

## NURSING EDUCATION and NURSING RESEARCH

### A Brief Report of A Study ON FEARS AND ANXIETIES OF PREGNANCY (2)

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#### (C) Other Findings

(a) *Unusual or Abnormally intense Fears* : The interview records show that there are 9 cases in the urban sample where unusual or abnormally intense fears have been expressed. Against this there is only one rural mother who expresses this fear. These intense fears are : (1) Fear of getting twins, (2) Fear of abortions leading to death, (3) Fear of death due to any other reason, (4) Loss of husband's love and (5) Fear of invalidism. The one rural mother was very intensely afraid of losing her husband's love during her pregnancy.

(b) *Number of unplanned and unwanted Pregnancies leading to Unhappiness or even Disgust* : There are 17 cases of urban mothers in whose case most of the pregnancies have been unwanted and unplanned. Against this there are 22 mothers in the rural sample who say that the pregnancies have been unplanned and unwanted but these have not resulted always in unhappiness. Five urban mothers report that although the pregnancies have been unwanted yet they were quite indifferent. Against that there are 8 rural mothers who report the same.

(c) *No Worry, Fear or Anxiety at all* : Only one urban mother and two rural mothers report that they have had no worry or anxiety.

(d) *Number of Children living or dead* : In urban cases the number of living children reported is 116 whereas that of rural cases is 140. The number of children who died in infancy in urban cases is 26 whereas it is 65 in the rural sample.

(e) *Most Stressful Pregnancies* : 32 mothers in the urban sample report that the most stressful pregnancy is the first one. Against that only 10 rural mothers regard the first as the most stressful pregnancy. The second pregnancy is regarded as the most stressful by 10 urban mothers and 5 rural mothers. The third pregnancy is reported as the most stressful by 5 urban mothers and 2 rural mothers. One rural mother reports that all her pregnancies have been stressful. It must be mentioned here that out of 51 rural cases only 18 mothers have responded to the question whereas only 3 mothers have refused to comment on their most stressful pregnancies.

(f) *Most Stressful period* : 19 urban mothers report that the most stressful period is the first stage of pregnancy and two mothers regard the second stage of pregnancy as the most stressful period. 19 mothers think it is the last stage of pregnancy which is the most stressful. 10 mothers do not make any comment in this connection. On the other hand only 11 rural mothers report that the most stressful period of pregnancy is the first stage and 22 reported it is the last stage which is the most stressful. Three of them, however, regard the second stage as the most stressful period. 15 rural mothers do not make any comment.

(g) *Relationship with Husband and other Members of the Family* : 40 urban mothers regard their relationship with husbands and the family during pregnancy as normal and only two think it is disturbed. 8 of these mothers have refused to answer this question. As against this 16 rural mothers report that their relationship with their husband and other members of the family is normal and 7 report that it is disturbed. The remaining rural mothers have not made any comment in this connection.

(h) *Attitude towards Clinical Examination* : Of the 50 urban cases, 32 mothers seem to have favourable attitude towards clinical examination. As against this, 26 rural mothers are quite eager to have the clinical examination. Eight urban mothers and 25 rural mothers do not want any clinical examination. They have some vague fear about it. They are scared of the doctor or the nurse. Or, they feel shy. Some of the rural mothers do not want the clinical examination as they hardly have any time for it. Seven urban mothers report a natural or an indifferent attitude towards clinical examination.

(i) *The Family Pattern* : There are 45 single family and 5 joint family units in the urban sample. As against this there are 24 single units and 32 joint family units in the rural sample.

(j) *The Age of Marriage* : There are more cases of marriage at the age of 14 in the rural group than in the urban group i.e. 11 cases vs. 2 cases. The highest age when marriage took place in the urban group is 27, the rural group 25, the lowest age in the urban group is 12 and that in the rural group is 7.

#### (D) Possible Causes of Fears and Anxieties

The investigation, being very elementary though exploratory, throws some light on the possible causes of fears and anxieties. These are as follows :—

(i) Socio-cultural factor as in the case of fears of having girls and not boys.

(ii) Economic poverty or insufficiency.

(iii) Some of the fears have been learned in the family or from the neighbourhood, through a process of suggestion such as fears of death, abortion, pains and injuries and premature birth.

(iv) Lack of adequate knowledge about pregnancy and delivery—no public health education.

(v) Fears such as related to the loss of health in the mother, strain and stress of upbringing, or invalidism have been reported mostly by mothers who do not seem to have accepted their status of pregnancy. This is more true of the urban mothers than of rural mothers.

#### (E) Some Special Features in the Rural Group

It may be interesting to observe that most of the rural mothers believe and report that it is God who decides whether a new baby is to arrive in the family or not. The sex of the child, whatever it is, is to be determined by God, even if they would like to have boys rather than girls. This enables these mothers to make adjustments rather easily. They do feel worried about the economic conditions in the family and the possible difficulty with which they will have to bring up their newly born child, but they have faith in God. They often remark, "God who is responsible for the birth of the child will create favourable conditions and means for the child's subsistence and nurturance. Each child who is born in this world brings with him a pre-determined fate."

Another interesting belief that prevails is that if mother suffers more during pregnancy, the chances are that she will have a girl and not a boy, born to her. Boys, it is believed, give less trouble, cause less vomiting and less bleeding. The fear of disturbed relationships with husband and other members of the family is reported by seven mothers belonging to the rural group. The reason given is their inability to attend to routine work in the family and consequent irritation of the mother-in-law. This irritation causes misunderstandings between herself and her husband who takes sides with his mother more often than with his wife.

One important fear common to both groups is the one related to sex preference—the fear about having female child. This secures the highest frequency in both the groups. The reasons given are as follows :—

1. Girls do not belong to you. They have to leave your family sooner or later after marriage.
2. Boys alone can perpetuate the name of the family. They belong to you.
3. It is boys alone who can bring about the salvation of the family. They alone can deliver the goods.
4. Girls are a greater economic liability than boys. Parents have to spend a lot on their dowry and other customs.
5. Girls need more protection than boys.

6. With the birth of a daughter in the family, begins a period of 'submission' on the part of parents.

#### Limitations of the study :—

(i) A small sample. A larger sample consisting of about 500 mothers would have given a more valid and varied results.

(ii) The sample of the study is not representative of various socio-economic, socio-educational and cultural groups in the community. Hence the results cannot be generalised.

(iii) Students were involved in the study to a limited extent. They did not or could not participate in the process of analysis and inferences or of the final write-up.

(iv) The investigation is more of an exploratory, survey type rather than an experimental type.

(v) Better statistical handling of the data is needed, both when collecting and interpreting it. The need for finding out the statistical significance of difference between fears of the two groups is evidently there.

#### Suggestions arising out of the study :—

(a) The need for health education in the connected areas.

(b) The need to work with some families—mothers, husbands, and in-laws.

(c) Importance of pleasant and sympathetic attitudes when working with mothers.

(d) The need for social engineering through adult education as far as the problem of sex-preferences is concerned.

[Concluded]

