

Research Article

Stress and Coping Mechanism Adopted by Primigravida Women Attending OPD at Maternity Hospital, Jammu and Kashmir

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A B S T R A C T

Background: Stress is common during pregnancy. But too much of stress can make pregnant women uncomfortable. Some types of stress may cause serious health problems, like high blood pressure, and lead to problems like premature. The more an individual adopts coping strategies, the less his or her stress, the better his or her mental health. The present study aimed to assess the level of stress and coping mechanism adopted by primigravida women.

Objectives: The objectives of the study were to assess the level of stress and coping mechanism adopted by the primigravida women, find the association of their stress and coping mechanism with selected demographic variables.

Methodology: A quantitative research approach with descriptive design was used. 100 primigravida women were selected by non-probability purposive sampling. Assessment of stress and coping mechanism was done by using a modified -structured PSS checklist and coping checklist respectively.

Results: Findings of the present study showed that majority of the study subjects (81%) had mild level of stress whereas, 17% of study subjects had moderate level of stress and very few (2%) had severe level of stress. Maximum of study subjects (60%) had average coping whereas, 38% had good coping and very few (2%) had poor coping. The (Mean±SD) for stress and coping mechanism of study subjects was 7.04±2.93 and 24.42±2.59 respectively.

Conclusion: Majority of the study subjects had mild level of stress during pregnancy. Findings also revealed that maximum of the study subjects had average coping which indicates they needed to be taught about the various coping strategies.

Keywords: Stress, Coping Mechanism, Primigravida Women

Introduction

Pregnancy can be a stressful time for expectant mothers. Pregnancy is a very crucial time when a woman feels insecurity and vulnerability. Psychologically healthy woman often finds pregnancy as a means of self-realization. Other women use pregnancy to diminish self-doubts about femininity or to reassure that they can function as women in the most basic sense. Still others view pregnancy negatively that they may fear childbirth or feel inadequate about mothering. At least one in ten mothers in all levels of society, and regardless of socioeconomic conditions experience clinical depression and/ or anxiety before and up to a year after child birth. Pregnancy is a special and joyful period of life. It is a time for great responsibilities and emotional attachment for the pregnant women. It is a period of enormous biological, psychological and social challenges for the mother to be and time of significant life change for women and their partners. It can however be a time of emotional and psychological disturbances when dealing with new demands. Studies have shown that antenatal period is a time of increased liability to mental disorders. The most common psychological problem during pregnancy and the post-partum period are stress and anxiety disorders.¹

On times of stress, an individual normally engages in certain coping strategies to handle the stressful situations and their associated emotions. The more an individual adopts coping strategies, the less his or her stress, the better his or her mental health.²

Coping is a specific efforts, both behavioral and psychological, that people employ to master, tolerate, reduce or minimize stressful events. Two general coping strategies have been distinguished: problem solving strategies are efforts to do something active to alleviate stressful circumstances, whereas, emotion focused coping strategies involve efforts to regulate the emotional consequences of stressful or potentially stressful events.³

Some studies are suggestive that stress in pregnancy can cause certain hormonal changes that can impede the growth of the baby or bring on preterm labor. This might mean a low birth weight baby born at term, or worse a preterm birth for some women. These studies point out that there are many factors to cause so, including socio-economic factors, health risks like smoking during pregnancy and others, but stress is definitely a factor. In one study it is revealed that women who rated their job stress as high had a higher miscarriage rate than others.⁴

A comparative study was conducted(2022)⁵ at IMS & SH (Institute of medical sciences and SUM Hospital) Bhubaneswar, Odisha India to assess and compare the

level of stress among primi women of rural and urban areas during antenatal period attending OPD on sample of 100 primigravida women. Results revealed that majority of the rural (84%) and urban (58%) women had moderate stress and remaining 16% (rural) and 42% (urban) had mild stress.

Femandes, Jose , Castelino, Prabhu, Kamath, Kurian, (2014)⁶ conducted comparative study on 60 pregnant women using purposive sampling technique at local hospitals of Udipi district Karnataka, India to assess the stress among working and non-working antenatal mothers. The stress was assessed using stress assessment scale. The results shows that 63% of working antenatal mothers felt that they had lack of strength, 67% of working and 50% of nonworking antenatal mothers complained of not getting adequate sleep at night, 50% of working antenatal mothers felt that they were lacking in socialization due to pregnancy. The t value showed that (p=0.007) there was significant difference between working and non-working antenatal mothers stress score.

Early assessment, screening and interventions are the most important factors for the positive outcome during antenatal, intranatal and postnatal period with regards to the health of mother and baby. Studies also highlight the effects of stress and anxiety on pregnant women and her baby. Fortunately, research is showing that lifestyle changes and stress-reduction can help people learn to manage their stress. Based on student researchers clinical experience over the years and the literature reviewed the researcher felt the need to assess the stress and coping among primigravida women.

Methodology

A quantitative research approach with descriptive design was selected to carry out this study. Permission was obtained from the concerned. Ethical clearance was obtained from Institutional Ethics Committee (IEC), to conduct the study on purposively selected 100 primigravida women attending antenatal OPD at Maternity Hospital SKIMS Soura. Permission was also obtained by taking informed consent individually from each primigravida women, prior to their inclusion as sample in the study. Privacy, confidentiality, and anonymity were being guarded.

Data was collected from 100 primigravida women attending OPD at maternity Hospital SKIMS from 10th May to 10th June 2022. Assessment of demographic data of study subjects was done through 10-itemmed questionnaire related to their age, educational status, occupation, type of family, place of resistance, economical support, monthly total family income, type of marriage, duration of married life, weeks of gestation. Assessment of stress among primigravida was done through 18-itemed

modified-structured PSS checklist and assessment of coping mechanism adopted by primigravida was done through 32-itemed modified structured coping checklist.

The stress score was categorized into various levels based on the criterion developed by Chanu Y L in (2013)¹¹ in their study. If the score was > 70% (> 13), it was considered Severe; if the score was 50-70% (10-13), it was considered moderate, and if the score was < 50% (0-9), it was considered mild. The coping mechanism was categorized into various levels based on the criterion developed by Chanu Y L in 2013 in their study. If the score was > 77% (> 25), it was considered good coping; if the score was 50-77% (17-25), it was considered average coping and if the score was < 50% (0-16), it was considered poor coping.

Results

The Statistical Package for Social Sciences (SPSS) software programme was used for data analysis. Frequency distributions were obtained and descriptive statistics were calculated. The findings of the present study showed that majority of the study subjects (79%) were in the age group of 20-30 years, 42% of the study subjects had Primary education, 88% of the study subjects were Housewives, 63% of the study subjects belonged to Joint family, 70% of the study subjects were from rural area, majority of study subjects (83%) are supported by Husband, 63% of the study subjects had arranged marriage, 59% of the study subjects are married since last one year, 56% of the study subjects had 20-28 weeks of gestation, 35% of the study subjects had Rs 10000-20000 monthly total family income as depicted in Table 1.

Stress Level among Primigravida Women

Majority of the study subjects (81%) had mild level of stress whereas, 17% of study subjects had moderate level

of stress and very few of the study subjects (2%) had severe level of stress as depicted in Table 2. The (Mean±SD) of stress of study subjects was 7.04±2.93 with a median of 7. The minimum score was 1 and maximum was 17 with a range of 16 Table 2.

Coping Mechanism Adopted by Primigravida Women

Maximum of study subjects (60%) had average coping whereas, 38% of study subjects had good coping and very few of the study subjects (2%) had poor coping. The (Mean±SD) of coping mechanism of study subjects was 24.42±2.587 with a median of 25. The minimum score was 16 and maximum was 28 with a range of 12 Table 3.

Association between Stress Level of Study Subjects and their Selected Demographic Variables

There was a significant association between the stress level of primigravida women and demographic variable i.e., weeks of gestation (p=0.026) while no significant association was found between the stress level and demographic variables like age (p=0.228), educational status (p=0.107), occupation (P=0.837), Type of family (p=0.108), economical support(p=0.654), type of marriage (P=0.806), duration of married life (p=0.450), monthly total family income (p=0.563), place of residence (p=0.580) Table 4.

Association between Coping Mechanism of Study Subjects and their Selected Demographic Variables

There was no significant association between coping mechanism of study subjects and demographic variables like age (p=0.400), educational status (p=0.058), occupation (P=0.578), Type of family(p=0.853), place of residence (p=0.379), economical support (p=0.748), monthly total family income (p=0.191), type of marriage (p=0.173), duration of married life (p=0.371), weeks of gestation (p=0.777) Table 5.

Table I. Frequency and Percentage Distribution of Study Subjects According to Demographic Variables

Variables	Opts	Frequency (f)	Percentage (%)
Age in years	< 20 years	10	10%
	20-30 years	79	79%
	31 years & above	11	11%
Educational status	No formal education	17	17%
	Primary education	42	42%
	Secondary education	20	20%
	Graduate & above	21	21%
Occupation	Housewife	88	88%
	Private employee	6	6%
	Govt. employee	6	6%
Type of family	Nuclear	37	37%
	Joint	63	63%

Place of Residence	Urban	30	30%
	Rural	70	70%
Economical support	Self	13	13%
	Husband	82	82%
	Parent	5	5%
Monthly total family income	Rs 10000-20000	35	35%
	Rs 21000-30000	31	31%
	Rs 31000-40000	15	15%
	Rs 41000- and above	19	19%
Type of marriage No. of Children	Arranged marriage	68	68%
	Love marriage	32	32%
Duration of married life	Below 1 year	59	59%
	1-3 years	33	33%
	4-5 years	6	6%
	Above 5 years	2	2%
Weeks of gestation	< 20 weeks	15	15%
	20-28 weeks	56	56%
	29-36 weeks	21	21%
	> 36 weeks	8	8%

Table 2. Frequency and Percentage Distribution of Stress Level of Study Subjects during, N = 100

Level of Stress	Frequency (f)	Percentage (%)
Severe stress (14-18)	2	2%
Moderate stress (10-13)	17	17%
Mild stress (0-9)	81	81%

Table 3. Table Showing Association of Stress Scores and Demographic Variables, N = 100

Demographic Variables		Level of Stress			Association With Stress Score				
Variable	Categories	Severe Stress	Moderate Stress	Mild Stress	Chi Test	P-value	df	Table Value	Result
Age In Years	< 20 years	1	0	9	5.642	0.228	4	9.488	NS
	20-30 years	1	15	63					
	31 years & above	0	2	9					
Educational Status	No formal education	2	3	12	10.454	0.107	6	12.592	NS
	Primary education	0	6	36					
	Secondary Education	0	4	16					
	Graduate and above	0	4	17					
Occupation	Housewife	2	14	72	1.440	0.837	4	9.488	NS
	Private employee	0	2	4					
	Govt. Employee	0	1	5					

Type of Family	Nuclear	1	10	26	4.453	0.108	2	5.991	NS
	Joint	1	7	55					
Economical Support	Self	0	4	9	2.446	0.654	4	9.488	NS
	Husband	2	12	68					
	Parent	0	1	4					
Type of Marriage	Arranged marriage	1	11	56	0.431	0.806	2	5.991	NS
	Love marriage	1	6	25					
Duration of Married Life	Below 1 year	2	8	49	5.767	0.450	6	12.592	NS
	1-3 years	0	8	25					
	4-5 years	0	0	6					
	Above 5 years	0	1	1					
Weeks of Gestation	< 20 weeks	2	2	11	14.325	0.026*	6	12.592	S
	20-28 weeks	0	8	48					
	29-36 weeks	0	4	17					
	> 36 weeks	0	3	5					
Monthly Total Family Income	Rs 10000-Rs 20000	1	7	27	4.853	0.563	6	12.592	NS
	Rs 21000-Rs 30000	1	6	24					
	Rs 31000-Rs 40000	0	0	15					
	Rs 41000 & Above	0	4	15					
Place of Residence	Urban	0	6	24	1.089	0.580	2	5.991	NS

Table 4. Frequency and Percentage Distribution of Coping Mechanism of Study Subjects during Pregnancy, N = 100

Coping Mechanism	Percentage	Frequency
Good Coping (26-32)	38.0%	38
Average Coping (17-15)	60.0%	60
Poor Coping (0-16)	2.0%	2

Table 5. Association of Coping Mechanism with Demographic Variables, N= 100

Demographic Variables		Coping level			Association with Coping Score				
Variable	Categories	Good Coping	Average Coping	Poor Coping	Chi Test	P Value	df	Table Value	Result
Age In Years	< 20 years	3	7	0	4.043	0.400	4	9.488	NS
	20-30 years	32	46	1					
	31 years & above	3	7	1					

Educational Status	No formal education	3	13	1	12.192	0.058	6	12.592	NS
	No formal education	17	25	0					
	Secondary Education	5	14	1					
	Secondary Education	13	8	0					
Occupation	Housewife	31	55	2	2.878	0.578	4	9.488	NS
	Private employee	3	3	0					
	Govt. Employee	4	2	0					
Type of Family	Nuclear	13	23	1	0.318	0.853	2	5.991	NS
	Joint	25	37	1					
Economical Support	Self	7	6	0	1.934	0.748	4	9.488	NS
	Husband	29	51	2					
	Parent	2	3	0					
Type of Marriage	Arranged marriage	22	44	2	3.509	0.173	2	5.991	NS
	Love marriage	16	16	0					
Duration of Married Life	Below 1 year	28	30	1	6.482	0.371	6	12.592	NS
	Below 1 year	8	24	1					
	4-5 years	2	4	0					
	Above 5 years	0	2	0					
Weeks of Gestation	< 20 weeks	7	8	0	3.251	0.777	6	12.592	NS
	20- 28 weeks	18	36	2					
	29 - 36 weeks	9	12	0					
	> 36 weeks	4	4	0					
Monthly Total Family Income	Rs 10000-Rs 20000	10	23	2	8.703	0.191	6	12.592	NS
	Rs 21000-Rs 30000	10	21	0					
	Rs 31000-Rs 40000	7	8	0					
	Rs 41000 & Above	11	8	0					
Place of Residence	Urban	14	15	1	1.942	0.379	2	5.991	NS
	Rural	24	45	1					

Discussion

The present study was undertaken to assess the level of stress and coping mechanism adopted by primigravida women attending antenatal OPD SKIMS Soura. Data was collected by using modified structured interview schedule checklist from 100 study subjects. The findings of the study are discussed in reference to objectives and hypothesis stated.

In the present study, it was found that out of 100 study subjects majority of the study subjects (79%) were in the age group of 20- 30 years, almost equal number of study subjects (11%) were among the age group of 31 years and above and < 20 years (10%), maximum of study subjects (42%) had Primary education, almost equal number of study subjects were graduate and above (21%), had secondary education (20%) and 17% had No

formal education , majority of study subjects (88%) were Housewives, equal number of study subjects (6%) were Private employee and Govt. employee, maximum number of the study subjects (63%) belonged to Joint family and 37% of the subjects belonged to Nuclear family, majority of the study subjects (70%) were from rural area and 30% of the study subjects were from urban area, majority of study subjects (83%) are supported by their Husband, 13% of the study subjects are self supported, and 5% of the study subjects are supported by their parents, maximum number of the study subjects (63%) had arranged marriage and 32% of the study subjects had love marriage, regarding duration of married life the study showed that maximum number of study subjects (59%) are married since last one year, 33% of the study subjects had duration of 1-3 years, 6% of study subjects had duration of 4-5 years and a very few of study subjects (2%) had duration of above 5

years, maximum of study subjects (56%) had 20-28 weeks of gestation, almost equal number of study subjects (21%) had 29-36 weeks of gestation, 15% of the study subjects had < 20 weeks of gestation and few of study subjects (8%) had > 36 weeks of gestation, maximum of the study subjects (35%) had Rs 10000 -20000 monthly total family income, 31% of the study subjects had Rs 21000-30000 monthly total family income, almost equal number of the study subjects (19%) had Rs 41000 and above monthly total family income and 15% of the study subjects had Rs 31000-40000 monthly total family income.

The study was supported by a research study conducted by Chanu (2013)⁸ on primigravida mothers in Selected Maternity Hospitals of Bangalore, Karnataka who assessed the level of stress and coping mechanism adopted by Primigravida mothers. The findings revealed that maximum of the primigravida women (56%) were in the age group of 22-25 years whereas 15% of the primigravida mothers were in the age group of 26-29 years, 5% of the primigravida mothers were aged above 30 years and 4% of the primigravida mothers were in the age group of 18-21 years. Maximum of the primigravida mothers (55%) were housewives whereas 31% of the primigravida mothers were private employee, 7% of the primigravida mothers were coolie/Laborer and 7% of them were government employees. majority of the primigravida mothers (84%) had arranged marriage and 16% of the primigravida mothers had love marriage. Regarding duration of marriage maximum of the primigravida mothers (57%) are married since last 1-2 years of married life whereas 23% of the primigravida mothers had duration of 3-4 years, and 7% of the primigravida mothers had duration of 5 years and above. Maximum of the primigravida mothers (58%) were in second trimester, 33% of the primigravida mothers were in 1st trimester (0-12 weeks) and 9% of the primigravida mothers were in the period of 3rd trimester (29-40 weeks). Maximum of the primigravida mothers (43%) were graduate, 36% of the primigravida mothers had secondary education (12%) had primary education and 9% of the primigravida mothers were illiterate, 54% of the primigravida mothers belonged to nuclear family and 46% of primigravida mothers belonged to joint family. Maximum of the primigravida mothers (51%) were supported by their husband 45% of primigravida were self supported, 4% of the primigravida mothers were supported by their parents and none of them have taken loan.

Majority of the study subjects (81%) had mild level of stress whereas, 17% of the study subjects had moderate level of stress and very few of the study subjects (2%) had severe level of stress during pregnancy. Majority of study subjects (60%) had average coping whereas, 38% of study subjects had good coping and very few of study subjects (2%) had poor coping.

Findings of the study were supported by a research study conducted by Devi, Chanu (2020)⁷ who assessed the level of stress and coping mechanism adopted by primigravida mothers during pregnancy attending OPD at Sri Krishna Sevashrama Hospitals, Bangalore. 100 primigravida women who met the inclusion criteria were included in the study. Results revealed that 70% of the primigravida mothers had moderate level of stress. 18% of the primigravida mothers had severe level of stress and 12% of the primigravida mothers had mild level of stress. Results revealed that 68% of study subjects had moderate coping, 19% of study subjects had good coping and 13% of study subjects had poor coping.

Results revealed that 68% of study subjects had moderate coping, 19% of study subjects had good coping and 13% of study subjects had poor coping.

The findings of the study showed that the stress level of subjects had no association with demographic variables i.e., Age, Educational status, Occupation, Type of family, place of residence, Economical support, Monthly total family income, Type of marriage, Duration of married life and had an association with weeks of gestation.

These findings are supported by a research conducted by Chanu (2013)⁸ in Selected Maternity of Bangalore who assessed the level of stress and coping mechanism adopted by primigravida women and find association with demographic variables. Findings revealed that there was no significant association between Age ($P>0.45$), Educational status ($p>0.56$), occupation ($p>0.37$), type of family ($p>0.70$), Economical support ($p>0.54$), Type of marriage ($p>0.43$).

The findings of the study showed that the coping mechanism of study subjects had no association with demographic variables i.e., Age, Educational status, Occupation, Type of family, place of residence, economical support, monthly total family income Type of marriage, Duration of married life, weeks of gestation.

These findings are supported by a research conducted by Chanu (2013)⁸ in Selected Maternity of Bangalore who assessed the level of stress and coping mechanism adopted by primigravida women and find association with demographic variables. Findings revealed that the obtained value are less than the table value so there was no significant association between coping mechanism and duration of pregnancy ($P>0.45$), Educational status ($p>0.150$), occupation ($p>0.259$), types of family ($p>0.295$), Economical support ($p>0.23$), Type of marriage ($p>0.47$).

Conclusion

The study concluded that majority of the study subjects had mild level of stress during pregnancy which indicates study subjects had good coping. Findings also revealed

maximum of the study subjects had average coping they needed to be taught about the various coping strategies.

There was no significant association of stress level of study subjects with age, educational status, occupation, Type of family, Place of Residence, economical support, type of marriage, duration of married life, income which indicates these variables probably do not affect stress level of study subjects.

There was significant association of stress level of study subjects with weeks of gestation which indicates that weeks of gestation probably affects stress level of study subjects.

There was no significance association of coping mechanism study subjects with age, educational status, occupation, Type of family, Place of Residence, economical support, type of marriage, duration of married life, weeks of gestation, income which indicates that these variables probably do not affect coping mechanism of study subjects.

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