

How hunger affects the mental health of pregnant mothers

21 August 2017, by Zulfa Abrahams And Simone Honikman



Credit: Bev Meldrum

The mental health of pregnant women can be affected by a range of factors, including partner violence and unemployment. But one of the key drivers that adversely affects a pregnant woman's mental health is food insecurity. Being food insecure is when someone doesn't have food or has the wrong kinds of food.

This is one of the key findings of [our study](#), conducted in an impoverished community in Cape Town which is also regarded as [one of the most violent](#) in South Africa.

We set out to explore the factors that affected common [mental health](#) problems in pregnant [women](#). These included intimate partner violence, unemployment and food insecurity. We found that women who don't get enough to eat when they are pregnant face a high risk of developing mental illnesses like depression and anxiety during pregnancy and after giving birth. And they are likely to have suicidal thoughts during this time too.

[Several studies](#) have analysed antenatal depression and shown that there are [higher rates](#) of depression among mothers-to-be in [low socio-economic settings](#).

The South African Government provides [social grants](#) to mothers who meet certain low-income criteria after the birth of their babies. But, based on our findings, we would argue that women should be eligible for poverty alleviation support while they are pregnant. This would benefit them physically and emotionally. [Research](#) from a range of developing countries shows that providing pregnancy support grants benefits mothers and their children.

Based on these findings, and our own research, our view is that mental well-being and food security policies should be rolled out together as part of an antenatal care package for women. This is important because managing the mental health of mothers' can help children develop better.

Pressures of poverty

In South Africa more than 40% of the population lives below the poverty line. This means that many families in poor communities don't have enough to eat, or don't have access to healthy food.

Often the food they buy doesn't last the entire month which means that they skip meals or eat less food because there isn't money for more. [Recent statistics](#) show that two in every ten South African families run out of money for food before the end of the month.

Hanover Park has high rates of unemployment, alcohol and substance abuse, physical and sexual violence, child abuse and neglect.

Our research found that almost half the pregnant women attending the Hanover Park Midwife Obstetric Unit were food insecure.

In the group of nearly 400 pregnant women, about 22% were depressed while 23% had an anxiety disorder; about 10% of women had both common mental disorders. Moderate to high risk levels of suicidal thoughts or behaviours were present in

18%. Being [food](#) insecure more than doubled the chance of a pregnant women developing depression or an anxiety disorder and was very strongly associated with previously having attempted suicide.

We also found that many women who had had their second, third or fourth child and lived in families with minimal income felt overwhelmed and hopeless at the prospect of bringing another child into the world.

The consequences

There are both short and long-term consequences of untreated [mental illness](#) in pregnant mothers.

Women with mental illness may find it challenging to use optimally existing services, including health services. Untreated depression in pregnancy has also been shown to be linked to premature birth and low birth weight.

After giving birth, mothers may have difficulty caring for themselves or their babies. Pregnancy is a critical window of development for a baby. When women develop mental health problems during pregnancy and after birth it may [affect](#) this window. If a new mother isn't able to connect emotionally with her baby, in some cases neglect, or even hostility towards the baby can follow. Breastfeeding may also be affected.

These all matter for the healthy development of a child. If they're deprived of these inputs they can, in the longer term, develop social, emotional and behavioural problems.

Solving the problem

The first big challenge is that public health and social service systems need to be revamped. Public health systems are aimed at decreasing maternal mortality rates. They're equipped to help pregnant women deal with challenges such as HIV, massive blood loss or high blood pressure. But mental disorders, which occurs in 20-40% of [pregnant women living in poor communities](#), often go unattended.

Our view is that common mental [health](#) problems should be detected and managed in routine maternity care settings. Non-specialist care providers, who have been properly trained and supervised, could use brief screening tools to detect problems and provide onsite counselling to women who need it.

But helping mothers cope with mental illness also needs government intervention to ensure that they don't go hungry. This may be addressed by a social grant that begins in the antenatal period. This is only likely to have a meaningful impact if it has all components – the social, the physical and the mental.

This article was originally published on [The Conversation](#). Read the [original article](#).

Provided by The Conversation

APA citation: How hunger affects the mental health of pregnant mothers (2017, August 21) retrieved 4 May 2021 from <https://medicalxpress.com/news/2017-08-hunger-affects-mental-health-pregnant.html>

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