Anxiety and Depression in Teenage Mothers : A Comparative Study

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Abstract

A cross-sectional design study was done at a non-private ward at Rajvithi Hospital from June to August 1995 to determine the prevalence of anxiety and depressive state in Thai teenage mothers (≤ 18 years old) compared with adult control mothers (20-35 years old). We found that 15 per cent of teenage mothers and 12 per cent of adult control mothers had anxiety state. Twenty- three per cent of teenage mothers and 11.9 per cent of adult control mothers had depressive state. There was a significantly higher prevalence rate of depression in teenage mothers compared to adult control mothers.

Pregnancy in women is only a minor psychosocial stress but this situation cannot apply to teenage pregnancy. Pregnancy during unevitable situations such as peer rejection, school drop out, marital conflicts, family conflicts is a stressful life event. The rate of teenage pregnancy has increased sharply in Western countries as well as in Thailand. It is about 10 - 13 per cent of all live births[1-3]. There is an increased incidence of pre-eclamsia, abnormal labour, small for gestational age, abortion, and premature baby in teenage pregnancy[4]. Although some young mothers negotiate their new responsibility and roles well, as a group, they and their babies are at substantial health, behavioural and emotional risks.

We under took this study to assess emotional status, anxiety and depressive state of Thai teenage mothers compared with adult mothers.

MATERIAL AND METHOD

Subjects

This prospective study was carried out at non private wards, Rajvithi Hospital between June 1994 and August 1995. Mothers were randomised, enrolled and interviewed by a pediatrician during their post-partum stay in the hospital. The interview included certain aspects e.g. education level, marital status, socioeconomic status.

These mothers were divided into 2 groups according to their age, teenage mothers (age under 18 years) and adult mothers (age 21 - 35 years). Mothers who had HIV + ve were excluded from this project.

The anxiety and depression followed the DSM 4 criteria. The criteria consisted of six questions concerning anxiety and six questions concerning depression, which can evaluate the patients'

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mood over the past two weeks. The degree was graded as 0, 1, 2 score; score 0 meant no symptoms at all, score 1 meant occasional symptoms and score 2 meant frequent symptoms.

Summation of anxiety scores was done. Scores below 6 were classified as having no anxiety, score 7-8 as mild anxiety and score 9 or more as anxiety.

Summation of depressive scores from depressive questions was done. Scores below 6 were classified as having no depression, score 7-8 as mild depression and score 9 or more as depression.

Means and standard deviation of anxiety and depression scores were calculated and then compared between teenage and adult mothers. The data was analysed by using odd ratio and chi-square test for linear trend.

RESULTS

One hundred and four teenage mothers (age 15-18 years) and 94 adult mothers (age 21-35 years) were enrolled in this study. The mean age of teenage mothers and adult control mothers was 16.8±0.97 and 26.7±2.88 years old. Ninety-nine per cent of teenage mothers and 70.4 per cent of adult control mothers were unmarried. Twenty one per cent of teenage mothers and 47.96 per cent of adult control mothers used contraception. Fifty-three per cent of teenage mothers and 73 per cent of adult control mothers had regularly attended the prenatal clinic at the hospital (Table 1). There was significant difference between both groups in marital status, family planning and regularity of prenatal attendance.

Definition of Variable

- *Prenatal care*
  - adequate : regular visits since the first trimester
  - inadequate : had ANC visit in the third trimester or no prenatal care
  - intermediate : between the two groups
- *Mothers' education level*
  - adequate : 12 years old should complete at least grade 6
    15 years old should complete at least grade 9
    >19 years old should complete high school
  - inadequate : understandard level from the above
- *Statistic Analysis* : All data were recorded and entered into the computer PC 486 DX using d Base 3 plus program epi-info version 6.0

Table 1. Characteristics of mothers in the study populaion.

	Teenage mothers N = 104		Adult mothers N= 98	
	n	%	n	%
marital status				
unmarried	103	99.01	69	70.4*
married	1	0.99	29	29.6*
education				
inadequate	73	70.02	63	64.2
adequate	31	29.8	35	35.8
birth control				
no	82	78.9	51	52.0*
yes	22	21.1	47	47.9*
prenatal care				
adequate	56	53.84	72	73.5*
intermediate	10	9.64	10	10.2
inadequate	38	36.52	16	16.3*
weight gain during pregnancy				
< 8 kg	22	21.2	15	15.3
8-10 kg	40	38.5	38	38.8
> 10 kg	42	40.4	45	45.9

* = significant difference $p < 0.05$

Table 2. Anxiety score in teenage and adult controlled mothers.

Anxiety scores	teenage mothers N = 104 (%)	adult mothers N = 96 (%)
< 6	39.4	50.0
7-8	45.2	37.8
> 9	15.4	12.2

Table 3. Depressive scores in teenage and adult controlled mothers.

Depressive scores	teenage mothers N = 104 (%)	adult mothers N = 96 (%)
< 6	32.7	53.3*
7-8	44.2	34.8
> 9	23.1	11.9*

* = significant difference $p < 0.05$

Seventy per cent of teenage mothers and 64 per cent of adult control mothers completed education to only grade 6. Although some of the adult mothers had been educated to college and university level. Twenty-one per cent of teenage mothers and 15 per cent of adult control mothers had inadequate weight gain during pregnancy. There was no significant difference in educational level, drug use and also weight gain during pregnancy in both groups.

We found that 15 per cent of teenage mothers and 12 per cent of adult control mothers had anxiety state. Comparison of anxiety scores between both groups showed no significant difference. (Table 2)

Twenty-three per cent of teenage mothers and 11.9 per cent of adult control mothers had depressive scores above nine. There was significant difference between both groups. (Table 3)

DISCUSSION

Pregnancy, the event which transforms a married couple into a family is not simply a biological event. Pregnancy is also a psychosocial experience and adaptive process for the mother and less directly, for the father. Bibring pointed out that pregnancy is a developmental or maturational task for the mother(5). In the view of Benediek and Erickson, parenting is a developmental task for both parents(6,7).

Marital conflicts, lack of support from husbands and stressful events such as peer rejection, school dropout during pregnancy may influence the course of pregnancy and labor, nature of delivery and can have a lasting effect on the woman's adjustment as a mother and on her perception of her infant and her interaction with him or her.

The result of this study shows us clearly that teenage mothers had to deal with many problems such as unmarried status, economic dependence on their families, lack of support from their husbands and inadequate education. These stressful events have a psychological impact on young mothers. Research on teenage child bearing consistently shows negative socioeconomic consequences. These factors, together with teenage mothers unrealistic expectations about developmental milestones and punitive child rearing attitudes were noted to affect their infants' development(8-10).

It is clear that the onset and exacerbation of childhood anxiety often are precipitated by stressful life occurences(11-13). Unexpected pregnancy among unstable life situations is stressful. But the result from this study showed no significant difference of anxiety between the two groups.

Interestingly, early studies from western countries that were conducted following major traumatic events (e.g. cyclone, war zone) have con-

sistently shown negative results. It may be that children and adolescents who already are vulnerable or predisposed to develop anxiety may be affected significantly by seemingly more innocuous events. In any event, more research is needed on evaluate the association between life events and anxiety in teenagers before conclusions can be drawn.

The symptoms of depression is a mood characterized by feeling of sadness, gloom, misery, dysphoria or despair[16-18]. Most people experience this at various points in their life and by itself is not necessarily pathological. However, when the symptom of sadness is intense, persistent and occurs in combination with the full symptom complex, or syndrome of depression, then, it is considered to be clinically significant. The other symptoms that comprise the syndrome of depression are sleep disturbance, loss of appetite, anhedonia, difficulty in concentrating, low self esteem, guilt, low energy, psychomotor change and suicidal ideation[19].

A report from Connecticut showed 40 per cent of teenage mothers (13-17 years old) had depressive symptoms and 11 per cent met the criteria of Major Depressive Disorder. We found that depressive symptoms among teenage mothers significantly increased in this study. However, none met the criteria of Major Depressive Disorder from Diagnostic and Statistically Manual of Mental Disorder, 4th edition[20].

Depression is a very common response to the seperation from or total loss of a loved one. Failure at the important task such as school or jobs, either loss of self esteem or lack of achievement of one's desired goals is likely to produce sadness. Situations involving extreme poverty and the absence of the basic needs of food, shelter and clothing are likely to produce sadness and sense of despair. For all of these reasons, teenage mothers are vulnerable.

The pediatricians who take care of the babies should be concerned. Because of emotional disturbance in mothers, have a lasting effect on their adjustment as a mother and on their perception of their children and their interaction with them[21-24].

SUMMARY

A cross-sectional design study was done at a non-private ward at Rajvithi Hospital from June 1994 to August 1995 to determine the prevalence of anxiety and depressive state in Thai teenage mothers (≤18 years old) compared with adult control mothers (20-35 years old). We found that 15 per cent of teenage mothers and 12 per cent of adult control mothers had anxiety state. Twenty-three per cent of teenage mothers and 11.9 per cent of adult control mothers had depressive state. There was a significantly higher prevalence rate of depression in teenage mothers compared with adult control mothers.

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การศึกษาเปรียบเทียบความกังวลและภาวะซึมเศร้าในมารดาวัยรุ่นกับมารดาวัยผู้ใหญ่

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การมีบุตรในวัยรุ่นส่งผลกระทบต่อมารดาทั้งทางสภาพร่างกาย อารมณ์ สังคมและโดยเฉพาะสภาพจิตใจ ผู้รายงานได้ศึกษาหาความวิตกกังวลและภาวะซึมเศร้าในมารดาวัยรุ่น อายุ 15–18 ปี จำนวน 104 ราย โดยใช้วิธีสัมภาษณ์แบบสุ่มตัวอย่างเปรียบเทียบกับมารดาวัยผู้ใหญ่ซึ่งมีอายุ 21 – 35 ปี จำนวน 96 ราย

จากการศึกษา ไม่พบความแตกต่างในอัตราเสี่ยงของการเกิดความวิตกกังวล แต่พบภาวะซึมในกลุ่มมารดาวัยรุ่นแตกต่างจากมารดากลุ่มควบคุมอย่างมีนัยสำคัญทางสถิติ

การดูแลเด็กที่เกิดจากมารดาวัยรุ่น กุมารแพทย์จึงควรพิจารณาปัญหาของมารดาและให้ความช่วยเหลือควบคู่กับการดูแลเด็ก จึงจะทำให้เด็กได้มีโอกาสพัฒนาต่อไปได้อย่างเต็มศักยภาพ

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