EFFECTIVENESS OF EMOTIONAL SUPPORT ON STRESS AMONG WOMEN WITH MISCARRIAGE IN NARAYANA MEDICAL COLLEGE HOSPITAL, NELLORE, ANDHRA PRADESH

Abstract

Background: Miscarriage is one of the most common stressful complications during early pregnancy. It is estimated that miscarriage occurs in 20% of all clinically recognized pregnancies and up to half of all pregnancies. And there is a great need for emotional support and psychological therapies for mother with spontaneous abortion.

Aim: The aim of the study to assess the effectiveness of emotional support on stress among women with miscarriage.

Objectives: 1.To assess the stress level among women with miscarriage. 2. To assess the effectiveness of emotional support on stress among women with miscarriage. 3. To find the association between emotional support on stress with socio demographic variables.

Methodology: 60 women with miscarriage visiting NMCH were selected by using non-probability convenience sampling technique.

Conclusion: The level of stress among women, in pre-test, 9(15%) had low stress, 48(80%) had moderate stress and 3(5%) had high stress. In post test, 33 (55%) had low stress and 27 (45%) had moderate stress and none of them had high stress. The study concluded that there was a significant reduction of stress of women after giving emotional support.

Keywords: Effect, Emotional Support, Stress, Women, Miscarriage.

Authors

Vennela Kumari .K
Assistant Professor
Department of OBG
Sri Sarada College of Nursing
Kadapa, Andhra Pradesh, India.

Latha .P
Professor & Principal
Department of OBG
Nishad College of Nursing & Allied
Sciences, Satna, Madhya Pradesh, India.

I. INTRODUCTION

Miscarriage is one of the most common complications during early pregnancy. It is estimated that miscarriage occurs in 20% of all clinically recognized pregnancies and up to half of all pregnancies. Women, who had abortion, will have physical mental and psychological disturbances, which will affect the pregnancy state furthermore. Even mother can go the extend of severe stress, anxiety and depressive symptoms and incapacitate her to cope up with the situation too.

A miscarriage is the loss of a pregnancy either spontaneous or by induced that happens during the pregnancy, and most of the abortions occurs during the first 12 weeks of pregnancy. The common symptom of a miscarriage is vaginal bleeding, escape of products of conception with severe abdominal pain and painful contractions. Some women have no signs and symptoms or in few women, the symptoms of pregnancy may revert back to pre-pregnant state.

In few of the cases, the psychological symptoms of anxiety and depression may extend sometimes up to 1 year after the incident of abortion. Furthermore, it will affect the outcome of subsequent pregnancies.

II. NEED FOR THE STUDY

WHO (2016) Journal of Obstetrics and Gynecology, states that, women in India are most commonly experiencing abortions of any types either in first or subsequent pregnancies than comparing with other parts of the world. The five-city study, which was published in the Journal of Obstetrics and Gynecology of India, showed that 32% of the 2400 odd participants had suffered from spontaneous miscarriage.

A study was conducted to assess the prevalence and risk factors associated with recurrent spontaneous miscarriage (RSM) in India. Female patients aged between 18 and 45 years who had at least a single spontaneous miscarriage were participated in the study. The probability of repeated abortions was assessed in first, second, and third trimester. The association between repeated spontaneous abortions with all age groups was analyzed by using Chi Square test. Binary logistic regression analysis was applied. Out of 2398 patients, 767 (32 %) had a history of at least one spontaneous miscarriage. The prevalence of RSM among the 753 enrolled patients was 7.46 %. RSM was mostly recorded in the age group of ≥ 33 years (14.68 %, $n = 32$). In patients with RSM, the second and third miscarriages were more prevalent between 7- 12 week of gestation. There was a significant association ($P < 0.05$) between RSM and clotting disorders, immunological factors, infections, and genetic disorders. The study revealed a higher prevalence of RSM among the Indian women as compared to western population.

III. STATEMENT OF THE PROBLEM

A study to assess the effectiveness of emotional support on stress among women with miscarriage in NMCH, Nellore, A.P.

IV. OBJECTIVES

1. To assess the stress level among women with miscarriage.
2. To assess the effectiveness of emotional support on stress among women with miscarriage.
3. To find the association between emotional support on stress with socio demographic variables.

V. RESEARCH HYPOTHESES

1. **H_1:** There is a statistically significant reduction in stress in post-test than the pre-test after the intervention program.
2. **H_2:** There is a statistically significant association betweeneffectiveness of emotional support on stress with selected demographic variables.

VI. DELIMITATIONS

The study is limited to:

1. Women who had miscarriage
2. Women admitted in Gynaec ward at NMCH, Nellore.
3. Sample size is 60 only

VII. METHODOLOGY

1. **Research Approach:** A quantitative research approach was adopted in the present study.

2. **Research Design:** The research design selected for this study is pre-experimental, one group pre-test, post-test design.

Group	Pre-Test	Intervention	Post-Test
One group	O_1	X	O_2

O_1: Pre-test on stress level of women with miscarriage.
X: Intervention on emotional support.
O_2: Post-test to assess the effectiveness of emotional support on stress among women with miscarriage.

VIII. SETTING OF THE STUDY

The study was conducted in Narayana Medical College Hospital located at Chinthareddypalem, Nellore.

IX. POPULATION

1. **Target Population:** All women with miscarriage.

2. Accessible Population: Women who had miscarriage and admitted in NMCH, Nellore.

X. SAMPLE

Women with miscarriage and who fulfilled the inclusion criteria.

XI. SAMPLING TECHNIQUE

Non-probability convenience sampling technique was used to select the samples.

XII. SAMPLE SIZE

The sample for the study was 60 women with miscarriage.

XIII. SAMPLING CRITERIA

1. Inclusion Criteria

- Women who had miscarriage and admitted in NMCH, Nellore.
- Who are willing to participate in the study
- Who know Telugu or English

2. Exclusion Criteria

- Women who are not available during time of data collection
- Women admitted with other gynaecological problems.

XIV. VARIABLES

1. Dependent Variable: Intervention on emotional support

2. Independent Variable: Level of stress

3. Socio Demographic Variables: This includes age, gravida, parity, time of miscarriage, education, occupation, family income and age at menarche.

XV. DATA COLLECTION PROCEDURE

After obtaining formal written permission from Medical Superintendent& Nursing Superintendent, the main study was conducted at Narayana Medical College Hospital. 60 women were selected by using Non- probability convenience sampling technique. They were explained about the nature and purpose of the study and the written consent was taken. At first, the demographic data was collected, followed by the level of stress among women was assessed by using modified Perceived Stress Scale (PSS). The data was collected for 6 weeks. Interventional programme on emotional support was given for 30mts which includes, reassurance, psychological support, emotional freedom techniques, clarification with information, validating of emotions, therapeutic communication with IPR etc. After one week, post test was conducted to assess the stress level among women by using the same

stress scale. The collected data was organized and analyzed by using descriptive and inferential statistics.

XVI. Data ANALYSIS & DISCUSSION

Table 1: Frequency and Percentage Distribution of Stress Among Women with Miscarriage in Pre Test and Post Test
(N=60)

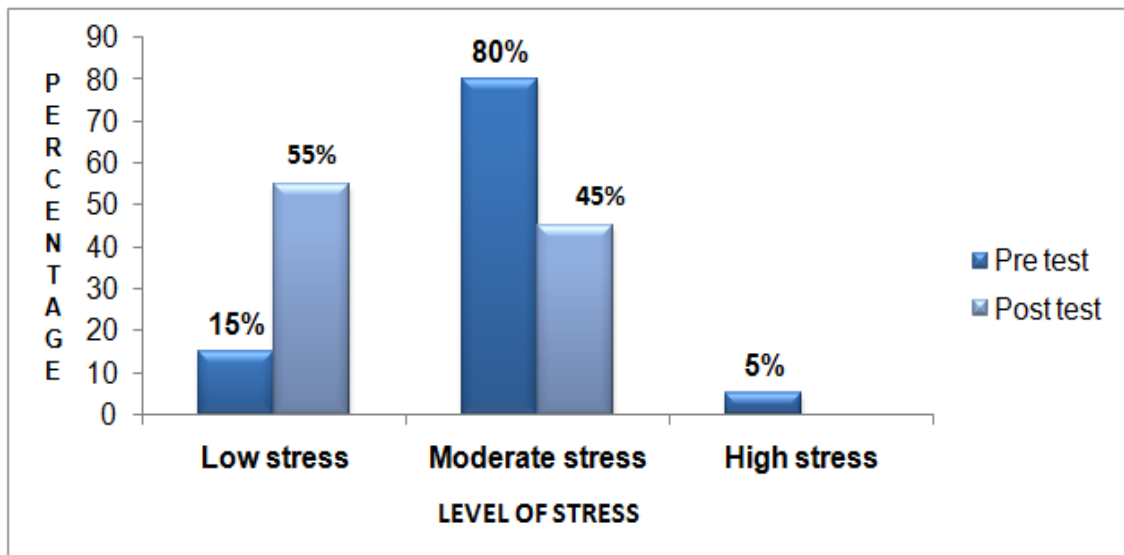| S. No	Level of Stress	Pre Test		Post Test	
		F	%	F	%
1.	Low stress	9	15%	33	55%
2.	Moderate stress	48	80%	27	45%
3.	High stress	3	5%	-	-
	Total	**60**	**100**	**60**	**100**

Figure 1: Frequency and Percentage Distribution of Stress Among Women with Miscarriage in Pre Test and Post Test

Table 2: Effectiveness of Emotional Support on Stress Among Women with Miscarriage
(N=60)

Group	Pre-Test		Post-Test		Paired 'T' Test
	Mean	S.D	Mean	S.D	
Women	18.48	5.52	13.16	4.59	C=11.34 T=0.250 df=59 P<0.05 S*

Table 3: Association Between Post Test Level of Stress with Socio Demographic Variables Among Women
(N=60)

S.No	Demographic Variables	Low Stress		Moderate Stress		Chi-Square (χ^2)
		F	%	F	%	
1.	**Age in years** a) <20 b) 21-25 c) 26-30 d) 31-35	8 14 7 4	13.33 23.33 11.66 6.66	4 12 8 3	6.66 20 13.33	C = 1.35 T=7.82 df=3 P< 0.05 NS
2.	**Gravida** a) Primi gravida b) Multi gravid	26 7	43.33 11.66	9 18	15 30	C = 12.6232 T =3.84 df=1 P< 0.05 S*
3.	**Para** a) Primi para b) Multi para	22 11	36.66 18.33	19 8	31.66 13.33	C = 0.0817 T=3.84 df=1 P< 0.05 NS
4.	**Time of miscarriage** (a) First trimester (b) Second trimester (c) Third trimester	18 9 6	30 15 10	15 9 3	25 15 5	C = 0.6787 T =5.99 df=2 P< 0.05 NS
5.	**Education** a) No formal education b) primary education c) Secondary education	14 10 9	23.33 16.66 15	10 11 6	16.66 18.33 10	C = 0.746 T =5.99 df=2 P< 0.05 NS
6.	**Occupation** (a) Home maker (b) Coolie (c) Private job (d) Government job	21 6 6 -	35 10 10 -	10 9 6 2	16.66 15 10 3.33	C=6.3176 T =7.82 df=3 P< 0.05 NS

XVII. MAJOR FINDINGS OF THE STUDY

1. The level of stress among women, in pre-test, 9(15%) had low stress, 48(80%) had moderate stress and 3(5%) had high stress. In post test, 33 (55%) had low stress and 27 (45%) had moderate stress and none of them had high stress.

2. The pre-test stress mean was 18.48 with standard deviation of 5.52 and the post-test stress mean score was 13.16 with standard deviation of 4.59. The calculated value 11.34 and the table value is 0.250. Hence, the research hypothesis (H_1) is accepted.

3. Regarding association between post test stress score and demographic variables only gravida had significant association with level of stress at P<0.05 level.

XVIII. CONCLUSION

The study revealed that level of stress among women, in pre-test, 9(15%) had low stress, 48(80%) had moderate stress and 3(5%) had high stress. Whereas in control group, 33 (55%) had low stress and 27 (45%) had moderate stress and none of them had high stress. The study concluded that there was a significant reduction of stress of women after giving emotional support.

REFERENCES

[1] https://www.parents.com/pregnancy/complications/miscarriage/miscarriage-causes-signs-and-what-to-expect/.

[2] https://www.marchofdimes.org/types/miscarriage.aspx.

[3] DC DUTTA "Text book of obstetrics", eighth edition, 2004, Published by Wolters Kluwer (India) Pvt. Ltd., New Delhi. Page no: 158-162.

[4] MYLES, "The text book of midwives", 15th edition, 2009, Elsevier, p.no.161-178.

[5] **Articles| volume 6, issue 1, pe111-e120, january 01, Susheela Singh, PhD 2018The incidence of abortion and unintended pregnancy in India, 2015.**

[6] https://www.who.int/reproductivehealth/publications/unsafe_abortion/en/

[7] journal ListObstet Gynaecol Indiav. 66(5); Ameet Patki2016 Oct PMC4958068 An Epidemiology Study to Determine the Prevalence and Risk Factors Associated with Recurrent Spontaneous Miscarriage in India.

[8] MARCI LOBEL, An exploratory study was done to examine the patterns of state anxiety and pregnancy-specific distress. Published date: December 2012. https://www.nice.org.uk/guidance/cg154 last accessed 10th October 2016. Google Scholar