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ASSESSMENT OF LEVEL OF STRESS AMONG ANTENATAL WOMEN WITH PREGNANCY INDUCED HYPERTENSION

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ABSTRACT:

Pregnancy, also known as gestation, is the time during which one or more offspring develops inside a woman. [1]Stress is the body's natural defence against predators and danger. It causes the body to flood with hormones that prepare its systems to evade or confront danger. People commonly refer to this as the fight-or-flight mechanism.[2] Feeling stressed is common during pregnancy because pregnancy is a time of many changes as family life, body and emotions are changing.[3]The aim of the study was to assess the level of stress among the antenatal women with pregnancy induced hypertension in selected hospitals of Punjab. 500 antenatal women were selected with non randomized purposive sampling technique. The results of the study depicts that out of 500 antenatal women 436 (87.2%) were having high level of stress and only 64 (12.8%) were having moderate stress. The study concluded that the level of stress among antenatal women was very high.

I. INTRODUCTION:

Pregnancy, also known as gestation, is the time during which one or more offspring develops inside a woman.[1]Maternal stress has been associated with increased rates of infant mortality, low birth weight and preterm birth, all of which may have long term consequences for health and development throughout childhood to adulthood.[4]Maternal stress has been associated with increased rates of infant mortality, low birth weight and preterm birth, all of which may have long term consequences for health and development throughout childhood to adulthood. Women who experience high levels of stress during pregnancy have 25-60% high risk for preterm delivery even after accounting for the effects of other established risk factors, as compared to women with low levels of stress. A descriptive survey was conducted to identify the stress and its associated factors among antenatal women. 160 antenatal women aged 20-45 years were selected as

sample. The present study reveals no or mild stress level among 107 (66.9%) antenatal women 53 (33.3%) were having moderate to severe stress. A statistically significant association was observed for gravid, education and monthly income of antenatal women. The study concluded that stress has been observed in antenatal women. So early therapeutic measures and by co-ordinating strategies for health care of pregnant women will help in reducing stress.[5]Another study was conducted to assess infant mortality rate because of maternal stress according to which 20,651 offspring were exposed to pre conceptional stress and 26,731 offspring were exposed to prenatal stress. Out of which 8938 was noticed as infant mortality cases due to maternal stress. [6]Worldwide, every year approximately eight million women suffer from pregnancy related complications. One women in 11 may die of pregnancy related complications in developing countries , compared to one in 5000 in developed countries. According to a study Approximately 72,000 pregnant women die every year because of eclampsia and severe preeclampsia. That amounts to nearly 200 women every day. [7]

II. MATERIALS AND METHODS:

In view of nature of problem quantitative research approach was used to conduct the study. Nonrandomized purposive sampling technique was used to select the sample from selected hospitals of Punjab. Data was selected through standardized perceived stress scale by Sheldon and Cohen. Assessment criterion was divided in three categories low stress (0-13), moderate stress (14-26), high stress (27-40).Reliability of the tool was calculated through Cronbach's alpha reliability method. Data analysis was done through differential and inferential analysis.

III. RESULTS:

a. Frequency and percentage distribution of selected socio demographic and clinical variables of antenatal women with pregnancy induced hypertension.

Table 1 and 2 depicts the frequency and percentage distribution of selected socio demographic variables and clinical variables of the antenatal women with pregnancy induced hypertension in selected hospitals of Punjab.

S. No.	Socio demographic Variables	Frequency	Percentage
1.	**Age (years)**		
	<18	18	3.6
	18-27	223	44.6
	28-37	234	46.8
	>37	25	5
2.	**Educational Status**		
	No formal education	82	16.4
	Middle	175	35
	Secondary	0	0
	Senior secondary	173	34.6
	Graduation or above	70	14
3.	**Occupation**		
	Working	164	32.8
	Non-working	336	67.2
4.	**Type of family**		

	Nuclear	153	30.6
	Joint	347	69.4
5.	**Family Income (Rs. /month)**		
	<10000	28	5.6
	10001-20000	168	33.6
	20001-30000	214	42.8
	>30000	90	18

Table1: Frequency and percentage distribution according to selected demographic variables

S. No.	Clinical Variables	Frequency	Percentage
1.	**Gravida**		
	Primigravida	151	30.2
	Multigravida	349	69.8
2.	**Gestational Period (weeks)**		
	21-25	34	6.8
	26-30	194	38.8
	31-35	209	41.8
	36 or above	63	12.6
3.	**Pre-conceptional education**		
	Yes	193	38.6
	No	307	61.4
4.	**H/o previous abortion**		
	Yes	157	31.4
	No	343	68.6
5.	**Previous use of any alternative therapy**		
	Yes	155	31
	No	345	69
6.	**Previous h/o PIH**		
	Yes	212	42.4
	No	288	57.6

Table 2: Frequency and percentage distribution according to clinical variables of antenatal women

b. Level of stress among the antenatal women with pregnancy induced hypertension.

The results of the study depicts that out of 500 antenatal women 436 (87.2%) were having high level of stress and only 64(12.8%) were having moderate stress. Table 3 and fig 1 shows the frequency and percentage of level of stress among the antenatal women with pregnancy induced hypertension.

Level of stress	Frequency	Percentage
High stress	436	87.2
Moderate stress	64	12.8
Low stress	0	0

Table 3: Frequency and percentage distribution according to level of stress among antenatal women

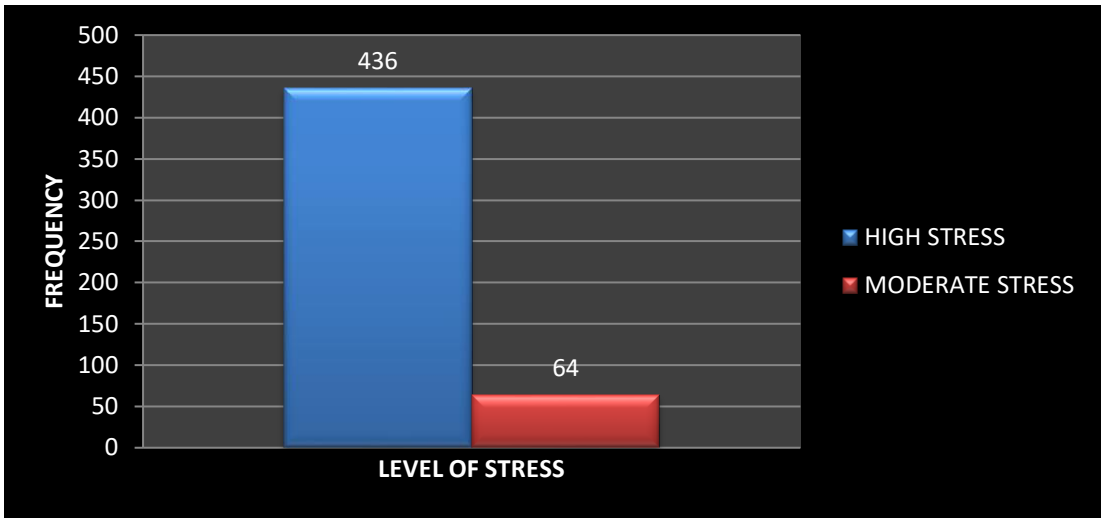

Fig1: Frequency distribution according to the level of stress

c. Association of selected socio demographic variables and selected clinical variables with level of stress among the antenatal women in selected hospitals of Punjab.

The results of the study showed that type of family found to be significant at 0.05 level while other socio demographic and clinical variables found to be non significant at 0.05 level.

IV. DISCUSSION

The major findings of the study concluded that in major of the antenatal women with pregnancy induced hypertension level of stress is found to be high. The results of the study depicts that out of 500 antenatal women 436 (87.2%) were having high level of stress and only 64 (12.8%) were having moderate stress. The findings of the present study are supported by a cross sectional study conducted to identify the prevalence, associated factors and predictive factors of perceived stress in pregnant women living in an urban area of Thailand. This cross sectional study was conducted from Dec 1, 2019 to Feb 29, 2020 among pregnant women attending antenatal care at the Department of Obstetrics and Gynaecology, Faculty of Medicine Vajira Hospital, Bangkok, Thailand. The participants were interviewed using a structured questionnaire which included demographic data, obstetric data, serious life event data and a Thai language version 10- item perceived stress scale (T-PSS-10) to assess perceived stress symptoms of a total 403 pregnant women. The prevalence of perceived stress symptoms antenatal women were 23.6%. Perceived stress symptoms were significantly associated with divorce, separation from spouse, physical or psychological trauma from family, marital conflict and family conflict. [8]

V. CONCLUSION:

The study concluded that level of stress among the antenatal women is high. Some complementary or alternative medicine like music therapy, acupressure, and aromatherapy can be used to reduce the stress and increase the treatment efficacy.

VI. REFERENCES:

[1] Countinho, EC. (2014). Pregnancy and childbirth: *The journal of sexual medicine*, 5(2), 136-42. Retrieved from http//:www.sceilo.br.

[2] Music therapy (2016). *Good therapy*, Retrieved from https://www.goodtherapy.org/learn-about-therapy/types/music-therapy.

[3] Felman, Adam. (2020). Why stress happens and how to manage it. *Medical News Today*. Retrieved from https://www.medicalnewstoday.com/articles/145855#definition.

[4] Stress and pregnancy (2017). *March of Dimes*. Retrieved from www.marchofdimes.org.

[5] Pais, Maria et al (2014) Stress and its relationship with selected factors among women. Journal of Health and allied sciences.5(2). Pp 45-48. Retrieved from http://www.researchgate.net.

[6] Class, Queztal A. et al (2013). Maternal stress and infant mortality: The importance of the preconception period. *Psychological Science*. 24(7). Retrieved from www.jstor.org.

[7]Pregnancy induced hypertension. *Children's Wisconsin.* Retrieved from https://iaimjournal.com/wp-content/uploads/2018/01/iaim_2018_0501_02.pdf

[8] Thongomboon, W et al. (2020).Perceived stress and associated factors among pregnant women attending antenatal care in Urban Thailand. *Journal of Psychology Research and Behaviour management.* 2020(13). Pp-1115-1122. Retrieved from http://www.dovepress.com