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"A Descriptive Study On Perceived Stress And Resilience Among Primigravida Women Residing In Selected Rural Areas Of Udupi District, Karnataka."

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1. INTRODUCTION

"Truthfully, being pregnant is changing me as a person. Each day is part of this amazing journey that has completely shifted the focus of my life and made me re evaluate my personal and professional goals." – Holly Madison[1]

Pregnancy is a period of incredible changes and numerous mothers do feel worried eventually. This is common and not in any way surprising as observing a mother's need to adapt to the obligations that filled her life before she fell pregnant just as she set herself up, mentally and physically for another appearance. Pregnancy is a stressor, given the changes one's body undergoes. Stress is a complex genetically determined pattern of the response of human physiology to a demanding situation.[2]

The term stress is more widely used, despite other meanings such as "tension" fatigue," and "tiredness. According to Filgueira and Hippert, "stress" is a state manifested by a specific syndrome, consisting of all nonspecific alterations produced in a biological system. Stress is a natural reaction of an organism to adverse situations that disturb its homeostasis or balance. Stress is associated with preterm birth, postpartum depression, anxiety, child neurodevelopment, and fetal distress.[3]

How an individual faces a stressful and adverse situation is called resilience; this reaction is individual, dynamic, and contextual, and it can affect maternal and fetal outcomes.[3]

2. OBJECTIVES

Objectives are the guiding forces for a researcher throughout the study. The explicit descriptions of objectives are essential to come out with meaningful research.[37]

Statement of the problem

"A descriptive study on perceived stress and resilience among primigravida women residing in selected rural areas of Udupi district, Karnataka."

Objectives of the study The objectives of the study are to:

1. assess the perceived level of stress among primigravida women.

2. determine the perceived level of resilience among primigravida women. 3. find the association between the perceived level of stress score among primigravida women with their selected demographic variables.
4. find out the association between the perceived level of resilience score among primigravida women with their selected demographic variables.
5. find the relationship between the perceived level of stress and perceived level of resilience among primigravida women.

3. REVIEW OF LITERATURE

Review of literature is the key step in the research process, the typical process of analyzing a research's existing literature is to generate a research question to identify what is known and what is unknown about the topic. The major goal of review of literature is to develop a strong knowledge base to carry out research and non-research scholarly activity.[37]

The review of literature is presented under the following subheadings:

1.Literature related to perceived stress among primigravida women.

2. Literature related to perceived resilience among primigravida women.

1.Literature related to perceived stress among primigravida women A descriptive cross-sectional study was carried out to examine the predictors of perceived social support, quality of life, and resilience in pregnancy among 175 pregnant women attending antenatal care in the hospital at Federal University Birnin Kebbi, Kebbi State, Nigeria. The study aimed to examine selected variables as predictors of perceived social support, quality of life, and resilience in pregnancy. The data was collected using the Multidimensional Scale of Perceived Social Support, Short Form (SF-36) Health Survey 1.0 Questionnaire, and Connor-Davidson Resilience Scale. The study revealed that the majority of the respondents had poor and very good perceived social support levels (27.2%), respectively. The majority (76.6%) of the respondents had a poor quality of life, and (40.3%) had outstanding resilience. Family socioeconomic status was the only variable significantly predicting the levels of perceived social support, $P < 0.05$. No variable significantly predicted the quality of life and resilience. The study concluded to boost the social support received by pregnant women and to enhance the quality of life of pregnant women, there is a need for the deep involvement of significant people in pregnant mothers' families from conception to delivery.[23]

A cross-sectional study was conducted among 320 pregnant women referred to rural health centers and urban health centers in Aq-Qala. The aim was to assess the level of anxiety, and depression among antenatal mothers. The demographic checklist, the Vaux social support questionnaire, the Vandenberg anxiety during pregnancy questionnaire, and the Edinburgh Depression Scale were used to collect the data. The findings of the study revealed that the mean age of the pregnant women was (25.7 ± 5.5) years. The majority of the women (97.8%) were housewives and (34.7%) had primary education. Social support was inversely correlated with depression and anxiety. Social support had a significant direct relationship with the duration of marriage and age at marriage and a significant inverse relationship with concern about the cost of delivery and marital discord ($P < 0.05$). Depression had a significant direct correlation with education and income status. Thus, thestudy concluded that pregnant mothers with high social support are less likely to experience depression and anxiety.[24]

A cross-sectional study was carried out to determine perceived stress and its associated factors among pregnant women in Bale Zone hospitals, in Southeast Ethiopia. The data was collected from 396 pregnant women using structured and pre tested questionnaires and a perceived stress scale. The findings showed that the prevalence of perceived stress among pregnant women was (11.6%). Those women who had previous two to five pregnancies (AOR = 9.82; CI 1.08, 89.5) and gestational age less than 12 weeks (AOR = 3.53; CI 1.03, 12.08) were associated with perceived stress among pregnant women. The prevalence of perceived stress among pregnant women was relatively low. Thus, the study concluded that healthcare providers should give due attention to the screening of stress in the first trimester to reduce the likelihood of pregnancy-specific stress.26

2.Literature related to perceived resilience among primigravida women.

A cross-sectional study was conducted to examine selected variables as predictors of perceived social support, quality of life, and resilience among 350 pregnant women, in Turkey. The Multidimensional scale of perceived social support, short-form health survey questionnaire, and Connor-Davidson resilience scale were used for data collection. Most respondents had poor and very good perceived social support levels (27.2%), respectively. The majority (76.6%) of the respondents had a poor quality of life, and (40.3%) had outstanding resilience. Family socioeconomic status was the only variable significantly predicting the levels of perceived social support, P < 0.05. No variable significantly predicted the quality of life and resilience. The study concluded to encourage the social support received by pregnant women and to enhance the quality of life of pregnant women.35

methodology

The setting of the study

The study was conducted in Lalith Hospital, Kamath Nursing Home, N.R.Acharya Hospital, and Surgeons Hospital of the Udupi district,which were selected based on proximity, the feasibility of conducting the study, and theavailability of samples. The sample was selected from Lalith Hospital, Udupi, 1km away from the institution. Kamath Nursing Home, Udupi, 1kmaway from the institution. N.R. Acharya Hospital is 34km away from the institution. Surgeons Hospital is 35km away from the institution.

Population

A research population is generally a large collection of individuals or objects that is the main focus of a scientific query.38 The population of the study included primigravida women between the age group of (18 to 35) years during their antepartum period from selected hospitals of Udupi district, Karnataka. Sample The study will be conducted on 120 primigravida women during their antepartum period in selected hospitals of Udupi district, Karnataka. Sampling technique In this study, a purposive sampling technique was used to select approximately 120 primigravida women who fulfilled the inclusion criteria in selected rural areas of the Udupi district, Karnataka.

Data collection technique

A perceived stress scale and Conner Davidson's resilience scale were used to identify the level of perceived stress and resilience among primigravida women during the antepartum period. The Demographic proforma was constructed by the researcher. The perceived stress scale and Conner Davidson's resilience scale were standardized tools.

Criteria for the selection of sample Inclusion criteria

Primigravida women who are:

- between (18 and 35) years of age residing in selected rural areas of Udupi district.
- between (13 to 24) weeks of gestation.
- available at the time of data collection.
- willing to participate in the study after obtaining informed consent.
- Presence of any medical diseases.
- Presence of any obstetric disorders.

• who could read and write Kannada and or English.

Exclusion criteria

Primigravida women who are:

• suffering from psychiatric disorders, cognitive impairments, and remarried women.

• on active treatment with psychopharmaceuticals.

• clinically diagnosed with a fetal abnormality on an ultrasound scan.

Variables

Independent variables:

Perceived stress and resilience among primigravida women.

Demographic variables: Age, marital status, religion, education, occupation, educational status of the husband, occupation of husband, area of residence, type of family, family income, the status of pregnancy, presence of obstetric complications, social support, habits of smoking and alcoholism, any trauma, suicidal tendency, marital conflict, and family conflict.

Data collection tool

Data collection tools are devices or instruments for gathering data, such as a paper questionnaire or computer-assisted interviewing system.38 To meet the objectives of the study, the following tools were used: Tool 1: Demographic proforma of primigravida women. Tool 2: Perceived stress scale for primigravida women Tool 3: Conner Davidson's resilience scale for primigravida women.

Organization of the study findings: The data is presented under the following headings: Section 1: Description of the sample characteristics of primigravida women based on socio-demographic variables.

Section 2: Description of the perceived level of stress among primigravida women Section 3: Description of perceived level of resilience among primigravida women Section 4: Description of the association between the perceived level of stress score among primigravida women with their selected demographic variables

Section 5: Description of association between the perceived level of resilience score among primigravida women with their selected demographic variables.

Section 6: Description of the relationship between the perceived level of stress and perceived level of resilience among primigravida women.

The data in Table 1 depicts the majority of the primigravida women 65 (54%) were in the age group of (24 to 29) years. All of the primigravida women 120 (100%) were married. The maximum percentage of the primigravida women 78 (65%) belong to the Hindu religion. The majority 49(42%) of the primigravida women were educated up to higher secondary school. With regard to the primigravida women's occupation status, 73 (61%) were unemployed. Most of 65 (54%) of the primigravida women's husband educational status were diploma. It was observed that the primigravida women's occupation status of husbands 48 (40%) were semi-skilled workers. The majority of the primigravida women 61(51%) resided in urban areas. Regarding the primigravida women type of family 97 (81%) belonged to the nuclear family the highest percentage of primigravida women 55 (46%) had a monthly income below Rs.10000/- .A maximum of 67 (56%) status of pregnancy was planned and 51(42%) of them were below 20 weeks of period of gestation. A maximum of 23 (19%) had gestational diabetes mellitus. The majority 82 (68%) primigravida women perceived adequate social support. None of them had a habit of smoking, but 11 (9%) had a habit of consuming alcohol occasionally. The majority 108 (90%) primigravida women did not experience some

form of physical or psychological trauma.None of them had suicidal ideas or attempts. Maximum101 (84%) did not have marital conflictand about 97 (81%) did not have any history of family conflict.

The data presented in table 2 shows that the mean score of perceived stress among primigravida women was 8.7 with standard deviation of 8.66.the maximum score was 1.2 and the minimum score was 0.2.

The data presented in Table 3 depicts that three-fourths (74%) of primigravida women exhibited low perceived stress whereas (23%) indicated a moderate perceived stress and (3%) high perceived stress.

The data presented in table 4 shows that the mean score of perceived stress among primigravida women was with standard deviation of 8.29 the Mean score was 41.68.

The data presented in Table 5 depicts the frequency distribution of the perceived level of resilience among primigravida women. The data revealed that (64%) of primigravida women exhibited high perceived resilience whereas (21%) indicated a normal perceived resilience and (15%) low perceived resilience.

Level of significance

The data presented in Table 6 shows that the computed value using Chi square test of the association for the selected demographic variables, such as age ($x2=1.5873$, $p=0.452$), religion ($x2=2.4007$, $p=0.301$), education ($x2=2.686$, $p=0.6115$), occupation ($x2=1.1574$, $p=0.7632$), educational status of husband ($x2=1.8854$, $p=0.7568$), occupation of husband ($x2=1.8331$, $p=0.6077$), area of residence ($x2=0.449$, $p=0.502$), type of family ($x2=2.998$, $p=0.223$), family income ($x2=1.8219$, $p=0.6101$), status of pregnancy ($x2=0.0283$, $p=0.8664$), period of gestation ($x2=3.7868$, $p=0.1505$) and social support ($x2=1.1174$, $p=0.2904$), do not have a statistically significant association with perceived stress. Hence, the null hypothesis is accepted for all the variables and the research hypothesis is rejected. Therefore, it is interpreted that perceived level of stress and demographic variables are independent of each other.

The data presented in Table 7 shows that the computed values Chi square test for the selected variables such as age($x2=3.3682$, $p=0.18561$), religion ($x2=1.0227$, $p=0.5996$), education ($x2=1.003$, $p=0.9092$), occupation ($x2=1.8499$, $p=0.6041$), educational status of husband ($x2=8.239$, $p=0.0832$), occupation of husband ($x2=1.5992$, $p=0.6595$), area of residence ($x2=1.553$, $p=0.2123$), type of family ($x2=0.1064$, $p=0.9481$), family income ($x2=1.6238$, $p=0.6540$), status of pregnancy ($x2=0.0221$, $p=0.8818$), period of gestation ($x2=2.8946$, $p=0.2352$) and social support ($x2=0.1071$, $p=0.7434$), do not have a statistically significant association with perceived resilience. Hence, the null hypothesis is accepted for all the variables and the research hypothesis is rejected. Therefore, it is interpreted that perceived level of resilience and demographic variables are independent of each other.

Level of significance at 0.05level.

The data presented in Table 8 shows that the computed value of the Pearson Correlation Coefficient test for the relationship between the perceived level of stress and perceived level of resilience among primigravida women does not have a statistically significant correlation. Hence, the null hypothesis is accepted the research hypothesis is rejected and it is inferred that there is no significant relationship between perceived level of stress and perceived level of resilience among primigravida women.

conclusion

The stress response, an adaptive component of physiology, represents a survival strategy during exposure to threats, adverse experiences, or stressors in life. Activation of the stress response prepares the body for a 'fight or flight' reaction to promote safety and protection. However, chronic activation of the stress response affects the body negatively and impairs health, well-being, and performance. The extent to which exposure to threats drives the perception of stress, however, it depends on an individual's ability to cope or adapt to stressors and successfully bounce back to normal homeostasis from the effect of adversities.4