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The Influence of Stress and Depression on Psychological Wellbeing of Nursing Mothers and Pregnant Women

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ABSTRACT: This study investigated the influence of stress and depression on psychological wellbeing of pregnant women and nursing mothers. A total number of 250 participants in the maternity ward of Ekiti State university teaching Hospital, Ado-Ekiti, and other health care center were randomly selected for participation in the study. The instruments used are Perceived Stress Scale (PSS)), The Beck Depression Inventory and Scale of Psychological Wellbeing (SPWB). Six hypotheses were tested in all, these are: Stress will significantly influences psychological wellbeing of nursing mother, Depression will significantly influences psychological wellbeing of nursing mothers, Age will significantly influences psychological wellbeing of nursing mothers, Depression will significantly influences psychological wellbeing of Pregnant women, Stress will influence the psychological wellbeing of Pregnant women, Age and marital status will have joint influence on psychological wellbeing of pregnant women. Independent t-test was used to test all hypotheses. Data collected were analyzed and findings showed that stress does not have a significant influence on psychological well-being of Nursing Mothers t (123) = -.273 p>.05). Depression does not have a significant influence on psychological well-being of Nursing mothers (t (123) = -.534 p >.05). Age has a significant influence on psychological well-being of nursing mothers (df (2,122) = 4.85 p<.05). Depression has a significant influence on psychological well-being of pregnant women (t (123) = 1.626 p<.05). Stress does not have a significant influence on psychological well- being of pregnant women (t(123) = -.288 p>.05). Finally, Age has a significant influence on psychological well-being of pregnant women (df(2, 122) = 3.85 p<.05). Above results suggest that Stress, Depression and Psychological Wellbeing play a substantial role in pregnant women and Nursing mothers during prenatal and postpartum. Research is also needed to understand the quality of care that health practitioners and family members provide and then determine how that care impacts the overall therapeutic plan and patients outcomes. Thus, it is recommended that future research should address the effect of the aforementioned contextual variables that may differently influence psychological wellbeing of pregnant women and Nursing mothers in Nigeria.

Keywords: Stress, Depression, Psychological Wellbeing, Nursing Mothers and Pregnant Women.

INTRODUCTION

Wellness refers to diverse and interconnected dimensions of physical, mental, and social well-being that extend beyond the traditional definition of health (Lolanda Costa Galinha & José Luís Pais-Ribeiro, 2011). It includes choices and activities

aimed at physical vitality, mental alacrity, social satisfaction, a sense of accomplishment, and personal fulfillment. Pregnant patients with depressed condition are successful self-management which refers to the health behaviors that patients must engage in managing their disease effectively. In Nigeria and everywhere in the world, circumstances of life involve stress. Our motives are not easily satisfied: obstacles must be overcome, choices need to be made, and delays have to be tolerated (Halms, 2010). Today's rapidly paced society creates pressure for each of us. We are constantly faced with a sense of urgency, the pressure to accomplish more and more in less and less time. Stress from environments, job, family, situations and pressures such as: need to clarify family demands, care and support for the mentally and physical ill, air and Noise pollution, traffic congestion, job deadlines, work and overload are increasingly present in our everyday lives (Azoulay, 2011). Stress in general term can be defined as a state of event that occur when people (s) are faced with events they perceived as endangering their physical or psychological wellbeing and are unsure to deal with these events. Stress includes the environmental events that are perceived as threatening (stressors) and person's reactions to them (stress responses) (Atkinson.., 2008). By definition, stress is any uncomfortable "emotional experience accompanied by predictable biochemical, physiological and behavioral changes (Anderson, 2011). Some stress can be beneficial at times, producing a boost that provides the drive and energy to help people get through situations like exams or work deadlines (Lee and Kimble, 2009). However, an extreme amount of stress can have health consequences and adversely affect the immune, cardiovascular, neuro endocrine and central nervous systems. (McEwen 2004).

Depression (major depressive disorder or clinical depression) is a common but serious mood disorder. It causes severe symptoms that affect how you feel, think, and handle daily activities, such as sleeping, eating, or working. To be diagnosed with depression, the symptoms must be present for at least two weeks. Some forms of depression are slightly different, or they may develop under unique circumstances (Germain 2010) such as: Persistent depressive disorder (also called dysthymia) is a depressed mood that lasts for at least two years. A person diagnosed with persistent depressive disorder may have episodes of major depression along with periods of less severe symptoms, but symptoms must last for two years to be considered persistent depressive disorder. Postpartum depression is much more serious than the "baby blues" (relatively mild depressive and anxiety symptoms that typically clear within two weeks after delivery) that many women experience after giving birth. Women with postpartum depression experience full-blown major depression during pregnancy or after delivery (postpartum depression). The feelings of extreme sadness, anxiety, and exhaustion that accompany postpartum

depression may make it difficult for these new mothers to complete daily care activities for themselves and/or for their babies.

Psychotic depression occurs when a person has severe depression plus some form of psychosis, such as having disturbing false fixed beliefs (delusions) or hearing or seeing upsetting things that others cannot hear or see (hallucinations). The psychotic symptoms typically have a depressive "theme," such as delusions of guilt, poverty, or illness. Seasonal affective disorder: It is characterized by the onset of depression during the winter months, when there is less natural sunlight. This depression generally lifts during spring and summer. Winter depression is typically accompanied by social withdrawal, increased sleep, and weight gain, predictably returns every year in seasonal affective disorder. Bipolar disorder is different from depression, but it is included in this list is because someone with bipolar disorder experiences episodes of extremely low moods that meet the criteria for major depression (called "bipolar depression"). But a person with bipolar disorder also experiences extreme high – euphoric or irritable – moods called "mania" or a less severe form called "hypomania". Examples of other types of depressive disorders newly added to the diagnostic classification of DSM-5 include disruptive mood dysregulation disorder (diagnosed in children and adolescents) and premenstrual dysphoric disorder (PMDD).

Pregnant women experience various psychological changes such as; anxiety which is the major cause for hyperactivity in boys and behavioral problems in both boys and girls. These changes are due to family circumstances, reaction to pregnancy, hormonal changes and sometimes due to neurochemical changes (Beveridge & Glover, 2008). Assessing mother from all dimensional aspect is required. In Nigeria, most women are able to go about their usual activities until the last days or weeks of pregnancy, including non-impact exercise at work. During the final days some feel too much discomfort to continue at full pace, although others report greatly increased energy just before the birth pregnancy ends when the birth process. Pregnant women and Nursing mothers develops different characteristics ways of responding to the pressure that may emanate from stress and depression. To a large extent, their responses to stressful situations determine how adequately we adjust to life. In this study, the ways in which pregnant women and nursing mothers generally respond to stress and depression and what happens to hospitalized patients needs to be examined.

Statement of the Problem

High levels of stress symptoms like depression and anxiety among pregnant women and nursing mothers have been reported (O'hara and McCabe, 2013).

Moreover, recently interest has increased in prevalence in assessing the prevalence of signs and symptoms of stress and depression in both Pregnant Women and Nursing mothers. It is often said that the dream of most women is to get married, have her own family and carry her own baby for the man that would be her husband (Alenkhe, 2013). When the "bundle of joy" finally arrives, parents and societies celebrate for the long awaited child. However, in this 21st century, women no longer want to remain idle as they want to work couple with her domestic duties. In all these, merging her office duty with her dual role as a wife and a mother may experience stress over time which may likely lead to depression and capable of influencing psychological well-being negatively. This study seeks to examine the nexus between stress and depression on psychological wellbeing of pregnant women and breastfeeding mothers. Also, signs and symptoms of posttraumatic stress disorder (PTSD) have been detected in traumatically injured pregnant women during hospitalization (Rukholm, and Tedstone, 2013). In addition psychological well-being of pregnant women have been addressed during antenatal and those expose to trauma may experience a level of emotional distress that can approach that of a patients (Pittman and Flower 2012). This "secondary traumatization" as reported by Figley (2009) has been observed in emergency workers, psychotherapist, and medical practitioners. Having established that health practitioners, social workers and family members provides care and support to pregnant women and nursing mothers who experience stress and depression with physical and physiological effect It therefore becomes a research problem to the researcher to empirically examine the intervening variables.

Purpose of the Study

The purpose of this study was spore by the need to empirically examine the influence of stress and depression on psychological well-being as intervening variables in pregnant women and nursing mothers in Nigeria. To better understand the processes that underline the problems that arises to pregnant women who are stressed and depressed. This study has its prime objective, the need to:

i. Examine the differences in Depression on Psychological wellbeing.
ii. Examine the differences in stress on Psychological wellbeing.
iii. Examine the differences in sex and other demographic details on psychological wellbeing.
iv. further evaluate the interrelationships among Pregnant Women and Nursing mothers, and
v. Finally showcase research-evidence based need for health workers to proactively approach the patients (pregnant women and Nursing Mothers) who need their support.

Hypotheses

The following hypotheses were tested in the study

1. Stress will significantly influences psychological wellbeing of nursing mother
2. Depression will significantly influences psychological wellbeing of nursing mothers
3. Age will significantly influences psychological wellbeing of nursing mothers
4. Depression will significantly influences psychological wellbeing of Pregnant women.
5. Stress will influence the psychological wellbeing of Pregnant women
6. Age and marital status will have joint influence on psychological wellbeing of pregnant women.

METHOD

Research Design

This study is a survey research design. Questionnaires will be distributed to research participants in order to measure their responses.

Research Participants

The population sample used in this study was drawn from the Maternity and infant wards of Ekiti State University Teaching Hospital, Ado-Ekiti, and Health Center, Iworoko- Ekiti, Nigeria. A sample size of 250 patients in the maternity and infant wards of the health institutions respectively were randomly selected as participants. Only pregnant women who came for antenatal and other medical checkup and Nursing mothers who came for immunization were included to maximize standardization of conditions confronting families and the relationship between healthcare staff and patients. Although more than a single health care staff was involve in interaction with the patients, for the sake of clarity. Sample size of research participants comprises of 125 pregnant women and 125 nursing mothers each, while their age range was between 21-46 years and above.

Samples Techniques

The researcher used random sampling technique because the population was relatively large and the researcher wants to give every participant an equal chance (s) of selection for the study. Though, due to the anonymity of this survey, signed inform consent was not required. However, all participants' response was treated in confidence.

Variables

For the purpose of this study, two variables are identified. They are independent and dependent variables.

i. **Independent Variables:** the independent variables are Stress and Depression.
ii. **Dependent Variables:** the dependent variable is the psychological wellbeing i.e. (self-acceptance, personal growth, purpose in life, environmental mastery, autonomy, positive relations with others) as demographic characteristics influencing stress and depression on pregnant Women and Nursing mothers.

Measures

Based on the hypotheses generated, the Perceived Stress Scale (PSS) developed by Sheldon Cohen (1994), was used which is a short (10-item), Beck Depression Inventory (BDI) developed by Aaron T. Beck (1961) designed to measure the thoughts and feelings during the previous month which was rated in a 5-point liker scale (0 = never, 1 = Almost never, 2 = sometimes, 3 = fairly often, 4 = very often). It consists questions like; 'I do not feel sad'', 'my appetite is worse than before'', 'in the last month how often do I feel nervous and stressed. Cohen (1994), provided the psychometric properties for the PSS is considered to be sound with a co-efficient alpha of 0.919. for the purpose of this research, a further study was conducted by the researcher to obtain Nigerian sample using Maternal Causative Attribution scale (MCA) - This was used to find out mothers' attitudes to the Mental Retardation in perceived stress symptoms of infants, the Questionnaire was designed by Famuyiwa (2011), The Scale was adopted because it was theoretically similar to psychological wellbeing of pregnant women and nursing mothers. It explores attitudes to diagnosis, feelings of sadness, thoughts of abandoning the child, and understanding of the causation of the child's condition, among others. The MCA was administered to all eligible mothers with CLP babies. Scores on the MCA were on a Likert scale of 1-3, with higher scores suggesting poorer understanding of causation. The Likert scale is one in which a numerical value is assigned to each potential choice, and a mean figure for all the responses is computed at the end of the evaluation or survey. Likert scales usually have five potential choices ("strongly agree," "agree," "neutral," "disagree," "strongly disagree"). Psychological distress was noted in 12 (23.1%) of the case in PSS, 9 (17.9%) of the mothers had the perception of more than average stress. A higher portion of mothers with more than average perceived stress has combined cleft lip and palate (66.7%). Many mothers (n= 43, 82.7%) had no understanding about the effect of Distress on their infant which could lead to child deformity. There was a significant relationship between the presence of psychological distress and the mother perception of stress ($p < 0.005$) .Thirty-eight (73%) of mothers who had cleft babies admitted to subjective feelings of misery and depression in relation to coping with the deformity and this was significantly associated with the experience of psychological distress ($P = 0.016$) with 9 (75%) of them having suggestive scores on the GHQ. Also among these mothers those who reported more perceptions of

stress also seemed to endorse more subjective feelings of depression (P < 0.05). The Content validity reported by Yewande and Adeyemo (2015), is 75 for the Nigerian sample.

Scale of Psychological Wellbeing (SPWB) developed by Carol Diane Ryff (1995) was also used to assess the effect of stress and depression on psychological wellbeing of these patients individually. These psychological instruments designed and well structured was developed to further advance research by comparing measures across different level of issues and applying rigorous psychometric evaluation techniques. A brief background information survey was designed to gain demographic information about each participant's age, religion, marital status and occupation. Psychometric properties for Ryff scale of Psychological Wellbeing scales: internal consistency of 20-item parent scale Test-Retest reliability of 20-item parent scale 14-item scale correlation with 20- item parent scale Internal consistency of 20- item parent scale internal consistency of 3- item scale of acceptance; 93,85,99,91,52 positive relations with others; 91,83,98,86, autonomy; 86,88,97,83,37, environmental mastery; 90,81,98,86,49, purpose in life; 90,82,98,88,33 personal growth; 87,81,97,85,40. Despite some minor limitation (e.g., the instrument has not been explicitly tested, low internal consistency of the short version, and the possibility of self- presentation bias), I find the Ryff Scale of Psychological Well-being, it can aid colleges and universities in understanding the degree to which the knowledge of students' psychological well-being can aid institutions in developing meaningful and intentional programming to enhance these dimensions of wellbeing..

Reliability

The coefficient alpha obtainer by Ryff and Keyes (1995, p.1072) 0.919 and 0.917. The parallel form of reliability was high (spearman's rho = 0.77, P<0.01).

Validity

A concurrent validity of the total scale were positively correlated with survey (P < 0.01). The survey correlated more highly with significant others than the other two subscales correlation (Spearman's rho) between the social support factors of MSPSS.

Procedure for Data Collection

Data for this study were obtained from participants who were willing to participate in this research work. Patients who came for medical checkup were oriented by the health care staff and those members who expressed interest in participating in the study were contacted by the researcher, who answered questions and a convenience

sample was studied. Meeting with the research participants took place in the waiting room adjacent to the wards or occasionally, at the patient's bedside. At the data collection period, the participants were instructed to respond to questionnaires in terms of how they are feeling during their previous month of pregnancy and breastfeeding. The participants either responded to the questionnaires at the time given or were given the questionnaires and asked to return at the completion. Because of time constraints, some research participant did not provide data on all measure among sampled participants in the Maternity ward of the Ekiti State University Teaching Hospital.

Method of Data Analysis

Analysis of Variance and Independent t-test was used to analyze the hypotheses respectively.

RESULTS

The six hypotheses stated were tested here. Scores obtained were subjected to analysis with t-test analysis for independent sample as shown in table 1, 2,3,4,5 and 6.

Table 1: Independent t-test table showing the influence of stress on psychological well-being of Nursing Mothers

Group Statistics

	Stress	N	Mean	Std. Deviation	Std. Error Mean	Df	t	P
Psychological well-being	High	64	30.7031	1.67786	.20973	123	-.273	>.05
	Low	61	30.7869	1.75228	.22436			

Table 1 revealed that stress does not have a significant influence on psychological well-being of Nursing Mothers t (123) = -.273 p>.05)

Table 2: Independent t-test summary table showing the influence of depression on psychological well-being of Nursing Mothers.

Group Statistics

	Depression	N	Mean	Std. Deviation	Std. Error Mean	df	t	P
Psychological well-being	High	66	30.6667	1.70369	.20971	123	-.534	>.05
	Low	59	30.8305	1.72359	.22439			

Table .2 above revealed that depression does not have a significant influence on psychological well-being of Nursing mothers (t (123) = -.534 p >.05).

Table 3: One way ANOVA summary table showing the influence of age on psychological well-being of nursing mothers.

ANOVA

Psychological well-being

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	26.649	2	13.324	4.850	.009
Within Groups	335.159	122	2.747		
Total	361.808	124			

Table 3 revealed that age has a significant influence on psychological well-being of nursing mothers (df(2,122) = 4.85 p<.05)

Table 4: Independent t-test summary table showing the influence of depression on psychological well-being of pregnant women

Group Statistics

	Depression	N	Mean	Std. Deviation	Std. Error Mean	df	t	P
Psychological well-being	High	46	30.8696	1.72058	.25369	123	1.626	<.05
	Low	79	30.6709	1.70761	.19212			

Table 4 revealed that depression has a significant influence on psychological well-being of pregnant women (t (123) = 1.626 p<.05).

Table 5: Independent t-test summary table showing the influence of stress on psychological well-being of pregnant women

Group Statistics

	Stress	N	Mean	Std. Deviation	Std. Error Mean	df	t	P
Psychological well-being	High	31	30.7097	1.79246	.32193	123	-.288	>.05
	Low	94	30.7553	1.68922	.17423			

Table 5 revealed that stress does not have a significant influence on psychological well- being of pregnant women (t(123) = -.288 p>.05)

Table 6: One way ANOVA summary table showing the influence of age on psychological well-being of pregnant women.

ANOVA

Psychological well-being

	Sum of Squares	Df	Mean Square	F	P
Between Groups	26.649	2	13.324	3.850	<.05
Within Groups	335.159	122	3.747		
Total	361.808	124			

Table 4.6 revealed that age has a significant influence on psychological well-being of pregnant women ($df(2, 122) = 3.85$ $p<.05$)

DISCUSSION

The present study investigates the effect of stress and depression on psychological wellbeing of pregnant women and nursing mothers having noted that Impact on an individual's decision to use medicine for maternal body are always cross examine by the health professionals in other to secure the safety and the psychological wellbeing of the mother and the foetus, Lupton (1999). It is clear from the result emanating from this research that patients depends to some extent on health practitioners to continue providing care and support to their loved ones, but little to teach them how to do it and support them in this stressful work. The first hypothesis which predicted that stress does not have a significant influence on psychological well-being of nursing mothers. The confirmation of this hypothesis indicates that the level of stress experience while breastfeeding has more injurious inclination to the human body; if not well handled which can lead to increase in pulse rate according to Stress Management for health course (2013), this is a 'fight or flight' response which is the hyper arousal, or acute stress response. It is a physiological reaction that occurs in response to a perceived. It is also part of when an individual freeze up out of fear, stress, harmful events, attack and threat to survival. This finding collaborate Marshall (2011), ample evidence which confirms the expectation that social stress contributes substantially to the mental distress that individuals experience and mothers need a stable mind (health condition) and conducive environment to breastfeed their children when one of these is missing there may be poor lactation for the child and this will hamper the benefit on the child.

The study further shows that health practitioners reduces the stress and burden in varied ways. Humour seems to help to lighten the burden of nursing mothers when stressors occur. One study found that how caregivers view a stressor may help to modify the amount of burden felt. Women who experienced major life events such

as the death of a family member are of greater risk of preterm birth (Izutsu and Fisher, 2009) with strongest effects when events occurred early in pregnancy. The majority of a second, smaller group of studies on catastrophic, community-wide disasters (e.g., earthquakes or terrorist attacks) also showed significant effects on gestational age at birth. A third small set of studies on chronic stressors, such as household strain or homelessness, all reported significant effects on preterm birth and finally, a majority of past investigations on neighborhood stressors such as poverty and crime indicated significant effects on gestational age. Nursing mothers who responded in affirmative questions like '' in the last month, how often have you felt that you been able to control irritation in your life" had more feelings of burden. Some medical practitioners reduce their burden by 'trying to make sense of the illness" by relying on religious or philosophical beliefs. Those who experienced the highest burden were the ones who use 'wishful thinking" such as believing that a miracle could happen to change the illness.

Hypothesis 2 predicted that depression does not have a significant influence on psychological well-being of nursing mothers. Result from table two negates this hypothesis but corroborates Woods and Melville, (2010) findings that depression during breastfeeding usually need to be address by the clinical management of postpartum depression or the effects of antidepressant use on mothers and their babies to prevent and reduce potential injury and harm emanating from support depression. Women with high stress and depressive symptoms in breastfeeding are more likely to be impaired during the postpartum period. Postpartum affective disturbance and depression in turn impair parenting quality and effectiveness. According to Melville (2010), it is not clear why `breastfeeding depression' has such powerful effects on mothers and their babies. In fact, the nature of this concept has not yet received sufficient attention to be fully explicated possibly what makes it potent is that measures of pregnancy depression capture both dispositional characteristics and traits, and environmentally influenced states. For example, women who are most anxious about a breastfeeding seem to be more insecurely attached, of certain cultural backgrounds, more likely to have a history of infertility or to be carrying unplanned pregnancies, and have fewer psychosocial resources (Marques, 2010).

When there is family conflict, there is less assistance to the patients. According to Chandra (2009), looked at the consequences of disagreement between primary and secondary caregivers and found the divergence in perceptions. However, more agreement on patient behaviors and caregiver strain. Primary caregivers with pessimistic secondary care givers were less distressed than those with optimistic ones. Family members may also abandon or retire from pregnant women and

nursing mother when they are unsuccessful in maintaining a healthy relationship or when the care and support becomes difficult, such as when the care recipient loses cognition function. Conflict may also occur with unfulfilled or mismatched aid. However, there is an important difference, because depressed patient regards themselves as worthless. What happens is that the individual identifies with the lost person, so that repressed anger towards the lost person is directed inwards towards the self. The inner directed anger reduces the individual's self-esteem, and makes them vulnerable to experiencing depression in the future Chandra, (2009).

The third hypothesis which predicted that age has a significant influence on psychological well-being on nursing mothers. This result corroborate Sanders and Large (2012), psychological well-being may be strongly tied to family and health satisfaction of a person which tends to emphasize prior life satisfaction and mood as important predictors positive psychological well-being may emerge from numerous sources. A happy marriage is contributively, for example, as is a satisfying job or a meaningful relationship with another person. When marriages takes place at age of 21- 36 years of age the psychological wellness which include forgiveness, optimistic expectations, positive thoughts about one's spouse, and kindness, is different from 46 years and above which significantly improves psychological wellbeing during breastfeeding. This age gap perceived themselves as able to meet care demands (Gitlin, 2001; Reinhard, 1994). The younger couples reduce distress by influencing the availability of healthy problem-coping strategies to meet care demand. The control associated with a lower stress response and more positive health- related behaviors during breastfeeding their fetus. As the women keeps aging, a propensity to unrealistic optimism and over-exaggerated self-evaluations can be useful. These positive illusions are especially important to women when they receives threatening negative feedback, as the illusions allow for adaptation in these circumstances to protect psychological well-being and self-confidence. Optimism also can help an individual cope with stresses to their well-being. Self-attributions, in terms of subjective memory and cognition, are also concurrent markers for adjustment and well-being, Sanders and Large (2012).

The fourth hypothesis predicted that depression has a significant influence on psychological well-being of pregnant women. This also corroborate Lolanda Costa Galinha & José Luís Pais-Ribeiro (2011) report on their sample that Pregnant patients with depressed condition are successful self-management which refers to the health behaviors that patients must engage in managing their disease effectively. Successful management of depression therefore goes beyond simply seeing a therapist once antenatal has begun and taking a pill as prescribe by the nurses in other to help manage the condition. Instead, the majority of pregnancy

management occurs at home by the patient and involves a demanding regimen that includes adopting and maintaining a number of health behaviors required to keep a health balance to control and prevent complications from the fetus. Specifically, patients must monitor their stressor on regular basis, take oral medication, eat a healthy diet, and engage in regular physical activity to protect the baby safety. Understanding and actually engaging in the health behaviors necessary for pregnant and nursing mothers can be challenging for many medical practitioners, health technicians and family members. This is, in part, due to the fact that expectations for self-care involve substantial changes that need to be incorporated into patients' daily lives and require modifications to their already-established health habits. (Germain 2010) also predicted that Psychotic depression occurs when a pregnant person has severe depression plus some form of psychosis, such as having disturbing false fixed beliefs (delusions) or hearing or seeing upsetting things that others cannot hear or see (hallucinations) which also lead to poor psychological wellbeing and the psychotic symptoms typically have a depressive "theme," such as delusions of guilt, poverty, or illness.

The fifth hypothesis predicted that stress does not have significant influence on pregnant women. This result was also predicted by McEwen (2004). Woods and Melville (2010) also predicted that women with high stress symptoms in pregnancy are more likely to be impaired during the postpartum period. Postpartum affective disturbance and stress in turn impair parenting quality and effectiveness an extreme amount of stress can have health consequences and adversely affect the immune, cardiovascular, neuro endocrine and central nervous systems. For example, women who are most anxious about pregnancy seem to be more insecurely attached, of certain cultural backgrounds, more likely to have a history of infertility or to be carrying unplanned pregnancies, and have fewer psychosocial resources Marques, 2010). High levels of stress that continue for a long time in pregnancy may cause health problems, like high blood pressure and heart attack and increase the chances of having a premature baby (born before 37 weeks of pregnancy) or a low-birth weight baby (weighing less than 5½ pounds) which increased risk for health problems, Marques (2010). Mcleod, (2011) also predicted that when family members have a high level of dementia, burden, and care becomes inadequate to pregnant women and .The amount of care demands and time per week required from the patient impaired sense of identity, clinical fluctuations in the patients and nocturnal deterioration in the patient.

The sixth hypothesis also predicted that age has a significant influence on pregnant women. This also has a corroborates with Kingston and Austin (2015) report on their research that collection of history at the first visit of pregnancy is a crucial for

understanding the psychological state as well as categorizing high risk mothers. History of Socio economic background such as low income, inadequate housing, less than high school education, a physically strenuous or stressful work environment, inadequate nutritional status, inadequate personal family and friends support, ineffective coping mechanisms, ambivalence about the pregnancy and baby, family history of abuse, and feelings of chronic stress and anxiety, use of tobacco, illicit drug use, alcohol abuse and inadequate exercise are health behaviors that place women at risk for an adverse antenatal process. Experience young pregnant women will be different from the old counterparts in terms of physical health. Elderly spouses in particular who experience stressful care giving demand during pregnancy have a higher mortality rate than the younger ones. Caring for patients at the stage of menopause ranges from providing direct care, performing complex monitoring tasks (monitoring blood sugar, titrating narcotic dosages for pain), interpreting patients symptoms (e.g., determining the fever level to report to a health care provider), assisting with decision making, and providing emotional support and comfort during pregnancy. Each of these is a potential area of concern for patient safety.

CONCLUSION

From the results therefore, this conclusion was arrived at: Firstly, the study revealed that the patients depends to some extent on family caregivers to continue providing care and support during their trying periods, but does little to teach them how to do support them in this stressful work. They (family members) form a critical part of the environment of hospital and they create and maintain a culture separate from the home and community in which individual patients dwells. Also, it can be concluded that to achieve effective caregiving and support, family members should focus on promoting hospitals of acceptance; they should avoid playing favouritism and abandon negative image of patient(s) that they already possessed either through family conflict. In addition, society should see to the types of care their relatives receive either in the hospital or other societal aspect outside the home. Finally, government should legislates on design and test interventions to assist patients and their children to increase their preparedness to deal with overall care process, how to deal with stressor and depressed situation, future intervention studies should utilise multidisciplinary, randomised clinical trials (including Physicians) to determine the unique contribution of educational programs, antenatal and post natal programs versus social support versus psychological support on effective psychological wellbeing and patient outcomes.

RECOMMENDATIONS FOR FURTHER RESEARCH

Since much of the psychological wellbeing research remains descriptive, there are many gaps in the evidence-based research to promote patient safety and quality care for infant as secondary patients and medical practitioners as providers to vulnerable patients. It is highly recommended that government should provide incentives in the hospitals across the globe that will enhance safety for pregnant women and reduced stress for nursing mothers.

REFERENCES

Atikinson (1990): Stress that occur physical or psychological wellbeing .*Resident Nurses Health. 16:395-404.*

Beveridge & Glover (2008): Anxiety disorders during pregnancy and the postpartum period: *A systematic review Journal Clinical Psychiatry*; 67:1285–1298.

Germain DP: [Fabry's disease (alpha-galactosidase-A deficiency): physiopathology, clinical signs, and genetic aspects]. J Soc Biol. 2002, 196: 161-173.

Gitlin L., Belle S., Burgio I. (2003): Effect of multi component interventions on caregiver burden and depression: the reach multisite initiative at 6 month follow up. *Psychology of Aging*. 8(3):361-74

Halms M. A., Titler M.G., Kleiber C. (2010): Behavioral responses of family members during critical illness. *Clinical Nurses Respiratory*; 2:414-437.

Izutsu & Fisher (2009): Neuroticism and longitudinal change in caregiver depression; impact of a caregiver depression: Impact of a spouse-caregiver intervention program. Gerontologist. 44:311-7

Johnson R.W., Weiner J.M. (2012): The retirement research project, occasionally paper No 8 Washington DC: The Urban institute; Feb A profile of Frail Older Americans and their Caregivers.

Lazarus (1993): Community Nursing and Family. In: community Nursing. 3rd Edition, Tavitha Press; 226-237

Lee & Kimble (2009): Stress processes, biopsychosocial models, and emerging research issues. Annu Rev Psychol. 2010; 62:531–55

Leight K.L, Fitelson E.M., Weston C.A., Wisner K.L., (2010): Childbirth and mental disorders; 22:453–471.

Lolanda C., Galinha, José L., Pais & Ribeiro,(2011): A time to wean: The hominid blueprint for the natural age of weaning in modern human populations; pp. 39–73.

LUPTON D. (2000): A love/hate relationship': the ideals and experiences of first-time mothers. *Journal of Sociology*;36(1):50–63.

McEwen, B.S. (2004) Protection and damage from acute and chronic stress, allostasis and allostatic overload and relevance to the pathophysiology of psychiatric disorders. Annals of the New York Academy of Sciences, 1032(1), 1-7.

Michael W. O'Hara, Scott Stuart, David Watson, Patricia M. Dietz, Sherry L. Farr and Denise D'Angelo, Brief Scales to Detect Postpartum Depression and Anxiety Symptoms, *Journal of Women's Health*, 21, 12, (1237), (2012).

Pierre Azoulay, Erica Fuchs, Anna P. Goldstein and Michael Kearney, Funding Breakthrough Research: Promises and Challenges of the "ARPA Model", *Innovation Policy and the Economy*, 10.1086/699933, 19, (69-96), (2019).

REDINBAUGH, BAUM & DEMOSS (2010): Human Nature and Early Experience: Addressing the "Environment of Evolutionary Adaptedness". University of Notre Dame, Notre Dame, IN, USA.

ROBERTSON, WALLINGTON, WILLIS .K., DALY J., KEALY M, (2004):The essential role of social theory in qualitative public health research.

SANDERS, LALAGE, COVENEY J. A, (2012): Qualitative study exploring socio-economic differences in parental lay knowledge of food and health: implications for public health nutrition. Public Health Nutr. 2012;8(3):290–297.

WOODS S.M., MELVILLE J.L., GUO Y., (2010): Psychosocial stress during pregnancy; 2010; 202:61.