Original

Psychological impact of Pregnancy and Health-Seeking Behaviours among Women Attending Antenatal Clinic at Southwest Hospital, Nigeria

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Abstract

Background: Pregnancy can significantly affect a woman's mental health due to a combination of hormonal, emotional, and social changes. The study assessed the psychological impact of pregnancy on women attending Antenatal Clinics in a Southwest Hospital, Nigeria.

Method: Descriptive cross-sectional design was adopted, involving 166 pregnant women selected but 160 were valid for analysis. Through purposive and simple random sampling techniques. Data were collected using an adopted questionnaire and were analysed using the Statistical Package for Social Sciences (SPSS) version 25. Inferential statistics were conducted using Chi-square tests to examined significant relationships among categorical variables with p-value <0.05 considered statistically significant.

Results: Findings revealed that participants reported experienced pregnancy loss/complications due to stress 13(8.1%), anxious 81(50.6%), worry 53(33.1%), and depressed 28(17.5%). Health-seeking behaviors were high, with 71 (44.4%) of participants indicated they had practical support during pregnancy. Worth of noting, nearly all, 147(91.9%), of them established that they did not have access to mental health care. Participants revealed that they frequently experience sudden extreme fear/discomfort (mean=2.60), difficulty sleeping even when they had chance to sleep (9mean=2.70) followed by difficulty adjusting to recent changes (Mean=2.70) were perceived as mental health problems that affected QoL. Significant connections were identified between problem with drugs/kola-nut among the pregnant women and their quality of life (P < 0.05),

Conclusion: based on the findings of the study it was concluded that mental health problems significantly affect the quality of life during pregnancy. The study recommend that mental health screenings should be integrated into antenatal care.

Keywords: Health-Seeking Behaviors, Psychological Impact, Quality of Life, Mental Health Nursing, Pregnant Women. Southwest Nigeria

How to cite this article

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Introduction

Pregnancy and childbirth are often celebrated as significant and joyous milestones in a woman's life. However, this period also marks a psychologically sensitive time, during which women may be particularly vulnerable to emotional and mental health challenges.[1] The perinatal and postpartum phases can trigger a cascade of psychological and emotional experiences ranging from stress to trauma that may have lasting impacts. Among the most prevalent mental health concerns during this period are depression and anxiety[1], the susceptibility of pregnant women to stress and psychosis, both of which can have serious consequences for maternal and fetal health. In Nigeria, the prevalence of ante-partum depression ranges from 8.3% to 26.6%, while up to 43.5% of pregnant women reported experiencing anxiety symptoms[4]. On a global scale, mental disorders affect approximately 10% to 16% of pregnant women, with symptoms peaking during the third trimester[1].

Brunton et al.,[5], explain induces significant psychological and physical changes, often due to hormonal fluctuations, which may lead to emotional instability and mental health issues such as anxiety, depression, and tension[6]. Saridi et al.,[7] reported that experience of pregnancy is individual and depends on various factors and situations which affect the general health and quality of life (QoL) of future mothers. These challenges are emphasized by the significant psychological and physiological changes that occur during pregnancy, which often trigger heightened emotional responses and, in some cases, mental disturbances[8,9]. Psychological aspects of pregnant women can affect the quality of life of mothers and children[10], such as unpleasant event, anxiety and depression[11], felt out of control of childbirth, and increased stress levels[7,11] Thus,[7]reported that mental health problems in pregnant women have led to poor social functioning and reduced activity, as well as lower bodily function..

Social support is a key determinant of health-seeking behavior and psychological well-being during pregnancy. According to Maharlouei[13], having strong social support helps expectant mothers to seek healthcare service thereby navigate the emotional challenges that often accompany pregnancy. Rashid and Mohd[14] depict that protective (social support) role help in reducing body image concerns and preventing pregnancy-related psychological disorders, ultimately enhancing maternal mental health. In contrast, Akiki et al[15] caution that a lack of support can lead to elevated stress and a higher risk of depression. Support networks including partners, family, friends, and peers—serve as vital sources of reassurance and care[16]. Importantly, both the quality of social support and an individual's perception of their body image are key predictors of psychological health during pregnancy and can significantly influence the likelihood of seeking appropriate healthcare.

This dynamic aligns with the Health Belief Model, which posits that health behaviors are influenced by perceived susceptibility, severity, benefits, and barriers. When pregnant women perceive high emotional or psychological risk but also recognize the benefits of care especially when supported by their social system, they are more likely to seek appropriate interventions. Consequently, strategies such as health education, counseling, and peer support groups can reinforce positive perceptions and enhance mental wellness throughout pregnancy[17]. Consequently, assessing the impact of mental health problems during pregnancy is particularly important in prevention maternal and that of the child from mental illness which could affect the quality of life (QoL) of the maternal and neonatal health[18] According to[6,19] depression during pregnancy negatively impacts maternal and child health, and is associated with unhealthy behaviors, inadequate prenatal care, and poorer maternal–fetal bonding. Likewise,[20] also uphold that it impair a woman's quality of life, affecting social functioning, daily activity levels, and physical well-being, preterm labor, low birth weight and early neonatal developmental disorders, adolescent neuro-developmental issues, and young adult mental and social problems .It is against this backdrop that the present study aims to assess the psychological impact of pregnancy and identify health-seeking behaviors of women attending antenatal clinics in a Southwest hospital in Nigeria.

Material and Methods

Research Design

This study employed a quantitative design adopting cross sectional descriptive strategies, to assessed the psychological impact of Pregnancy and Health-Seeking Behaviors among Women attending Antenatal Clinics at Southwest Hospital, Nigeria

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Study setting

The study was conducted at Igando General Hospital, located in Alimosho, Lagos State. Established in February 2006, the hospital is situated at Km 4 along the LASU–Isheri Expressway. As a state-owned facility, Igando General Hospital plays a vital role in delivering public healthcare services within one of the most densely populated areas of Lagos. The hospital comprises approximately 10 departments and 30 wards, offering a wide range of medical services including maternal and child health, general medicine, surgical care, emergency services, antenatal care, and family planning. Its comprehensive maternal health services make it an ideal setting for research in this area. In addition, the hospital houses a College of Nursing and Midwifery, which supports the training and development of healthcare professionals.

Study Population, Sample/Sampling Technique:

The target population for this study was all pregnant women attending ANC at Igando General Hospital, Lagos State. Hence a total of 243 pregnant women with 128 and 115 drawn from the Monday and Tuesday clinic booking respectively, made up the population.

Table 1: Determining the Sample Size

Attendance	Average Number of Pregnant Women
Monday Clinic booking	128
Tuesday Clinic booking	115
Total	**243**

The sample size was determined using Yamane 1967, formula for sample size determination thus:

$n = N/(1 + N(e)^2)$

Where n= required sample size

N = Total population of respondents selected = 243

e = error of tolerance which is 0.05

Hence, $n = 243/(1 + 243(0.05)^2)$

N = 150.93

Adjusting the sample size for 10% nonresponse = 166

Sampling Techniques

The study was based on purposive and simple random sampling techniques. The study setting was purposively selected, focused on the pregnant women that are attending the facility, while 166 consecutive participants were recruited during their clinic days over. the three weeks of data collection.

Instrument for data collection

An adopted questionnaire was used for this study. The first part contained eleven questions regarding the sociodemographic characteristics of the sample. The second part included questions about the Mental Health Problems in Pregnancy (MHPP) covering eight items with 1 – 5 Likert scale (1=Not at all, 2 = Rarely, 3 = Few Times, Oftentimes, 5=Very Much/Almost Always). The third part included **Health** Seeking Behaviours (HSB) rating scale of 1 – 5 stand for (e.g. 1=not all, 3 = somewhat, 5=very much). the fourth part covers Effects of MHPs on Quality of Life (QoL) of the Pregnant Women consists of 24 questions based on a 1-5 Likert scale. The tool demonstrated high internal consistency, with a Cronbach's alpha reliability coefficient of 0.89.

Procedure for Data Collection

Self-administered questionnaires were distributed in two phases to 166 women; that is, 83 questionnaire per visit. All the participants were briefed on the study's aims, and their consent was obtained. The questionnaires were completed approximately within fifteen minutes and subsequently collected for analysis. Data collection was conducted over two weeks, targeting the participants during clinic time.

Method of Data Analysis

The data was coded and analyzed using SPSS (IBM) version 25.0. Descriptive statistics, including frequency counts, percentages, mean, and standard deviation, were used to summarize the results. Chi square at significance level set at $P > 0.5$ were conducted to examine differences between quality of life and socio-demographic characteristic.

Ethical Consideration

Ethical approval was obtained from the research ethics committee of the Lagos State Health Service Commission, with reference No: LSHSC/DNS/RESEARCH/VOLIII/244. An informed consent was also sought from the participants for voluntary participation in the study in line with Helsinki Declaration.

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Results

Socio-demographic information of participants (n=160)

The table 1 showed the demographics of the 160 participants. Among them, 82 (31.3%) were aged 25-34, and 5 (14.6%) were 45years older. Marital status indicated 120 (75%) were married, 15 (9.4%) were cohabiting, and 25 (15.6%) were single. In terms of pregnancy stages, 39 (24.4%) are in the 0-12 weeks range, and 46 (28.8%) are in the 25-36 weeks. Pregnancy history showed 38 (23.6%) had 1 pregnancy, and 43 (26.9%) had 3. Additionally, 7 (4.4%) had abnormal pregnancies, while 153 (95.6%) had normal pregnancies. Regarding child loss, 7 (4.4%) had experienced it, 116 (72.5%) had not, and 37 (23.1%) were having their first pregnancy. Educational attainment showed 15 (9.4%) with non-formal education, and 59 (36.9%) with higher education. Income data showed 5 (3.1%) earn less than #20,000 monthly, while 60 (37.5%) earned more than #50,000 monthly.

Table 1: Socio-demographic information of participants (n=160)

Variable	Category	Frequency	Percentage (%)
Age	15-24	37	20.8
	25-34	82	31.25
	35-44	36	33.3
	45 and above	5	14.6
Religion	Christianity	87	54.4
	Islam	73	45.6
	Other	-	
Marital	Married	120	75.0
	Cohabiting	15	9.4
	Single	25	15.6
Age of Partner	<30	70	43.8
	31-40	71	44.4
	>40	19	11.8
Age of pregnancy (in months/weeks)	0 - 12week/3months	39	24.4
	13 - 24week/6months	49	30.6
	25- 36week/9months 37	46	28.8
	weeks and above	28	17.5
Gravidity/Number of pregnancy	1	38	23.6
	2	51	31.9
	3	43	26.9
	4	12	7.5
	5	9	5.6
	6	5	3.1
	7 and above	2	1.3
History of child loss	Yes	7	4.4
	No	116	72.5
	First Pregnancy (nil)	37	23.1
Nature of previous pregnancies	Normal	153	95.6s
	Abnormal	7	4.4
	Not applicable	-	-
Level of education	Non formal education	15	9.4
	Primary	25	15.6
	Secondary	61	38.1
	Higher education	59	36.9
Years spent on formal education	1-5years	108	67.5
	6-10years	33	20.6
	11-20years	10	6.3

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	21-30years	8	5.0
	31years and above	1	0.6
Monthly Salary	Less than #20,000	5	3.1
	#20,000 - #30,000	25	15.6
	#30,000 - #40,000	21	13.1
	#40,000 - #50,000	49	30.6
	More than #50,000	60	37.5

Mental Health Problems in Pregnancy (n=160)

The table 2 below revealed the mental health problems associated with pregnancy, 53 (33.1%) of the participants felt particularly low or down for two weeks or more during pregnancy. Another 53 (33.1%) always were worried excessively, which impacted their daily life after pregnancy. Regarding substance use, 52 (32.5%) were always worried about drug or kola nut problems. When it came to eating habits, 132 (82.5%) noted a change in their eating habits. Furthermore, 91 (56.9%) were unhappy with their appearance upon discovering their pregnancy, while 69 (43.1%) were not.

Table 2: Mental Health Problems in Pregnancy (n=160)

Questions	Response	Frequency	Percentage (%)	Mean + SD
I have had times when I feel particularly low or down for 2 weeks or more	Not at All	15	9.4	3.3±1.3
	Rarely	44	27.5	
	Few Times	17	10.6	
	Often Times	53	33.1	
	Almost Always	31	19.4	
I sometimes worry so much that it affects my day-to-day life after I took in	Not at All	10	6.3	3.7±1.2
	Rarely	29	18.1	
	Few Times	18	11.3	
	Often Times	50	31.1	
	Almost Always	53	33.1	
I feel safe with my current partner whenever I am pregnant	Not at All	1	0.6	3.8±1.1
	Rarely	40	25.0	
	Few Times	14	8.8	
	Often Times	41	25.6	
	Almost Always	64	40.0	
I think that I (or my partner) may have a problem with drugs or kolanut	Not at All	10	6.3	3.6±1.1
	Rarely	39	24.4	
	Few Times	8	5.0	
	Often Times	51	31.9	
	Almost Always	52	32.5	
In the past years I have experienced pregnancy loss or complications due to stress, anxiety or other mental health problem	Yes	13	8.1	1.1±0.3
	No	147	91.9	
When I discovered that I am pregnant, I felt?	Curious	51	31.9	1.9±0.7
	Anxious	81	50.6	
	Depressed	28	17.5	
When I discovered I am are pregnant, my eating habit changed	Yes	132	82.5	1.8±0.4
	No	28	17.5	
When pregnant, I feel unhappy with my looks or physical appearance	Yes	91	56.9	1.6±0.5
	No	69	43.1	

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Health seeking behaviours among the pregnant women (n=160)

The table 3 above highlighted the health-seeking behaviors of the participants. A majority, 71 (44.4%), reported had someone to provide practical support when needed, while 64 (40.0%) stated they had someone for emotional support. However, nearly all, 147 (91.9%), indicated they do not have access to someone who can treat mental health conditions had, such as depression, anxiety, bipolar disorder, or psychosis. This suggested that mental health treatment was not currently part of the focus of antenatal care.

Table 3: Showing the health seeking behaviours among the pregnant women (n=160)

Questions	Response	Frequency	Percentage (%)
If I need practical support, I have someone who could help me	Not at All	5	3.1
	Rarely	7	4.4
	Few Times	25	15.6
	Often Times	52	32.5
	Almost Always	71	44.4
If I need emotional support, I have someone who could help me	Not at All	7	4.4
	Rarely	6	3.8
	Few Times	31	19.4
	Often Times	52	32.5
	Almost Always	64	40.0
I have needed treatment for a mental health condition during pregnancy. (e.g. depression, anxiety, bipolar disorder, psychosis)	Yes	13	8.1
	No	147	91.9
If yes, please tick the type(s) of treatment	Talking Therapy	51	31.9
	Medication	81	50.6

Impact of MHPs on Quality of Life (QoL) of the Pregnant Women

The table 4 below showed the findings on Impact of MHPs on Quality of Life of the participants. The findings revealed that almost half reported of the participants, reported frequently experienced sudden extreme fear or discomfort (mean=2.06), repetitive thoughts that were difficult to stop or control (mean=2.08), difficulty in sleeping even when I had the chance to sleep (9mean=2.07). followed by fear of losing control (2.06). This implied that mental health problems had impact on the QoL among the pregnant women around study.

Table 4: Impact of MHPs on Quality of Life (QoL) of the Pregnant Women

Statement	Not at all	Rarely	Few Times	Often Times	Almost Always	Mean ± SD
Sudden rushes of extreme fear or discomfort	37(23.1%)	11(6.9%)	22(13.8%)	35(21.9%)	55(34.2%)	2.6±1.3
Repetitive thoughts that are difficult to stop or control	32(20.0%)	27(16.9%)	23(14.3%)	34(21.3%)	44(27.5%)	2.8±1.3
Difficulty sleeping even when I have the chance to sleep	21(13.1%)	40(25.0%)	19 (11.9%)	37(23.1%)	43(26.9%)	2.7±1.3
Having to do things in a certain way or order	32(20.0%)	16(10.0%)	26(16.3%)	31(19.4%)	55(34.2%)	2.6±1.3
Wanting things to be perfect	14(8.8%)	15 (9.4%)	28(17.5%)	16(10.0%)	87(54.4%)	2.1±1.1
Needing to be in control of things	41(25.6%)	3(1.9%)	26(16.3%)	30(18.8%)	60(37.5%)	2.6±1.3
Difficulty stopping checking or doing things over and over	13(8.1%)	7 (4.4%)	30(18.8%)	29(18.1%)	81(50.6%)	2.0±1.3
Feeling jumpy or easily startled	41(25.6%)	3 (1.9%)	22(13.8%)	34(21.3%)	60(37.5%)	2.6±1.6
Concerns about repeated thoughts	21(13.1%)	6(3.4%)	29(18.1%)	36(19.4%)	68(42.5%)	2.2±1.4

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Statement	Not at all	Rarely	Few Times	Often Times	Almost Always	Mean ± SD
Being 'on guard' or needing to watch out for things	10 (6.2%)	2 (1.3%)	19 (11.9%)	37(23.1%)	92 (57.5%)	1.9±1.1
Avoiding things which concern me	29(18.1%)	6(3.4%)	17(10.6%)	36(22.5%)	72(45.0%)	2.3±1.5
Feeling detached like you're watching yourself in a movie	9 (5.6%)	40(25.0%)	19 (11.9%)	37(23.1%)	55(34.2%)	2.4±1.5
Racing thoughts making it hard to concentrate	31(19.4%)	1 (0.6%)	30(18.8%)	29(18.1%)	69(43.1%)	2.0±1.6
Fear of losing control	32(20.0%)	15 (9.4%)	22(13.8%)	34(21.3%)	57(35.6%)	2.6±1.4
Feeling panicky	22(13.8%)	21(13.1%)	17(10.6%)	36(22.5%)	64(40.0%)	2.0±1.5

Quality of Life (QoL) of the Pregnant Women

The table 5 described findings on the quality of life of the pregnant women, participants averagely had fear that others would judge them negatively with mean = 2.80, while difficulty adjusting to recent changes (Mean =2.70) and feeling agitated (mean=2.70) identified. this was an indication that the QoL of the pregnant women in this study **was** average.

Table 5: Quality of Life (QoL) of the Pregnant Women

Statement	Not at all	Rarely	Few Times	Often Times	Almost Always	Mean ± SD	Remark
Avoiding social activities because I might be nervous	21(13.1%)	22(13.8%)	22(13.8%)	34(21.3%)	61(38.1%)	2.4±1.5	Poor
Worry that I will embarrass myself in front of others	28(17.5%)	15 (9.4%)	28(17.5%)	16(10.0%)	73(45.6%)	2.4±1.6	Poor
Upset about repeated memories, dreams or nightmares	32(20.0%)	2 (1.3%)	26(16.3%)	31(19.4%)	81(50.6%)	2.4±1.5	Poor
Fear that others will judge me negatively	33(20.6%)	16(10.0%)	26(16.3%)	30(18.8%)	55(34.2%)	2.8±1.5	**Average**
Feeling really uneasy in crowds	28(17.5%)	6 (3.4%)	30(18.8%)	29(18.1%)	67(41.9%)	2.4±1.3	Poor
Difficulty adjusting to recent changes	33(20.6%)	15 (9.4%)	28(17.5%)	40(25.0%)	44(27.5%)	2.7±1.5	**Average**
Losing track of time and can't remember what happened	20(12.5%)	18 (11.3%)	26(16.3%)	31(19.4%)	65(40.6%)	2.4z±1.5	Poor
Anxiety getting in the way of being able to do things	25(15.6%)	8(5.0%)	26(16.3%)	30(19.8%)	71(44.4%)	2.3±1.4	Poor
Feeling agitated	28(17.5%)	30(18.8%)	17(10.6%)	36(22.5%)	49(30.6%)	2.7±1.5	**Average**

*Scale: mean value ≤ 2.5→ Poor QoL; 2.5 – 3.49 → Average QoL; while ≥ 3.5→ Good QoL

Mental Health Problems in Pregnancy and Quality of Life (QoL) of the Pregnant Women

The table 6 below presented the relationship and the degree of relationship that existed between Mental health problems in pregnancy and the quality of life of the pregnant women, was significant relationship between problem with drugs or kolanut among the pregnant women and their quality of life ($P < 0.05$), thus it implied that problem with drugs or kolanut among the pregnant was a predictive factor in the quality of life of the pregnant women of this study.

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Table 7: Mental Health Problems in Pregnancy and Quality of Life (QoL) of the Pregnant Women

	Quality of life			
MHPs Identified	**Poor**	**Average**	**Good**	**P-value**
Times when pregnant women feel particularly low or down for 2 weeks or more	0%	33%	67%	0.190
Worrisome	0%	33%	67%	0.327
Problem with drugs or kolanut	0%	23%	77%	**0.039***
Change in eating habit	0%	33%	67%	0.452
Feeling unhappy with physical appearance	0%	33.1%	66.9%	0.266

***MHP = Mental Health Problems**

Discussion

The study assessed the psychological well-being of pregnant women at Igando General Hospital, Lagos State, spotlighted the sample socio-demographic characteristics, mental health issues, health-seeking behaviors, and the effects of mental health problems (MHPs) on their quality of life.

Mental Health Problems of Pregnant Women

The findings of our study revealed that psychological distress was prevalent among the samples, with good number of them experienced extended periods of anxiousness and low mood, worrying that disrupted their daily lives. Similarly, the findings of this study showed that samples had changes in their eating patterns and few reported being depressed. These results suggest that pregnancy was a vulnerable period for mental health issues, potentially exacerbated by socio-economic challenges and limited access to psychological support. This aligned with findings of study conducted by[5], who explicated that pregnancy induced significant psychological and physical changes, due to hormonal fluctuations, which might lead to emotional instability and mental health issues. These findings were further established by[1] who confirmed that most prevalent mental health concerns during this period were depression and anxiety. Furthermore, our findings also discovered that most of the participants expressed feelings of not being happy with their appearance upon concealing that they were pregnancy. These study findings emphasized the report of [7,8] where it was affirmed that significant psychological and physiological changes during pregnancy, triggered heightened emotional responses and, in some cases, mental disturbances

Health-Seeking Behaviors

The study findings indicated that majority of the samples accepted receiving practical and emotional support when it needed. These implied that samples this study controlled positive support system which influenced their health-seeking behaviors. These findings aligned with the assertion by[13] who held that having strong social support helped expectant mothers navigate the emotional challenges that often accompany pregnancy thereby influenced the health seeking behaviour. Notably, our findings had it that nearly all the samples had no support for treatment of mental health conditions such as depression, anxiety, bipolar disorder, or psychosis. These finding might be associated with the over religiosity and belief in sacred being where they say; mental illness was not their portion' as popularly mentioned in religion. Likewise, an indication that mental health treatment was not included in the current programme of focus of antenatal care. The findings of our present study contradicted the assertion of [17] which posits that health behaviors were influenced by perceived susceptibility, severity, benefits, and barriers. When pregnant women perceived high emotional or psychological risk but also recognize the benefits of care especially when supported by their social systems, they were more likely to seek appropriate interventions. Consequently, strategies such as health education, counseling, and peer support groups could reinforce positive perceptions and enhance mental wellness throughout pregnancy[17]

Impact of Mental Health Problems on Quality of Life

The study revealed significant impacts of mental health problems on the participants quality of life, included, frequently experienced sudden fear and discomfort, uncontrollable thoughts. These findings might be due to

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physiological change that influence the hormones during pregnancy. The findings of these present study were in agreement with the study conducted by[1,19] where they emphasized that challenges of pregnancy where depression negatively impacted maternal, and it's associated with unhealthy behaviors, inadequate prenatal care, and poor maternal–fetal bonding. Likewise, the result seconded the study conducted by[20] who corroborated that mental health problems impaired a woman's quality of life, affected social functioning, daily activity levels, and physical wellbeing, Further revelation of our study findings indicated that almost half of the participants had repetitive thoughts that were difficult to stop or control and were found to be one of the health problems that impacted the sample quality of life. These findings were in accordance with study conducted by[11] where they reported that unpleasant event, anxiety and depression impacted the quality of life of a pregnant woman. This was also aligned by[7,12] where both described that feeling out of control of childbirth, increased stress levels militate quality of life a pregnant woman. The findings of our study indicated that difficulty sleeping even when they have the chance to sleep and fear of losing control was reported. This implied that mental health problems had impact on the QoL among the pregnant women in the area of study. This result is established the fact that pregnancy could initiate a cascade of psychological, emotional, and even traumatic experiences that might persist from the perinatal to the postpartum period affect sleep quality[1].
In addition, our study findings also discovered that fear that others would judge them negatively, difficulty adjusting to recent changes and feeling agitated had significantly affected the quality of life of a pregnant woman, The result potentiate the assertion that social support served as a key component in managing the emotional demands of pregnancy[13][. Our findings also established that problem with drugs or kolanut was a predictive factor in the quality of life of the pregnant women of this study. Saridi et al.[7] reported that experience of pregnancy was individual and depended on various factors and situations that affected the general health and quality of life (QoL) of future mothers

Strengths and Limitation of the Study

The study addresses a critical area maternal mental health and care-seeking, which is often under-researched in Nigeria. Focusing on antenatal clinic attendees ensures the study captures data from women actively engaged in healthcare, making the findings relevant for clinical practice. The study also offers culturally specific data that can support localized interventions and inform policy. Examining both psychological impacts and health behaviors provides a well-rounded perspective on maternal health needs. Using first-hand data, especially with standardized tools, enhances the reliability of results. The study's scope is limited to a single hospital, affecting its generalizability. Its cross-sectional design prevents causal conclusions.

Implications of the findings of this study

Based on the findings of this study the following recommendations were made.

1. Need to incorporate routine mental health screenings into antenatal care to identify and manage psychological issues early.
2. Healthcare providers should increase awareness of mental health issues, and promotion of community-based support programs that focus on the long-term impacts of psychological distress during pregnancy.
3. Provide culturally sensitive counseling to pregnant women to foster trust and reduce stigma around mental health.
4. Facilitate support groups for pregnant women to encourage peer discussions and shared coping strategies. Also, to the pregnant women, to seek help from healthcare professionals if they experience emotional or psychological challenges during pregnancy.
5. Participate actively in antenatal education programs that include mental health topics. Build a support network of family, friends, and peers to share experiences and coping strategies. A collaborative approach involving nurses, the government, pregnant women, and society is essential for improved maternal mental health outcomes.

Implications to Nursing

The findings emphasize the role of nursing in addressing mental health during pregnancy. Nurses must adopt a holistic approach, integrating mental health screenings into routine antenatal care to identify at-risk women early. Additionally, the study indicated the importance of creating supportive environments where women feel

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safe to discuss mental health concerns. Nursing professionals should advocate for community-based mental health programs and collaborate with multidisciplinary teams to ensure comprehensive care. Furthermore, training in culturally sensitive counseling was imperative to reduce stigma and foster trust among pregnant women. A holistic, proactive approach by nurses could significantly improve maternal mental health outcomes.

Conclusion

The study concluded that mental health challenges affected the quality of life during pregnancy and these challenges were prevalent among pregnant women in the region and have profound implications for their well-being and quality of life. The health seeking behaviour was strong with positive social support around the pregnant women. However, awareness of mental health interventions during pregnancy were not fully reorganized and included in the context of social support, limited the effectiveness of the service. These challenges require targeted interventions to improve mental health literacy, reduced stigma, and provide accessible services.

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Data Availability Statement: The data generated for this study not publicly available because the study generated SPSS and the subsequent publications underway. They are available from the corresponding author on reasonable request.

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