

ORIGINAL ARTICLE

RELATIONSHIP OF DEATH ANXIETY AND SUBJECTIVE HAPPINESS
AMONG YOUNG AND ELDER PREGNANT WOMEN

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Background: Pregnancy is the period from implantation until delivery, also known as gravidity/gestation. Both physiological and psychological changes take place in a woman during pregnancy. The objective of the present study was to compare death anxiety and subjective happiness between young and elder pregnant women. **Method:** This cross-sectional comparative study was conducted in the Gynaecology Wards of hospitals and private clinics in Rawalpindi/Islamabad, from March to October 2017. Two hundred and four pregnant women were included through non-probability purposive sampling. The subjects were divided into younger and elder pregnant women groups. The study variables were measured through Subjective Happiness Scale-Urdu SHS-U and Death Anxiety Scale-Urdu DAS-U. Data was analysed using Mean \pm SD, and Student's *t*-test. **Results:** Psychometric properties showed high reliability of study instruments, for DAS-U ($\alpha=0.86$) and SHS-U ($\alpha=0.84$). There was significant difference in anxiety and subjective happiness between young and elder pregnant women. Elder women reported high scores on Death Anxiety Scale and low score on Subjective Happiness Scale ($p<0.001$). **Conclusion:** Elder pregnant women experience more death anxiety and low subjective happiness than young pregnant women.

Keywords: Death anxiety, Subjective happiness, young, old, pregnancy, women

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INTRODUCTION

Pregnancy is the supreme fundamental and essential period of women's life, and for some women, the declaration that she is pregnant is met with congrats and pregnancy constitutes an upbeat occasion. Yet with the self-perception change, and as the delivery time is close, then death anxiety, stress, and change in cognition happen, like negative thinking supplants the positive thinking. Being pregnant is the time of anxiety that is significantly increasing in the third trimester. Women still suffer from the death anxiety during pregnancy.¹

Subjective happiness is very important factor during pregnancy and has positive effect on women and foetal health. If the family is focused on subjective happiness of pregnant women then we can secure our generation from contingent mental health problems. A study conducted on 280 Korean elders to explore the effect of subjective happiness, family cohesion, religious activity, health status, and marital status on death anxiety revealed that these were significant factors which explained 50.1% of death anxiety.²

Psychologists have described happiness as an aggregate of life pride. Comparative frequency of superb and bad has an effect on mental health. For some women pregnancy is the source of happiness as she, approaching to her dream, will have a baby, which has good effect on both parents. For some women pregnancy is not a pleasant news due to misconception about the events during pregnancy or consideration of monetary disaster as a result of pregnancy and childbirth.³

Pregnancy, also called gravidity or gestation, is the time in which at least one foetus is developed inside a uterus.⁴ Subjectively happier individuals have more relationships that are satisfying and express more positive sentiments than people who are less happy.⁵

Pregnancy is a progress period in a woman's life described by physiological, subjective, passionate, and social changes. Pregnant women are regularly worried about the outcome. In any case, stresses associated with the pregnancy can add to elevated amounts of pregnancy tension, alluded to by analysts as pregnancy-particular or pregnancy-related anxiety. This kind of circumstances, particularly anxiety and uneasiness, is a prominent risk factor for preterm birth and other developmental outcomes.⁶

Women older than 35 years have a high danger of death from pregnancy-related causes, almost three times as high as that among women 25–29 years old. Among US women, the hazard is around twice for women aged 35–39 years, and five times as high for women aged 40 years or older.⁷ The danger of maternal mortality intensifies with age. Maternal death rate in every 100,000 women is reported as 1.4 for women aged 20–29 years, 22 for women aged 40–44 years, and 166 for women aged 45 years or more.⁸ A cross-sectional study demonstrated the presence of a conceivable relationship between maternal age and delight with the birth involvement, uncovering a negative correlation (-0.21) in which the age variable changes the other way, i.e., the higher the age, the lower is the subjective happiness.⁹

In Pakistan, pregnant women do not express their psychological state.¹⁰ Most of the people reside in rural areas and due to lack of education and male dominance phenomena society does not focus on the psychological challenges faced by women during pregnancy. Different researches reported that psychological disturbance of pregnant women triggers stress hormone which can cross the placental barrier and harm the baby psychological health.¹¹ Therefore for the healthy nation and healthy baby it is necessary to understand the pregnancy related challenges and prevent the inherited psychological disturbances by looking after the pregnant women and understand their psychological state due to hormonal fluctuations, which cause cognitive alteration and these cognitive disturbances can lead her to depression.¹² According to different studies, the fertile age of women is from 19 to 39 years. In the span of 19–27 years, fertility rate is high but after 27, fertility rate goes to decline.¹³ The objective of this study was to compare death anxiety and subjective happiness between young and elder pregnant women.

METHODOLOGY

A purposive sample of 204 pregnant women with the age range of 18–40 years (younger=8–28 years, elder=29–40 years), and was taken from different government and private hospitals and clinics of Rawalpindi and Islamabad. The data was collected by using purposive and convenience sampling technique. The inclusive criterion was age range of sample from 18–40 years. All women who participated in the study were pregnant and had at least one child. The exclusive criteria for the study was, women less than 18 years and older than 40 years. Physically or mentally disabled women were not included in the study. Women with different coronary, respiratory, gestational and hepatic diseases were also not included in present study. With respect to the age of the subjects, they were divided into two groups, younger pregnant women (age=18–28) and elderly pregnant women (age=29–40).

The Subjective Happiness Scale-Urdu (SHS-U) consists of only four items. Among them, two items were related with friends and companions. The scale has been correlated with cognitive and motivational processes and such consequence measures as subjective well-being and psychological distress.¹⁴ All items of the scale were significantly correlated with total score of SHS-U. For all the 4 items of SHS-U the values of correlation coefficient ranged from 0.54 to 0.78. Cronbach α reliability was 0.88 and split half reliability was 0.85.

Death Anxiety Scale-Urdu (DAS-U) was used and had adequate reliability and validity. All items of the scale were significantly correlated to total score of DAS-U. For all the 15 items, DAS-U had good correlation coefficient ranging from 0.30 to 0.89. The

cut-off score was 50. Cronbach α reliability was 0.88 and split half reliability was 0.85.¹⁵

RESULTS

In total 204 pregnant women, the mean age was 27 ± 1.34 years. Cronbach α coefficient was 0.88 and 0.88 for Subjective Happiness Scale and Death Anxiety Scale respectively. Mean values of subjective happiness were higher in younger pregnant women while mean value of death anxiety were higher in elder pregnant women and the differences were statistically significant ($p < 0.001$).

The results express *t*-test for differences of age in corresponding with death anxiety and subjective happiness. Results accentuate significant differences of younger and elderly pregnant women in death anxiety and subjective happiness. Older pregnant women manifest more death anxiety (52.20 ± 7.01) than younger women (46.16 ± 9.1). Younger women have more subjective happiness (4.19 ± 1.67) than elder pregnant women (3.11 ± 1.24); results show significant differences between the groups younger and elder pregnant women ($p < 0.001$). A comparison of mean values of subjective happiness and death anxiety among younger and elder pregnant women is expressed in Table-1.

Table-1: Comparison of Subjective happiness and death anxiety among young and elder pregnant women (Mean \pm SD)

Variables	Younger n=124	Elder n=80	<i>p</i>	Cohen's <i>d</i>
Subjective Happiness	4.19 \pm 1.67	3.11 \pm 1.24	0.001	0.73
Death Anxiety	46.16 \pm 9.1	52.2 \pm 7.01	0.001	-0.74

DISCUSSION

Many researches elucidated that most of the elder pregnant women are unaware of the complication of old-age pregnancy and some women seriously consider the risk related delayed child bearing and their knowledge give them opportunity to define their time of.¹⁶ These studies also explain that women were well attentive of the age related decline in fertility, but also believe new technology regarding child bearing and wants to avail if needed.

Some researchers found that women are familiar with the fact that that high blood pressure, miscarriages, and Down's syndrome have significant link with maternal age.¹⁷ However, the link between Caesarean section, having a premature or low-birth-weight baby, were not well-identified.

It has been suggested that both men and women do not have the knowledge of maternal age and its associated risks to the mother and unborn fetuses.¹⁸ In general, both men and women should be informed about the complications and declining fertility associated with a first pregnancy at an advance maternal age.¹⁹

CONCLUSION

Elder pregnant women experience more death anxiety and low subjective happiness than younger pregnant women.

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