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## **A study on anxiety among pregnant women**

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### **Abstract**

The major objective of the study was to evaluate the anxiety among pregnant women living in rural and urban area of Idukki district of Kerala. This study was conducted on pregnant women (104) from the above mentioned district with the age between 18 to 40. The descriptive research design was used by the researcher. The main tools for data collection is demographic data sheet and Anxiety Scale for Pregnancy (ASP). Convenient sampling was used to select sample. The statistical procedures used by the researcher was mean and standard deviation 't' test and ANOVA correlation. The study revealed that the home makers have more anxiety than others. Anxiety among pregnant women is more or less similar on the basis of residence, type of family, order of pregnancy and other demographic details. The study also revealed that anxiety and age are negatively related, as age increases anxiety decreases.

**Keywords:** antenatal anxiety, pregnant women

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### **Introduction**

Pregnancy is a period in which physiological, psychic, hormonal and social changes are present, and increasing the risk of emotional suffering and psychiatric morbidity in the stage of a woman's life. Some women may experience pregnancy as a source of happiness, satisfaction and self-fulfilment. Others, however, may experience during this period changes in their mental health, such as the development of anxiety woman encounters physical and psychological changes during pregnancy that are typical of this time period. Pregnancy is also an individual experience that elicits a range of responses from very positive to very negative. The wide range of responses are due to the complexity of the process: the physical, emotional, psychological, and social changes that occur; the woman's personality; the life experiences of the individual; and the cultural expectations of one's society. (E Medicine Health)

### **Antenatal Anxiety**

Anxiety is more than feeling anxious about a specific situation; it occurs when feelings of being anxious and stressed don't go away, can't be controlled easily, and come on without any particular reason. Excessive worry and the stress of anxiety can start to have a serious impact on life. Anxiety is one of the most serious mental health problems and the chances of developing it are greater at the time of pregnancy. However, it's often missed and the symptoms are put down to hormones, being over-organized, or as just a normal part of being pregnant (Merriam Webster).

Pregnancy is the term used to describe the period in which a fetus develops inside a woman's womb or uterus. Pregnancy usually lasts about 40 weeks, or just over 9 months, as measured from the last menstrual period to delivery.

Health care providers refer to three segments of pregnancy, called trimesters. Lederman (1984) sees pregnancy as a paradigm shift from woman without child to woman with child. This shift involves an assessment of one's self regarding self image, beliefs, values, priorities, relationships with others, and problem solving skills. These issues must all be examined before the emergence of the new paradigm involving the child. Feeling anxious while pregnant is the worry about whether the baby is healthy, have fears about being a good parent, or stress about how the relationship with the partner will change. The changes in the hormone levels that come with pregnancy can also affect the mood and emotions, making one more prone to worry and stress. In the earlier days pregnancy was not complicated as present scenario. Pregnant women were mentally and physically healthy during those times. But today due to the life style and food habits the mental and physical health is diminishing. Poor interpersonal relationships and lack of support groups will make the situation worse. Recent studies show that there is a higher chance of developing a significant level of anxiety during the period of pregnancy. This leads to complications at the time of delivery and creates problems in the fetus. However, there is a difference between normal worries and a more serious anxiety disorder during pregnancy, also called antenatal anxiety. If these anxieties become all-consuming, are difficult to control and regularly interfere with people's ability to function day-to-day, and try to seek better ways of managing those feelings. Long-term, severe anxiety can increase the risk of preterm labour or of delivering a low birth weight baby, and increase the chance a child will later develop emotional or behavioural challenges. Anxiety during pregnancy may have an adverse effect on the fetus, increase labour complications and affect pregnancy outcome.

### Significance of the Study

Pregnancy is supposed to be a time of emotional well-being in a woman's life, but for many women, this is a time of confusion, fear, sadness, anxiety, stress, and even depression. Many women experience anxiety during their pregnancy and the intensity of the anxiety is different for each woman, depending on her pregnancy experience. Anxiety during pregnancy may have an adverse effect on the fetus, increase labour complications and affect pregnancy outcome. An attempt is made in the present investigation to study the anxiety among pregnant women. so that the researcher can find out the factors contributing to the anxiety of pregnant women. After this, study researcher can made community, government and nongovernmental those who work for the welfare of the pregnant women. And also the findings of this study help the government, NGO's, community, family and individuals to plan to improve the conditions of pregnant women and for their welfare.

Pregnancy, also known as gestation, is the time during which one or more offspring develops inside a woman. A multiple pregnancy involves more than one offspring, such as with twins. Pregnancy can occur by sexual intercourse or assisted reproductive technology. Childbirth typically occurs around 40 weeks from the start of the last menstrual period (LMP). Pregnancy is typically divided into three trimesters. The first trimester is from week one through 12. The second trimester is from week 13 through 28. The third trimester is from 29 weeks through 40 weeks.

Anxiety is a term used to describe a normal feeling people experiences when faced with threat, danger or when stressed. When people experiences when faced with threat, danger or when stressed. When people become anxious they typically feel upset, uncomfortable and tense. Anxiety involves worry, apprehension, intrusive thoughts, physical symptom and feelings tension. It often seems to have an automatic quality that comes more from within the individual than from situation factors. The reason for the anxiety are often not clear to the anxiety person.

Pregnancy is a time of increased vulnerability for the development of anxiety and depression. Pregnancy and the postpartum can be times of joy and positive expectations but also of stress and difficulties. Pregnancy and delivery bring many physiological and psychosocial changes, and both mothers and fathers are required to face several new challenges during this period. Consequently, pregnancy and the postpartum are times of increased vulnerability for the onset or relapse of a mental illness. Depression and anxiety are the most common psychiatric disorders during pregnancy and the symptoms can range from mild to severe. Depression and anxiety are highly comorbid during pregnancy is one of the strongest risk factors for depression (Lancaster *et al.*, 2010, Verreault *et al.*, 2014). Women with feelings of anxiety are at increased risk of suffering from depression during pregnancy (Edwards *et al.*, 2008); for example, a recent study (Mohamad Yusuff *et al.*, 2015) has found that women who had experienced antenatal anxiety were about three times more likely to suffer from depression during pregnancy.

### Objectives

To study the anxiety of pregnant women on the basis of relevant socio demographic data

### Specific objectives

To find out whether there are any significant differences in anxiety among pregnant women based on residential area, type of family, parental details, order of pregnancy, educational qualification, income, occupation, age and relevant socio demographic details.

### Hypotheses

There will be significant differences in anxiety among pregnant women based on their residence, type of family, parental details, order of pregnancy, educational qualification, occupation, and income, occupation of spouse, religion, trimester and age.

### Method

In this chapter an attempt has been made to explain the method used in the the study, which includes the details like, tools used for data collection, sample, procedure and statistical techniques employed for analysis of data.

### Tools of data collection

#### Demographic data sheet

Demographic data sheet prepared by the researcher includes Respondents age, residence, education, income and various demographic characteristics

#### Anxiety Scale for Pregnancy (ASP)

Doyle-Waters developed the Anxiety scale for pregnancy (1994), as a measure of anxiety that covers multidimensional components of pregnancy, based on Spielberger's theory and research on state anxiety. The ASP has 14 items, 7 positively worded and 7 negatively worded, with items responses ranging from "not at all" (1 item) to "very much" (4 items). Scores on the positively worded items were reversed to obtain the total score, which ranged from 14 to 56, with higher scores indicating more severe anxiety.

### Reliability

Reliability was assessed in orderto determine whether ASP was measuring anxiety ina consistent manner. The scale was administered only once to the subjects in the sample. Therefore, Cronbach's Alpha was used to estimate the internal consistency of subscales.

The test-retest approach to estimating the reliability of this scale was inappropriate in this study due to the fluctuation of state anxiety.

### Validity

According to Streiner and Norman (1991), validating a scale is really a process whereby we determine the degree of confidence we can place on inferences we make about people based on their scores from that scale (p. 108). To begin the process of validating ASP, different forms of validity were examined.

## Results and Discussions

**Table 1:** Mean Standard Deviation and Corresponding T Value Obtained by Type of Residence.

Variable	Mean of residence in urban (N=33)	S.D	Mean of residence in rural (N=71)	S.D	't' Value
Anxiety scale	51.5455	3.00	50.9	4.32	.705

As per above table, mean of pregnant women who belonging in urban area are 51.5455. The mean of women in rural area is 50.9 and corresponding 't' value is .705. The calculated 't' value is lower than the table value and it is statistically not significant. But the anxiety is more among pregnant women residing in urban area.

**Table 2:** Mean, Standard Deviation and Corresponding 't' Value Obtained by Women From Nuclear Family and From Joint Family.

Variable	Mean of nuclear Family (N=74)	S.D	Mean of joint Family (N=30)	S.D	't' Value
Anxiety scale	51.22	3.97	50.93	3.93	.345

As per the above table mean of pregnant women who are from nuclear family is 51.22 and from joint family is 50.93. The Corresponding 't' value is .345. The Calculated 't' value is lower than the table value and it is statistically not significant. Even though anxiety is more among pregnant women from nuclear family.

**Table 3:** Mean, Standard Deviation and Corresponding 't' values of anxiety of Pregnant Women Based on Parental Details.

Variable	Mean of both parents Alive (N=81)	S.D	Mean of single Parent (N=23)	S.D	't' Value
Anxiety scale	51.24	3.96	50.78	3.96	.496

As per above table, mean of pregnant women who have both parents alive are 51.24. The mean of pregnant women who have single parent are 50.78. The corresponding 't' value is .496 and it is lower than the table value.

**Table 4:** Mean, Standard Deviation and Corresponding 't' Value of Anxiety of Pregnant Women Based on Order of Pregnancy.

Variable	Mean of first Pregnancy (N=49)	S.D	Mean of others (N=55)	S.D	't' Value
Anxiety scale	50.89	4.01	51.36	3.90	.599

As per above table the mean of pregnant women who is conceiving for the first time is 50.89. The mean of women who is conceiving for more than one is 51.36 but the difference is not statistically significant. Anxiety is more or less similar among women.

The focus of the study were to examine the level of anxiety among pregnant women based on different factors such as age, education, occupation, income, occupation of spouse, income of spouse, type of family, order of pregnancy and trimester. The present study found that home makers have more anxiety than others. There is no significant differences were observed in other demographic variables.

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