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ORIGINAL

Emotional well being during college pregnancy: incidence of psychological disorders and alternative therapeutic resources

Bienestar emocional durante el embarazo universitario: incidencia de trastornos psicológicos y recursos terapéuticos alternativos

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ABSTRACT

This study addresses the incidence of anxiety and depression in pregnant university students, specifically those enrolled in the Nursing program at the Technical University of Ambato. Using a qualitative approach with a phenomenological-narrative design, semi-structured interviews were conducted with a sample of ten participants selected through snowball sampling. The aim was to understand their emotional experiences during pregnancy and explore their awareness and use of alternative therapies as psychological support tools. The findings reveal a high prevalence of anxiety and depression symptoms linked to academic pressure, lack of family and social support, fear of the future, and the absence of professional guidance. Most students had not received information about therapeutic alternatives for emotional management, although they showed openness to their implementation. It was observed that support from partners and family positively influences the perception of pregnancy, while its absence exacerbates psychological distress. The urgent need to implement institutional programs for emotional support and prenatal education within university settings was also identified. The data collected allowed for a deeper understanding of the emotional complexity faced by pregnant students in academic contexts, highlighting the importance of a comprehensive, preventive, and humanized approach. This study proposes strengthening maternal mental health through intervention strategies that include complementary therapies and safe spaces for emotional expression within higher education institutions.

Keywords: perinatal anxiety; pregnancy-related depression; university students; alternative therapies.

RESUMEN

El presente estudio aborda la incidencia de la ansiedad y la depresión en mujeres embarazadas universitarias, específicamente en estudiantes de la carrera de Enfermería de la Universidad Técnica de Ambato. Bajo un enfoque cualitativo, con diseño fenomenológico-narrativo, se aplicaron entrevistas semiestructuradas a una muestra de diez participantes, seleccionadas mediante muestreo en cadena. El objetivo fue comprender sus experiencias emocionales durante la gestación, así como explorar el nivel de conocimiento y uso de terapias alternativas como herramientas de apoyo psicológico. Los hallazgos revelan una alta prevalencia de síntomas de ansiedad y depresión asociados a factores como la carga académica, la falta de apoyo familiar y social, el miedo al futuro y la ausencia de orientación profesional. La mayoría de las estudiantes no habían recibido información sobre alternativas terapéuticas para el manejo emocional, aunque demostraron apertura hacia su implementación. Se identificó que el apoyo de la pareja y la familia incide positivamente en la percepción del embarazo, y su ausencia intensifica el malestar psicológico. Asimismo, se evidenció la necesidad urgente de implementar programas institucionales de acompañamiento emocional y educación prenatal en entornos universitarios. La información recolectada permitió comprender con mayor profundidad la complejidad emocional que enfrentan las gestantes en contextos académicos, destacando la importancia de un abordaje integral, preventivo y humanizado. Este estudio propone fortalecer la salud mental materna mediante estrategias de intervención que incluyan terapias complementarias y espacios seguros para la expresión emocional dentro de las universidades.

Palabras clave: ansiedad perinatal; depresión en el embarazo; estudiantes universitarias; terapias alternativas.

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INTRODUCTION

During pregnancy, the onset of mood disorders and emotional alterations such as anxiety and depression is common, affecting pregnant women's mental health with varying levels of intensity. Although these disorders may present with mild symptoms in some cases, in others they can have a considerable impact, even affecting fetal health and increasing the probability of preterm birth [1].

Globally, it is estimated that approximately 830 women die daily from complications related to pregnancy, many of which are associated with preventable factors, including mental health problems. The prevalence of anxiety and depression in pregnant women demonstrates the magnitude of this problem worldwide [2,3].

Scientific studies indicate that a significant proportion of pregnant women experience symptoms of anxiety or depression, conditions that are associated with sociodemographic and economic factors and a personal history of mental disorders [4,5]. Among the main risk factors are family dysfunction, lack of social support, low educational level, and exposure to situations of violence or chronic stress [6,7].

Reducing the incidence of these disorders is fundamental for improving maternal health. In this regard, various studies highlight the importance of psychological interventions and complementary therapies such as mindfulness, which promote emotional regulation and reduce stress during pregnancy [8,9]. These strategies have proven effective in reducing adverse physical and psychological symptoms, contributing to the comprehensive well-being of pregnant women.

During pregnancy, women not only experience physical changes but also significant emotional and psychological transformations. These variations may be influenced by hormonal, social, and economic factors, as well as by situations such as unplanned pregnancies or lack of family support. Anxiety is among the most frequent disorders at this stage and is associated with constant worries about the baby's health, childbirth, and adaptation to motherhood [10,11].

Depression during pregnancy is characterized by a persistent state of sadness, loss of interest in daily activities, and alterations in sleep or appetite, which can affect both the mother and fetal development [12]. This disorder is more frequent in vulnerable populations, such as adolescents, who face greater social and economic challenges.

In Latin America, the prevalence of perinatal mental disorders tends to be higher due to social inequalities and limitations in access to health services. Research indicates a significant presence of these conditions, with a direct impact on maternal quality of life and obstetric outcomes [2,3].

Likewise, scientific evidence shows that emotional disorders during pregnancy can negatively affect fetal development, increasing the risk of preterm birth, low birth weight, and alterations in infant development [9,13,14].

On the other hand, moderate physical activity and other non-pharmacological interventions have been recommended as effective strategies for improving mental health during gestation. These practices contribute to reducing anxiety, improving mood, and promoting the mother's general well-being [8,9].

In Ecuador and other countries in the region, adolescent pregnancy constitutes an important risk factor for the development of anxiety and depression due to the lack of social support, limited sexual education, and unfavorable socioeconomic conditions. This situation increases the emotional vulnerability of young pregnant women, representing a challenge for health systems.

The manifestations of anxiety and depression during pregnancy, especially in adolescents, represent a significant public health problem, since this group is more susceptible to emotional alterations due to social, family, and economic pressures [3].

Therefore, this study seeks to analyze the incidence of anxiety and depression in pregnant women, considering the physiological changes and contextual factors that influence their well-being. It emphasizes the importance of early care and psychological support strategies that can prevent complications and improve the quality of life of the mother and fetus [1,15].

Finally, it is important to highlight that the lack of information on sexual and reproductive health constitutes a determining factor in the onset of anxiety during pregnancy, especially in adolescents. Therefore, strengthening education and access to health services is essential to ensure the comprehensive well-being of the pregnant woman [4,6].

METHODS

The present study adopted a qualitative design with a phenomenological-narrative approach, aimed at deeply understanding the subjective experiences of pregnant women, specifically

students in the Nursing program at the Universidad Técnica de Ambato. This approach made it possible to explore and describe the emotional and psychological lived experiences related to anxiety and depression during pregnancy, addressing the richness and complexity of personal accounts.

Participants were selected through chain or snowball sampling, as this method facilitated the identification of pregnant women within the student community, who were referred by other participants or individuals in their environment. The sample consisted of 10 pregnant students, selected between September 2023 and February 2024, until theoretical saturation was reached, at which point the information collected showed repetition and sufficiency to address the object of study.

Semi-structured in-depth interviews were used as the main data collection technique and were designed based on the SEIQoL-DW model, which made it possible to structure questions aimed at capturing both the physical and emotional aspects of pregnancy, the level of social and therapeutic support received, and the perception and experience of using alternative therapies. The interviews were organized into three thematic categories: physical and emotional symptoms, emotional and therapeutic support, and knowledge and use of alternative therapies. Each interview session lasted approximately 30 minutes and was recorded with prior consent from the participants to ensure fidelity in capturing their accounts.

The place and time of the interviews were agreed upon flexibly with each participant, respecting their availability and privacy. Confidentiality and anonymity were guaranteed by assigning alphanumeric codes for data management, ensuring that only the research team had access to the information throughout the entire process.

For data analysis, a systematic procedure was used that included verbatim transcription of the interviews, followed by organization of the information into analytical tables that allowed patterns, themes, and significant relationships to be identified. Digital tools such as Microsoft Office 365 facilitated the management and organization of the qualitative material. Subsequently, the information was synthesized into thematic summaries that reflected the relevant conclusions regarding emotional experiences and the impact of alternative therapies on mental health during pregnancy.

To strengthen the validity and reliability of the study, strategies were implemented, such as continuous verification of information with participants to confirm data accuracy, analysis of field notes taken during interviews, triangulation of bibliographic sources and testimonies, and constant review of findings by the research team. This rigorous process ensured the coherence and interpretive depth of the final results.

In summary, the methodology adopted made it possible to capture and understand the complexity of anxiety and depression experiences in pregnant women within the context of an Ecuadorian university, with special attention to the emotional, social, and therapeutic factors that influence their well-being during gestation.

RESULTS

The analysis of interviews conducted with 10 pregnant students in the Nursing program at Universidad Técnica de Ambato identified 3 main categories: physical and emotional symptoms during pregnancy, emotional support, and perception of alternative therapies. These categories made it possible to systematize the participants' subjective experiences, providing a comprehensive view of their mental health during gestation.

Physical and emotional symptoms

Most participants reported experiencing emotional symptoms associated with anxiety, such as insomnia, irritability, constant fear, and a sensation of suffocation. Regarding physical symptoms, lumbar pain, extreme fatigue, and persistent nausea were recurrent. The most frequently identified causes were worry about the baby's future, economic uncertainty, and fear of social judgment for being young mothers or students.

Several interviewees expressed feeling a significant emotional burden, especially when having to combine their studies with pregnancy. Some stated that the pregnancy diagnosis initially generated a state of denial, followed by periods of deep sadness. However, positive experiences also emerged, in which participants mentioned feelings of hope and motivation to continue their studies.

Emotional and therapeutic support

In this category, a marked difference was evident between those who had family and partner support and those who faced their pregnancy alone. Students with support networks described a lower intensity of emotional symptoms, whereas those with conflictive family environments or lacking accompaniment reported more episodes of anxiety and sadness.

Regarding the perception of pregnancy and its impact on personal goals, some participants stated that motherhood represented a challenge that forced them to reorganize their priorities without necessarily abandoning their professional objectives. By contrast, others expressed fear of not being able to resume their academic career or of encountering difficulties in the future labor sphere.

Regarding the therapeutic orientation received during prenatal check-ups, most indicated that they were not offered sufficient information about psychological support options or techniques for emotional management.

Knowledge and use of alternative therapies

Regarding knowledge of alternative therapies, a low level of information was observed among participants. Only some knew practices such as prenatal yoga or meditation, and their use was mainly due to informal recommendations. However, when informed during the interview about the benefits of these therapies, most expressed interest in incorporating them as tools to improve their emotional and physical well-being.

Few students reported receiving direct guidance from health professionals about the usefulness of complementary therapies during pregnancy. However, after learning more about them during the interview, most agreed that they could be a viable option for coping with stress and the emotional changes of gestation. Some even indicated that they would recommend their use to other pregnant women.

DISCUSSION

The findings of this research confirm the significant presence of anxiety and depression symptoms among pregnant university students, especially when faced with risk factors such as limited emotional support, academic overload, and economic uncertainty. This phenomenon is consistent with previous studies that have identified pregnancy as a critical stage not only physiologically but also emotionally and psychologically [2-7,15]. In particular, the university context exacerbates this situation, as students must simultaneously assume academic, personal, and health responsibilities.

In the first category, physical and emotional symptoms revealed a clear relationship between perceived stressors and psychological distress. Fear of the unknown, social judgment, and concern about the future emerged as frequent triggers of anxiety. It is important to note that, although some participants reported positive experiences during pregnancy, these were largely conditioned by the level of available social support, which demonstrates the determining influence of the immediate environment on the emotional balance of pregnant women [6,7].

Regarding emotional support, a notable difference was found between those who had family or partner networks and those who experienced pregnancy with limited support. The perception of affective support not only buffered symptoms of anxiety and sadness but also contributed to a more optimistic reframing of motherhood. However, access to professional guidance for managing these emotions was limited or nonexistent, suggesting the need to strengthen emotional education and timely intervention from the university health system [1,15].

The third category showed a low level of knowledge and application of alternative therapies. Despite this, the participants showed receptivity to these practices once informed, which demonstrates an openness to new forms of comprehensive care during pregnancy. This disposition represents an opportunity to incorporate non-invasive and complementary therapeutic strategies that favor the mental well-being of pregnant women, especially within academic contexts where demands tend to raise stress levels [8,9].

The results also underscore the need to implement psychological support programs and prenatal guidance in higher education institutions. The absence of such initiatives hinders the prevention of affective disorders and contributes to the normalization of emotional distress during pregnancy. Accordingly, it is urgent to recognize maternal mental health as a priority in the university setting, considering not only the effects on the mother but also those on fetal

development and the comprehensive health of the mother-child dyad [13,14]. The relevance of maternal mental health is not limited to pregnancy, as systematic reviews document the presence of depression during the postpartum period [16].

In summary, the experience of pregnancy among university students is influenced by multiple dimensions that require interdisciplinary attention. Emotional health must be addressed through a preventive and humanized approach that considers both professional assistance and the strengthening of support networks, as well as the incorporation of alternative self-care practices.

CONCLUSIONS

This research made visible the impact of anxiety and depression among pregnant university women, demonstrating how emotional, social, and academic factors directly affect their mental health during pregnancy. Through the phenomenological-narrative approach, experiences marked by fear, uncertainty, and lack of professional guidance were identified, reaffirming the emotional vulnerability faced by pregnant women in educational contexts.

The analysis of the interviews revealed that the level of support received from family, partner, and the institutional environment has a decisive influence on how women cope with the physical and emotional changes of pregnancy. The absence of support networks and limited information about therapeutic tools, such as mindfulness or alternative therapies, reinforce the need to integrate a broader, accessible, and personalized mental health approach in university settings.

Likewise, the study highlights the importance of implementing psychological support programs aimed at pregnant women within the higher education system, in order to prevent major emotional effects and promote comprehensive well-being during motherhood. It is essential that universities recognize motherhood as a reality within the student environment, designing early intervention strategies that include emotional guidance, self-care workshops, and therapeutic activities adapted to this population.

In short, strengthening the psychological and emotional approach for pregnant women not only favors their personal and academic development, but also guarantees a healthier and more conscious motherhood. This institutional commitment is key to fostering conditions of equity, care, and support in higher education.

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CONFLICT OF INTEREST

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