

A STUDY TO ASSESS THE PREVALENCE OF ANXIETY AMONG PRIMI- GRAVIDA MOTHERS AT SELECTED HOSPITAL IN HARIDWAR, UTTRAKHAND

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ABSTRACT

A descriptive study was carried out to find out the prevalence of anxiety among primi- gravida mothers at selected hospital in haridwar, uttrakhand. The purpose of this study aimed to identify anxiety in primi gravida mother. The samples were selected based on inclusion criteria of the study; the sample size consists of 50 primi- gravida mothers who are available at the time of study. Purposive sampling technique was used for the selection of samples. Pregnancy Related Anxiety Questionnaire was used to find out anxiety in primi gravida mothers, clinical and Obstetrical Profile of mothers were also assessed which include dietary habit, height (cm), weight (kg), blood pressure(MAP), gestational age. Result shows that majority (44%) primi gravida mothers have moderate level of anxiety, 42% women had mild level of anxiety and only (14%) primi gravida mothers had severe level of anxiety.

In conclusion anxiety in primi gravida mothers need to be addressed to avoid negative impact on mother and on her baby so there is a need of necessary intervention when helps to reduce anxiety experienced by primi gravida mothers.

KEY WORDS : primi-gravida mother, prevalence, anxiety.

The experience of embarking on the path of motherhood is an immensely significant event in a woman's life. The act of becoming a mother is a precious blessing bestowed upon every woman by a higher power. Pregnancy, a remarkable phase, holds great importance in a woman's journey. Extensive evidence shows that anxiety, depression, and stress during pregnancy increase the likelihood of adverse outcomes, including preterm birth, low birth weight, and negative neurodevelopmental effects in infants and children.^[1]

To achieve positive outcomes, it is essential to provide pregnant women with adequate support, resources, tools, and appropriate physical activity options. By offering the right guidance, women can reduce the risk of complications and promote optimal pregnancy and birth outcomes.^[2]

The period of pregnancy involves notable transformations in physiology, social dynamics, and emotions, all of which can influence the health and well-being of both the mother and the fetus in various aspects. Extensive evidence supports the notion that anxiety, depression, and stress during pregnancy are factors that increase the likelihood of negative outcomes for both the mother and the fetus. These adverse consequences can include preterm birth, low birth weight, as well as negative neurodevelopmental outcomes in infants and children.^[3]

Ensuring the well-being of the mother is of utmost importance for achieving optimal outcomes during pregnancy and for the child's well-being. Pregnant women should receive adequate support, access to necessary tools and resources, and guidance on

appropriate types and levels of physical activity throughout their pregnancy. By providing such support, the aim is to minimize the risk of complications and promote favourable pregnancy and birth outcomes. [4]

A systematic review studies on the impact of mindfulness and found a favourable trend in reducing anxiety, depression, and perceived stress. However, they noted that no significant differences were observed in the effect of mindfulness on these factors. The scarcity of trial studies in this area highlights the need for further research to investigate the specific effects of mindfulness on stress and anxiety during pregnancy [5]

NEED OF THE STUDY

Pregnancy significantly impacts a woman's life, leading to various physical and psychological changes. It is crucial to prioritize fetal health during this period. This research can provide valuable insights for healthcare professionals, expectant mothers, and the wider community, ultimately improving care and well-being during pregnancy. [6]

OBJECTIVES:

Objectives of the study is to

- To find out prevalence of anxiety in primi gravida mothers
- to assess clinical and obstetrical profile of primi gravida mothers

REVIEW OF LITERATURE

A literature review is a body of text that aims to review the critical points of current knowledge including substantive findings as well as theoretical and methodological contributions to a particular topic. Literature reviews are secondary sources, and as such, do not report any new or original experimental work. Also, a literature review can be interpreted as a review of an abstract accomplishment.

The State-Trait Anxiety Inventory (STAI) questionnaire was used to assess psychological stress, and salivary cortisol samples were collected before and immediately after each yoga session to measure physiological stress indices. The results revealed that state anxiety scores were significantly lower after meditative yoga ($p < 0.05$), but there were no significant differences following power yoga ($p > 0.05$). Salivary cortisol levels were significantly

lower after meditative yoga ($p < 0.05$), while power yoga did not show significant changes in cortisol levels ($p > 0.05$). The findings indicate that acute engagement in meditative yoga can effectively reduce markers of psychological and physiological stress, whereas power yoga did not significantly relieve stress. Therefore, individuals seeking anxiolytic benefits from yoga should consider different types of yoga based on their stress-relieving capabilities [7]

A randomized controlled trial was conducted on 70 pregnant women in Abyek city of Qazvin province in Iran to investigate the impact of mindfulness-based stress reduction (MBSR) on anxiety and self-efficacy in coping with childbirth. The participants were recruited using the convenient sampling method and then assigned to either the control or intervention groups using random blocks. Apart from routine care, the intervention group received 6 MBSR training sessions. The data gathering questionnaire comprised measures of mindfulness, Pregnancy-Related Anxiety Questionnaire, and self-efficacy in coping with childbirth. There were no statistically significant differences in demographic characteristics between the control and intervention groups. The results from the analysis of variance (ANOVA) with repeated measures indicated that time significantly affected the change in the total anxiety score in the intervention group ($p = 0.001$), showing a significant difference between the two groups concerning anxiety ($p = 0.001$). However, the ANOVA with repeated measures revealed that time had no impact on the score of self-efficacy in coping with childbirth ($p = 0.1$), and there was no significant difference between the two groups in this regard ($p = 0.6$) [8]

An observational study conducted by the Hokkaido unit of the Japan Environment and Children's Study served as an adjunct study. The data collection period for information on prenatal yoga practice was between March 21, 2012, and July 7, 2015. The study targeted women who had recently delivered and utilized a self-questionnaire to gather relevant data. Ritodrine hydrochloride usage information was obtained from

medical records. A total of 2,692 women were included in the analysis, and logistic regression models were employed, adjusting for potential confounders. Among the participants, 567 women (21.1%) reported practicing prenatal yoga. This practice was associated with a lower risk of ritodrine hydrochloride use, with an adjusted odds ratio (OR) of 0.77 and a 95% confidence interval (CI) of 0.61-0.98. The association was especially pronounced in women who engaged in prenatal yoga for a total duration exceeding 900 minutes throughout their pregnancy, with an adjusted OR of 0.54 and a 95% CI of 0.38-0.76. Sensitivity analysis, which excluded patients with threatened abortion during the study period, yielded similar results. Based on these findings, prenatal yoga appears to be linked to a reduced likelihood of ritodrine hydrochloride use, particularly in women who practice for more than 900 minutes during their pregnancy. As a result, prenatal yoga may be considered a beneficial alternative therapy option for pregnant women [9]

RESEARCH METHODOLOGY

RESEARCH APPROACH

This study attempts to find the prevalence of anxiety in primigravida mothers. The investigator has employed the survey approach (descriptive approach). The survey approach is a non-experimental approach in which the researcher investigates a community or a group of people. This may be done by asking questions, by interviewing, by observing what people are doing. The investigator employed survey approach in this study to assess the prevalence of anxiety in primigravida mother.

RESEARCH DESIGN

The investigator has employed the non-experimental design sometimes called survey. The design used in descriptive studies where the aim of the research is to generate new facts is largely non experimental. It is especially suited to such studies since description implies natural observation of the characteristics of research subjects without deliberate manipulation of the variables or control over the research setting. The study shows prevalence of anxiety in primigravida mothers.

INSTRUMENT

The tool was developed by keeping in mind the objectives of the study and prepared after extensive review Of literature, internet sources and

through discussion with guide, co-guide and opinions of various experts in the field of Mental health nursing, Psychology, Psychiatric, Social and preventive medicine

The tool consists of two parts

- Socio-demographic Profile of Primi Mothers
- Clinical and Obstetrical Profile
- Pregnancy Related Anxiety Questionnaire

Data collection

The data were collected through interview methods. 50 samples were selected for the study using purposive sampling technique.

Before proceeding with data collection, the researcher introduced herself to the participants and obtained informed consent after explaining the purpose of the study. The investigator gathered information using a pre-designed socio-demographic profile, clinical and obstetrical profile, Pregnancy Related Anxiety Questionnaire.

The data were collected through interview methods

Table no.1:- Percentage wise distribution of demographic variables and clinical and obstetrical profile of primi gravida mothers.

S.No	Demographic variables	Frequency	Percentage
1	Age		
	19-25	33	66%
	26-35	17	34%
2	Height		
	140cm-150cm	9	18%
	151cm-160cm	39	78%
	161cm-170cm	2	4%
3	Weight		
	40-60kg	45	90%
	61-80kg	5	10%

4	BLOOD PRESSUR (MAP)		
	77-90	24	48%
	90-110	26	52%
5	GESTATION		
	34-36	10	20%
	37-39	40	80%
6	Education of mother		
	Primary	17	34%
	High school	11	22%
	Secondary	15	30%
	University/PG	7	14%
7	Employment		
	Employed	9	18%
	Unemployed	41	82%
8	Income Status		
	income less then expenses	20	40%
	Income Equal to Expenses	28	56%
	Income more than Expenses	2	4%
9	Family Type		
	Nuclear Family	13	26%
	Joint family	36	72%
	Extended	1	2%
10	Area of Living		
	Rural	21	42%
	Urban	29	58%

11	Food Habits		
	Vegetarian	19	38%
	Non-Vegetarian	31	62%
12	Do you smoke		
	Yes	0	
	No	50	100%
13	Any known disease		
	Yes	0	
	No	50	100%
14	Any surgery done		
	Yes	0	
	No	50	100%
15	Was your marriage arranged		
	Yes	5	10%
	No	45	90%
16	Get some help from your family member		
	Yes	46	92%
	No	4	8%
17	Is your pregnancy planned?		
	Yes	46	92%
	No	4	8%
18	preference of baby gender		
	Girl	9	18%
	Boy	7	14%
	It Doesn't Matter	34	68%

RESULT

The data was tabulated analysed and interpreted using inferential and descriptive statistics methods.

T Table 1 shows the major findings indicated that primigravida mothers according to their age majority 66% of the respondents were in the age group of 19-25 years. Higher percentage 78% of the respondents were 151-160cm in height. Majority of them have weight in between 40-60kg ,the blood pressure (MAP) of majority (52%) of women were in between 90-110 mmhg. 80% women have gestation age of 37-39 .Majority (30%) of women have secondary school level of education, employment status of women shows that maximum (82%) of women were unemployed,

Income status of women shows that majority (56%) have income equal to expenses, majority (72%) women belongs to joint family. Area wise distribution of pregnant women shows that majority (58%) women belongs to urban area. food habits of pregnant women shows that maximum (61%) women were non vegetarian, data of smoking shows that 100% women were non-smoker, no women have history of any disease and any surgery, majority (90%) of women did not have arrange marriage, majority (92%) of women get some help from family members for house chores. majority (92%) of women have planned pregnancy. majority (68%) of women did not have any preference of baby gender.

Table no 2 level of anxiety.

n=50

Anxiety level	Percentage	Mean	SD
Mild	42%	26.82	9.09
Moderate	44%		
Severe	14%		

The data presented in the table No.2 shows percentage wise distribution of level of anxiety in primigravida mother.total sample size was 50 in which majority (44%) of primigravida mothers have moderate level of anxiety. The mean score is 26.82 and the standard deviation value is 9.90.

CONCLUSION

The study concluded that primigravida mother suffers from anxiety during the time of pregnancy. This study has a great implication in nursing practice, education, research and administration. The result of the study shows the great need for the health personnel to educate the antenatal mothers about methods to reduce stress during pregnancy. On the basis of findings, it is recommended that a similar study may be replicate during a large number of participants and experimental design. More intervention studies should be carried out for reducing anxiety during pregnancy.

RECOMMENDATION

This study can be replicated on large sample there by generalizing the study for large population.

The study can be conducted in different parts of the country.

A study can be carried out using other teaching strategies like video teaching programme and computed assisted instruction to reduce anxiety.

A interventional study can be conducted to reduce anxiety and stress experienced during pregnancy

REFERANCE

- Aradmehr, M., Azhari, S. E. D. I. G. H. E. H., Ahmadi, S., & Azmodeh, E. L. H. A. M. (2016). Relationship between delivery and neonatal factors with healing of episiotomy in primiparous women at Mashhad Omalbanin hospital in 2013. *Iranian Journal of Obstetrics, Gynecology and Infertility*, 19(17), 13-23.
- Babbar, S., & Shyken, J. (2016). Yoga in pregnancy. *Clinical obstetrics and gynecology*, 59(3), 600-612.
- Baibazarova, E., van de Beek, C., Cohen-Kettenis, P. T., Buitelaar, J., Shelton, K. H., & van Goozen, S. H. (2013). Influence of prenatal maternal stress, maternal plasma cortisol and cortisol in the amniotic fluid on birth outcomes and child temperament at 3 months. *Psychoneuroendocrinology*, 38(6), 907-915.
- Balaji, P. A., & Varne, S. R. (2017). Physiological effects of yoga asanas and pranayama on metabolic parameters, maternal, and fetal outcome in gestational diabetes. *National Journal*

- of Physiology, Pharmacy and Pharmacology, 7(7), 724.
- Benvenuti, M. J., da Sliva Alves, E., Michael, S., Ding, D., Stamatakis, E., & Edwards, K. M. (2017). A single session of hatha yoga improves stress reactivity and recovery after an acute psychological stress task—A counterbalanced, randomized-crossover trial in healthy individuals. *Complementary therapies in medicine*, 35, 120-126.
 - Büssing, A., Michalsen, A., Khalsa, S. B. S., Telles, S., & Sherman, K. J. (2012). Effects of yoga on mental and physical health: a short summary of reviews. *Evidence-based complementary and alternative medicine*, 2012.
 - Campbell, M. K., & Mottola, M. F. (2001). Recreational exercise and occupational activity during pregnancy and birth weight: a case-control study. *American Journal of Obstetrics and Gynecology*, 184(3), 403-408.
 - Corrigan, L., Moran, P., McGrath, N., Eustace-Cook, J., & Daly, D. (2022). The characteristics and effectiveness of pregnancy yoga interventions: a systematic review and meta-analysis. *BMC Pregnancy and Childbirth*, 22(1), 1-21
 - Cramer, H., Frawley, J., Steel, A., Hall, H., Adams, J., Broom, A., & Sibbritt, D. (2015). Characteristics of women who practice yoga in different locations during pregnancy. *BMJ open*, 5(8), e008641.
 - Cramer, H., Lauche, R., & Dobos, G. (2014). Characteristics of randomized controlled trials of yoga: a bibliometric analysis. *BMC complementary and alternative medicine*, 14, 1-20.
 - Creswell, J. D. (2017). Mindfulness interventions. *Annual Review of Psychology*, 68, 491–516. <https://doi.org/10.1146/annur-ev-psych-042716-051139>
 - Creswell, J. D., & Lindsay, E. K. (2014). How does mindfulness training affect health? A mindfulness stress buffering account. *Current Directions in Psychological Science*, 23(6), 401–407. <https://doi.org/10.1177/09637547415547415>
 - Cunningham, F., Leveno, K., Bloom, S., Hauth, J., Rouse, D., & Spong, C. (2010). *Williams Obstetrics 23rd Edition* McGraw Hill. *New York*, 2010.
 - Curtis, K., Weinrib, A., & Katz, J. (2012). Systematic review of yoga for pregnant women: current status and future directions. *Evidence-based complementary and alternative medicine*, 2012.
 - Curtis, K., Weinrib, A., & Katz, J. (2012). Systematic review of yoga for pregnant women: current status and future directions. *Evidence-based complementary and alternative medicine*, 2012.
 - Dhawan, V., Kumar, M., Deka, D., Malhotra, N., Dadhwal, V., Singh, N., & Dada, R. (2018). Meditation & yoga: Impact on oxidative DNA damage & dysregulated
 - Taylor, B. L., Cavanagh, K., & Strauss, C. (2016). The effectiveness of mindfulness-based interventions in the perinatal period: A systematic review and meta-analysis. *PLoS ONE*, 11(5), e0155720. <https://doi.org/10.1371/journal.pone.0155720>
 - Tripathi, M. N., Kumari, S., & Ganpat, T. S. (2018). Psychophysiological effects of yoga on stress in college students. *Journal of education and health promotion*, 7.
 - Uebelacker, L. A., Battle, C. L., Sutton, K. A., Magee, S. R., & Miller, I. W. (2016). A pilot randomized controlled trial comparing prenatal yoga to perinatal health education for antenatal depression. *Archives of women's mental health*, 19, 543-547.