

The Effect of Selected Aspect of Garbha Sanskar on Stress, Coping Strategies and Wellbeing of Antenatal Mothers

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Abstract: Pregnancy is one of the wonderful gifts of God, imposed naturally to womanhood only. **Purpose:** help antenatal mother's to practice garbha Sanskar during pregnancy. **Objectives:** To assess the effect of Garbha Sanskar on stress, coping strategies and wellbeing of antenatal mothers **Material and methods:** The research method adopted for the study was a quantitative research approach. The research design was a "time series design". Non - probability convenient sampling method was used for the study. Data was collected from 200 Antenatal mothers who have completed 12 weeks gestation. Data collection tool included Self structured questionnaire. **Result:** Garbhasanskar improved the physiological parameters of antenatal mothers significantly. Comparison of stress scores in experimental and control groups - z-test was applied. In experimental group stress score is decreased 12.5 in posttest1, 11.6 in posttest2, 11.4 in posttest3 and 10.2 in posttest4. In control group stress score is 22.2 in posttest1, 34.1 in posttest2, 37.3 in posttest3 and 40.5 in posttest4. The stress in experimental group decreased significantly faster as compared to that in control group. Average coping score in pretest was 40.9 which increased to 54.6, 56.1, 57.1 and 61.3 in posttest1-posttest4 respectively. Corresponding p-values were of the order of 0.000, which were small (less than 0.05). Average wellbeing score in pretest was 15.9 which increased to 16.2, 17.1, 17.3 and 17.7 in posttest1-posttest4 respectively. Corresponding p-values were of the order of 0.000 for posttest2 onwards, which were small (less than 0.05). **Conclusion:** Garbhasanskar is significantly effective for reducing stress scores, coping and wellbeing of antenatal mothers improved significantly.

Keywords: Garbha Sanskar, Stress, Coping, Wellbeing

1. Introduction

Pregnancy is one of the wonderful gifts of God, imposed naturally to womanhood only. It is a period of enormous physio-pathological and psychological adoption in a women's life. Although it is usually a time of joy and anticipation, many women experiences some degree of anxiety, concern and fear regarding their own health and that of their baby. As well as the approaching labour. Pregnancy is a normal physiological process and not a disease but it is associated with certain risks to health and survival both for women and infant she bears.

These risks are common in every society and every setting. But in developed countries these risks have been largely overcome, because every pregnant woman has access to special care during pregnancy and child birth where as such is not the case in many developing countries where each pregnancy represents a journey into an unknown, from which all too many women never return alive. Girl child is born as unvalued and neglected child. Grow as exploited and uneducated. We must need to be educated and employed (Singh H.2002)¹

2. Review of Literature

Garbhasanskar is a process to achieve physical, mental, spiritual, emotional, social development within the mother & baby. It is a complete pregnancy care guideline to get a marvelous healthy child. It is those 'nine months' crucial period when maximum efforts are to be taken for betterment of the offspring's. Now it is scientifically proved that the unborn baby can not only listen, feel but also responds by

using its own way. Garbhasanskar is some special efforts taken to stimulate baby's senses gently from outside for the maximum development of its physic & intellectual ability.²

There were no significant differences in the levels of cortisol by trimester. These levels were not stable at baseline ($t = 3.06$; $p < .01$) but were stable post-intervention. Post-intervention the participant's satisfaction was measured. Most of the participants (94%) reported being satisfied with the intervention and would recommend it. 81% of the subjects and as a direct result of the class, 63% reported more confident feeling and hope, having. Greater awareness of life stressors and appropriate handling of this stress, and knowing how to give better care for themselves in stressful situations. As a result of the mindful yoga, 50% reported that they were taking better care of themselves.³

3. Materials and Methods

The research method adopted for the study was a quantitative research approach. The research design was a "time series design". A non - probability convenient sampling method was used for the study. Data was collected from 200 Antenatal mothers who have completed 12 weeks gestation

Inclusion criteria –

- The study is limited only to those antenatal mothers who are willing to participate in this study
- Antenatal mothers who can read and understand Marathi and English language
- Antenatal mothers who have completed 12 weeks of gestation
- Antenatal mothers who are attending Garbha Sanskar classes conducted by researcher

Exclusion criteria –

- Antenatal mothers who is severely ill
- Illiterate antenatal mothers
- Antenatal mothers who are practicing GarbhaSanskar before teaching.

4. Description of the Tool

Four sections were used to collect data from antenatal mothers related to Demographic variables, stress, coping strategies and wellbeing

Section -I– Section- I includes Part –I and Part –II.

Part -I –Dealt with structured questionnaire schedule for baseline data of ante natal Mothers, sample code no, Age, Education, Gravida, Working Status, Family Income, Education, Type of family, Weeks of gestation, History of abortion,religion,husbands education, husbands occupation, living area, decision making in the family.

Part (II) – Physical assessment of Antenatal mothers– Weight, pulse, Blood pressure, Hemoglobin, Fetal heart rate
 Section II –Stress scoring sheet - Physical stress during pregnancy, psychological stress during pregnancy, financial stress during pregnancy, frustration and self-perception stress during pregnancy.

Section III –Dealt with coping strategies used by antenatal mothers for physical stress, psychological stress, financial stress, frustration and self-perception stress,

Section IV – wellbeing is based on feeling of antenatal mothers passed one month experience which is assessed by marking yes or no questions.

5. Description of Selected Aspect of Garbhasanskar

After meeting antenatal mothers who were between 12-16wks of gestation, basic baseline data collected asked them about exposure to GarbhaSanskar, those mother not came across GarbhaSanskar Pre test was administered. Confidentiality was maintained Explained them about GarbhaSanskar, and taught them about selected aspect of GarbhaSanskar which includes, Breathing Technique, Meditation and relaxation. Doubts of mothers were cleared till they are satisfied. After 4weeks (17-20wks), 8weeks (25-28wks), 8weeks (33-35wks), and again after 4weeks (36-40wks)post test was administered.

Told them to practice selected aspect of GarbhaSanskar once in a day. contact them by telephonic conversation and direct contact is also preferred encourage and reinforce them to daily practice selected aspect of GarbhaSanskar and maintained record on provided sheet given by researcher.

6. Results and Analysis

Section I: Demographic profile 78% of them were housewives, 47% of them had secondary education, 58% of them had joint family, 20% of them had graduation and 3%

of them had post-graduation, 57% of them had joint family,21% of them had previous abortion.

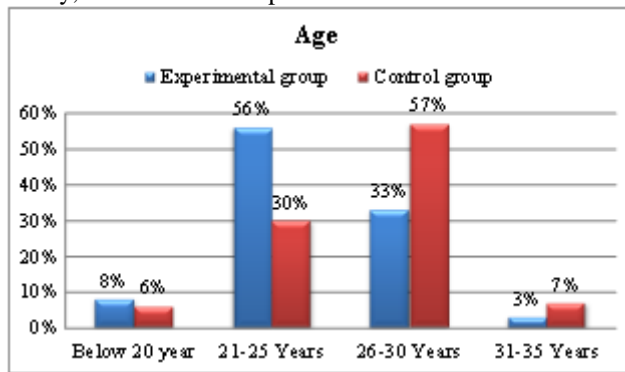


Figure 1: Bar diagram showing percentage distribution of the antenatal mothers in both the groups according to their age in years N=200(100+100)

Figure 1 shows that more than half (56%) of the antenatal mothers in experimental group had age 21-25 years, 33% of them had age 26-30 years, 8% of them had age below 20 years and 3% of them had age 31-35 years. More than half (57%) of the antenatal mothers in control group had age 26-30 years, 30% of them had age 21-25 years, 6% of them had age below 20 years and 7% of them had age 31-35 years.

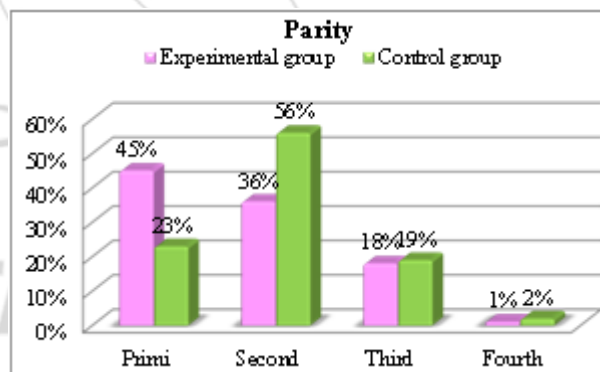


Figure 2: Bar diagram showing percentage distribution of the antenatal mothers in both the groups according to their parity, N=200(100+100)

Figure:2 shows that 45% of them from experimental group had first parity, 36% of them had second parity, 18% of them had third parity and 1% of them had fourth parity. 23% of them from control group had first parity, 56% of them had second parity, 19% of them had third parity and 2% of them had fourth parity

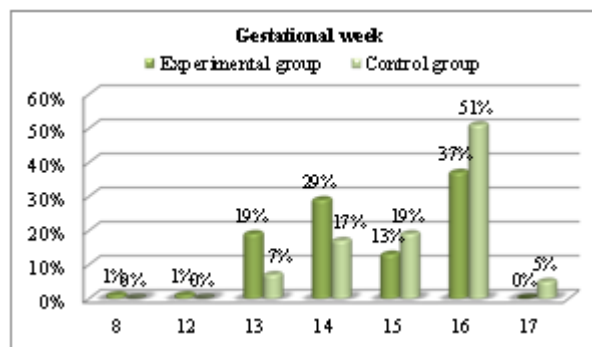


Figure 3: Bar diagram showing percentage distribution of the antenatal mothers in both the groups according to gestational weeks, N=200(100+100)

Figure:3 shows that in experimental group, 1% of them had gestational age 8 weeks, 1% of them had 12 weeks of gestation, 19% of them had 13 weeks of gestation, 29% of them had 14 weeks of gestation, 13% of them had 15 weeks of gestation and 37% of them had 16 weeks of gestation. In control group, 7% of them had 13 weeks of gestation, 17% of them had 14 weeks of gestation, 19% of them had 15 weeks of gestation, 52% of them had 16 weeks of gestation and 5% of them had 17 weeks of gestation.

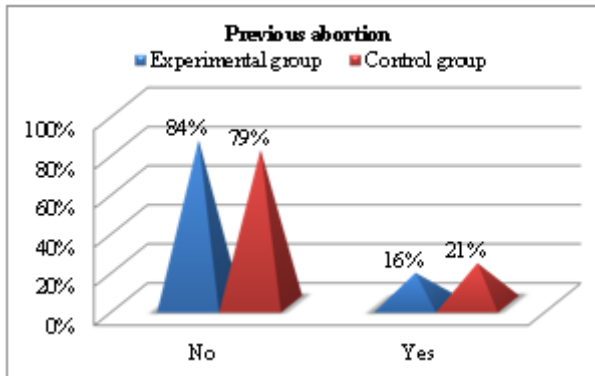


Figure 4: Bar diagram showing percentage distribution of the antenatal mothers in both the groups according to previous abortion, N=200(100+100)

Findings regarding Assessment of Physiological parameters-

In antenatal mothers in experimental group It shows that the weight of the antenatal mothers improved significantly after Garbhasanskar. The difference in Hemoglobin of the antenatal mothers improved significantly. Systolic and Diastolic blood pressure of the antenatal mothers were maintained. Garbhasanskar improved the physiological parameters of antenatal mothers significantly.

Table 1: Comparison of stress scores in experimental and control group, N=200(100+100)

Score	Experimental group(100)		Control group (100)		z	p-value
	Mean	SD	Mean	SD		
Posttest1	12.5	18.4	22.2	20.4	3.5	0.000
Posttest2	11.6	20.2	34.1	18.4	8.2	0.000
Posttest3	11.4	20.0	37.3	18.6	9.5	0.000
Posttest4	10.2	18.6	40.5	17.2	12.0	0.000

Table 1- shows that two sample z-test was applied for comparison of stress scores between experimental and control groups. In experimental group stress score is decreased 12.5 in posttest1, 11.6 in posttest2, 11.4 in posttest3 and 10.2 in posttest4. In control group stress score is 22.2 in posttest1, 34.1 in posttest2, 37.3 in posttest3 and 40.5 in posttest4. Since all the p-values were small (less than 0.05). Therefore the null hypothesis (H0) is rejected. The stress in experimental group decreased significantly faster as compared to that in control group. Garbhasanskar is significantly effective for reducing stress scores of antenatal mothers

Table 2: comparison of coping strategies scores between experimental and control group, N=200(100+100)

Score	Experimental group		Control group		z	p-value
	Mean	SD	Mean	SD		
Posttest1	13.7	9.5	6.5	15.5	11.1	0.000
Posttest2	15.2	8.9	7.2	15.9	12.3	0.000
Posttest3	16.2	8.9	6.6	15.4	12.8	0.000
Posttest4	20.4	9.2	5.9	15.9	14.3	0.000

Table 2: Shows two sample z-test was applied for comparison of coping scores between experimental and control groups. Average improvement in coping score of experimental group is 13.7 in posttest1, 15.2 in posttest2, 16.2 in posttest3 and 20.4 in posttest4. The improvement in coping score of control group is 6.5 in posttest1, 7.2 in posttest2, 6.6 in posttest3 and 5.9 in posttest4. Z-values for this comparison are 11.1, 12.3, 12.8 and 14.3. Since all the p-values were small (less than 0.05). Therefore the null hypothesis(H0) is rejected. The coping in experimental group improved significantly higher as compared to that in control group. Garbhasanskar is significantly effective in improving the coping scores of antenatal mothers.

Table 3: Comparison of wellbeing scores between experimental and control group, N=200(100+100)

Admin	Experimental group		Control group		z	p-value
	Mean	SD	Mean	SD		
Posttest1	0.3	3.3	0.0	3.5	0.5	0.303
Posttest2	1.1	3.2	0.2	3.1	2.2	0.014
Posttest3	1.3	3.1	0.3	3.3	2.2	0.013
Posttest4	1.7	3.1	0.4	3.2	3.1	0.001

Table 3: shows two sample z-tests for comparison of improvement in wellbeing scores of experimental and control groups. Average improvement in wellbeing score of experimental group is 0.3 in posttest1, 1.1 in posttest2, 1.3 in posttest3 and 1.7 in posttest4. The improvement in coping score of control group is 0 in posttest1, 0.2 in posttest2, 0.3 in posttest3 and 0.4 in posttest4. Z-values for this comparison are 0.5, 2.2, 2.2 and 3.1. Since the p-values were small after posttest1 (less than 0.05). Therefore the null hypothesis (H0) is rejected. The wellbeing in experimental group improved significantly higher as compared to that in control group. Garbhasanskar is significantly effective in improving the wellbeing scores of antenatal mothers.

7. Discussion

Recent observation is that the stress hormone 'cortisol' can cross the placental barrier when a pregnant woman is under a high degree of stress and dietary protein is low. High cortisol levels can effect fetal brain development, specifically memory.4

The Pregnancy Stress Rating Scale (PSRS) was developed by Chen and tested among pregnant women in Taiwan. Using principal axis factor analysis, she found a three-factor structure and factor loadings ranging from 0.33 to 0.87 for Chen' Scale. Chen's 28 stress items were distributed into three factors with factor 1, "stress from seeking safe passage

for herself and her child through pregnancy, labor and delivery,” containing 11 items; factor 2, “stress from Identifying maternal role,” containing 12 items; and factor 3, “Stress from altering body structure and body function,” containing 5 items. Affonso’s pregnancy stress variables observed among women in the US include physical distress, weight gain and body change, emotional instability, job and career, money, and changes in living pattern.

8. Conclusion

On the basis of the findings of the present study the following conclusions can be drawn:

Pregnant women who were exposed to selected aspect of garbhasanskar had significantly reduced stress, improves coping strategies, and wellbeing of antenatal mother after practicing selected aspect of garbhasanskar.

9. Scope of the Study

Finding suggests that, maternal stress during pregnancy leads to pregnancy complication. The study attempted an independent intervention for mothers to cope up with pregnancy stress.

10. Acknowledgement

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