Sahel Journal of Life Sciences FUDMA (SAJOLS)
December 2025 Vol. 3(4): 193-198
ISSN: 3027-0456 (Print)
ISSN: 1595-5915 (Online)
DOI: *https://doi.org/10.33003/sajols-2025-0304-24*

Research Article

Anxiety, Depression and Mental Health Outcome Associated with Unintended Pregnancy in Prince Abubakar Audu University Community Anyigba

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ABSTRACT
Unintended pregnancy is a major challenge in developing countries and it has various health risk outcomes. This study was conducted to determine the rate of depression, anxiety and mental stress that is associated with unintended pregnancy. This study employed a descriptive cross-sectional design of about 155 women, the study was conducted in Prince Abubakar Audu University Anyigba, Kogi State. Data was collected by using structured questionnaires. The result shows that Unintended pregnancy is frequently tied to increase risks of depression, anxiety and mental stress for women with effects influenced by social, economic relational factors like increased number of children, complications in previous pregnancy, and concern about newborn care, previous social support from partners, stressful event during pregnancy, lack of medical care, increased financial responsibility and fear of death. In this study there is severity of mental stress, average depression and anxiety associated with unintended pregnancy. Unintended pregnancy is a significant risk factor for maternal depression, anxiety and mental stress, with effects shaped by social, economic and relational contexts. Intervention that promotes economic, partner and family support can mitigate adverse outcomes.

Keywords: Anxiety; Demography; Depression; Mental stress; Unintended Pregnancy

Citation: Ogbe, K.U., Kayode, O.C., & Dangana, E.O. (2025). Anxiety, Depression and Mental Health Outcome Associated with Unintended Pregnancy in Prince Abubakar Audu University Community Anyigba. *Sahel Journal of Life Sciences FUDMA*, 3(4): 193-198. DOI: *https://doi.org/10.33003/sajols-2025-0304-24*

INTRODUCTION

Unintended pregnancy is simply an unwanted or undesired pregnancy (Mosher *et al*., 2012). Avoiding undesired pregnancy does not only help women in achieving their reproductive goals and also prevent negative outcomes of families (Sonfield, 2013). Carrying and nursing undesired pregnancy may result into various negative outcome like depression, anxiety and mental stress on the parent during and after the pregnancy (Finer and Zolna, 2016). Unwanted pregnancies have been associated to various factors as low level of education, family background, history of drug abuse (Goossens *et al.,* 2016). Various studies have confirmed that there is a relationship between unwanted pregnancy and higher rate of depression, anxiety and mental stress (Boekhorst *et al.,* 2019). Women with unintended pregnancy had twofold higher risk of developing perinatal depression compared to women with intended pregnancy (Faisal-Cury *et al*., 2017).

MATERIALS AND METHODS

Study Design

The study was conducted in Prince Abubakar Audu University Anyigba, Kogi State, Nigeria. The study followed a descriptive cross-sectional design

Tool for data collection

A structured questionnaires were designed by the researcher , the questioner was divided into four parts , section A contain the socio demographic characteristic of the respondents, section B contain the severity of anxiety, depression and mental stress associated with unintended pregnancy, section C contain the Anxiety level in unintended pregnancy, section D contain depression rate associated unintended pregnancy and section E contain the mental stress rate associated with unintended pregnancy .

Data collection

Data were collected through 155 questionnaires distributed parent students, staff and those marred women who are not staff but doing business within the school at prince Abubakar Audu University Anyigba, Kogi State.

Data analysis

Data were properly sorted out; descriptive statistics were presented using frequency counts and percentages (categorical variables)

RESULTS

Table 1 shows socio demography characteristics of the respondents, table one shows that age 26-35 has the highest number of respondent s at 37.74%, followed by age 15-25 and 36-45 at 30.46 % respectively. Most of the respondent attended tertiary institution at 49.34% while only 2.63% attended primary education. Majority of the respondents are public and private employee at 30.46% and 26.49% respectively. Most of the respondents are middle class at 51.32%, only about 28.17 % of the respondents had history of abortion/ still birth. About 36.87 % of the respondent had complication in pregnancy.

The reason why majority of the respondent had tertiary university experience is because the study was conducted in a university environment.

Figure1: severity of anxiety, depression and stress associated with unintended pregnancy, majority of the respondents had moderate anxiety for unintended pregnancy at 55.26%, majority of the respondent have mild depression at 40.13% while most of the respondent had severe mental stress at 42.67%. the severe mental stress can be attributed to anxiety on how to care for the unborn child basically as a result of limited financial capacity, as the study that most of the respondents are middle class and increased family size,

Table 2 shows anxiety level in unintended pregnancy, most of the respondents had moderate anxiety for increased number of children, followed by 28.77% who had severe anxiety for increased number of children. The anxiety rate for complication in previous pregnancy was highest in mild at 65.75% , followed by severe at 32.21 %, most of the respondent had moderate and severe anxiety for concern about new born care at 40.54 and 39.86 % respectively. Majority of the respondents had moderate and severe anxiety for perceived social support from partner at 51.26 and 34.45 respectively. Anxiety rate for perceived social support from in-laws was highest for moderate at 77.55%. Stressful life event during pregnancy, lack of medical care and increased financial responsibility had moderate anxiety level, most of the respondents had mild anxiety for fear of death at 55%.

Table 3 shows the depression rate in unintended pregnancy, majority of the respondent had moderate depression for increased number of children, concern about newborn care, perceived social support from partners, and stressful life event during pregnancy as associated with unintended pregnancy. Most of the respondent had severe depression for increased financial responsibility, while mild depression was recorded for still birth, complication in previous pregnancy, perceived social support from in-laws and fear of death as it relates with unintended pregnancy. They were 27.21 % for extreme severe rate for financial responsibility.

Table 4 presents the mental stress level with unintended pregnancy, most of the respondents had moderate mental stress for increased in number of children, concern about new born care, perceived social support from partner, perceived social support from in-laws, stressful life event during pregnancy, lack of medical care and increased responsibility. About 33.55% of the respondent had severe mental stress for concern about new born care, and perceived social support from partner about 40% had stressful life event during pregnancy, while most of the respondents had mild mental stress for still birth,

complication from previous pregnancy and fear of death as it relates with unintended pregnancy.

Table 1: Socio demography information of the respondents

S/N	Variable	Frequency	Percentage
1	AGE		
	15-25	46	30.46
	26-35	57	37.74
	36-45	46	30.46
	46 and above	2	1.32
	TOTAL	151	100
2	Highest educational qualification		
	Primary	4	2.63
	Secondary	59	38.82
	Tertiary	75	49.34
	Never attend school	14	9.21
	Total	152	100
3	Employment status		
	Public employee	46	30.46
	Private sector employee	40	26.49
	Self-employed un- employed	35	23.18
	Not employed	30	19.87
	Total	151	100
4	Socio economic status		
	Lower	38	25.00
	Middle	78	51.32
	Upper	36	23.68
	Total	152	100
5	Number of households		
	1-3	70	46.05
	4-6	67	44.07
	7 and above	15	9.87
	Total	152	100
6	Numbers of previous pregnancies		
	1	10	6.62
	2	57	37.75
	3	18	11.92
	4	6	3.97
	5	20	13.25
	6 and above	40	26.49
	Total	151	100
7	History of abortion/ still birth		
	Present	40	28.17
	Absent	102	71.83
	Total	142	100
8	Complication in previous pregnancy		
	Present	52	36.87
	Absent	89	63.12
	Total	141	100
9	Proximity to health center		
	Close	32	22.70

Not too far	32	22.70
Very far	77	54.61
Total	141	100

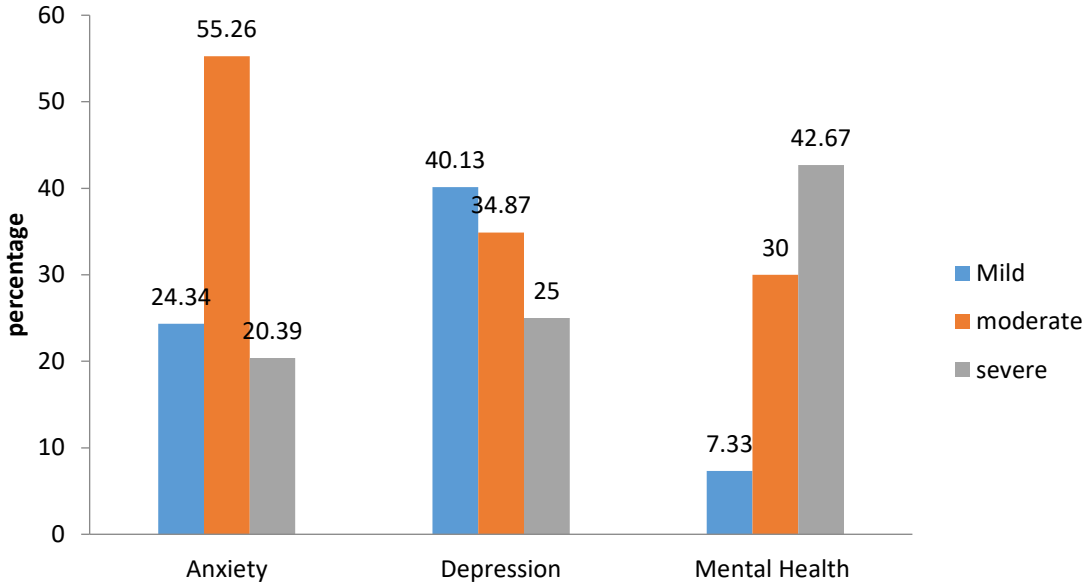

Figure 1. Severity of anxiety, depression and stress

Table 2. Anxiety level in unintended pregnancy

S/N	Variables	Mild (%)	Moderate (%)	Severe (%)	Extremely severe (%)	Total
15	Increased in number of children	35 (23.97)	67 (45.89)	42 (28.77)	2 (1.37)	146 (100)
16	Still birth	96 (65.75)	14 (9.59)	30 (20.55)	6 (4.12)	146 (100)
17	Complication in previous pregnancy	75 (50.34)	12 (8.05)	48 (32.21)	14 (9.40)	149 (100)
18	Concern about new born care	27 (18.24)	60 (40.54)	59 (39.86)	2 (1.35)	148 (100)
19	Perceived social support from partner	16 (13.44)	61 (51.26)	41 (34.45)	1 (0.84)	119 (100)
20	Perceived social support from in-laws	23 (15.64)	114(77.55)	8 (5.6)	2 (1.36)	147 (100)
21	Stressful life event during pregnancy	6 (4.02)	84 (56.38)	45 (30.20)	14 (9.40)	149 (100)
22	Lack of medical care	37 (28.68)	69 (53.48)	19 (14.73)	4 (3.10)	129 (100)
23	Fear of death	46 (0.55)	10 (12.5)	17 (21.25)	7 (8.75)	80 (100)
24	Increased financial responsibility	5 (3.36)	76 (51.01)	37 (24.83)	31 (20.81)	149(100)

Table 3. Depression rate in unintended pregnancy

S/N	STATEMENT	Mild (%)	Moderate (%)	Severe (%)	Extremely severe (%)	Total (%)
25	Increased in number of children	23 (15.86)	80 (55.17)	28 (19.3)	14 (9.66)	145 (100)
26	Still birth	89 (60.96)	20 (13.70)	33 (22.60)	4 (2.74)	146 (100)
27	Complication in previous pregnancy	72 (48.98)	35 (23.81)	35 (23.81)	5 (3.40)	147 (100)
28	Concern about new born care	24 (16.55)	66 (45.52)	55 (37.93)	2 (1.36)	145 (100)
29	Perceived social support from partner	22 (15.06)	84 (57.53)	38 (26.03)	2 (1.36)	146 (100)
30	Perceived social support from in-laws	119 (82.64)	13 (9.03)	12 (8.3)	-	144 (100)
31	Stressful life event during pregnancy	12 (7.69)	89 (57.05)	39 (25.00)	16 (10.26)	156 (100)
32	Lack of medical care	31 (21.09)	87 (59.33)	28 (19.05)	1 (0.68)	147 (100)
33	Fear of death	82 (59.42)	31 (22.46)	24 (17.39)	1(0.72)	138 (100)
34	Increase financial responsibility	8 (5.44)	49 (33.33)	50 (34.01)	40 (27.21)	147 (100)

Table 4. Mental stress level with unintended pregnancy

S/N	STATEMENT	Mild (%)	Moderate (%)	Severe (%)	Extremely severe (%)	Total (%)
35	Increased in number of children	32 (22.22)	72 (50.00)	38 (26.76)	2 (1.39)	144 (100)
36	Still birth	97 (68.31)	16 (11.20)	26 (18.31)	3 (2.22)	142 (100)
37	Complication in previous pregnancy	82 (56.16)	24 (16.43)	34 (23.29)	6 (4.11)	146 (100)
38	Concern about new born care	37 (24.83)	59 (39.60)	50 (33.55)	3 (2.01)	149 (100)
39	Perceived social support from partner	16 (10.74)	81 (54.36)	50 (33.56)	2 (1.34)	149 (100)
40	Perceived social support from in-laws	21 (14.48)	109 (75.17)	14 (9.66)	1 (0.69)	145 (100)
41	Stressful life event during pregnancy	4 (2.86)	68 (48.57)	56 (40.00)	12 (8.57)	140 (100)
42	Lack of medical care	19 (13.01)	92 (63.01)	29 (19.86)	6 (4.1)	146 (100)
43	Fear of death	103 (71.5)	11 (7.63)	23 (15.97)	7 (4.86)	144 (100)
44	Increased financial responsibility	6 (4.05)	62 (41.89)	34 (22.97)	46 (31.08)	148 (100)

DISCUSSION

Unintended pregnancy is frequently tied to increase risks of depression, anxiety and mental stress for women with effects influenced by social, economic relational factors like increased number of children, complications in previous pregnancy, and concern about new born care, previous social support from partners, stressful event during pregnancy, lack of medical care, increased financial responsibility and fear of death. In this study there is severity of mental stress average depression and anxiety associated with unintended pregnancy, this severity of mental stress can be link to lack of financial capacities to care for the pregnancy and the unborn child and stressful event during and after pregnancy. This is supported by the study of Wang *et al.* (2025) who demonstrated that women experiencing unintended pregnancy are at significantly higher risk for depression, anxiety and stress during pregnancy and the postpartum period compared to those with unintended pregnancies , for example, one longitudinal study by Beumer *et al*. (2023) found that women with unplanned pregnancies reported persistent higher depression symptom throughout pregnancy and up to 12 months postpartum (Khodadoust *et al.,* 2024).

Social support and relationship quality, like perceived social support from partner causes moderate and severe anxiety, depression and mental stress among the study population, this may be as a result of the African mentality of some individuals who believed

that the load of pregnancy only belong to the mother, which can amplify psychological distress following the unintended pregnancy while perceived social support from in-laws led to mild anxiety and depression among study populations which is in line with the study of Barton *et al*. (2017).

The study also showed that unemployment and financial strain are associated with higher anxiety, depression and mental stress in women with intended pregnancies (Nirupa *et al*., 2025)

CONCLUSION

Unintended pregnancy is a serious risk factor for maternal depression, anxiety and mental stress, wish is majorly caused by social, economic factors. Intervention that enhances economic, partner and family support can help prevents adverse outcomes.

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