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

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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

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 new-born 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..

I. INTRODUCTION

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.

Emotions are unique for pregnancy whether it is for the first time or repetitive, the apprehension, anxiety may lead to psychosocial health problems and destroys the Joy of pregnancy. e prevalence of antepartum depression is now considered very high and may be found up to 25% of pregnant females.

Anxiety is highly comorbid during the antenatal period and they have been linked to many negative consequences for the maternal and child health including stillbirth, premature birth, low birth weight etc.

In a large review, many factors like maternal anxiety, life stress, a history of depression, lack of support, domestic violence and unintended pregnancy were found as main risk factors associated with anxiety symptoms during pregnancy.

In addition, various other obstetric factors play significant role in antenatal anxiety and like, whether pregnancy is planned or unplanned duration of pregnancy, parity of pregnant females, history of abortion and gender preference and social acceptance etc. We planned this study to assess antenatal anxiety and between primigravida and multigravida pregnant females, to identify parity as a risk factor for antenatal anxiety.

II. MATERIAL AND METHOD

Research Design: Cross sectional survey was used

Setting of the Study: Setting of the study is Selected village and hospitals.

Target Population: Primi and multi gravida antenatal mother

Sample and Sampling Technique: Non-probability Purposive sampling technique will be used for selecting the sample.

Sample (Inclusion & Exclusion)

Inclusion:

The study includes the mothers' who are

- Available at the time of data Collection
- Interested
- Residing in the rural area

Exclusion:

The study includes the mothers' who are

- Not interested
- Who are not able to read?
- Not available at the time of data collection

III. REVIEW AND LITERATURE

Review of literature is a key step in research process. Review of literature refers to an extensive, exhaustive and systematic examination of publications relevant to research project. It involves the identification, selection critical analysis and reporting of existing information on the topic of interest.

A review squints the researcher with what has been done in the field and it minimizes the possibility of unintentional duplications. It justifies the need for replication, provides the basis of future investigations and help to relate the findings from one study to another.

Cross-sectional study A total of 116 pregnant women were included and a pre designed pre tested questionnaire was used to collect the socio demographic details. The data were analyzed by SPSS 20.0 software for proportions with chi-square tests Knowledge of sex determination and the PNDT Act were found to be 44.82% and 18.10% among antenatal women. Knowledge regarding assessment of gender preference showed 52.58% expect a boy in this pregnancy. It was found that the determinants for gender preference were caste, sex of the last pregnancy and current gender composition. It was found that the determinants for knowledge of sex determination are age of the mother and the gravida of the mother. It was also found that the factor for the knowledge regarding the PNDT Act is age of the mother. These associations are statistically significant This situation calls for a strategy which includes community-based awareness campaigns, women employment, education, and empowerment and by ensuring effective implementation of PNDT Act by the government so that families find it difficult to undertake sex determination.

Wang, Shu, Xijun, Lingzi Xu, Baohong Chen, Pengfan Chen, Xiaoxia Xu & Yuqiong Wang Article number: 420 (2019) The prospective nested case-control study included pregnant women who were in their second pregnancy and attended prenatal care at three tertiary hospitals and one regional hospital in Chengdu, China, between March 2015 and May 2016. Self-designed questionnaires were given to participants in their second and third trimesters to collect information on clinical and demographic characteristics, and a modified edition of Edinburgh Postnatal Depression Scale (EPDS) were used to measure AD. The logistic regression was applicated in analyses. Antenatal depression (AD) is considered as one of the major health burdens and has adverse effects on the outcome of expectant mothers and newborns. The present study aims to investigate the prevalence of antenatal depression (AD), and to explore the potential risk factors of AD among pregnant women in Chengdu, including personal background, related social factors, family factors and cognitive factors. A total of 996 pregnant women were included in analysis. Ninety-three women suffered from AD symptoms only in their second trimester, 96 only in their third trimester, and 107 displayed persistent depression in both trimesters. In the univariate analyses, age and marital relationships were linked with AD occurrence in both second and third trimester. In addition, 10 increasing age, full-time job, higher education level, and no gender preference of spouse were associated with reduced persistent depression. Multivariate analysis showed that gender preference and marital relationship were the potential risk factors of persistent depression. Age, marital relationship relationships, with parents-in-law, the negative

recognition of this pregnancy and husband's gender preference were found as risk factors of AD occurrence in some specific trimester. Gender preference of husbands and marital relationships were independently associated with persistent depression. These findings suggest that stronger family support can help improve mental health of pregnant women.

 2016 Nov Monika Shrestha 1 , Samina Shrestha 2 , Binjwala Shrestha 2 Domestic violence among antenatal attendees in a Kathmandu hospital and its associated factors: a cross-sectional study A descriptive cross-sectional study was conducted among 404 pregnant women in their third trimester of pregnancy. Convenient sampling was used to select the study population. Data collection tools consisted of questionnaires on socio-demographic characteristics of the woman and her spouse, social support, and the woman's attitude towards domestic violence, along with her experiences of psychological, physical, and sexual violence. Domestic violence was assessed using a questionnaire adapted from a World Health Organization multi-country study on women's health and life experiences. Relationships between domestic violence and the various factors were determined by bivariate analysis using a chi-square test. Binary logistic regression with 95% confidence interval and adjusted odds ratio were then applied to assess the factors independently associated with domestic violence. Domestic violence during pregnancy is a public health problem which violates human rights and causes an adverse effect on both maternal and fetal health. The objectives of the study were to assess the prevalence of domestic violence among the pregnant women attending the antenatal clinic, to explore the associated factors, and to identify the perpetrators of domestic violence. More than one-quarter (27.2%) of the pregnant women had experienced some form of violence. The most common form of violence was sexual violence (17.3%), followed by psychological violence (16.6%) and physical violence (3.2%). Husbands within the age group 25-34 years (AOR = 0.38), women married for 2-5 years (AOR = 0.42) and who had one or two children (AOR = 0.32) were negatively associated with domestic violence. Whereas the presence of husband's controlling behaviour (AOR = 1.88) and experience of violence before the current pregnancy (AOR = 24.55) increased the odds of experiencing violence during pregnancy. The husband was the major perpetrator in all type of violence. Domestic violence is common among pregnant women attending an antenatal clinic. It indicates a need for routine screening during antenatal visits to identify women experiencing violence and thus provide support services, thereby preventing them from adverse health consequences.

ETHICAL APPROVAL

This study was approved by the institutional ethical committee of Gopal Narayan Singh University, Jamuhar, Rohtas (Bihar) on 15th feb 2022. Written permission was taken from the Sadar hospital authority also participants gave their consent through their signature on the consent form before initiation of the session All survey data were stored in accordance with national legislation and institutional policies confidentiality of participants information was maintained.
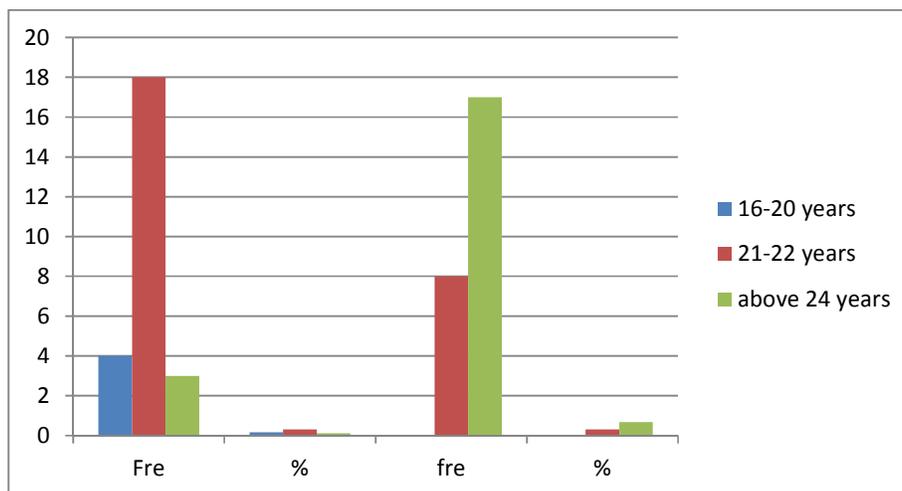
STUDY SUBJECT CHARACTERISITICS
AGE

Fig:1.1 percentage distribution of mothers according to their age

This table shows 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).
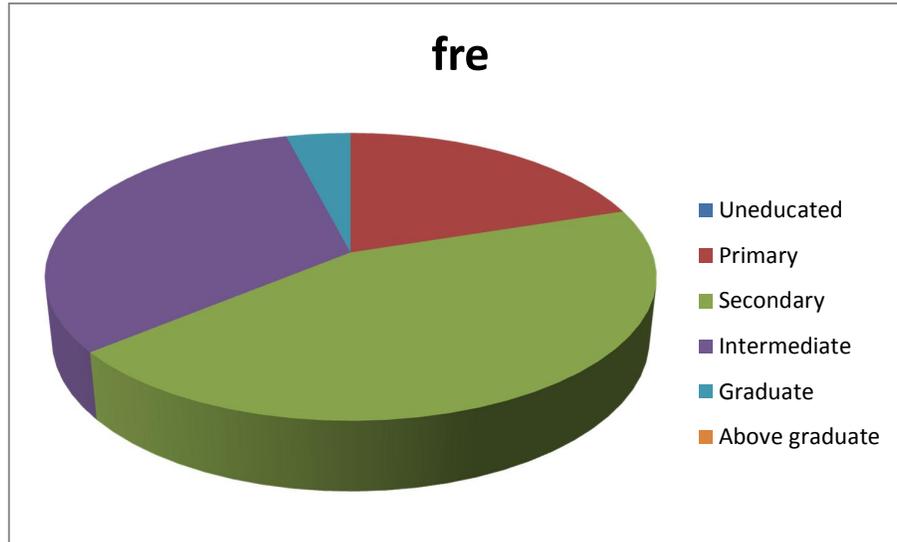
EDUCATION

Fig:1.2 percentage distribution of mother according to their education

This table shows that 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). Uneducated Primary Secondary Intermediate Graduate Above graduate 24
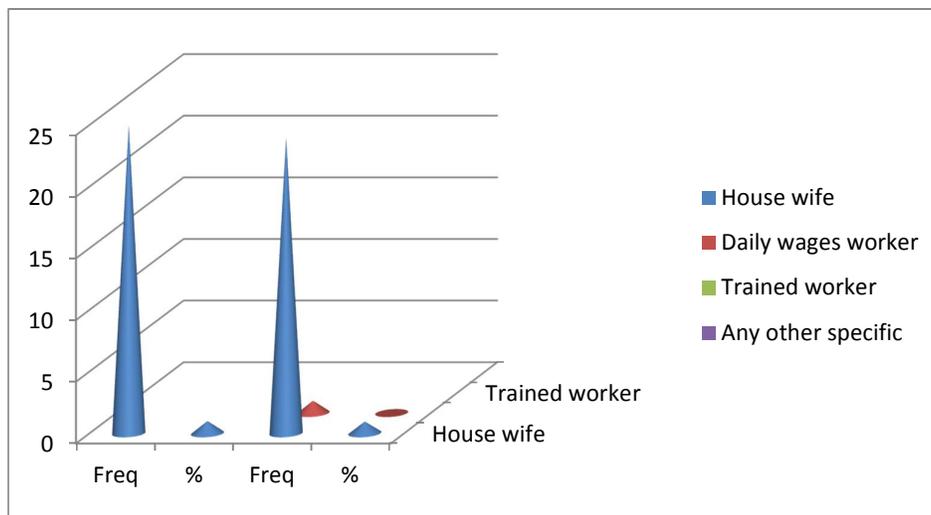
OCCUPATION

Fig:1.3 percentage distribution of mother according to their occupation

This table shows 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). House wife Trained worker 0 5 10 15 20 25 Freq % Freq % House wife Daily wages worker Trained worker Any other specific
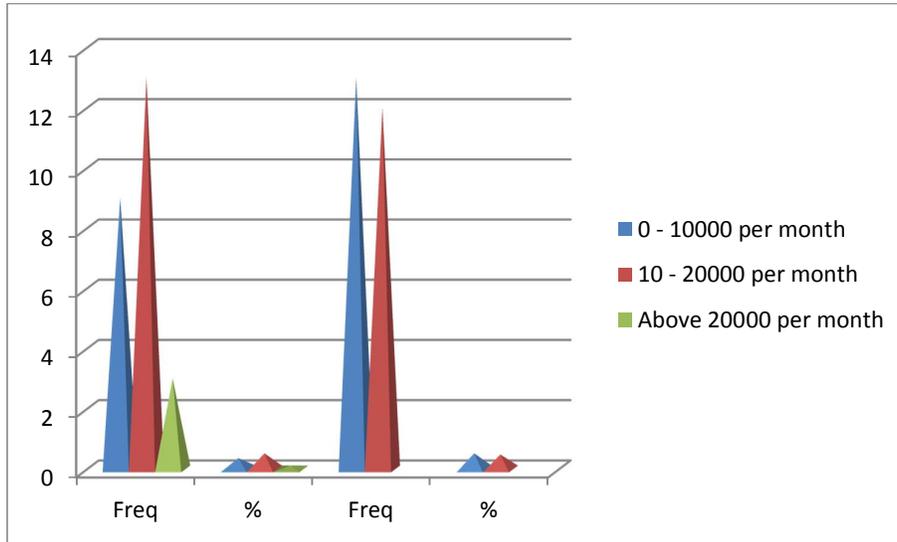
497

INCOME OF THE FAMILY IN RUPEES

Fig: 1.4 percentage distribution of mother according to family income in rupees

This table shows 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). 0 2 4 6 8 10 12 14 Freq % Freq % 0 - 10000 per month 10 - 20000 per month Above 20000 per month
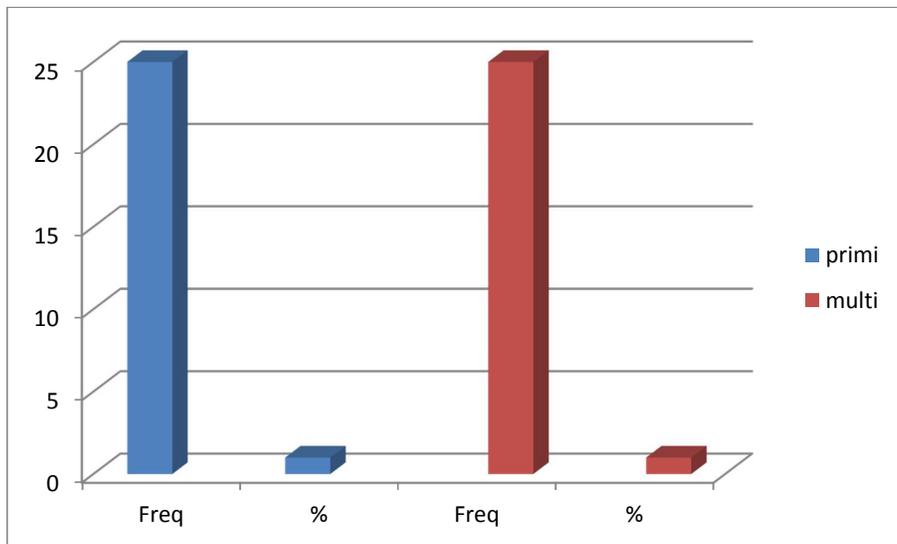
GRAVIDA

Fig: 1.5 percentage distribution of mother according to their gravid

This table shows 25% of the sample is primi gravida under primi. This table shows 25% of the sample are multi gravida under multi

IV. DISCUSSION

The study was undertaken to evaluate the existing level of anxiety towards the gender preference and social acceptance among primi and multi gravida antenatal mother. The existing level of anxiety that 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 expecting to have any specific gender child.56% (14) of the sample fell that a little bit that your near and dear or you're particularly expecting to have any specific gender child own family members. And 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. 44% (11) of the sample fell some much that she will be given chance to take decision in your own family if you have a child of any gender. 60% (15) of the sample fell some much that in your surroundings/society is equally treating the child of any gender. 52% (13) of the sample fell very much boy or girl both will do in everything.64% (16) of the sample fell very much that her family members fell that boy or girl both will do in everything. 60% (15) of the sample fell very much that society do accept that boy or girl both will do everything. 56% (14) of the sample fell that a little bit that your society will give due respect and attention towards the women who is not having a specific gender child.

V. CONCLUSION

In spite of support from primi gravida mother and multi gravida mother related towards gender preference and social acceptance. From the present study out of 50 participants 52% of primi gravida mother feel very much happy that she is become pregnant form items related to antenatal anxiety towards gender preference and 48% primigravida mothers feel very much happy to receive the new born baby from items related to antenatal anxiety towards social acceptance .in multi gravida mothers 44% participants are feel very much happy that she is become pregnant from items related to antenatal anxiety towards gender preference and 36% pregnant women feel very much happy to receive a new born baby from items related to social acceptance

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