

An Exploratory Study to Assess the Factors Causing Anxiety among Primigravida Planned for Normal Vaginal Delivery and Caesarean Section Admitted at Mata Kaushalya Hospital, Patiala, Punjab

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Abstract

Background of the study: Primigravida mothers are those who conceived for the first time. Thus, they need extra care and special attention, acceptance of their behavior, sincere praise and encouragement and protection which will ease them aiding to a healthy outcome. Tension and stress resulting from pregnancy crisis and labor increase when the mother is hospitalized, which is associated with stressful situations and factors that affect pain perception during labor ultimately leading to increased anxiety. The purpose of this study was to explore the factors causing anxiety among primigravida planned for normal vaginal delivery and caesarean section.

Objective: To assess the level of anxiety among primigravida planned for NVD and Caesarean section. To compare the anxiety level among primigravida planned for NVD and Caesarean section. To assess the factors causing anxiety among primigravida planned for NVD and caesarean section.

Methodology: An exploratory study was conducted to assess the factors causing anxiety among primigravida planned for normal vaginal delivery and caesarean section admitted at Mata Kaushalya Hospital, Patiala, Punjab where 40 primigravida women were taken 20 each for normal vaginal delivery and caesarean section in a non-randomized purposive Sampling technique was used. Willing participants were asked to fill out the self-structured questionnaires. Self-structured 5-point Likert scale was used to assess the level of anxiety among primigravida planned for normal vaginal delivery and caesarean section. For the assessment of factors causing anxiety, a checklist was used.

Results: The study revealed that majority of the NVD and caesarean section were experiencing moderate anxiety. While on comparison, the level was found to be higher in case of Caesarean section with a mean score of 24.85. Whereas the mean score in NVD was 20.35. The anxiety was caused due to different factors both in NVD and caesarean section. Out of the 20 factors that we took into consideration, in NVD 95% cases experienced anxiety due to "stressful life events" and "body changes". On the other hand, 75% cases of caesarean section experienced anxiety due to "history of anxiety attacks" and "fear of sexual life getting effected".

Keywords: NVD (Normal Vaginal Delivery); LSCS (Lower Segment Caesarean Section)

Introduction

"The moment a child is born, the mother is also born. She never existed before. The woman Existed, but the mother, never. A mother is something absolutely new."-Osho

Childbirth is a new experience to the primigravida mothers. Childbirth in some women is a joyous relationship of hopes, together with an accelerated feeling of fears and anxieties whether the baby will be normal and healthy; about their own reaction to labor and also about the attitude of people who will help and care for them. As the time for labour and delivery approaches there is usually heightened sense of impending disaster. Being pregnant or conceiving as a whole gives meaning to the beauty of life. it is in this period one feels immense joy coupled with excitement. The feeling of carrying a little soul within one is truly magnificent as they say.

Childbirth as it is seen is an important life event. It is a natural, normal physiological phenomenon which introduces new experiences in women's reproductive life. Child birth events has great physiological, emotional and social impact to the woman and her family for the first timers especially. Mixed emotions such as stress, physiological pain and fear of dangers. And thus the care that she is to get should be tactful, sensitive, and respectful to her at all times [1]. Vaginal delivery is a spontaneous delivery which occurs when a pregnant female goes into a labour without the use of any drugs or technique to induce labour

and delivers her baby in the normally without any interventions. It is the mostly practiced method of delivery when there is a risk for either the mother or the baby. Caesarean Section are planned procedure because of medical reason that make vaginal birth risky, it is the use of surgery to deliver one or more babies The specific needs of the mothers are much more in caesarean section as compared to normal delivery. A great deal of stressors which is experienced come from physical physiological and cultural factors in caesarean section [2]. Factors such as avoiding the whole process of labour and medical advancement and an overall an easier mode of delivery results caesarean births as one of the most commonly performed surgeries today [3]. With the sudden advancement in technology, the living standard of the humans drastically ameliorated and eclipsed the arduous life our predecessors had to survive. Technology has broadened our horizon and made us

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pragmatic. Unsurprisingly, it has been a boon to medicine and science. However, it would be an understatement to perceive that technology has eradicated all the fears of health related issues. One such process people are still uncertain and opinionated about, despite the unprecedented knowledge, is the period of pregnancy and child birth. Delivery process corroborates fear and anxiety relating to child birth, child's and mother's wellbeing in women all over the world. Some of the Factors causing anxiety among the primigravida planned for normal vaginal delivery and caesarean section are as listed painful labour, excessive blood loss, economically unstable state of the family, fear for the delivery process, the mother is not ready to take responsibility of the baby, daily activity will be affected after the delivery, Body and skin changes will occur, prolonged time for recovery, unsupportive families and friends of the decision to have a baby, less time and care for the baby, painful and difficulty experiences from other mother, any other causing factor for stress to the women, if unplanned pregnancy occurs, sexual life will be affected and mainly due to the gender of the baby. These are the factors mentioned and used as to assess the anxiety level of the primigravida.

Women are still tormented due to the probability of failures during the delivery process. This cause of fears are negative mood, alarming information, child related problems and negative experience of previous pregnancy and child birth. Another alarming problem is the fear of caesarean section during the delivery process. During labour a certain level of anxiety i.e. mild is considered normal for women.

Pain perception increases when there is excessive anxiety and the fear that is experienced in turn elevates catecholamine secretion which is the stimuli reaching the brain that magnifies it. As anxiety builds up, muscle tension increases and the uterine contractions decrease resulting in intensifying discomfort thus a cycle of increased fear and anxiety begins. Ultimately slowing down the progress of labour [4].

Anxiety, ambivalence, mood swings, introversion, narrowing of interest, depression, feeling of loneliness and impatience are experienced during the last weeks of pregnancy. Anxiety causes uterine dysfunction and uterine hypoxia which may be the reason for the occurrence of still birth. Thus fairing as major factors [5].

A major factor influencing labor pain is fear. The fear may be related to herself and her baby, sex of the child, loss of child, fear to have a premature child, child with mental retardation or congenital malformation, fear of operation, fear of family's undesirable attitude of the new environment which may cause anxiety to the mother. Fears related to the uncertainty of childbirth itself and the aftermath of it [6].

A phenomenological study conducted by Ryding E L Klaas Wijma in the year 2002 on experiences of 53 women who underwent caesarean section in Sweden, revealed that after pregnant women entered the delivery room for caesarean section, their feelings changed from confident and safe to fear, fear of their own life and that of the baby. However their fear may bolster, it leaves a deep scar and a long term effect on the women after giving birth. Fears are manifested as symptoms of stress, effect on everyday life, and do not wish to have a caesarean section or to avoid pregnancy and child birth altogether [7].

The above studies conducted clearly shows that mothers planned for either normal vaginal delivery or caesarean section, do experience stress and anxiety and very little importance is given to this aspect. The goal of proper and wholesome health care should include the physical as well as mental and spiritual well-being of the patients.

Methodology

A quantitative research approach was adopted to accomplish the objectives of the study. Self structured 5-point Likert scale was used to assess the level of anxiety among primigravida planned for normal vaginal delivery and caesarean section. For the assessment of factors causing anxiety, a checklist was used to obtain data from 40 women (20 planned for Normal Vaginal Delivery and 20 planned for Caesarean section) by non randomized purposive Sampling technique.

Tool for data collection is divided into three categories. Namely:

Part A: Socio-Demographic Data that includes age, type of delivery planned, gestational age, residency, education status, occupation, type of family and family income.

Part B: Self structured 5-point Likert scale to assess the level of anxiety among primigravida planned for normal vaginal delivery and caesarean section.

Part C: Checklist to assess the factors causing anxiety among primigravida planned for normal vaginal delivery and caesarean section.

Analysis of the data: the data was analyzed according to the objectives of the study using statistical method.

Results

Section 1: Socio demographic variables of sample

According to the age of the primigravida, 25% belongs to 22 years and 20% in 24 years followed by 10% in 21, 23 and 26 age group respectively and 15% for 25 years and just 5% of them were at the age of 27 and 28 in LSCS cases. Similarly, for NVD the maximum number of individuals were from the age group of 21 and 22 giving 20% followed by 23 and 24 years giving 15% each, 27 and 28 years having 10% respectively and the lowest frequency was 5% for the age group of 26 and 26 years respectively (Table 1).

According to the type of delivery since the sample was divided equally between NVD and LSCS that is 20 each in NVD and LSCS respectively.

The gestational age in the primigravida was 100% between 37-39 weeks of gestation in both NDV and LSCS respectively.

As per the area of residency the maximum 85% and 75% for NVD and LSCS were from the rural area followed by 15% and 30% for NVD and LSCS respectively.

According to educational status of the primigravida, 65% and 60% had studied till primary, 10% of them were illiterate, 20% and 15% had studied secondary education in NVD and LSCS respectively, while 5% were graduated and above in LSCS and 0 in NVD.

Majority 85% (NVD) and 80% (LSCS) of the primigravida were housewives, 10% were laborer for both NVD and LSCS and 5% were govt. job for NVD.

In relation to type of family, majority 85% -95% of the primigravida were from joint family followed by 15% and 5% of them were from nuclear family in NVD and LSCS respectively.

As per religion, in both the groups 40% of the primigravida were Hindu 50% and 40% were Sikh and 10% and 20% belonged to Muslim religion in NVD and LSCS respectively.

According to monthly income of the family, majority 90% of the

Sample Characteristics		NVD (f)	NVD (%)	LSCS (f)	CS (%)
Age	21 Years	4	20	2	10
	22 Years	4	20	5	25
	23 Years	3	15	2	10
	24 Years	3	15	4	20
	25 Years	1	5	3	15
	26 Years	1	5	2	10
	27 Years	2	10	1	5
	28 Years	2	10	1	5
	Type of Delivery	NVD	20	100	0
CS		0	0	20	100
Gestational Age	37-39	20	100	20	100
	39-41	0	0	0	0
Residency	Urban	3	15	6	30
	Rural	17	85	14	70
Education	Illiterate	2	10	2	10
	Primary	13	65	12	60
	Secondary	4	20	3	15
	Senior Secondary	1	5	2	10
	Graduation & Above	0	0	1	5
Occupation	Homemaker	17	85	16	80
	Business	0	0	0	0
	Govt. Job	1	5	0	0
	Pvt. Job	0	0	2	10
	Laborer	2	10	2	10
Type of Family	Nuclear	3	15	1	5
	Joint	17	85	19	95
Religion	Hindu	8	40	8	40
	Sikh	10	50	8	40
	Muslim	2	10	4	20
	Christian	0	0	0	0
	Any Other	0	0	0	0
Family Income (Monthly)	<Rs10,000	18	90	18	90
	10,001-20,000	1	5	2	10
	20,001-30,000	1	5	0	0
	>Rs30,000	0	0	0	0

Table 1: Frequency and Percentage Distribution of samples Characteristics.

primigravida had income less than or equal to Rs. 10,000, 5%-10% had Rs. 10,001-20,000 in both NVD and LSCS respectively and only 5% from NVD were had between Rs. 20,001-30,000.

Section 2: Level of anxiety in primigravida planned for normal vaginal delivery and caesarean section

Objective 1: To assess the anxiety level among primigravida planned for NVD and Caesarean section.

Table 2 depicts the frequency and percentage distribution of level of anxiety among 40 primigravida who were planned for NVD and LSCS. In this 65% primigravida had moderate level of anxiety in NVD and 55% in LSCS and 45% and 35% in each LSCS and NVD had low anxiety respectively.

Section 3: Comparison of level of anxiety in primigravida planned for normal vaginal delivery and caesarean section

Objective 2: To compare the level of anxiety among primigravida

Category Score	LSCS Anxiety (f)%	NVD Anxiety (f)%
Potentially Concerning Levels of Anxiety (42-60)	0 (0%)	0 (0%)
Moderate Anxiety (21-41)	11 (55%)	13 (65%)
Low anxiety (0-20)	9 (45%)	7 (35%)

Maximum=60

Minimum=0

Table 2: The level of anxiety among primigravida planned for NVD and LSCS.

planned for NVD and Caesarean section.

Table 3 compares the anxiety level scores among primigravida planned for NVD and LSCS which shows the mean score 20.35 among primigravida who were planned for NVD and 24.85 primigravida planned for LSCS. Using unpaired t test at $p < 0.05$ level showing there is a significant comparison between NVD and LSCS in the anxiety levels.

Section 4: Factors causing the anxiety in primigravida planned for normal vaginal delivery and caesarean section

Objective 3: To assess the factors causing anxiety among primigravida planned for NVD and caesarean section.

Table 4a depicts the various factors that might be the cause of anxiety in the primigravida and their responses in the form of checklist. Among 20 NVD primigravida the fear of bodily changes such as Weight gain, breast changes, skin changes etc and stressful events were seen of high concern which gave a total of 95% each for both the factors however, the fear for the same factors was comparatively less in mothers opting for LSCS giving 55% and 60% respectively. However the more concerning factors for mothers opting for LSCS primigravida were past anxiety attack which was 75% and the effects on sexual life after the delivery which was 75% as well were more of a concern. The Baby's gender surprisingly was 60-65% of a concern in both the groups. Fear due to heard horrible experiences on labour from other women the family was another factor that was seen high in for NVD group which was 90% and just 40% in LSCS group. Fear of labor pain was in seen slightly higher in NVD group which was 60% as compared to LSCS which was 50%. Other factors such as management of time with the baby care and household work, baby's well being and fear of Vaginal and perineal trauma were all upto 85% present in NVD primigravida whereas in LSCS primigravida it was 60%, 65% and 65% respectively.

Table 4b shows the set criteria and scores for assessing the factors causing anxiety among the primigravida between NVD and LSCS. The higher scores were obtained from the NVD group which was 85% whereas the only 65% of the factors were applicable for the LSCS which was in average range. 30% and 10% for LSCS and NVD were obtained respectively and just 5% each in the low range.

Demographic Variables

Objective 4: To determine the association of anxiety level with the selected socio demographic variables.

This section deals with the findings related to the association between the anxiety score and selected demographic variables. The chi-square test was used to determine the association between the score levels and selected demographic variables.

Table 5a(I) depicts the association of anxiety level with the selected socio demographic variable Age among primigravida planned for NVD. Based on chi square test it was found statistically non significant at $p < 0.05$ level.

Unpaired T Test		n	Mean score	SD	Mean %	Unpaired Test	P value	Table Value at 0.05	N=40 Result
ANXIETY Score	NVD	20	20.35	6.089	33.92	2.079	0.044	2.024	Significant
	LSCS	20	24.85	7.527	41.42				

p < 0.05 level

Table 3: The comparison the level of anxiety among primigravida planned for NVD and LSCS.

ITEMS	NVD		CS		N=40
	F	%	F	%	
Labour is painful	12	60	10	50	
There will be a lot of blood loss.	10	50	7	11	
My family is economically unstable to take care of a new member.	9	45	11	55	
Fear of birthing experience.	10	50	10	50	
I am not ready to take full care and responsibility of my baby.	6	30	8	40	
My daily activities will be altered after the delivery.	14	70	11	55	
I will acquire ugly scars for a lifetime.	11	55	8	40	
My recovery will not be early.	10	50	12	60	
My family and friends are not supportive of my decision to have the baby.	9	45	13	65	
I cannot manage my time with the baby care and household work.	17	85	12	60	
I have heard horrible experiences on labor from other women in my family.	18	90	8	40	
I am concerned about my baby's well being.	17	85	13	65	
My body will change after child birth. (Weight gain, breast changes, skin changes etc.)	19	95	11	55	
Fear of Vaginal and perineal trauma	17	85	13	65	
Stressful life events.	19	95	12	60	
This was an unplanned pregnancy.	13	65	12	60	
I had episodes of anxiety attacks in the past.	11	55	15	75	
Baby is conceived after many years of marriage	12	60	13	65	
Fear of baby well being.					
My sexual life will be effected.	10	50	15	75	
The baby's gender is important.	12	60	13	65	

Table 4a: The factors causing anxiety among primigravida planned for NVD and caesarean section.

Category Score	N=40	
	CS Factor (f)%	NVD Factor (f)%
High (15-20)	6 (30%)	2 (10%)
Average (8-14)	13 (65%)	17 (85%)
Low (0-7)	1 (5%)	1 (5%)

Maximum=60
Minimum=0

Table 4b: Frequency and percentage distribution of factors causing anxiety among primigravida planned for NVD and caesarean section.

Hence, it can be said that Age had no association with level of anxiety among primigravida planned for NVD.

Table 5a(II) depicts the association of anxiety level with the selected socio demographic variable Age among primigravida planned for LSCS. Based on chi square test it was found statistically non significant at p<0.05.

Hence, it can be said that Age had no association with level of anxiety among primigravida planned for LSCS.

Table 5b(I) depicts the association of anxiety level with the selected socio demographic variable Residency among primigravida planned for NVD. Based on chi square test it was found statistically non significant at p<0.05.

Hence, it can be said that Residency had no association with level of anxiety among primigravida planned for NVD.

Table 5b(II) depicts the association of anxiety level with the selected socio demographic variable Residency among primigravida planned for LSCS. Based on chi square test it was found statistically non significant at p<0.05.

Hence, it can be said that Residency had no association with level of anxiety among primigravida planned for LSCS.

Table 5c(I) depicts the association of anxiety level with the selected socio demographic variable Education among primigravida planned for NVD. Based on chi square test it was found statistically non significant at p<0.05.

Hence, it can be said that Education had no association with level of anxiety among primigravida planned for NVD.

Table 5c(II) depicts the association of anxiety level with the selected socio demographic variable Education among primigravida planned for LSCS. Based on chi square test it was found statistically non significant at p<0.05.

Hence, it can be said that Education had no association with level of anxiety among primigravida planned for LSCS.

Table 5d(I) depicts the association of anxiety level with the selected socio demographic variable Occupation among primigravida planned for NVD. Based on chi square test it was found statistically non significant at p<0.05.

Demographic Data					Association with NVD Score				
Variable	opts	Potentially Concerning	Moderate	Low	Chi Test	P Value	df	Table Value	Result
Age	21 Years		2	2	8.215	0.314	7	14.067	Not Significant
	22 Years		3	1					
	23 Years		1	2					
	24 Years		3	0					
	25 Years		0	1					
	26 Years		1	0					
	27 Years		1	1					
	28 Years		0	2					

Table 5a(I): The association of anxiety level with the selected socio demographic variable age among primigravida planned for NVD.

Demographic Data					Association with LSCS ANXIETY				
Variable	opts	Potentially Concerning	Moderate	Low	Chi Test	P Value	df	Table Value	Result
Age	21 Years		2	0	3.004	0.885	7	14.067	Not Significant
	22 Years		3	2					
	23 Years		1	1					
	24 Years		2	2					
	25 Years		2	1					
	26 Years		1	1					
	27 Years		1	0					
	28 Years		1	0					

Table 5a(II): The association of anxiety level with the selected socio demographic variable age among primigravida planned for LSCS.

Demographic Data					Association with NVD Score				
Variable	opts	Potentially Concerning	Moderate	Low	Chi Test	P Value	df	Table Value	Result
Residency	Urban		2	1	0.194	0.660	1	3.841	Not Significant
	Rural		9	8					

Table 5b(I): The association of anxiety level with the selected socio demographic variable Residency among primigravida planned for NVD.

Demographic Data					Association with LSCS ANXIETY				
Variable	opts	Potentially Concerning	Moderate	Low	Chi Test	P Value	df	Table Value	Result
Residency	Urban		4	2	0.010	0.919	1	3.841	Not Significant
	Rural		9	5					

Table 5b(II): The association of anxiety level with the selected socio demographic variable Residency among primigravida planned for LSCS.

Demographic Data					Association with NVD Score				
Variables	opts	Potentially Concerning	Moderate	Low	Chi Test	P Value	df	Table Value	Result
Education	Illiterate		1	1	0.886	0.829	3	7.815	Not Significant
	Primary		7	6					
	Secondary		2	2					
	Senior Secondary		1	0					
	Graduation & Above		0	0					

Table 5c(I): The association of anxiety level with the selected socio demographic variable Education among primigravida planned for NVD.

Hence, it can be said that Occupation had no association with level of anxiety among primigravida planned for NVD.

Table 5d(II) depicts the association of anxiety level with the selected socio demographic variable Occupation among primigravida

planned for LSCS. Based on chi square test it was found statistically non significant at $p < 0.05$.

Hence, it can be said that Occupation had no association with level of anxiety among primigravida planned for LSCS.

Demographic Data		Levels of Anxiety			Association with LSCS ANXIETY				
Variables	opts	Potentially Concerning	Moderate	Low	Chi Test	P Value	df	Table Value	Result
Education	Illiterate		1	1					
	Primary		7	5					
	Secondary		2	1	2.051	0.726	4	9.488	Not Significant
	Senior Secondary		2	0					
	Graduation & Above		1	0					

Table 5c(II): The association of anxiety level with the selected socio demographic variable Education among primigravida planned for LSCS.

Demographic Data		Levels of Anxiety			Association with NVD Score				
Variables	opts	Potentially Concerning	Moderate	Low	Chi Test	P Value	df	Table Value	Result
Occupation	Homemaker		9	8					
	Business		0	0					
	Govt. Job		1	0	0.867	0.648	2	5.991	Not Significant
	Pvt. Job		0	0					
	Labourer		1	1					

Table 5d(I): The association of anxiety level with the selected socio demographic variable Occupation among primigravida planned for NVD.

Demographic Data		Levels of Anxiety			Association with LSCS ANXIETY				
Variables	opts	Potentially Concerning	Moderate	Low	Chi Test	P Value	df	Table Value	Result
Occupation	Homemaker		9	7					
	Buisness		0	0					
	Govt. Job		0	0	2.692	0.260	2	5.991	Not Significant
	Pvt. Job		2	0					
	Labourer		2	0					

Table 5d(II): The association of anxiety level with the selected socio demographic variable Occupation among primigravida planned for LSCS.

Demographic Data		Levels of Anxiety			Association with NVD Score				
Variables	opts	Potentially Concerning	Moderate	Low	Chi Test	P Value	df	Table Value	Result
Type of Family	Nuclear		2	1	0.194	0.660	1	3.841	Not Significant
	Joint		9	8					

Table 5e(I): The association of anxiety level with the selected socio demographic variable Type of family among primigravida planned for NVD.

Demographic Data		Levels of Anxiety			Association with LSCS ANXIETY				
Variables	opts	Potentially Concerning	Moderate	Low	Chi Test	P Value	df	Table Value	Result
Type of Family	Nuclear		1	0	0.567	0.452	1	3.841	Not Significant
	Joint		12	7					

Table 5e(II): The association of anxiety level with the selected socio demographic variable Type of family among primigravida planned for LSCS.

Table 5e(I) depicts the association of anxiety level with the selected socio demographic variable Type of Family among primigravida planned for NVD. Based on chi square test it was found statistically non significant at $p < 0.05$.

Hence, it can be said that Type of Family had no association with level of anxiety among primigravida planned for NVD.

Table 5e(II) depicts the association of anxiety level with the selected socio demographic variable Type of Family among primigravida planned for LSCS. Based on chi square test it was found statistically non significant at $p < 0.05$.

Hence, it can be said that Type of Family had no association with level of anxiety among primigravida planned for LSCS.

Table 5f(I) depicts the association of anxiety level with the selected socio demographic variable Religion among primigravida planned for NVD. Based on chi square test it was found statistically non significant at $p < 0.05$.

Hence, it can be said that Religion had no association with level of anxiety among primigravida planned for NVD.

Table 5f(II) depicts the association of anxiety level with the selected socio demographic variable Religion among primigravida planned for

Demographic Data		Levels of Anxiety			Association with NVD Score				
Variables	opts	Potentially Concerning	Moderate	Low	Chi Test	P Value	df	Table Value	Result
Religion	Hindu		7	1					
	Sikh		3	7					
	Muslim		1	1	5.960	0.051	2	5.991	Not Significant
	Christian		0	0					
	Any Other		0	0					

Table 5f(I): The association of anxiety level with the selected socio demographic variable Religion among primigravida planned for NVD.

Demographic Data		Levels of Anxiety			Association with LSCS ANXIETY				
Variables	opts	Potentially Concerning	Moderate	Low	Chi Test	P Value	df	Table Value	Result
Religion	Hindu		4	4					
	Sikh		5	3					
	Muslim		4	0	2.967	0.227	2	5.991	Not Significant
	Christian		0	0					
	Any Other		0	0					

Table 5f(II): The association of anxiety level with the selected socio demographic variable Religion among primigravida planned for LSCS.

Demographic Data		Levels of Anxiety			Association with NVD Score				
Variables	opts	Potentially Concerning	Moderate	Low	Chi Test	P Value	df	Table Value	Result
Family Income (Monthly)	<Rs10,000		9	9					
	10,001-20,000		1	0	1.818	0.403	2	5.991	Not Significant
	20,001-30,000		1	0					
	>Rs 30,000		0	0					

Table 5g(I): The association of anxiety level with the selected socio demographic variable Family Income (Monthly) among primigravida planned for NVD.

Demographic Data		Levels of Anxiety			Association with LSCS ANXIETY				
Variables	opts	Potentially Concerning	Moderate	Low	Chi Test	P Value	df	Table Value	Result
Family Income (Monthly)	<Rs10,000		11	7					
	10,001-20,000		2	0	1.197	0.274	1	3.841	Not Significant
	20,001-30,000		0	0					
	>Rs 30,000		0	0					

Table 5g(II): The association of anxiety level with the selected socio demographic variable Family Income (Monthly) among primigravida planned for LSCS.

LSCS .Based on chi square test it was found statistically non significant at $p < 0.05$.

Hence, it can be said that Religion had no association with level of anxiety among primigravida planned for LSCS

Table 5g(I) depicts the association of anxiety level with the selected socio demographic variable Family Income (Monthly) among primigravida planned for NVD .Based on chi square test it was found statistically non significant at $p < 0.05$.

Hence it can be said that Family Income (Monthly) had no association with level of anxiety among primigravida planned for NVD.

Table 5g(II) depicts the association of anxiety level with the selected socio demographic variable Family Income (Monthly) among primigravida planned for LSCS. Based on chi square test it was found statistically non significant at $p < 0.05$.

Hence it can be said that Family Income (Monthly) had no association with level of anxiety among primigravida planned for LSCS

Discussion

In this chapter the attempt has been made to discuss the findings of the study in accordance with the objective of the research. They are discussed in relation to the objectives, need for the study and the related literature of the study. The problem statement is 'An exploratory study to assess the factors causing anxiety among primigravida planned for normal vaginal delivery and caesarean section admitted at Mata Kaushalya Hospital, Patiala, Punjab.'

As per our first objective: To assess the level of anxiety among primigravida planned for NVD and Caesarean section. We assessed the levels of anxiety among primigravida planned for NVD and Caesarean section using 5-point Likert Scale. It was found that majority

of primigravida planned for NVD(65%) and Caesarean section (55%) were having moderate anxiety.

In accordance with our second objective: To compare the anxiety among primigravida planned for NVD and Caesarean section. We compared the anxiety among primigravida planned for NVD and Caesarean section (sample of 20 each). On comparing the mean of anxiety among NVD (20.35) and caesarean section (24.85). We found that anxiety is more among primigravida planned for caesarean section than that among primigravida planned for NVD.

Taking into consideration or third objective: To assess the factors causing anxiety among primigravida planned for NVD and caesarean section. We prepared a checklist to assess the factors causing anxiety among primigravida planned for NVD and Caesarean section. We considered 20 factors. In both th cases i.e. NVD and Caesarean section, different factors were responsible for causing anxiety. In NVD, “Stressful life events” and “ Body changes” caused anxiety in maximum cases i.e. 95%. While in caesarean section, maximum cases i.e. 75% experienced anxiety due to “history of anxiety attacks” and “fear of sexual life getting effected”.

According to our fourth objective: To determine the association of

anxiety among primigravida planned for NVD and Caesarean section with the selected socio demographic variables. We considered 7 socio demographic variables i.e.: age, residency, education, occupation, type of family, religion and family income. Out of all the factors none was found to have any impact on the anxiety among primigravida planned for NVD and Caesarean section.

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