

A STUDY ON PSYCHOLOGICAL STRESS DURING PREGNANCY IN DISTRICT HOSPITAL CHAMARAJANAGARA

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Abstract

Stress including chronic strain perceived stress, perceived realism, and neighborhood or community stressors. All five of the studies on chronic strain, measured either in general or in specific forms such as homelessness severity or household strain, show effects on preterm birth. These are mostly retrospective or case control studies, but some involve controlled prospective analyses in larger samples of high-risk women. There are a few studies in the literature that used combined measures of stress to test effects on preterm birth overall, they are mixed in their findings about half show effects of unique composite indices on gestational age or preterm birth and the other half do not. For example, 130 pregnant women were followed throughout pregnancy with multiple measures of stress. This stress composite predicted earlier delivery as well as low birth weight with medical risk factors controlled, including smoking.

Keywords: Community, High-risk, Women, Pregnancy

INTRODUCTION

Stress for studying its contribution to adverse outcomes of pregnancy. Stress as any physiological threat (Staneva et al., 2015). Including physical strain, Exercise, Fasting or Sleep deprivation this is citation like (Cohen et al., 1995), (Lazarus & Folkman, 1984). In keeping with a lack of consensus on definitions, measures of measurement.

Pregnancy is a time of many changes, your body your emotion and the life of your family are changing (Hartnett et al., 2016). You may welcome these changes ,but they can add new stressors to your life feeling stressed is common during pregnancy but too much stress can make you uncomfortable.

High levels of stress that continue for a long time may cause health problems like high blood pressure and heart disease during pregnant, this type of stress can increase the chances of having a premature body (born before 37 weeks of pregnancy) or a low birth weight body (weighting less than 5 pounds) babies born too soon or too small are at increased risk for health problems (SARI, 2010).

Stress is associated with higher risk health related behaviors in adults in general, and there is some evidence that stress is a contributor to poorer health behavior in pregnancy (Bryan et al., 2017).

Significant evidence supports the premise that chronic psychological distress contributes to adverse pregnancy outcome, such as preterm birth. Plausible explanations include interactions between stress physiology and the normal physiology of pregnancy and birth, in addition to individual health behaviors and genomic makeup (Latendresse et al., 2013).

According to Gold & Marcus, (2008) Psychological distress adversely affects pregnancy outcomes and that inflammatory markers and placently produced corticotrophin-releasing hormone are likely mediating factors. The primary aim of the study was to explore the associations between maternal psychological distress Betts et al., 2015; Røsand et al., (2012) use of selective serotonin re-uptake inhibitors, placently produced corticotrophin-releasing hormone and maternal plasma inflammatory markers during pregnancy.

The study “psychological stress during pregnancy has a wide range of its multiple setting which includes hospital settings, community health settings, psychiatry and mental health settings, child health care (pediatric) settings, and maternal and child health care and it has extends its scope in the into the area of HIV/AIDS (ICTC, ART, Counsellings) (Nguyen et al., 2018).

Primarily the study has its scope is the hospital settings (Dunkel Schetter, 2011). The pregnant women is often required to visit the hospital for different kind of tests for both the mother and the child, to monitor the variation in the health condition of the child inside the mother she takes suggestion of the doctors and follows the treatment if she under goes any illness arising out of pregnancy so this study help the professionals to understand the mental stability of the women.

Almost all the women, during their pregnancy lives in their community with the family, it is also important to understand mentality of the family members towards the pregnant women .

RESEARCH METHODS

The research is a systematic method of exploring analyzing and conceptualizing social life in order to extent correct or verified knowledge . This chapter provides a systematic description of the methodological procedures adopted for the study and analyses the psychological stress during pregnancy in district hospital, Chamarajanagar. The methodology includes importance of the study, aim of the study, objectives of the study, research design, scope of the study, place of the study, universe of the study, inclusion and exclusion criteria, sampling method, source of data collection, tools of data collection, data processing, limitations of the study, and chapter wise scheme.

The purpose of the study is to analyses the effectiveness of psychological stress during pregnancy in district hospital, Chamarajanagar (with special reference to

psychiatric department, Chamarajanagar) (Dangour et al., 2012; Robertson et al., 2004) A detailed literature review contains that a number of research work dine on the psychological stress management during pregnancy Stults-Kolehmainen & Sinha, (2014). Play the vital role in district hospital because it will provide information to pregnancy stress about the needs of patient relating to their work and helps to make them effective patient (pregnancy).

The present study adopted simple random method to collect data from the respondents. 50 pregnancy women between the age ranges of 18-30 are taken for the study on questionnaire and schedule.

RESULT AND DISCUSSION

Interpretation means explanation or finding out of meaning. Oft includes drawing inference from analysis of data. Analysis and interpretation are closely interrelated. Analyzing of data stage that spares data analysis and the final step in which conclusion is draw and suggestion are made.

Table 1. Shows That Easily Irritable Respondent

Sl.No	Frequency	No. Of The Response	Percentage
1	Often	9	18
2	Sometime	10	20
3	Rarely	31	62
4	Total	50	100

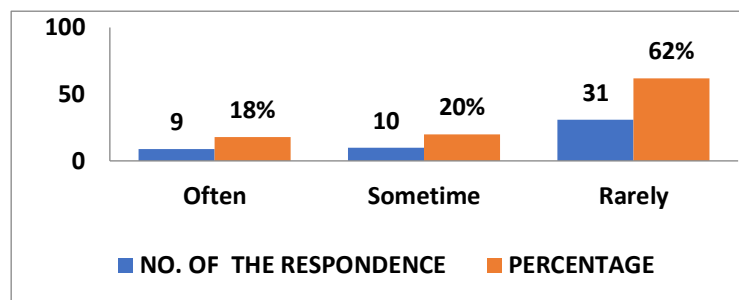


Figure 1. Easily Irritable Respondent

As seen in the above table easily irritable in pregnancy. Most often in 9(18%), sometime in 10 (02%) and rarely in 31(62%) which indicate that pregnancy women is easily irritate.

Table 2. Temper Easily

Sl.No	Frequency	No. Of The Response	Percentage
1	Often	4	8
2	Sometime	19	38
3	Rarely	27	54
	Total	50	100

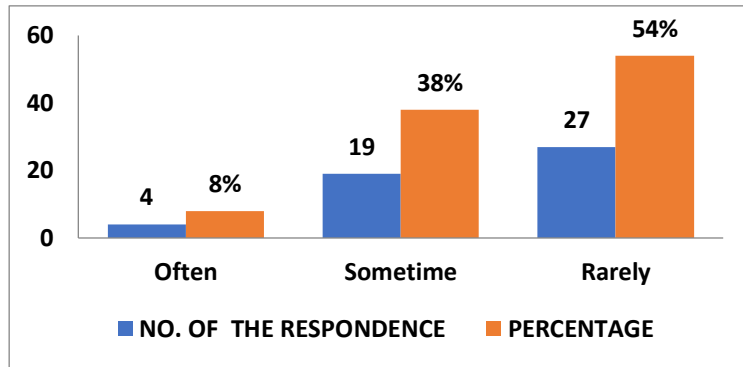


Figure 2. Analysis And Interpretation

Total 2 shows that pregnancy women responded lose your temper easily to often 4(8%) and sometime 19(38%) and rarely 27(54%). The results of the above findings indicate what they exhibit temper easily in sometime is more.

Table 3. Suffer from tension headaches

Sl.No	Frequency	No. Of The Response	Percentage
1	Often	12	24
2	Sometime	12	24
3	Rarely	26	52
4	Total	50	100

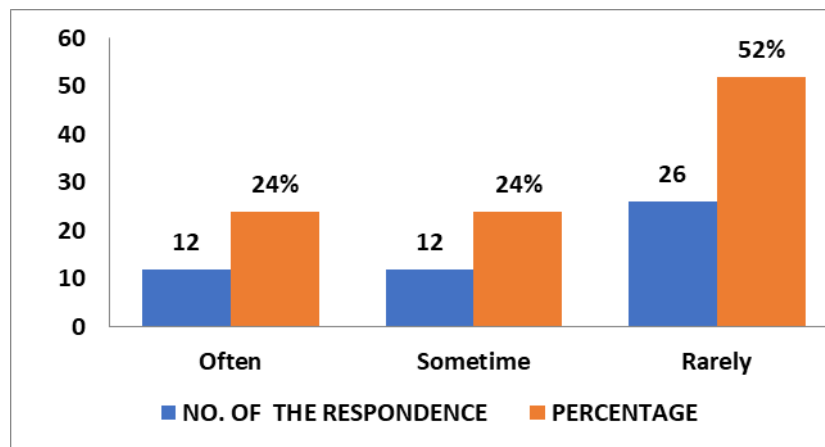


Figure 3. Analysis and interpretation

Above table indicate that pregnancy women suffer from tension headache most often in 12(24%), sometime 12(24%) and rarely in 26 (53%). Which indicate the pregnancy women suffer from tension headache is more.

Table 4. Feel Tired and Have No Energy

Sl.No	Frequency	No. Of The Response	Percentage
1	Often	6	12
2	Sometime	19	38
3	Rarely	25	50
	Total	50	100

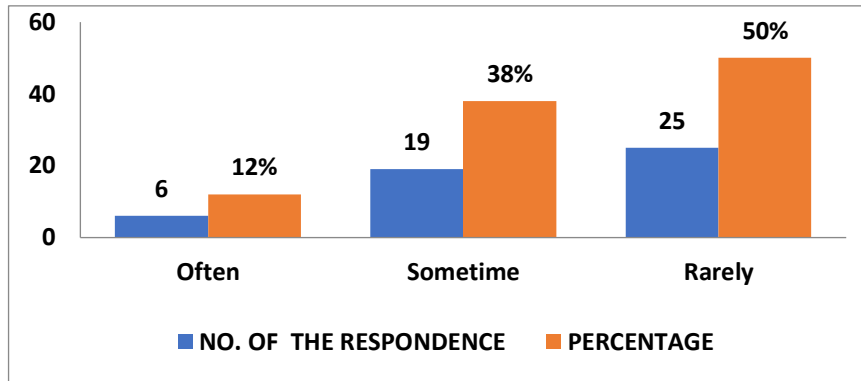


Figure 4. Tired and Have No Energy

Analysis and interpretation

Out of 50 pregnancy women 6 responded feel hence and have no energy in often, 19 responded sometime and 25 responded rarely, which indicate sometime they feel tired and have no energy is more.

Table 5. Very Dissatisfied With Your Pregnancies Life

Sl.No	Frequency	No. Of The Response	Percentage
1	Often	4	8
2	Sometime	8	16
3	Rarely	38	76
	Total	50	100

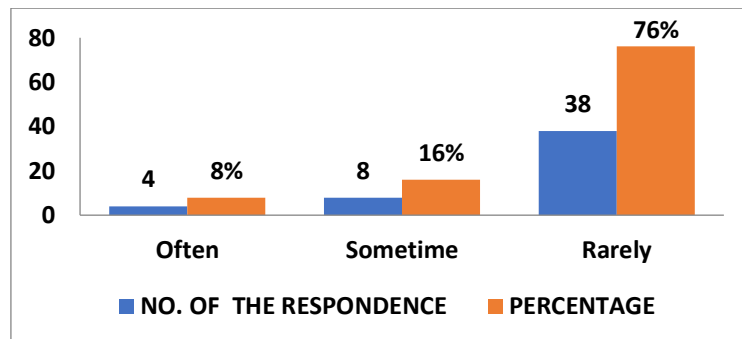


Figure 5. Very Dissatisfied With Your Pregnancies Life

Analysis and interpretation

As above table indicate that pregnancy women response their respondents to most often in 4(8%) and sometime 8(16%) and rarely 38(76%) to feel very dissatisfied with their pregnancy life which indicate that 7.6% of the pregnancy women exhibits their stress.

Table 6. Stopped Smiling Much

Sl.No	Frequency	No. Of The Response	Percentage
1	Often	8	16
2	Sometime	17	34
3	Rarely	25	50
4	Total	50	100

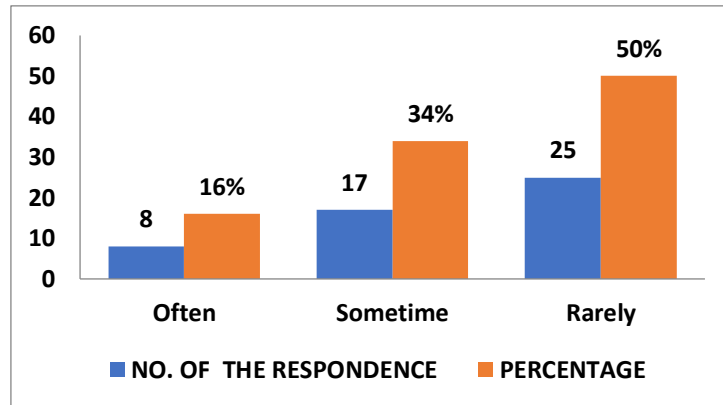


Figure 6. Stopped Smiling Much

Analysis and interpretation

Out of so responded 25 pregnancy women responded stopped smiling much to obtain is 8(16%) sometime 17(34%) and rarely to 25(50%) which results indicate the they stopped smiling much sometime is more than often.

Table 7. Fell Worry

Sl.No	Frequency	No. Of The Respondence	Percentage
1	Often	16	32
2	Sometime	16	32
3	Rarely	18	36
4	Total	50	100

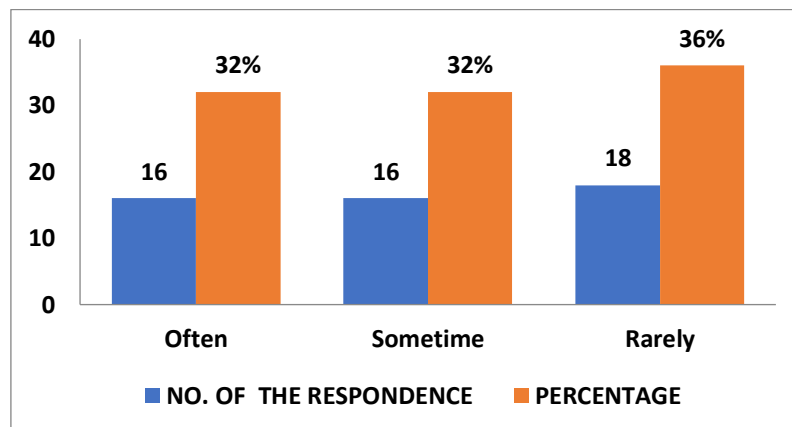


Figure 7. Fell Worry

Analysis and interpretation

As seen in the above table out of 50 pregnancy women 16 pregnancy women responded their response often, sometime of 16(32%) most of the pregnancy women exhibited the stress of worry.

Table 8. Unable to Relax

Sl.No	Frequency	No. Of The Responce	Percentage
1	Often	5	10
2	Sometime	23	46
3	Rarely	22	44
	Total	50	100

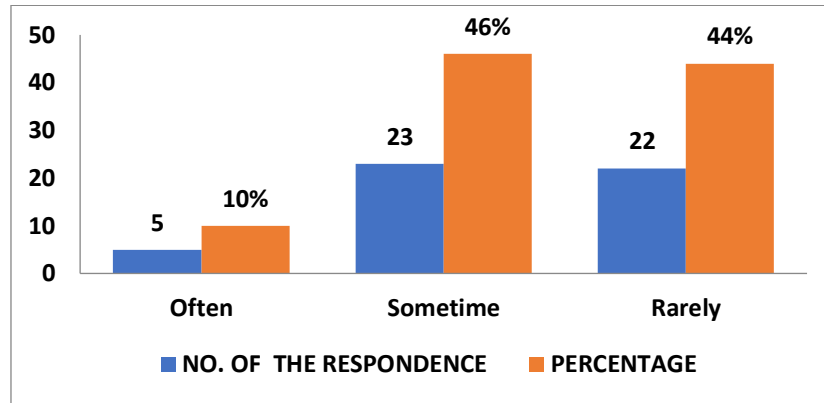


Figure 8. Unable to Relax

Analysis an interpretation

It is seen in the above table unable to relax during pregnancy often is 5(10%), sometime is 23(46%) and rarely is 22(44%). Which results shows that most of the responded response to sometime

Findings:

1. 38% Of the pregnant women responded warring too much about different things
2. Middle classes of pregnant women showed most stress then low and high
3. Second delivered pregnant women exhibited most stress than 1st pregnancy
4. 48% of the pregnant women worried more
5. 46% of the pregnant women have appétit problem.
6. 44% of responded there respond to the can't express their feeling to any one
7. 40% of patient responded their response to suffer from tension headache sometime
8. Little interest of pressuring doing things in 24%
9. 36% of pregnant women responded their response to easily irritable to sometimes
10. 16% of pregnant women showed stopped smiling much
11. When they relax them self-thinking about problem during pregnancy in 40%

CONCLUSION

Psychological stress adversary affrays during pregnancy psychological stress in generally believed to infancy pregnancy the stress may increase the risk of late fetal death in different ways result of the present study indicate that 52% of pregnant women exhibited moderate stress and 34% of pregnant women showed mild stress, only 14% exhibit sever stress. In 1st delivery they showed more stress compare to 2nd & 3rd delivery some study also suggest that during early they have more psychological stress. Economic stress also influence psychological stress in over parent study middle economic stress have more stress then other economic stress percentage of stress more in warring too much about different things followed by

worry appetite change can't express their feelings to anyone tension headache, little interest, easily irritable stopped smiling much.

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