

A Study of Stress & Anxiety in Pregnant Women: With Special Reference to their HIV Test

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ABSTRACT

The present study aimed to determine the difference of stress as well as anxiety among pregnant women in different age group with special reference to their HIV test. The present study recruited a sample of sixty pregnant women (30 pregnant women below 25 years and 30 pregnant women more than 35 years of age). All the participants were administered the stress measurement inventory and the anxiety scale. To obtained data were analyzed the interpreted using statistical tool such as men, standard deviation and the t-test. The results of the present study observed that there was no significant difference in stress as well as anxiety level of pregnant women before their HIV test. Both groups of pregnant women (age group of below 25 and more than 35 years of age) do not differ statistically significant on their level of stress as well as level of anxiety.

Keywords: *HIV-AIDS, HIV test, pregnant women, stress, anxiety*

The problem of HIV/AIDS is not only for underdeveloped countries but developing and developed countries are also faced this problem. Pregnancy is generally viewed as a common and positive event. Prior to 1994 there were few if any interventions known to reduce the risk of prenatal HIV transmission? However in 1994 the results of on American clinical trial known as ACTG 076 demonstrated that AZT administered to HIV positive pregnant women and to their children directly after birth could lower the rate of transmission from 25% to approximately 8%. Recent results appear to indicate that the actual rate of transmission can as low as 35% in many cases. These results are based on AZT administered to the woman during pregnancy, labour and delivery and to the newborn for the first six weeks of the life.

According to Selye (1956) any external event or internal drive which threatens to upset the orgasmic equilibrium is stress. Anxiety: 'A state of heightened emotional arousal containing a feeling of apprehension or dread like fear the subject feels threatened. Unlike fear, the subject

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often perceives the source of the threat in vague or poorly defined terms.' 'Anxiety is a physiological state characterized by cognitive, somatic emotional and behavioral components.' Anxiety / stress disorders are a group of mental disorders.

HIV is the virus that causes acquired immunodeficiency syndrome (AIDS) many women who have HIV do not know they are infected because it is possible to have HIV for years and not know it or not feel sick. A pregnant women need to HIV testing. If she has HIV in order to help for her and to reduce the risk of transmitting the infection to her baby. About 0.2% (2of every 1000 women) of pregnant women are HIV positive of them about 1/3 (one out of every three) will pass the virus to their baby before it is born if no treatment is given. This is because the virus can cross to the baby from the mother's blood stream through the placenta as early as a woman's 8th week of pregnancy.

Stress is an inescapable part of modern life. Maternal stress affects the developing child before and after the birth. Before birth, severe and persistent glandular imbalance due to stress may result in irregularities in the developing child and complications are greater because the infant must often be delivered by instruments. Anxiety disorder is more likely to affect women than men and women who are pregnant are not excluded. In fact symptoms can develop or worsen during or after pregnancy though in some cases women notice fewer symptoms while pregnant. Pregnant women experience a range of physical and emotional changes all of which may trigger anxiety. Researchers looked at the rates of detection and treatment of maternal anxiety by obstetricians during pregnancy and at six weeks postpartum. A further study focused on mothers older than 35, Lampine vehvilainem kanlkkunen (2009) from Finland, reviewed women' altitude to the risk associated with pregnancy, in this maternal age group. They write, Being at risk (due to age) causes anxiety and concern which older pregnant women try to ease by preparing themselves for pregnancy and seeking information they receive can cause more anxiety rather than alleviate their concerns. Stress & anxiety during pregnancy has been associated with-increased risk of miscarriage, shorter gestation and higher incidence of preterm birth, smaller birth weight and length. The that maternal stress and anxiety during, pregnancy can have both immediate and long term effects on mother's (her) offspring.

HIV testing can be an emotional, stressful and anxious experience particularly for pregnant women. HIV testing was beneficial because it could help protect their babies from HIV infection. Routine testing does means that some woman will receive their diagnosis in pregnancy. For a newly diagnosed pregnant woman her HIV diagnosis is likely to be shocking and will provoke stress and anxiety. She will have concerns about her health, the health of her baby and the HIV status of her husband. To date insufficient studies have been conducted on the association between stress and anxiety during pregnancy and particular before HIV /AIDS test. Therefore the present study aims to reveal the difference of stress & anxiety among present women researching to their HIV test.

OBJECTIVES:

- To study and compare the stress in pregnant women regarding to HIV test.
- To study and compare the anxiety in pregnant women regarding to HIV test.

Hypotheses:

- There is no significant difference in stress level of pregnant women before their HIV test.
- There is no significant difference in anxiety level of pregnant women before their HIV test.

Procedure and participants:-

The present research recruited a sample of sixty participant's pregnant women. They come to different private clinics of Junagadh for their prenatal checkup. The present research conducted on a sample of sixty pregnant women among them thirty was below 25 years of age and thirty were more than 35 years of age. In the present sample included only those who had undergone pregnancy and were referred to HIV testing. Before their HIV testing the investigator requested them to participate in the study. The researcher used self administered questionnaires for collecting data. The questionnaires were given to pregnant women and they were requested to fill up them as per the instructions. No name were written on the questionnaires. Anonymity was maintained and participants were guaranteed confidentiality.

Measures:-

Following tools were used to collect the information.

Personal data sheet developed by investigator was used to collect some necessary information. To measure anxiety, Beck Anxiety Inventory was use. To measure stress, the stress measurement inventory developed by Bhatt was used. This inventory consists of 40 items. The reliability & validity to the test is 0.91 & 0.87.

Data analysis:-

The data obtained from the sample of sixty pregnant women were scored and analyzed. The analysis involved with mean, SD and t-test.

RESULTS AND DISCUSSION:

The main purpose of the present study to examine the difference in stress as well as anxiety level of pregnant women regarding to their HIV test. For that purpose sixty pregnant women (age group of below 25 and more than 35 age) voluntarily participating in the present study. The following interpretation was made on the responses of sixty pregnant women with different age group. Ho-1, "there is no significant difference in stress level of pregnant women before their HIV test". The t-test was used to compare the score of stress of below 25 years and more than 35 years of age of pregnant women. The mean values of stress obtained by more than 35 years and below 25 years pregnant women's were 103.17 and 100.89 and the t-value was 1.17 which was not significant at 0.05 level of significance. The results indicated that there was

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statistically no significant difference on stress score of pregnant women. Therefore the null hypothesis was accepted and it clearly indicated that no significant difference was observed between comparative groups of pregnant women on their level of stress regarding to their HIV test.

Table-1, Mean, standard Deviation and t-test results comparing the pregnant women on stress.

Pregnant women age group	No.	Mean	S.D.	t-value	Sig.
More than 35	30	103.17	8.07	1.17	NS
Below 25	30	100.89	6.92		

Table-2, Mean, standard Deviation and t-test results comparing the pregnant women on anxiety.

Pregnant women age group	No.	Mean	S.D.	t-value	Sig.
More than 35	30	33.16	8.9	1.3	NS
Below 25	30	29.78	10.6		

The above table-2 indicates that there is no significant difference in the level of anxiety scores between the age group of below 25 and more than 35 years group of pregnant women. Therefore the null hypothesis: “there is no significant difference in anxiety level of pregnant women before their HIV test”. It also accepted from table-2 it is observed that the mean value of anxiety score of more than 35 years age group pregnant women is 33.16 and below 25 years of age pregnant women is 29.78 and as the t-value (1.3) it found to be not significant. Thus it clearly indicates that the regarding the HIV test of pregnant women with different age group do not statistically significantly differ on their level of anxiety scores. Stress / anxiety during pregnancy can have long term effects on the unborn child. HIV testing is recommended for all pregnant women. HIV can be passed from a mother to her baby during pregnancy, at delivery or during breast feeding. Mother’s level of stress and anxiety may impact her baby. When a pregnant woman is stressed and experience anxiety the baby may be exposed to unhealthy levels of these hormones, which can impact the baby’s brain development.

CONCLUSIONS

The present study aims to reveal the difference of stress & anxiety among pregnant women regarding to their HIV test. After analysis and interpretation the following conclusions were drawn. There was no significant difference in stress level of pregnant women before their HIV test. As compare the anxiety level in pregnant women before their HIV test also statistically no significant difference was observed between age group of below 25 and more than 25 age group of pregnant women.

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