



PRENATAL ANXIETY AMONG THE ANTENATAL PRIMIGRAVIDA MOTHERS IN GMCH, GUWAHATI, ASSAM IN A VIEW TO DEVELOP AN INFORMATION BOOKLET

Obstetrics & Gynaecology

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ABSTRACT

Background and objectives: Anxiety during pregnancy has been shown to have various undesirable effects. Maternal anxiety during pregnancy has been shown to have possible negative effects on somatic and psychological outcomes in children. The objectives of the study were to assess the prenatal anxiety among the antenatal primigravida mothers. **Methods:** The research approach adopted for the study was quantitative research approach. The study was conducted in GMCH of Kamrup district Assam among 100 antenatal primigravida mothers of age group within (15-25) years by convenient sampling technique. The tools used for data collection were self-administered structure questionnaire and PASS scale (Perinatal anxiety screening scale). Validity was ensured through consultation with the experts and reliability of socio demographic questionnaire and PASS scale were established using spearman brown prophecy formula which was found to be ($r=0.70$) and ($r=0.93$) respectively. **Result:** Data were analyzed by descriptive and inferential statistics through SSPS version 20. Findings of the study revealed that majority 54% of antenatal primigravida mothers were within the age group (21-25) years. Result further illustrated that 84% of antenatal primigravida mothers had no symptoms of prenatal anxiety, 10% of antenatal primigravida mothers had mild to moderate symptoms of prenatal anxiety and 6% of antenatal primigravida mothers had severe symptoms of prenatal anxiety. There was a significant association between prenatal anxiety among antenatal primigravida mothers with expectation of mother about current childbirth. The calculated Chi-square test value is found 14.49. The p-value is $0.005 < 2(df)$ at 0.05 level of significance. **Conclusion:** Hence, spreading up to date knowledge, awareness about prenatal anxiety among antenatal primigravida mothers through mass media will enable to improve existing knowledge.

KEYWORDS

Prenatal, Anxiety, Primigravida, Mothers, Antenatal.

INTRODUCTION:

Pregnancy and child birth are special events in the women's life and indeed in the lives of their family. A pregnant woman is like "a ship on a stormy sea" out of balance seeking equilibrium in the waves of the physiological changes. Although every woman has the fundamental right to survive while performing the physiological duty of pregnancy and child birth, however in most of the developing countries she is being denied of this right.

Objectives: "A study to assess the prenatal anxiety among the antenatal primigravida mothers in GMCH, Guwahati, Assam in a view to develop an information booklet".

Material and methods: An ethical clearance has been obtained from the Institution Ethical Committee. The study was a descriptive study conducted in GMCH, Guwahati, Assam. The investigator obtained a formal written permission from the principal of the GMCH and the Head of the Department of Obstetrics & Gynaecology from prior to data collection. The period of data collection was from 25th June 2020 to 8th July 2020. 100 antenatal primigravida mothers were selected using convenient sampling technique who meets the inclusion criteria. The investigator explained the purpose of the study and obtained

informed written informed consent from the participants. Data were collected by administering demographic proforma and PASS scale (perinatal anxiety screening scale). Confidentiality and anonymity of the subjects were strictly maintained throughout the data collection and thereafter.

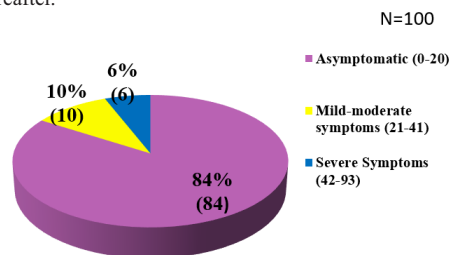


Fig 1: Frequency in percentage distribution of antenatal primigravida mothers according to prenatal anxiety

Data presented in Figure 1 depicts that 84 antenatal primigravida mothers had no symptoms of prenatal anxiety i.e. they are asymptomatic, 10 of them had mild to moderate symptoms of prenatal anxiety and 6 had severe symptoms of prenatal anxiety.

Table 1: Association between prenatal anxiety among antenatal primigravida mothers with selected socio demographic variables
N=100

Sl. No	Socio Demographic Variables	Prenatal Anxiety Score			Chi Square Test	df	p Value	Significance
		Asymptomatic	Mild-moderate	Severe Symptoms				
1	Age in years				1.196	2	0.550	NS
	15-20	38	4	4				
	21-25	46	6	2				
2	Residence				0.546	2	0.761	NS
	Urban	33	5	2				
	Rural	51	5	4				
3	Religion				4.124	6	0.659	NS
	Hinduism	62	7	4				
	Islam	20	2	2				
	Christianity	1	1	0				
	Others	1	0	0				

4	Educational qualification :			3.503	6	0.743	NS
	Primary school	55	5				
	Secondary school	17	3				
	Higher secondary school college	8	2				
5	Type of family:			8.964	4	0.062	NS
	Nuclear family	52	10				
	Joint family	25	0				
	Extended family	7	0				
6	Occupation:			3.465	6	0.748	NS
	Housewife	58	5				
	Self employed	15	3				
	service	8	1				
7	Husband's occupation:			2.279	6	0.892	NS
		0-20	21-41				
	Unemployed	5	0				
	Self employed	56	6				
8	Monthly family income			8.512	6	0.202	NS
	Rs 5000 - 10000	25	2				
	Rs 10001-15000	32	1				
	Rs 15001-20000	12	4				
9	Relationship with spouse :			1.336	2	0.512	NS
	Satisfactory	15	2				
	Unsatisfactory	69	8				
10	Duration of marriage (in months)			2.944	4	0.567	
	1-12	0	25				
	13-24	1	24				
	25-36	3	40				

S= Significant, NS = Not significant

Association between prenatal anxiety among antenatal primigravida mothers with selected socio demographic variables such as age in years ($\chi^2 = 1.196$, $df = 2$, $p = 0.550$), residence ($\chi^2 = 0.546$, $df = 2$, $p = 0.761$), religion ($\chi^2 = 4.124$, $df = 6$, $p = 0.659$), educational qualification ($\chi^2 = 3.504$, $df = 6$, $p = 0.743$), type of family ($\chi^2 = 8.964$, $df = 4$, $p = 0.062$), occupation ($\chi^2 = 3.465$, $df = 6$, $p = 0.748$), husbands occupation ($\chi^2 = 2.279$, $df = 6$, $p = 0.892$), monthly family income ($\chi^2 = 8.512$, $df = 6$, $p = 0.202$), relationship with spouse ($\chi^2 = 1.336$, $df = 2$, $p = 0.512$) and duration of marriage ($\chi^2 = 2.944$, $df = 4$, $p = 0.567$) was found to be

statistically non-significant at 0.05 level of significance.

Thus the research hypothesis "There is significant association between prenatal anxiety and selected demographic variables among antenatal primigravida mothers" is not accepted with respect to age, residence, religion, educational qualification, type of family, occupation, husband's occupation, monthly family income, relationship with spouse and duration of marriage.

Table 2 Association between prenatal anxiety and selected clinical variables among antenatal primigravida mothers

N=100

Sl. No	Clinical variables	Prenatal Anxiety Score			Chi Square Test	df	p- Value	Significance
		Asymptomatic	Mild-moderate	Severe Symptoms				
1	Period of gestation (in weeks)				5.796	4	0.214	NS
	1-12	29	0	2				
	13-26	21	5	2				
	27-40	34	5	2				
2	Number of ANC visit				2.92	2	0.232	NS
	1-2	62	5	5				
	3-4	22	5	1				
3	Mode of conception				0.714	2	0.699	NS
	Natural	75	9	6				
	Artificial	9	1	0				
4	Planned pregnancy				0.714	2	0.699	NS
	Yes	75	9	6				
	No	9	1	0				
5	Expectation of mother about current childbirth :				14.49	4	0.005	S*
	Male	22	4	6				
	Female	16	2	0				
	No expectation	46	4	0				
6	Marital conflict in the last 12 months:				0.916	2	0.632	NS
	Yes	0	16	1				
	No	4	73	6				

S= Significant, NS = Not significant

The calculated Chi- square test value on prenatal anxiety among antenatal primigravida mothers with expectation of mother about current childbirth is found 14.49. The p- value is $0.005 < 2(df)$ at 0.05 level of significance, hence there is significant association between prenatal anxiety among antenatal primigravida mothers with

expectation of mother about current childbirth. Thus the research hypothesis "There is significant association between prenatal anxiety and selected clinical variables among antenatal primigravida mothers" is accepted with respect to expectation of mother about current childbirth.

DISCUSSION:**Objective 1: To estimate the prenatal anxiety among antenatal primigravida mothers in GMCH, Guwahati, Assam.**

Result: The present study evaluated the prenatal anxiety in antenatal primigravida mothers. As a result it indicated 10% had mild to moderate symptoms of prenatal anxiety and 6% had severe symptoms of prenatal anxiety.

Present study findings are consistent with study findings conducted by Thomas CZ (2015) the study performed in the rural areas of Bangalore which showed an overall prevalence of 22.7% and 19% prevalence in the third trimester based on PASS score. They had also mentioned that the prevalence rate were higher among antenatal women the first and third trimester of the pregnancy.

Objective 2: To determine the association between prenatal anxiety and selected demographic variables among antenatal primigravida mothers in GMCH, Guwahati, Assam.

Result: In the present study, while assessing the association between prenatal anxiety with selected socio- demographic variables result of chi- square test shows that there were no significant association between the prenatal anxiety with Age, residence, religion, educational qualification, type of family, occupation, husband's occupation, monthly family income, relationship with spouse and duration of marriage.

The finding of the study can be supported by the study done by Carol AK (2015) conducted a study to assess the prenatal anxiety and cesarean delivery in a clinic population drawn from clinical settings in Kentucky and Virginia. Prenatal anxiety was defined as Spielberger's state anxiety. The characteristic of participants who reported high anxiety were compared to those with low anxiety, and the association between high anxiety and cesarean deliveries were determined. A multi racial/ ethnic population of 440 pregnant women was recruited to participate over a period of almost 6 years. The result showed that there was no apparent pattern with regard to which trimester in which a greater population of women reported high state anxiety. And there was no association between characteristics of the population and anxiety state. Age and race were not associated with state anxiety score in any trimester. Education was negatively associated ($p = .014$) with state anxiety during the second trimester of pregnancy. Income was negatively associated ($p = .035$). Employment status was negatively associated ($p = .000$) with state anxiety during the third trimester of pregnancy. There was no statistical and meaningful association found between state anxiety levels (during each of the trimester of the pregnancy over the course of pregnancy) and delivery by cesarean section.

Objective 3: To determine the association between prenatal anxiety and selected clinical variables among antenatal primigravida mothers in GMCH, Guwahati, Assam.

Result: In the present study, while assessing the association between prenatal anxiety with selected clinical variables result of chi- square test shows that there were significant association between the prenatal anxiety with expectation of mother about current childbirth.

Present study findings are consistent with the study conducted by Silva Jesus MM, Nogueira DA, Clapis MJ, Leite EP. (2017) on descriptive co-relational cross-sectional study to assess the prevalence of anxiety in pregnancy and associated factors in Brazil. This study revealed that there was statistically significant association with maternal desire regarding the pregnancy ($p = 0.01$).

CONCLUSION:

Based on the experience gained and during the period of this study found that 10 (10%) had mild to moderate symptoms of prenatal anxiety and 6 (6%) had severe symptoms of prenatal anxiety among antenatal primigravida mothers. The high rate of prenatal anxiety rate of antenatal primigravida mothers have been highlighted in this study are eye- opener and may be an important contributory factor to high maternal and infant mortality seen in this part of the country. Important contributory factor found in the study was expectation of mother about current childbirth. With early identification and appropriate management, it is possible to bring back the joy of pregnancy to the women's life.

Ethical Clearance: Taken

Source of funding: No

Source of Conflict: No

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