Available online at www.scholarsresearchlibrary.com



Scholars Research Library

Der Pharmacia Lettre, 2015, 7 (9):346-348 (http://scholarsresearchlibrary.com/archive.html)



Mental health status among pregnant women referred to hospitals in Zabol city (southeast of Iran)

Abbas Balouchi¹, Toktam Kianian^{2*}, Gholamreza Ghoreishinia², Fereshteh Keikhaie³ and Sommayeh Seddighi⁴

¹Dept. of Medical-Surgical Nursing, Research Committee Center, Zabol University of Medical Sciences, Zabol, IR Iran ²Pregnancy Health Research Center, Zahedan University of Medical Sciences, Zahedan, IR Iran ³Midwifery student Student Research Committee, School of Nursing and Midwifery, Zabol University of Medical Sciences, Zabol, IR Iran ⁴Baharan Hospital, Zahedan University of Medical Sciences, Zahedan, IR Iran

ABSTRACT

Appropriate mental health due to constant in family and community. Since woman in pregnancy duration exposed by different mental disorders this study conducted for assessment mental health status among pregnant woman referred to hospitals in Zabol city. This cross-sectional study was conducted on 110 (of140) pregnant women from January 2015to August 2015 that referred to hospitals of Zabol (southeast of Iran). Sampling was performed through simple random sampling. Data gathered through a researcher made questioner. Data analyzed by use descriptive analytical testes. Participants had a mean age and standard deviation of $27.2\pm1.3..7$ About education 86 participants (78.2%) were illiterate, 21(19.1%) were diploma and 3(2.7%) were BS; about childbirth type 67(6.9%)had normal and 43(39.1%)had caesarean section. 76% of pregnant women had lower 23 score and were healthy but 24 % of them suffered of mental disorders. Due to the high prevalence of mental disorder in pregnant women, strongly suggested to be recorded mental disorders in special forms and their causes to be checked by the psychotherapist and psychologist. Implementation of educational program for improvement for mental health are suggested.

Keywords: Mental, Health, Pregnant, Women,

INTRODUCTION

Today one of main health indexes is mental health that considered by psychologists, behavioral and social science scientists. Mental status defined as ability for suitable carry out daily tasks and make appropriate communication with family and environment. In result mental health is a knowledge and art that help to individual for coordinate with others for solve them problems by choice appropriate solutions (1). According to world health organization (WHO) experts estimate more 1500 million person suffered from mental, nervous and mental-social disturbance in the world, mental disturbance is as one of important part of Burden of diseases (2). Woman make half of the world and due to them role in community more exposed by mental disturbances(3).pregnancy duration is often one stressful period together physiological and mental changes.(4). One study showed that pregnancy associate with mental health status and physical health as well as social performance in pregnant woman is lower than other community persons (5) prevalence of mental health disturbance in other studies that conducted in Iran was between

Scholar Research Library

30% to 50% (6, 7). Therefore pregnant woman are one of sensitive health group and them mental health guaranteed family and community health and since mental health disturbance is more 50% among Iranian pregnant women.

The aim of this study was assessing the mental health status woman referred to Zabol hospitals at southeast of Iran in 2015.

MATERIALS AND METHODS

This cross-sectional study was conducted from January 2015 to August 2015 on 110(of140)pregnant women in two hospitals of Zabol. Sampling was performed through simple random sampling. The study inclusion criteria were of having before pregnant duration and having Literacy for complete questioner. General Health Questioner (GHQ-28) that design by Goldberg in 1979 used for collect the data (8). The questionnaire was composed of two parts. The first part assessed participants' demographic information, including age and education.

The second part was GHQ-28 consists of four 7-item scales: somatic symptoms, anxiety and insomnia, social dysfunction and severe depression. It allows for mental health assessment on four dimensions corresponding with these four scales. In this study the pregnant woman is asked to assess changes in his/her mood, feelings and behaviors in the period of recent four weeks. The patient evaluates their occurrence on a 4-point response scale. The scale points are described as follow according Likert 4-scale spectrum: "less than usual=4", "no more than usual=3", "rather more than usual=2", "and much more than usual=1". The standard scoring method recommended by Goldberg for the need of case identification is called "GHQ method". Cut off point was 23 that points of more 23 present mental health disturbance and 23 and lower present mental health. Data obtained were analyzed in SPSS (Statistical Package for Social Sciences) version 20.0. Descriptive statistical indicators such as frequency distribution, frequency percentage, mean and standard deviation were used to describe the data. Depending on the nature of the variables examined, the chi-square test was used to investigate the relationship between demographic variables andmental health aspect. The level of significance for the data was set at P<0.05.

RESULTS

From the total of 140 questionnaires distributed, 110 were completed. The questionnaire's response rate was 75.5%.Participants had a mean age and standard deviation of $27.2\pm1.3.7$. About education 86 participants (78.2%) were illiterate, 21(19.1%) were diploma and 3(2.7%) were BA; about childbirth type 67(6.9%) had normal deliveryand43(39.1%) had caesarean section (table 1).

Demographic characteristic		Mean	SD
Age		27.2	41
		Frequency	%
Education	Illiterate	86	78.2
	Diploma	21	19.1
	BS	3	2.7
Type of childbirth	Normal	24	12
	Cesarean	43	39.1

Table 1.Demographic Characteristic of Pregnant Woman

About prevalence of mental disorders 76% of pregnant women had lower 23 score and were healthy but 24 % of them suffered by mental disorders. Among pregnant women that suffered bof mental disorders prevalence of different aspect of mental disorder were:somatic symptoms was 25%,anxiety and insomnia was 34%,social dysfunction 42% andsevere depression were 45%. The Mean+SD scores of different aspects of mental disorders showed in table 2.(Table 2)

Table 2-means	of Aspects	of Mental	Health
---------------	------------	-----------	--------

Aspects of mental health	Mean ±SD
somatic symptoms	10.2±1.4
anxiety and insomnia	9.4±1.1
social dysfunction	13.1±1.7
severe depression	8.2±1.4

The results of Spearman's correlation coefficient test showed no statistically significant relationships between various aspects of mental health and variables including ageand type of child birth(P-Value>0.05).

DISCUSSION

According to the results, the majority of pregnant woman suffered from mental disorders that is more compare previous studies that conducted in Iran(6, 7) the study of Farkhodehsahrif showed that 22% of pregnant woman in shiraz suffer from mental disorders(9) .Another study that conducted in kashan by Sepehrmanesh et al presented 40% of pregnant women suffer from mental disorders(10).Other studies in this subject showed prevalence of mental disorders between 35% to 52% (11, 12) . Studies that conducted in others countries showed prevalence of mental disorder were between 20% to 28%(13, 14) that this difference due to various samples and deprivation of this study sample from educational courses during pregnancy for management mental disorders.

CONCLUSION

Due to the high prevalence of mental disorder in pregnant woman, strongly suggested to be recorded mental disorders in special forms and their causes to be checked by the psychotherapist and implementation educational program for improvement them mental health .

Acknowledgement

This study was funded by Zabol University of Medical Science. We would like to thank all Participants who cooperated and collaborated in this research.

REFERENCES

[1] Banaian S, Parvin N. Scientific Journal of Hamadan Nursing & Midwifery Faculty. 2006;14(2):52-62.

[2] Olfson M, Marcus SC, Druss B, Elinson L, Tanielian T, Pincus HA. Jama. 2002;287(2):203-9.

[3] Arasteh M. Study of mental health status and its related factors among high school teachers in cities of Sanandaj and Bijar. *Scientific Journal of Kurdistan University of Medical Sciences*. **2008**;12(4):53-62.

[4] Van Bussel JC, Spitz B, Demyttenaere K. Birth. 2006;33(4):297-302.

[5] Haas JS, Jackson RA, Fuentes - Afflick E, Stewart AL, Dean ML, Brawarsky P, et al. *Journal of General Internal Medicine*. 2005;20(1):45-51.

[6] Sadeghi R, Zareipour MA, Akbari H, Khan- Beygi M. Journal of Health And Care. 2011;13(4):0-.

[7] Mardanihamule M, Ebrahimi E. Journal of Bouyeh Gorgan Faculty of Nursing & Midwifery. 2010;7(17):27-33.

[8] Goldberg DP, Hillier VF. Psychological medicine. 1979;9(01):139-45.

[9] Sharif F, Joulaei H, Kadivar M, Rajaei-Fard A. Armaghane Danesh: Journal of Yasuj University of Medical Sciences. 2004;35(9):75-84.

[10] Sepehrmanesh Z. Iranian Journal of Obstetrics, Gynecology and Infertility. 2009;12(1):31-41.

[11] Mohammadi MR, Bagheri yazdi SA, Rahgozar M, Mesgarpour B, Barimani F, Taheri SK, et al. *Journal of Mazandaran University of Medical Sciences*. **2003**;13(41):8-19.

[12] Kheyrabadi GR, Yousefi F. Scientific Journal of Kurdistan University of Medical Sciences. 2002;24(6):34-9.

[13] Andersson L, Sundström-Poromaa I, Bixo M, Wulff M, Bondestam K, Åström M. American journal of obstetrics and gynecology. **2003**;189(1):148-54.

[14] Kelly RH, Zatzick DF, Anders TF. American journal of psychiatry. 2014.