FACTORS CONTRIBUTING TO STRESS AMONG PREGNANT WOMEN ATTENDING ANTENATAL CLINIC AT REDEEMER HOSPITAL AND MATERNITY, ABAKPA NIKE, ENUGU

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Abstract

Pregnancy is a normal life event, yet it is a period in a woman's life when her vulnerability exposes her to significant amount of stress and anxiety. The focus of this study was to determine factors that contribute to stress among pregnant women attending Enugu. The study adopted a descriptive survey design. Eighty pregnant women were studied. Questionnaire was the instrument used for data collection. It has two sections A and B. The reliability of the instrument was determined. Analysis of data was done using frequency and percentages. The findings of the study revealed that the respondents agreed to the articulate physical and physiological factors that contribute to stress in pregnant women with aggregate percentage of 54.6%. Their responses to the domestic factors that contribute to stress among pregnant women was positive with aggregate percentage of 56.5%; and economic and emotional factors were 76% and 61.5% respectively. Based on the findings, it was recommended that adequate measures should be taken by government and other stakeholders to help the pregnant women reduce stress during pregnancy in order to curb the ill effect of stress on both the mother and her baby; women should be empowered financially to reduce stress during pregnancy.

Keywords: Factors, contributing, stress, pregnant women

Introduction

Pregnancy is a normal life event, yet it is a period in a woman's life when her vulnerability exposes her to significant amount of stress and anxiety. The emotional and physiological adaptations occurring throughout pregnancy affects virtually every body system. (Fraiser and Cooper, 2009). The woman's emotions and that of the family are changing. Though the woman may welcome these changes, they can add new stresses to her life. Stress is a response to an inappropriate level of pressure. It can be described as the distress that is caused as a result of demands placed on physical or mental energy. Stress is generally seen as a threat to the fulfillment of basic needs; to the functioning of nervous system including homeostasis and to growth development. This type of stress is called distress. Stress can be positive and this is referred to as eustress.

Types of Stress: According to Health line (2016), the types of stress include

- (1) Acute stress: Acute stress is your body's immediate reaction to a new challenge event or demand, the fight or flight response.
- (2) Chronic stress: If acute stress is not resolved and begins to increase or last for a long period of time, it becomes chronic stress. Chronic stress can be detrimental to your health as it can contribute to several serious diseases or health risks.

Stress during pregnancy is both essential and normal for the psychological adaptation of the pregnant woman.

Elevated level of stress hormone will stretch coping reserves and could prove crippling (Teixeira, 2009). When a woman in stressed during pregnancy her body goes into fight or flight mode, sending out burst of cortisol and other stress hormones. These are the same hormones that surge when one is in danger. They prepare one to run by sending a blast of fuel to your muscles and making one's heart to beat faster. (Andrew, 2012). Over the years, obstetrician have tried to see if an increased stressful event can either cause miscarriage, preterm labour or delivery or in some other way harm the fetus. This search in a consequence of hypertension and diabetic mellitus in pregnancy, miscarriages, preterm delivery, low birth weight babies e.t.c.

Recent information indicates that stress can perhaps cause miscarriage and very likely bring about preterm labour and delivery. Shanna (2016) stated that stress can cause the body, to release hormone in response to the threat that the body perceives- the higher the stress level, the more

hormone the body produces. Chronic stress may also contribute to subtle differences in brain development that might lead to behavioural issues as the baby grows (Boader, 2012).

According to Dunkel and Tanner (2012) some stressors that commonly affect woman in pregnancy around the globe are low material resources, unfavourable employment conductions, heavy family and household responsibility, strain in intimate relationship and pregnancy complication. Boarder (2012) stated that financial and relationship troubles may lead to stress and its outcome.

A recent study of diverse urban sample conducted by Woods, Melvill and Guo (2010) found that 78% of the population used experienced low-to-moderate antenatal psychological stress and 6% experience high levels. The emotional consequence of stress can range from a mild sense of being overwhelmed to severe depression. They can eventually lead to a pregnant woman being withdrawn (Fraiser & Cooper, 2009). Certain measures could be taken to cope with stress and they include – talking a few deep breaths, taking a quick walk, identifying stressor and preventing them. (Boarder, 2012).

Other coping strategies include sleeping, jotting down things that keep one up at night and seeking help when necessary. According to March of Dime Foundation (2012) measures of copying with stress include eating healthy food, exercise, sleep, good support network from partner, family and friends, asking help from people you trust and relaxation activities. The researcher, based on literature, organised factors contributing to stress among pregnant women into physiological, domestic, economic and emotional factors.

Statement of the Problem

Stress is a universal condition that is known around the world, affecting different people in many different ways. It has become one of the top health issues in the world today. Stress may result from factors such as mental, physical or from pressure of which can adversely affect the functioning of the body.

Unfortunately, pregnant women tend to be more prone to suffering anxiety and other emotional traumas which is often accompanied by panic attack which could lead to preterm labour/delivery and low birth weight or even puerperal psychosis.

Stress can produce negative effects like hypertension, miscarriage and substance abuse. According to Debbie (2006), since no intervention has been shown to reduce the rate of preterm birth significantly, researchers have now called for research emphasis to be towards the social and biological factors such as stress, social deprivation and poverty.

Personnel experience with pregnant mothers in the antenatal clinic has shown that most women come to the clinic with some level of anxiety. The cause ranging from fear of unknown outcome of pregnancy to lack of financial provision to cater for her needs during pregnancy. Also, some of the women tend to be stressed due to job factors, domestic chores, and disorders associated with pregnancy.

If these factors are not checked, or controlled they can have negative effect on the pregnant woman leading to loss of pregnancy and its associated effect. The researcher therefore intends to investigate into factors contributing to stress in pregnancy in Redeemer Hospital and Maternity, Abakpa Nike, Enugu.

Purpose of the Study

The general purpose of the study in to find out factors that contribute to stress among pregnant women attending ante natal clinics at Abakpa Nike Enugu. Specifically, the study seeks to:

- (1) Identify the physiological factors that contribute to stress among pregnant woman
- Identify domestic factors that contribute to stress among pregnant women (2)
- Identify economic or financial factors that contribute to stress among pregnant women (3)
- Find out emotional factor that contribute to stress among pregnant woman (4)

Research Questions:

- (1) What are the physiological factors that contribute to stress in pregnant woman.
- What are the domestic factors that contribute to stress among pregnant women (2)
- (3) What are the economic factors that contribute to stress among pregnant women

(4) What are the emotional factors that contribute to stress among pregnant women.

Method:

The descriptive survey design was adopted for the study. According to Nwogu (2006) this method was used because descriptive research design permits the description of the situation in the natural setting. The study population consisted of all 426 pregnant mothers attending antenatal clinic at Abakpa Nike Enugu. Sample for the study consisted of 85 women which 20 per cent of the population. According to Nwogu (2006) this sample size is good for the study. Proportionate random sampling technique was used to sample 85 women used for the study.

A structured questionnaire was the instrument used for data collection. The questionnaire was made up of two parts A & B. Part A sought for the bio data of the respondents. Section B contained questionnaire items that elicited answers for the research questions that guided the study. Validation of instrument was done. The instrument was also subjected to reliability test.

Questionnaire was administered with the aid of an assistant and they were collected after filling them. The return rate was 100%. Analysis of data was done using frequency and percentages. On the bases of interpretation of data and analysis, it was decided that score of 50 percent and above on the yes option is regarded as accept (A) while scores less than 50 per cent is not accepted (N)

Results
Table 1:
Frequency and percentage scores on physical and physiological factors that contribute to stress among pregnant women

| S/N | Items | Yes | | No | | Decision | |
|-----|-------------------------------|-----|----------|-----|-------|----------|--|
| | | | % | | % | | |
| 1 | Minor disorders like vomiting | 47 | 58.75 | 33 | 41.25 | A | |
| 2 | Weight of growing uterus | 40 | 50 | 40 | 50 | A | |
| 3 | Waist pain | 55 | 68.75 | 25 | 31.25 | A | |
| 4 | Heart burn | 35 | 43.75 | 45 | 56.25 | N | |
| 5 | Release of stress hormones | 40 | 50 | 40 | 50 | A | |
| 6 | Increased Salivation | 28 | 35 | 52 | 65 | N | |
| 7 | Frequent Urination | 61 | 76.25 | 19 | 23.75 | A | |
| | Aggregate percentage | 306 | 54.64 | 254 | 45.35 | A | |

Table 1 shows that the aggregate percentage for responses that had, yes was 54.64% while no had 45.4%. Hence the respondents accepted the articulate physical and physiological factors that contribute to stress in pregnant women.

Tables 2: Frequency and percentage scores on domestic factors that contribute to stress among pregnant women

| S/N | Items | Yes | | N | | Decision |
|-----|---|-----|----------|-----|-------|----------|
| | | | % | | % | |
| 1 | Fetching of water | 57 | 71.25 | 23 | 28.75 | A |
| 2 | Cleaning the house | 47 | 58.75 | 33 | 41.25 | A |
| 3 | Caring for other children /family members | 39 | 48.75 | 41 | 51.25 | N |
| 4 | Cooking | 34 | 42.5 | 46 | 57.5 | N |
| 5 | Laundering | 54 | 67.5 | 26 | 32.5 | A |
| 6 | Going for shopping | 40 | 50 | 40 | 50 | A |
| | Aggregate percentage | 271 | 56.5 | 209 | 43.5 | A |

From table 2 the aggregate percentage for the responses show that yes had 56.5% while no had 43.5%. Hence the respondents accepted the articulate domestic factors that contribute to stress among pregnant women.

Table 3: Frequency and percentage score on economic factors that contribute to stress among pregnant women

| S/N | Item | Yes | % | No | % | Decision |
|-----|---|-----|-------|----|-------|----------|
| 1 | Joblessness | 50 | 62.5 | 30 | 37.5 | A |
| 2 | Poor salary | 56 | 70 | 24 | 30 | A |
| 3 | High cost of living | 65 | 81.25 | 15 | 18.75 | A |
| 4 | Inability to meet financial obligations | 71 | 88.75 | 9 | 11.25 | A |
| 5 | Lack of financial support from partner/ | | | | | |
| | husband | 62 | 77.5 | 18 | 22.5 | A |
| | Aggregate percentage | 304 | 76 | 96 | 24 | A |

From Table 3, the aggregate percentage for the responses show that yes had 76% while no had 24%. Hence the respondents strongly accepted the articulate economic factors that contribute to stress among pregnant women.

Frequency and percentage score on emotional factors that contribute to stress among pregnant women

| S/N | Items | Yes | % | No | % | Decision |
|-----|---|-----|-------|-----|-------|----------|
| 1 | Mode swing in pregnancy | 43 | 53.75 | 37 | 46.25 | A |
| 2 | Anxiety due to unknown outcome of pregnancy | 51 | 63.75 | 29 | 36.25 | A |
| 3 | Fear of losing partner | 42 | 52.5 | 38 | 47.5 | A |
| 4 | Lack of affection from family | | | | | |
| | members | 54 | 67.5 | 26 | 32.5 | A |
| 5 | Lack of essential needs | 56 | 70 | 24 | 30 | A |
| | Aggregate percentage | 246 | 61.5 | 154 | 38.5 | A |

From table 4, the aggregate percentage for the responses show that yes had 61.5% while no had 38.5%. Hence the respondents accepted the articulate emotional factors that contribute to stress among pregnant women.

Discussion

The result presented showed that the subject accepted the articulate physical and physiological factors that contribute to stress among pregnant women. This finding agrees with that of Fraiser and Cooper (2009) who stated that emotional and physiological adaptation occurring, throughout pregnancy affect virtually every system.

The result of the analysis also showed that domestic factors that contribute to stress among pregnant mothers include fetching water, cleaning the house, going for shopping among others. This finding agrees with Dunkel and Tanner (2012) who stated that some stressors that commonly affect women in pregnancy around the globe are low material resource, unfavourable employment conditions, heavy family and household responsibilities. This shows that the women still need education and enlightenment on how to reduce stressors during pregnancy.

In addition, the respondents strongly accepted all the articulate economic factors as contributing to stress among pregnant women. However, inability to meet financial obligations was shown to be the highest factor. This finding agrees with Boarder (2012) who opined that financial and relationship troubles may lead to stress and its outcome the findings is also in line with Dunkel and Tanner (2012) who stated that some stressors that commonly affect women in pregnancy around the globe are low material resources, unfavourable employment conditions, heavy family and household responsibilities, strain in intimate relationship and pregnancy complications. There is need for women to be empowered financially to reduce tress during pregnancy.

Furthermore, the findings showed that the respondents accepted all articulated emotional factors as contributing to stress among pregnant women like mode swing, anxiety, lack of attention from family members and lack of essential needs. This finding is in line with Woods, Melville and Guo (2010) who found out in their recent study of diverse urban sample that 78% of the population used in their study experienced low-to-moderate antenatal psychological stress and 6% experience high levels.

The findings equally agree with Fraiser and Cooper (2009) who stated that the emotional consequence of stress can range from a mild sense of being overwhelmed to a severe depression. They can eventually lead to a pregnant woman being withdrawn which is a type of emotional illness. These findings reveal that adequate measures need to be taken to reduce stress during pregnancy in order to safeguard both maternal and child health.

Conclusions:

Based on the findings the following conclusions were made:

- 1. Pregnant women need more information on how to prevent stress during pregnancy
- 2. Inability to meet financial obligation is the highest economic factor that contributes to stress among pregnant women attending Redeemer Hospital and Maternity.
- 3. Lack of essential needs is the highest emotional factor that contribute to stress during pregnancy.
- 4. Fetching of water appears to be the highest domestic factor that contribute to Stress among these women.

Recommendations:

Based on the finding of the study, the following recommendations have been made.

- 1) Pregnant women should be equipped with more information on how to prevent stress in pregnancy.
- 2) Adequate measures should be taken by government and other stakeholders to reduce stress among pregnant women in order to curb the ill effect of stress on both mother and baby.
- 3) There is need to empower women financially to reduce stress during pregnancy. Government should provide employment opportunities.
- 4) Support network from partner, family and friends is necessary during pregnancy to help the woman cope with stress. Family members should assist in performing necessary house chores.

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