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Socio- personal variables and stress during pregnancy

Ritika, Shubhangna Sharma, Raj Pathania and Goldy Chopra
Department of Human Development, College of Home Science
CSK Himachal Pradesh Krishi VishavaVidyalya, Palampur-176 062.

Abstract

Stress during pregnancy can cause structural and functional abnormalities in the growing foetus. The present study was conducted with the objective to find out the effect of stress on socio-personal variables. Fifty mothers were selected for the study who had child/children with special needs. The self-structured interview schedule was administered on these women. The collected data were tabulated and were subjected to statistical analysis. The test of association was applied along with frequency and percentages to draw the conclusions. The findings portrayed that significant association was found between the mother and stress during pregnancy. Family size also had significant effect on strenuous work during pregnancy, whereas non-significant association was observed between education and stress. Caste and income had non-significant effect on regulár medical check-ups during pregnancy.

Introduction

It is the task of every pregnant woman to see that an environment is created for an unborn child, which is congenial to its normal development i.e. both physical and mental. When the woman becomes aware that she has conceived a child, she should visit the doctor. Prevention of prenatal diseases and infections, which can damage the foetus, is necessary. Exposure to certain contagious diseases should be avoided especially during the first three months of pregnancy, when the organs of the foetus are developing. Contagious diseases like syphilis, influenza, and German measles etc. can seriously harm the fetus and can cause various congenital malformations. Several drugs when taken during the early span of pregnancy can cause structural and functional malformations in the foetus. These can lead to serious birth defects. Smoking and drinking alcohol during pregnancy should be avoided. The heavy and continuous dosage of pain relieving medications like anesthesia during birth process should be avoided.

The mother's health during pregnancy is to be looked after properly. Good nutrition is an essential necessity. Thyroid deficiency, jaundice, diabetes, certain drugs, infective illness at critical stages has a deleterious effect on the fetus. Avoidance of X- rays and drugs as far as possible is a must. Toxemias of pregnancy as evidenced by increased blood pressure and excretion of albumin in urine would adversely affect the growing fetus.

Material and Methods

The study was conducted in the Panchrukhi, Bhawarna and Rait blocks of District Kangra of Himachal Pradesh. The present study was conducted on a sample of fifty children. The respondents in the study were parents having one or more child with special needs between two years six months to six years of age. Mothers of these children were approached and interviewed for collection of required information such as diet, medical care and stress during pregnancy . The tools for data collection were self- structured schedule. A door-to-door survey was conducted in order to meet the objectives of the study. Frequencies and percentages were calculated alongwith test of association.

Results and Discussion

Effect of education and age of the mother on emotional distress during pregnancy

Table 1 indicates that 45.45 per cent of the mothers who suffered from emotional distress during pregnancy were illiterate and same percentage of mothers was educated up to higher secondary level. Forty two per cent of the mothers were graduate and 35.71 per cent were middle pass. A significant association was observed between education of the mother and emotional distress experienced during pregnancy. In addition, 53.33 per cent of the mothers who suffered from emotional distress during pregnancy were below 25 years of age at the time of pregnancy and 38.46 per cent were in the age group of 25-30 years at the time of pregnancy. Chi- square analysis shows a significant association between the age of the mother and emotional distress during pregnancy. Gillberg *et al.* (1980) reported that children born to

aged mothers i.e. after the age of 35 or more suffered from neuropsychiatry problems and other mental problems.

Table 1. Per centage distribution of responses to Emotional distress during pregnancy by education and age of the mother

Education of the mother	Yes % (n)	No % (n)
Illiterate	45.45 (5)	54.54 (6)
Illiterate (know reading and writing)	-	100.0 (3)
Primary	-	100.0 (40)
Middle	35.71 (5)	64.28 (9)
Higher secondary	45.45 (5)	54.54 (6)
Graduate	42.85 (3)	57.14 (4)
Total	18	32
$\chi^2 = 2.39^{NS}$		
Age		
Below 25 years	53.33 (8)	46.67 (7)
25-30 years	38.46 (10)	61.53 (16)
30- 35 years	-	100.0 (5)
35 years and above	-	100.0 (4)
Total	18	32
$\chi^2 = 11.09^{*}$		

*Significant at 5% level of significance, NS- Non- significant

Kant *et al* (1984) found that out of 212 mothers, 20.7 per cent of mothers were below 20 years of age at the time of birth of the child and 9.4 per cent were over 35 years. A history of stressful antenatal period was given by 15.9 per cent and there appeared a definite association between increased incidence of pregnancy wastages and cerebral palsy.

Effect of caste and income on regular checkups during pregnancy

Table 2 shows that 76.19 per cent of the mothers who had gone for regular checkups during pregnancy belonged to schedule caste, 33.33 per cent belonged to schedule tribes and 80.76 per cent belonged to the general category. In addition, 62.5 per cent of the mothers who underwent regular checkups during pregnancy had monthly income between Rs. 2001- 4000. Majority of the mothers who went for regular checkups during pregnancy were from families with monthly income between Rs. 4001- 6000. Remaining mothers were from families with monthly income between Rs. 6001 and above.

A significant association was found between the caste and income of family and regular checkups during pregnancy. The causes of disabilities are many like prenatal causes, which include age of the parents, diseases and discomforts experienced by the mother during pregnancy, kind of treatment, strenuous work done by the mother, irregular checkups during pregnancy, accident of the mother, emotional distress etc. (Sahay, 1995). According to National Family Health Survey (Anonymous 1999) the problem during pregnancy most commonly reported in Himachal Pradesh were excessive fatigue (46%), anemia (29%), blurred vision (21%) and swelling of the legs, body or face (21%).

Table 2. Percentage distribution of responses to regular checkups during pregnancy by caste and income of the family

Caste	Yes % (n)	No % (n)
SC	76.19 (16)	23.80 (5)
ST	33.33 (1)	66.67 (2)
General	80.76 (21)	19.23 (50)
Total	38	12
$\chi^2 = 3.30^{NS}$		
Income (in Rs.)		
Up to 2000	62.5 (10)	37.5 (6)
2001-4000	54.54 (6)	45.45 (5)
4001-6000	93.33 (14)	6.67 (1)
6001 and above	100.0 (8)	-
Total	38	12
$\chi^2 = 5.56^{NS}$		

NS- Non- significant

Effect of size of the family on strenuous work during pregnancy

Table 3 indicates that 50 per cent of the mothers who had done strenuous work during pregnancy were living in small families i.e. up to 3 members, 60 per cent of the mothers were living in medium size family and 25 per cent were living in large families.Chi- square analysis shows a significant association between the size of the family and strenuous work during pregnancy.

Table 3. Percentage distribution of responses to strenuous work during pregnancy by family size

Family size	Yes	No
Small < 3	50.0 (1)	50.0 (1)
Medium (4-6)	60.0 (12)	40.0 (8)
Large >7	25.0 (7)	75.0 (21)
Total	20	30
$\chi^2 = 8.95^{*}$		

* Significant at 5% level of significance, NS- Non- significant

Conclusion

Motherhood is the most beautiful feeling a mother can have on this universe. Health of the mother has been of great concern always for the nation as well for the world on the whole. Health and medical care during pregnancy is the most important subject of concern and it is essential for the mothers to go regular health check-ups so that the health of the mother as well of the child is well taken care of.

Recommendations

1. As per the findings of the study, there is need to strengthen the health programme at village/block level.
2. Regular health check-ups by the pregnant women is to be ensured by the village level workers.
3. There is also a need to start awareness camps for improving the nutritional status of the vulnerable group especially pregnant and lactating mother as well as the adolescents.

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