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Depression in Pregnant Women: An Empirical Study

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Abstract: Depression that first develops in later life is more likely to bear some relationship to physical health problems in pregnant women all these problems of working and nonworking women can increase in future which can badly effect their lives. The main purpose of the present study was to find out the difference in depression among pregnant women. The total sample was consisted at 160 pregnant women. The research tools use were Edinburgh postnatal depression scale developed by Cos and Holden. To find out the results, various statistical methods were applied which included mean, standard deviation, L.S.D. and 'f' test. The results indicates that there is not significant difference at depression among pregnant women. working women are high on depression then nonworking women.

Keywords: Depression, Pregnant Women.

INTRODUCTION

Depression is described as feeling sad, blue, unhappy, miserable, or down in the dumps [1]. It affects almost all the age groups. In Medical point of view, depression is a mood disorder in which feelings of sadness, loss, anger, or frustration interfere with everyday life for a longer period of time.

Some studies supports that depression affects 1.7 to 74 per thousand population[2-3]. In terms of sociodemographic variables studies have shown that depression is more common in women subjects [4].

Our present study is under taken for depression in pregnant women. It poses risks for the women and her baby. Depressed mothers are often less able to care for themselves or their children, or to bond with their children. Babies born to women with depression may be more irritable, less active and less attentive than other babies. It may be hard to diagnose depression during pregnancy. Some at its symptoms are similar to those normally found in pregnancy. For instance changes in appetite and trouble sleeping are common when a woman is pregnant.

Objectives

There are three main objectives studied in this paper.

- 1. To check the mean difference of Depression in private and government hospital among pregnant women.
- 2. To check the mean difference of Depression in working and non working pregnant women.

3. To check the internal effect of Depression in to context of types of hospital and working status among pregnant women.

Hypothesis

Following hypothesis is formulated on the basis at the above aims:

- There will be no significant difference of Depression in private and government hospital among pregnant women.
- There will be no significant difference of Depression in working and non working among pregnant women.
- There will be no significant difference in internal effect of Depression in the context of types of hospital and working status among pregnant women.

METHODOLOGY

Sample:

First of all 200 pregnant women were selected out of them 160 were selected. In 160 there were 80 Private hospital and Government Hospital taken in treatment were taken as sample. In which 40 working and 40 nonworking pregnant women. Selected from different area's hospital of Rajkot city (Gujarat). In present study one inventory used in research.

Research Tools:

For this purpose the following test tools were considered with their reliability, validity and objectivity mentioned in their respective manuals. In present study one questionnaires used in this research.

Edinburgh Postantal Depression Scale: Edinburgh postnatal depression scale developed by Cox and Holden [5-6]. This scale has total 10 sentences which measured in depression among pregnant women. This is 4 point scale. Reliability of the scale is 0.88 (Split - half) and validity of the scale is 0.83.

Procedure of Data Collection:

According to purpose of present study, investigator explained the purpose of the study of the subjects. The whole procedure of filling the inventory was explained to them fully and clearly. The

instructions given on the questionnaire were explained to them. It was also made clear to them that scores would be kept secret. It was checked that none of the subjects left any questions unanswered or that no subject encircled both the answers given against question.

Research Design:

The purpose of this research to a study of stress among pregnant women. For these total 160 pregnant women were taken as a sample. which as under.

 $N = 160 (2 \times 2)$

	$A_1 (80)$	$A_{2}(80)$	Total
B_1	40	40	80
\mathbf{B}_2	40	40	80
Total	80	80	160

A = Hospital

 $A_1 = Government Hospital$

 A_2 = Private Hospital

B = Working Status

 $B_1 =$ Working Women

 B_2 = Nonworking women

Data collected were analyzed by appropriated statistical technique. To study the influences of dependent variables under investigation in stress. ANOVA has been used.

RESULT AND DISCUSSION

According to ANOVA table of depression (Table-1). We said that the mean of types of hospital was 'f' value 2.11. The mean of A_1 (government) received 11.33 and A_2 (Private) received 12.01 (Table-2). The 'f' value of types of hospital variable was not significant (Table- 1 & 2). So we can say that first hypotheses was accepted but not rejected.

The 'f' Value hospital types was 2.11. The mean A_1 (government) received 11.33 and A_2 (Private) received 12.01. The 'f' value of hospital types was not significant. So the first hypotheses was accepted. The 'f' value of working status received 0.43. The mean B_1 (Working women) received 11.38 and B_2 (Non working women) received 11.54. The 'f' value of working status it was not significant. So the second hypotheses was accepted. In Depression ANOVA table. We can also see that the internal effect of variables. The internal effect of A x B (hospital types and working status). 'f' value was 12.12 both are significant at 0.01 level. The mean of A_1B_1 was 12.33, A_1B_2 was 10.33, A_2B_1 was 11.45 and A_2B2 was 12.75. It means third hypotheses was not accepted because significant difference can be seen.

Table-1: ANOVA Table of Depression Variables of Types of Hospital and Working Status.

Variables	SS	df	M.S.	f
A_{SS}	24.02	1	24.02	2.11
B_{SS}	4.89	1	4.89	0.43
A x B	137.83	1	137.83	12.12**
W _{SS}	1774.03	156	11.37	-
T_{SS}	1940.77	159	-	-

^{*} P< 0.05, ** P<0.01, N.S. Not Significant

Table-2: Showing the Mean and 'f' value of types of Hospital Variables (Depression)

Sr. No.	Variables	N	Mean	f
1	A_1	80	11.33	2.11
2	A_2	80	12.01	2.11

^{*} P< 0.05, ** P<0.01, N.S. Not Significant

Table-3: Showing the Mean and 'f' value of Working Status Variables (Depression)

Sr. No.	Variables	N	Mean	f
1	B_1	80	11.89	0.43
2	B_2	80	11.54	

^{*} P< 0.05, ** P<0.01, N.S. Not Significant

Table-4: Showing the Mean and 'f' value of Types of Hospital and Working Status Variables (Depression)

Variables	N	Mean	
		$\mathbf{A_1}$	$\mathbf{A_2}$
B_1	40	12.33	11.45
B_2	40	10.33	12.75

This result studies shows the government hospital womens as a compare to private hospital women. This studies result was opp. to other studies. Government hospital as a more depression than private hospital women. Present research results shows private hospital working women is very high depression because this role is very overload, role conflict and absence of support from significant other's result in working stress as compared to non working women who don't to grapple with the incessant multiple role demands. Review of the response by working women shows an interesting trend where in most of the working subjects report feeling more guilt than non working women.

CONCLUSION

It was concluded from this study that depression is in private working and non working pregnant women compared to government working and non working pregnant women. That the government hospitals pregnant women are more depression than private hospital pregnant women. The non working pregnant women were found more depression than working women pregnant women. There difference between the pregnant women of working and non working pregnant women. As a women are over strained and get exhausted irritable even in trivial matters and get energy on children and husbands. At the same time women are becoming conditioned with the multiple responsibilities hence they went to be efficient working and try hard to fulfill all type of job duties including to be good wives, good mothers and better house wife. They wont to maintain their status in the society and be respected by others members of the family. All these problems of working and non working pregnant women can increase in future and can badly affect their lives.

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