Anxiety, Depression and Stress among the Husbands of Obstetric Cases at Karachi

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Abstract

Objective: To determine the level of Anxiety, Depression and Stress among the Husbands of Obstetric Cases.
Subjects and Methods: This hospital-based prospective study was conducted at Karachi, during the year 1998. A semi-structured proforma along with Hospital Anxiety Depression Scale (HAD) and Life Events Scale were administered to the consenting spouses of obstetric cases.
Results: Only 23% of lower socio-economic group husbands accompanied their wives to the hospital compared to 70% of the higher socio-economic group. Out of the 56% of husbands of 82 consecutive obstetric cases interviewed, 13% of those whose wives were NVD showed anxiety and depression as compared to 25% of those with Cesarean Section (C/S). Life Events Scale showed 50% of lower socio-economic group having stress compared to only 10% in higher socio-economic group.
Conclusion: Contrary to the West, where majority of the Obstetric cases are accompanied by their spouses, in our study only 23% of the cases had their husbands present within the obstetric facility. There is a need of such a study, based on a larger sample in order to address this critical period/issue, considering the concept of 'paternity leaves'. Surprisingly, majority of husbands did not have Anxiety or Depression during the Obstetric period (a critical period needing appropriate attention) of their wives (JPMA 49:265, 1999).

Introduction

No one is immune to psychiatric illness, especially anxiety and depression-which are the most common conditions[1-4]. The person is more vulnerable to such ailments, when he is facing stress[5]. This is also true for the obstetric period. Various researchers have established such an association[6]. This period is critical in terms of emotional and psychological changes for every related individual. Concern about the frequency of psychological distress among women has been expressed by the researchers including gynaecologists and psychiatrists[7]. Additionally, during this period the pregnant lady along with her expected baby, receives at least some amount of family support and due attention. However, the husband who has significant participation in the child bearing processes is not only ignored[8] in terms of support but is rather expected to bear additional responsibilities such as coping with increased financial demands and caring more for his wife as well as to be prepared to welcome the newly expected family member[9].
Keeping in mind all this and because, in our society, the husbands are mostly the primary or the only earning members of the whole family, the present study was designed to assess the level of Anxiety, Depression and Stress among them[10]. This may help to chalk out some therapeutic measures, in order to prevent the vicious cycle of stress which the whole family enters.

Subjects and Methods

This prospective study was conducted at the Gynaecology & Obstetric ward of Jinnah Postgraduate

Medical Centre (JPMC) and Al-Maimoona Hospital, the former being a government and the latter a private obstetric facility, during the year 1998. The planning was based according to the Gantt Chart directions which include literature review, designing of semi-structured Proforma covering the socio-demographic information, induction of all consecutive consenting Husbands of obstetric cases in this study with assurance for maintenance of confidentiality and application of the designed proforma along-with Urdu version of Hospital Anxiety Depression (HAD) Scale[3] and culturally relevant Indian version of Life Events Chart! Scale[11].

Those cases, whose Husbands were not present at the time of our first visit, were invited the next day or the day after the next day on the time convenient to them. Those who were illiterate or were having inadequate command of the language were assisted.

Results

Eighty-two consecutive obstetric cases were approached. Forty six (56%) husbands could be interviewed despite repeated requests. Only 23% husbands accompanied their wives to the Government Obstetric facility while 70% husbands accompanied their wives to the Private Obstetric facility (Table 1).

Table 1. Details of accompanying person.

Relationship of Accompanying person to Obsetetric Case	No. of the Accompanying persons At Govt. Obstetric Facility	Private Obstetric Facility	p-value
Husband	12(23%)	21(70%)	P<0.001
Mother	13(25%)	2(7%)	P<0.03
In-Laws	13(25%)	5(16%)	n.s.*
Others	14(27%)	2(7%)	P<0.02
Total	52	30	

*n.s. = non- significant

Note: Seventy percent of the cases in Private Obstetric Facility (higher socio-economic status) were accompanied by their Husbands while the figure for Government Obstetric Facility (lower socio-economic status) was only 23%.

Their mean & median age was about 30 years. Further details regarding socio-demographic profile are shown in (Table 2).

Table 2. Comparative socio-demographic profile.

Variables	Govt Obst. Facility n=26	Private Obst. Facility n=20
Age		
Mean ±SD	31.31±5.07	31.6±6.39
Minimum	22	25
Maximum	45	50
Median	30.5	29.5
Education		
Illiterate	13 (50%)	00(0%)
Literate	13 (50%)	20 (100%)
	P<0.001	
Income		
Mean ±SD	Rs. 3,230±2,179.64	Rs. 13,625.00±6,440.75
Minimum	Rs. 1,500	Rs. 3,500
Maximum	Rs. 12,500	Rs. 25,000
Median	Rs. 3,000	Rs. 13,750
Family members		
Mean ±SD	5.88±2.97	7.7±5.28
Minimum	2	2
Maximum	13	25
Median	5	7
Gestational Period		
Full term	20	17
Premature	5	0
Post-mature	1	0

Note: All Govt. Obstetric facility cases were found to be belonging to the lower socio-economic group while all the Private Obstetric facility cases were found to be belonging to the higher socio-economic group.

Only 13.3% of the husbands whose wives were Normal Vaginal Delivery (NVD) cases had anxiety and depression on Hospital Anxiety Depression scale (H.A.D.). Comparative levels, however, were observed in 25% of the Husbands of cases for Cesarean Section (C/S), on the same H.A.D. scale (Table 3).

Table 3. Combined stress chart (N.V.D. versus c/section)

	N.V.D. in Government and Private Obs. Facility (n=25)	C. Section in Government and Private Obs. Facility (n=19)	p-value
H.A.D.* ≤11	86.6%	75%	n.s.**
H.A.D.* ≥12	13.3%	25%	n.s.**
Life Event ≤200	50%	77.27%	P<0.03
Life Event >200	50%	22.72%	P<0.05

*H.A.D. = Hospital Anxiety Depression Scale
** n.s. = non-significant

Life Events Scale showed 50% of Government Obstetric facility (lower socio-economic group) husbands suffering from stress as opposed to only 10% of husbands of cases of Private Obstetric facility (higher socio-economic group) (Table 4).

Table 4. Comparative stress chart (government versus private facility).

	Govt. Obs. Facility N.V.D.+C/S (n=26)	Private Obs. Facility N.V.D.+C/S (n=20)	p-value
H.A.D.≤11	22(86.6%)	16(80%)	n.s.*
H.A.D.≥12	4(13.3%)	4(20%)	n.s.*
Life Event≤200	13(50%)	18(90%)	P<0.01
Life Event>200	13(50%)	2(10%)	P<0.01

* n.s. = non-significant

Discussion

Contrary to the West, where majority of Obstetric cases are accompanied by their spouses, in our study only 23% of the cases had their husbands present at the time of presentation to the Govt. Obstetric facility (lower socioeconomic group), as opposed to 70% in the Private Obstetric facility (higher socio-economic group) (Table 1). Majority of the cases reported the unavailability of their husbands due to their job. This shows that males are the main earners and supporters of a traditional Pakistani family. Moreover, they are usually so much overburdened by their work (especially the lower-middle and lower economic classes) that they cannot play their role adequately, even in such critical and important moments of their lives.

Combined socio-demographic profile (Table 2) shows that all the husbands of the Private Obstetric facility cases were literate, as compared to only half of the husbands in the Govt. Obstetric facility. This finding is consistent with the already existing general impression that usually lower socio-economic group people attend the govt. health facilities while the higher socio-economic group can well afford the private health facilities. All this becomes more obvious when we look at the median of monthly incomes of the two groups (Table 2). This clearly reflects the economic disparity as well as the deteriorating conditions and plight of the majority of our population.

Anxiety and Depression rates were lower than expected (13.3% and 20% for Government and private obstetric facilities respectively). These findings are comparable to studies regarding psychiatric morbidity in general population[7,12,13]. However, this rate was approximately double when the wives were planned for Cesarean Section rather than NVD. This finding was present regardless of the socio-econornic status of the family (Table 3). However, Stress was found to be very high in the lower socio-economic group (50%), when financial problems etc. within the past six months, were assessed (Table 4). Keeping in mind our socio-cultural difference'4 , these findings reflect the need to sensitize people regarding the importance of husband support and involvement at least during labor.

It is recommended that, in future, such studies should take into account other variables such as whether

the couple were cousins etc., which may be additional factors playing their due role in increasing family support, especially from the in-laws, hence decreasing Anxiety and Depression.
For definite conclusion, the sample of subjects should be increased. Consideration of other variables from the socio-demographic profile (Table 2), e.g., number of family members (especially dependent ones), length of gestational period etc. should be taken into account.

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