# A STUDY ON THE PSYCHOSOCIAL PROBLEMS AMONG ANTENATAL WOMEN IN SELECTED COMMUNITY AT MANGALORE

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## Abstract:

Pregnancy is an unguent period of change for women that may have profound effect on their biological, psychological and social functioning. Most of women's behavior during the antenatal period is strongly influenced by her cultural background.

A descriptive survey approach was used in this study .The study was conducted in the selected community areas at Mangalore. Purposive sampling technique was used to select the samples. Data collection was done by using modified Antenatal Psychosocial Health Assessment (ALPHA) Rating Scale. The subjects consisted of 100 primigravida mothers. The data were analyzed by using inferential and differential statistics. The findings of the study revealed that there was significant association between the psychosocial problems and selected demographic variables like religion (test statistic value is 6.556 and P <0.05), education status (test statistic value is 11.427 and P <0.05), gestational age (test statistics is 10.905 and p<0.05) and health education (test statistics is 6.971 and p<0.05)

## Key words:

Antenatal Women, Primigravida, Psychosocial Problems

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## 1. Introduction

Pregnancy is maturational milestone that can be stressful but also rewarding as the woman prepares for a new level of caring & responsibility. She moves gradually from being self contained and independent to being committed to a lifelong concern for another human being. This growth requires mastery of certain developmental tasks: accepting the pregnancy, identifying with the role of mother, recording the relationships between herself and her mother and between herself and her partner, establishing a relationship with the unborn child, and preparing for the birth experience. The partner's emotional support is an important factor in the successful accomplishment of these developmental tasks. Single woman with limited support may have difficulty in making this adaption.[1]

Antenatal psychosocial problems may be associated with unfavorable postpartum outcomes. Issues of high concern to the women, her family or the care giver usually indicate a need for additional support or services.[2]

The research shows that the preliminary information was perceived stress during pregnancy was associated with demographic, socio economic and health related quality of life variables[3]

A randomized controlled study was conducted to assess the psychosocial stress and pregnancy outcome. In this study 410 samples were selected .They linked to major adverse pregnancy outcome, preterm birth and low birth. The research shows that psychological distress in 30 weeks was associated with preterm delivery; there was a close response effect where by the relative risk of preterm birth for women that experienced moderate and high levels of distress.[4]A randomized controlled study was conducted to assessing antenatal psychosocial health to evaluate effectiveness of facilitating of disclosure psychosocial issue. 76 participants like physicians, public health nurse, and pregnant women are selected as sample of the study. The main outcome of the study is suitability and effectiveness of the forms and frequency of issues disclosed by type of form and provider, and the study concluded that both forms were acceptable for women and were effective in gathering information.[5] A descriptive study was conducted by using both self report (STAI) and clinical diagnostic interview to examine course of maternal anxiety across the transmission to parenthood.100 participants were selected during antenatal assessment at a major obstetrical hospital in Sydney and they identified half the sample as being

at "high risk" foe developing postnatal anxiety/or depression[6] A randomized study was conducted to analysis the association of psychosocial wellbeing with dietary intake during pregnancy. 134 women were selected as samples of the study. The result shows that the majority of the participants in this study reported inadequate intake of iron, folic and fiber and excessive intake of proteins and fats.[7]

## 2. Methodology:

In this study descriptive research approach and survey research design was adopted. The study was conducted in selected community areas at Mangalore, Karnataka. The study population comprised of 100 antenatal women who are conceived for first time. The sample was selected by using purposive sampling technique. The mothers who had complications in pregnancy and not willing to participate were excluded from the study. Demographic Proforma and modified ALPHA rating scale were used to collect the data from the sample. Demographic proforma consisted 10 items such as age, religion, educational status, occupation, monthly income, type of family, gestational age, regular check up, heath education and pregnancy disorders. Modified ALPHA rating scale consisted of 19 questions in the sore range of 1 - 4 .

## 3. Results

TABLE: 1-Distribution Of antenatal women According To the Demographic Characteristics

n=100

| DEMOGRAPHIC VARIABLES | | FREQUENCY (f) |
|---|---|---|
| Age | 15-20 | 2 |
| | 21-25 | 39 |
| | 26-30 | 46 |
| | 31-35 | 12 |

| | 35-40 | 1 |
|---|---|---|
| RELIGION | HINDU | 56 |
| | CHRISTIAN | 24 |
| | MUSLIM | 20 |
| EDUCATION | NO FORMAL EDUCATION | 4 |
| | PRIMARY/HIGH SCHOOL | 42 |
| | SECONDARY&HIGHER SECONDARY | 38 |
| | GRADUATE/POST GRADUATE | 16 |
| OCCUPATION | BUSSINESS/PRIVATE JOB/BOND JOB | 10 |
| | NON- PROFESSIONAL | 13 |
| | DAILY WAGER | 16 |
| | HOME MAKER | 61 |
| MONTHLY INCOME | <5000 | 65 |
| | 2501-10000 | 25 |
| | 10001-25000 | 6 |
| | >25000 | 4 |
| TYPE OF THE FAMILY | JOINT | 33 |
| | NUCLEAR | 56 |
| | EXTENDED | 11 |
| TRIMESTER OF PERGNANCY | 1-3 MONTH | 2 |
| | 4-6 MONTH | 14 |
| | 7- 9 MONTH | 84 |
| REGULAR CHECK UP | YES | 87 |
| | NO | 13 |
| HEALTH EDUCATION | YES | 53 |

| | NO | 47 |
|---|---|---|
| PERGNANCY DISORDER | YES | 13 |
| | NO | 87 |

The above table (1)finding of the study demonstrated that most of the subjects were in the age group of 26-30years (46%) of the subjects, belongs to Hindu religion. More than half of the subjects (56%), were qualified with high school education. Less than half of the subjects (42%), were housewives (61%), had monthly income of <5000(65%) belongs to nuclear family (56%), in the gestational age of 7-9month(84%), having regular check up(87%),had attended health education(53%) and were not having any pregnancy disorders.

Table 2: Distribution of psychosocial problems among antenatal women

n=100

| FAMILY FACTORS | VERY HAPPY | HAPPY | UNHAPPY | VERY UNHAPPY |
|---|---|---|---|---|
| About this pregnancy, my partner feels | 100 | - | - | - |
| About this pergnancy my family feels | 100 | - | - | - |
| I feel supported in this pergnancy | 22 | 78 | - | - |

| Relationship with partner | Very happy | Happy | Unhappy | Very unhappy |
|---|---|---|---|---|
| My relationship with my partner is usually | 96 | 4 | - | - |
| After the baby, i expected my partner | 20 | 80 | - | - |

| and i will be | | | | |
|---|---|---|---|---|

| Feeling about being pregnancy | Very happy | Happy | Unhappy | Very happy |
|---|---|---|---|---|
| My feeling about this pregnancy at first | 84 | 14 | 1 | 1 |

| Relationship with parents | Very happy | Happy | Unhappy | Very unhappy |
|---|---|---|---|---|
| When I was a child, I got along with my parents | 28 | 72 | - | - |
| As a child i felt loved by my mother | 27 | 73 | - | - |
| As a young child i felt loved my father | 26 | 74 | - | - |
| In this pregnancy, my mood has been usually | 28 | 72 | - | - |

| My relationship with my partner usually gives tension | Always | Most of the time | Some times | None |
|---|---|---|---|---|
| Tension | 1 | - | 90 | 9 |

| | | | | |
|---|---|---|---|---|
| We work out arguments | 1 | 3 | 15 | 81 |
| I felt scared with my partner | 4 | 3 | 2 | 91 |
| I have been hit / pushed/slapped by my partner | - | 1 | 5 | 94 |
| I have sometimes been put down or humiliated by | 2 | 2 | 3 | 93 |
| I have been forced to have sex against my will | 1 | 2 | 2 | 95 |

The above table (2) depicts the following findings

Distribution of psychosocial problems according to antenatal women shows that highest percentage 90% of antenatal women's feels tension sometime about the relationship with their partner,9% are no tension, 1% feels tension with the relationship with partner,81% of antenatal women don't work out the arguments with their partner, 15% are workout sometime,3% are working out most of the time , 1% are always work out with the arguments,91% of antenatal women's feels scared with their partner, 4% are feels always , 3% are feels most of the time,2% some time, 94% of antenatal women are not hit/push/slapped by their partner, 5% are sometimes, 1% most of the time, 93 % antenatal women's are humiliated by partner,3% are some times,2% are most of the time,2% always,95% antenatal women's are not forced have sex against their will , 2% are sometimes, 2% are most of the time and 1% are always.

TABLE 3: Association between Psychosocial problem And Selected Demographic Variables

n=100

| Sample characteristics | | <median(57) | >median(57) | Test statistics(chi-square/fishers exact test) | P value |
|---|---|---|---|---|---|
| Age | 15-20 | 2 | 0 | 5.765 * | 0.172 |
| | 21-25 | 31 | 8 | | |
| | 26-30 | 29 | 17 | | |
| | 31-35 | 11 | 1 | | |
| | 36-40 | 1 | 0 | | |
| Religion | Hindu | 47 | 9 | 6.556 | 0.038 |
| | Christian | 15 | 9 | | |
| | Muslim | 17 | 8 | | |
| Education | No formal education | 4 | 0 | 11.427 * | 0.007 |
| | Primary/higher school | 34 | 8 | | |
| | Secondary & higher secondary | 21 | 17 | | |
| | Graduate/post graduate | 15 | 1 | | |
| Occupation | Business/private job/bond job | 7 | 3 | 2.738 * | 0.443 |
| | Non | 8 | 5 | | |

| | | | | | |
|---|---|---|---|---|---|
| | professional | | | | |
| | Daily wager | 14 | 2 | | |
| | Home maker | 45 | 16 | | |
| Monthly income | <5000 | 50 | 15 | 2.867 * | 0.415 |
| | 2501-10000 | 16 | 9 | | |
| | 10001-25000 | 4 | 2 | | |
| | >25000 | 4 | 0 | | |
| Type of family | Joint | 24 | 9 | 4.445 | 0.119 |
| | Nuclear | 39 | 17 | | |
| | Extend | 11 | 0 | | |
| Gestational age | 1-3m | 2 | 0 | 10.905* | 0.002 |
| | 4-6m | 5 | 9 | | |
| | 7-9m | 67 | 17 | | |
| Regular check up | Yes | 66 | 21 | 0.139* | 0.314 |
| | No | 8 | 5 | | |
| Health education attended | Yes | 45 | 8 | 6.971 | 0.012 |
| | No | 29 | 18 | | |
| Any other health disorders | Yes | 12 | 1 | 0.080* | 0.174 |
| | No | 62 | 25 | | |

Table 3: Reveals that the p value of religion, education, gestational age and health education is less than 0.05 and indicates the fisher's exact value. Since the 4 'p' values 0.05 there is association between psychosocial problems and demographic variables.

## 4. Discussion:

The finding of the study demonstrated that most of the subjects were in the age group of 26-30years (46%) and also reveals tthat there was significant association between the

psychosocial problems and selected demographic variables like religion (test statistic value is 6.556 and P <0.05), education status(test statistic value is 11.427 and P <0.05), gestational age(test statistics is 10.905 and p<0.05) and health education(test statistics is 6.971 and p<0.05).There was no association between the psychosocial problems and the variables like age, occupation , monthly income, type of family, regular check up and pregnancy disorder.

## 5. Conclusion :

Pregnancy is maturational milestone that can be stressful but also rewarding as the woman prepares for a new level of caring & responsibility. She moves gradually from being self contained and independent to being committed to a lifelong concern for another human being. This growth requires mastery of certain developmental tasks: accepting the pregnancy, identifying with the role of mother, recording the relationships between herself and her mother and between herself and her partner, establishing a relationship with the unborn child, and preparing for the birth experience.

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