

# Influence of Psychosocial Problems on Healthy Life Style Among Pregnant Women

SANAA HUSSAIN OBAID<sup>1</sup>, NUHA ADEL EBRAHEIM<sup>2</sup>

<sup>1</sup>MSN, Department of Psychiatric and mental health nursing, College of Nursing, University of Baghdad, City of Baghdad, Iraq.

<sup>2</sup>PhD, Department of Maternal and Neonate health nursing, College of Nursing, University of Baghdad, City of Baghdad, Iraq

Corresponding author: Sanaa Hussain Obaid, Email: [sanaa.hussain1020@gmail.com](mailto:sanaa.hussain1020@gmail.com)

## ABSTRACT

Because of its combined influence on the fetus/newborn and the mother, maternal mental health is an important public health concern around the world. This study was a descriptive study (quantitative design) that was conducted among pregnant women in Baghdad city. It comprised 150 pregnant women who attended the hospital. The data was collected utilizing the specified questionnaire after validity and reliability were assessed by (12) experts, as well as the structured interview technique with persons who were individually interviewed. The findings indicated that social problem affect pregnant women of various ages and education, The frequency of previous abortions was associated with an increase in psychosocial difficulties such as social problems. It was concluded that psychosocial issues during pregnancy could have an impact on the mother's lifestyle and behavior.

**Keywords:** pregnant women, social problem, life style

## INTRODUCTION

Pregnant women are vulnerable due to changes in their mental health that occur during the phases of pregnancy. During the prenatal and postpartum periods, which can last up to a year, approximately one-fifth of pregnant women experience mental health issues, which can contribute to poor health for the mother, father, and infant (1). One frequent technique for preventing or reducing pregnancy problems and unfavorable delivery outcomes caused by mental illness is to give substantial social support to the expectant woman (2).

Women may experience a variety of psychological changes during pregnancy, such as developing the motivation to change their lifestyle habits grammes or knowledge gaps, such as nutrition habits to prevent toxoplasmosis so treatment in these cases is important that designed to raise health literacy and promote lifestyle changes that will benefit mother and baby not only during childbirth, but throughout their lives (3). Since healthy lifestyle reduces the risk of pregnancy issues and promotes the health of both mother and child, so the study aimed to identifying the relationship between social problems on healthy life style among pregnant women

## MATERIAL AND METHODS

**Study design and setting:** A descriptive study (quantitative design) was carried out to assess the objective of study among pregnant women in Baghdad city. The research was carried out at Baghdad Medical City's Home-Nursing Private Hospital in Baghdad's Al-Rasafa sector. created to efficiently expand women's knowledge about enhancing and treating psychological status based on life style. The responses for adjustment were made in response to the criticisms and recommendations of the experts. The study sample includes a non-probability (Purposive Sample) of (150) pregnant women who attended the hospital. The data was obtained using the designed questionnaire after the validity and reliability were estimated by (12) experts, as well as using the structured interview technique with the individuals who were individually interviewed. The data collection process was carried out from January 16th, 2022 to March 1st, 2022. Each subject takes between 15 and 25 minutes to complete the interview.

**Study instrument:** A questionnaire was developed based on a survey of related literatures, past studies, and the utilization of information gleaned from prior assessments, and it was used prior to the deployment of the instructional program. The questionnaire was designed specifically for the investigation. The Instruments were divided into three parts.

**Part I: Patients demography:** A demographic data sheet includes (7) variables, including age, degree of education, , and monthly income, as well as reproductive health characteristics (gravidity, abortion, still birth and interval between pregnancies)

**Part II: psychological problems:** The measure, which consisted of one component, was designed to examine the psychological influenceof Social problem was comprised of (16) items

**Part III: life style:** The measure, which consisted of (16) components, was designed to examine the life style (Physical Activity, Smoking and Dietary Quality).

**Inclusion criteria:** The following criteria were used to choose the sample:

- 1 For the first time, a woman becomes pregnant.
- 2 Pregnant women of various ages ranging from 20 to 40 years of age

**Exclusion criteria:** Patients who met the following criteria were barred from participation:

- 1 Complications during pregnancy (such as hypertension, diabetes, preterm labor, and maternal hemorrhage).
- 2 Severe psychiatric disorders (bipolar disorder, psychotic disorder, and psychiatric disorders requiring psychiatric therapy).

**Statistical analysis:** The analysis of the data was used descriptive statistics (frequencies, percentages, Relative Sufficiency and the arithmetic mean and standard deviation) and statistical inferential (t test, Fisher test, chi square) In order to find the differences between the experimental group and the control group. A p-value of 0.05 was regarded as significant

## RESULTS

**Participant Characteristics:** Characteristics of pregnant women are presented in Table 1. the mean age was 27.6 years , 16>7% reported not educated, and 18% reported insufficient monthly income, table (1). While reproductive information including Gravidity, abortion, number of lived children and number of still birth in table (2),

Table 1: Distribution of Sample according to their Socio-demographic Characteristics

List	Characteristics	f	%	
1	Age (M±SD=27.64±7.309)	≤ 19 year	20	13.3
		20 – 29 year	78	52
		30 – 39 year	41	27.3
		40 ≤ year	11	7.3
		Total	150	100
2	Level of education	Doesn't read & write	25	16.7
		Primary school	50	33.3
		Secondary school	60	40
		Diploma	9	6
		Bachelor	6	4
Total	150	100		
6	Monthly income	Insufficient	27	18
		Barely sufficient	86	57.3
		Sufficient	37	24.7
		Total	150	100

while assessment of, Social Problems Levels among Pregnant Women as sever, mild or moderate in table (3), while assessment of life style as poor, fair or good in table (4).

Table 2: Distribution of Sample according to their Reproductive Health Characteristics

List	Characteristics	f	%	
1	Gravidity	1 – 2	57	38
		3 – 4	66	44
		5 – 6	23	15.3
		7 ≤	4	2.7
		Total	150	100
3	Abortion	None	104	69.3
		1 – 2	18	12
		3 – 4	28	18.7
		Total	150	100
5	Stillbirth	None	124	82.7
		1 – 2	17	11.3
		3 – 4	9	6
		Total	150	100
6	Interval between pregnancies	None	47	31.3
		1 – 6 months	5	3.3
		7 – 12 months	31	20.7
		13 ≤ months	67	44.7
		Total	150	100

Social problems has significant influence of lifestyle among pregnant women as reported with significant difference at p-value=.011. There was a significant relationship between lifestyle and monthly income at p-value=.038, but there is no significant relationship with social problems, table (5). This study has been shown there were no significance relationship between social problem and life style with number of gravida or still birth at p-value=.001 but there was significant relationships of social problems with regard to number of abortion at p-value=.030, table (6). There were significant relationships among social problems with regard to interval between pregnancies at p-value=.031, table (7).

Table 3: Assessment of Social Problems Levels among Pregnant Women

Social problems	f	%	M	SD	Assess.
Low	12	8	9.43	2.646	Moderate
Moderate	90	60			
High	48	32			
Total	150	100			

f: Frequency, %: Percentage, Assess.: Assessment, M: Mean for total score, SD: Standard Deviation for total score, Low: 0 – 5.33, Moderate: 5.34 – 10.67, High: 10.68 – 16

Table 4: Assessment of Lifestyle Level among Pregnant Women

Lifestyle	F	%	M	SD	Assess.
Poor	10	6.7	35.03	6.667	Fair
Fair	138	92			
Good	2	1.3			
Total	150	100			

f: Frequency, %: Percentage, Assess.: Assessment, M: Mean for total score, SD: Standard Deviation for total score, Poor: 0 – 24, Fair: 24.1 – 48, Good: 48.1 – 72

Table 5: Correlation among Psychosocial Problems and Lifestyle with regard to Pregnant Women Income (N=150)

Income Variables	Spearman Correlation	P-value (2-tailed)	Significance
Social problems	.031	.703	N.S
Lifestyle	.169	.038	S

H.S: High significant, S: Significant, N.S.: Not significant

Table 6: Correlation among Psychosocial Problems and Lifestyle with regard to Number of Abortion among Pregnant Women (N=150)

Abortion Variables	Spearman Correlation	P-value (2-tailed)	Significance
Social problems	.177	.030	S
Lifestyle	.048	.561	N.S

S: Significant, N.S.: Not significant

Table 7: Correlation among Psychosocial Problems and Lifestyle with regard to Pregnancy Interval among Pregnant Women (N=150)

Interval Variables	Spearman Correlation	P-value (2-tailed)	Significance
Social problems	.176	.031	S
Lifestyle	.063	.440	N.S

H.S: High significant, S: Significant, N.S.: Not significant

## DISCUSSION

In this study, different ratios for the ageing of pregnant women were relied upon to determine through these ratios in any age group are applied good nutrition and a good lifestyle for pregnant women. The current study concentrates on Psychosocial variables because its represents the most important types of problems experienced by pregnant women. Hormones in pregnancy affect the pregnancy's psychological state, performing many mood swings, with the couple at this stage facing fears of responsibility and new role. These changes occur during different stages of pregnancy and are normal in comparison with the significant change in life resulting from pregnancy.

The different demography of the sample regarding to Age Groups in order to know the determination in which age group psychological problems increase and which age group prefers to apply lifestyle. The result of current study agrees with Nakazibwe, that showed in his thesis age did not have influence on pregnant woman's involvement in physical exercise (4). The no significance in education, may be due to small size of sample, or due to less variation in Socio-demographic Characteristics espial in residency character and education level. Women's education with their husbands was more successful than women's education alone. This study also found that education had a positive impact on sadness and anxiety (5).

Aftab et al., showed low socioeconomic level, the number of children, low maternal education, malnutrition, anemia, depression, and domestic abuse are all associated with poor maternal and newborn outcomes when it comes to poverty (6). One of the most important techniques for ensuring a healthy pregnancy is antenatal care. Despite their poverty, most women in the current study received irregular prenatal care, and the main reason for this positive development is the proximity of a public sector hospital that provides free health services. These studies demonstrate the necessity of inquiring of all pregnant women, regardless of cultural variations, about any past pregnancies in which the mother or her fetus experienced any negative outcomes.

This study showed that 60% of pregnant women are having moderate level of social problems. This result explain, the presence of social problems due to multiple factors such as economic problems, absence of support, mental disorders.

The result of current study agrees with Suzuki, and Eto, showed that Year after year, the number of pregnant women with socioeconomic issues grew (p 0.01) (7). The distribution of high-risk factors linked to social problems has stayed nearly unchanged. During the early stages of pregnancy, it is critical to identify the life environment and acceptance condition for pregnancy, as well as give support to fill in the gaps. Other study demonstrated by Yu et al., showed pregnant women having a moderate relationship with their mother-in-law were more than twice as likely as those with an excellent relationship to experience prenatal depression symptoms (8). Absence of social support was found to be a risk factor for depressive symptoms, and pregnant women had control over their depression. Social support function was a social determinant of mental health for pregnant women because it was an essential social resource. Positive social support helped people feel cared for, cherished, and appreciated, which could enhance and mental health of pregnant women (9). This study shows high awareness that fair lifestyle lead to make pregnancy period with less risk of pregnancy. Lifestyle must be balanced for pregnant women so you must follow a balanced health system and exercise the right sport for the period of pregnancy.

The current study shows positive correlation between social problem and lifestyle which this explains the absence of social support will cause decreasing of lifestyle of pregnant women. Faramarzi and Pasha, showed certain unfavorable social contacts may be harmful to one's health, most studies have stressed the benefits of social support. The largest negative predictor of stress during pregnancy was family support, followed by support from friends and neighbors and perception of support. Some methods should be implemented to increase social support scores and quality of life, as well as to prevent stress and difficulties during pregnancy. Furthermore, using a variety of communication strategies, such as individual or group therapy, and providing the required training for pregnant women and those who care for them, particularly their husbands may be beneficial in prenatal care (10).

## CONCLUSIONS AND FUTURE RECOMMENDATIONS

social problems can affected pregnant women in different ages and education, as well as could effects life style of pregnant women, so, social support can be crucial before and during pregnancy.

## REFERENCES

1. Alipour Z, Kheirabadi GR, Kazemi A, Fooladi M. The most important risk factors affecting mental health during pregnancy: a systematic review. *East Mediterr Health J.* 2018;24(6):549–559.
2. Bedaso A, Adams J, Peng W, Sibbritt D. The relationship between social support and mental health problems during pregnancy: a systematic review and meta-analysis. *Reprod Health.* 2021;18(1):162.
3. Zinsser LA, Stoll K, Wieber F, Pehlke-Milde J, Gross MM. Changing behaviour in pregnant women: A scoping review. *Midwifery.* 2020;85:10268
4. Nakazibwe W. Exploring the psychological factors affecting the participation of pregnant women in physical activities in uganda. Master's Thesis in Sport and Exercise Psychology Spring 2016 Department of Sport Sciences University of Jyväskylä.
5. Sanaati F, Mohammad-Alizadeh Charandabi S, Farrokh Eslamlo H, Mirghafourvand M, Alizadeh Sharajabad F. The effect of lifestyle-based education to women and their husbands on the anxiety and depression during pregnancy: a randomized controlled trial. *J Matern Fetal Neonatal Med.* 2017;30(7):870-876.
6. Aftab, S. Ara, J., Kazi, S. Deeba, F. Effects of Poverty on Pregnant Women. *Pak J Med Res Vol.* 51, No. 1, 2012, 5-9.
7. Suzuki S, Eto M. Current Status of Social Problems during Pregnancy at a Perinatal Center in Japan. *JMA J.* 2020;3(4):307-312.
8. Yu Y, Zhu X, Xu H, et al. Prevalence of depression symptoms and its influencing factors among pregnant women in late pregnancy in urban areas of Hengyang City, Hunan Province, China: a cross-sectional study. *BMJ Open.* 2020;10(9):e038511.
9. Thompson T, Pérez M, Kreuter M, Margenthaler J, Colditz G, Jeffe DB. Perceived social support in African American breast cancer patients: Predictors and effects. *Soc Sci Med.* 2017;192:134-142
10. Faramarzi M , Pasha H . The Role of Social Support in Prediction of Stress During Pregnancy. *J Babol Univ Med Sci.* 2015; 17(11):52 -60.