

Stress among pregnant women

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The present study was conducted to examine the level of stress among pregnant women. The study was conducted on a sample of 50 pregnant women among them 16 were below twenty five years of age, 22 were between 25 to 30 years of age and 12 were more than thirty years of age. The mean age of the total patients is 27.79 years. They were administered Stress Assessment Questionnaire developed by Allen Cameron's (2002). The results indicated that there was significant difference in the level of stress among pregnant women in first, second and third time pregnancy and also there was no significant differences observed in their age, and different stages of pregnancy.

Keywords: stress, pregnant women

“Stress during pregnancy can result in premature and low birth weight babies. Pregnancy can be a difficult time, especially for low income women” - 1999 North Dakota New Mothers' Survey

Health psychology looks at daily habits such as smoking, diet, exercise, and stress coping and management. Frequently health psychology interventions focus upon buffering the effect of stress on health by promoting enhanced coping or improved social support utilization.

Science and Technology bring improvement in the quality of human life in many ways; it also resulted in many new crises. Crowding, noise pollution, competition, social insecurity, unemployment, violence, loneliness etc., are all accompaniments of modern living. Stress is an integral part of our lives. While stress is considered a major cause of mental and physical health problems, its effect is not always undesirable. In fact, stress is a basic ingredient of life.

Stress is an inescapable part of modern life. That's the bad news. The good news is that stress isn't altogether bad news. In metered doses, it can be helpful. It can even make you better at what do, and help give you the competitive edge. Stress is an adaptive response. It's the body's reaction to an event that is seen as emotionally disturbing, disquieting, or threatening. When we perceive such an event, we experience what one stress researcher called the fight or flight response. To prepare for fighting or fleeing, the body increases its heart rate and blood pressure; more blood is then sent to your heart and muscles, and your respiration rate increases. This response was probably beneficial to our cavemen ancestors who had to fight off wild animals. But today, stress itself has become the wild animal. Untamed all allowed to run rampant in our lives, it can destroy our health.

This is an age of stress and every individual feels the distress if he or she is unable to manage it. Though stress is universal, some people face more stressors than others. For example in our society women, adolescents, old people, city dwellers, people who are in certain jobs like professional deriving, police, salesmen, business executives, surgeons and people who live in unfavorable and unhealthy environment.

Stress

Stress is a “state of tension that is created when a person responds to the demands and pressures that come from work, family and other

external sources, as well as those that are internally generated from self imposed demands, obligations and self-criticism”.

According to Selye (1956), “any external event or internal drive which threatens to upset the orgasmic equilibrium” is stress. He has defined stress as the non-specific response of the body to any demand made upon it.

Lazarus (1960) maintains that “stress occurs when there are demands on the person which tax or exceed his adjustment resources”.

The important psychological hazard associated with the prenatal period is maternal stress-heightened general emotionally over a prolonged period of time. Stress can be the result of fear, anger, grief, jealousy, and envy. Psychologists and all others who are committed to facilitating women's career development must ensure that career women should be trained to evolve strategies to help them in identifying constructive solutions to deal with the problem of stress. There is a strong need for additional research on interventions to reduce work stress and ill health among employed women. since the stress afflictions are becoming more rampant in the working population, it is time now to focus attention to the area of executive health. We have to take a 'holistic health' perspective which will take care of physiological, psycho emotional and also spiritual dimensions.

Maternal stress

Maternal Stress affects the developing child before and after the birth. Before birth, severe and persistent glandular imbalance due to stress may result in irregularities in the developing child and complications are greater because the infant must often be delivered by instruments. Furthermore anxiety often leads to overeating and excessive

Although relatively few studies have been made to the effects of maternal stress on the child after birth, it has been shown that when prolonged, emotional strain affects endocrine balance, anxieties may occur over into the period of the newborn and seriously affect adjustments to postnatal life. The infant may show hyperactivity, which prevents its adjusting to feeding and sleeping patterns, or it may cry excessively.

Unquestionably, one of the most serious effects of maternal stress during pregnancy is on children's postnatal adjustment to family members. Because of their hyperactivity, excessive crying, and other indications of poor adjustment to postnatal life, they are regarded as “difficult” babies. Attitude of family members towards them are then far less favorable than they would have been had they made better adjustments to postnatal life.

However, when physical or emotional stress builds up to uncomfortable levels, it can be harmful for pregnant women. In the short term, a high level of stress can cause fatigue, sleeplessness, anxiety, poor appetite or overeating, headaches and backaches. When a high level of stress continues for a long period, it may contribute to potentially serious health problems, such as lowered resistance to infectious diseases, high blood pressure and heart disease. Studies also suggest that high levels of stress may pose special risks during pregnancy.

Babies who are born prematurely are often low birth weight. However, studies suggest that babies of women who suffer from high levels of stress and anxiety are more likely to be born low birth weight even when born at full term. Some stress-related hormones (such as nor epinephrine) may constrict blood flow to the placenta, so the Sammons (1990) studied about the psychosocial aspects of second pregnancy. The second pregnancy experiences are described including maternal tasks and sources of anxiety for second gravidas, as a basis for improving care to expanding families. Clinical implications are suggested that meet the special needs of second time mothers regarding time limitations to meet multiple demands, family relationship changes and concerns about maternal health and fatigue. Strategies for enhancing care involve using childbirth and sibling classes, modifying health care and information from primary care providers, mobilizing supportive services and resources, and influencing policies to meet maternal and family needs.

Violence during pregnancy is a health and social problem that poses particular risks to the women and her fetus. Perceived stress and number of negative life events in the preceding year were also predictors of abuse. Physical abuse affects a significant minority of pregnant women and is associated with stress lack of perceived support and a partner with a drinking problem.

Coasta et al. (1998) studied the impact of psychological and lifestyle variables basis beginning in the third months of pregnancy. Measures of daily stress state anxiety and pregnancy specific stress were taken monthly. The result indicates that certain psychological and lifestyle variables may be differently associated with complications occurring at various phases of pregnancy

Dole (2003) studied stress in pregnancy tied to premature delivery. Pregnant women, who said they were experiencing high levels of stress from events such as, marital separation, problems with in-law or issues at work, were eighty percent more likely to have a preterm delivery than those who reported low stress levels. Overall there were 71 preterm births and 402 full term births among women reporting high stress, compared to 39 preterm and 416 full term births in the low stress group.

Objective of the study

- To study the level of stress among pregnant women in different age groups.
- To study the level of stress during the first, second and third pregnancy.
- To study the level of stress among pregnant women in different stages of pregnancy.

Method

Participants

The study was conducted on a sample of 50 pregnant women at the Chennai based private hospital. Among them 16 were below twenty five years, 22 were between 25 to 30 years of age and 12 were more

than thirty years. The mean age of the total patients is 27.79 years.

Instruments

Stress Assessment Questionnaire (SAQ) developed by Allen Cameron's (2002) was used for the present study. The SAQ aims to help people recognize and manage stress in their daily lives. The scale consists of the 128 items and five key areas with seventeen dimensions of stress covering possible sources, common symptoms, coping style, personality factors and the impact on mental health. The SAQ is designed for the counselee to understand the things that may be coping stress in their life and how they respond to pressure and stress. A high score indicates low level of stress to pregnancy.

Procedure

The study was conducted on a sample of 50 pregnant women in Chennai based private hospital. The sample included those who had undergone pregnancy testing and were confirmed and those who referred to counseling and HIV testing. The investigator approached these pregnant women and requested them to participate in this study. The patients were made to feel at ease and an initial rapport was established. The questionnaire was given to pregnant women and they were asked to fill them as per the instructions.

Data analysis

The data obtained from the sample of 50 pregnant women were scored and analyzed. The analysis involved with Mean, Standard Deviation, t-test and Analysis of Variance.

Results and Discussion

Table 1: Level of stress among pregnant women in different age groups

S.N.	Group	Mean	SD	F-value
1.	Up to 25 years	400.18	39.42	
2.	Between 25 and 30 years	387.31	37.21	1.85
3.	Above 30 years.	415.83	50.97	

Age

The table 1 shows that there is no significant difference in the level of stress among pregnant women irrespective of their age. All the age groups are having certain level of stress irrespective of their age. However, in the age group of below 25, the reason may be their lack of mental maturity and fear of labour pain. In the second age group of 25 to 30 years of age, though they are physically and mentally mature the fears and in some cases lack of social support can increase their stress in pregnancy. In the age group of above 30, the chances of complicated pregnancy are more compare to younger age group.

Table 2: Level of stress during first, second and third pregnancy

S.N.	Group	Mean	SD	F-value/t-value
1.	1st pregnancy	389.40	40.70	
	2nd pregnancy	393.68	39.70	5.45*
	3rd pregnancy	443.00	25.86	
2.	1st pregnancy	389.40	40.70	0.33
	2nd pregnancy	393.68	39.70	
3.	2nd pregnancy	393.68	39.70	3.53*
	3rd pregnancy	443.00	25.86	
4.	1st pregnancy	389.40	40.70	4.27*
	3rd pregnancy	443.00	25.86	

Note : * p=0.01

Number of Pregnancy

The table 2 indicates that there is a significant difference in the level of stress among the pregnant women irrespective of number of pregnancies. The above table, shows that there is no significant difference in the level of stress between the pregnant women having 1st and 2nd pregnancies. The reason for the stress in the 1st pregnancy may be due to the anxiety for the condition 'pregnancy' and lack of knowledge and experience about it. Same way, in 2nd pregnancy, though they know the process yet the syndrome occurring during the pregnancy period and the outcome of labour make them develop stress.

The above table indicates that there is significant difference in the level of stress between the women having 2nd and 3rd pregnancies. In this table the 'mean' shows that the women having 2nd pregnancy are also having much stress but 3rd time pregnant women are more stressed. The reason could be that now-a- days the third baby increases the pressure on the women's health as well as on the family's finances.

The above table indicates that there is significant difference in the level of stress between the women having 1st and 3rd pregnancies. The reason could be that in first pregnancy, despite all the stressful factors, enthusiasm is there for the first baby. But in the third pregnancy it somehow feels like a burden which she has to carry, in most of the cases, either unwanted pregnancy or for a 'boy' baby.

Table 3: Level of stress among pregnant women In different stages of pregnancy

SN.	Group	Mean	SD	F-value
1.	Up to 5 months	409.9	44.10	
2.	Between 6 and 7 months	390.18	43.02	0.83
3.	Between 8 and 9 months	401.72	40.57	

Pregnancy in months

The table 3 shows that there is no significant difference in the level of stress among the pregnant women irrespective of their period of

pregnancy. The reason may be the fears, anxieties and risk involved in pregnancy. In all stages of pregnancy, common syndromes can occur, i.e., pain in lower back, cramps, oedema, insomnia and nightmares, varicose veins etc.

Conclusion

Earlier studies have indicated that the pregnant women had stress and anxiety about their pregnancy and prenatal development of the child. In the age group of above 30 years, the chances of complicated pregnancy are more compare to younger age group. Now-a- days the third pregnancy increases the pressure on the women's health as well as on the family's finance. In all stages of pregnancy, common syndromes can occur, i.e., pain in lower back, cramps, oedema, insomnia, nightmares, varicose and veins etc.

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