A Brief Report of a Study on Fears and Anxieties of Pregnancy (1)

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Introduction

During the last few years, there has been expressed, in various National and International Conferences on Nursing, a desire for conducting nursing research and nursing studies. This desire reflects a sincere wish for an extension of nursing knowledge that will result in better patient care, better hospitals, better schools of nursing and public health field work. It has given a great stimulus to many nursing studies in the United States of America, England, Australia and New Zealand. Most of these studies, however, have been undertaken in a university set-up. "The university," as Miss Craig writes in her article entitled Recommendations to the Trained Nurses Association of India regarding Nursing Research, "is the traditional centre of research where various departments, under the guidance of their professors and teachers, have eagerly pursued new frontiers of knowledge, and where students have been encouraged to work on their doctorates and master's programmes and have learned the use of recent research techniques and methods. The university set-up provides the possibility of the multi-disciplinary approach which, in the long run adds to the validity of research findings. Therefore, it is believed, that real research in nursing can develop in Indiia only when we have at least master's programmes in nursing in our universities. Once the universities give a start to these research activities, at master's or doctorate's level, the time will not be far when the Nurses Association will have voluntary groups work on some worthwhile research projects."

"But it is also feasible to think that, our seniormost students in university schools of nursing, provided some help is available in the form of guidance from the departments of Psychology, Education, Sociology or Social Work, attached either to the university or directly to the school of nursing, could be encouraged to undertake some cooperative investigations or studies. These studies will enable them (1) to acquaint themselves with the simplest tools of research, (2) to realise that research activities even if they are of the most elementary nature, can make their learning-teaching situations richer and satisfying and (3) to add to their daily routine of work a sense of adventure and a new perspective."

It was this thought that motivated the study reported in the following pages.

How was the study conceived? Its objectives.

In 1956, I was giving a course in Mental Hygiene as a part of Public Health Nursing to the final year students of the College of Nursing, Delhi University. These final year students had already had about 170 hours of General Psychology, Psychology of the Patient and Nurse-patient Relationship and 30 hours of Child Psychology and Child Development as an integral part of their Paediatric Nursing in their first three years of stay in the College. In the last year they were to major in Public Health Nursing and Midwifery and they had to work in various public health fields, both urban and rural, besides gaining experience in maternity wards of hospitals and in domiciliary midwifery. While dealing with the mental health problems of the family, we talked about the pre-natal period of the child and the possible hazards to the child's normal emotional growth later in the post-natal period, if the mother passed the period of pregnancy in a state of anxiety, doubt and apprehension. They learned that a woman's mental state, and to some extent her physical state as well, depend on her emotional stability and her attitude towards conception. A couple of students pointed out, during the discussion, that they had met a few mothers or would-be mothers, who had expressed, in confidence to them, a number of fears and apprehensions which assailed their minds and which had made the period of pregnancy painful and exhausting. It was also remarked that their experience showed there was some difference, in some cases, in the nature and content of fears and anxieties, between mothers in rural areas and those in urban areas. They did rea-
lise however, that there were always individual differences but they were not very sure how far these mothers experienced the same types of fears as described in their text-books. Were there any cultural difference in the content of anxieties experienced by our mothers? What was the percentage of mothers who had not experienced any fears and anxieties, and why? These questions set them a-thinking.

A discussion took place in the class, and it was felt at the suggestion thrown by the teacher, that a cooperative study on this subject would be a worthwhile project to be carried out during their field work in urban and rural areas.

The objectives of the study, as formulated in the class, were as follows:
1. To have a first hand knowledge of the fears and anxieties, if any, of mothers who formed the sample.
2. To see if there were any significant differences between the fears of mothers in rural and urban areas.
3. To understand the possible causes of these fears which such a short exploratory study could highlight.
4. To work with mothers who showed intense fears or anxieties using a public health nursing or mental hygiene point of view.

The Sample
The sample consisted of 51 rural mothers and 50 urban mothers. Each student was assigned 5 mothers (inclusive of both rural and urban), excepting one student who had to interview six mothers. Most of these mothers were on the record of the student’s urban and rural health centres, but a few mothers were picked up from a maternity hospital. These five mothers, in the case of each student, formed a part of their total case load that they were supposed to carry during their practice period. On the whole, every second mother was selected. The following table gives the ages of mothers at the time of interview:

<table>
<thead>
<tr>
<th>Urban Mothers</th>
<th>Rural Mothers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age-Range</td>
<td>No</td>
</tr>
<tr>
<td>13—17 years</td>
<td>0</td>
</tr>
<tr>
<td>18—22</td>
<td>14</td>
</tr>
<tr>
<td>23—27</td>
<td>17</td>
</tr>
<tr>
<td>28—32</td>
<td>14</td>
</tr>
<tr>
<td>33—37</td>
<td>3</td>
</tr>
<tr>
<td>38—42</td>
<td>1</td>
</tr>
<tr>
<td>43—47</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
</tr>
</tbody>
</table>

The Technique Used
An Interview Schedule for carrying out, more or less, semi-structured but focused interviews with mothers, was developed as the tool for conducting the investigation. Interviewing, or face-to-face conversation between two people is a commonly accepted and basic tool in research which, after the necessary report with the person has been established, enables a worker to collect facts, feelings and attitudes about a certain problem or situation. The interview schedule was constructed, covering various aspects of the problem in hand, as a result of discussions with public health supervisors, midwifery sister tutor, and a group of senior and experienced nurses who had worked in maternity wards of hospitals for at least three years. These nurses were students of our Post-Certificate classes at that time. Students of the 4th year class were then prepared or trained to use the interview schedule in their day to day work. The implications of each question in the interview were brought out and ten cases were selected for ‘pre-testing’. The schedule was reviewed in the light of the results of pre-testing, and finalised for use on the larger sample.

Students were told how the questions could be rephrased if the communication became difficult and how important it was to have a pleasant manner when eliciting information. Other principles were also discussed.

The problem of establishing the necessary report with the interviewers was discussed at great length, both in class and individually. We did not envisage much difficulty in regard to this as the mothers assigned had been known to students for some time. The former held the latter in great regard and accepted them as their helpers.

Findings
The data were analysed by our lecturers in Education and Psychology in terms of the following categories which were discussed at a conference. Unfortunately students could not participate in the work of analysis as they had gone out of the College by the time the interview records had been processed.

(a) The Categories of Analysis
(i) Fears and anxieties in order of importance based on frequency of occurrence.
(ii) Unusual or abnormal anxieties.
(iii) Cases who do not express any worry at all.
(iv) Number of cases in which the pregnancy was unwanted and it resulted in unhappiness or disgust.
(v) Abortion or fears of abortion.
(vi) Number of children living or dead.
(vii) The number of cases married before the age of 14.
(viii) Family pattern (single or joint)
(ix) Total number of pregnancies.
(x) Mother’s present health status.
(xi) Attitude to Clinical Examination.
(xii) Relationship with husband and other family members during the period of pregnancy.
(xiii) Most stressful period of pregnancy

(Contd. on page 112)