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Community-Based Sensitization Program: Impact on Antenatal Depression and Coping Styles in Rural Pregnant Women

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ABSTRACT

Pregnancy is a precious period, yet many women are vulnerable to antenatal depression due to hormonal and physiological changes. Globally, about 10% of pregnant women experience depression, with higher rates in developing countries (15.6% or more). In India, prevalence ranges from 9.18% to 36.7%, making it a significant maternal health concern. Overall, nearly 15% of women face depression during pregnancy or the postnatal period. With depression affecting over 350 million people worldwide and predicted by WHO to become the second leading cause of illness, there is a strong need to evaluate interventions. Hence, this study was undertaken to assess the impact of a sensitization program on antenatal depression and coping styles.

Methodology :A quantitative evaluative approach with a pre-experimental one-group pre-test post-test design was adopted. A total of 155 pregnant women from rural Vijayapura were selected through non-probability purposive sampling at the Primary Health Centre, Babaleshwar.

Results : Most participants (46.5%) were aged 20–24 years, 56.8% were Hindu, and nearly half (49.7%) had secondary education. More than half (54.8%) belonged to nuclear families, 69.7% were housewives, and 59.4% had a monthly income below ₹15,000. About 34.2% were in the 6th month of gestation, 47.1% were primigravida, and the same proportion had no children. Among them, 78.0% reported no complications in previous deliveries, while 37.4% had undergone caesarean section. The mean post-test depression score (5.67) was lower than the pre-test score (9.25), while the mean post-test coping score (41.28) was higher than the pre-test score (26.30). The mean paired differences were significant for both depression (3.58; t=18.75, p<0.0001) and coping (14.94; t=-41.8, p<0.0001), indicating that the sensitization program effectively reduced depression and enhanced coping among pregnant women.

The study revealed a negative correlation between antenatal depression and coping styles. Antenatal depression was significantly associated with previous pregnancy history, while other demographic factors showed no association. Coping styles were associated with occupational history, but not with other demographic variables.

Interpretation & Conclusion: The findings of this study showed that the sensitization program were effective as evidenced by the results and proved that the sensitization program among the antenatal mother plays important role in reducing antenatal depression and helps in enhancing coping styles.

Keywords: *Pregnant Women, antenatal depression, coping styles. Sensitization Program, Impact, perinatal.*

1. INTRODUCTION

Pregnancy is a precious period, but expectant mothers are vulnerable to antenatal depression due to hormonal and physiological changes. This condition can adversely affect fetal growth, leading to preterm birth, low birth weight, impaired brain development, coping difficulties later in life, and increased child mortality risk. According to WHO, depression is one of the most common mental illnesses, ranked as the third most prevalent disabling condition worldwide.4

Pregnancy-related depression is now the second leading cause of disability and increases the risk of postnatal depression.By.

2020, WHO reported prenatal depression rates ranging from 9.9% in Ghana to 47% in rural South Africa. In Ethiopia, it ranks among the top ten causes of disease burden, affecting one in three pregnant women. Alarmingly, nearly half of these women consider suicide, and about one-third attempt it.5 Pregnancy-related depression

affects about 10% of women globally, rising to 15.6% in developing countries and even higher in less developed regions.[6]

Antenatal depression involves physical and emotional symptoms such as sadness, hopelessness, anxiety, fatigue, sleep and appetite changes, loss of interest, and suicidal thoughts. Around 25–35% of pregnant women experience depressive symptoms, and up to 20% meet criteria for severe depression. This condition affects maternal health, family functioning, pregnancy outcomes, and even maternal survival, while also limiting health service use. Preventive interventions—targeting high-risk groups, women with subclinical symptoms, or the general population—can help reduce or prevent depression during pregnancy.[14]

Prenatal education is an effective way to promote the health of mothers and families, addressing labor, postpartum care, and childrearing. Traditionally offered through group sessions, it was disrupted by COVID-19 due to safety concerns. This limited access for pregnant women, a vulnerable group. Studies show high demand for internet-based prenatal counseling, leading providers to develop virtual tools and modules that promote healthy lifestyles during social distancing. These innovations build on earlier online programs that substituted for in-person instruction.[15]

Need for study

The World Health Organization (WHO) acknowledges maternal mental health as crucial for overall well-being and sustainable development. It defines it as a state of complete well-being where a mother recognizes her abilities, manages normal stresses, works productively, and contributes to her community—emphasizing positive functioning and not merely the absence of illness.[20]

Maternal mental health is vital as it influences not only mothers but also child growth and well-being. Conditions like anxiety or depression during and after pregnancy can disrupt family relationships, child development, and mother–infant bonding. Addressing maternal mental health is essential for improving women's overall health and outcomes.[21]

Early detection of depression in pregnancy can reduce antenatal depression and adverse outcomes. Timely identification, diagnosis, and treatment are vital to protect maternal health, as untreated cases may progress to postpartum depression. Hence, prenatal screening is essential to uncover hidden cases and prevent serious consequences.[24]

Depression screening helps in early identification and treatment of prenatal depression, requiring flexible and reliable tools to detect perinatal common mental disorders (PCMDs). Early diagnosis can prevent progression to postnatal depression and reduce adverse effects on both mother and child. Based on community field observations, the present study aimed to assess the impact of a sensitization program on antenatal depression and coping styles among pregnant women in selected rural areas of Vijayapura.[26]

Statement Of The Study

"Impact Of Sensitization Program On Antenatal Depression And Coping Styles Among Pregnant Women Residing At Selected Rural Areas Of Vijayapura"

Objectives Of The Study

1.To assess the level of antenatal depression and coping styles among pregnant women

2.To assess the effectiveness of sensitization program on antenatal depression and coping styles among pregnant women.

3.To find out the correlation between the antenatal depression and coping styles among pregnant women

4. To find out the association between the antenatal depression and coping styles among pregnant women with selected demographic variables

Operational Definitions-

Antenatal depression: It refers to it refers to the series of responses expressed by the pregnant women recorded through BDI Scale Coping styles: Oral responses given by the pregnant women regarding measures adopted to overcome antenatal depression recorded by CSQ Scale

Pregnant women: It refers to the registered antenatal mothers residing in selected rural areas.

Sensitization Programme: It refers to the periodical [15-20min/ session with interval of 10 days having 3 sessions] individual interaction performed by the investigator with pregnant women regarding care during antenatal period family and self-management, present and future plan to manage antenatal depression with adaptive suitable coping style

Hypotheses-

H1: There will be significant difference between antenatal depression and coping styles among pregnant women before and

after implementation of sensitization program.

H2: There will be significant correlation between antenatal depression and coping styles among pregnant women.

H3:There will be significant association between antenatal depression and coping styles with their selected demographic variables.

2. REVIEW OF LITERATURE-

The reviewed publications have been organized and presented as follows:

Literature regarding prevalence and incidence of Antenatal Depression

Literature related to Antenatal Depression and its associated factors & coping style

Literature related to educational intervention on Antenatal depression & coping styles.

A community-based cross-sectional study among 564 perinatal mothers in rural Bihar assessed the prevalence and risk factors of prenatal depression. Data on socio-demographic and family-related factors were collected using a semi-structured Performa, and depression was measured with the Edinburgh Postnatal Depression Scale. The prevalence was estimated at 23.9%. Multivariate analysis showed significant associations with maternal physical condition, history of abortion, financial status, and neglect from in-laws.[28]

3. METHODOLOGY-

Research Approach: A **quantitative evaluative research approach** was adopted to assess the impact of a sensitization program on levels of depression and coping styles among pregnant women.

Research Design: A pre-experimental one-group pre-test post-test design was adopted

Study Setting: For this current study setting was in the rural areas of Vijayapura

Variables-

Independent variable: Sensitization program

Dependent variable: Antenatal Depression & Coping Styles.

Demographic variable: Age, Educational status, Type of family, Economic status, Month of pregnancy, obstetrical score, Number of children, History Of previous pregnancy, Nature of previous Delivery.

Population

Study Population: In this particular research individual comprises of Antenatal mothers residing in rural areas of Vijayapura.

Sampling Technique: To select samples in this study Non-Probability Purposive Sampling technique was used

Sample Size: Sample comprise 155 antenatal mothers from selected rural areas of Vijayapura

Sample Size Estimation: Sample size for my research was calculated by going through extensive review of literature the research investigator observed that prevalence of antenatal depression varies from 15% to 60% in India. Considering the sample size was calculated by using single proportion formula. Sample size (z) = $Z\alpha 2\ 2/pqE2$ Where, Zα/2 - Critical value for standard normal variate at 95% C.I [1.96] P - Prevalence of antenatal depression (37.5%) E - Allowable error (8%) Sample size required for the pre-test study with 10% drop out rate is 155.

Sample Selection Criteria:

Inclusion criteria.

The inclusion criteria are: Pregnant women.

- Subject willing to participate in the study.
- Subjects available during the time of data collection.
- Subjects who can read, write and understand English \Kannada.

Exclusion criteria:

Exclusion criteria are,

Subjects who have crossed reproductive age.

Subjects who are nearer to Expected date of delivery (EDD).

Subjects who have undergone permanent family planning method.

Ethical Consideration

Prior permission was obtained from the research committee and informed consent was obtained from the participants.

Description Of The Tool

Development of the tool:

The following steps were carried out in preparing the tool

Literature review

Preparation of the blue print

Consultation with the guide, statistician, subject experts of nursing

Establishment of validity and reliability

The tool used in this study consists of Two Sections

Section-I: Demographic data includes eleven components like age, religion, educational status, type of family, occupational history, economic status per month, month of pregnancy, obstetrical score, number of children, history of previous pregnancy, nature of previous delivery.

Section –II Includes

PART A: Beck depression inventory scale is adapted to assess the level depression among pregnant mothers. There are about 21 groups of statements in relation to depression and each group carries 4 statements.

PART B: Coping style questionnaires is adapted to assess the coping style among pregnant mothers There are about 20 questions related coping styles among those 12 questions related to positive coping styles and 8 questions related to negative coping styles. And each question is having four options, in positive coping style questions 0 indicate never 1 indicates sometimes ,2 indicates often and 3 indicates almost always were as in negative coping styles 0 indicates almost always,1 indicates often, 2, indicates sometimes, 3 indicates never.

4. RESULTS

The findings were presented under the following headings:

Section I: Analysis of demographic characteristics of respondents under study.

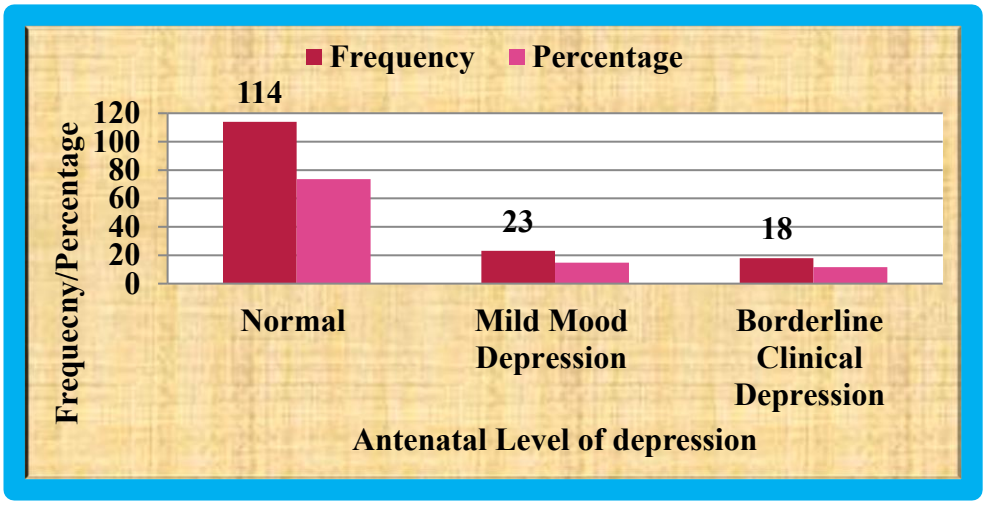
Socio demographic data		**Frequency**	**Percentage**
Age in years	20-24	72	46.5
	24-28	46	29.7
	28-32	37	23.9
	Total	155	100.0
Religion	Hindu	88	56.8
	Muslim	52	33.5
	Others	15	9.7
	Total	155	100.0
Education	Primary Education	57	36.8
	Secondary Education	77	49.7
	Degree & Above	21	13.5
	Total	155	100.0
Types Of Family	Joint Family	70	45.2
	Nuclear Family	85	54.8
	Total	155	100.0

Occupation	Private	43	27.7
	Housewife	108	69.7
	Government	04	2.6
	Total	155	100.0
Income	< 15000	92	59.4
	15000-4000	61	39.4
	>40000	02	1.3
	Total	155	100.0
Month Of Pregnancy	3 Months	11	7.1
	4 Months	21	13.5
	5 Months	30	19.4
	6 Months	53	34.2
	7 Months	34	21.9
	8 Months	6	3.9
	Total	155	100.0
Obstetrical Score	G2P1L1	64	41.3
	G3P2L2	18	11.6
	G1	73	47.1
	Total	155	100.0
No of Children	Nil	73	47.1
	One	64	41.3
	Two	18	11.6
	Total	155	100.0
History Of Previous Delivery	NO any problem	64	78.02
	Gestational hypertension	05	6.09
	Anemia	13	15.8
	Total	82	100.0
Nature Of Delivery	Normal	24	15.5
	Caesarean section	58	37.4
	Total	82	100.0

SECTION II: Analysis And Interpretation Of Pretest And Post Test Level Of Antenatal D Frequency And Percentage Distribution Of Pregnant Women's According To Their Pre-Existing Level Of Antenatal Depression Epression

SI NO	Pre-Existing Depression Level	Frequency	Percentage
1	Normal	114	73.5
2	Mild Mood Depression	23	14.8

3	Borderline Clinical Depression	18	11.6
	Total	155	100.0

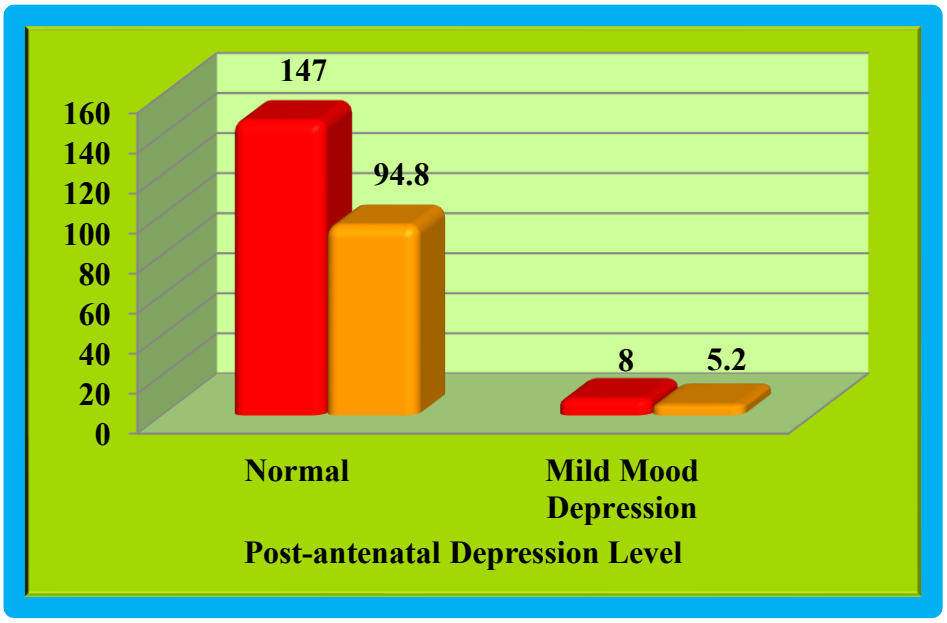


From table 2: it was noticed that majority 114(73.5%)of study participant are normal were 23(14.8%) of study participants have mild mood depression and 18(11.6%) of study participants have a borderline clinical depression

Table no 3: Frequency and percentage distribution of pregnant women's according to their Post level of antenatal Depression

SI NO	Post Depression Level	Frequency	Percentage
1	Normal	147	94.8
2	Mild Mood Depression	08	5.2
	Total	155	100.0

Graph no 2: Frequency and percentage distribution of pregnant women's according to their Post level of antenatal Depression



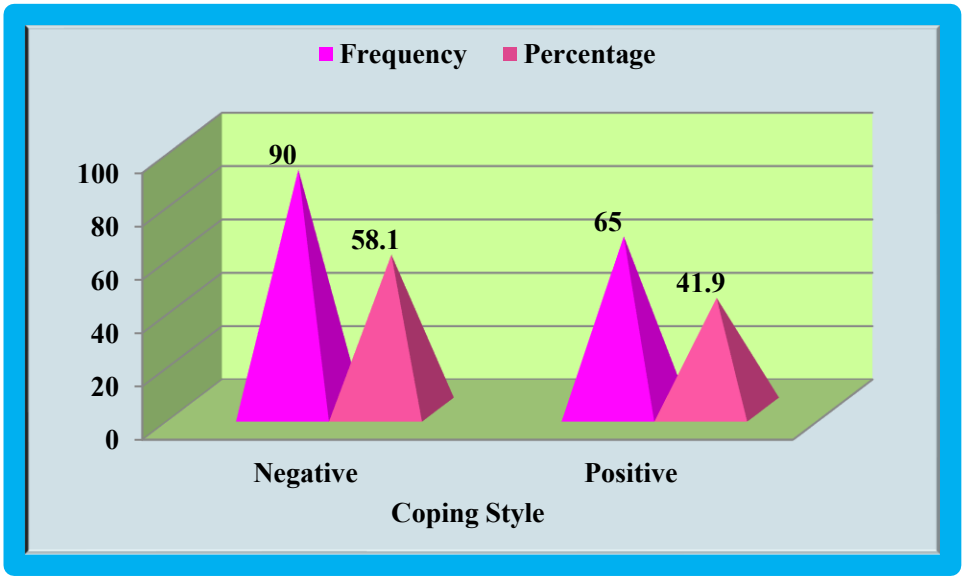
From graph no 2: it was noticed that majority 147(94.8%) of study participants are normal and only 8(5.2%) of participants have mild mood depressions.

Section Iii: Analysis & Interpretation Of Pretest And Posttest Coping Styles.

Table no 4: Frequency and percentage distribution of pregnant women's according to their Pre-existing coping style

SI NO	Coping Style	Frequency	Percentage
1	Negative	90	58.1
2	Positive	65	41.9
	Total	155	100.0

Graph no 3: Frequency and percentage distribution of pregnant women's according to their Pre-existing coping style

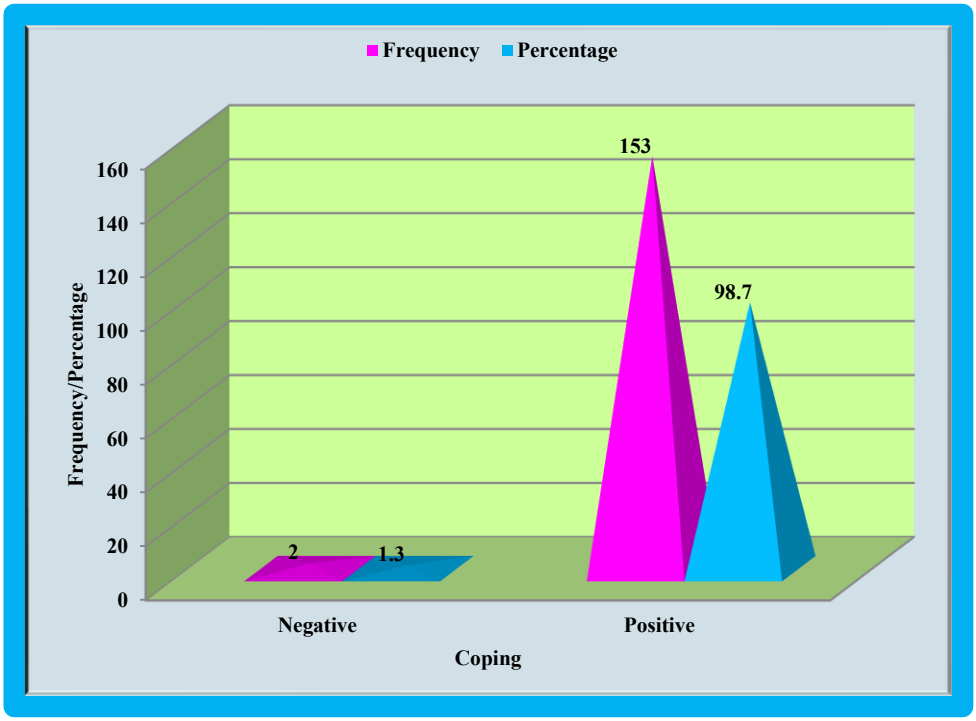


From table no: 4, it was noticed that majority 90(58.1%) of study participants have negative coping styles were as 65(41.9%) of study participants have positive coping styles.

Table no 5: Frequency and percentage distribution of pregnant women's according to their coping style after sensitization program

SI NO	Coping Style	Frequency	Percentage
1	Negative	02	1.3
2	Positive	153	98.7
	Total	155	100.0

Graph no 4: Frequency and percentage distribution of pregnant women's according to their coping style after sensitization program



From table: 5, it was noticed that majority 153(98.7%) of study participants have positive coping styles and only 2(1.3%) of study participants have negative coping styles

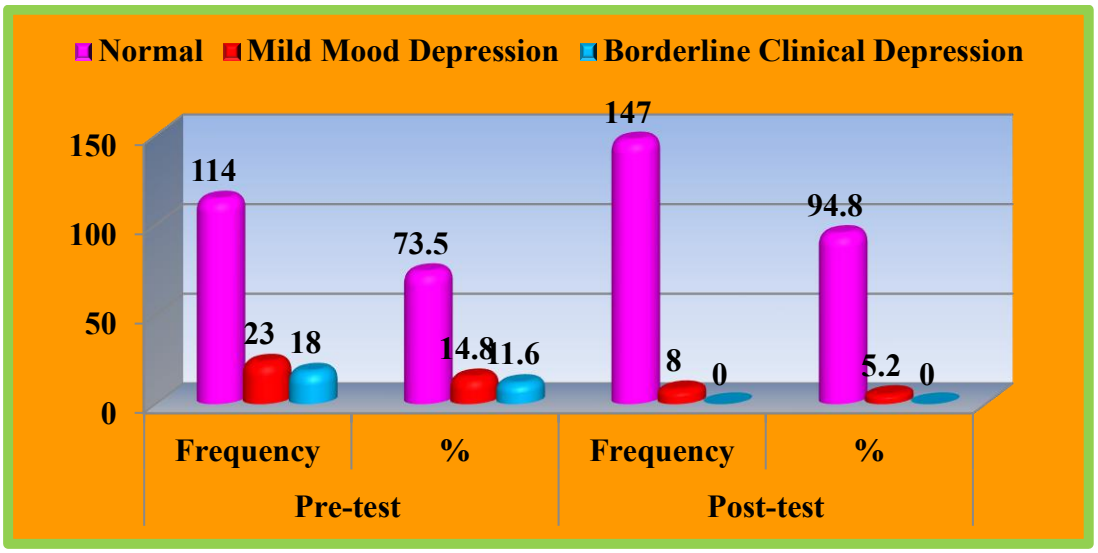
Section IV: Analysis And Interpretation Of Effectiveness Of Sensitization Program On Antenatal Depression And Coping Styles.

A: Analysis And Interpretation Of Effectiveness Of Sensitization Program On Antenatal Depression

Table no 6: Comparison of Antenatal Depression level before and after sensitization program among the pregnant women

SINO	Depression Level	Pre-test		Post-test	
		Frequency	%	Frequency	%
1	Normal	114	73.5	147	94.8
2	Mild Mood Depression	23	14.8	08	5.2
3	Borderline Clinical Depression	18	11.6	00	00
	Total	155	100.0	155	100.0

Graph no 5: Comparison of antenatal Depression before and after sensitization level among the pregnant women



Graph no 5, it was noted that depression level of the pregnant women has reduced after the sensitization program. After the sensitization program, majority 147(94.8%) had normal depression level, whereas during pre-test only 114(73.5%) had normal depression level

Conclusion: It was concluded that sensitization program was effective in improving the depression level of pregnant women.

Table no 7: Comparison overall mean pre-test and post test depression score of the pregnant women

Depression Score	Mean	N	Std. Deviation	Std. Error Mean	P-value
Pretest	9.25	155	3.937	0.316	< 0.0001(S)
Posttest	5.67	155	2.409	0.193	

From table no 7, it was seen that mean post test depression score was (5.67) was considerably lesser in comparison with mean pre-test score (9.25) among the pregnant women's. Hence overall depression scorewas reduced considerably after the sensitization program.

Table no 8: paired t test for comparing depression level among the pregnant women's before and after the sensitization program

Paired Differences			t	Df	Sig. (2-tailed)
Mean	Std. Deviation	SE Mean			
3.58	2.37	0.19	18.75	154	**<0.0001(S)**

Table no 8 showed that mean paired difference in depression score was 3.58 with t-value= 18.75 with p-value less than 0.0001 indicates that sensitization program was effective in improving the depression level of the pregnant women

5. CONCLUSION:

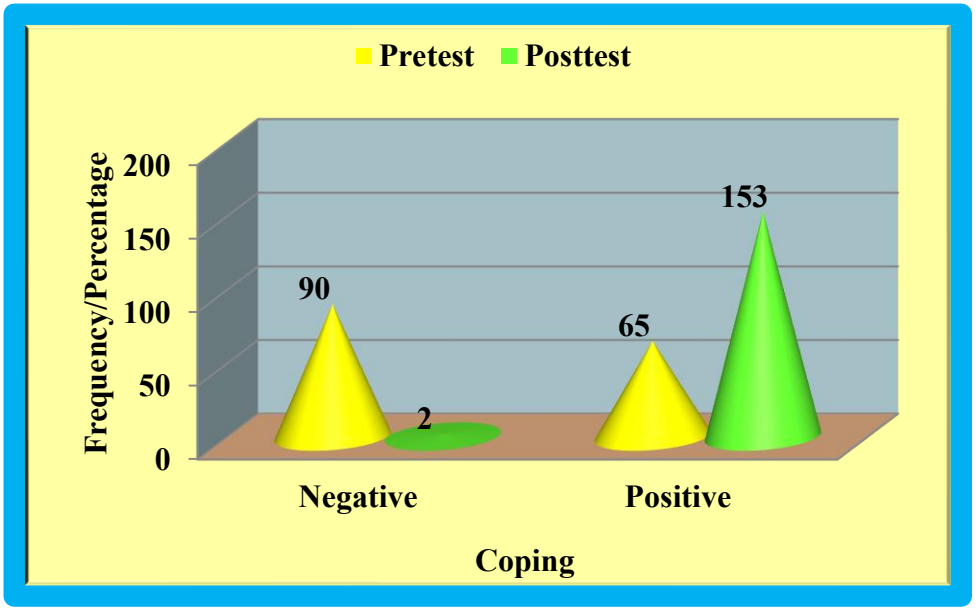
It was concluded that sensitization program was effective in improving the Depression level of the study participants

B: Analysis and interpretation of effectiveness of sensitization program on coping styles

Table no 9: Comparison of antenatal Coping Style before and after sensitization level among the pregnant women

SINO	Coping Style	Pre-test		Post-test	
		Frequency	%	Frequency	%
1	Negative	90	58.1	02	1.3
2	Positive	65	41.9	153	98.7
	Total	155	100.0	155	100.0

Graph no 8: Comparison of antenatal coping Style before and after sensitization level among the pregnant women



Graph no 8, it was noted that coping level of the pregnant women has improved after the sensitization program. After the sensitization program, pregnant women's 153(98.7%) had Positive coping style, whereas during pre-test only 65(41.9%) had positive coping style. **Conclusion:** It was concluded that sensitization program was effective in enhancing the coping style of pregnant women

Table no 10: Comparison overall mean pre-test and post-test coping style of the pregnant women

Coping score	Mean	N	Std. Deviation	Std. Error Mean	P-value
Pretest	26.30	155	2.902	0.233	< 0.0001(S)
Posttest	41.28	155	3.75	0.301	

From table no 10, it was seen that mean post test coping score was (41.28) was considerably higher in comparison with mean pre-test score (26.30) among the pregnant women's. Hence overall coping score was enhanced considerably after the sensitization program

Table no 11: paired t test for comparing coping score among the pregnant women's before and after the sensitization program

Paired Differences			T	Df	Sig. (2-tailed)
Mean	Std. Deviation	SE Mean			
14.94	4.44	0.35	-41.8	154	**<0.0001(S)**

Table no 11 showed that mean paired difference in coping score was 14.94 with t-value= -41.8 with p-value less than 0.0001 indicates

Conclusion:

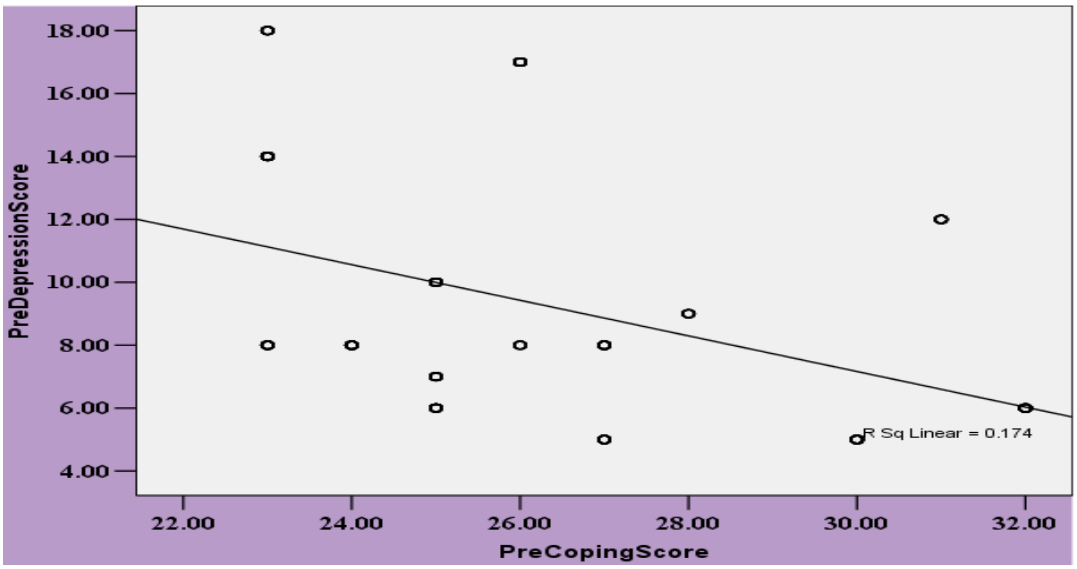
It was concluded that sensitization program was effective in enhancing the coping level of the study participants

Section V: Analysis And Interpretation Of Correlation Between Antenatal Depression And Coping Styles

Table no 12: Correlation Between The Antenatal Depression And Coping Styles Among Pregnant Women

		Depression	Coping
Depression	Pearson Correlation	1	-0.417(**)
	Sig. (2-tailed)		.000
	N	155	155
Coping	Pearson Correlation	-0.417(**)	1
	Sig. (2-tailed)	.000	
	N	155	155

Graph no 8: Scattered diagram correlation between the antenatal depression and coping styles among pregnant women



Graph no 8 Shows that, correlation between the antenatal depression and coping styles among pregnant women is negative and it was highly significant

Section Vi: Analysis And Interpretation Of Association Between Antenatal Depression And Coping Styles Among Pregnant Women

Table no 13: Association between the antenatal depression among pregnant women with selected demographic variables

S.I No.	Depression Score		Chi-square	Df	p-value	Result
	≤M	>M				
Age						
20-24	40	32	5.56	2	0.062	NS
24-28	30	16				
28-32	29	8				
Religion						
Hindu	62	26	4.92	2	0.085	NS
Muslim	27	25				
Others	10	5				
Education						
Primary Education	42	15	3.77	2	0.152	NS
Secondary Education	45	32				
Degree & Above	12	9				
Types of family						
Joint Family	44	26	0.057	1	0.812	NS
Nuclear Family	55	30				
Occupation						
Private	31	12	0.127	2	5.82	NS
Housewife	95	13				
Government job	3	1				
Income						
< 15000	63	29	3.72	2	0.155	NS
15000-4000	34	27				
>40000	2	0				
Month of pregnancy						
3.00	3	8	9.97	5	0.076	NS
4.00	14	7				
5.00	19	11				
6.00	35	18				
7.00	22	12				
8.00	6	0				

obstetrical score						
G2P1L1	46	18	4.48	2	0.099	NS
G3P2L2	10	8				
G1	58	15				
No of Children						
Nil	53	20	4.56	2	0.102	NS
One	36	28				
Two	10	8				
History of previous pregnancy						
NO any problem	41	23	9.67	2	0.008	S
Gestational hypertension	0	5				
Anemia	5	8				
Nature of previous delivery						
Normal	14	10	0.069	1	0.793	NS
Caesarean section	32	26				

Table no. 13 Revealed that there was no association between the antenatal depressions among pregnant women with selected demographic variables such as Age, Religion, Education, Types of Family, occupation, income, moth of pregnancy, Obstetrical score, No. of children and nature of previous delivery but it was associated with history of previous pregnancy.

Table no 14: Association between the copings among pregnant women with selected demographic variables

S.I No.	**Depression Score**		**Chi-square**	**Df**	**p-value**	**Result**
	≤M	>M				
Age						
20-24	43	29	0.37	2	0.83	NS
24-28	25	21				
28-32	22	15				
Religion						
Hindu	52	36	0.17	2	0.917	NS
Muslim	29	23				
Others	9	6				
Education						
Primary Education	14	7	1.08	2	0.58	NS
Secondary Education	34	23				
Degree & Above	42	35				

Types of family						
Joint Family	42	28	0.19	1	0.65	NS
Nuclear Family	48	37				
Occupation						
Private	22	21	18.4	2	0.802	S
Housewife	92	16				
Government job	3	1				
Income						
< 15000	54	38	2.81	2	.246	NS
15000-4000	0	2				
>40000	36	25				
Month of pregnancy						
3m	3	8	10.11	5	0.072	NS
4m	12	9				
5m	23	7				
6m	30	23				
7m	20	14				
8m	2	4				
obstetrical score						
G2P1L1	52	12	1.802	2	0.121	NS
G3P2L2	12	6				
G1	58	15				
No of Children						
Nil	36	37	4.72	2	0.094	NS
One	41	23				
Two	13	5				
History of previous pregnancy						
NO any problem	43	21	0.23	2	0.889	NS
Gestational hypertension	3	2				
Anemia	8	5				
Nature of previous delivery						
Normal	17	7	0.37	1	0.541	NS
Caesarean section	37	21				

Table no 14 Revealed that, there was no association between coping among pregnant women with selected demographic variables such as Age, Religion, Education, Types Of Family, Income, Month Of Pregnancy, Obstetrical Score, No Of Children, Nature Of Previous Delivery And History Of Previous Pregnancy But It Was Associated With Occupation.

6. SUMMARY

In this study various literature was reviewed which includes Literature regarding prevalence and incidence of antenatal depression, and its associated factors & coping style, Literature related to educational intervention on Antenatal depression &coping styles. Pre experimental design of one group pre and post test was used. The target population for the study was antenatal mothers this population was selected by Non probability purposive sampling technique. The total sample under the study is 155 antenatal mothers structured questionnaires were used to collect demographic information and Beck depression inventory scale were used to assess depression level and CSQ scale [Coping style questionnaires] were used to assess the coping styles tool was used for 155 antenatal mothers after validating the tool by experts. The reliability of the tool was established by using split half method

7. CONCLUSION

The mean pretest level of Depression was 9.25 and coping styles was 26.30 and the mean post score level of depression was5.67 and coping style was 41.28 regarding level of Depression &coping styles , the difference in depression score was 3.58 score and difference in coping style was 14.94 thus through the findings it was concluded that need based sensitization program was highly effective in reducing the level of depression and enhancing the coping styles among antenatal mothers

Data Analysis revealed that depression level of the pregnant women has improved after the sensitization program. After the sensitization program, majority 147(94.8%) had normal depression level, whereas during pre-test only 114(73.5%) had normal depression level .it was seen that mean post test depression score was (5.67) was considerably lesser in comparison with mean pre-test score (9.25) among the pregnant women's with t-value =18.5 with p-value less than 0.0001 and it was noted that coping level of the pregnant women has improved after the sensitization program. After the sensitization program, all pregnant women's 153(100.0%) had Positive coping style, whereas during pre-test only 65(41.9%) had positive coping style it was seen that mean post test coping score was (41.28) was considerably higher in comparison with mean pre-test score (26.30) with mean paired difference in coping score was 14.94 with t-value=-41.8 with p-value less than 0.0001. Hence overall coping score was enhanced considerably and the overall level of depression reduced considerably after the sensitization program

Data analysis discovered that there negative correlation between antenatal depression and coping styles and it was highly significant & data also discovered that there was no association between the antenatal depression among pregnant women with their selected demographical variables such as age, religion, education, type of family, occupation, income, month of pregnancy, obstetrical score, number of children and nature of previous delivery But it was associated with history of previous pregnancy and there was no association between coping styles among pregnant women with selected demographical variable such as age, religion, education, type of family, obstetrical score , income, , month of pregnancy, no of children, nature of previous delivery and history of previous pregnancy But it was associated with occupational history

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