

***Study of Anxiety, Depression and Stress during Pregnancy and Postpartum  
Phase in Women from Joint and Nuclear Families.***

**Authors**

**Pal Rubika Rudra**, Research Scholar, Department of Psychology, Eklavya University, Damoh;

**Jha Dr. Dheeraj**, HOD Psychology Govt.S.S.N.M.W. College Narsinghpur;

**ShuklaDr. Vandana**, Assistant Professor, Department of Psychology, Eklavya University,  
Damoh

**Abstract-** The present study investigated difference between Anxiety, Depression and Stress during Pregnancy and Postpartum Phase in Women from Joint and Nuclear Families. 40-40 pregnant women (5<sup>th</sup> month of pregnancy) from Joint family and nuclear family were selected by purposive and convenient sampling from different clinics of gynaecologist in Kolkata city (West Bengal) with her/him and subject's consent. **Depression Anxiety Stress Scale (DASS-42)** developed by Lovibond and Lovibond (1995), to measure the negative emotional states of depression, anxiety and stress was administered on sample of the study. Data were analysed by Statistical Mean (M), standard deviation (S.D.) and critical ratio or t-test for large sample.

**Key words-** *Anxiety, Depression, Stress, Family background, Pregnancy, Postpartum Course.*

**Introduction –**

A woman's life is significantly transformed throughout her pregnancy and the postpartum era, when she experiences notable physical, emotional, and psychological changes. Women may encounter a variety of mental health issues throughout these periods, such as stress, anxiety, and sadness. These mental health disorders affect not only the mother's health but also the health of the fetus and the family as a whole. It is essential to comprehend the contributing elements to these mental health concerns in order to provide appropriate interventions and support.

Pregnant and postpartum women's psychological well-being can be significantly impacted by family structure. Joint and nuclear families are the two primary categories of families seen in many cultures. Nuclear families are made up of simply the parents and their offspring, whereas joint families usually include extended family members including grandparents, aunts, uncles, and cousins living under one roof. A woman's mental health during pregnancy and the postpartum period can be impacted by the distinct social dynamics, support networks, and pressures that each family structure offers.

In a joint family environment, the presence of other family members can give considerable emotional and practical support to the pregnant or postnatal lady. Stress reduction and a lower risk of anxiety and depression are two benefits of this assistance. However, there are

drawbacks to having a joint family as well, such diminished privacy, more household duties, and possible family disputes that can lead to psychological discomfort.

On the other hand, women may have more influence over their everyday lives and parenting decisions in nuclear families since they provide a more private and independent setting. This may help people feel more independent and in control of their own space, which may lessen stress. However, the lack of immediate assistance in a nuclear family might put more strain on the woman, particularly if her partner isn't accessible or she has other small children to take care of, which increases the woman's chance of developing anxiety and depression.

The purpose of this comparative study is to investigate the stress, anxiety, and depression levels that women in joint and nuclear families encounter throughout pregnancy and the postpartum period. Through an analysis of these psychological aspects, the research aims to pinpoint particular causes of mental health issues in each kind of family structure and offer knowledge that may guide treatments and support systems that are customized to women's needs according to their home environments.

**Karnwal and Sharmila (2024)** investigated that the prevalence of stress, anxiety, and depression symptoms in expectant mothers tends to peak in the first trimester and then gradually decline during the pregnancy, peaking in the postpartum period. The findings highlight the psychological effects of anxiety and depression and highlight how important it is to identify and treat these conditions as soon as possible. The evaluation emphasized the need for a comprehensive approach to maternal mental healthcare by emphasizing the need to screen and assess stress, anxiety, and depression in pregnant women.

**Mann and Deepmala (2021)** examined how pregnancy-related stress and anxiety affected rural Delhi NCR women's postpartum depression. Eighty women from rural Delhi and the NCR were selected for this purpose. The study's findings indicated that stress was less common than anxiety, which may have been caused by the strong social and familial support networks in place. The same pattern was also seen in anxiety scores. This suggested that in the second trimester, pregnant women felt more at ease. Moreover, postpartum depression symptoms are markedly greater among women who had high levels of stress and anxiety throughout pregnancy.

**Schetter and Tanner (2012)** stated that pregnant women who experience stress, anxiety, or depression run the risk of having unfavourable results for both themselves and their unborn children. Anxiety during pregnancy has a deleterious impact on fetal neurodevelopment, neonatal outcomes, and gestational period length. A particular pregnancy is causing a great deal of anxiety. Babies born with lower birth weights suffer developmental consequences and are associated with signs of depression in mothers, exposure to racism, and prolonged stress during pregnancy. These identifiable risk factors and the related pathways that result in various birth outcomes need more investigation.

**Hamid et al. (2008)** found how often it is to experience anxiety and depression during pregnancy. A sample of one hundred pregnant women were screened at the obstetric clinic at FMH (Fatima Memorial Hospital) as they waited for their prenatal check-up. The findings indicated that 39% and 18%, respectively, of the 100 pregnant women scored higher than the cut-off on the anxiety and depression measures. In the control group, the corresponding rates of anxiety and depression were 28% and 12%. 17% of expecting women reported having received psychiatric care, such as medication or psychotherapy, for psychological issues. The T-test results showed a significant difference in the two groups' levels of anxiety and melancholy. Compared to their co-workers who are closely matched, pregnant women are more prone to suffer anxiety.

#### ***OBJECTIVES –***

1. To comparison between Anxiety during Pregnancy and Postpartum Phase in Women from Joint and Nuclear Families.
2. To comparison between Depression during Pregnancy and Postpartum Phase in Women from Joint and Nuclear Families.
3. To comparison between Stress during Pregnancy and Postpartum Phase in Women from Joint and Nuclear Families.

#### ***HYPOTHESIS –***

4. There will be a significant difference between anxiety during Pregnancy and Postpartum Phase in Women from Joint and Nuclear Families.
5. There will be a significant difference between Depression during Pregnancy and Postpartum Phase in Women from Joint and Nuclear Families.
6. There will be a significant difference between Stress during Pregnancy and Postpartum Phase in Women from Joint and Nuclear Families.

**VARIABLES –Independent variable:**Pregnancy and Postpartum Course (Joint and Nuclear family background).

**Dependent variable:** Anxiety, Depression and Stress.

**Control variable:**Pregnancy (5<sup>th</sup> month of pregnancy) and Postpartum Phase (after 3 month of delivery)

#### ***Research Methodology –***

**SAMPLE** –40-40 pregnant women (5<sup>th</sup> month of pregnancy) from Joint family and nuclear family were selected by purposive and convenient sampling from different clinics of gynaecologist in Kolkata city (West Bengal) with her/him and subject's consent.

**Psychological Tools** – To collect the data **Depression Anxiety Stress Scale (DASS-42)** developed by Lovibond and Lovibond (1995), to measure the negative emotional states of depression, anxiety and stress was administrated on sample of the study.

**Statistical Tools** – Data were analysed by Statistical Mean (M), standard deviation (S.D.) and critical ratio or t-test for large sample.

### **Results and discussion**

difference between depression during Pregnancy and Postpartum Phase in Women from Joint and Nuclear Families.

Phase	Group	Number	Mean	S.D.	critical ratio	p-value
pregnancy	Joint family	40	8.98	5.61	1.05	>0.05
	Nuclear family	40	10.03	5.67		
Postpartum	Joint family	40	12.28	9.25	0.35	>0.05
	Nuclear family	40	11.68	5.56		

Above table shows the result of “Difference between depression during Pregnancy and Postpartum Phase in Women from Joint and Nuclear Families.” There is no significant difference between means. Mean values of Depression in Pregnancy phase in women from Joint and Nuclear Families are 8.98 and 10.03. Similarly, there is no significant difference between means. Mean values of Depression in Postpartum phase in women from Joint and Nuclear Families are 12.28 and 11.68 respectively. Calculated critical ratio values are 1.05 and 0.35 which is not significant at 0.05 level of significance because critical ratio values are less than minimum value 1.99 at 78 degree of freedom and 0.05 level of significance. Therefore, we can say that there is no significant difference between depression during pregnancy and Postpartum phase in Women from Joint and Nuclear Families.

Difference between anxiety during Pregnancy and Postpartum Phase in Women from Joint and Nuclear Families.

Phase	Group	Number	Mean	S.D.	critical ratio	p-value
pregnancy	Joint family	40	12.72	8.94	1.47	>0.05
	Nuclear family	40	10.40	4.37		
Postpartum	Joint family	40	11.40	10.12	0.70	>0.05
	Nuclear family	40	10.20	3.71		

Above table shows the result of “Difference between anxiety during Pregnancy and Postpartum Phase in Women from Joint and Nuclear Families.” There is no significant difference between means. Mean values of Anxiety in Pregnancy phase in women from Joint and Nuclear Families are 12.72 and 10.40. Similarly, there is no significant difference between means. Mean values of Anxiety in Postpartum phase in women from Joint and Nuclear Families are 11.40 and 10.20 respectively. Calculated critical-ratio values are 1.47 and 0.75 which is not significant at 0.05 level of significance because critical-ratio values are less than minimum value 1.99 at 78 degree of freedom and 0.05 level of significance.

Therefore, we can say that there is no significant difference between anxiety during pregnancy and Postpartum phase in Women from Joint and Nuclear Families

Difference between Stress during Pregnancy and Postpartum Phase in Women from Joint and Nuclear Families.

Phase	Group	Number	Mean	S.D.	critical ratio	p-value
pregnancy	Joint family	40	18.20	8.07	1.28	>0.05
	Nuclear family	40	16.12	6.29		
Postpartum	Joint family	40	19.18	8.85	0.53	>0.05
	Nuclear family	40	18.10	9.29		

Above table shows the result of “Difference between depression during Pregnancy and Postpartum Phase in Women from Joint and Nuclear Families.” There is no significant difference between means. Mean values of Depression in Pregnancy phase in women from Joint and Nuclear Families are 18.20 and 16.12. Similarly, there is no significant difference between means. Mean values of Depression in Postpartum phase in women from Joint and Nuclear Families are 19.18 and 18.10 respectively. Calculated critical ratio values are 1.05 and 0.35 which is not significant at 0.05 level of significance because critical ratio values are less than minimum value 1.99 at 78 degree of freedom and 0.05 level of significance.

Therefore, we can say that there is no significant difference between depression during pregnancy and Postpartum phase in Women from Joint and Nuclear Families.

### **Concluision**

There is a significant difference between Depression, Anxiety and Stress during Pregnancy and Postpartum Phase in Women from Joint and Nuclear Families. Research found Mild level of depression, moderate level of anxiety and moderate level of stress during Pregnancy and Postpartum Phase in Women from Joint and Nuclear Families

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