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A Study to Assess the Effectiveness of Benson's Relaxation Therapy on Psychological Parameters among Pregnancy Induced Hypertensive Mothers Admitted at Selected Hospitals of Bagalkot, Karnataka

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Abstract:-

❖ ***OBJECTIVES***

This chapter deals with the statement of the problem, objectives, operational definitions, assumptions, hypothesis, variables, and conceptual framework of the study.

➢ ***Objectives of theStudy***

1). To assess the level of psychological parameters (stress and anxiety) among pregnancy induced hypertensive mothers.

2). To evaluate the effectiveness of Benson`s relaxation therapy on psychological parameters (stress and anxiety) among mothers with pregnancy induced hypertension.

3). To find out the association between the post-test scores of psychological parameters (stress and anxiety) with their selected socio-demographic variables of mothers with pregnancy induced hypertension at selected hospitals Bagalkot.

➢ ***Hypothesis:***

H1: - There is a significant difference between pre-test and post-test stress and anxiety scores regarding assessment of psychological parameters by using Cohen perceived stress scale and state trait anxiety scale among pregnancy induced hypertensive mothers admitted at selected hospitals of Bagalkot is accepted.

H2: -Chi-square test used to find out the association between in post-test stress scores of pregnancies induced hypertensive mothers admitted in selected hospitals of Bagalkot with their selected socio-demographic variables by using contingency table.

H3: -Chi-square test used to find out the association in post-test anxiety scores of pregnancies induced hypertensive mothers admitted in selected hospitals of Bagalkot with their selected socio-demographic variables by using contingency table.

H4: There is the association between posttest anxiety scores of PIH mothers admitted in selected hospitals of Bagalkot with their selected socio demographic variables by using contingency table.

I. INTRODUCTION

Pregnancy is a unique, exciting and often joyous time in a woman's life, as it highlights the woman's amazing creative and nurturing powers while providing a bridge to the future. Pregnancy comes with some cost, however, for a pregnant woman needs also to be a responsible woman so as to best support the health of her future child. The growing fetus (the term used to denote the baby-to-be during early developmental stages) depends entirely on its mother's healthy body for all needs. Consequently, pregnant women must take steps to remain as healthy and well-nourished as they possibly can.[1]

The relationship between hypertension in pregnancy and poor maternal and fetal outcome had long been recognized and the thrust of prenatal care is laid on improving the pregnancy outcome associated with pregnancy induced hypertension. Hypertensive disorders of pregnancy if unchecked will result in eclampsia with generalized convulsions. When complications develop, threatening the lives of the expectant mother and her fetus, the client and the family face a far greater situational stress and other psychological problems. Studies have demonstrated that platelet activation in women with pre-eclampsia increases plasma catecholamine levels compared with normal pregnancy. High levels of stress over a prolonged period certainly have lifelong impact on the development of the child.[2]

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II. RESEARCHMETHODOLOGY

In a research study the researcher moves from the beginning a study (posing a question) to the end (obtaining an answer) is a logical sequence of predetermined steps that is similar across studies. This chapter deals with that flow, which is selected by the investigator in order to solve research problem.

A. Research Approach

An evaluative approach was used to assess the effectiveness of Benson`s relaxation therapy on psychological parameters (stress and anxiety) regarding pregnancy induced hypertension by using perceived stress scale and state trait anxiety scale among pregnancy induced hypertensive mothers. An evaluative research approach is generally applied where the primary objective is to determine the extent to which a given strategy meets the desired result.

B. Research Design:

The Research Design adopted for this study was pre experimental one group pre-test -post-test without control group design. Hereone experimental group of clients were selected without randomization and no control group is used A pre-test was conducted among pregnancy induced hypertensive mothers using Benson`s relaxation therapy on psychological parameters. Intervention was given in the form of Benson`s relaxation therapy on psychological parameters (stress & anxiety): post test was conducted by using perceived stress scale and state trait anxiety scale, to assess the effectiveness of intervention.

➢ *Variables Of The Study:*

Variable is a content that has measurable changing attributes. Variables are qualities properties or characteristics of persons, things, or situation that change or vary.

➢ *Socio-Demographic Variables:*

In this study socio-demographic variables refers to selected characteristics of pregnancy induced hypertensive mothers admitted at selected hospitals of Bagalkot. such as Age, type of family, Educational status, Source of information, occupation of mother, monthly income, previous history of PIH, PIH in previous pregnancy, medical treatment, Blood pressure, weeks of gestation, spouse support and family support

C. Setting Of The Study:

The present study was conducted in Daddenavar hospital Navanagar Bagalkot, and in HSK hospital and research centre Bagalkot.

D. Population:

The term ‘population’ refers to “the aggregate or mass of subjects upon which researcher intended to generalize the findings”. The “accessible population” is the population of subjects which can be enumerated and studied.

➢ *The Target Population:*

The ‘target population’ is the total group of subjects about which the investigator is interested to make generalization. The population for this study was pregnancy induced hypertensive mothers.

E. Sampling Technique:

The convenient sampling technique was used to select sample for the present study. The pregnancy induced hypertensive mothers were selected conveniently according to the duration and who met both the inclusion and exclusion criteria of the study.

F. Data Collection Method:

Data Collection is gathering of information relevant to the research problem The tool was modified by considering the experts suggestions and results of pilot study. Data were collected by perceived stress scale and state trait anxiety scale, a standards scales were used by investigator for assessing the psychological parameters regarding pregnancy induced hypertension mothers among PIH admitted at selected Hospitals of Bagalkot.

G. Developmental Of The Tool:

A standard scale was used, and on the basis of suggestions of guide and experts, with an aim to assess the psychological parameters (stress & anxiety) of Pregnancy induced hypertension on PIH mothers by using perceived stress scale and state trait anxiety scale. The tool was validated by 5 experts in the field of Obstetrics and Gynecological Nursing.

➢ *Description of the Tool:*

• ***Part-1***

It consists of 13 items regarding the socio-demographic information of the such as age, educational status, monthly income, occupation, previous history of PIH, Blood pressure, spouse support, family support, weeks of gestation admitted at selected hospitals of Bagalkot.

• ***Part-2***

• Perceived stress scale to assess the level of stress among PIH mothers. The scale consists of 10 items.

• SCORING PATTERN: Data was collected by using standard scale with the
use of perceived stress scale. It consists of 10 items related to level of stress
➢ Individual scores on the PSS can range from 0-40 with higher scores indicating
higher perceived stress
➢ Scores ranging from 0-13 would be considered low stress
➢ Scores ranging from 14-26 would be considered moderate stress
➢ Scores ranging from 27-40 would be considered high perceived stress.

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• ***PART -3***

The State trait anxiety scale is a self-administered tool. The questionnaire consists of both negative and positive scoring. The S- Anxiety scale assess intensity of current feelings (not at all =1, somewhat=2, moderately so=3 and very much so= 4). The T-anxiety scale assess frequently of feelings almost never =1, sometimes =2, often=3, almost always =4) and consists of 20 items to assess the state anxiety (Y-1) and 20 items to assess the trait anxiety (Y-2). The possible range of scores for the STAI-Y is 40 to 160. Item scores are added to obtain subtest total scores. Scoring should be reversed for anxiety absent items (19 items of the total 40). LEVEL OF ANXIETY AND SCORES: 48

- *Mild anxiety = 40-80*
- *Moderate anxiety = 81-120*
- *Severe anxiety = 121-160*

➢ *Reliability of the tool:*

The coefficient correlation for the test was found to be significant.

The reliability of the whole test was then estimated using Spearman's Brown Prophecy formula. The obtained value of 'r' was 0.91 for Cohen perceived stress scale, indicating that the tool was highly reliable. The obtained value of 'r' was 0.95 for state trait anxiety inventory scale. Indicating the tool was highly reliable.

H. Data CollectionProcedure:

In the present study the data will be collected by researcher herself after obtaining formal administrative approval from the principal of sajjalashree institute of nursing sciences, Bagalkot, Dean, of HSK hospital and research center, Bagalkot and informed consent from the subjects.

➢ ***PHASE 1:*** *- Pre test conducted to assess the psychological parameters (stress and anxiety) among PIH mothers 51*

➢ ***PHASE 2:*** *- Benson's relaxation therapy will be administered in four sessions (weekly twice)*

➢ ***PHASE 3:-*** *Post test will be conducted at the end of 4th session by using sameIn the present study the data will be*

III. RESULTS

The data analysis is described as categorizing, ordering, manipulating and summarizing the data obtain answer to research questions. The purpose of analysis into reduces the data to an intelligible and interpretable from so that the relation of research problems can be studied. The data is analyzed on the basis of the objectives and hypothesis of the study.

This chapter deals with an analysis and interpretation of data collected to assess the effectiveness of Benson`s relaxation therapy on psychological parameters among pregnancy induced hypertensive mothers admitted at selected hospitals of Bagalkot.

➢ *Presentation ofData:*

To begin with, data was entered in a master sheet for tabulation and statistical processing. The findings were presented under the following headings.

❖ Part-1: Description of socio-demographic characteristics of pregnancy induced hypertensive mothers.

❖ Part-2: Description of assessment of psychological parameters of pregnancy induced hypertensive mothers admitted at selected hospitals of Bagalkot.

➢ Section A : Assessment of stress among the pregnancy induced hypertensive mothers.

➢ Section B: Assessment of anxiety among the pregnancy induced hypertensive mothers.

➢ Section C: Assessment of mean, SD and mean percentage of stress and anxiety scores.

❖ Part-3: Evaluation of the effectiveness of the of Benson`s relaxation therapy on stress and anxiety among pregnancy induced hypertensive mothers admitted in selected hospitals of Bagalkot.

➢ Section 1: Comparison of level of stress score among pregnancy induced hypertensive mothers in pre-test and post-test among pregnancy induced hypertensive mothers.

➢ Section 2: Comparison of level of anxiety score among pregnancy induced hypertensive mothers in pre-test and post-test among pregnancy induced hypertensive mothers.

➢ Section 3: Effectiveness of the Benson`s relaxation therapy on psychological
parameters of pregnancy induced hypertensive mothers.

➢ Section 4: Testing of Hypothesis.

❖ Part-4 : Association between post- test level of stress scores and level of anxiety scores of pregnancy induced hypertensive mothers in OBG units with selected socio-demographic variables.

❖Part-1: Description of socio-demographic characteristics of pregnancy induced hypertensive mothers.

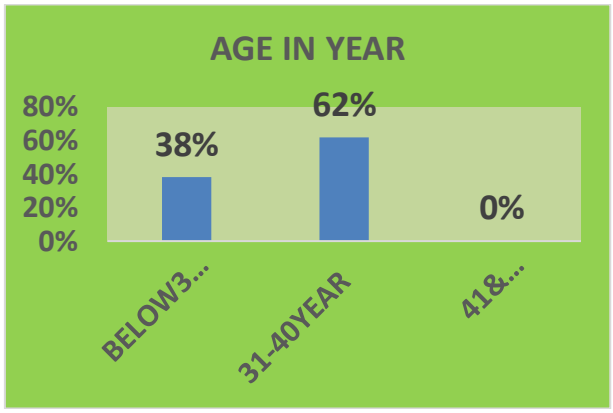
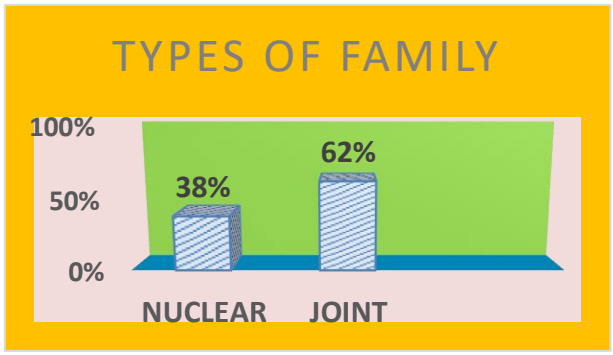


Fig-6.1: - Percentage wise distribution of pregnancy induced hypertension mothers according to their age group



6.2: Percentage wise distribution of pregnancy induced hypertension mothers according to their type of family.

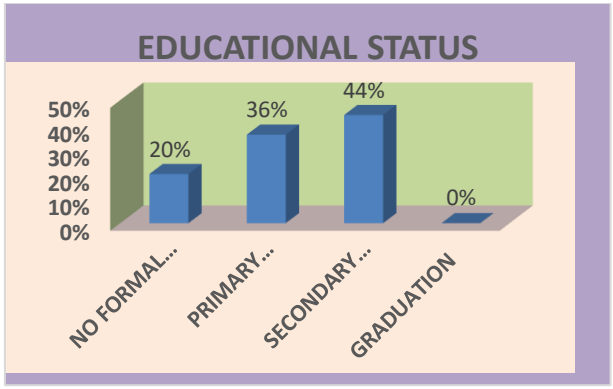


Fig 6.3: Percentage wise distribution of pregnancy induced hypertension mothers according to their educational status.

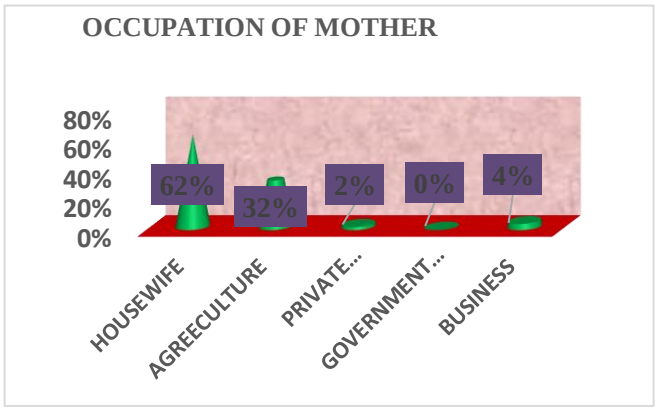


Fig 6.4: Percentage wise distribution of pregnancy induced hypertension mothers according to their occupation.

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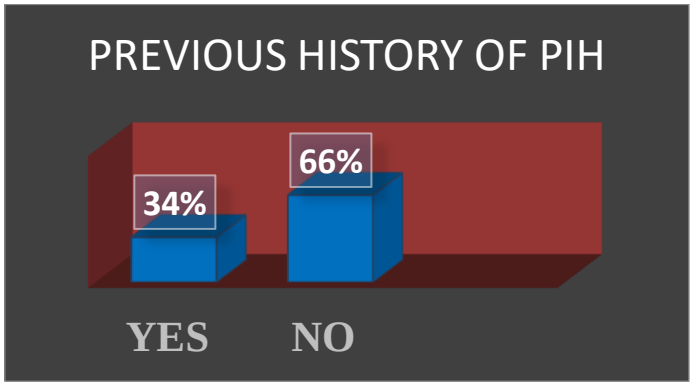

Fig 6.5: Percentage wise distribution of pregnancy induced hypertension mothers according to their previous history of PIH

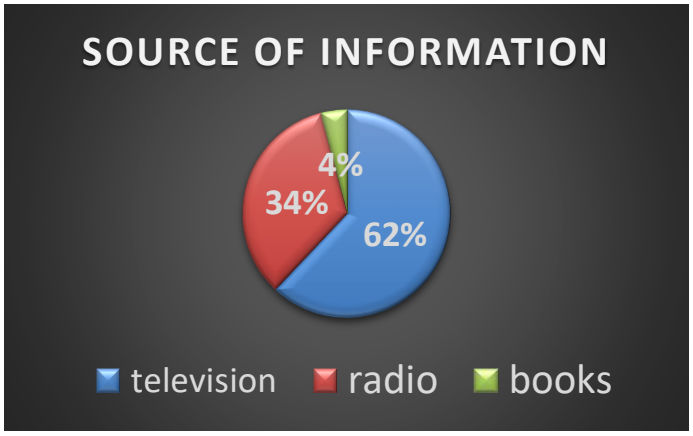

Fig 6.6: Percentage wise distribution of pregnancy induced hypertension mothers according to their sources of information.

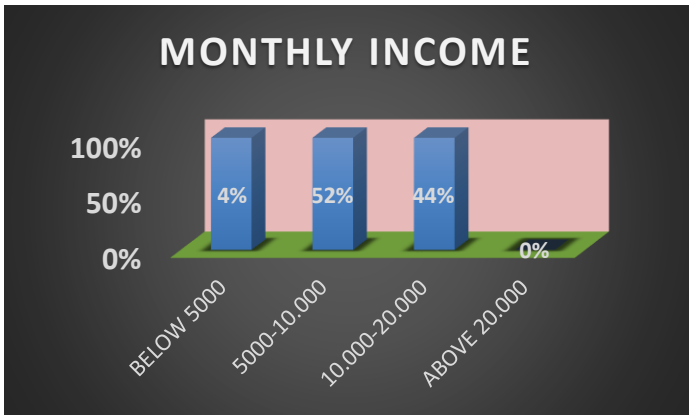

Fig 6.7: Percentage wise distribution of pregnancy induced hypertension mothers according to their monthly income.

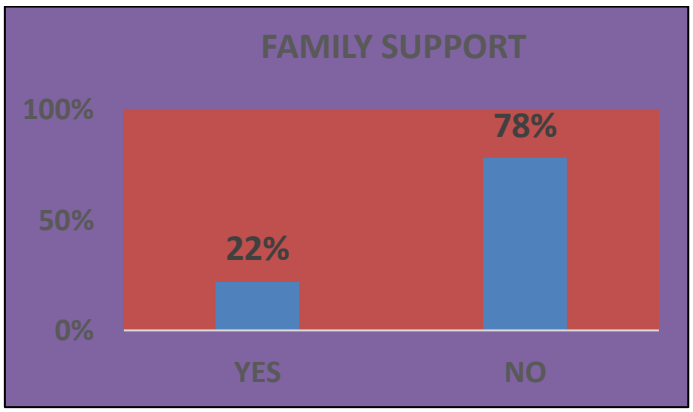

Fig 6.8: Percentage wise distribution of pregnancy induced hypertension mothers according to their family support.

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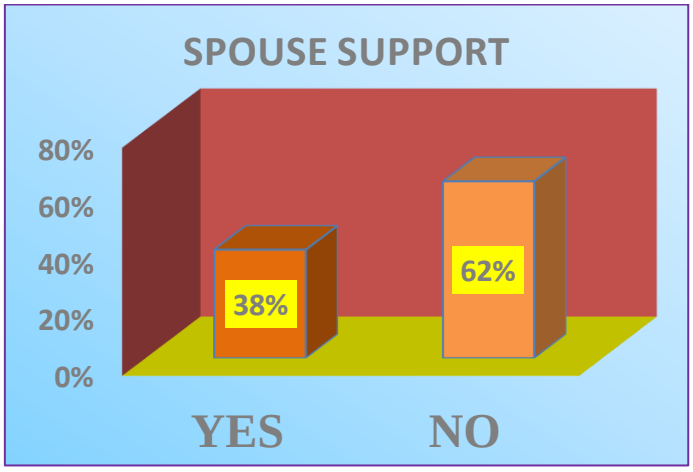

Fig 6.9: Percentage wise distribution of pregnancy induced hypertension mothers according to their spouse support.

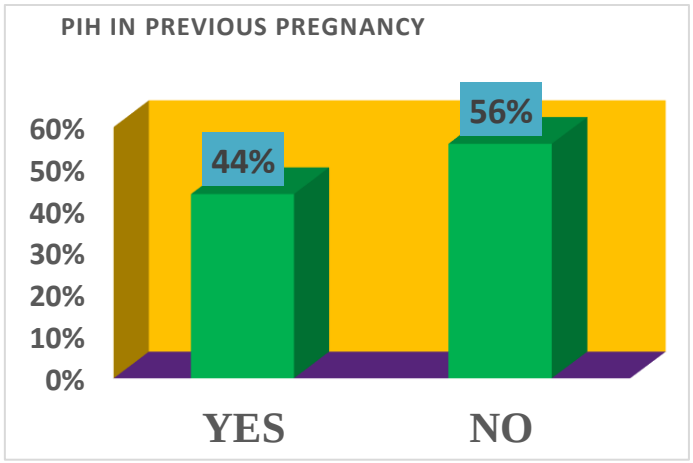

Fig 6.10: Percentage wise distribution of pregnancy induced hypertension mothers according to their PIH in previous pregnancy.

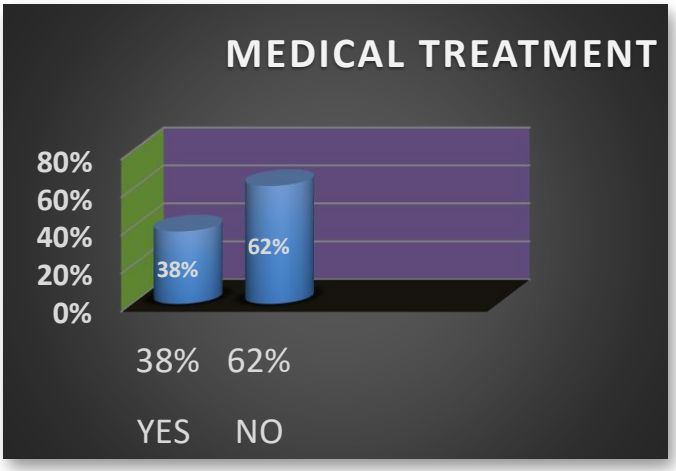

Fig 6.11: Percentage wise distribution of pregnancy induced hypertension mothers according to their medical treatment.

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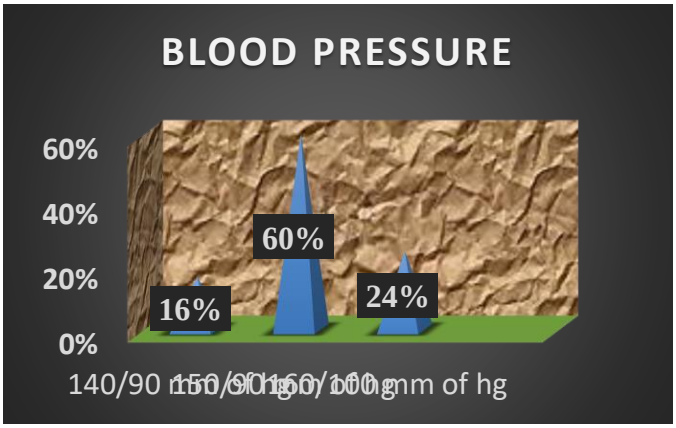

Fig 6.12: Percentage wise distribution of pregnancy induced hypertension mothers according to their blood pressure.

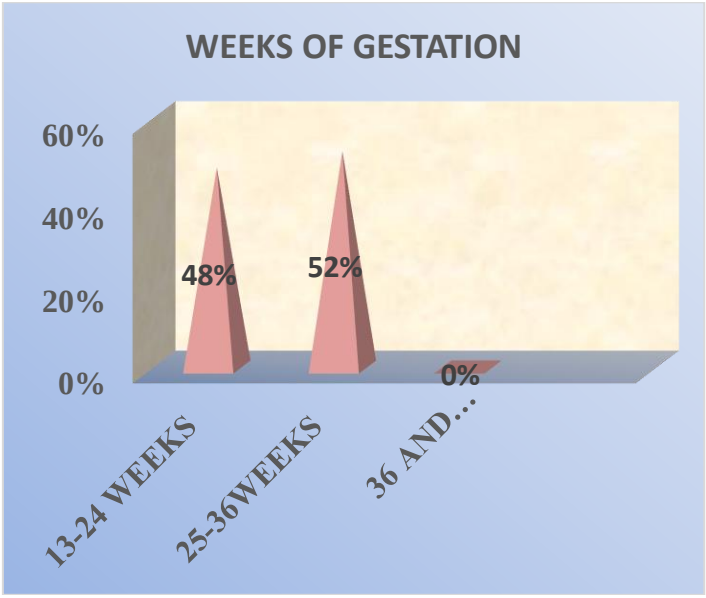

Fig 6.13: Percentage wise distribution of pregnancy induced hypertension mothers according to their weeks of gestation.

Percentage wise distribution of pregnancy induced hypertensive mothers admitted in selected hospitals of Bagalkot according to their age groups reveals that out of 50 subjects, higher percentage (62%) of pregnancy induced hypertensive mothers are in the age group of 31-40 years, (38%) of the pregnancy induced mothers are in the age of below 30 , (0%) of the pregnancy induced hypertensive mothers belong to the age group of 41 and above years, followed by and lowest percentage (38%) of pregnancy induced hypertensive mothers were in the age group of below 30 years. It reveals that majority (62%) of pregnancy induced hypertensive mothers under the study were belong to the age group of 31-40 years. (Fig: 6.1)

Percentage wise distribution of pregnancy induced hypertensive mothers admitted in selected hospitals of Bagalkot according to their type of family reveals that out of 50 pregnancy induced hypertensive mothers, highest percentage (62%) of pregnancy induced hypertensive in OBG units are joint family and only 38% of pregnancy induced hypertensive mothers are nuclear family. It reveals that majority (62%) of pregnancy induced hypertensive mothers admitted in selected hospitals of Bagalkot are having joint family (Fig: 6.2)

Percentage wise distribution of pregnancy induced hypertensive mothers admitted in selected hospitals of Bagalkot according to their Educational status shows that highest percentage (44%) of pregnancy induced hypertension mothers have studied secondary education, (36%) of pregnancy induced hypertension mothers have studied primary education, (20%) of pregnancy induced hypertension mothers have no formal education (0%) of pregnancy induced hypertension mothers have graduation. It shows that majority of pregnancy induced hypertension mothers under the study have studied secondary education. (Fig:6.3)

Percentage wise distribution of pregnancy induced hypertensive mothers admitted in selected hospitals of Bagalkot according to their occupation shows that, highest percentage (62%) of pregnancy induced hypertension mothers are housewife, (32%) of pregnancy induced hypertension mothers are agriculture, (4%) of pregnancy induced hypertension mothers are business (2%) of pregnancy induced hypertension mothers are private employee (0%) of pregnancy induced hypertension mothers

are government job. It shows that of pregnancy induced hypertension mothers under the study are housewife. (Fig:6.4)

Percentage wise distribution of pregnancy induced hypertension mothers admitted in selected hospitals of Bagalkot according to their previous history of pregnancy induced hypertension mothers reveals that out of 50 pregnancy induced hypertension mothers , highest percentage (66%) of pregnancy induced hypertension mothers had no previous history of pregnancy induced hypertension mothers , and (34%) percentage of pregnancy induced hypertension mothers had previous history of PIH. It reveals that majority (66%) of pregnancy induced hypertension mothers under the study had no previous history of pregnancy induced hypertension. (Fig: 6.5)

Percentage wise distribution of pregnancy induced hypertension mothers admitted in selected hospitals of Bagalkot according to their sources of information reveals that out of 50 pregnancy induced hypertension mothers , highest percentage (62%) of pregnancy induced hypertension mothers had higher sources of information through television, (34%) percentage of pregnancy induced hypertension mothers had sources of information through radio, and Lowest percentage (4%) percentage of pregnancy induced hypertension mothers had sources of information through Books.(0%) of pregnancy induced hypertension mothers are had no sources of information through journals. It reveals that majority (62%) of pregnancy induced hypertension mothers under the study had higher sources of information through television. (Fig: 6.6)

Percentage wise distribution of pregnancy induced hypertensive mothers in OBG units according to their monthly income reveals that out of 50 pregnancy induced hypertensive mothers, highest percentage (52%) of pregnancy induced hypertensive are getting 5000-10.000 monthly income and only (44%) of pregnancy induced hypertensive mothers are getting 10.000 20.000 monthly income,(4%) of pregnancy induced hypertension mothers are getting below 5000 monthly income,(0%) of pregnancy induced hypertension mothers are above 20.000 income. It reveals that majority (52%) of pregnancy induced hypertensive mothers admitted in OBG units are getting 5000-10.000 monthly income. (Fig: 6.7)

Percentage wise distribution of pregnancy induced hypertension mothers admitted in selected hospitals of Bagalkot according to their family support reveals that out of 50 pregnancy induced hypertension mothers, highest percentage (78%) of pregnancy induced hypertension mothers have no family support, and (22%) percentage of pregnancy induced hypertension mothers have family support . It reveals that majority (78%) of pregnancy induced hypertension mothers under the study have no family support, (Fig: 6.8)

Percentage wise distribution of pregnancy induced hypertension mothers admitted in selected hospitals of Bagalkot according to their spouse support reveals that out of 50 pregnancy induced hypertension mothers, highest percentage (62%) of pregnancy induced hypertension mothers have no spouse support, and (38%) percentage of pregnancy induced hypertension mothers have spouse support . It reveals that majority (62%) of pregnancy induced hypertension mothers under the study have no spouse support, (Fig: 6.9)

Percentage wise distribution of pregnancy induced hypertension mothers admitted in selected hospitals of Bagalkot according to their PIH in previous pregnancy reveals that out of 50 pregnancy induced hypertension mothers ,highest percentage (56%) of pregnancy induced hypertension mothers had no PIH in previous pregnancy , and (44%) percentage of pregnancy induced hypertension mothers had PIH in previous pregnancy. It reveals that majority (56%) of pregnancy induced hypertension mothers under the study had no PIH in previous pregnancy (Fig: 6.10)

Percentage wise distribution of pregnancy induced hypertension mothers admitted in selected hospitals of Bagalkot according to their medical treatment reveals that out of 50 pregnancy induced hypertension mothers , highest percentage (62%) of pregnancy induced hypertension mothers had no medical treatment, and (38%) percentage of pregnancy induced hypertension mothers had medical treatment . It reveals that majority (62%) of pregnancy induced hypertension mothers under the study had medical treatment (Fig: 6.11)

Percentage wise distribution of pregnancy induced hypertensive mothers admitted in selected hospitals of Bagalkot according to their blood pressure reveals that out of 50 pregnancy induced hypertensive mothers, highest percentage (60%) of pregnancy induced hypertensive mothers have 150/90 mm of hg and only (24%) of pregnancy induced hypertensive mothers have 160/100 mm 0f hg ,(16%) of pregnancy induced hypertension mothers have 140/90 mm of hg . It reveals that majority (60%) of pregnancy induced hypertensive mothers have 150/90 mm 0f hg. (Fig: 6.12)

Percentage wise distribution of pregnancy induced hypertensive mothers admitted in selected hospitals of Bagalkot according to their weeks of gestation reveals that out of 50 pregnancy induced hypertensive mothers, highest percentage (52%) of pregnancy induced hypertensive mothers in 25 – 36 weeks of gestation, (48%) of pregnancy induced hypertensive mothers have 13- 24 weeks of gestation, It reveals that majority (52%) of pregnancy induced hypertensive mothers in 25-36 weeks of gestation. (Fig:6.13)

- **Part-II : Description of assessment of pre-test psychological parameters (stress and anxiety) of pregnancy induced hypertensive mothers, admitted in selected hospitals of Bagalkot.**

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Table 6.1: Percentage wise distribution of pregnancy induced hypertension mothers admitted at selected hospitals of Bagalkot according to their levels of stress scores in pre-test
N=50

TEST	LEVELS OF STRESS	NUMBER (f)	PERCENTAGE (%)
PRETEST STRESS LEVELS	HIGH PERCIEVED STRESS LEVELS	30	60%
	MODERATE PERCIEVED STRESS	20	40%
	LOW PERCIEVED STRESS	00	00%

Table 6.2: Percentage wise distribution of pregnancyinduced hypertension mothers admitted at selected hospitals of Bagalkot according to their levels of anxiety scores in pre-test.N=50

TEST	LEVEL OF STRESS	NUMBERS (F)	PERCENTAGE (%)
POST TEST STRESS LEVELS	HIGH PERCIEVED STRESS	01	02
	MODERSTE PERCIEVED STRESS	20	40
	LOW PERCIEVED STRESS	29	58

Table 6.3: **Percentage wise distribution of pregnancy induced hypertension mothersadmitted in selected hospitals of Bagalkot according to levels of stress scores in post-test**

TEST	LEVELS OF ANXIETY	NUMBER(F)	PERCENTAGE (%)
PRETEST ANXIETY LEVELS	SEVERE ANXIETY	14	28%
	MODERATE ANXIETY	36	72%
	MILD ANXIETY	00	00%

Table 6.4: Percentage wise distribution of pregnancy induced hypertension mothers admitted in selected hospitals of Bagalkot according to levels of anxiety scores in post-test. N=50

TEST	LEVEL OF ANXIETY	NUMBERS(F)	PERCENTAGE (%)
POST-TEST ANXIETY LEVELS	SEVERE ANXIETY	01	02
	MODERATE ANXIETY	41	82
	LOW ANXIETY	08	16

Table 6.7: Significant difference between the pretest level of stress scores and posttest level of stress scores of PIH mothers admitted in selected hospitals of Bagalkot.

TEST	Mean	Mean diff	SD diff	Paired T-valve	Table value
PRE-TEST (O1)	26.36	11.34	1.57	11.34	2.010
POST-TEST(O2)	15.02				

Table 6.8: Significant difference between the pretest and post- test level of anxiety scores of PIH mothers admitted in selected hospitals of Bagalkot.N=50

Test	Mean	Mean diff	SD diff	Paired T-value	Table value
pre-test (O1)	113.44	17.26	0.24	21.06	2.010
Post-test (O2)	96.18				

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Table 6.9- Association between post-test stress scores and their selected socio demographic variables.

SR.NO	Socio-demographic variables	Df	Chi-square	Table value	P-value	Association
1	Age	1	0.69	3.84	0.40	Not significant
2	Type of family	1	0.63	3.84	0.42	Not significant
3	Educational status	1	0.67	3.84	0.41	Not significant
4	Occupation	1	2,40	3.84	0.12	Not significant
5	Previous history of PIH	1	0.09	3.84	0.75	Not significant
6	Sources of information	1	0.0001	3.84	0.99	Not significant
7	Monthly income	1	0.19	3.84	0.66	Not significant
8	Family support	1	0.52	3.84	0.46	Not significant
9	Spouse support	1	0.14	3.84	0.70	Not significant
10	PIH in previous pregnancy	1	0.57	3.84	0.44	Not significant
11	Medical treatment	1	0.92	3.84	0.33	Not significant
12	Blood pressure	1	9.42	3.84	0.002	Significant
13	Weeks of gestation	1	0.67	3.84	0.41	Not significant

]

SUMMARY

This chapter deal with the analysis and interpretation of the findings of the study. The data gathered were summarized in the master sheet and both descriptive and inferential statistics were used for analysis.

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