

# **A Comparative Study of Anxiety Among Pregnant Women in Rural and Urban Area.**

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The study was conducted to examine the significant difference on measure of anxiety among Pregnant Women in Rural and Urban Area. To fulfill the major objective of the study a sample of 120 Females (60=Rural and 60= Urban Area) with the age range from 20 to 35 year was included in the study. All participants were administered the Anxiety, Depression and Stress Scale by applying the rules of respective manual. Descriptive Statistics (Mean, SD) and t-test were used for statistical analysis. Descriptive statistics depicted the normalcy of data distribution except some minor discrepancies.

Keywords- Anxiety, Pregnant Women, Rural, Urban.

## **Introduction**

Pregnancy: When a female mammal has an unborn baby inside here during pregnancy a female is called pregnant. A human pregnancy is about 38 weeks long from conception to childbirth. Usually, the mother has one baby at a time. Sometimes the mother has two babies at one time. Health care provide refer to three segments of pregnancy called trimesters.

1. First trimester (0 to 13 weeks)
2. Second Trimester (14 to 26 weeks)
3. Third Trimester (27 to 40 weeks)

## **Anxiety and Pregnancy-**

Anxiety is when feelings of being anxious and stressed don't go away, can't be controlled easily, and happen for no particular reason.

It's normal to feel a little worried and stressed when you're pregnant, but for some people anxiety can become a real problem. Anxiety is more than feeling anxious about a specific situation; it occurs when feelings of being anxious and stressed don't go away, can't be controlled easily, and come on without any particular reason. Excessive worry and the stress of anxiety can start to have a serious impact on your life. Anxiety is one of the most common types of mental health problem, and your chances of developing it are greater when you're pregnant. Antenatal anxiety

might involve you developing one or more of the following conditions during pregnancy, or your symptoms might get worse while you're pregnant.

**Review of literature:**

**Stoot** (1973) investigated a comparative study between 102 retarded and 450 normal children, to identify the role maternal stress and illness on developmental process of a child. The pregnancy illness, stress or both were reported 66% of 102 retarded, but in only 30% of the normal 450, while infant's ill health occurred in 55% of the retarded, but only 18% in the normal ones. Longitudinal mal-functioning took place in 76% of the of the retarded samples, as compared to 15% of the normal ones.

**Satyapriya** et al. (2009) demonstrated the study on pregnant women, who took part in a weekly prenatal Yoga classes for 30 days and then continued it from home. The result reported 31.57% less perceived stress, during 36<sup>th</sup> weeks of gestation as compared to baseline level of stress. Moreover, it was also suggested that, prenatal yoga can assist in balancing body's autonomic responses to stress, therefore, deducting the probability of encountering negative impacts of hiked prenatal stress,

**Khalajzadeh** (2012) evaluated the impact of prenatal yoga on anxiety level among 24, non-athletic pregnant woman, during the tenure of last two trimesters. The subjects were bifurcated as experimental and control groups. The data collection was done prior and after 8 weeks of yoga intervention. The evaluation procedure was conducted by applying pregnancy outcome questionnaire. Therefore, the study concluded that prenatal yoga has the positive impact on anxiety level among experimental group.

**Lee** et al. (2012) evaluated the prenatal yoga program on stress, anxiety and labor pain, among 46 women, with the 12-21 weeks of gestational age, all treated with IVF cases. The program was conducted for 8 months and the data was collected prior and after the prenatal yoga program. Half of the women were experimented and the other half were controlled. For statistical interpretation, Chi-Square test, ANCOVA was implemented on SPSS 12.0. However, even due to limitation of sample size, program showcased statistically significant improvements, in stress, anxiety and labor pain, after IVF. It is therefore suggested that, the Yoga-focused educational program must be offered to every pregnant woman.

**Objective of Study:**

To study the anxiety of Pregnant Women of Rural and Urban Area.

**Hypotheses of the Study:**

It is hypothesized that there is no significant difference between anxiety of pregnant women of rural and urban area.

**Method:**

**Participants:** The sample of the present study consisted of 120 women out of which 60 were rural and 60 were urban. The age range of subject varied from 20 to 35 years old from the state of Haryana, India.

The data has been collected using purposive sampling technique.

**Instruments:** The Anxiety depression and stress scale (ADSS) is a unique assessment tool as it measures these three with a single administration. This scale contains 48 items in English, 19 items of anxiety subscale.

The Anxiety depression and stress scale is suitable for use in collage, correctional settings, military, Hospital for both screening and program evaluation psychometric properties have been evaluated in all possible ways. Reliability of the scale as measured by Cronbach's Alfa and Spearman Brown Coefficient are found satisfactory in different studies.

**Statistical technique for Analysis**

Many Statistical techniques and method are used for scientific research in psychology to analyze the data.

1. Mean
2. S.D.
3. T-Test are statistical techniques have been used in the present research.

**Procedure:**

The first of all the researcher personally visited the home in rural and urban areas after getting permission from the respective person. The objective of the study was clarified to women, A respectable bond was established to obtain accurate responses from the participants through a short dialogue. They were assured that their information will be used only for research purpose and will be kept in confidence. They were instructed to fill out the questionnaire it was elucidated in the manual of the tool itself.

**Implication of the Study-**

**Result and Discussion:**

The objective of the present research was to see the difference in Anxiety among rural and urban area. To fulfill the objectives of the study obtained data was analyzed by applying Descriptive Statistics (Mean, SD and t-test. The result is shown in Table 1.

Variable	Urban Area		Rural Area		T-Value	Level of Significance
	Mean	S. D	Mean	S.D.		
Anxiety	9.85	2.93	6.55	4.05	5.11	Significant at 0.0001 level.

4.2.1 indicates that the mean score of Pregnant women from urban and rural are on the measure of anxiety are 9.85 and 6.55 and their SDs are 2.93 and 4.05 respectively. When the T test was applied to compare the mean score of both the group, t- value is found to be 5.11 which is significant at 0.0001 level of significance, mean score of urban area is higher than the mean score of rural area. So, it can be interpreted that there

is a significant difference between the anxiety of Pregnant women of rural and urban area. High score of urban area on anxiety indicates that pregnant women in urban area have more anxiety about their pregnancy as to rural area. Hence; the null (H0) is rejected and it may be reframed as there is significant difference between pregnant women from urban and rural area on the measure of anxiety.

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