ANXIETY AND STRESS AMONG THE PRIMIGRAVIDA AND THE MULTIGRAVIDA- A COMPARATIVE STUDY

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Abstract

Pregnancy produce marked biological and psychological changes in a woman. Many experience the so-called normal state of sadness and frequent tearful and clinging dependency. Anxiety commonly accompanies pregnant women. A scientific study is essential to understand the level of anxiety and stress experienced by the pregnant women and the present study is one such attempt.

INTRODUCTION

One of the most important events of a women’s life is her first pregnancy. Even so, it is more important to maintain perfect health to bring into this world a healthy baby. In India, motherhood is tied exclusively to the concept of marriage. Interestingly, it is only in Indian myths that children are born outside wedlock. A women’s maternal involvement begins with pregnancy and intensifies when she gives birth and cares for the infant’s health and socialization. Generally, women reported experiencing a mixture of anxiety and nausea when pregnant. During childbirth, they feel, they endure such dangerous fear and pain that it almost equals to encountering death.

Hazards during the pregnancy

At no other time during the life span are there more serious hazards to development—than during the relative short period before birth. These may be physical or psychological, physical hazards have attention that is more scientific because they are more easily recognized. However, psychological hazards are sometimes as serious as physical hazards since they affect the attitudes of significant people toward the developing child. Furthermore, they often intensify physical hazards.

Hazards during the prenatal period

Period of Zygote

Starvation, lack of uterine preparation, Impanation in the wrong place.

Period of embryo

Miscarriage, Developmental irregularities

Period of Fetus

Miscarriages, prematurity, complications in delivery, Developmental irregularities

Physiological Hazards

Nausea and vomiting, Hypertension, swelling of the feet, Breathlessness, cramps, pain in the back,

Psychological hazards

Like the physical hazards associated with the prenatal period, the psychological hazards can have persistent effect on the individual’s development and can
influence the postnatal environment and the treatment the child receives from significant people during the early, formative years.

The three most important psychological hazards are traditional beliefs about prenatal development, maternal stress during the prenatal period, and unfavorable attitudes toward the unborn child on the part of people who will play significant roles in the child’s life.

SUBJECTIVE FEELING OF PREGNANCY

ANXIETY

Encyclopedia of Britannica defines anxiety as a “diffuse fear which is not restricted to definite situations or objects and is subjectively experienced as dread, apprehension or tension and may arise in any situation in which the integrity of the personality is threatened”.

By anxiety, we mean the unpleasant emotion characterized by terms like worry, apprehension, dread, and fear that we all experience at times in varying degrees. Anxiety may also arouse during pregnancy, that anxiety may affect the fetus badly or affect the mental health of the fetus later.

Stresses

Any interference which disturbs the functioning of the organism at any level and which produce a situation, which is natural for the organism to avoid (L. British Journal of Medical Psychology 33, 1960.) It is defined as the state of psychological upset or disequilibrium in human being caused by frustrations, conflicts and other internal as well as external strains and pressures.

Need for the study

The issue of anxiety and stress in pregnant women is not unique. It is an accepted fact that all pregnant women experience stress or anxiety in one form or the other, but the degree varies. The degree of anxiety and stress are associated with defects like neurosis and psychosis. However, the study shows the level of anxiety and stress faced by primigravida and multigravida respondents are higher followed by delivery complications. The difference in the of level of anxiety and stress between the primigravida and multigravida during the first second, and third trimester of pregnancy is also taken into account. It is used as a means to understand the various problems encountered by pregnant women and thereby formulate the suitable treatment and counseling.

Review of literature

Since pregnancy is a psycho physiological process, in the following sections studies relating to physiological and psychological factors are reviewed.

Glazer (1984) examined the relationship between pregnant women’s anxiety levels and stressors. He selected 108 at random and the profile of mood states questionnaire (POMS) self – evaluation questionnaire stat- trait of pregnancy and an information- gathering sheet consisting of questions pertaining to demography, education and progress of pregnancy is administered.

D.N, Marashall-1995 says that anxiety disorders are common in women
and tend to aggregate during childbearing age. Historically it was believed that pregnancy was a type of question for women with pregravid histories of anxiety. For example, several studies are associated with the onset of obsessive-compulsive disorder (OCD) with pregnancy and childbirth by pregnant women with panic disorder also experience worsening of symptoms during pregnancy, especially in the last trimester and postpartum period. Kulki, Tapio, et al (2000) studies also suggest that high levels of stress may contribute to other pregnancy complications. A recent study in Finland shows that women who experienced high level of anxiety in early pregnancy were more prone to develop preeclampsia, a pregnancy-related form of high blood pressure that can result in poor foetal growth with other problems.

**Research Methodology**

**Aims of the study**
To find the level of anxiety and stress associated with women who are pregnant.

**Objectives of the study**
1. To study the socio-demographic background of the respondents.
2. To find out the level of anxiety and stress among the primigravida and multigravida respondents.
3. To find out the relationship between the anxiety and stress levels and various socio-demographic variables.
4. To suggest suitable measures for reducing anxiety and stress among the primigravida and multigravida respondents.

**Definition**

**Primigravida**
The term primigravida refers to a woman giving birth to her first experience her first delivery irrespective of previous abortions.

**Multigravida**
The term multigravida refers to a woman who has already given birth.

**Universe and sampling**
The universe of this study consists of primigravida and multigravida respondents who were the out patients of the child Jesus Hospital, for check-up between 22.06.08 and 5.07.08. Since the study was on pregnant women, the researcher adopted census method and selected 60 respondents as a sample. The study represents the description and comparison of anxiety and stress levels among the group of pregnant women. The research design is descriptive, involving a comparative method of study.

**Tool of data collection**
The researcher developed the interview schedule to collect socio-demographic data. The other instrument administered were

1. Anxiety scale manifested by Taylor’s (1953), which measure the level of anxiety among pregnant women. This scale widely used objective psychological measure of anxiety.
2. Stress scale by Dr. Lath Satish (1985) to measure the level of stress among the pregnant women. It consists of 52 items arranged from mild stress, moderated to severe stress.
Results and discussion

Personal Data

Majority of the primigravida respondents (53.3%) are in the age group of 21-25 years, and 40% of the multigravida respondents are in the age group of 26-30 years. On analyzing the religion majority of the primigravida respondents (56.7%) and the multigravida respondents (73.3%) are Hindus. While viewing their educational status, more than one third of the respondents were degree holders and the multigravida respondents (36.7%) had finished secondary school education. Regarding family data, majority of the primigravida (66.7%) are from joint family and the multigravida respondents (53.3%) are from nuclear family. With regard to differences between joint families, there is vast difference in the primigravida group while there is not much difference in the multigravida group.

Marital background of the respondents

Regarding their type of marriage, majority of the primigravida respondents (66.7%) and the multigravida respondents (60.0%) have not married to any of their relatives. It is also important to note that a good number of them still do not get married to their relatives. Moreover, majority of the primigravida respondents (80.0%) and the multigravida respondents (73.3%) married between the ages of 21-30 years. It is mainly because of growing awareness and women’s education.

Level of anxiety and stress among the respondents

Table: 1 Relationship between primigravida and multigravida with regard to anxiety, stress level

<table>
<thead>
<tr>
<th>S. No</th>
<th>Variables</th>
<th>Group</th>
<th>Mean</th>
<th>S.D</th>
<th>S.Error</th>
<th>df =58</th>
<th>Statistical Inference</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Anxiety level</td>
<td>Primigravida</td>
<td>24.167</td>
<td>5.890</td>
<td>1.075</td>
<td>t=2.23</td>
<td>P&lt;0.05</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Multigravida</td>
<td>20.933</td>
<td>5.317</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Stress level</td>
<td>Primigravida</td>
<td>16.600</td>
<td>6.134</td>
<td>1.120</td>
<td>t=1.49</td>
<td>P&gt;0.05</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Multigravida</td>
<td>14.533</td>
<td>4.534</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

It is inferred from the above table that, there is a significant relationship between primigravida and multigravida with regard to Anxiety. However, there is no significant relationship between primigravida and multigravida with regard to Stress level. Hence, all the pregnant women experience anxiety.
Relationship between Socio-Demographic variables and the level of Anxiety and stress

Table: 2 Karl person’s co-efficient of co-relation between the socio-demographic data and Anxiety, Stress level.

<table>
<thead>
<tr>
<th>S. No</th>
<th>Variables</th>
<th>Groups</th>
<th>Co-relation Value</th>
<th>Statistical Inference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Anxiety</td>
<td>Stress</td>
</tr>
<tr>
<td>1</td>
<td>Age</td>
<td>Primigravida</td>
<td>0.0848</td>
<td>0.0601</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Multigravida</td>
<td>0.1632</td>
<td>-0.0282</td>
</tr>
<tr>
<td>2</td>
<td>Family income</td>
<td>Primigravida</td>
<td>0.0483</td>
<td>-0.0874</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Multigravida</td>
<td>-0.0142</td>
<td>-0.2873</td>
</tr>
<tr>
<td>3</td>
<td>Size of family</td>
<td>Primigravida</td>
<td>-0.1415</td>
<td>0.0159</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Multigravida</td>
<td>-0.1296</td>
<td>0.0151</td>
</tr>
<tr>
<td>4</td>
<td>No. of children</td>
<td>Primigravida</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Multigravida</td>
<td>0.3677</td>
<td>0.2455</td>
</tr>
</tbody>
</table>

The above table shows that there is no significant relationship between various socio-demographic variables and anxiety in primigravida. In Multigravida, there is a significant relationship between number of children and anxiety. Whereas number of children are not applicable (NA) to primigravida. However, there is no significant relationship between various socio-demographic variables and stress level in primigravida and multigravida. Number of children is not applicable to primigravida at stress level. and the level of stress during pregnancy.

- Pregnant women are suggested to adapt to relaxation therapies such as yoga, meditation that can reduce the tension and fear about pregnancy and thus definitely decrease the level of anxiety and stress.
- Counseling should be suggested for the pregnant women regarding the diet, importance of periodic check-up and about child rearing practice

SUGGESTIONS

Following measures would greatly ameliorate the anxiety and stress experienced by the pregnant women.

- It is suggested that women should avoid late pregnancy, because risk increase after age30 and create delivery complications
- Family members should have good relationship with the pregnant women, which can reduce the level of anxiety

CONCLUSION

Recent development in medical care is vast and complex. It is by application of scientific knowledge and technique we can solve the physical and emotional problems of pregnant women. In any society, women’s health and their active involvement in health care programmes are essential keys to the general health of the group. This is because, apart from their own special health problems and other challenges, they face every day it is particularly during pregnancy and childbirth. Thus, it can be concluded that
the stress and anxiety during pregnancy has it negative effects on the infant because it is a continuous process. The level of anxiety can be reduced largely with help of the family members who can help to lesser the burden during pregnancy.

REFERENCES