

Anxiety Related to Childbearing Process: A Descriptive Study

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Abstract:

Introduction: Anxiety in pregnancy and during delivery has severe complications for a mother and her developing baby. It has great physiological, emotional and social impact to the woman. If mother finds difficult to adapt the changes, she may suffer from anxiety and depression and it affects the physical and mental health of mother and child. Due to this fact, study have been done about maternal anxiety related to child bearing process.

Objective: 1) Assess and compare the anxiety related to child bearing process among primigravida and multigravida mothers. 2) Find out the correlation between the anxiety and their selected obstetrical parameters.

Methodology: This descriptive study was conducted among 200 pregnant women visiting antenatal OPD or admitted before delivery in the selected hospital. A quantitative non-experimental approach was adopted and convenient sampling technique was used to select the subjects. The data was collected by using anxiety scale. The obtained data was analyzed by using descriptive and inferential statistics.

Results: The results showed that 80% women had low anxiety whereas 20% had moderate anxiety and anxiety experience was more common among primigravida women.

Conclusion: The study concluded that majority of the women had low anxiety during the child bearing process.

Keywords: Anxiety, child bearing process, women.

Introduction:

Childbirth is natural and normal physiological phenomenon which introduces the new experiences in women's reproductive life. Pregnancy and childbirth are special events in a women's life and indeed in the lives of their family. The health of a nation is often judged by the health of mothers and infants. Thus, mothers play an imperative role in the health of any nation. The feeling of carrying a little soul within one is truly wonderful.¹ The birth of the child in the family is a joyful relationship of hopes, together with an accelerated feeling of fears and anxieties whether the baby will be normal and healthy, about their own reaction to labor and delivery and also about the attitude of people who will help and care for them.²

Even though it is a time of great happiness and fulfillment of the life for both, the mother and her developing baby. Mental health is an important aspect of health; however, it is a neglected component of reproductive health. According to WHO, the depressive disorders are the second leading cause of global disease burden. Anxiety and depression both occur together in pregnancy and continue later if not

treated. These disorders can have a wide range of effects not only for the mother but on the fetus, the infant, spouse and other family members as well.³

Feelings of anxiety can cause pregnant women to inappropriately respond during labour and lose their self-control and it also reduces the self-confidence of an individual. As a result of this situation, pregnant women perceive themselves as incompetent and unskilled. The frequency and the intensity of the women's reaction to anxiety depends on her perception of the stressors and her ability to cope with it.⁴

Many of the mental disorders in pregnant women are associated with lack of awareness about natural body changes which are caused by pregnancy in their body. Therefore, young and pregnant women need more education towards process of labour and delivery.⁵

To overcome this and prevent occurrence of anxiety among mothers, nurse should educate them about pregnancy and labour and prepare her for childbirth.⁶

Objective: 1) Assess and compare the anxiety related to child bearing process among primigravida and multigravida mothers. 2) Find out the correlation between the anxiety and their selected obstetrical parameters.

Material and Methods:

A descriptive study was conducted among 200 pregnant women who attended the antenatal OPD or were admitted before delivery in civil hospital Kurali and civil hospital Kharar. Convenient sampling technique was adopted. Ethical clearance was obtained prior to the study. The tool was developed after an extensive review of literature and after consulting the subject experts. Content validity of the tool was established and reliability i.e. 0.80 was assessed. The tool included socio-demographic Performa and for assessment of anxiety of the subjects during child bearing process rating scale was developed. Total 20 items was used in anxiety rating scale. Each item was scored between 1-4 i.e. (Not at all=1, mild=2, moderately=3, Very much=4), minimum score was 20 and maximum score was 80, content validity of the tool was established and reliability was assessed. Higher score indicated low anxiety and lower score indicated high anxiety. The scores were categorized as severe anxiety, moderate anxiety and low anxiety. The investigator obtained the written informed consent from the subjects, and explained the purpose of data collection. The subjects themselves recorded the responses in the rating scale. Each subject was interviewed individually by investigator. Later on calculated data compiled and analyzed by the investigator using descriptive and inferential statistics.

Results:

Socio-Demographic variables

Table 1: Socio demographic variables of participants

N=200

Socio-Demographic Variables	f (%)
1.Age in years	
20-23	040 (20.00)
24-27	075 (37.05)
28-31	046 (23.00)
32-35	039(19.05)
2.Education	
Illiterate	020 (10.00)

Primary	092 (46.00)
Secondary	048 (24.00)
Graduate and Postgraduate	040 (20.00)
3. Occupation	
Self employed	010 (05.00)
Private job	036 (18.00)
Government job	006(03.00)
Housewife	148 (74.00)
4. Duration of married life	
1 to 2 years	090 (45.00)
2 to 3 years	020 (10.00)
3 to 4 years	032 (16.00)
4 to 5 years	045 (22.05)
More than 5 years	013 (06.05)
5. Gestational age	
1st trimester	030 (15.00)
2nd trimester	055 (27.05)
3rd trimester	115 (57.05)
6. Number of live birth	
No	100(50.00)
Yes	100 (50.00)
7. History of abortion	
No	186(93.00)
Yes	014(07.00)

Socio-demographic variables of the subjects are presented in Table 1. One third of the women (37.5%) were in the age group of 24-27 years, 46% had studied in to primary level and more than half women (74%) were housewives. As per duration of married life 45% women were married for 1 to 2 years and 57.05% were in the 3rd trimester of their pregnancy. Half (50%) of women were primigravida and another half were multigravida. Most of women (93%) had no abortion, where as very less (7%) women had abortion.

Anxiety related to child bearing process among women

Table 2(a): Frequency and percentage distribution of anxiety of mothers related to child bearing process.

N=200

Sr.No.	Category	Score range	f(%)
1.	Low anxiety	60-80	160 (80)
2.	Moderate anxiety	40-60	040 (20)
3.	Severe anxiety	20-40	000

Table 2(a) noted that 80% subjects had low anxiety score whereas 20% had moderate anxiety score related to child bearing process. Not any mother had severe anxiety.

Table2(b):- Comparison of anxiety among primigravida and multigravida mothers.
N=200

Mother's	N	Mean±SD	Std. Error	95% Confidence Interval		T	P	Df
				Lower bound	Upper bound			
Primigravida	100	76.89±7.90	0.64	6.35	3.07	5.64	≤.001	296
Multigravida	100	83.61±6.48	0.52					
Total	200	81.25±7.59						

($p \leq .001$)

Table 2(b) depicts the comparison of anxiety related to child bearing process among primigravida and multigravida mother's whereas Mean score of anxiety was 76.89 in primigravida and 83.61 in multigravida mothers. Hence it was concluded that Primigravida mothers exhibit more anxiety as compared to multigravida mothers. (less score indicate more anxiety and Higher score indicate less anxiety)

Table 3: Correlation between the selected obstetrical parameters and anxiety among subjects.
N=200

Sr.no	Obstetrical parameter	Anxiety score		
		'r' value	P value	Significant
1	Duration of married life	.158	.006	Sig.
2	Gestational age	.114	.049	Sig.
3	Number of live birth	.311	.000	Sig.
4	Abortion	-.092	.110	Non-sig.

Table 3 depict that the correlation between anxiety and selected obstetrical parameters among subjects were significant with duration of married life, gestational age and number of live births where as it was non-significant with occurrence of abortion among the subjects.

Discussion:

In a woman's reproductive life, childbirth is a normal and natural physiological process that brings about new experiences. It significantly affects a woman's health in social, emotional, and physiological ways. Pregnant women who struggle to adjust to the changes may experience anxiety and sadness, which can negatively impact the physical and mental well-being of both the mother and the unborn child. But a lot of expectant mothers still don't know how important it is to get regular checkups at the antenatal clinic, and they don't know how important it is to rest and sleep, which makes moms' living situations worse and causes anxiety. During pregnancy, one of the most crucial things to do is to assess and manage anxiety.⁷

The present study was conducted among 200 pregnant women in selected hospitals of Punjab by using Anxiety scale for child bearing process. According to the study most of (80%) the subjects had low anxiety score whereas 20% had moderate anxiety score related to child bearing process. Not any mother had severe anxiety. Overall anxiety was observed to be higher among primigravida as compared to multigravida mothers. A similar study employing a modified prenatal anxiety measure and nonprobability purposive sampling was carried out by Devi N.S. et al. (2019) on 300 participants in a

selected hospital in Pune. These findings differ from the current study's findings since the majority of multigravida women were found to have higher levels of severe anxiety related to childbirth than primigravida mothers.⁸ Another similar study conducted by Sapkota B. et al (2019) on 337 women's from Antenatal Care (ANC) outpatient department of Paropakar Maternity and Woman's Hospital, Kathmandu by using Prenatal Anxiety Screening Scale. The finding revealed that, Less than fifty (40.9%) of respondents had minimal anxiety, 42.1% had mild to moderate level anxiety and least (16.9%) of the respondents had severe anxiety.⁹

Results of the current study showed that anxiety score was positively correlated with number of live births, gestational age, and length of marital life; however, no association was found between anxiety score and abortion. A similar study conducted by Silwal M. et al (2017) on 100 antenatal mothers using purposive sampling technique in a hospital of Mangalore reported that 8% of the subjects had severe level of anxiety, 22% had moderate and 70% had mild level of anxiety, whereas 3% subjects had severe depression, 19% had moderate depression and 78% had mild level of depression. There was a significant statistical correlation between anxiety score and depression score in this study.¹⁰

Conclusion:

The present study concluded that, severe anxiety related to child bearing process was observed among primigravida mothers. The anxiety observed among the subjects was found to be significant with duration of their married life, gestational age in the present pregnancy and number of live births where as it was non-significant with history of abortion, Hence during the antenatal visits findings suggested the need for prenatal counselling and health education for anxious mothers.

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