



To Assess the Level of Anxiety and Coping Strategies Adopted by Antenatal Mothers

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Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

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ABSTRACT

Background: Premature birth, a higher risk of developing hypertension and preeclampsia, and an increased risk of miscarriage or stillbirth have all been linked to general prenatal stress, according to numerous research. The link between pregnancy-related anxiety and negative pregnancy outcomes is well-established. Anxiety disorders are seen in 10% and 25% of pregnant women in industrialised and developing nations, respectively.

Objective of the Study: 1.To assess the level of anxiety among antenatal mothers. 2. To assess the level of coping strategies among antenatal mothers, 3. To correlate anxiety and coping strategy of antenatal mothers. 4. To associate anxiety and coping strategy among antenatal mothers with demographic variables.

Materials and Methods: A Descriptive research design study was undertaken to assess the level of anxiety and coping strategies adopted by antenatal mothers. In this study a total number of 100women who fulfill the inclusion criteria were selected. Modified anxiety rating scale and modified coping strategies scale was used.

Results: This study conclude that 3% antenatal mothers have mild severity, 82% antenatal mothers have the moderate severity of anxiety and 15% antenatal mother have the moderate to severe severity. It means maximum antenatal mother have the moderate severity of anxiety.

Conclusion: There is negative correlation was found between coping strategy and anxiety score of antenatal mothers.

Keywords: Antenatal mothers; anxiety; assess and coping strategies.

1. INTRODUCTION

Pregnancy necessitates numerous physiological, familial, financial, and vocational changes, all of which can cause emotional distress in women, particularly low-income women who are more likely to face stress due to a lack of resources [1]

Pregnancy is regarded as a positive emotional condition. Pregnancy, on the other hand, raises the risk of emotional and psychological disorders such as depression, anxiety, stress, and psychoses, which can have serious consequences for the mother and result in poor postnatal outcomes [2,3]. The goal of this study was to use screening and clinical diagnostic interviews to estimate the frequency of common mental illnesses in the antepartum period and to identify the obstetrical and socioeconomic risk factors associated with them [4].

During this stage of life, a pregnant woman goes through physiological and psychological changes, and anxiety is a frequent mental ailment [5].

Previous studies on prenatal anxiety found that pregnancy-specific worries, rather than general anxiety, are the true predictors of poor labour outcomes. These researchers suggested that estimating pregnancy-specific anxiety could help with risk identification and minimization [6]. The structure of pregnancy anxiety and its impact on pregnancy outcomes necessitates more research on pregnancy-specific anxieties and their risk factors, given the paucity of evidence on specific fears and worries related to pregnancy [7].

Anxiety is a generalized feeling of unease, worry, or fear that can range from minor to severe. Everyone has anxiety at times, but some people have a difficult time controlling their fears. Some people who suffer from anxiety also suffer from panic episodes, which can be extremely terrifying [8].

When everyone wants them to be cheerful, some pregnant women feel worried or guilty about feeling apprehensive or panicked. Anxiety, on the other hand, is a mental health disorder, not a sign of weakness that will go away on its own or that you should simply "snap out of." [9].

Anxiety and depression are extremely common among pregnant women, with 30-58 percent meeting both criteria [10]. Stress could lead to psychological problems such as depression and anxiety.

Any attempt to manage conditions that are seen as stressful has been classified as a coping strategy. By minimizing or preventing negative emotional, behavioural, cognitive, and physiological responses to stressors, coping attempts may impact birth outcomes [11].

Adaptive coping techniques, such as active and problem-focused coping, fix the stressor and hence protect against negative birth outcomes, but maladaptive coping strategies are inert and ineffective. Active and problem-focused coping mechanisms, for example, address the stressor and hence protect against unfavorable birth outcomes, whereas maladaptive coping strategies are inactive and ineffectual [12].

The increasing pace of life, rushed, and competitive lifestyles means that stress is an integral part of human life. A person shows behavioral defenses in a state of adapting to stress which leads to changes in one's emotional and cognitive processes [13].

2. MATERIALS AND METHODS

In present study descriptive evaluatory approach with descriptive research design was used. 100 antenatal mothers were used as a sample by using non -probability convenient sampling technique from selected hospital. In this study the researcher have used modified anxiety scale according to the study with the reference of Hamilton anxiety scale.

2.1 Research Variables

Anxiety and coping strategies among antenatal mother.

2.2 Demographic Variables

In this study demographic variables include age, education, occupation, type of the family, family income.

2.3 Data Collection

The data were collected through the administration of modified anxiety rating scale and modified scale of coping strategies. To complete the questionnaire of scale each sample needed a mean time of 30 minutes. Data collection was carried out within the stipulated period. After the cycle of data collection the investigator thanked all the samples of the analysis as well as the authorities for their cooperation. Data collection instruments consist of the following sections.

Section -A: Socio-demographic variables such as age, education, occupation, type of the family, family income.

Section -B: Modified Anxiety rating scale.

Section -C: Modified scale of coping strategies.

2.4 Statistical Methods

By using descriptive and inferential statistics by using SPSS version 24.

3. RESULTS

The Table 2 shows that 3% of antenatal mothers had mild severity, 82% had moderate severity and 15% of antenatal mothers had moderate to severe severity.

Minimum anxiety score was 12 and maximum anxiety score was 37.

Mean anxiety score was 26.67 ± 5.34 and mean percentage of anxiety score was 63.50 ± 12.48 .

The Table 3 shows that 66% of antenatal mothers replied that they have been using coping strategy a little and 34% of them were replied that they have been doing this in a medium amount.

Minimum coping strategy score was 42 and maximum coping strategy score was 58.

Mean coping strategy score was 45.69 ± 4.16 and mean percentage of coping strategy score was 51.92 ± 4.73 .

Table 1. Percentage wise distribution of antenatal mother according to their demographic characteristics n=100

Demographic Variables	No. of antenatal mothers	Percentage(%)
Age(yrs)		
19-22 yrs	2	2
23-27 yrs	39	39
27-30 yrs	53	53
≥31 yrs	6	6
Education		
Primary	42	42
Secondary	50	50
Higher Secondary	8	8
Graduate and above	0	0
Occupation		
Homemaker	82	82
Daily Wages	4	4
Government Sector	1	1
Private Sector	13	13
Type of family		
Joint	12	12
Nuclear	25	25
Single Parent	29	29
Extended	34	34
Monthly Family Income(Rs)		
≤10000 Rs	40	40
10001-20000 Rs	6	6
20001-30000 Rs	46	46
>30000 Rs	8	8

Table 2. Assessment with level of Anxiety Score n=100

Level of anxiety score	Score Range	Level of Anxiety Score	
		No of antenatal mothers	Percentage
Mild Severity	0-16	3	3
Moderate Severity	17-32	82	82
Moderate to severe severity	33-42	15	15
Minimum score		12	
Maximum score		37	
Mean anxiety score		26.67 ± 5.34	
Mean % anxiety score		63.50 ± 12.48	

Table 3. Assessment with level of coping strategy n=100

Level of coping strategy score	Score Range	Level of Coping Strategy	
		No of antenatal mothers	Percentage
I haven't been doing this at all	0-22(0-25%)	0	0
I have been doing this a little bit	23-44(21-50%)	66	66
I have been doing this a medium amount	45-66(51-75%)	34	34
I have been doing this a lot	67-88(76-100%)	0	0
Minimum score		42	
Maximum score		58	
Mean coping strategy score		45.69 ± 4.16	
Mean % coping strategy score		51.92 ± 4.73	

Table 4. Correlation between coping strategy and anxiety score n=100

Overall	Mean	SD	Correlation 'r'	p-value
Coping Strategy	45.69	4.16	-0.256	0.010
Anxiety	26.67	5.24		S,p<0.05

This Table 4 shows the correlation between coping strategy and anxiety score of antenatal mothers from selected hospitals. By using Pearson's correlation coefficient significant negative correlation was found between coping strategy and anxiety score of antenatal mothers ($r=-0.256, p\text{-value}=0.010$). The tabulated value for $n=100-2$ i.e. 98 degrees of freedom was 1.98. The calculated 't' value i.e. 14.43 are much higher than the tabulated value at 5% level of significance for overall correlation between coping strategy and anxiety score of antenatal mothers which is statistically acceptable level of significance. Hence it is statistically significant negative correlation was found between coping strategy and anxiety score of antenatal mothers.

4. DISCUSSION

The result of the study shows that 3% of antenatal mothers had mild severity, 82% had moderate severity and 15% of antenatal mothers

had moderate to severe severity. Mild severity score was 0 to 16, moderate severity score was 17 to 32 and moderate to severe severity. Minimum anxiety score was 12 and maximum anxiety score was 37. Mean anxiety score was 26.67 ± 5.34 and mean percentage of anxiety score was 63.50 ± 12.48 .

The study shows that 66% of antenatal mothers replied that they have been using coping strategy a little and 34% of them were replied that they have been doing this in a medium amount. Minimum coping strategy score was 42 and maximum coping strategy score was 58. Mean coping strategy score was 45.69 ± 4.16 and mean percentage of coping strategy score was 51.92 ± 4.73 . In this study researcher found that negative correlation with anxiety and coping strategies among antenatal mother.

A cross sectional study was conducted on Prevalence and predictors of antenatal

depressive symptoms among Chinese women in their third trimester. The goal of the study was to find out how common prenatal depressive symptoms are in late pregnancy in Chinese women and what factors can predict them. A total of 292 women took part in the research. The Chinese version of the Self-rating Depression Scale, the Eysenck Personality Questionnaire, the Social Support Rating Scale, and the Simplified Coping Strategies Questionnaire were used to collect data. Depressive symptoms were found to be prevalent in 28.5 percent of the population. The conclusion of the study was depressive symptoms are common in third trimester antenatal clinic attendees [7].

A qualitative study was conducted on Stressful events, social support and coping strategies of primiparous women during the postpartum period. The goal of this study was to identify difficulties and events that primiparous women found stressful during the postpartum period, as well as the social support and coping techniques they employed to deal with them. For this study, 60 women were chosen. Semi-structured interviews were used to collect data, which were then analysed using a content-analysis method. The study found that interaction with caregivers was a significant source of felt stress during the early postpartum period. When the couple returned home, the spouse was seen as the primary provider of social support, but the first need voiced was for financial assistance. The conclusion of the study was both the prenatal education and postpartum social support seem to mismatch women's needs and expectations [14].

A descriptive study was conducted on Relationship between Maternal General and Specific-Pregnancy Stress, Anxiety, and Depression Symptoms and Pregnancy Outcome in 2017. The study's goal was to see if there was a link between stress, anxiety, and depression symptoms throughout pregnancy and how these affected the pregnancy result. For this study, 200 pregnant women were chosen. The Hospital Anxiety Depression Scale, Pregnancy Distress Questionnaire, and Perceived Stress Scale questionnaires were used to collect data. The study found a significant difference between depression, stress, and anxiety factors and birth weight, birth height, and head circumference, as well as newborns' APGAR score ($p < 0.05$). The study's conclusion was that women with depression, anxiety, or stress during pregnancy should be identified and scheduled to avoid negative pregnancy outcomes [15].

In above study shows significant differences between variables and researcher also found that negative correlation with anxiety and coping strategies in this study. And in this study researcher found that there is no association between anxiety and coping strategies with their selected demographic variables such as age, educational level, occupation, type of family and with family income.

The study conducted on Anxiety symptoms and coping strategies in the perinatal period the aim of the study was to explore the prospective relationship between anxiety symptoms and coping strategies during late pregnancy and early postpartum. In this present study they used hospital anxiety depression scale for data collection. The findings shows that 18.8% of women severe anxiety [16].

Similar study is conducted on Anxiety in pregnancy: prevalence and associated factors the aim of the study was to evaluating the occurrence of anxiety in pregnant women and the factors associated with its occurrence to collect the data they have used the hospital anxiety scale the study findings shows that Anxiety occurred frequently during pregnancy. Understanding the factors associated with its occurrence allows for elaborating preventive measures in prenatal care. Total of 209 pregnant women were participated in the study. Anxiety was present in 26.8% of the pregnant women, being more frequent in the third trimester 42.9% [17].

5. CONCLUSION

Anxiety is the most prevalent symptom among the general population. Many people may have had it and still be unaware of it, as they are often in a condition of perpetual denial and obliviousness to the fact. Anxiety is a common emotion when dealing with daily stresses and problems. But when these emotions are persistent, excessive and irrational, and affect a person's ability to function, anxiety becomes a disorder.

This study comes to the following conclusion 3 antenatal mothers have mild severity, 82 antenatal mothers have the moderate severity of anxiety and 15 antenatal mother have the moderate to severe severity. It means maximum antenatal mother have the moderate severity of anxiety. There is no significant association between the anxiety and coping strategies with

their selected variable such as age, educational level, occupation, type of family and family income and found that negative correlation between anxiety and coping strategies.

Hence, based on the above findings, it was concluded undoubtedly that modified anxiety rating scale and modified coping strategy scale were effective for the assessment of anxiety and coping strategies among antenatal mother.

Pregnancy specific-stress is not mediated by coping strategies. Thinking about pregnancy specific-stress in term of general anxiety may help to clarify past findings and to guide future research and interventions.

6. RECOMMENDATION

- Similar study can be conducted on large sample.
- Same study can be replicated in another setting.
- A similar study can be conducted with any one obstetric complication like placenta previa, hypertensive disorder during pregnancy.
- Similar study can be conducted on postnatal mothers

7. LIMITATION

- The study was limited to only third trimester antenatal mothers.
- Samples were not included like unmarried pregnancies.
- Mothers who are in labour pain (active stage) are not included.
- Postnatal mothers are not included in this study.

CONSENT

As per international standard or university standard, patients' written consent has been collected and preserved by the author(s).

ETHICAL APPROVAL

We conducted our research after obtaining proper IEC approval.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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