



INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

“FEAR OF COVID 19 AMONG PREGNANT WOMEN ATTENDING ANTENATAL CLINIC OF ASSOCIATED HOSPITAL, GMC BARAMULLA KASHMIR”

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ABSTRACT: Coronavirus disease (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus. Individuals infected with this virus generally present the symptoms of fever, body ache, cough, nasal congestion, loss of taste and smell in milder cases, and chest pain and breathing difficulties in severe cases. The COVID-19 pandemic has not only resulted in physical conditions but social, psychological, and economic consequences are also being observed globally; whereas the combined role of the alteration of normal life leads people to suffer from a higher degree of mental health problems, including fear of infection, uncertainty, stress, anxiety disorders, sleep problems, mood disorders, suicidality etc. Pregnant women are considered a vulnerable group during the COVID-19 pandemic because the physiological changes make them more susceptible to infections. Pregnant women are found expressing much of the fear related to their course of pregnancy, the in-utero transmission of the disease, and questions related to infection control in healthcare settings. A non-experimental approach with Cross sectional Survey design was used for this study. Sample size of 100 pregnant women were selected by convenient sampling technique. Data was collected by using questionnaire containing Socio Demographic Data and 7 –item scale of ‘Fear in COVID’. The findings of the study revealed that maximum number of subjects were in the age group of 31-35 years 36(36.0%), with 32 (32.0%) of subjects having Ist pregnancy & 36 (36.0%) were in their third trimester of pregnancy, highest number of subjects 34(34.0%) were having qualification as matriculation, majority 94(94.0%) of subjects were home maker and 75(75%) of subjects were not having any comorbidity in pregnancy. The study indicates majority of subjects were having moderate fear level 45(45%). There was significant association between fear of COVID 19 and demographic variable viz; working status (p value 0.005).

1.1 INTRODUCTION

Coronavirus disease (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus. ¹On 31 December 2019, WHO was informed of cases of pneumonia of unknown cause in Wuhan City, China. A novel coronavirus was identified as the cause by Chinese authorities on 7 January 2020 and was temporarily named “2019-nCoV”. On 30 January 2020, Dr Tedros Adhanom Ghebreyesus, WHO Director-General declared the novel coronavirus outbreak a public health emergency of international concern (PHEIC), WHO's highest level of alarm. At that time there were 98 cases and no deaths in 18 countries outside China. On 11 March 2020, the rapid increase in the number of cases outside China led the WHO Director General to announce that the outbreak could be characterized as a pandemic. By then more than 118 000 cases had been reported in 114 countries, and 4291 deaths had been recorded. ²Individuals infected with this virus generally present the symptoms of fever, body ache, cough, nasal congestion, loss of taste and smell in milder cases, and chest pain and breathing difficulties in severe cases. The COVID-19 pandemic has not only resulted in physical conditions but social, psychological, and economic consequences are also being observed globally; whereas the combined role of the alteration of normal life leads people to suffer from a higher degree of mental health problems, including fear of infection, uncertainty, stress, anxiety disorders, sleep problems, mood disorders, suicidality etc. Psychological stressors like panic, fear, phobia, etc., are being substantially reported during the COVID-19 outbreak. The deaths caused due to the pandemic have been enormous, inflicting a sense of fear among people. Fear is defined as “a basic, intense emotion aroused by the detection of imminent threat, involving an immediate alarm reaction that mobilizes the organism by triggering a set of physiological changes”. During the current pandemic, the fear was about either being infected or infecting others. ³

Pregnant women are considered a vulnerable group during the COVID-19 pandemic because the physiological changes make them more susceptible to infections. Pregnant women are found expressing much of the fear related to their course of pregnancy, the in-utero transmission of the disease, and questions related to infection control in healthcare settings. ⁴Researchers agree that women tend to experience increased psychosocial stress during pregnancy. Some of the stress inducing factors that affect women in pregnancy worldwide include inadequate resources, poor employment conditions, the stress of family and household responsibilities, challenges in intimate relationships, and pregnancy complications. In the meantime, COVID-19 aggravates the mental stress.

Abdulkarim M. Meraya ,Mamoon H. Syed,Aysha Yasmeen,et.al 2021 conducted a study on COVID-19 related psychological distress and fears among mothers and pregnant women in Saudi Arabia. This cross-sectional study surveyed women aged 18 years and older who either had children under 10 years of age or were pregnant at the time of the survey. The outcomes included psychological distress, mothers' fear of their children contracting COVID-19, change in children's behaviors during COVID-19 lockdown and pregnant women's concerns. The result showed that 11.8% ($n = 74$) were pregnant at the time of survey. Most of the pregnant women (89.2%, $n = 66$) had some degree of concerns about their unborn babies getting infected during delivery in the hospital. Among mothers of children under 10 years of age ($n = 564$), half ($n = 282$) reported change in their children's behavior during the lockdown. Most mothers and pregnant women (94.9%, $n = 569$) had some degree of psychological distress. The findings of study revealed that most mothers and expectant mothers in study had moderate to high levels of psychological distress during the COVID-19 pandemic outbreak in Saudi Arabia. Education, family income and chronic mental and physical conditions were associated with high psychological distress in Saudi Arabia during COVID-19. ⁵

A study conducted by **Nida Rauf , Shaffaq Zulfiqar , Sidra Mumtaz et.al 2021** on the Impact of the COVID-19 Pandemic on Pregnant Women with Perinatal Anxiety Symptoms in Pakistan. This qualitative study was embedded within an ongoing randomized controlled trial of psychosocial intervention for prenatal anxiety at a public hospital in Rawalpindi. The participants were women with symptoms of anxiety who had received or were receiving the intervention. In total, 27 interviews were conducted; 13 women were in their third trimester of pregnancy, and 14 were in their postnatal period. The data were collected through in-depth interviews and analyzed using framework analysis. Key findings were that during the pandemic, women experienced increased perinatal anxiety that was linked to greater financial problems, uncertainties over availability of appropriate obstetric healthcare, and a lack of trust in health professionals. Women experienced increased levels of fear for their own and their baby's health and safety, especially due to fear of infection. COVID-19 appears to have contributed to

symptoms of anxiety in women already predisposed to anxiety in the prenatal period. Efforts to address women's heightened anxiety due to the pandemic are likely to have public health benefits.⁶

Sidrah Nausheen, Shelia Bhamani, Areeba Makhdoom, Lumaan Sheikh 2020 conducted a cross-sectional survey among 201 pregnant women attending antenatal clinics of Aga Khan University Hospital. The findings of study revealed that 60% of study population showed high fear scores (27-35) from coronavirus whereas another 30% had moderate fear. No association of study variables was found with fear scores.⁷

The literature clearly indicates that COVID-19 aggravates the fear and anxiety among pregnant women. Hence, the purpose of this study was to explore the fears faced by pregnant women due to COVID-19.

1.2 Problem Statement: Fear of COVID 19 among pregnant women attending antenatal clinic of Associated Hospital GMC Baramulla, Kashmir.

1.3 Objectives: The objectives of the study were:

1. To assess the fear of COVID 19 among pregnant women attending antenatal clinic of Associated Hospital GMC Baramulla, Kashmir.
2. To find the association of fear of COVID 19 among pregnant women attending antenatal clinic with selected socio demographic variables.

2. RESEARCH METHODOLOGY

2.1 Research Approach and Design: A non-experimental approach with Cross sectional Survey design was used for this study.

2.2 Population and Sample: The population of the main study consisted of pregnant women attending antenatal clinic of Associated Hospital GMC Baramulla, Kashmir. Convenient sampling technique was used to select a sample size of 100 pregnant women.

2.3 Research Tools: The questionnaire was developed after an extensive literature review to identify existing instruments and scales. An initial draft of the questionnaire was developed with the following sections: Section A: Socio Demographic Data, Section B: 7 –item scale of ‘Fear in COVID’ which is pretested in Iranian Population.

2.4 Data Collection Method: The data was collected during the month of March 2021 from antenatal clinic of Associated Hospital GMC Baramulla, Kashmir. A formal permission was obtained from incharge antenatal clinic. The investigators collected data by handling questionnaire to pregnant women attending antenatal clinic. Anonymity and confidentiality of subjects was maintained.

2.5 Data Analysis: Results were analyzed through descriptive and inferential statistics.

3. RESULTS AND DISCUSSION:

The analyzed data was organized and presented in the form of tables which was organized as under:

Table No 1: Frequency Distribution of Demographic variables

Variables	Options	Frequency (n)	Percentage (%)
Age	20-25 years	21	21.0
	26-30 years	30	30.0
	31-35 years	36	36.0
	36-40 years	13	13.0
Pregnancy number	First	32	32.0
	Second	29	29.0
	Third	29	29.0
	More than four times	10	10.0
Pregnancy trimester	1 st Trimester	30	30.0
	2 nd Trimester	34	34.0
	3 rd Trimester	36	36.0
Qualification	Matriculation	34	34.0
	Intermediate	16	16.0
	Undergraduate	8	8.0
	Postgraduate	17	17.0
	None	25	25.0
Working status	Home Maker	94	94.0
	Business Women	2	2.0
	Office going	4	4.0
Co morbidity in pregnancy	None	75	75.0
	Asthma	4	4.0
	Diabetes	20	20.0
	Hypertension	1	1.0

Table 2: Distribution of fear scale of COVID -19

Options	Frequency (n)	Percentage (%)
1.I am most afraid of COVID-19		
Options	Frequency	Percentage
Strongly Disagree	3	3.0
Disagree	12	12.0
Neutral	5	5.0
Agree	44	44.0
Strongly Agree	36	36.0
2.It makes me uncomfortable to think about COVID-19		
Strongly Disagree	3	3.0
Disagree	16	16.0
Neutral	10	10.0
Agree	46	46.0
Strongly Agree	25	5.0
3.My hands become clammy when I think about COVID-19		
Strongly Disagree	5	5.0
Disagree	34	34.0
Neutral	40	40.0
Agree	15	15.0
Strongly Agree	6	6.0
4.I am afraid of losing my life because of COVID-19		
Strongly Disagree	10	10.0
Disagree	19	19.0
Neutral	19	19.0
Agree	41	41.0
Strongly Agree	11	11.0
5.When watching news and stories about COVID-19 on social media, I become nervous or anxious		
Strongly Disagree	0	0.0
Disagree	8	8.0
Neutral	2	2.0
Agree	43	43.0
Strongly Agree	47	47.0
6.I cannot sleep because I am worrying about getting COVID-19		
Strongly Disagree	4	4.0

Disagree	25	25.0
Neutral	28	28.0
Agree	40	40.0
Strongly Agree	3	3.0
7.My heart races or palpitates when I think about getting COVID-19		
Strongly Disagree	4	4.0
Disagree	26	26.0
Neutral	18	18.0
Agree	46	46.0
Strongly Agree	6	6.0

Table 3: Fear level of COVID -19

Fear level of COVID-19	Frequency N	Percentage %
Low (7-16)	13	13.0
Moderate(17-26)	45	45.0
High(27-35)	42	42.0
Total	100	100

Table no: 4 Association between fear level and demographic variables

Variables	Options	p value	Result
Age	20-25 years	0.630	Not Significant
	26-30 years		
	31-35 years		
	36-40 years		
Pregnancy number	First	0.715	Not Significant
	Second		
	Third		
	More than four times		
Pregnancy trimester	I st Trimester	0.875	Not Significant
	2 nd Trimester		
	3 rd Trimester		
Qualification	Matriculation	0.091	Not Significant
	Intermediate		
	Undergraduate		
	Postgraduate		
	None		
Working status	Home Maker	0.005	Significant
	Business Women		
	Office going		
Co morbidity in pregnancy	None	0.302	Not Significant
	Asthma		
	Diabetes		
	Hypertension		

The findings of the study revealed that maximum number of subjects were in the age group of 31-35 years 36(36.0%), with 32 (32.0%) of subjects having Ist pregnancy & 36 (36.0%) were in their third trimester of pregnancy, highest number of subjects 34(34.0%) were having qualification as matriculation, majority 94(94.0%) of subjects were home maker and 75(75%) of subjects were not having any comorbidity in pregnancy. The study indicates majority of subjects were having moderate fear level 45(45%) of COVID 19. There was significant association between fear of COVID 19 and demographic variable viz; working status (p value 0.005).

ACKNOWLEDGMENT:

The investigators thank incharge antenatal clinic, participants for their cooperation and participation during study.

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