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A study to assess the anxiety related to the onset of labour and delivery among primigravida mothers admitted for delivery at Kamla Nehru hospital Shimla.

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ABSTRACT

Background and Objectives: The health of the nation is often judged by the health of mothers and infants. In all societies, family is the central nucleus of people and women form the backbone of it. Thus mothers play an indispensable role in the health of any nation. Anxiety is common in life, it is more among Primigravida mothers during labour and delivery. The objectives of the study are to assess the anxiety related to the onset of labour and delivery among primigravida mothers and to determine the association between the level of anxiety with selected variables. The descriptive survey approach and descriptive exploratory survey design was used. By purposive sampling technique, 100 Primigravida mothers were selected in the clean labour ward at Kamla Nehru State Hospital, Shimla. The tool consisted of 63 items to assess the level of anxiety. The reliability was established by conducting a pilot r = (0.948). The data was collected and analyzed. Results: Majority 50% of respondent are in the age group of 20-25 years and 42% of the respondent had studied upto high school that is the highest. 100% among them of respondent were married and income was between Rs. 5000 and above (63%), 99% of respondent are Hindus and emerge from nuclear family background (61%), 71% of respondent live in rural area and seek support through elders and relatives (44%), 80.5% of mothers had anxiety related to family aspects. Interpretation and Conclusion: Overall findings showed that there is no significant association found between educations, employment status, religion, type of family and type of marriage with the level of anxiety to onset of labour. The result on aspect wise reveals that the mean anxiety was higher than family aspect 80.5%, compared to physical aspect 41.47%, social aspect 33.67% and psychological aspect 45.98.

Keywords: *Assess, Anxiety, Onset of labor, Labor*

1. INTRODUCTION

In all societies, family is the central nucleus of people and women form the backbone of it. Pregnancy and child birth are special event in a Women‘s life and indeed in the lives of their family. Though pregnancy is a normal physiological process. It is associated with certain risk to health» and survival both for the women and child, and also stands for morbidity and mortality of the mother and child. The cause of maternal death is tragic indeed. 80% maternal deaths in India result from hemorrhage, anemia, sepsis, toxemia, etc. Most of these deaths occur due to anxiety and poor knowledge of the mother in seeking proper maternity care services at the right time. It was found that 37% of mothers did not receive any antenatal care due to anxiety. If we avoid anxiety, the tragedy of maternal Complications can be prevented to a great extent (D.H.S. Shankaregowda, MD, DGO, Profession, Dept. of OBG, Bangalore Medical College, Vani Vilas Hospital, Bangalore-)

A pregnant woman “like a ship on a stormy sea", out of balance seeking an 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 tight. So in developed countries anxiety among primigravida mothers has been brought down to an irreducible minimum. But in the developing countries the anxiety is high, which in turn affects the normal pregnancy among mothers (Dr. Sridevi, DGO,)

There is an old saying “to be alive is to be under stress”. In human being anxiety is often equated with tension, worry and pressure and is necessary for life. Mothers with anxiety will have more stress than those who have physical problems (Ms. Thilalalegavathi, M.Sc. (N), Professor and HOD Dept. of OBG, Oxford College of Nursing, Bangalore.)

1.1 Statement of the Problem

"A Study to Assess the Anxiety Related to Onset of Labour and Delivery Among Primigravida Mothers Admitted for Delivery at KAMLA NEHRU HOSPITAL SHIMLA".

1.2 Objectives of the Study

a) To assess the anxiety of primigravida mothers at the onset of labour and delivery.
b) To find out the level of anxiety of primigravida mothers at the onset of labour and delivery.
c) To find out the association between level of anxiety and selected demographic variables of the primigravida mothers.

2. METHODOLOGY

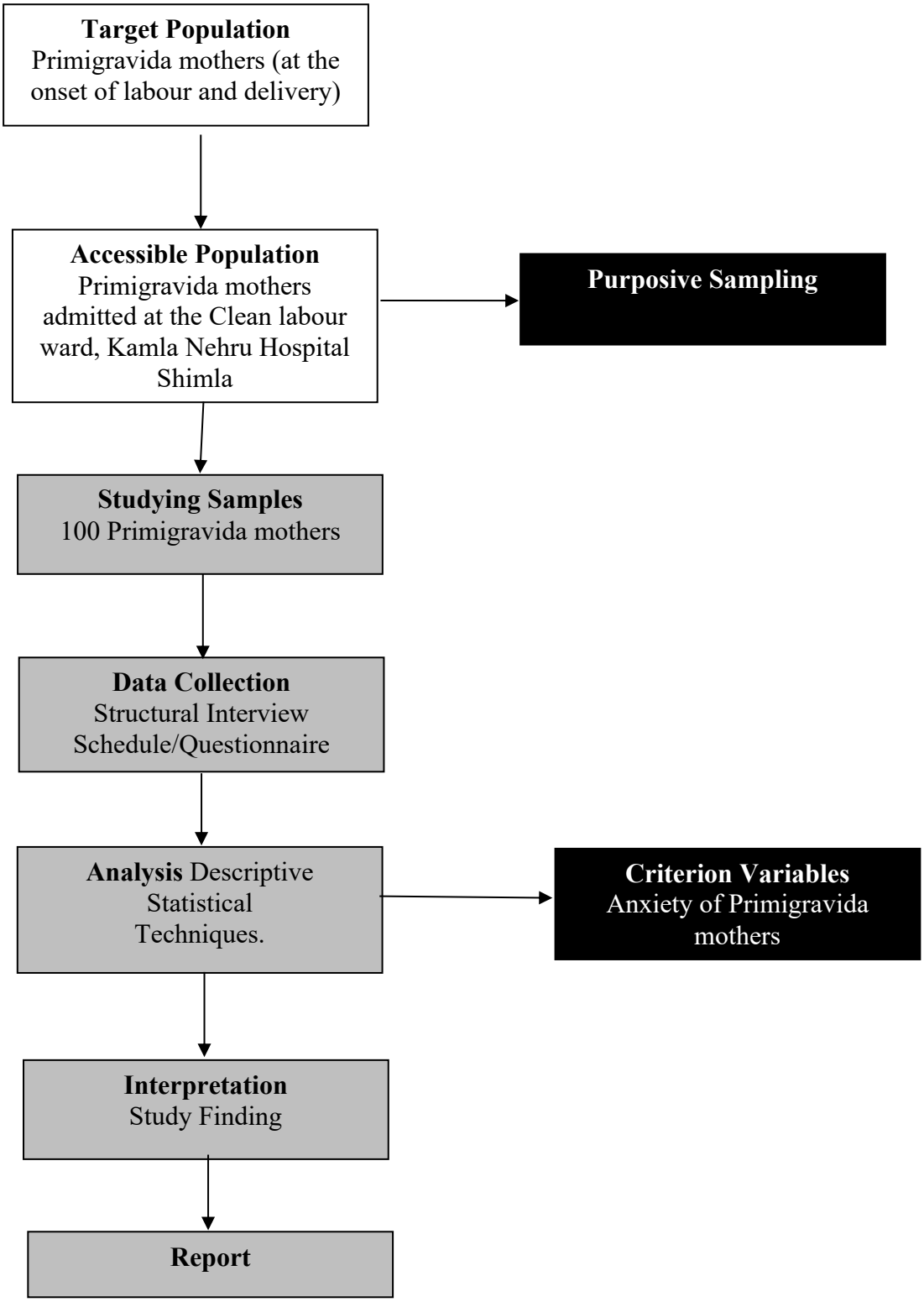

Fig. 2: Schematic Representation of Research Design

2.1 Content Validity
In the structured interview schedule constructed by the investigator minor modifications were made on the basis of recommendations, suggestions of experts, along with a request for validation to 8 expert nursing personnel, two medical experts, and one Bid-statistician after consulting the guide and co$_7$guide, suggestion were considered and modification of tool was done according to the opinion of experts. Language expert translated the tool and retranslation was done and validity was confirmed.

2.2 Pilot Study
A pilot study was conducted by using the structured interview schedule on 10 samples (who were excluded from the main study). Each participant was interviewed for about 20-30 minutes.

2.3 Reliability of the Tool
The samples chosen were similar in characteristics to the population under study. The split half method was used to test reliability of the tool. Spearman Brawn prophecy formula was used to find out the reliability test analyzed the item scores.

$$r\sqcap = \frac{2r}{1+r}$$

The reliability co-efficient of anxiety was found to be 0.948.
This reveals that the tool was statistically reliable for the main study.

2.4 Selection and Development of the Tool
The following steps were taken to prepare the tool

2.4.1 Preparation of the Blue Print: The blue print was prepared to construct the tool. It consists of 63 items on anxiety (Annexure-7) and 13 demographical items (Annexure-6), overall 76 items. The tool was initially prepared in English (Annexure-3) and then was translated into local language hindi (Annexure-4) to facilitate data collection.

2.4.2 Description of the Tool: The tool used in the present study was the four point scale for structured interviewed schedule comprising of 2 parts. The total score was 189. Each item had a maximum score of three and a minimum score zero. This consists of the scoring methods. The structure interview schedule was initially prepared in English. The respondents described the scores of response given in the tool, the 4 points scale, the scale is as follows:
3 Applied to me very much as most of the time.
2 Applied to me to a considerable degree or as a good part of time.
1 Applied to me in some degree or sometime.
0 Did not apply to me at all.

2.4.3 Content Validity.: In the structured interview schedule constructed by the investigator minor modifications were made on the basis of recommendations, suggestions of experts, along with a request for validation to 8 expert nursing personnel, two medical experts, and one Bid-statistician after consulting the guide and co$_7$guide, suggestion were considered and modification of tool was done according to the opinion of experts. Language expert translated the tool and retranslation was done and validity was confirmed.

2.4.4 Pilot Stud: which is designed to acquaint the investigator with problems that can be corrected in preparation for a larger research project

3. RESULTS
In the present study, the obtained data was tabulated, organized, analyzed and interpreted by using descriptive and inferential statistics based on the objectives of the study. The findings were presented as follows.

Table 1: Table Showing Association of Scores and Demographic Variables

Demographic Data		**Respondents Anxiety Level Number (%)**				**Association with ANXIETY Score**				
Variables	**Opts**	Low	Moderate	High	Total	**Chi Value**	**P Value**	**df**	**Table Value**	**Result**
Age(yrs)	Below 20 years	8	0		8	8.180	0.085	4	9.488	Not Significant
	20-25 years	39	11		50					
	26-30 years	26	4		30					
	31-35 years	10	1		11					
	36-45 years	0	1		1					
Marital Status	Married	83	17		100	NA				
	Unmarried	0	0		0					
	Divorced	0	0		0					
	Widowed	0	0		0					
	Separated	0	0		0					

Attainment of Menarche	12 to 13 years	1	0		1	1.023	0.906	4	9.488	Not Significant
	13 to 14 years	20	4		24					
	14 to 15 years	56	12		68					
	Below 12 years	3	1		4					
	After 15 years	3	0		3					
Duration of Marital Life	1 year	32	11		43	10.669	0.031	4	9.488	Significant
	2 years	19	1		20					
	3 years	7	4		11					
	4-6 years	12	1		13					
	Above 7 years	13	0		13					
Education Status	No formal education	3	1		4	8.263	0.142	5	11.070	Not Significant
	Primary School	3	2		5					
	Higher Secondary	10	5		15					
	High School	39	3		42					
	Pre-University	2	0		2					
	Graduate	26	6		32					
Employment Status	House wife	71	12		83	3.862	0.277	3	7.815	Not Significant
	Coolie	2	2		4					
	Self Employed	0	0		0					
	Private Employee	6	2		8					
	Govt. Employee	4	1		5					
Religion	Hindu	82	17		99	0.207	0.649	1	3.841	Not Significant
	Muslim	0	0		0					
	Christian	0	0		0					
	Others	1	0		1					
Family setup/type of family	Nuclear Family	54	7		61	3.383	0.066	1	3.841	Not Significant
	Joint Family	29	10		39					
	Extended Family	0	0		0					
Type of Marriage	Consanguineous	71	14		85	0.113	0.737	1	3.841	Not Significant
	Non Consanguineous	12	3		15					
Gestational age	36 Weeks	19	3		22	0.255	0.993	4	9.488	Not Significant
	37 Weeks	5	1		6					
	38 Weeks	19	4		23					
	39 Weeks	36	8		44					
	40 Weeks	4	1		5					
Residential Area	Urban Area	24	5		29	0.207	0.902	2	5.991	Not Significant
	Semi Urban Area	58	12		70					
	Rural Area	1	0		1					
Family Income (per month)	Below Rs.2000	3	0		3	4.206	0.379	4	9.488	Not Significant
	Rs.200I 30001	5	1		6					
	Rs.3001 — 4000	4	3		7					
	Rs.4001 — 50001	8	1		9					
	Rs.5001 & Above	63	12		75					
Sources of Health information	Mass Media	21	8		29	5.345	0.254	4	9.488	Not Significant
	Health Professionals	12	2		14					
	Elders and	38	6		44					

	Relatives									
	Friends and Others	10	0		10					
	Newspapers	2	1		3					
	Magazines	0	0		0					
	Books	0	0		0					
	Journals	0	0		0					
	Combined	**83**	**17**	**0**	**100**					

This section deals with the findings related to the association between score and selected demographic variables. The chi-square test was used to determine the association between the score levels and selected demographic variables. Table shows that the association between the level of score and socio demographic variable. Based on the 3rd objectives used to Chi-square test used to associate the level of knowledge and selected demographic variables. There is no significance association between the level of scores and other demographic variables .The calculated chi-square values were less than the table value at the 0.05 level of significance.

4. DISCUSSION

4.1 Finding Related to. Association between Level of Anxiety with 'Selected Variables

- Findings of the study reveals that there is no significant association found between education, employment status, religion, type of family and type of marriage with the level of anxiety to onset of labour and delivery.
- It is evident from the data subjected that there is significant association found to be at 5% level between age, income, residential and attainment of menarche with the level of anxiety toonset of labour and delivery.
- Hypothesis is accepted for the variables viz., education, religion and type of family. Further hypothesis is rejected for the variables viz., age, family income and attainment of menarche.

4.2 Findings Related to Statement-wise Anxiety Score of Respondents

It is analyzed aspect wise mean anxiety score of respondent among social aspect had found to be 96.7% of respondents felt secured with SD 10.1% as compared to 14% of respondent felt that she is being ignored by the medical and nursing staffs with SD 16.6%. With regard to family aspect, the statistical results that the mean anxiety found to be 97.3% of respondent wants someone to look' after and be with her with SD 13.2% as compared to 25.3% of respondent were worried what would happen to her husband in case she dies with 39.0%.

The conclusions were drawn on the basis of the following findings:

- The overall anxiety among Primigravida mothers obtained were approximately 80% low to moderate level of anxiety on the basis of social, psychological, physical and family aspects and the remaining obtained were a combination of high anxiety level or no anxiety found.
- It was revealed that mothers with anxiety are higher than the mothers without anxiety.
- There was significant association between the level of anxiety with the demographic variables viz., age, income and attainment of menarche.
- The demographical variables influenced the level of anxiety among the primigravida mothers.

4.3 Recommendation

The following recommendations are offered for further studies.

- The study can be replicated on a larger sample to validate the findings of the present study.
- A comparative study on anxiety and coping can be done for primigravida mothers.
- A similar mother's study can be undertaken with a control group design for other categories.
- In-service education for nurses in counseling, guidance should be provided.
- Mothers should be adequately educated and exposed about various measures in reducing anxiety.

5. SUMMARY

This descriptive study was concerned with an assessment of anxiety related to onset of labour and delivery among the primigravida mothers admitted for delivery at Kamla Nehru State Hospital, Shimla

5.1 Major Findings Related to Statement-wise Anxiety Scores of Respondents

- Majority of statements among social aspect was found to be 96.7% of respondent felt secure with SD 10.1 %.
- About 97.3% of respondents among family aspect was noticed that the always want someone to look after them with SD 13.2%.
- According to physical health majority of statements was 100% of response.
- Over-all 100% of respondents among psychological aspect were identified to be crying, felt that life was not worthwhile without a child and felt there's no point worrying, but let's trust God.

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