



## A comparative study to assess the stress and coping strategies among employed and home-based antenatal mothers of selected urban areas at Bangalore

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**Abstract:** Every individual will experience stress, if any event has been occurred in an imbalance manner, which disrupts equilibrium state. Pregnancy can be stressful as women face a barrage of tests financial worries and Uncertainties about what child birth and motherhood will bring. A women's experience of pregnancy and childbirth will most likely affect her role as a mother, her perceptions of the child and herself, and her relationship with her partner. **Objectives:** To assess the level of stress among the employed and home-based antenatal mother and to identify the coping strategies followed by employed and home-based antenatal mothers and to correlate the stress and coping strategies among the employed and home-based antenatal mothers. **Methodology:** A comparative study to assess the stress and coping strategies among the employed and home based antenatal mothers. Settings are urban areas of Bangalore. Samples are employed and home-based antenatal mothers. Data collection period of 6 weeks. Sample size 50 employed and 50 home-based antenatal mothers. Samples were selected by using convenient sampling technique. The tool used for the data collection was structured interview schedule. **Results:** there was a significant level of stress on various factors among employed and home based antenatal mothers. **Conclusion:** The 't' test was computed between stress and coping scores indicate there was no significance between the correlation of stress and coping in employed antenatal mothers and home based antenatal mothers. **Key words:** Stress, Coping Strategies, Employed antenatal mother, Home-based antenatal mother.

**Introduction:** Every individual will experience stress, if any event has been occurred in an imbalance manner, which disrupts equilibrium state.

Stress is defined as nonspecific response of the body to any demand made upon individual (Selye, 1976). The stress may cause from variety of sources. According to Selye, defines stress as the non-specific response of the body to any demand regardless of its nature. This response included a series of physiological reactions that he labeled as GAS (General Adoption Syndrome).

Stress can be measured by identifying and evaluating the cause of the stress by studying the behavioral reasons as a homogeneous group to discuss stressors, and by identifying commonalities between descriptions of feelings indexed by stressors in interview or questionnaire (David, 1979).

According to Lazarus and Folk man defines coping as constantly changing cognitive and behavioral efforts used to manage specific external and internal demands that are appraised as taxing or exceeding the resources of the person. Emotion



focused coping is aimed at reducing emotional distress and maintaining a satisfactory internal state for processing information and action.

It is acknowledged that many women in paid employment have two jobs, one in the workplace and another home making, and they face management of both roles. This duality of roles for the formally employed women is fast evolving into a triadic model. The components of this model are the reproductive role of being a wife and a mother. The career role of formal employment and the community role of having to respond to social demands from extended family members and people in the larger community.

In a healthy psychological response, home-based pregnant women would adjust to the stress, multiple bodily and psychological changes and develop effective coping strategies and attitudes. In contrast, employed pregnant women with additional stress may have negative experiences such as irritable mood, anxiety that correlated to foetal adverse effect, for example, foetal bradycardia, low birth weight, poor foetal growth and development, increased rate of Cesarean section and neurobehavioral problems after birth. Certainly, stressful pregnant women tend to be unhappy mothers and, consequently, lead to inadequacy in the way of child rearing. Therefore, several researches were interested in studying the prevalence and related factors of stress and coping strategies among pregnant mothers of home-based and employed.

**Need for study:** Pregnancy is a special time for a woman and her family, it is a time of many changes in a pregnant woman's body, in her emotions, and in the life of her family, these changes often add new stresses to the lives of busy pregnant women who already face

many demands at home and at work.

Pregnancy is a crisis in the human life cycle as an important turning point in aspects of anatomical, physiological and psychosocial changes. An unhappy pregnancy could influence the foetal growth and development and sense of maternal competence as well as bonding with the fetus, which profoundly affect the nurture of the infant after delivery.

However, when stress builds up to uncomfortable levels, it can be harmful for pregnant women or anyone else. In short, a high level of stress can cause fatigue, sleeplessness, anxiety, poor appetite or overeating, headaches. When a high level of stress continues for a long period, it can contribute potentially to serious health problems, such as lowered resistance to infectious diseases, high blood pressure and heart disease. This study also suggests 'that high levels of stress may pose special risks during pregnancy.

In addition, many pregnant women and their partners worry about the health of their baby, their ability to cope with labor and delivery, and their ability to become good parents. Added, financial responsibilities are another common source of stress, especially if the parents anticipate a reduction in income whether brief or long-term after the baby is born. All of these worries can be magnified if there is a high-risk pregnancy, in which the pregnant woman must leave her job early and, possibly, significantly reduce her activity or stay in bed for an extended period of time.

The effect of stress and fatigue related to work or home environment and the increased risk of antenatal morbidity of working mothers during pregnancy and the mechanism of these effects are



unclear. It is important for health care professionals, family members, and employers to recognize stress as real problem during pregnancy and the potential negative impact of adverse working condition on pregnancy period.

Effects of working of mother in pregnancy associated with, stressful events, anxiety, Depression, low levels of social support and adverse pregnancy outcomes.

Many researchers identified that among others, workload is a major cause of stress to antenatal mothers. Based on various research studies and findings, investigator need to conduct a comparative study to assess stress and coping strategies, among employed and home-based antenatal mothers.

**Statement of problem:** “A comparative study to assess the stress and coping strategies among Employed and home-based antenatal mothers of selected urban areas at Bangalore”.

**Objectives of study:**

1. To assess the level of stress among the employed antenatal mother.
2. To assess the level of stress among the home-based antenatal mothers.
3. To identify the coping strategies followed by employed antenatal mothers.
4. To identify the coping strategies followed by home-based antenatal mothers.
5. To correlate the stress and coping strategies among the employed and home-based antenatal mothers.
6. To find out association between stress and coping strategies with the selected demographic variables of the employed and home-based antenatal mothers.

**HYPOTHESIS:** Antenatal mother’s stress and coping strategies have greater impact on foetal

growth.

There will be differential levels of stress among the employed and home-based antenatal mothers.

There will be differential levels of coping strategies among the employed and home-based antenatal mothers.

There will be a significant association between the levels of stress and coping Strategies of antenatal mothers with their selected demographic variables.

**Operational Definitions:**

**Stress:** It is referred as role strain of employed and home-based antenatal mothers to meet the activities of daily living.

**Coping Strategies:** Refers to the adopting for the achievement of a satisfactory existence in relation to functional capacity during antenatal period as an employee and home-based mother.

**Antenatal Mothers:** Refers to the women’s who were conceived, who will meet the needs and promotes adaptive behavior of pregnancy.

**Employed Antenatal Mothers:** Refers to the women’s who were conceived, who will meet the needs and promotes adaptive behavior of being a housewife as well as an employee.

**Home-Based Antenatal Mothers:** Refers to the women’s who were conceived, who will meet the needs and promotes adaptive behavior of being a housewife.

**Assumptions:** Stress and coping strategies among the employed and home-based antenatal mothers will be varied.

**Delimitations:**

1. The study was delimited to the antenatal mothers.
2. The data collection period was delimited to four weeks only.



## METHODOLOGY:

**Source of data:** Data was collected from the employed and home-based antenatal mothers at selected urban areas of Bangalore.

**Research design:** As the researcher intended to assess the stress and coping strategies among employed and home-based antenatal mothers, the comparative survey design is used.

**Setting:** The study was conducted from antenatal mothers residing at selected urban areas at Bangalore.

**Population:** Antenatal mothers who are residing at selected urban areas at Bangalore.

**Sampling technique:** Convenient sampling technique was used to select the sample.

**Sample size:** 50 samples were selected from each group based on the prescribed criteria.

### **Inclusion criteria for sampling:**

1. Both employed and home-based antenatal mothers.
2. Antenatal mothers who were willing to participate in the study.
3. Antenatal mothers who were able to communicate in Kannada and English.

### **Exclusion criteria for sampling**

1. Mothers who are not pregnant.
2. Antenatal mothers not willing to participate in the study.

### **Development and Description of Tool**

**Part-I:** Deals with demographic characteristics of employed and home-based antenatal mothers.

**Part-II:** The structured questionnaire which consisted of questions related to information regarding level of stress regarding the following areas.

- a) Physical factors - 9 items
- b) Anticipatory factors - 7 items
- c) Social factor - 8 items

d) Environmental factors - 8 items

e) Psychological factors - 6 items

f) Economical factors - 7 items

The verbal response of antenatal mother was recorded as level of stress ranging from “LOW STRESS” to “SEVERE STRESS”. There were 45 items measuring the level of stress.

**Results and discussion:** Maximum mean stress score among employed antenatal mothers were reported 76.04(SD-5.257) among home based antenatal were reported 45.58(SD-3.004). The mean stress score among employed antenatal mothers were (76.04) higher than the mean stress score among home based antenatal mothers (45.58).

The obtained t-value,  $t=35.575(p<0.01)$  were significant regarding physical, anticipatory, social, environmental, psychological, economic factors. However the t value,  $t=35.575(p<0.01)$  was significant regarding stress factors.

It was inferred that there was significant levels of stress on various factors among employed and home based antenatal mothers.

Maximum mean coping score among employed antenatal mothers were reported 48.76(SD-2.200) among home based antenatal were reported 48.84(SD-3.819).The mean coping score among employed antenatal mothers and home based antenatal mothers are not having any significance.

The obtained t-value,  $t=0.128(p=0.0898)$  were not significant regarding physical, anticipatory, social, environmental, psychological, economic factors coping. However the t value,  $t=0.128(p=0.0898)$  was not significant regarding coping of stress factors.



It was inferred that there was no significant levels of coping on various stress factors among employed and home based antenatal mothers.

**Discussion:** Stress level of 50 employed and 50 home based were assessed by using structured interview schedule (stress scale) and the findings revealed that among 50 employed and 50 home based antenatal mothers 0% mothers are in group of No stress, among 50 employed antenatal mothers 0% and 50 home based antenatal mothers 98% mothers having Moderate stress, among 50 employed antenatal mothers 100% and 50 home based antenatal mothers 2% mothers having Severe stress.

Coping level of 50 employed and 50 home based were assessed by using likerts scale and the findings revealed that among 50 employed and 50 home based antenatal mothers 0% mothers are having poor coping levels, among 50 employed antenatal mothers and 50 home based antenatal mothers 0% mothers having good coping levels, among 50 employed antenatal mothers 100% and 50 home based antenatal mothers 100% mothers having better coping levels.

The mean percentage stress score in the employed antenatal mothers is 76.04 and in the home based antenatal mothers is 45.58 , standard deviation in employed antenatal mothers is 5.257 and in the home based antenatal mothers is 3.004, Mean percentage in the employed antenatal mothers is 84.49% and in the home based antenatal mothers is 50.64%.

The mean percentage coping score in the employed antenatal mothers is 48.76 and in the home based antenatal mothers is 48.84, standard deviation

in employed antenatal mothers is 2.200 and in the home based antenatal mothers is 3.819, Mean percentage in the employed antenatal mothers is 81.27% and in the home based antenatal mothers is 81.40%.

Chi-square (2) was computed to find out the association between selected demographic variables and stress among employed and home based antenatal mothers and association between selected demographic variables and coping among employed and home based antenatal mothers.

This showed that there is positive significant association with income of the family and source of information and there is no significant association with other demographic variables with stress and coping scores.

On the whole, carrying out the present study was really an enriching experience for the investigator. It also helped a great deal to explore and improve the knowledge of the research and the respondents. The constant encouragement and correction by the guide, co-operation and interest of respondents to participate in the study contributed to the fruitful completion of the study.

**Conclusion:** The study attempted to assess the stress and coping strategies among the employed and home based antenatal mothers of selected urban areas at Bangalore. The following conclusions were drawn on the basis of the findings of the study. The findings of the stress levels showed that among 50 employed and 50 home based antenatal mothers 0% employed and 98% home based antenatal mothers were having Moderate stress, among 50 employed and 50 home based antenatal mothers 100% employed and 2%



home based mothers having severe stress. The findings of the coping levels showed that among 50 employed antenatal mothers and 50 home based antenatal mothers no mothers are having Poor and Good coping levels, and 100% of employed and home based mothers having better coping levels.

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