Adamawa State University Journal of Scientific Research
ISSN: 2251-0702 (P)
Volume 6 Number 2, August, 2018; Article no. ADSUJSR 0602003
http://www.adsujsr.com

Anxiety among Pregnant Women in Federal Capital Territory Abuja Nigeria: Therapeutic Interventions

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Abstract

This study focused on assessing anxiety among pregnant women in Federal Capital Territory Abuja, so as to find out therapeutic interventions strategies. Anxiety in pregnant women affects the woman as well as the developing baby yet, hardly diagnosed nor treated hence, leading to severe instances. The design of the study was descriptive survey. A questionnaire titled: Questionnaire on Anxiety in Pregnancy (QAP) was used for data collection. The questionnaire was validated and pilot-tested using cronbach alpha, with a reliability coefficient of œ = 0.76. The population of the study was 939 pregnant women who booked and were attending antenatal in the National Hospital, Garki Abuja. 252 pregnant women who were willing and volunteered to participate formed the sample for the study. Data was analysed using frequency, percentage, and chi-square. The study identified pregnant women with anxiety, it determined anxiety levels, and determined how age related to anxiety level among pregnant women. Findings revealed that 20.2% of 252 pregnant women who participated in the exercise had anxiety, 8.3% had mild anxiety level and 11.9% had severe anxiety level. The researchers concluded that anxiety is real among pregnant women, that there are mild and severe anxiety cases among pregnant women irrespective of their age. It was therefore recommended that counsellors be more proactive, getting involved in regular screening for anxiety among pregnant women. Counsellors need to also collaborate with health workers in ensuring that women are screened. Reality therapy is recommended for counselling pregnant women with anxiety. These would go a long way in securing women as key agents of change in the society, and even protect the generation yet unborn thereby resulting in a healthier nation and society.

Keywords: Anxiety; Pregnancy; Women; Therapeutic Intervention.

Introduction

Anxiety is a normal day to day expression of one's response to unpredicted outcomes. Anybody can experience anxiety at any point in life. People experience anxiety at different intensities starting from a normal and harmless level. Anxiety progresses gradually to mild and even severe levels if the object causing it is not checked thereby risking the life of its victims especially pregnant women. Women are important agents of growth and development in the society. They bear children, nurture and train them in many positive ramifications to ensure that the children make good citizenry. Each of the aforementioned is a tedious process requiring sound physical health, mental/psychological health, emotional wellbeing, and balanced economic status among others. The health of women generally should be one of the top-most priorities of the society within which they live because it is only when they are healthy that growth, development, progress and meaningful change can be experienced in the society.

The risks associated with anxiety could be far reaching and more devastating on women but worst still, pregnant women. Anxiety disorders are common during pregnancy and can have adverse impacts on women, pregnancy, partners and children (Dunkel-Schetter, 2012). This is no surprise since the discrimination against women embedded in the African legal framework for inheritance out-rightly denies them equal rights of inheritance with their male counterparts. This long standing practice is a concern to women across the African continent. Limiting women's rights to inheritance places them at a disadvantaged position. In other words, the limited inheritance rights are linked to development-related problems faced by countries across the globe, including low levels of education, hunger, and poor health

(Nyariki, 2014). No matter the number of children a woman has, she is considered yet to give birth if she does not have a male child. As a result, agitation and tension rise in the mind of pregnant women, desiring to give birth to a male child. Being pregnant could create anxiety to women especially if her peace had been threatened about having a male child. Women who have given birth to girls would be eager to have a male. These are realities that nature offers. Even though modern medicine could decide the sex of an unborn baby, the practice is expensive and yet to gain reasonable acceptance in Africa.

The paper focuses on pregnant women because they and their unborn babies are at risk of a silent killer called anxiety, since it appears to be undiagnosed and untreated among pregnant women in Nigeria. The implication is that if pregnant women experience anxiety at severe levels, their physical, mental and emotional wellbeing would be hampered on one hand. The development of the foetus on the other hand would be affected thereby leading to premature delivery, and in some instances such pregnancies are loss. Note that anxiety does not automatically vanish after delivery or termination of the pregnancy except if its cause has been resolved. Pregnant women who give birth to sexes they did not desire are likely to experience increased anxiety, particularly when their husbands insist they give birth to males. The ripple effect of all these is that the woman herself would be sick perpetually, nation itself would somehow be sick, unproductive, and un-progressive.

Anxiety is an integral and inevitable part of all humans. It however can be devastating at severe levels, particularly when it takes too long and when the root cause is not identified for elimination. The impact of prolonged anxiety is even far reaching on pregnant women. This is because everything that affects pregnant women affects their unborn babies as well. Being sandwiched between meeting cultural demands of giving birth to male child for instance, economic hardship and the news of insecurity are issues of serious concerns capable of causing anxiety among Nigerians, particularly pregnant women.

Though inevitable, its negative impacts can be controlled. Unfortunately, anxiety seems to be ignored in pregnant women, allowing for irreversible risks among women and their unborn babies in Nigerians. With counselling and therapeutic intervention measures available, it is quite unsafe to allow pregnant women live with anxiety until no meaningful help can be rendered. The thrust of this study therefore is to assess anxiety among pregnant women in Federal Capital Territory Abuja for therapeutic intervention. This could be achieved by identifying pregnant women with anxiety, determining their level of anxiety and find out how age associates with anxiety among pregnant women. This article focuses on revealing the existence of anxiety among pregnant women. This knowledge is informative to guidance counsellors to extend counselling services to pregnant women. The article would perhaps be useful to pregnant women since counselling services would be at their reach.

Anxiety is a physiological and behavioural response to concerns about possible negative outcome of a matter of interest. Anxiety is not only part of being pregnant but part of being human. Unfortunately when anxiety occurs during pregnancy, the impact does not stop with the mother but exposes the foetus to risks as well. Anxiety is a problem that can get worse if the stressors continue to build up without any attempt to manage or treat it. According to the American Psychiatric Association (2013), Diagnostic and Statistical Manual of Mental Disorders (DSM)-5 has classified anxiety as Specific phobia, Panic disorder, Agoraphobia, and Generalized anxiety disorder among many others. This study focuses on generalized anxiety disorder. The American Psychiatric Association (2013) defined Generalized Anxiety Disorder (GAD) as a persistent worry and anxiety about work and performances, which is difficult to control. If you often feel anxious or fearful, but not anxious about a specific event or experience, you may be diagnosed with GAD. Pregnant women may be worried about future event such as delivery and after delivery experience. Generalized anxiety disorders are typically feelings related to everyday tasks, such as stress at home or work, but other times you may not know why you are feeling anxious. Anxiety during pregnancy may worsen as women approach the period of delivery**.**

Maternal mood changes and general feelings of anxiety are common during pregnancy but, their

prevalence and severity are usually not significantly different from non-pregnant women (Van Bussel *et al.,* 2006). Note however that the impact of anxiety on pregnant women could be far devastating than in non-pregnant women because of its extended impact on the growth and development of the unborn baby. Although anxiety and worries are normal during pregnancy, the ability to cope depends on each woman's life experiences, personality style, social supports, and the care/technical expertise of the obstetric staff (Alan, *et al.*, 2007). Pregnancy and the transition to parenthood involves major psychological and social changes in the mother, which have been linked to symptoms of anxiety and depression (Teixeira, Figueiredo, Conde, Pacheco, & Costa, 2009). This is to say that pregnancy comes with mixed feelings most times. It could be quite fulfilling yet, not void of worries of all sorts. Anxiety during pregnancy can get intense and major complications could arise to both mother and child, sometimes resulting in premature birth and other complications (Suzan, 2014).

Unfortunately, many women with mental illness as anxiety, go undiagnosed and consequently untreated during their obstetric care (Vesga-lopéz, *et al.,* 2008). Obstetricians have shown moderate interest in screening patients for anxiety during pregnancy, and less interest in initiation of treatment (Coleman, Carter & Schulkin, 2008). Research from America has for instance, highlighted the limitations within the obstetrics system, which often fails to recognize and detect mental illness such as anxiety symptoms (Goodman & Tyer-Viola, 2010).

Suzan (2014) noted that there are real reasons why pregnant women become a bit anxious but for some moms-to-be, anxiety can become so severe and intense to the extent that it affects the day to day life as well as the entire new journey with pregnancy. Anxiety is more of a mental condition with physical traces. One of the most consistent findings in the study of mental health in both developed and developing countries is that the risk of depression and anxiety increases with age. Anxiety during pregnancy according to Rubertsson, Hellström, Cross and Sydsjö (2014), does not only leave health problem for an expectant mother but also has impact on the developing baby. Unfortunately anxiety during pregnancy has received less research attention, even though significant association has been found between anxiety and physical health during pregnancy (Rubertsson, *et al.,* 2014).

Murtaja and Thabet (2017), in a study on Anxiety and Depression among Pregnant Women in the Gaza Strip found that 77% of the participants showed mild symptoms of the condition, 14.3% had moderate, and 8.8% had a severe form of anxiety. Using the Hamilton anxiety scale, the mean anxiety ranged from 0 to 56, while the mean was recorded as 12.94 (SD=8.71). Post-hoc analysis using the Turkey test showed that women with more than 8 children showed more anxiety symptoms (mean= 13.84, SD=8.19) than those with 5-7 children (mean=12.98, SD= 9.04) and 4 and less number of children (mean=11.03, SD= 8.19) (F(2, 399) =3.87, p=0.02). The study showed that women who attended UNRWA clinics reported greater anxiety (Mean=13.54, SD=8.15) than those who attended government clinics (Mean=11.54, SD=8.94) (t(400)=3.21, p<0.001). However, there were no significant differences in total anxiety with respect to the age of women, place of residence, education, and family monthly income. The study also reported the Prevalence of Anxiety out of a Sample of (N=400) as follows; Mild anxiety 308 (77%), Moderate anxiety 57 (14.3%), and Severe Anxiety 35 (8.8%).

Whatever form anxiety assumes in pregnant women, there are therapeutic intervention strategies useful in treating such conditions if rightly applied. One of such therapies is Reality Therapy developed by William Glasser (1965). Reality therapy is hinged on the belief that all human issues occur when one or more of five basic psychological needs (power, love & belonging, Fun, freedom and survival) are not met. However, Glasser believed that it is only when someone makes choices to change his or her own behaviours, rather than attempting to change someone else's, that the person will be more successful at attaining his or her desires. In other words, reality therapy helps a person to focus on things he or she has capacity to change, not things outside his or her control. By implication, reality therapy is an appropriate therapy which can be used in encouraging pregnant women with anxiety to change those behaviours that prevent them from finding solutions to those issues. It also means that pregnant women may not

change many challenges confronting them including the strong standing male preference syndrome deeply rooted in African traditions, but they can decide what their attitude should be. This is because the decision for a girl or boy child is decided by the almighty from conception and neither the father nor the mother is a party to that decision. Reality therapy therefore encourages personal problem solving efforts among clients hence, considered appropriate in helping pregnant women with anxiety.

Materials and Methods

The study adopted a descriptive survey design. The study was conducted among pregnant women in National Hospital Abuja. A total of 937 pregnant women who registered for antenatal in the hospital between January and September 2017 formed the population of the study. The sample of the study was 252 pregnant women, determined by Kreyce and Morgans' table for determining sample from a given population. The exercise included pregnant women of all age brackets and, in and out patients who were present during the administration of the questionnaire. It however did not include pregnant women who were: experiencing labour, unwilling, on admission due to ill-health and those women who visited the clinic for post natal care. A written approval was granted for the conduct of this research through the ethical committee. Respondents were assured of confidentiality before, during and after the exercise.

The instrument for data collection was a researcher made questionnaire title; Questionnaire on Anxiety in Pregnancy (QAP). The 22 item questionnaire was validated by experts in the Faculty of Education, Nasarawa State University Keffi. The instrument was pilot-tested and its reliability was determined using Cronbach Alpha, with œ = 0.76. This meant that the instrument was reliable to measure anxiety in pregnant women. The methods for data analyses included frequencies and Percentages and chi-square test.

Results and Discussion

Research Question1; 'are there pregnant women with anxiety in National Hospital Abuja?' This question was answered using frequency and percentage. Findings are shown in table 1

Table 1: Descriptive Analysis Determining the Existence of Anxiety in Pregnant Women

Variable	Frequency	Percent	Valid Percent	Cumulative Percent
Anxiety:				
Yes	51	20.2	20.2	20.2
No	201	79.8	79.8	100.0
Total	**252**	**100.0**	**100.0**	

Source: Survey 2017

Table1 conveys that anxiety exist among 51(20.2%) of 252 pregnant women in National Hospital who participated in the exercise. Similar results were found in a study of the lifetime diagnosis of anxiety, depression, and current depression in 402 pregnant women in USA where the prevalence of anxiety and depression was 13.6% and 11.3%, respectively, whereas 10.6% reported current depression (Silveira, Whitcomb, Pekow, Elena, Carbone and Chasan, 2016). This only means that the existence of anxiety among pregnant women is global and should accorded needed attended

Research Question 2: what is the level of anxiety among pregnant women in National Hospital Abuja? This was also analyzed using frequency and percentage and the results shown in table 2.

Table 2: Classification of Respondents based on Anxiety Level

Variable	Responses in Frequencies & Percentage			
Anxiety Level:	**Frequency**	**Percent**	**Valid Percent**	**Cumulative Percent**
Mild	21	41.2	41.2	41.2
Severe	30	58.8	58.8	100.0
Total:	**51**	**100.0**	**100.0**	

Source: Survey 2017

Table 2 classified pregnant women with anxiety based on the level of anxiety present in them. Among 51 pregnant women with anxiety in National Hospital Abuja, 41.2% fell within the mild anxiety level while 58.8% were within the severe anxiety level. There is a higher representation of pregnant women with severe anxiety level. This is probably the result of neglect, untimely diagnosis and treatment of anxiety generally in the Country. Dunkel-Schetter (2012) is of the view that anxiety and depression disorders are common during pregnancy. Confirming this, Murtaja and Thabet (2017) examine the levels of anxiety and depression among 400 pregnant women in Gaza Strip Palestine and found that the prevalence of anxiety out of a Sample of (N=400) was as follows; Mild anxiety 308 (77%), Moderate anxiety 57 (14.3%), and Severe Anxiety 35 (8.8%). Severe anxiety in their case is lowest; probably patients regularly check themselves to control anxiety. This suggests that pregnant women in Nigeria need to regularly check their anxiety level

Hypothesis H_0: there is no significant association between age and anxiety level among pregnant women with anxiety. This hypothesis was tested using chi-square statistics and the findings presented in table 3.

Table 3: X^2 test of Association between Age and Anxiety Level of Respondents

Variable	**Anxiety Level**				
Age:	**Mild**	**Severe**	**Total**	**X^2**	**P value**
Below 20 years	1	0	1		
20 - 29 years	4	11	15		
30 - 39 years	15	19	24	4.28	0.23
40 years +	1	0	1		
Total	**21**	**30**	**51**		

Source: Survey 2017

Table 3 shows the X^2 analysis of the association between age and anxiety level of the respondents tested at 0.05level of significance. With p = 0.23> 0.05, H_0 was not rejected. It was therefore concluded that there is no significant association between age of the respondents and their anxiety levels. However, only one respondent below 20years of age had anxiety at a mild level. Same applied to respondent 40 years and above. Respondents between ages 30-39years had the highest representation of mild and severe anxiety levels (15 and 19 respondents respectively). This was followed by respondents between 20 -29years of age with 4 and 11 of them showing mild and severe anxiety levels respectively. In all, 30 respondents fell within the severe anxiety level. Similarly, Pedersen (2008) affirmed that women of childbearing age are at an increased risk for depression and anxiety (Pedersen, 2008). In the same order, Murtaja and Thabet (2017) found that out of 400 pregnant women who participated in their study, 37.3% of the women were less than 25 years old, 48.5% were between 25 and 35 years old, and 14.3% were aged between 36 years and more.

Conclusion

From the findings of this study, the researchers conclude that anxiety exists among pregnant women at both mild and severe levels but with more representation of severe anxiety. This article therefore recommends as follows:

i. Regular anxiety screening among pregnant women by counsellors
ii. Collaboration between counsellors and medical experts in order to collectively map out meaningful awareness creation among pregnant women during health talks at antenatal clinics
iii. The use of reality therapy as intervention in anxiety cases among pregnant women

Acknowledgement

The researchers are particularly grateful to the authority of National Hospital for granting the permission for this study to be conducted among patients. We appreciate the support of the nurses at antenatal clinics which led to the success of this study. The willingness on the part of respondents to participate was indeed encouraging and we are ever grateful to you all.

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