

Psychological Stresses among Pregnant Women and their Relation with Some Variables (Khartoum State)

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ABSTRACT

This research aimed at investigating the general characteristics of psychological stresses among pregnant women in Khartoum State, as well as identifying the differences in psychological stresses according to the variables of age and number of pregnancies. The sample consisted of (100) pregnant women whose ages ranged between (17-40) years. The sample was selected by the Purposive Sampling method from the population. The researchers used the Psychological Stress Scale and the following statistical equations were used for the statistical treatment of the data: T-test and Analysis of Variance. The study found out following results that the psychological stresses among pregnant women can generally be described as being high, and that there are no differences in psychological stresses according to the age variable, but there are differences according to the number of pregnancies and the type of the female circumcision in favor of the pharaonic circumcision.

Keywords: Stresses, Psychological, Pregnant Women, Emotional, Mental Health.

I. INTRODUCTION

Pregnancy is a distinctive period in women's life as it is usually accompanied by several physiological changes and symptoms of different physiological and biological disorders. Also there is some kind of psychological depression due to different factors such as thinking about the health of the fetus, the delivery, loss of interest in sex, loss of attractiveness and the woman's effect in her family and society as well as the accompanying symptoms such as fatigue, back pain and heart beats. The pregnancy is the most important event in woman's life that has psychological, emotional and social impacts on woman which depend on a number of factors such as: the woman's nature as some woman are easily affected by it, and the way of responding to pregnancy and thinking about birth whether natural or caesarean section. The researchers found that the incidence of congenital malformation rate among babies of women subjected to the stress is of twice the rate for others, (Mahdi: 2005). Hacks (2000) found that psychological and neurological stress on pregnant women leads to inflation of the

placenta responsible for the relationship between mother and fetus which causes diseases for both. In addition, he notifies that the maternal psychosocial stress during pregnancy can be a significant factor of risk of premature birth, referring to the important of social support in alleviating this. Al-Jabaly (2009) notifies a group of psychological stresses experienced by pregnant mothers, and negative tensions such as anxiety and mental suffering caused by the burdens of everyday life. Psychology researchers showed increasing interest in recent years in studying the psychological stresses and the coping factors that can maintain the psychological and physical health of individuals. Social support is considered an important source of security that the individual receives from his world. Researchers also notify the significance of turning to God Almighty when feeling threatened and in need of help from an external source. This has important effects in time of distress in mitigating the consequences of the stresses and the difficult situations (Desouki: 2000). The psychological stresses faced by pregnant woman affect her behavior in many cognitive, emotional and personal aspects, and

may also lead to a lot of mental disorders. Hence the researchers concerned themselves with the study of the subject of psychological stress among pregnant women, as pregnancy may be the hardest period for women.

Research Problem

Some people can't maintain their physical health and psychological performance when subjected to mental stress; this necessitates paying special attention to the ways of resisting these pressures, i.e. the psychological and social changes that can alleviate the negative effects of the mental stress. This represents a strengths point for individuals that help to retain physical and psychological health in time of inevitable pressures. One of these factors is social support available for individuals such as social interaction and inter-relations with the social environment surrounding the individuals, and the support they get when subjected to mental stresses (Salama: 2001). The researchers notify the importance of studying the psychological and social sources of support that makes individuals more aware and realistically assess psychological stresses and deal with them successfully. There is no doubt that pregnancy is often accompanied by some mental pressures as a result of the physiological and psychological changes in addition to the troubles and hardships associated with pregnancy. This manifests clearly through several symptoms of the tendency of pregnant women toward indolence, anxiety, tension and fear, as well as feeling tired and nervous when doing the least effort. Also there's the pregnancy craving that might be accompanied by vomiting, hate or strong desire for certain types of food or fruits. Therefore, the mental pressures can make pregnant woman live through difficult days instead of the excitement of expecting a newborn that should fill her life with joy and happiness. This calls for contemplation, research and study hence pregnant woman is exposed to these pressures and needs a large deal of attention and empathy to relieve her of suffering and give her a sense of support. The research problem can be presented by the following questions:

1. What is the general characteristic of psychological stress among pregnant women?
2. Are there any statistically significant differences among pregnant women in the psychological stress due to the variable of age?

3. Are there statistically significant differences among pregnant women in the psychological stress due to number of pregnancies?
4. Are there any statistically significant differences among pregnant women in the psychological stress due to the variable of the type of female circumcision?

Research Significance

1. Humans, since the dawn of time, have always lived a life that's characterized by suffering and hardship from different sources and with different severity. One of these difficult situations is the pregnancy with its social and psychological effects. It can lead to severe and constant response that might represent an obstacle standing in the way of a normal pregnancy.
2. This research is a new scientific addition that may help researchers in this field.
3. The results of this research can contribute to the alleviation of psychological stress experienced by pregnant women.
4. The results of the research can benefit health care providers in designing guidance and psychological programs for pregnant women and how to deal with pregnancy.
5. Shed light on the nature of the relationship between psychological stress and pregnancy.

Research Objectives

1. Identify the general characteristic of psychological stress among pregnant women.
2. Identify the differences among pregnant women in psychological stress due to difference in age.
3. Identify the differences among pregnant women in psychological stress due to the number of pregnancies.
4. Identify the differences among pregnant women in the psychological stress due to the type of female circumcision.

Hypotheses

1. The psychological stress among pregnant women is generally characterized as high.

2. There are significant differences among pregnant women in the psychological stress attributed to age variable.
3. There are significant differences among pregnant women in the psychological stress attributed to the variable of number of pregnancies.
4. There are significant differences among pregnant women in the psychological stress attributed to the variable of the type of female circumcision.

Research Boundaries

1. Spatial boundaries: Khartoum State.
2. Temporal boundaries: 2015.

Research Terms

1 - Psychological stress: Defined as a the state in which the human is subjected to constant hardship both material and moral, and which he often overcomes in his daily life by means of coping with environmental conditions that lead to equilibrium (Al-Gurair: 2009).

The researchers define it operationally as: the sum of scores that the pregnant woman obtains in the Psychological Stress Scale used in this study.

Pregnancy definition: is the fertilization of the egg cell by the sperm, the fertilized egg is then settles inside the uterus cavity in case of normal pregnancy or outside it in case of ectopic pregnancy (Al-Mahdi: 2005).

Theoretical Framework

Psychological Stress: stress is a common human phenomenon since the beginning of man's life. It has become a common and widespread phenomenon that features today's life. Human's life depends on the general survival principles and on maintaining a state of internal balance of individual with his environment. We find that every human has a limited energy and limited extent of compatibility. Some people have better abilities to cope with and adapt to their outside surroundings while some are less likely to handle any change or emergency experience that is more than what they are used to. Human life doesn't always allow psychological balance as it expose individual to various obstacles and hardships that require adaptive necessities that might be above their tolerance and hence lead to psychological stress. The sources of crisis and

psychological stress are frustration, conflict and social pressures (Al-Ashwal: 1999).

Stress is a feeling of strain and pressure. Small amounts of stress may be desired, beneficial, and even healthy. Positive stress helps improve athletic performance. It also plays a factor in motivation, adaptation, and reaction to the environment. Excessive amounts of stress, however, may lead to bodily harm. Stress can increase the risk of strokes, heart attacks, ulcers, and mental disorders such as depression.

Stress can be external and related to the environment, but may also be created by internal perceptions that cause an individual to experience anxiety or other negative emotions surrounding a situation, such as pressure, discomfort, etc., which they then deem stressful. Humans experience stress, or perceive things as threatening, when they do not believe that their resources for coping with obstacles (stimuli, people, situations, etc.) are enough for what the circumstances demand. When we think the demands being placed on us exceed our ability to cope, we then perceive stress.

David Fontana (1998) defines stress as 'a demand made upon the adaptive capacities of the mind and the body. If these capacities can handle the demand and enjoy the stimulation involved, then stress is welcome and helpful', this definition is useful for several reasons. First, remind us that stress can be both good and bad. Second, it isn't so much pressure that determines whether we are stressed or not, it is our reaction to it. Third, if our body's capacities are good enough, we respond well to stress, if they aren't we give way. Typically, too little stress results in boredom and frustration, a moderate level of pressure is stimulating and actually improves performance, whereas too much pressure becomes debilitating and reduces performance (Fontana: 1998).

Causes of Psychological Stress:

The situations and pressures that cause stress are known as stressors. We usually think of stressors as being negative, such as an exhausting work schedule or a rocky relationship. However, anything that puts high demands on you or forces you to adjust can be stressful. This includes positive events such as getting married, buying a house, going to college, or receiving a

promotion. The four principal sources of stress may be grouped as follows:

Environmental: Includes physical stressors that impinge upon the five senses, such as weather, traffic, noise, pollution, and disturbing images.

Social: Includes psychological stressors triggered when demands are made on our time, attention and skills, such as in job interviews, public speaking, work presentations, interpersonal conflict, competing priorities, financial problems, and loss of relationships and loved ones.

Physiological: Includes physical stressors that are produced at various stages in our life, such as during growth spurts in adolescence, menopause, and lack of exercise, poor nutrition, insufficient sleep, illness, injuries, and aging. Included in this category is also the physical stress produced by psychological stressors, which produce muscle tension, headaches, stomach upsets, anxiety attacks, and bouts of depression.

Cognitive-emotional: The principal source of this type of stress is our own thoughts. Our brain interprets changes in our environment and body and conducts an automatic "threat assessment" to decide whether a danger is present and thus mobilize the body's defenses. The good functioning, or poor functioning of our threat assessment mechanism determines whether we become alarmed appropriately or inappropriately, and whether to remain stressed or relax.

Types of Stress

1. **Acute stress:** is the more common form of stress and is associated with things to do with our everyday lives such as losing bills, rushing to meetings or making deadlines. These kinds of demands and pressures tend to be short term stress related issues that don't have time to do any damage that long term stress could.
2. **Episodic Acute stress:** is the stress which affects those who suffer from acute stress more frequently. People that tend suffer from this always seem to be in a rush, they take too much on and tend not to be able to organize themselves to deal with demands and pressures.
3. **Chronic stress:** is the stress that can wear a sufferer down making them feel "burned-out". Chronic stress is stress that someone can feel when they can't see a way out of the demands and/or pressures that are

making them feel depressed, miserable and disheartened on a continual basis.

4. **Post-traumatic stress disorder (PTSD):** is the stress associated with frightening or distressing events. These can be traumatic experiences from someone's childhood, wars, poverty, sexual or violent abuse. Sufferers of PTSD tend to feel on edge and can relive traumatic events through nightmares and flashbacks. They struggle with concentration and have trouble sleeping (Zuccolo: 2013).

The Impact of Stress:

Steve (2015) finds that stress often is accompanied by an array of physical reactions. These symptoms can be characteristic of other physical or mental disorders. A health care professional can rule out other causes after you have undergone a physical examination. Signs of stress can include the following: sleep disturbance (insomnia, sleeping fitfully), clenched jaw, grinding teeth, digestive upsets, lump in your throat, difficulty swallowing, agitated behaviour, like twiddling your fingers, playing with your hair, increased heart rate, general restlessness, sense of muscle tension in your body, or actual muscle twitching, non-cardiac chest pains, dizziness, light-headedness, hyperventilating, sweaty palms, nervousness, stumbling over words, high blood pressure, lack of energy, and fatigue.

Cognitive signs of stress include mental slowness, confusion, general negative attitudes or thoughts, constant worry, your mind races at times, difficulty concentrating, forgetfulness, difficulty thinking in a logical sequence, the sense that life is overwhelming; you can't problem-solve. Emotional signs of stress include irritation, no sense of humour, frustration, jumpiness, over excitability, feeling overworked, feeling overwhelmed, and sense of helplessness, apathy. Behavioural signs of stress include decreased contact with family and friends, poor work relations, sense of loneliness, decreased sex drive, avoiding others and others avoid you because you're cranky, failing to set aside times for relaxation through activities such as hobbies, music, art or reading. When stress and anxiety escalate without a means to cope with the stress, they often are linked to many troublesome psychological and physiological conditions. Since prolonged stress can

affect your health, it is important to develop positive coping mechanisms to manage the stress in your life (Steve: 2015).

Stress management: Paul (2013) points out that the process of stress management is one of the keys to a happy and successful life in modern society. The treadmill of pressures of existing and performing in contemporary society is quick to dislodge the inner peace necessary for optimum physical and mental health and the ability to be at our highest level of productivity and happiness. In order to function at an optimal level, stress management must reduce or control emotional distress and the consequent physical symptoms that sometimes occur from prolonged feelings of being overwhelmed or "stressed out". The uncomfortable feelings which we associate with stress may eventually lead to chronic forms of anxiety, or anxiety disorders such as generalized anxiety disorder, phobias and panic attacks. Also, chronic stress may cause depression in addition to the more easily recognized feelings associated with stress (Paul 2013).

Pregnancy:

Pregnancy definition: Al-Mahdi defines it as the fertilization of the egg cell by the sperm, the fertilized egg is then settles inside the uterus cavity in case of normal pregnancy or outside it in case of ectopic pregnancy (Al-Mahdi: 2005).

Length of gestation: Hashim (2005) points out that the length of gestation is typically 280 days, {The carrying of the (child) to his weaning is (a period of) thirty months} (Quran, Al-Ahqaf: 15). Ibn Hazm mentioned that the pregnancy should not exceed 9 months or be less than 6 months, {The mothers shall give such to their offspring for two whole years, if the father desires to complete the term} (Quran, Al-Baqarah: 233).

Medical Aspects of Pregnancy: Pregnancy is measured in trimesters from the first day of the last menstrual period, totalling 40 weeks. The first trimester of pregnancy is week 1 through week 12, or about 3 months. The second trimester is week 13 to week 27. And the third trimester of pregnancy spans from week 28 to the birth.

First trimester: During the week after fertilization, the fertilized egg grows into a microscopic ball of cells (blastocyst), which implants on the wall of the uterus.

This implantation triggers a series of hormonal and physical changes in the body.

The third through eighth weeks of growth are called the embryonic stage, during which the embryo develops most major body organs. During this process, the embryo is especially vulnerable to damaging substances, such as alcohol, radiation, and infectious diseases.

Having reached a little more than 1 in. (2.5 cm) in length by the ninth week of growth, the embryo is called a fetus. By now, the uterus has grown from about the size of a fist to about the size of a grapefruit.

Second trimester: for the first pregnancy, the fetus move at about 18 to 22 weeks after the last menstrual period. Although the fetus has been moving for several weeks, the movements have not been strong enough to notice until now.

During this time, the fetus is still building up body fat and starting to put on a lot of weight. By the end of the second trimester the fetus is about 10 in. (25.5 cm) long and weighs about 1.5 lb. (680 g).

Third trimester: The third trimester of pregnancy spans from week 28 to the birth. Although the due date marks the end of the 40th week, a full-term pregnancy can deliver between week 37 and week 42. During this final trimester, the foetus grows larger and the body organs mature. The foetus moves frequently, especially between the 27th and 32nd weeks. After week 32, a foetus becomes too big to move around easily inside the uterus and may seem to move less. At the end of the third trimester, a foetus usually settles into a head-down position in the uterus. The woman will likely feel some discomfort as she gets close to delivery. Health wise, Incorporated (2014).

Effects of psychological stress on pregnancy:

Stress experienced by a woman during pregnancy may have an effect on her unborn child, most likely mediated by the transfer of stress hormones across the placenta. Research published in May's edition of Clinical Endocrinology shows that from 17 weeks of age, the amount of stress hormone in the amniotic fluid surrounding the foetus is positively related to that in the mother's blood. (Society for Endocrinology - Media Release, Thursday 31 May 2007).

Katrina points out that maternal stress and anxiety during pregnancy has been associated with:

- 1- shorter gestation & higher incidence of preterm birth
- 2- smaller birth weight and length
- 3- increased risk of miscarriage

Prospective studies have shown that maternal stress and anxiety during pregnancy are related to infant outcomes such as:

- 1- temperamental problems and increased fussiness
- 2- problems with attention, attention regulation, and emotional reactivity
- 3- lower scores on measures of mental development

A recent large-scale epidemiological study confirmed some of the infant outcomes above and showed associations between prenatal stress and anxiety and:

- 1- hyperactivity and inattention in boys
- 2- emotional problems in girls and boys
- 3- conduct problems in girls

A number of retrospective and epidemiological studies have linked severe stress during pregnancy (such as experiencing famine, a major earthquake, or other natural disasters) to higher incidences of mental illness in adult offspring, such as schizophrenia and severe depression.

Importantly, studies are beginning to examine what factors might help buffer the effects of stress during pregnancy. One important factor seems to be the mother's level of social support. Other protective factors may include: gaining some control of stressful situations, consistent prenatal care, regular light exercise, adequate rest, healthy eating habits, and avoiding alcohol, tobacco, and other drugs. (Katrina C. Johnson, 2007).

II. METHODS AND MATERIAL

Research Method:

The researchers used the descriptive method, which is used to describe characteristics of a population or phenomenon being studied.

Study population:

Consisted of pregnant women in hospitals of Khartoum State; Omdurman Maternity Hospital, Mohammad Ali Fadl Hospital (Saudi Hospital) and Omdurman Friendship Hospital.

Research Sample:

Consisted of (100) pregnant women. Their age ranged between (17 - 40 years). The sample has been selected using the random simple method from among the study population. The sample characteristics can be described as follows:

Table No. (1) Shows the age range of research sample

Age	Number of women	Percentage %
17 - 25 years old	60	42.76%
26 -40 years	40	38.76%
<i>Total</i>	100	100%

Table No. (2) Shows the distribution of research sample by number of pregnancies

Number pregnancies	Number of women	Percentage %
Once to four times	42	42%
More than four times	58	58%
<i>Total</i>	100	100%

Table No. (3) Shows distribution of research sample by type of circumcision

Circumcision Type	Number of women	Percentage %
Pharaonic	65	65%
Sunni	35	35%
<i>Total</i>	100	100%

Research Tools:

Psychological Stress Scale:

The researchers used the Psychological Stress Scale designed by Fontana (1993) and translated into Arabic by Ridda Abu-Sarie and Ramadan Mohammed. The researchers rephrased and modified the scale to suit the Sudanese environment and the study sample. The scale consisted in its initial form of 35 phrases.

Apparent truth of the scale:

The researchers showed the first draft of the scale to a number of arbitrators and specialists to find out its apparent truth. The researcher benefited from their comments and guidance in rephrasing and rearranging the scale.

Validity and reliability of the scale:

To find out the scale validity and reliability the researchers carried out an explanatory study on a sample of 30 pregnant women selected randomly from the

original study sample. The scale validity factor was found to be 0.855 and the reliability factor 0.778.

III. RESULTS AND DISCUSSION

After the data were entered to the computer, the researchers found the following results.

First hypothesis:

The psychological stress among pregnant women is characterized as high. To verify this hypothesis the researchers used the T-test to find out the general characteristic, as shown in the following table.

Table No. (4) Shows single sample T-test to find out the general characteristic of psychological stress on pregnant women.

N	Mean	St. D	T	probability value
150	48.8	12.4	8.12	0.001

Hypothetical mean= 39

Key: St. D= standard deviation, T= T value.

From the above table, the researchers noted that the value of the hypothetical mean was (39), the arithmetic mean (48.8), T value (8.12) and its probability value was found to be (0.001) which is less than the significance value (0.05). These results indicate that the psychological stress among pregnant women is characterized as high. The researchers found that the psychological stress arises from the psychological troubles when there are deficiencies in the defence mechanisms and satisfaction of needs, and when there is a state of conflict, anxiety, frustration and lack of adaptation and coping. Hence, psychological stress is a complicated phenomenon that has different biological, psychological, economic and social aspects. Pregnancy with its associated troubles and difficulties brings about mental disorders such as depression and anxiety as a result of the physiological changes. This is evident through several noticeable symptoms such as the tendency of the pregnant woman towards introversion, feeling tired and exhausted when doing any effort, as well as the craving period accompanied by morning vomiting and craving certain types of food. These symptoms might be an expression for defence mechanisms towards unconscious desires of the

pregnant woman. As the due date approaches the woman starts to imagine the pain of labour which makes her anxious and worried, at this stage depression is usually the prominent characteristic of the behaviour of the pregnant woman, which leads to more stress on the pregnant woman who tends to become more vulnerable and violent. Al-Zarad points out that the persistent chronic stresses causes more psychological and psychosomatic disorders than the temporal and short-term ones. The individual's physiological response during stress depends on their own perception of the situation and their personalities. Different forms of stresses produce different responses and the same psychological stress may have different responses among individuals. All this explains the result of this hypothesis.

Second hypothesis:

There are statistically significant differences among pregnant women in the psychological stress due to the variable of age. To verify this hypothesis the researchers used Two Sample T-Test to find out the significance of the differences. The following table shows that:

Table No. (5) Shows T-test to find out differences among pregnant women due to age variable.

Age	N	Mean	St. D	T	P	SIG
17-25	60	34.9	13.6	0.56	5.8	No differences
26-40	40	34.2	13.8			

Key: N= number of sample, St. D= standard deviation, P= Probability value, T= T value, SIG= significant.

From the above table, the researchers note that arithmetic mean for the elder group was (34.9) and standard deviation (13.6) and the mean and standard deviation for the younger group were (34.2) and (13.8) respectively. The (T) value to compare the two groups was (0.56) which indicates that there are no differences between the two groups in psychological stress. The researchers attribute the result to the fact that the age variable is not directly linked to the psychological and physiological effects of pregnancy as the women organs have a certain degree of maturity and they carry out their functions in a normal and healthy manner, also pregnant women undergo different kinds of sufferings at all age levels. Furthermore, the researchers pointed out that pregnancy is considered as a heavy burden on the

shoulders of all pregnant women regardless of their age due to the social and familial responsibilities and roles from which women are not exempt during pregnancy especially for working women living in lower living standards. On the other hand, there is a lack of support from the husbands who look at their wives according to the prevalent social norms which negatively affects the psychological state of the pregnant women who feels treated with lack of interest and indifference. However, recently there's an increasing interest in health and biological aspects of pregnancy among families and husbands; periodic check-up's on pregnant women and their foetus is now obligatory, this helps alleviate the several types of stresses associated with pregnancy. It's noticeable that in Sudanese societies the majority of births are in the age range that's usually accompanied by health difficulties and troubles, in case of mothers older than 40 years old the children are often exposed to several psychological and biological disorders that affect their mental capacities and behavioural skills.

Third Hypothesis:

There are statistically significant differences among pregnant women in the psychological stress due to the variable of number of pregnancies. To verify the validity of the hypothesis the researchers used ANOVA test as shown in the following table:

Table No. (6) Shows the Analysis of Variance to find out differences among pregnant women in the psychological stress due to number of pregnancies

variance	Total	D.F	M	F	P.V	SIG
Groups variance	168.4	2	84.2	1.3	2.8	No differences
within groups	3783	147	257.			
Total	3800					

Key: D.F= Degree of free, M= Mean of squares, F= F Value, P.V= probability value, SIG= Significant.

From above table, the researchers noted that (F) value and its probability value were (5.327) and (0.719) respectively, which indicated that there are differences in psychological stress due to the number of pregnancies.

This finding is explained by the fact that for women who gave birth before pregnancy and its psychological and bodily effects is a repetitive process that they are used to. Previous pregnancies give the woman confidence and ability to confront and cope with psychological stress and troubles which lead to the differences in their responses for different times of pregnancies. The experience gained from previous pregnancies helps develop problem solving and coping techniques and hence alleviate the stress imposed on women, (Askar: 2011). All this explains this hypothesis.

Fourth Hypothesis: There are statistically significant differences among pregnant women in the psychological stress due to the variable of type of circumcision. To verify this hypothesis the researchers used T-test for Two Independent Samples to find out the significance of differences, as shown in the following table:

Table No. (7) Shows T-test for two independent samples to find out differences in psychological stress among pregnant women due to the type of circumcision.

CT	N	M	St.d	T	PV	SIG
Pharaonic	65	25.9	20	3.87	0.001	No differences
Sunni	35	22.3	17			

Key: CT= Circumcision type, N= number of sample, M= Arithmetic mean, St.d= Standard deviation, T= T Value, DF= Degree of freedom, PV= Probability value. SIG= Significant.

From the above table the researchers noted the mean and standard deviation for pharaonic circumcision were (25.87) and (19.87) respectively, as compared to (22.32) and (16.97) for the Sunni circumcision. The (T) value to compare the two types of circumcision was (3.87), which indicates the existence of differences in psychological stress among pregnant women due to the type of circumcision in favor of Pharaonic circumcision. This result is attributed to the different natures of the two types of circumcision. The Pharaonic circumcision (Infibulation) which is more complicated that the Sunni is the removal of the clitoris and labia and the sewing up of the vagina, leaving only a small opening for urine and menstrual blood. Gabrawy (2000) points out that the delivery process is more difficult for the Pharaonically infibulated women than for the Sunni circumcised ones,

particularly at the second stage of delivery because the vagina may lose elasticity as a result of healing of the circumcision wound with a fabric that prevents the vagina from expanding at the right time which leads to rupture in the perineum and tear in the tissue surrounding the urine opening. Makki (1990) notifies that infibulation cause's obstructed labor that might lead to fatal death during birth or to the birth of mentally retarded children as a result of the excess pressure on the head due to the elongation in the delivery process or of the intervention to ease the obstructed labor. There's no doubt that the inhumane female circumcision accompanied by enormous pain in the female genital organs has serious repercussions on these organs and their functions such as trauma during pregnancy.

IV.CONCLUSION

The researchers summarize the results as follows:

1. The psychological stress among pregnant women is general characterized as high.
2. There are no statistically significant differences among pregnant women in the psychological stress due to age difference.
3. There are statistically significant differences among pregnant women in the psychological stress attributed to the variable of number of pregnancies.
4. There are statistically significant differences among pregnant women in the psychological stress due to the variable of type of female circumcision in favor of Pharaonic circumcision.

Recommendations:

1. Increase interest in health education for girls in marriage age with all aspects of pregnancy and childbirth and encourage wives to give birth.
2. Educate pregnant women on how to deal with pregnancy and its accompanying psychological difficulties and stress.
3. Provide medical and psychological services in clinics and provide health cadres to early discover and treat psychological disorders among pregnant women.
4. Establish psychological units and centers inside maternity hospitals.

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