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Providers' and antenatal mothers' perspective on mental wellbeing in pregnancy: A qualitative study

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Abstract
Background: Mental health problems such as Depression, Stress or anxiety during pregnancy have been linked to emotional and behavioral issues in infants causing low birth weight, increased rate of infections and more frequent hospital admissions in low-income settings. In India according to WHO, Post-Partum Depression affects 1 in 5 pregnant women of which 7.6% experience suicide ideation.
Aim: To explore the perceptions and experiences of mental health in pregnancy.
Objectives: 1.To understand the perceptions and experiences of mental health in pregnancy with respect to pregnant women. 2. To find out expert opinion regarding mental well-being in pregnancy.
Methodology: It is a community based; qualitative study conducted using 2 Focus Group Discussions and 4 key Informant interviews through a structured FGD questionnaire in RHTC and Interview guide in government and private hospitals.
Conclusion: Inadequate social support during pregnancy is associated with increased risk of antenatal depression, Pregnancy-related stress have shown to negatively affect mental wellbeing. Integrating routine mental health screening into antenatal care and strengthening community and family support is needed.

Keywords: Antenatal women, mental health, postpartum depression, stressors, stigma

Introduction
Pregnancy is a time of great physical, emotional, and psychological transformation. Although, linked with happiness and excitement, it can also be a period of increased susceptibility to mental health issues. Co-morbid anxiety and depression during the perinatal period, expected to affect 9% of pregnant women and 8% of postpartum women worldwide in 2025.
In India, an estimated one in five pregnant women experience suicidal ideation or behaviors [1]. The Mental health disorders during pregnancy including depression, anxiety, and stress—are associated with an elevated risk of emotional and behavioral problems in infants that can persist into childhood [2].
In low-income settings, maternal mental health challenges linked with adverse child health outcomes such as low birth weight, malnutrition, increased susceptibility to infectious diseases, frequent episodes of diarrhea, and higher rates of hospital admission all contributing significantly to elevated child mortality rates [4].
Despite the increasing global focus on mental health, the antenatal period remains a neglected window for timely identification, intervention. There is an urgent need to integrate mental health screening, and support into routine antenatal care.

AIM
To explore the perceptions and experiences of mental health in pregnancy.

Objectives
1. To understand the perceptions and experiences of mental health in pregnancy with respect to pregnant women.
2. To find out expert opinion regarding mental well-being in pregnancy.

Materials and Methods
Study design
A Qualitative study conducted using Focus Group Discussions and key Informant Interviews.

Study setting
1. 2 Focus Group Discussion done in RHTC field practice area with 20 participants.
2. 4 key informant interviews were done, one in tertiary hospital and three in private Hospitals.

Study population
1. Antenatal women attending RHTC Srikurmam (20)
2. Key informants (4 Gynecologists)

Study period
For a period of 3 months

Sample size
24

Sampling technique
Purposive sampling

Inclusion criteria
1. All pregnant women aged 18-40 years who are attending RHTC & willing to give consent.
2. All the participants who could speak the local language (Telugu).

Exclusion criteria
1. Pregnant women who did not give consent
2. Persons who are suffering from severe illness

Study tools
Structured questionnaire includes FGD guide, Interview guide

Methodology
This study involves Focus Group Discussions and key Informant Interviews.

FGD's: It involved two FGD's with twenty Antenatal women divided into two groups {ten participants in each group}, belonging to different areas of RHTC (Srikurmam).
Both group discussions were conducted at separate times & conducted for a period of 90 Minutes

2. Key Informant Interviews
4 KII's are conducted -1 KII was conducted in Government General Hospital, Balaga. The other 3 KII's were conducted in the Private hospitals for which the antenatal mother are visiting to receive services, the interview was taken for 1 hour,
The sessions were audio recorded and noted, Transcripts were returned to the participants, feedback was taken at the end of each session. The collected data was translated, transcribed into codes and categories. Thematic analysis was done. Two coders coded the data, all the themes were derived from the data, and all these themes were manually analyzed, in the end participants' feedback was collected, the collected data was consistent with the findings.

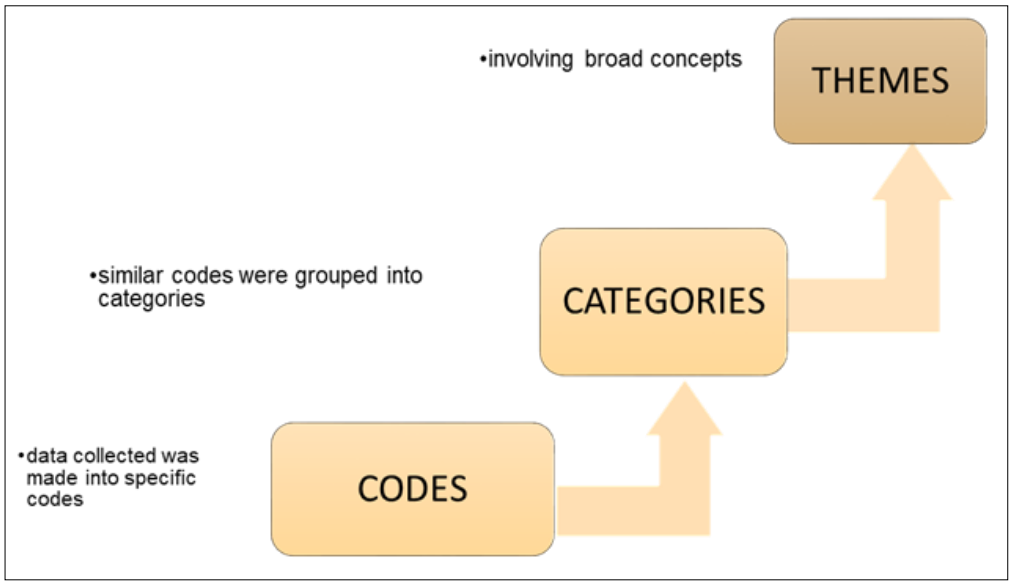

Fig 1: The descripition of coding tree.

Ethical considerations:
1. Written informed consent and Audio recording consent were taken from the participants before the start of the study.
2. Permission from Medical officer of RHTC and private hospital administration was taken
3. Approval from Institutional Ethics Committee was obtained.

Results:
Patient Related Themes
Theme 1: Impact of pregnancy on daily life
1. Emotional factors:
Mothers had stated that they go through many emotions during pregnancy like being joyful, excited, some of them even expressed their fear.

P5 *"I delivered a baby girl few years back because of low Birth weight, the baby was not able to survive, I am afraid about the outcome of the Present pregnancy".*

Some shared this joyful news with their spouse, in laws and their families; they think it as a new experience in their lives.

P17- *"I do not have brothers or sisters and I do not know the fun of playing with my Siblings, my kids will fulfill my wish".*

Theme 2: Factors affecting mental health

1.Family factors:

Majority of the participants had agreed that pregnant women go through mental health issues during pregnancy; which arise due to lack of emotional support from their families.

P2-*"Issues at home, when family members cannot understand you, it will cause mental issues."*

P5-*"It depends on how family members react to the news of pregnancy, someone will be happy others will feel sad, but in my case my husband will take care of me, that's why I'm happy."*

Several participants also shared that their mother in-laws frequently compared them unfairly with other pregnant women of similar age.

P16-*"I wanted to become mother, but in-laws were against it, and my husband did not support me"…*

P-19-*"why are you always resting? You need to go out, be more active and start engaging in work.*

…… Do not sit idle (in in-laws words)… they expect me to work."

Several participants had expressed concerns regarding their husband's lack of involvement and support during pregnancy. One participant shared

P6-*"Husband staying away in my in-laws house while I stay at my mother's house during pregnancy, when he does not take care of me during the pregnancy"*

In addition, issues such as alcohol addiction and playing cards among husbands were reported, further affecting women's mental health.

2. Social factors:

Some participants said that gender inequality created stress during pregnancy. Families often expected the baby to be a boy. Even neighbors would pressurize about the gender.

P3-*"They would torture me, if it's a girl child, which led to mental stress."*

Elders in the family also imposed many restrictions. They advised pregnant women not to eat certain foods, even if they were healthy. They also discouraged the use of modern medicine, forcing mothers to follow traditional beliefs.

P20-"*It depends on the care taken by the family; if they care, no problems will come. When family members restrict us from doing any work, not letting us eat our favorite foods and forbid us from leaving the house"*

So, many women had to eat more food than they could handle, even when they felt sick with nausea or vomiting. They were also restricted to leave the house, which made their situation even harder.

While other participant stated-

P15-*"I had two caesarean sections in the past for which my family members would keep telling me, that you made us spent too much money on hospital admissions and medicine due to the surgery…they kept on comparing me with others who underwent normal delivery."*

P18-*"Pressures at workplace."*

3. Physical factors:

Participants highlighted physical challenges during pregnancy, such as vomiting, body pain and nausea. These symptoms often interfered with daily life and work.

P10- *"Doctor told us to take many precautions; when I feel sick, I was asked to take rest from seventh month, it became very hard to manage work and I felt very tired…."*.

Some participants reported stress due to family debt, which led to strained relationships.

P5-*"My brother was in debt so I gave my gold jewellery to help him without even asking my husband and my brother did not return the gold, which made me feel very bad."*

Some participants reported that exposure to negative news through television or newspapers created fear or anxiety. Hearing about accidents or unfortunate events involving family members or others outside the family often led to stress and tension.

P14-*"When we hear bad news, it causes stress and tension. "*

Incomplete education was also mentioned as a factor contributing to low self-confidence

P4-*"Related to studies, I did not finish my fifth standard exams, which made me feel guilty".*

P20-*"Due to individual households and lack of combined families, the Prevalence of depression has increased compared to olden days."*

Theme 3: Identifying persons with mental health disorders

Participants described behaviors that helped them recognize people with mental health difficulties.

P18-*"By looking at their facial expressions we can figure out-they look sad, and by their Change in behavior"*

P17-*".... their expressions, such as sadness or a sense of being lost, we can identify that they may be facing mental health problems."*

P11-*"Staying lonely and not working, they will not be able to do their routine work."*

P12-*"They will stop eating and stop talking to others, staying alone, not actively participating in any work."*

Another participant, who had personally experienced a mental health disorder, openly shared her struggles.

P20-*"I have faced many mental disturbances. The pressures from my in-laws worsened my condition, and I often stayed alone, which aggravated my PCOD symptoms."*

Theme 4: Contacts of mothers who face mental health difficulties.
Participants described how stress, depression, and emotional disturbances affected mother's interactions with friends and social networks.

P5-*"My friend during her pregnancy period stressed herself so much and went into depression and suffered with lot of health issues .All this happened because of her in-laws"…*

P7-*"My friend's husband used to work in army, he was unable to take care of her and after baby's birth and he never came to visit her."*

One participant described her sister-in-laws' mental health issues during pregnancy.

P5- "*… her spouse never cared for her during pregnancy, he used to go to camps for work, although her in-laws supported her, she was unable to recover because her husband never called or spoke with her during the pregnancy."*

Theme 5: Coping mechanisms by mother.
From the responses, it was evident that sharing problems with one's spouse significantly reduced stress from many antenatal women.

P7-*"If I share with my husband or friends, it gives me relief. They may not resolve the problem, but it feels good.*

P14-"*If I have any problem, I will share it with my husband, even small things like when I feel sick or when someone try to hurt me, he will comfort me."*

Participants believed that seeking advice from elders with experience could help them overcome difficulties more easily.

One participant felt that consulting a healthcare professional would help her.

P18-*"I will first visit a doctor at the hospital. I will ask my husband and go to a psychiatrist."*

Theme 6: the consequences of mental health problems in pregnancy.
1. On the husband
Participants expressed that if a mother's mental health is disturbed, it negatively affects not only her but also her husband and family.

P20-*"….if we are healthy the baby will also be healthy. If we are not mentally stable, my husband will also feel depressed. It will cause high or low BP."*

2. On the mother and the baby
Mothers felt that being overstressed prevents them from taking proper care of themselves and their babies.

P13-*"Improper food intake, they cannot cook and feed their children properly."*

"Improper food, wrong dose of medicine—all of these can affect the baby's growth."

3. On other living children
Participants also shared that emotional distance grows between elder children and the mother when her mental health is affected. This weakens bonding and affects well-being of family.

P18-*"We tend to show our anger on the children, sometimes lose temper and hit them, which creates gap and lack of emotional bonding… my children would complain to my husband. He used to scold me, but after a few days, things went back to normal.*

Theme 7: The solution to mental health problems in pregnancy
Participants expressed that sharing their problems, especially with their husbands, helps them feel happy and relieved. They identified several coping strategies:

P13-*"We need to talk with parents or friends, either on the phone or in person, and share our problems with them. Talking for an hour or so gives relief. Watching television or visiting peaceful places will also help solve the problem."*

Some antenatal women preferred visiting temples or devotional places. Some women preferred listening to motivational songs or watching educational videos. Others mentioned going for walks, visiting their favorite places or watching movies and comedy shows, helped them elevate their mood and keep their minds fresh.

P20-"*I went through many problems, my husband helped me a lot he made me watch videos on how to overcome depression, he handled me smoothly by saying that we can conceive next year, there is no problem in it."*

Other participants believed that facing situations with a positive and sportive attitude boosts confidence and helps them remain strong.

P17-*"If a much bigger problem arises, we will try to solve it. Likewise, when we compare our small problems with bigger ones and try to solve them, it helps us. We need to mould our mind; if we think the problem is small, it will not cause us much stress."*

Some participants emphasized determination and resilience during pregnancy.

P10-"*We have to face problems. During my scan, I was told my baby's growth was not enough. Even though the baby might die, the family should remain supportive and caring. During pregnancy, such problems are common, so we need to stay strong."*

Theme 8-Challenges to solve mental health problems
Financial challenges:
The majority of antenatal women believed that financial instability was a major cause of mental health problems. They felt that adequate financial resources would ensure family stability and reduce stress.

P19-*"Any problem can be resolved with money, and with enough money, the family will stay happy."*

P20-*"Money is never a problem in life; it does not cause any issues if we think positively. It depends on how we perceive things. Rich people stay rich and happy, but poor people also need to remain happy with what they have."*

Provider Related Themes

Theme 1: Kinds of mental health issues

The health providers stated that Depression, post-partum blues, postpartum depression are commonly seen conditions.

KII 1-*Usually occurs in 3-6 months and problem occurs while handling and taking care of the baby"*

Theme 2: Factors affecting mental health

1. Physical factors:

KII 3-*"….and lack of physical activity"*

2. Nutritional factors:

The providers highlighted the role of nutrition during pregnancy

KII 2-*"nutrition also zinc and other multi-vitamin and nutrient Deficiencies may lead to cramps, sleep disturbances, backaches"*
"…..but because nutritional deficiencies can cause Low mood."
"Yeah… definitely, then nutrition is very important. We advise Fresh vegetables and Fruits. …We also tell them to cook themselves to enjoy that nutrition"

3. Social factors

Though the pregnant woman is happy about her pregnancy, they mentioned about the social pressure by neighbors about the gender of the baby, which affects them.

KII 4- *"And especially the first baby if it is a girl baby, They are very much particular to know the sex of the present fetus.*

"They ask if there is any chance to get it aborted, if it is girl child"

Theme 3: Consequences of mental health problems

Participants mentioned that there would be disruption in regular routine including poor follow up visits.

KII 2-*"Abstaining from regular activities"*

"Poor follow-up visits and growth of the baby is not monitored"
They also opined that poor mental health affects the mother-child bonding leading to lactation failure.

KII 4- *"…if antenatal wellbeing is not good then*

There will be deficit in the bonding between mother and child,
We can see lactation failure.
If she is having a girl baby, they neglect the baby by not giving breast milk, they do not care, frequency of breastfeeding will be less, and they will not provide kangaroo mother care."

The providers mentioned that there would be lack of hygiene.
KII2-*"Regarding, wound care, she does not clean properly while giving breastfeed, lack of Hygiene"*

Theme 4: Management of patients with mental health issues by gynecologists:

1. Physical factors:

KII1-*Starting from conception until 9 months of gestation, I will advise them to do routine work with no limitation. If at all, they are tired I will tell them to rest for few days and let them resume their daily activities.*
In case of high risk pregnancies: >35 years of age or any obstetric Complications in previous pregnancy, I will advise abstinence from physical activity."

The providers have focused on counselling for antenatal women and her family members and refer her for psychiatric consultation.

KII 4-*"knowing in detail about the cause of the symptoms, referring it to tertiary care hospital, only a psychiatric doctor can do complete justice to this problem, we can do only a supportive role."*

Theme 5: Solutions to tackle mental health issues in pregnancy

1. Government programs and awareness-

The providers opined that there must be government programs and health care workers must sensitize the antenatal women.

KII 2*"Government has programmes regarding iron and folic acid supplementation and morning sickness using banners to make people understand "*

"ASHA and ANM should work intensively on this issue, they should sensitize pregnant women about the importance of nutrition and what role it plays in the production of milk"

Counselling center's must be set up and focus should be directed to target population

"Pre pregnancy counselling centers should be started at pick up points concentrated at RIMS and CHC's."

2. Gynecological consultation-

Providers mention that during gynecological consultation they would motivate the mother and counsel her.

KII 2*"Motivation from our side can help"*

"The family member should Notice keenly on her mood changes, behavioral changes and complain it to the attending gynecologist during her antenatal visits."

The providers have mentioned that they treat the comorbid conditions and perform regular antenatal check ups

KII 4*"If already they are suffering with HIV, we have to start early treatment."*

"…, because by treating the mother, with ART treatment, we can prevent progress of the disease in the mother and husband also".

3. Male child rearing

The providers highlighted the importance of teaching the male child the right way of treating women in school and at home and role of television.
KII 3*"Every family has to make sure that they teach their male child on how to treat the girls in schools or how to behave with*

their wives, sisters and mothers."
"In some families, hitting women is a normal thing; the children will carry forward the same culture to their wives, so women should be treated in the right way in the households"

"Televisions, Cinemas, movies also have impact on the children, They can easily be influenced"

4. De-addiction centers
The providers stressed need for utilizing De-addiction centers for smokers and alcoholics to avoid aggression.

KII 1*"Social factors like alcohol and smoking also responsible for aggressive behaviors, they are to be counselled properly, and de-addiction centers help."*

The providers have mentioned that it is difficult for a woman to balance work and pregnancy so preferring to work from home or availing maternity leave could ease her stress during pregnancy

KII 2*"This problem is solved when women can opt for work from home or taking maternity leave".*

Discussion

Focus group discussion

According to current study, most of the participants have agreed that mental health disorders do exist and identified by their deviant behaviors, like being alone, not actively participating in daily activities or being lost in their own thoughts. "A systematic review and meta-analysis on pregnant women found that common mental disorders occur in pregnancy and associated with history of psychiatric illness [5].

In our study, only a few participants were aware of mental health conditions during pregnancy. The lower level of awareness in our study is because participants recruited from RHTC field practice area had low educational background, a few only with class 12, incomplete education is also an important factor, which shows lower confidence levels. In a similar study done by Rasing R, Kukreti P states that lowest awareness about perinatal depression are among those with lower incomes and lower education levels [6].

Our current study shows the expectations of in-laws and other relatives about antenatal mother to work regularly without considering their physical health. Similarly, in the study done by Malhotra s, shows the "pressures faced by antenatal women by their multiple roles and unremitting responsibility of caring for others [7]".

In our study, participants described about significant challenges like financial issues, they think lack of proper income and debts in the family are the sole reason causing mental health problems. This finding supports the study on, financial burdens of pregnancy, which compares pregnancy and childbirth out-of-pocket costs and underscore the necessity of targeted interventions to alleviate financial strain [8].

According to current study, lack of communication due to stigma or fear of being judged is the common challenge to disclose mental health problems. A study done by Shanbhag V, Chandra P, conducted a qualitative study on barriers and facilitators highlighted that fear of being labelled as "mad" was a barrier to perinatal women disclosing mental health issues [9].

Participants in our study have found it easier to talk about stressors rather than discussing mental health symptoms and most of them lack knowledge regarding the meaning of mental health disease. Support from spouse, and other family members makes them confident enough to fight back any challenges. It correlates with the findings of Sri Wahyuni *et al*. study that husbands with mature perspectives and solid support can "calm his wife based on correct knowledge so that the wife is not worried…and feels confident [10]".

A few participants in our study spoke about the workplace pressure and peer competition as a stressor, which was comparable with the systematic review done by Ernawati Ernawati *et al*. found that some effective workplace wellness programs reduce depression, stress related to childcare, economic and work life balance [11].

Key informant interview.

The key informants stated that depression, postpartum blues, postpartum depression are some of the common mental health problems, while bad obstetric history, recurrent abortions and still births also led to mental health issues.

The experts also opined on societal responses based on whether the newborns were boy or girl, these biases led to increase the chances of illegal sex determination.

Other issues like being unmarried or divorced led to depression. This statement is validated by the study done by Dhara S Thakur. It has found that a significant portion of unmarried girls suffer from major depressive disorder [12].

In the current study, key informants opined that lack of physical activity will cause low mood, and participating in any sort of physical activity or engaging with routine household work will significantly improve the mood, which corroborates with the findings of *Zheng Zhang et al.* In 2024, *a meta-analysis study* shows that exercise interventions improved the *depressive* symptoms in pregnant women [13].

Our research found out that the relation between profession and mental health is frequently overlooked. Handling work and pregnancy is difficult, conditions like peer pressure, workplace barriers, insufficient maternity leaves, and fear of losing one's job , prevent mothers from breastfeeding frequently, These are consistent with another study by Sayantan Chakraborty *et al*. They found that certain occupations, such as clerical services, were linked to increased labor pain. Clerical workers reported the highest level of labor pain compared to women who were unemployed [14].

In this study, key informants shared their experiences regarding the effect of family care. They found that many antenatal mothers suffer from lack of care from their spouse, physical care and moral support and this happens often where husband stays away from the wife for work or when women leave for mother's house during pregnancy, which creates a gap. A similar study done by Mane A, Tayade R *et al*., states that receiving adequate family support during the third trimester is associated with improved maternal and fetal health and a higher likelihood of normal delivery [15].

A study done by Sorayya Kheirouri *et al*., found out that low maternal dietary diversity associated with low birth weight babies [16].

The key informants explained the impact of social media and its influence on children's mind. This is consistent with the findings of a study done by Sourav Choudhury *et al*. on social media disorder scale It was found that participants who were addicted to social media with excessive and unregulated usage seen to have detrimental effects on both physical and mental wellbeing. This leads to anxiety in the mother about parenting, mental fatigue due to fear of future challenges [17].

Recommendations

- Launch male-involvement initiatives

- Promote family counseling sessions that address issues like financial stress

Limitations

- Lack of time and resource intensive, as KII require significant time for interviewing.
- Regional variations within India were not explored and cultural diversity might influence outcomes differently.

Conclusion

This study highlights perspectives of mental well-being among pregnant women, emphasizing the influence of factors such as social and family support with timely screening, psychosocial interventions and integration of mental health services into routine antenatal care are essential for improving maternal outcomes.

Conflicts of Interest

Nil

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