jafri F, Rehman R, et al. Prevalence and psychosocial correlates of perinatal depression: a cohort study from urban Pakistan. Arch Womens Ment Health 2011;14:395–403.
- Humayun A, Haider II, Imran N, Iqbal H, Humayun N. Antenatal depression and its predictors in Lahore, Pakistan. East Mediterr Health J 2013;19:327–32.
- Waqas A, Raza N, Lodhi HW, Muhammad Z, Jamal M, Rehman A. Psychosocial factors of antenatal anxiety and depression in Pakistan: Is social support a mediator? PloS One 2015;10(1):e0116510.
- Aasheim V, Waldenstrom U, Rasmussen S, Espehaug B, Schytt E. Satisfaction with life during pregnancy and early motherhood in first-time mothers of advanced age: a population-based longitudinal study. BMC Pregnancy Childbirth 2014;14:86. doi: 10.1186/1471-2393-14-86.

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