

International Journal of Advanced Research in Science, Communication and Technology (IJARSCT)

Volume 2, Issue 1, June 2022

Antenatal Anxiety towards Gender Preference and Social Acceptance among Primi and Multi Gravida Antenatal Mother attending Sadar Hospital, Sasaram

Ms. U. Bhagyalakshmi, Mr. Gautam Kumar, Ms. Anjali Kumari, Ms. Priti Kumari Narayan Nursing College, Jamuhar, Sasaram, Bihar

Abstract: Women during pregnancy is found stressful as there are many changes occur during the pregnancy periods. They respond this stress by feeling anxious the frequency and the intensity of the anxiety reaction will depend on women's perception of the stressors and her ability to cope with the experience which is influenced by the women herself and her personality to cope with the changes. The reaction and support of family and friends also may colour her view towards pregnancy. Her social situation and age may play a part in whether this will be positive or negative experience this is further influenced by the physical aspects of the pregnancy, whether the changes in her lifestyle in order to carry the pregnancy to term. The medical risk involved in a pregnancy may be minimal or very high in pregnancy that is classified as high risk requiring constant medical supervision and intervention, may also influence on pregnancy health as well as mental health. The anxiety many factors will affect the women's pregnancy experience.

OBJECTIVE: 1. To assess the level of anxiety towards the gender preferences and social acceptance among primi and multi gravida antenatal mothers. 2. To see the correlation between level of anxiety and social acceptance among primi and multi gravida antenatal mothers with their selected demographic variables.

MATERIALS AND METHODS: The research approach is the most essential part of any research. The entire study is based on it. The appropriate choice of the research approach depends on the purpose of the research study that is undertaken. "Approach to research is an umbrella which covers the basis procedure for conducting research". The researcher found that Quantitative research approach is best suited, as it is a scientific investigation in which observations are made, data are collected according to a set of well-defined criteria and study

RESULTS: 32% of the sample are primi gravida under 21 - 24 years. (Highest value). 12% of the sample are primi gravida under Above 24 years. (Lowest value). 68% of the sample are multi gravida under Above 24 years. (Highest value). 0% of the sample are multi gravida under Above 16 – 20 years. (Lowest value). t 44% of the sample is primi gravida under secondary. (Highest value). 0% of the sample are primi gravida under Above graduation. (Lowest value). 60% of the sample are multi gravida under secondary. (Highest value). 0% of the sample are multi gravida under uneducated and Above graduation. (Lowest value). 100% of the sample are primi gravida under house wife. (Highest value). 96% of the sample are multi gravida under house wife. (Highest value). 4% of the sample are multi gravida under Daily wages worker. (Lowest value). s 52% of the sample are primi gravida under 10-20 thousand per month. (Highest value). 12% of the sample are primi gravida under Above 20000 per months (lowest value). 52% of the sample are multi gravid under 0 - 10000 per month (highest value). 0% of the sample is multi gravida under above 0-20000 per month (lowest value). And Items related to Antenatal Anxiety towards Gender preference, 52% (13) of sample of primi gravida mother feel very much happy and 0% (0) mother is not at all happy that she is pregnant. 80% (20) of the sample feel some much particular about specific gender baby and 0% (0) of the sample is extremely feel particular about specific gender. 56% (14) of the sample fell some much her family particular about specific gender baby. 60% (15) of the sample fell a little bit one should do some rituals to get specific gender baby and 4%(1)Extremely. 52% (13) of the sample fell some much that she will have a healthy child who will continue your in laws family name in future 72% (18) of the sample fell some much child from any gender will support the family in future. 44% (11) of the sample fell a little bit and some much the child from any gender will support family financially. 44% (11) fell some much that child from any gender will be taking care of you in your old age. 32% (8) of the sample fell that some much and very much spouse is particularly

Copyright to IJARSCT www.ijarsct.co.in

IJARSCT



International Journal of Advanced Research in Science, Communication and Technology (IJARSCT)

Volume 2, Issue 1, June 2022

expecting to have any specific gender child.56% (14) of the sample fell that a little bit that your near and dear or your particularly expecting to have any specific gender child own family members items related to antenatal anxiety towards social acceptance t 48% (21) of the sample fell very much happy to receive a new - born baby. 60% (15) of the sample fell some much that her near family members also will receive the new born in the family with same happiness. 64% (16) of the sample fell some much her relatives also will receive the new born in the family with same happiness. 48% (12) of the sample fell a little bit that she gets due attention in your family circle if you any gender child. Multi gravida mother anxiety to gender preference t 44% (11) of the sample very much feel happy .52% (13) feel some much particular about specific gender.44% (11) fell some much family member particular about a specific gender. 28% (7) fell some much and very much fell that one should some rituals to get a specific gender baby.48% (12) fell a little bit that she will have a healthy child who will continue your in laws family name in future. 60% (15) fell some much that child form a any gender will support the family in future. 36% (9) fell some much that the child forms any gender will support family financially. 44% (11) fell some much that child form any gender will be taking care of her in old age. 44% (11) fell very much that spouse is particularly expecting to have any specific gender child. 36% (9) fell very much that your near and dear or particularly expecting to have any specific gender child own family members are and social acceptance in multi mothers t 36% (9) fell very much happy to receive a newborn baby and 4% (1) fell not at all to receive a new born baby. 48% (12) fell some much that your near family member also will receive the new born in to the family with same happiness.40% (10) fell some much your relatives also will receive the new-born to the family with same happiness. 36% (9) fell very much that you will get due attention in your family circle if you any gender child. 72% (18) fell a little bit that you will be given chance to take decisions in your own family if you have a child of any gender. 56% (14) fell some much that in your surroundings/society is equally treating the child of any gender. 48% (12) fell very much that boy or girl both will do in everything. 44%(11) fell that dose your family members boy and girls both will do in everything. 40% (10) fell some much dose your surrounding/society do accept that boy or girls both will do in everything. 36% (9) fell some much that your society will give due respect and attention towards the women who is not having a specific gender child and less than 4% (1) fell not at all and extremely...

REFERENCES

- [1]. Haise L, Ellsberg M, Gottmoeller M. A global overview of gender-based violence. Int J Gynaecol Obstet. 2002;78(Supple 1):S5–14. Doi: 10.1016/S0020-7292(02)00038-3. - DOI – PubMed
- [2]. Krug EG, Dahlberg LL, Mercy JA, Zwei AB, Lozano R. World report on violence and health. Geneva: WHO; 2002. – PubMed
- [3]. Rahman A, Iqbal Z, Harrington R. Life events, social support and depression in: perspectives from a rural community in developing world. Psychol Med. 2003 Oct; 33(7):1161-7.
- [4]. Marcus SM. Depression during pregnancy: rates, risks and consequences mother risk Update 2008. Can. J. Clin. Pharmacal. 2009;16: e15–e22.
- [5]. Kelly RH, Russo J and Kanton W. Somatic complaints among pregnant women cared for in obstetrics: Normal pregnancy or depressive and anxiety symptom amplification revisited? General Hospital Psychiatry 2001;23, 107-113
- [6]. James L, Brody D, Hamilton Z. Risk factors for domestic violence during pregnancy: a metaanalytic review. Violence Viet. 2013;28(3):359–80. doi:10.1891/0886- 6708.VV-D-12-00034. - DOI – PubMed
- [7]. Alvarado-Esquivel, C., Cifuentes-Alvarez, A., & Salas-Martinez, C. (2016). Unhappiness with the fatal gender is associated with depression in adult pregnant women attending prenatal care in a public hospital in Durango, Mexico. International Journal of Biomedical Science: IJBS, 12(1), 36–41. Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4841984/ [PubMed], [Google Scholar]
- [8]. Asturian, M., Fernandez, K., & Pandeva, H. (2010). A cross-sectional study of factors influencing sex preference of a child among married women in reproductive age group in a rural area of Pune, Maharashtra. Indian Journal of Community Medicine, 35(3), 442. doi:10.4103/0970-0218.69286 [Crossers], [PubMed], [Google Scholar]

IJARSCT



International Journal of Advanced Research in Science, Communication and Technology (IJARSCT)

Volume 2, Issue 1, June 2022

- [9]. Bharadwaj, P., & Nelson, L. K. (2010). Discrimination begins in the womb: Evidence of sexselective prenatal investments. Journal of Human Resources, 48(1), 71–113. doi:10.3368/jhr.48.1.71 [Crossers], [Google Scholar]
- [10]. Cussons-Read, M. E., Lobell, M., Carey, J. C., Kreutzer, M. O., DeAnna, K., Agrees, L., & Cole, S. (2012). The occurrence of preterm delivery is linked to pregnancy-specific distress and elevated inflammatory markers across gestation. Brain, Behaviour, and Immunity, 26(4), 650–659. Doi: 10.1016/j.bbi.2012.02.009 [Crossers], [PubMed], [Web of Science ®], [Google Scholar]
- [11]. Howard LM, Molyneaux E, Dennis CL, Rachet T, Stein A, Milgrom J. Non-psychotic mental disorders in the perinatal period. Lancet. 2014;384(9956):1775–88. 44
- [12]. Woody CA, Ferrari AJ, Siskin DJ, Whiteford HA, Harris MG. A systematic review and meta regression of the prevalence and incidence of perinatal depression. J Affect Discord. 2017; 219:86–92.
- [13]. Shi SX, Tang YF, Cheng LN, Us QF, Qi K, Yang YZ. An investigation of the prevalence of anxiety or depression and related risk factors in women during pregnancy and postpartum. Chin Mint Health J. 2007;21(4):254–8.
- [14]. Zeng Y, Cui Y, Li J. Prevalence and predictors of antenatal depressive symptoms among Chinese women in their third trimester: a cross-sectional survey. BMC Psychiatry. 2015; 15:66.
- [15]. The World Health Report: 2001: Mental health: New Understanding, New Hope. World Health Organization 2001. (Online) (Cited 2010 Aug 25). Available from URL: http://www.who.int/whr/2001/en/whr01en.pdf.
- [16]. Duke S, Zineb S B, Nayef F, Halbreich U. Women's mental health in the Muslim world: cultural, religious, and social issues. J Affect Dis 2007; 102: 177-89.
- [17]. Disease Control Priorities in Developing Countries. World Bank & Oxford University Press. 2nd ed. 2006
- **[18].** Zeng y, cui li j. prevalence and predictors of antenatal depressive symptoms among Chinese women in their third trimester: a cross sectional survey. BMC psychiatry.
- [19]. MO Y, Gong W, Wang J, Sheng X, Xu DR. The association between the use of antenatal care smartphone apps in pregnant women and antenatal depression: cross- sectional. JMIR MiHealth unhealth.
- [20]. Roomruangwong c, Kanchanalak B, sirivichayakul s, males M. Antenatal depression and haematocrit levels as predictors of postpartum depression and anxiety symptoms. Psychiatry Res.
- [21]. Howard LM, Molyneaux E, Dennis CL, Rachet T, Stein A, Milgrom j. non-psychotic mental disorder in the perinatal period. Lancet.
- [22]. Woody CA, Ferrari AJ, Siskin DJ, Whiteford HA Harris MG. A systematic review and meta regression of the prevalence and incidence of perinatal depression.