Prevalence of Perinatal Mental Health Trauma in Older Nigerian Mothers (40 and Above): A National Overlooked Crisis

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Abstract

Perinatal mental health trauma remains a silent crisis among older mothers in Nigeria, particularly those between the ages of 40 and above. These women face not only increased biological risks during pregnancy but also emotional scars from years of infertility, repeated pregnancy losses, and societal expectations. Despite their vulnerabilities, mental health support is often absent from maternal healthcare. This study shines a light on their experiences, documenting the prevalence and contributing factors of perinatal mental health trauma and urging for compassionate, inclusive reforms. Drawing from various geopolitical zones, we engaged 300 postpartum women, ages 40 and above, using well-known screening tools like the Edinburgh Postnatal Depression Scale and the PTSD Checklist. Our findings were sobering: 60% of participants reported symptoms of depression, while 69% showed signs of emotional stress, and trauma-related distress was 70%. Many described feeling alone and overwhelmed with fear of pregnancy or delivery complications. The study draws upon feminist and bio-psycho-social theories to explore how mental health in older mothers is shaped by complex layers of biology, emotion, and environment. We recommend, among others, integrating,

monitoring and evaluating mental health care into routine antenatal and postnatal services.

Keywords: Prevalence, Perinatal Mental Health Trauma, Older Mothers/Women, Policy gaps.

Introduction

For many Nigerian women, motherhood is more than a biological milestone, it is a deeply cultural achievement, a symbol of fulfillment, and a source of societal status. But when pregnancy comes later in life, especially after years of trying, it brings not only celebration but also complex emotional challenges. Older women (40 and above) who finally become mothers are often hailed as blessed. Yet, beneath the joy, many carry invisible burdens, which could be as a result of decades of infertility, fears of complications, and the weight of high expectations. This study focuses on these older mothers whose stories are rarely heard and whose mental health needs are largely unmet. Globally, perinatal mental health conditions such as depression, anxiety, and trauma affect up to 20% of women (WHO, 2018). In Nigeria, the rates may be higher, particularly among older mothers, due to gaps in mental health services, stigma, social isolation, etc.

Older pregnant women face increased risks of complications like pre-eclampsia and gestational diabetes (Center for Disease and Control, 2022), but their psychological experiences are often overshadowed by physical health concerns. The healthcare system, focused on survival statistics, rarely includes mental health screening or support. This silence can be deadly, emotionally and sometimes literally. Our study seeks to change this narrative. It builds on feminist and ecological theories that emphasize the intersection of age, gender, and environment. These women are not just statistics; they are individuals navigating deep personal histories, often in contexts that do not welcome vulnerability. Their stories reflect a dangerous myth: that women who conceive later in life should only feel joy. But joy and fear can coexist. Many of these mothers described sleepless nights, overwhelming anxiety, and a sense that their distress was invalidated by the "miracle" of their pregnancies. As one woman put it, "Everyone was happy for me, but inside, I was falling apart."

This introduction draws attention into looking beyond the smiles in maternity photos, urging health professionals, policymakers, and society at large to recognize that maternal mental health matters at every age, with concentration on older women (40+), who are the most culturally stigmatized group. This study therefore seeks to investigate the prevalence of perinatal mental health trauma in older mothers in (40 and above), and advocate for informed, inclusive policy responses to address this overlooked dimension of maternal health.

Conceptual Clarification

1. Prevalence

Prevalence, in public health terms, refers to how many people are living with a condition at a given time. When it comes to perinatal mental health among older women, it means the number of older women dealing with mental health issues during pregnancy or after childbirth. Understanding how widespread these conditions are is crucial. It helps public health workers plan better and makes it easier to push for changes that support women's (especially older women whom culture and society may have ridiculed) emotional well-being during this vulnerable period.

Research has shown that perinatal mental health issues are more common in Nigeria than many realize. Postpartum depression, for example, affects between 10% and 30% of women depending on the region (Whiteford, H. A., & Harris, M. G. (2017). But this is likely just the tip of the iceberg. Shame, stigma, and a lack of mental health services mean that many women never speak up or get diagnosed. Other conditions like anxiety, trauma, or fear of complications often go unnoticed and untreated. What makes the situation in Nigeria unique is how cultural and social pressures collide with healthcare challenges. Many older women face extreme poverty, high expectations to bear children, and often little support from partners or family. If complications arise during childbirth like having an emergency surgery or losing a baby, it can leave deep emotional scars. And because maternal and infant mortality are still very real fears, anxiety is often part of the pregnancy experience itself, and emotional distress is misinterpreted or ignored. These older women might be told they're weak, or that their struggles are a result of not praying enough, while in some communities, they may even be accused of

being possessed or cursed. Without access to proper care, especially in rural areas, their suffering becomes invisible. To address and change this, Nigeria needs detailed data that truly reflects how many older women are affected, and in what ways. Only then can policies and healthcare services begin to reflect the real needs of mothers, with emphasis on older mothers across the country. Recognizing that this is a serious and widespread issue is the first, necessary step.

2. Perinatal Mental Health Trauma

Perinatal mental health trauma happens when a woman goes through deeply distressing emotional or psychological experiences during pregnancy, childbirth, or shortly after delivery. It's not just about what happens medically, it's about how those moments make her feel: scared, powerless, violated, or overwhelmed. Many Nigerian women recall childbirth not as a moment of joy, but of fear and pain. Some are shouted at or ignored during labor. Others undergo procedures without being asked or told what's happening. Pain relief is rarely offered, and compassion is often absent. These are not just bad experiences, they are violations that can leave lasting mental wounds. But trauma doesn't always come from medical setting alone, cultural expectations and blame make things worse. A woman who loses a baby may be held responsible, even if it wasn't her fault. In polygamous homes, failing to have a child, especially a boy, can bring rejection. And when traditional beliefs frame complications as spiritual punishment, women are left not only grieving but isolated and ashamed. These painful experiences are almost never followed up. There's no mental health check-in after a traumatic birth, no one trained to ask, "How are you coping?" Symptoms like nightmares, anxiety, or detachment might be dismissed or misunderstood. Some women are told they're just being emotional or dramatic. And in the case of older women, they are expected to be strong, experienced and more matured, and as such, more is expected of them in the societal and culturally. Therefore it is of the opinion that their mental state is of limited or no importance. What's needed is a shift, one that starts with listening and treating these older women's emotional pain as real and important. Clinics and hospitals must become safe spaces that treat childbirth as a whole experience and not just a medical event. With empathy, proper training, and protocols for identifying trauma, Nigeria can take meaningful steps toward healing its mothers

3. **Older Mothers**

Older mothers are women usually categorized between the ages of 40 and above who become pregnant. Although these categories of women do not get the attention they deserve when it comes to emotional and mental health, their experiences are shaped by a mix of medical risks, social pressure, and cultural judgment. From a medical perspective, these women often face higher risks: diabetes, high blood pressure, and complicated deliveries are more likely. These concerns naturally cause stress. In Nigeria, where most rural hospitals do not have the resources to handle emergencies well, fear about what might go wrong can be overwhelming. Then there's the social side where having children "late" is frowned upon. Older pregnant women may hear whispers or face direct criticism. If it's a first pregnancy, the pressure can be intense, especially if the woman has struggled with infertility or spent years hoping for this moment. In such cases, any threat to the pregnancy feels terrifying. Imagine finally becoming pregnant after years of trying, only to feel judged or unsupported, or to have complications and no one to talk to who understands the emotional toll. These women carry heavy psychological loads: the fear of miscarriage, the hope of finally becoming a mother, and the worry that they'll be seen as failures if anything goes wrong.

Despite all this, Nigeria's maternal health services treat older mothers just like any other patient. Mental health screening doesn't factor in age or history. There are no programs specifically designed to support these women emotionally. That needs to change, and healthcare systems must recognize that older mothers face unique emotional challenges. Support groups, counseling services, and more personalized care can go a long way in making sure these women feel seen, heard, and supported.

4. Policy Gaps

Policy gaps are the holes in our systems, which includes what's missing, what's not working, and what's being ignored. When it comes to perinatal mental health in Nigeria, these gaps are wide and damaging. And when it comes to addressing the issues of older women, it is almost non-existence. While efforts to reduce maternal and infant death are important, the emotional and psychological health of mothers has been left out of the conversation. The Mental Health Act of 2021, though a step

forward in Nigeria's legislative landscape, lacks explicit integration of perinatal mental health.

There are almost no national policies that speak directly to the mental health needs of pregnant women or new mothers in ages 40+, and mental health isn't part of routine checkups during or after pregnancy. Most healthcare professionals aren't properly trained to ask the right questions or offer emotional support, and those that may be well trained are overburdened by the workload associated with the job, and as such, there's no system in place that says, "Let's check how she's actually doing, emotionally, not just physically." Even when perinatal mental health is mentioned in broader health plans, the follow-through is weak. Services are mostly found in big cities, not where most women live. There's a serious shortage of psychologists, counselors, health educators and social workers, while many of the facilities that do exist don't have anything specific for older mothers. Also, there is an absence of routine mental` health training in antenatal education programs and no incentives for health workers to prioritize emotional care. Many healthcare professionals report being overburdened and unequipped to address psychological issues, especially in primary healthcare centers. There's also no reliable data being collected. We don't know how many women in general, or older women in particular are struggling, where they are, or what they need. Without numbers, it's hard to push for funding or design effective programs. Without visibility, the issue stays hidden, and this isn't just a health sector issue. A lack of inter-ministerial collaboration particularly between the Federal Ministry of Health, Ministry of Women Affairs, and Ministry of Education, further hinders coordinated intervention. Without unified strategies, efforts remain fragmented and unsustainable as poverty, violence, and gender inequality all feed into maternal mental health.

Closing these gaps takes more than good intentions. It takes political will, public pressure, and serious investment. Perinatal mental health, especially in older women needs to be included in national plans, budgets, and training. We must stop treating older women's emotional pain as invisible. It's time for a system that cares not just whether mothers survive, but whether they are truly well.

Perinatal Mental Health Trauma in Nigeria/Problem Description

In Nigeria, motherhood is often celebrated as a pinnacle of womanhood. Yet, behind the smiles and cultural expectations, many women silently endure emotional and psychological pain, particularly those who become mothers at the age of 40 and above. Perinatal mental health trauma, which includes conditions such as antenatal and postnatal depression, anxiety, and post-traumatic stress disorder (PTSD), etc. Is a serious yet frequently overlooked public health concern in the country. While some attention is given to maternal health in Nigeria, much of the focus is placed on younger women and physical complications, with little recognition of the mental and emotional burden that older mothers may carry (Adeponle et al., 2017). Women in this age group often face a unique intersection of risks. Biologically, pregnancies at 40 and above are considered high-risk due to increased chances of complications such as hypertension, gestational diabetes, miscarriage, and stillbirth (Akinlotan et al., 2020). Psychologically, these women may deal with heightened anxiety about maternal and infant outcomes, feelings of isolation, and fear of stigma. In this society, they are sometimes subjected to judgment or pity, especially in communities where motherhood at a later age is misunderstood or frowned upon. These pressures can trigger or exacerbate mental health issues during and after pregnancy. Unfortunately, mental health remains a stigmatized topic in many parts of Nigeria, and even more so among older women, who are often expected to be emotionally resilient and "grateful" for the opportunity to conceive at an advanced age. As a result, symptoms of perinatal trauma are frequently dismissed as signs of weakness or spiritual affliction rather than recognized as legitimate medical concerns (Gureje et al., 2015).

Health policies and programs in Nigeria tend to adopt a one-size-fits-all approach to maternal health, often prioritizing younger mothers or focusing solely on physical health outcomes. This oversight neglects the complex interplay between age-related risk factors and psychological well-being, leaving older pregnant women and new mothers inadequately supported. The consequences are far-reaching, potentially affecting maternal-infant bonding, child development, and long-term family health outcomes.

Given the growing trend of delayed motherhood and the increasing number of women giving birth later in life, there is an urgent need to address this silent crisis. Without evidence-based research, integrated mental health screening, and age-sensitive interventions, Nigeria risks perpetuating a cycle of unacknowledged suffering among a vulnerable population.

Methodology

To better understand what older Nigerian mothers are going through emotionally, study rooted in empathy and rigor was designed. A cross-sectional survey and interview approach was used essentially, taking a snapshot of the mental health of these older mothers, shortly after they had given birth. These were not just any set women, rather they include; older women that had waited years for their pregnancies, faced cultural judgment, or survived painful losses. This study spanned Nigeria's various geopolitical zones, both urban and rural, ensured representation across cultural, and socioeconomic lines, reached public health facilities, and 300 questionnaires distributed to both women who had given birth within the past year, healthcare professionals, and policymakers, for their professional insights. Each of these women generously shared her story, her symptoms, and her reality.

These questionnaire samples were distributed as follows; 100 pregnant or postpartum women (for quantitative surveys), 100 women in ages 40 and above (for in-depth qualitative interviews), 30 healthcare professionals (doctors, midwives, nurses, mental health specialists, etc), and 20 policymakers and public health officials (for insights on maternal health policies). A combination of purposive, stratified random, snowball and convenience sampling techniques was used to ensure representative and diverse data collection. This sample size was sufficient to provide both statistical significance and qualitative depth in understanding the prevalence of perinatal mental health trauma among older women (40+),

The questionnaire was drafted to obtain the socio-demographic information, as well as fixed-response from respondents, and to ensure validity if instrument, the suitability and coherence of the questionnaire was validated by other learned

professionals, reliable in Nigeria's multilingual, multicultural context. Data collection was done by female researchers trained not just in methods, but in empathy, while privacy, confidentiality, and above all kindness was ensured. Data was analyzed using both numbers and statistical tools to find patterns, but we also listened closely to women's open-ended responses. Informed consent was obtained, confidentiality assured, and mental health referrals were provided where needed. This section of the study was not just about ticking boxes, it was about building trust, gathering voices, and turning those voices into evidence for change.

PRESENTATION OF RESULTS

Prevalence of Perinatal Mental Health Trauma among Older Women

Indicator	Number of respondents that said Yes	Number of respondents that said No	Percentage of respondents that said Yes (%)
Experienced emotional distress	207	93	69
Reported anxiety symptoms	183	117	61
Reported depression symptoms	180	120	60
Reported trauma from childbirth	210	90	70
Reported fear of complications	216	84	72
Total Sample Size	**300**		

The findings reveal a high prevalence of perinatal mental health trauma indicators among women in ages 40 and above in Nigeria. Over 50% of respondents reported emotional distress, anxiety, depression, and childbirth-related trauma, underlining the urgent need for national policies and mental health review and integration of this category of women into maternal care programs. Majority of respondents (69%) reported experiencing emotional distress during the perinatal period, 61% of respondents experienced anxiety-related symptoms, while 60% reported symptoms of depression, This data therefore highlights the need for psychological

support as part of standard maternal care (WHO, 2022), as well as the need for early intervention and screening of perinatal mental health (APA, 2020), especially in older mothers who although are resilient, but many are quietly suffering. Most had some form of formal education, some are married, and had experienced the heartbreak of pregnancy loss, some more than once. These numbers are not just statistics; they represent lives strained by grief, hope, and silence.

Women from the Northern part of Nigeria reported the highest levels of distress. Insecurity, poor health infrastructure, and deeply entrenched stigma around infertility and mental health were contributing factors. Women from more urbanized regions still reported challenges, particularly related to neglect from partners and emotional exhaustion. Women with a history of miscarriage or stillbirth were nearly three times more likely to suffer depression. Also, lack of emotional or financial support from spouses significantly worsened mental health in these older women.

Their words added depth to these findings. One woman told us, "People saw my baby and said God had answered me, but I felt numb. I was terrified the joy would vanish." Another said, "I prayed every night but couldn't sleep. I kept touching my belly to make sure the baby was still there." These are not isolated sentiments, they are echoes of a quiet crisis.

Discussion of Findings

These findings show us a story too often left untold. Older mothers in Nigeria, mostly women who have endured years of childlessness, cultural shaming, and pregnancy losses are finally celebrated when they give birth. But their inner lives tell a different story: one of lingering fear, anxiety, and unspoken pain. This research aligns with broader global evidence that mental health challenges are common during the perinatal period (Howard L.M, et.al, 2014), although this study is among the first in Nigeria to focus solely on older mothers (ages 40 and above), an especially vulnerable group who often suffer more in silence. The reasons are complex, owing to the fact that most women in this age group have had miscarriages or stillbirths. These experiences leave emotional wounds that don't automatically heal with a new baby. Instead, the fear of another loss lingers

especially when support systems are weak, where spousal, extended family, and societal support or the lack of it, was another key issue. Some women told us their partners were emotionally distant, and they felt like they were walking this journey alone. Others were surrounded by people, yet still felt isolated.

Perinatal mental health is deeply relational, and without nurturing connections, even joyful milestones can feel terrifying. In terms of geographical location, women in rural areas had less access to healthcare, fewer trusted professionals to talk to, and more traditional beliefs to contend with ([WHO, 2021], UNFPA, 2021). These women faced mental health challenges without the tools to understand or name them. Stories shared by participants challenged certain assumptions where it is believed that older mothers, especially those who struggled to conceive, should be nothing but grateful, even when gratitude does not erase fear. These women were happy and hopeful, but also scared and exhausted. Their words underscore the need for change, not only in clinical practice but in societal attitudes. We must create a space where older mothers are allowed to express vulnerability without being judged. Where health workers ask, "How are you feeling?" and mean it.

Conclusion

This study is a call to compassion, reminding us that behind every older mother in Nigeria is a unique and often more difficult journey, one filled with waiting, worry, and hope. This data show that many of these women are not just physically tired after childbirth; they are emotionally burdened. Nearly 70% of them face depression, while 70% deal with traumatic symptoms. These are not just clinical labels, they are lived realities that can shape a woman's well-being, her ability to bond with her baby, and her sense of self.

Healthcare systems in Nigeria must listen more, listen to the tears behind the smiles, fatigue behind the strength, and silence behind the celebration. Older mothers deserve care that sees the whole person, not just her age, her uterus, or her baby, but her mind and spirit too. Because older motherhood is not rare anymore, it is real, it is rising, and it needs our attention.

Recommendations

1. Leverage Health Informatics for Surveillance and Policy Response: Health informatics enables real-time tracking of perinatal mental health cases across demographics. Integrating mental health data into systems like DHIS2 ensures visibility for women aged 40+. This allows policymakers to respond based on evidence and trends. Informatics strengthens coordination and transparency in mental health care delivery.

2. Revise National Policies to Recognize Perinatal Mental Health in Older Mothers: Policies must stop treating all mothers as the same. An older woman facing childbirth may carry years of loss, prayer, and societal judgment. Her emotional well-being deserves a place in our laws and budgets. When policies honor her pain, they help transform it into peace.

3. Promote Public Awareness and Social Re-Education: Public misconceptions label older mothers as "ungrateful" if they struggle emotionally. Mass media campaigns should humanize their challenges and celebrate emotional honesty. Engaging religious and cultural leaders helps shift societal norms. Awareness fosters empathy and encourages help-seeking behavior.

4. Institutionalize Monitoring and Evaluation (M&E) Using Health Data Tools: Sustained change depends on measuring what matters. Regular monitoring using health informatics can assess screening rates, referrals, and recovery. Disaggregating data by age improves decision-making and accountability. Evidence-based M&E ensures that policies translate into impact for older mothers.

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