IJCRT.ORG ISSN : 2320-2882

INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

A STUDY ON THE LEVEL OF ANXIETY AMONG PRIMIGRAVIDA IN THANJAVUR DISTRICT

[1]Dr.A.Sivagami,[2]Ms.V.Reka,

[1]Assitant Professor,[2] Research Scholar,

[1]Department of social work,

[1]Government Arts and Science College for Women, Orathanadu, Thanjavur, India

Abstract: Pregnancy is a major psychological, as well as physiological event. With environmental, family, internal stressors, women may find themselves unable to cope with the additional demands of pregnancy. It's quite natural that some women, have huge hormonal, physical and psychological shifts that happen during pregnancy may put her at increased risk for depression, anxiety or other mental illnesses. The study was designed to find out the prevalence of anxiety among women during their pregnancy in Thanjavur District. About 250 respondents were selected through simple random sampling in Orathanadu Block, Thanjavur. The study found that more than half of the respondents (54 percent) had high level of anxiety on being pregnant. Hence the issue of anxiety of primigravida need to be addressed with due care and consideration by multiple stakeholders including the husbands, family members, relatives and friends... The Government shall take additional efforts to deal with anxiety of primigravida women in addition to their regular physical treatments/approach/ towards them.

Index Terms **- Pregnancy, Primigravida, Anxiety, Psycho-social.**

I. INTRODUCTION

Pregnancy is a time of growth and hope. Pregnancy is not only a biological event but also an adaptive process. This period is a time of physical and psychological preparation for birth and parenthood. Pregnant woman perceive it as a period of happiness in anticipation of motherhood. Becoming a parent is considered as one of the maturational milestones of woman's life. Pregnant woman carry the fetus safely through to delivery and adjust to sacrifices the motherhood demands. Women hope for a smooth journey in pregnancy without any complication and a normal fetal development. Pregnancy is a major psychological, as well as physiological event. With environmental, family, internal stressors, women may find themselves unable to cope with the additional demands of pregnancy. An unborn child and its mother are connected both physically and emotionally. Psychological wellbeing during pregnancy is very crucial for the mother as well as for her child. Impact of mother's psychology on fetus starts right from the conception.

Understanding the impact of psychological problems faced by pregnant women, on their mental health and pregnancy, is vital for the well being of the mother and the child. While pregnancy is often considered as the golden period in a woman's life, there are a host of physical as well as mental challenges faced by them then, which usually go unnoticed. Increasingly we are learning that the environment a baby is exposed to inside the womb is a very important long-term determinant of mental and physical health for the child. As a matter of fact, nearly 20% of women suffer from mood or anxiety disorders during the gestation and postpartum periods, with the women with a previous history of mental problems being at an increased risk (MGH Center for Women's Mental Health, 2007). However whether the condition affects the woman during pregnancy or post it, it can cause significant morbidity for the mother as well as the child.

Life stress, perceived social support in relations between stress and symptoms during pregnancy reveal influences of socio-demographic factors (i.e., socioeconomic status, age, parity), stress (partner conflict and life events), and social support on symptoms of anxiety and depression. Women who reported low levels of social support showed stronger relations between stress and symptoms than women who reported high levels of social support, indicative of a mediating effect of social support.

II. REVIEW OF LITERATURE

The researcher reviewed various books, journals, news papers, research reports and several websites to avail the information the anxiety of pregnancy women.

Atefeh Vaezi *et al.,* **(2019)** conducted a cross sectional study on the association between social support and postpartum depression in women. The objective of the study is to investigate the prevalence of maternal postpartum depression and its association with social support. The study resulted that prevalence of postpartum depression was 43.5% in new mothers. A reverse significant association was found between social support and postpartum depression after adjusting for confounding variables such as past history of depression, illness of baby and medication consumption during pregnancy. The study concludes that the bigger the social network of a mother, the less postpartum depression occurs.

Guodong Ding *et al.,* **(2019)** conducted a Shanghai prospective cohort study "Doing the month" and postpartum depression among Chinese women. Women who went outside their homes during the first month postpartum showed higher risks of postpartum depression compared with those who never left the house. This study emphasized the need for flexibility to fit and adjust the ritual into the modern life to enhance the positive effects of traditional practices on maternal health.

Sara Molgora (2018) conducted a research on Fear of childbirth in primiparous Italian pregnant women - The role of anxiety, depression, and couple adjustment. The research investigated whether fear of childbirth can be predicted by socio-demographic variables, distressing experiences before pregnancy, medical-obstetric factors and psychological variables with a sample of 426 Italian primiparous pregnant women. Fear of childbirth was treated as both a continuous and a dichotomous variable, in order to differentiate expectant mothers as with a severe fear of childbirth. The study results demonstrate that anxiety as well as couple adjustment predicted fear of childbirth when treated as a continuous variable, while clinical depression predicted severe fear of childbirth.

III. Statement of the Problem

Preparing to have a baby come in life is an exciting time, but also a challenging one. It is surprised that the pregnant women experiences some emotional change at this time. It's normal to have some worries and fears about the upcoming happening during pregnant. Many people feel quite stressed at this time, particularly when they know it's a big change that they can't fully prepare for or control. In addition, pregnancy itself can be stressful. As well as dealing with hormonal and physical changes, they may feel stressed about things such as antenatal tests. For these reasons, pregnancy can increase the likelihood of developing a mental health condition. It's quite natural that some women, have huge hormonal, physical and psychological shifts that happen during pregnancy may put her at increased risk for depression, anxiety or other mental illnesses.

IV. Scope

The scope of this study includes the emphasize on the need to enhance pregnant women's knowledge for the preparation for childbirth and to reduce pregnancy-specific anxiety. In short, the findings of this piece of research are expected to facilitate coping of pregnant mothers with pregnancy-specific anxiety and thereby reduce bad labour outcomes and postpartum depression. It is hoped that the exploratory nature of the study will help to identify the prevalence of general anxiety, pregnancy-specific anxiety and the extent of knowledge of selected aspects of antenatal care, among women during pregnancy.

V. Significance

The study was designed to find out the prevalence of anxiety among women during pregnancy. It is hoped that the descriptive nature of the study will help to gain knowledge on the prevalence of general anxiety, pregnancy specific anxiety, depression and the extent of knowledge of selected aspects of antenatal care among women during pregnancy and childbirth in the district of Thanjavur.

VI. Objectives of the Study

- To find out the relationship between socio-demographic profile of the respondents and selected dimensions of anxiety problems associated with primigravida.
- To identify the level of anxiety of the respondents with regard to primigravida

VII. Research Methodology

The researcher adopted descriptive research design as the research aimed at describing psychosocial problems in pregnancy women and the researcher collected data from the pregnancy women of Thanjavur district. About 250 respondents were selected through simple random sampling in Orathanadu Block, Thanjavur. Both primary and secondary data were used for this study. The primary data were collected by using a pre tested questionnaire.

VIII. Discussion of Key Findings

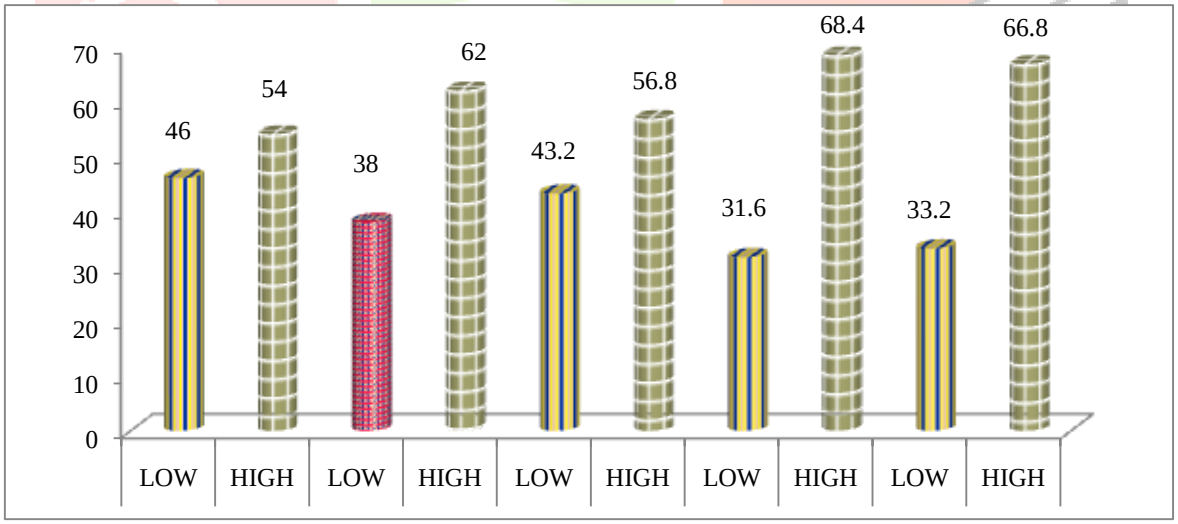
The research consists of various dimensions which are the profiles of respondents such as socio economic condition, trimester of pregnancy and anxiety of pregnancy women. The researchers executed analysis to find out the relationship and differences among the variables.

Table 8.1: Socio-Demographic Profile of the Respondents

S.NO	Particulars	Frequency (n = 250)	Percentage
I	Age		
	18 to 21 years	60	24.0
	22 to 24 Years	52	20.8
	25 to 27 Years	90	36.0
	28 to 35 Years	48	19.2
II	Religion		
	Hindu	96	85.6
	Muslim	83	1.6
	Christian	116	12.8
III	Education		
	Upto Higher Secondary Education	49	19.6
	Under Graduation	84	33.6
	Post Graduation	96	38.4
	ITI and Diploma	21	8.4
IV	Domicile		
	Rural	204	18.4
	Urban	46	81.6
V	Type of Family		
	Nuclear	84	33.6
	Joint	166	66.4

This table no 8.1 infers that little more than one third of the respondents (36 percent) were in the age group between 25 to 27 years, one fourth of the respondents (24 percent) were in the age group between 18 to 21 years, a small portion of the respondents (20.8 percent) were in the age group between 22 to 24 years, a sizable portion of the respondents (19.2 percent) were in the age group between 28 to 35 years. As far as religion was concerned a high majority of the respondents (85.6 percent) belong to Hindu community, a small portion of the respondents (12.8 percent) were from Christian community, a negligible portion of the respondents (1.6 percent) were from Muslim community. This infers that little more than one third of the respondents i.e 38.4 percent had completed post graduation and one third of the respondents (33.6 percent) had completed under graduation. That a high majority of the respondents (81.6 percent) were living in rural area, and remaining sizable proportion of the respondents (18.4 percent) were living in urban area.The family type of the respondents. The table clearly explains that more than two third of the respondents (66.4 percent) were living in joint families and remaining one third of the respondents (33.6 percent) were living in nuclear families. This concludes that the joint families are still alive in rural areas.

Figure 1 : The level of research work dimensions of anxiety experienced by the respondents



Statistics	Anxiety being pregnant	Anxiety about child birth	Anxiety about breast feeding	Anxiety about newborn care	Overall anxiety on Pregnancy
Median	50.00	31.00	26.00	18.00	127.00

Fig.1 indicates that more than half of the respondents (54 percent) had high level of anxiety on being pregnant while 46 percent of the respondents had low level. It also showed that that more than half of the respondents (62 percent) had high level of anxiety about childbirth while 38 percent respondents had low level. Further it was demonstrated that more than half of the respondents (56.8 percent) had high level of anxiety about breast feeding and 43.2 percent of the respondents had low level of anxiety about breast feeding. With regard to the anxiety about new born care that more than half of the respondents (68.4 percent) had high level of anxiety about new born care and 3.6 percent respondents had low level of anxiety about new born care. Further it was demonstrated that more than half of the respondents (66.8 percent) had high level of overall anxiety on pregnancy and 33.2 percent respondents had low level.

Table 8.2: T-test for Dimensions of Anxiety on Pregnancy and Domicile of the Respondents

	Rural			Urban			Mean difference	't'	df.
	n	M	SD	n	M	SD			
Anxiety about being pregnant	204	49.59	11.56	46	48.47	11.62	1.11	0.593	248
Anxiety about child birth	204	31.46	8.17	46	32.43	7.96	-.97	0.730	248
Anxiety about breast feeding	204	25.16	5.99	46	23.93	6.62	1.23	1.234	248
Anxiety about newborn care	204	18.26	4.38	46	18.23	4.11	.0255	.036	248
Overall anxiety on pregnancy	204	124.4	23.35	46	123.08	23.69	1.40	0.368	248

This table no 8.2 Results of t-test shows that there was no statistically significant mean difference between rural (M = 49.59, SD = 11.56, n = 204) and urban (M = 48.47, SD = 11.62, n =46) with regard to anxiety about being pregnant at .05 level of significance (t = 0.593, df. = 248, p> .05, 95% mean difference 1.11). There was no statistically significant mean difference between rural (M = 124.4, SD = 23.35, n = 204) and urban (M = 123.08, SD = 23.69, n =46) with regard to overall anxiety on pregnant at .05 level of significance (t = 0.368, df. = 248, p> .05, 95% mean difference 1.40.

Table 8.3: One-Way Analysis of Variance of among Education and the Level of Anxiety towards Pregnancy

Overall anxiety on pregnancy	**SS**	**df.**	**MS**	**F**	**P**
Between Groups	994.471	3	331.490	2.710	.030
Within Groups	135092.605	246	549.157		
Total	136087.076	249			

This table no 8.3 An analysis of variance shows that education of the respondents was significant, (F (3,246) = 3.199, p = .023, 3.408, p = .017, 3.344, p = .011, 6.456, p = .000 and 2.710, p=.030 with regard to anxiety about being pregnant, anxiety about child birth, Anxiety about breast feeding, anxiety about new born care and overall anxiety on pregnancy. With regard to overall anxiety on pregnant the primigravida with below HSC qualification had more level of anxiety on pregnancy (M = 127.87, SD = 19.70) than other groups (M = 126.14, SD = 17.60), PG (M = 123.14, SD = 24.72) and UG (M = 122.88 , SD = 25.07), (F (3,246)=2.710, p=.030.

Table 8.4: One-Way Analysis of Variance among Age and level of Anxiety on Pregnancy

Overall anxiety on pregnancy	**SS**	**df.**	**MS**	**F**	**P**
Between Groups	193.533	3	64.511	.117	.950
Within Groups	135893.543	246	552.413		
Total	136087.076	249			

This table no 8.4 An analysis of variance shows that the age of respondents was not significant, (F (3,246) = .084, p =.969, /.245, p=.865, /.041, p=.989, /.304, p=.823. /.117, p=.950, with regard to all the dimensions of anxiety on pregnancy. It was inferred that all the age group primigravida had the same level of towards anxiety pregnancy. Age does not make any significant variation on their anxiety towards pregnancy. The above table reveals that all the age group primigravida had the same level of towards anxiety pregnancy.

Table 8.5: One-Way Analysis of Variance between Pregnancy trimester and level of Anxiety of the Respondents

Overall anxiety on pregnancy	**SS**	**df.**	**MS**	**F**	**P**
Between Groups	820.219	2	410.109	.749	.474
Within Groups	135266.857	247	547.639		
Total	136087.076	249			

This table no 8.5 An analysis of variance shows that pregnancy trimester of the respondents was not significant, (F (3,246) = .570, *p* =.566, / .239, p=.787, /.872, p=.419, / .262, p=.770. /.749, p=.474, with regard to the dimensions of anxiety towards

pregnancy. It was inferred that all the primigravida had the same level of anxiety. Pregnancy trimester does not make any significant variation on their level of anxiety.

Table 8.6: Results of Chi-square Test for Anxiety towards Pregnancy and their Expectation of First Baby

Anxiety on pregnancy	**Expectation of first baby**		
	Male	**Female**	**Anyone**
Anxiety about being pregnant			
Low	21	23	71
High	30	19	86
			χ^2 = 1.814, df. = 2. p >.05
Anxiety about childbirth			
Low	24	14	57
High	27	28	100
			χ^2 = 2.356, df. = 2. p >.05
Anxiety about breastfeeding			
Low	24	20	64
High	27	22	93
			χ^2 = 1.023, df. = 2. p> .05
Anxiety about newborn care			
Low	16	13	50
High	35	29	107
			χ^2 = .014, df. = 2. p> .05
Overall anxiety on pregnancy			
Low	17	16	50
High	34	26	107
			χ^2 = .584, df. = 2. p> .05

This table no 8.6 Chi-square results shows that there was no statistically significant association of all dimensions of anxiety on pregnancy with their expectation of first baby. It was clear from the analysis that the expectation of first baby of the respondents did not have any impact on the various dimensions of anxiety towards pregnancy.

Figure 2: Medicines taken by the Respondents

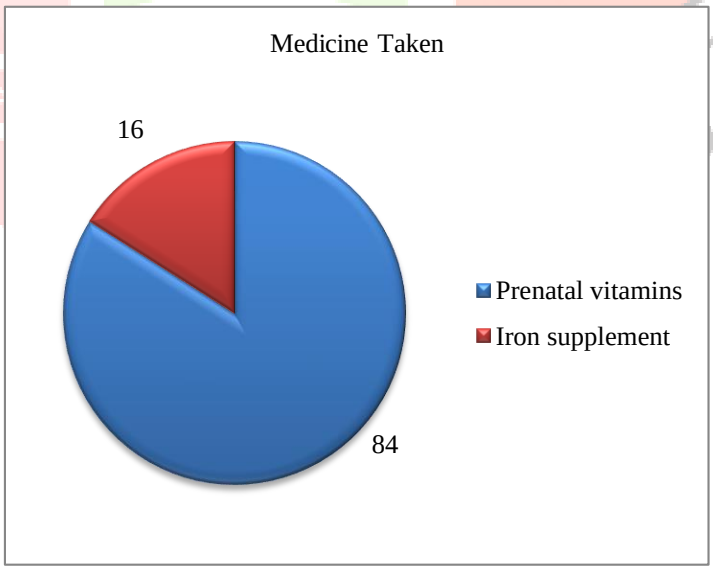


Fig.02 that 84% were taking prenatal vitamins and 16% were taking iron supplement like folic acid. This concludes that almost all the primigravida women are concerned about their prenatal care and they in intake whatever the prescribed supplements for the pregnancy.

IX. TESTING OF HYPOTHESES

Hypothesis 1 : There is a significant difference between type of family of the respondents and their level of anxiety of pregnancy. The study reveals that there was no statistically significant mean difference between nuclear families (M = 123.49, SD = 25.03, n = 84) and joint families (M = 124.62, SD = 22.56, n =166) with regard to overall anxiety on pregnant at .05 level of significance (t = 0.368, df. = 248, p> .05, 95% mean difference 1.40). So the research hypothesis is rejected and null hypothesis is accepted. Hence there is no significant difference between type of family of the respondents and the level of anxiety on pregnancy.

Hypothesis 2 : There is no significant association between anxiety towards pregnancy of the respondents and their expectation of first baby. It had been proved by chi-square test (x^2=.584). The table value of x^2 at 5 percentage different for 2 degree of freedom

is 5.991. The calculated value is less than table value and hence the null hypothesis is accepted and concluded that there is no significant relationship between the expectation of first baby of overall anxiety on pregnancy.

X. SUGGESTIONS

- The pregnant women may be encouraged to share their feelings of anxiety especially with husband, relatives or close friends as sharing shall reduce their inner anxiety.
- Family members may render more support and care on their pregnant daughters and daughter-in-laws during this time as they need special care and nutrition. The partners of pregnant women may take care of their life partner as it will reduce their stress and anxiety.
- The Government may appoint Yoga teacher for every Primary Health Centre as it is very useful for the pregnant women to improve their mental well being and reduce their stress and anxiety and also reduce the complications of delivery through the simple exercise and yoga.
- The NGOs may also work for premarital and post marital counseling and prenatal and post natal counseling for dealing with Anxiety toward pregnancy. It will be create more understanding about importance of marital relationship and also caring of their child.

XI. CONCLUSION

This study has revealed that the pregnant women need to focus on their psycho social problems. They face number of physical changes as well as other potentially stressful adjustment to be made and thus pregnancy is a major psychological as well as physiological, event : with environmental, family, internal stressors, etc. Women may find themselves unable to cope with anxiety which is the additional demand of pregnancy. Hence the issue of anxiety of primigravida need to be addressed with due care and consideration by multiple stakeholders including the husbands, family members, relatives and friends... The Government shall take additional efforts to deal with anxiety of primigravida women in addition to their regular physical treatments/approach/ towards them

REFERENCES

[1] Andersson, L., Sundstrom-Poromaa, I., Wulff, M., Aström, M., Bixo, M., (2004). Implications of antenatal depression and anxiety for obstetric outcome. Obstet Gynecol. 104 (3). 467-76.

[2] Baldwin, D.S., Ajel, K.I., Garner, M., (2010). Pharmacological treatment of generalized anxiety disorder. Curr Top Behav Neurosci. 2. 453-67

[3] Bárbara Figueiredo., Ana Conde., (2011). Anxiety and depression in women and men from early pregnancy to 3-months postpartum. Archives of Women's Mental Health.14 (3). 247-255.

[4] Beebe, K.R., Lee, K.A., Carrieri-Kohlman, V., Humphreys, J., (2007). The effects of childbirth self-efficacy and anxiety during pregnancy on prehospitalization labor. J Obstet Gynecol Neonatal Nurs. 36(5).410-8.

[5] Cheung, Y. L., Molassiotis, A., Chang, A. M., (2003). The effect of progressive muscle relaxation training on anxiety and quality of life after stoma surgery in colorectal cancer patients. *Psychooncology*. 12 (3). 254 – 66.

[6] Da Costa, D., Larouche, J., Dritsa, M., Brender, W., (1999). Variations in stress levels over the course of pregnancy: factors associated with elevated hassles, state anxiety and pregnancy-specific stress. J Psychosom Res. 47 (6). 609-21.

[7] Faisal-Cury, A., Menezes, P., Araya, R., Zugaib, M., (2009). Common mental disorders during pregnancy: prevalence and associated factors among low-income women in São Paulo, Brazil: depression and anxiety during pregnancy. Arch Womens Ment Health. 12 (5). 335 - 43.

[8] Glover, V., O'Connor, T.G., Heron, J., Golding, J., (2004). Antenatal maternal anxiety is linked with atypical handedness in the child. Early Hum Dev. 79(2). 107-18.

[9] Hannah Cookson., Raquel Granell., Carol Joinson., Yoav Ben-Shlomo., John Henderson, A., (2009). Mothers' anxiety during pregnancy is associated with asthma in their children. *J Allergy Clin Immunol.* 123 (4). 847–853.

[10] Shaily Mina , Yatan Pal Singh Balhara , Rohit Verma and Shachi Mathur (2012). Anxiety and Depression amongst the urban females of Delhi in Ante-partum and Post-partum period. Delhi Psychiatry Journal. Vol. 15. No.2. pp. 347-351.