

Deanship of Graduate Studies

Al-Quds University



**Prevalence of Anxiety and Depression among Mothers of
Newborns Admitted to Neonatal Intensive
Care Units in Gaza Strip**

Rania Jamal Breaka

M. Sc. Thesis

Jerusalem- Palestine

1440 / 2018

**Prevalence of Anxiety and Depression among Mothers of
Newborns Admitted to Neonatal Intensive Care
Units in Gaza Strip**

Prepared by

Rania Jamal Breaka

B. Sc. in Nursing- Palestine College of Nursing

Supervisor: Dr. Motasem Salah

Co-supervisor: Dr. Areefa SM. Al-Kasseh

A Thesis Submitted in Partial Fulfillment of Requirements for the
Degree of Master in Maternal and Child Health Nursing/
Al- Quds University

1440 / 2018



Thesis Approval

Prevalence of Anxiety and Depression among Mothers of Newborns Admitted to Neonatal Intensive Care Units in Gaza Strip

Prepared By: Rania Jamal Breaka





Registration No.: 21610956

Supervisor: Dr. Motasem Salah

Co-supervisor: Dr. Areefa SM. Al-Kasseh

Master thesis submitted and accepted. Date: 22 / 12 / 2018

The names and signatures of the examining committee members are as follows:

1. Dr. Motasem Salah	Head of committee	
2. Dr. Areefa Al-Kasseh	Co-supervisor	
3. Dr. Akram Abu Salah	Internal examiner	
4. Dr. Mazen Abu Qamar	External examiner	

Jerusalem – Palestine

1440 / 2018

Dedication

To my beloved family ... my great father ... my sincere mother ... my wonderful brothers and sisters ... I deeply appreciate that you were always there in spirit with me ... gave me the support and space I needed to realize this accomplishment ... and inspired me with your love and warm feelings

Heartfelt thanks and appreciations to all those who contributed to the completion of this thesis ... without your support, this work would not come to end.

Rania Breaka

Declaration

I certify that this thesis submitted for the degree of Master, is the result of my own research, except where otherwise acknowledged, and this study (or any part of the same) has not been submitted for a higher degree to any other university or institution.

Signature:

Rania

Acknowledgement

First of all, praise to Allah, the lord of the world, and peace and blessings of Allah be upon our prophet Muhammad, all thanks for Allah who granted me the capability to accomplish this thesis.

I would like to express my deepest thanks to all the staff at Al Quds University for the knowledge and skills I gained through my study.

I had the great fortune to complete this study under the supervision, and guidance of Dr. Motasem Salah and Dr. Areefa SM. Alkasseh.

I would like to convey my warm thanks to all the nurses who are working Neonatal Intensive Care Units in European Gaza Hospital, Al Tahreer Hospital and Al-Shifa Hospital for their cooperation during data collection.

To my friends, and all those who contributed to the completion of this study, thank you very much.

Rania Breaka

December, 2018

Abstract

The hospitalization of a newborn to the Neonatal Intensive Care Unit is a stressful event for the family, particularly for mothers. The purpose of this study was to identify the prevalence and level of anxiety and depression among mothers of sick neonates admitted to NICU in Gaza Strip. The researcher used descriptive, correlational, analytical cross-sectional design in this study. The sample of the study was a convenience sample and consisted of 195 mothers whose babies were admitted to NICU (90 from Al-Shifa Hospital, 75 from Al Tahreer Hospital and 30 from European Gaza Hospital). For data collection the researcher used Taylor Manifest Anxiety Scale and Aaron Beck Depression Inventory, and data collection took place from March to July 2018. Cronbache alpha for Taylor Manifest Anxiety Scale was 0.836 and for Aaron Beck Depression Inventory was 0.886. Data analysis included frequencies, means, percentage, T-test, and One way ANOVA. The results of the study showed that mean age of mothers was 28.22 ± 5.95 years, 24.6% were primiparous, 63.6% had normal vaginal delivery, 39% had university education, 90.3% were housekeepers, and 85.1% had low income. Demographic characteristics of neonates indicated that 52.8% were males, 48.2% were preterm, 30.8% had a birth weight less than 2500 g. Concerning the cause of admission to NICU, the results indicated that the most common cause was prematurity (30.8%), followed by respiratory distress (28.2%), and 71.8% of neonates stayed in NICU for 3 – 6 days. The mothers' responses on anxiety and depression scales showed that all the mothers had anxiety and 81% had depression with variation in severity. Also, 50.8% of mothers had severe to very severe anxiety and 38.5% had severe to very severe depression. Mothers from Al Tahreer hospital had higher levels of anxiety and depression compared to mothers from EGH and Al Shifa hospital. Moreover, there were statistically no significant differences in levels of anxiety related to age but older mothers (≥ 35 years) had higher levels of depression. The results also indicated that there were statistically no significant differences in levels of anxiety and depression related to the number of deliveries, mode of delivery, level of education, work, and income. For neonatal factors, the results reflected statistically no significant differences in levels of anxiety and depression related to gender of neonate, the cause of admission to NICU, length of stay in NICU, while mothers of premature babies and low birth weight baby had significantly higher levels of anxiety, but there were no significant differences in levels of depression. In conclusion, the study raised the need to integrate mental health services in these hospitals in order to support these mothers and treat their psychological disturbances.

Table of contents

DEDICATION.....	
DECLARATION.....	I
ACKNOWLEDGEMENT.....	II
ABSTRACT.....	III
TABLE OF CONTENTS.....	IV
LIST OF TABLES.....	VI
LIST OF FIGURES.....	VII
LIST OF ANNEXES.....	VIII
LIST OF ABBREVIATIONS.....	IX
CHAPTER ONE.....	1
1.1 Introduction.....	1
1.2 Research problem.....	2
1.3 Justification of the study.....	3
1.4 Goal of the study.....	4
1.5 Objectives of the study.....	4
1.6 Questions of the study.....	4
1.7 Context of the study.....	5
1.7.1 Sociodemographic context.....	5
1.7.2 Economic context.....	6
1.7.3 Health care system.....	6
1.8 Definition of terms.....	9
1.9 Layout of the study.....	10
CHAPTER TWO.....	12
2.1 Conceptual framework.....	12
2.2 Literature review.....	14
2.2.1 Background.....	14
2.2.2 Anxiety disorders.....	15
2.2.3 Classification of anxiety disorders.....	15
2.2.4 Depression.....	18
2.2.5 Presence of anxiety and depression among NICUs parents.....	20
2.2.6 Factors contributing to emotional stress among NICU parents.....	24
2.2.7 Burden of admission to NICU.....	26
CHAPTER THREE.....	29
3.1 Study design.....	29
3.2 Study Population.....	29

3.3 Sample size and sampling method.....	29
3.4 Setting of the study	30
3.5 Period of the study	30
3.6 Eligibility criteria	31
3.6.1 Inclusion criteria.....	31
3.6.2 Exclusion criteria.....	31
3.7 Instruments of the study.....	31
3.7.1 Taylor Manifest Anxiety Scale	31
3.7.2 Aaron Beck Depression Inventory	32
3.7.3 Reliability of the study instruments	32
3.8 Data collection	32
3.9 Data entry and analysis	32
3.10 Ethical and administrative considerations	33
3.11 Limitations of the study	33
CHAPTER FOUR	34
4.1 Descriptive results.....	34
4.1.1 Sociodemographic characteristics of study participants	34
4.1.2 Characteristics of neonates.....	36
4.2 Analytical results	38
4.2.1 Anxiety scores among mothers	38
4.2.2 Depression scores among mothers	40
4.2.3 Relationship between anxiety and depression.....	42
4.2.4 Differences in anxiety and depression related to mothers' factors	42
4.2.5 Differences in anxiety and depression related to neonatal factors	47
4.3 Discussion.....	50
4.3.1 Levels of anxiety and depression among mothers	51
4.3.2 Differences in levels of anxiety and depression related to mothers' factors	53
4.3.3 Differences in levels of anxiety and depression related to neonatal factors	55
CHAPTER FIVE	57
5.1 Conclusion	57
5.2 Recommendations.....	58
5.3 Suggestions for further research	58
References.....	60
Annexes.....	71

List of Tables

Table (3.1): Cronbache Alpha Coefficient	32
Table (4.1): Distribution of mothers by demographic characteristics (N = 195)	35
Table (4.2): Distribution of neonates by cause of admission and length of stay in NICU (N = 195).....	37
Table (4.3a): Frequency of anxiety symptoms among mothers	38
Table (4.3b): Frequency of anxiety symptoms among mothers (N = 195)	39
Table (4.4): Frequency of depression symptoms among mothers (N = 195)	40
Table (4.5): Levels of anxiety and depression among mothers (N = 195)	41
Table (4.6): Relationship between anxiety and depression (Pearson Correlation test)	42
Table (4.7a): Differences in anxiety and depression related to hospital (N = 195).....	42
Table (4.7b): Post hoc Scheffe test (for hospital).....	43
Table (4.8a): Differences in anxiety and depression related to age of mother (N = 195) ...	43
Table (4.8b): Post hoc Scheffe test (for age)	44
Table (4.9): Differences in anxiety and depression related to number of deliveries.....	44
(N = 195)	44
Table (4.10): Differences in anxiety and depression levels related to mode of delivery (N = 195).....	45
Table (4.11): Differences in anxiety and depression related to level of education	45
(N = 195)	45
Table (4.12): Differences in anxiety and depression levels related to work (N = 195).....	46
Table (4.13): Differences in anxiety and depression levels related to income (N = 195) ...	46
Table (4.14): Differences in anxiety and depression levels related to gender (N = 195) ...	47
Table (4.15): Differences in anxiety and depression levels related to gestational age.....	47
(N = 195)	47
Table (4.16): Differences in anxiety and depression levels related to birth weight	48
(N = 195)	48
Table (4.17): Differences in anxiety and depression related to cause of admission to NICU (N = 195)	49
Table (4.18): Differences in anxiety and depression related to days of stay in NICU (N = 195).....	49

List of figures

Figure (1): Diagram of conceptual framework diagram (self-developed)	12
Figure (2): Distribution of mothers by hospital.....	34
Figure (3): Distribution of neonates by gender	36
Figure (4): Distribution of neonates by gestational age and birth weight	36

List of annexes

Annex (1): Map of Historical Palestine	71
Annex (2): Distribution of study population and sample	72
Annex (3): Consent form	73
Annex (4): Taylor Manifest Anxiety Scale (Arabic version)	74
Annex (5): Taylor Manifest Anxiety Scale (English version).....	77
Annex (6): Aaron Beck Depression Inventory (Arabic version).....	79
Annex (7): Aaron Beck Depression Inventory (English version)	83
Annex (8): Approval from Helsinki Committee.....	87
Annex (9): Approval from MOH.....	88

List of Abbreviations

ANOVA	Analysis of Variance
APA	American Psychological Association
CBT	Cognitive Behavioral Therapy
CS	Cesarean section
DSM	Diagnostic and Statistical Manual of Mental Disorders
EGH	European Gaza Hospital
ELBW	Extreme Low Birth Weight
GAD	Generalized Anxiety Disorder
GDP	Gross Domestic Product
GS	Gaza Strip
Km²	Square kilometer
LBW	Low Birth Weight
MAP-UK	Medical Aid for Palestinians – United Kingdom
MOH	Ministry of Health
MV	Mechanical Ventilation
NGOs	Non-Governmental Organization
NICU	Neonatal Intensive Care Unit
NIMH	National Institute of Mental Health
NIS	New Israeli Shekel
NMC	Nasser Medical Complex
NVD	Normal Vaginal Delivery
PCBS	Palestinian Central Bureau of Statistics
PDS	Postpartum Depression Symptoms
PPD	Postpartum Depression
PTB	Preterm Birth
SAD	Social Anxiety Disorder
SepAD	Separation Anxiety Disorder

SPSS	Statistical Package for Social Sciences
VLBW	Very Low Birth Weight
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
UNRWA	United Nations Relief and Works Agency for the Palestinian Refugees in the Near East
USA	United States of America
WB	West Bank
WHO	World Health Organization

Chapter One

1.1 Introduction

Parents, especially mothers, whose their newborns were admitted to the NICU had emotional disturbances due to having a sick baby, the thought of losing their baby, and failure to fulfill traditional parenting roles (Allen et al., 2004; Joseph et al., 2007). In addition, negative emotions arise when the parents see their babies in unfamiliar incubator or connected to monitor increase their emotional distress (Heidari, et al., 2012). The stress induced by admission of an infant to NICU and separation from parents could have negative impact on mental health and wellbeing of parents, and correlated with anxiety, fatigue, depression, and sleep disruption (Busse et al. 2013).

In the same issues, it was mentioned that stressful events might have a negative impact on individual's adjustment and may provoke psychological distress, including anxiety and depression (Bostock et al., 2009; Linley et al., 2008). The birth of preterm or sick baby is a stressful event associated with parental anxiety and other psychological problems (Busse et al., 2013), and that admission of a neonate to the NICU is unexpected and is stressful for their mothers (Erdem, 2010).

Despite advances in healthcare, preterm birth (PTB) and low birth weight (LBW) remain major global health problems (Hamilton et al., 2013). Globally, an estimated 15 million babies are born preterm (before 37 weeks gestation) accounting for 11% of all live births worldwide, ranging from about 9% in higher-income countries to 12% in lower-income countries. More than 60% of PTBs occur in Africa and South Asia (World Health Organization - WHO, 2018). Locally in Gaza Strip (GS), it was reported that the crude birth rate was 31.0/1000 population, and the percentage of LBW (below 2,500 g) was 6.9% and, the number of neonates admitted to Neonatal Intensive Care Units (NICU) in the