



Assess the Quality of Life in Primigravid Women attending in selected Medical College & Hospital, Kolkata, West Bengal

Chitra Nayek^{1*} and Debjani Banerjee²

¹Department of Obstetrics and Gynaecology, The West Bengal Health University, India

²Department of Mental Health, The West Bengal Health University, India

*Corresponding Author: Chitra Nayek, Department of Obstetrics and Gynaecology, The West Bengal Health University, India.

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Abstract

A descriptive study was conducted on the assessment of quality of life among primigravid women attending in a selected Medical College and Hospital, Kolkata, West Bengal. The objectives of the study were to determine the quality of life, to identify association between quality of life and primigravid women and to find out the association between quality of life and selected demographic variables among primigravid women. Non-experimental research design was used. Total 150 sample were taken purposive sampling technique. The present study revealed that most (60.0%) of the primigravid women belong 18-21 years of age (38.7%).

secondary education, (34.7%) are monthly family income about 9000-12000, (89.3%) are belonging as housewife, (96.7%) have no abortion history, (46.0%) are belonging in 3rd trimester and 97.5% primigravid women have no unpleasant event in pregnancy. There was statistically significant association was only seen with family type (χ^2 , 1, 0.05 = 3.83) and trimester of pregnancy (χ^2 , 1, 0.05 = 5.78) with difficulty in cognitive difficulty those primi gravid women. Out of total 67 (44.7%) women felt frequently/always cognitive difficulties, 56 (37.3%) Social Relations difficulties, 50 (33.3%) psychological difficulties and about 8(32.0%) difficulty in Physical activities in primigravid women. The present study has an important implications on nursing practice and nursing education to promote adequate quality of life in first time pregnant women and also enhances support system for maintenance of quality with the different stages of trimester.

Keywords: Assess; Quality of life; Pregnancy; Primigravida

Introduction

While pregnancy is a common event for reproductive-age women, surprisingly little has been published about the physical and emotional changes that typically occur during pregnancy. During the pregnancy period, dozens of biochemical, physiological, and anatomical changes occurs in women's body [1]. Such changes are beyond their control and are regarded as first changes that leave a woman vulnerable physically and mentally. Even in a normal pregnancy, women's ability to perform usual roles of life could be affected by these changes. In other words, during this period, not only do so many changes occur in social, physical and mental health dimensions, the quality of life for pregnant women will be

influenced as well. Quality of life includes various dimensions of physical, social, and mental well-being that are measurable during pregnancy [2].

Although life quality plays a prominent role in pregnant women's health, minimal research that has examined quality of life during pregnancy is available throughout the world or quality of life assessment in pregnancy has been reported for specific disease [3]. Also hormonal changes can effect women's emotion leading to psychological issues like anxiety and depression. Even during a normal pregnancy, these can changes impair any women's ability to carry out her usual responsibility. Changes occurs in the physical,

spiritual, and social dimension as well as in the quality of life of the pregnant women as various gestational age [4].

(WHO QOL-1994) The individual perception of their in the context of the culture and value system in which they live and in relation to their goal expectation standard and concerns. In contrast unhealthy behaviour can lead to a wide range of pregnancy complication long term adverse effects on maternal and child health such as preterm labor, mother obesity, over weight, low birth weight, pre-eclampsia, sudden abortion and caesarian section. Lack of psychosocial support may experience stress during their pregnancy. These changes may increase the women vulnerability to depression, which may in turn have adverse effect both maternal and fetal well being [5].

Background of the study:

Pregnancy is a period of transition with important physical and emotional changes even in complicated pregnancies, these changes can effect the quality of life of pregnant women ,specially in primigravid women, affecting both maternal and infant health [6]. Quality of life was defined by the WHO in 1993 as “the perception that an individual has of his place in life, in the context of the culture and of the value system in which he lives, in relation to his goals, expectations, standards, and concerns. It is a very broad concept that can be influenced in complex ways by the subject’s physical health, psychological state, level of independence, social relationships, and relationship to essential elements of their environment” [7]. This definition describes QoL as satisfaction within different areas of existence. It is an individual notion: everyone, healthy or sick, has his perception of the QoL with his desires, wishes, satisfaction and a goal to be achieved [8].

Need for the study

Pregnancy is one of the most cherished phases in the life of women. Pregnancy is not only a biological event but also an adoptive process. Pregnant women perceive if as a period of happiness is anticipation of motherhood. It is a crucial time for mother and baby. Quality care during pregnancy is essential for the health of the mother and growth of the fetus. Primigravida women must be acquainted with various aspects like physical, mental, emotional and psychosocial aspects of pregnancy. High quality antenatal care is an important element of maternal and child health in order to reduce maternal and infant mortality. Pregnancy is the time of

growth and hope. The scope of the study includes the emphasize on the need to enhance pregnant women knowledge for the preparation for childbirth and to reduce pregnancy specific anxiety.

Aims of the study

The experience of pregnancy is individual and depends on various factors and situations which affect the general health and QoL of future mothers. Women with poor QoL may feel out of control of childbirth, increasing their stress levels. Several studies have shown that pregnant women have a lower QoL, reporting poorer social functioning and reduced activity, as well as lower bodily function. Higher QoL was strongly linked with pregnant women’s sociodemographic factors, such as the absence of economic difficulties, a high educational level and younger women. Moreover, medical and obstetrical characteristics indicate poor quality of life, such as adverse medical history and obesity, primiparity and experience of infertility [9].

Assessing the quality of life in pregnancy is particularly important in prevention and treatment and the development of maternal and neonatal care planning policies. Counselling and support by an interdisciplinary team will detect the pregnant woman’s needs and intervene to solve the problems that arise early [10]. The experience of pregnancy is individual and depends on various factors and situations which affect the general health and QoL of future mothers. Women with poor QoL may feel out of control of childbirth, increasing their stress levels [11]. Several studies have shown that pregnant women have a lower QoL, reporting poorer social functioning and reduced activity, as well as lower bodily function. Higher QoL was strongly linked with pregnant women’s sociodemographic factors, such as the absence of economic difficulties, a high educational level and younger women. Moreover, medical and obstetrical characteristics indicate poor quality of life, such as adverse medical history and obesity, primiparity and experience of infertility [12].

Assessing the quality of life in pregnancy is particularly important in prevention and treatment and the development of maternal and neonatal care planning policies. Counselling and support by an interdisciplinary team will detect the pregnant woman’s needs and intervene to solve the problems that arise early.

Problem statement

Assess the quality of life during pregnancy among primigravid women attending in antenatal clinic in a selected Medical College and Hospital, Kolkata, West Bengal.

Objectives of the study

- To assess the quality of life among primigravida women attending in a selected Medical College and Hospital, Kolkata, West Bengal.
- To find out the association between the quality of life with selected variables among primigravida women attending in a selected Medical College and Hospital, Kolkata, West Bengal.

Materials and Methods

The researcher adopted a descriptive research study considering probability purposive sampling technique. Simple random sampling technique was undertaken. The entire process of sampling is done in a single step, with each subject selected independently. Total population of this study was 150 primigravid women. Quantitative research approach and design was adopted as descriptive research design. For pilot study primigravid women were selected from antenatal clinic, R.G. Kar Medical College & Hospital, Kolkata. Semi structured questionnaire schedule for background information, general education, household income, occupational status, abortion history, trimester of pregnancy and any complications during pregnancy state. Standardized tool such as WHO Quality of Life (WHO-QOL-1994) Scale was used for assessment of primigravid women's quality of life during pregnancy by using four type of domains depending on physical, social, environmental and psychological domain.

For final study primigravid women were selected from NRS Medical College and Hospital, Kolkata, West Bengal.

For data collection inclusion criteria included subjects who had not any abortion history, age between 18- 30 years and who were willing to participate in study.

Results

The study findings revealed that 60.0% participants belong the age group of 18-21 years 36% were 22-30 years, 32.7% were secondary education and 68.3% participants were primary, Higher Secondary and Graduate level of Education. 89.3% participants were housewife, 72.7% were from joint family, 96.7% had no abor-

tion history and 34.7% of participants were belonging in 9000-12000 per month family income. 47.9% primigravid women were in 3rd trimester, 69% were 2nd trimester and 19% were in 1st trimester of pregnancy.

Majority of primigravid women about 44.7% had felt frequently cognitive difficulties, 37.3% had social relationship difficulties, 33.3% had psychological difficulties and 32% primigravid women had felt difficulties from physical activities during pregnancy.

There was the odds ratio between quality of life in the domain of physical activities was 7 times than the domain of Social Relations difficulties during pregnancy.

The odds ratio of quality of life in the domain physical activities during pregnancy was 3.52 times than the domain of environmental condition during pregnancy.

The table showed that the odds ratio of quality of life in the domain physical activities during pregnancy was 3.52 times than the domain of Psychological difficulties during pregnancy.

The table revealed that the odds ratio of quality of life in the domain Social relations during pregnancy was 6.09 times than the domain of environmental situation during pregnancy.

It was observed also that the odds ratio of quality of life in the domain of Social relations during pregnancy was 0.06 times than the domain of Psychological difficulties during pregnancy.

The table value showed that the odds ratio of quality of life in the domain environmental situation during pregnancy was 0.17 times than the domain of Psychological difficulties during pregnancy.

Conclusion

In this study findings most of the primigravid women belonged to 18-21 years of age. Most of them were suffering from the moderate type of physical and psychological problems. Less than half of the primigravid women are suffering from social relationships and environmental condition. So, all primigravid women need awareness and education programme regarding minor physical and

psychological changes and effects of the quality of life during pregnancy. The researcher expectations that pre-pregnancy counseling and awareness programme will help to modify their quality of life.

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