

Exploring Factors on Quality of Life of Pregnant Women: A Qualitative Study

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Abstract

This study aimed to identify factors of quality of life in pregnant women in East Java Province, Indonesia. This research is a qualitative assessment. The research participants were 13 pregnant women in rural and urban areas in East Java Province, who were asked for information on all aspects related to the quality of life during pregnancy based on their perceptions. The research was conducted using a qualitative content analysis approach. The data analysis results resulted in 123 codes, 25 sub-categories, and 4 main categories: physical health factors, mental health factors, social health factors, and environmental factors. This study's conclusion consists of physical factors: the ability to perform daily activities, mobility abilities, need for help from others, sleep disorders, and pain and discomfort. Mental health factors consist of aspects of self-perception, positive feelings, and negative feelings about pregnancy. Social factors consist of the husband's support aspects, family support, social support, and sexual relations. Meanwhile, social factors consist of financial aspects, social health insurance, opportunities to obtain information, the physical environment, recreation and hobbies, and transportation.

Keywords: *Physical health factors, Mentalhealth factors, Social health factors, Environmental factors, Quality of Life, Pregnant Women.*

Introductions

World Health Organization stated that quality of life is a society's assessment of position they in life in the context of the culture and value system in which they live, related to goals, combined aspects of physical, psychological (mental) health, level of self-confidence, social relationships, personal beliefs and their relationship to the environment⁽¹⁾. The definition of health-related QoL is as optimum levels of mental, physical, role (e.g., work, parent, carer, etc.) and social functioning, including relationships and perceptions of health, fitness, life satisfaction, and well-being⁽²⁾. The problem that arises is that not many specific instruments

are currently developed to measure pregnant women's quality of life.

Some generic and specific instruments have been frequently used to measure the quality of life in pregnant women, including the SF-36, the WHOQOL-BRIEF, the SF-12, and the Nausea and Vomiting of Pregnancy-Specific Health-Related Quality of Life. Given the lack of a specific tool designed to assess pregnant women's quality of life, available tools were used for its assessment. Further studies are thus required to develop a particular localized tool that can be used specifically to measure pregnant women's quality of life⁽³⁾.

Developing a particular instrument to assess pregnant women's quality of life is not accessible due to differences in socio-cultural conditions that form the background of a pregnant woman's life. Many aspects shape a pregnant woman's physical, mental, and social health factors. This study aimed to identify factors of quality of life in pregnant women in East Java Province, Indonesia.

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Materials and Method

This research is a qualitative assessment. The research participants were 13 pregnant women in rural and urban areas in East Java Province, who were asked for information on all aspects related to the quality of life during pregnancy based on their perceptions. The research was conducted using a qualitative content analysis approach. Semi-structured, in-depth interviews, field notes, and voice recordings were used as strategies for data collection. Interviews and voice recordings were carried out with the consent of the participants using informed consent.

Purposive sampling is carried out until saturation is reached; that is when the information generated is saturated, and no new information is obtained for the concept in question. Each interview took an average of 1 hour. The research sites are at the Community Health Center in the capital city of Sumenep Regency and the rural areas of Ngawi Regency, East Java Province. This research has obtained a certificate of ethical approval from the Ethics Commission of the Faculty of Public Health, Universitas Airlangga No. 553/EA/KEPK/2018.

Data analysis used a qualitative content analysis method with a directed content analysis approach⁽⁴⁾. The first step is to review existing theory or previous research; the researchers begin by identifying the critical concept or variable as the initial coding category. The second step is to formulate an operational definition for each category that is determined using existing theories. The third step, collecting data through interviews using open-ended questions. In the fourth step, record all participants' answers and do the coding by reading the transcript and highlighting all the texts on the first impression seem to represent participants' reactions. The fifth step, coding all the highlighted sections using predefined codes.

Results

Demographic characteristics of the participants:

Most of the participants aged 20-29 years, high school education, do not work, do not have children, this is the first time pregnant, and the second trimester of pregnancy. Besides, most participants stated that their current pregnancy is planned, a pregnancy is currently desired, lives in the nuclear family, and does not have their own income. Most participants also manage family finances and have good relationships with husbands, relatives, neighbors, and friends.

Table 1 Characteristics of participants (pregnant women) in East Java in 2019

Characteristics of Informants	Frequency	Percentage
Age:		
20-24	4	30.8
25-29	4	30.8
30-34	3	23.1
35-39	2	15.4
Level of education:		
Junior high school	4	30.8
Senior High School	8	61.5
College	1	7.7
Job status:		
Does not work	8	61.5
Work	5	38.5
Number of children alive:		
Don't have children yet	7	53.8
1 child	4	30.8
Two children	2	15.4
Number of pregnancies:		
1 time	7	53.8
2 times	4	30.8
3 times	2	15.4
Pregnancy trimester:		
Trimester I	0	0.0
Trimester II	6	46.2
Trimester III	7	53.8
Pregnancy is currently planned:		
Not	1	7.7
Yes	12	92.3
Current pregnancy is desired:		
Not	0	0.0
Yes	13	100.0
Family type:		
Nuclear family	6	46.2
Extended family	7	53.8
Self-income informants:		
Not	8	61.5
Yes	5	38.5
Mother helps manage family finances:		
Not	0	0.0
Yes	13	100.0
Relationship with husband:		
Not	0	0.0
Harmonious	13	100.0
Relationship with relatives:		
Not	0	0.0
Harmonious	13	100.0
Relationships with neighbors and friends:		
Not	0	0.0
Harmonious	13	100.0

Main categories and sub-categories: The data analysis results resulted in 123 codes, 25 sub-categories, and 4 main categories, namely physical health factors, mental health factors, social health factors, and environmental factors.

Table 2 Categories, sub-categories, and codes of factors that affect the quality of life of pregnant women

Category	Sub-categories	Number of Codes
Physical health factors	Life activities every day	6
	Dependence on the help of others	2
	Exertion and fatigue	3
	Mobility	4
	Pain and discomfort	3
	Sleep and rest	3
	Ability to work inside and outside the home	4
Mental health factors	Self-perception and appearance	5
	Negative feelings in pregnancy	16
	Positive feelings in pregnancy	11
	Spirituality, religion and belief	7
	Learning, memory and concentration	3
Social health factors	Husband's support	13
	Support of other family members	9
	Support of neighbors and friends	3
	Health service support	4
	Sexual activity	4
Environmental factor	Financial resources	3
	Freedom, safety and physical security	3
	Health social security	2
	Home environment	4
	Chances of obtaining pregnancy information	2
	Recreational opportunities and leisure activities	3
	Physical environment	3
	Transportation	3

Physical health factors that affect the quality of life of pregnant women: During pregnancy, almost all mothers carry out their daily activities as usual. Pregnant women continue to cook, wash clothes, clean the house as usual. Pregnant women also continue to care for and serve their husbands and children. The work results are still as expected, but the number and types of work that can be done have decreased. Almost all pregnant women say they need help from others to help with the daily activities that they feel are quite heavy, such as lifting things.

Nearly all mothers experience nausea, aches, cramps, heavy body, and sometimes back pain. This discomfort is especially a problem for mothers who are pregnant for the first time. However, mothers who are already pregnant for the second or third time perceive discomfort in the body as usual, as long as it is not excessive. Almost all pregnant women stated that they could still walk, but only at a short distance or around the house. In general, pregnant women indicated that they did not experience significant sleep disturbances or difficulty sleeping, only felt a little uncomfortable when sleeping due to limitations in sleeping positions.

Mental health factors that affect the quality of life of pregnant women: Anxiety disorders, the dominant mental illness felt by pregnant women who were participants in this study. The anxiety you feel includes being anxious about changes in body shape due to weight gain during pregnancy. However, some pregnant women do not feel worried about body shape changes because this is not the first pregnancy. Other worries that bother you are concerned about the fetus's health condition worry about not giving birth naturally and worry because you don't have the cost for childbirth.

All pregnant women were pleased with their pregnancy. Pregnancy is currently being planned and very much expected. For the first time, pregnant mothers also feel happy because they languish to be complete women after they get pregnant. There is only one pregnant woman who did not plan her pregnancy because she already has two children. However, pregnant women who don't prepare for their pregnancy will still feel happy and still want their pregnancy.

Pregnant women and their families are very grateful to God because they are trusted to entrust their children. Pregnant women, husbands, and other family members often pray to God so that mothers and their babies are given health and safety until the time of delivery. There are several families of pregnant women who carry out Islamic religious rituals, namely the recitation of the holy Koran to ask for safety and health for the mother and baby. There are no mothers who have negative feelings about their pregnancy because most mothers are pregnant for the first time.

Social factors that affect the quality of life of pregnant women: All pregnant women participants stated that they received support and attention from their husbands. Many pregnant women indicated that their husbands seemed more affectionate to her. Support from the husband in the form of helping with daily housework, helping to care for children, asking about the health condition of pregnant women, meeting all the needs of mothers and their future babies, accompanying pregnant women during pregnancy checks, praying for the health and safety of mothers and their babies, asking about the mother's health pregnant, and often invite the fetus in the womb to communicate. Even though all pregnant women stated that their husbands paid attention, pregnant women felt that their husbands' support and attention were not maximal because the husbands work

in other areas far from where the pregnant women live.

Some husbands prohibit their wives from working to help earn income during pregnancy, as a form of the husband's affection for the mother and her fetus. The husband prohibits the mother from working because the husband thinks the work is too hard for pregnant women to do, such as working in a factory or working in the fields or looking for animal feed. However, the husband does not prohibit pregnant women from working in the office because it is considered not too heavy for pregnant women.

Pregnant women also claim to get attention and support from other family members during their pregnancy. Apart from her husband and other family members' attention, pregnant women also stated that they received attention and support from neighbors, friends, and health workers.

Most pregnant women admit to having sexual intercourse with their husbands during pregnancy even though the frequency is reduced. Some pregnant women claim to be uncomfortable having sexual intercourse during pregnancy, worry that sexual intercourse will interfere with their pregnancy, especially when the first trimester of pregnancy or has entered the third trimester

Environmental factors that affect the quality of life of pregnant women: Most pregnant women feel that their daily needs are fulfilled, but there are worried because they do not have savings for childbirth costs. Pregnant women also expect to be free to do the activities they want, expect a safe and comfortable environment, and free from any threat of harm.

All pregnant women have health insurance, namely the Healthy Indonesia Card, which the Indonesian government administers, but none of them have private health insurance. Health insurance issued by the Indonesian government is relatively cheaper than private health insurance. Some pregnant women even get health insurance subsidies from the government.

Every pregnant mother who needs pregnancy information commonly obtains pregnancy information from midwives or the Community Health Center (PHC). The information that most pregnant women want to know is about the health condition of the fetus. Besides, pregnant women who have entered the third trimester usually ask about the possibility of having a normal delivery when giving birth later.

Seju Therefore, pregnant women can still do recreation with their families, but pregnant women whose pregnancy is approaching delivery do not do recreational activities. Pregnant women also still have their favorite hobbies in their spare time, including cooking, listening to music, cleaning the house, and reading books.

All pregnant women stated that the physical environment around where they lived was comfortable. Only one pregnant woman noted that the air around her house was hot during the dry season. All pregnant women also stated that they had no difficulty getting clean water for their daily needs. As for transportation, all pregnant women rely on personal means of transportation.

Discussion

Physical health factors: Pregnancy causes pregnant women's physical abilities to generally decrease, even though pregnant women are still able to carry out their daily activities. This result follows Fatemeh A, which stated that pregnant women could be limited due to their pregnancy⁽⁵⁾. The same is said by Lagadec N noted that the physical component of QOL decreases during pregnancy⁽⁶⁾.

Pregnant women who have decreased physical abilities need help from their husbands, other family members, and even other people to help with their daily activities. This result corresponds to Cioffi J, which stated that pregnant women in all phases need support to carry out their daily activities and control body weight, which generally increases quite a lot during pregnancy⁽⁷⁾.

During pregnancy, women usually experience many physiological complaints, nausea, vomiting, nasal congestion, tiredness, urinary frequency, urinary tract infection, sensitivity in breasts, ptialism, and increased vaginal discharge. These physiological complaints can interfere with the daily activities of pregnant women. Yikar SK stated that husbands and other family members need to get information about changes and objections that occur in women during pregnancy to adjust to their new roles to help reduce complaints that arise due to pregnancy⁽⁸⁾.

Several pregnant women experience mild sleep disturbances during their pregnancy. According to research Sut HK, this result states that pregnant women have lower sleep quality than women who are not pregnant⁽⁹⁾.

Mental health factors: Anxiety disorders were the dominant mental disorder felt by pregnant women in this study, although a few pregnant women only felt anxiety. The results of this study are following the research Silva MM de J, which stated that 26.8% of pregnant women experience anxiety, and it usually occurs in the third trimester⁽¹⁰⁾.

All pregnant women who participated in this study were pleased with their pregnancy. This study's results are following the research of Türk R, which stated that pregnant women's happiness level was found to increase during pregnancy⁽¹¹⁾.

Social factors: All pregnant women participants stated that they received support and attention from their husbands, family members, friends, and neighbors. This study's results follow Abdollahpour S, which indicated that support from husband, family, and community would reduce complaints during pregnancy and the possibility of poor pregnancy outcomes⁽¹²⁾.

Most pregnant women admit to having sexual intercourse with their husbands during pregnancy even though the frequency is reduced. This study's results follow the research Hasani M, which states that generally, the frequency of vaginal intercourse decreases in the first trimester while the second-trimester increases. However, a sharp decrease was observed between the second and third trimesters of pregnancy⁽¹³⁾.

Environmental factor: Most pregnant women feel that their daily needs are fulfilled, but some are worried because they do not have savings for childbirth costs, even though all of them have health insurance. According to research Aftab S, this result states that poverty is a significant obstacle to the welfare of women, especially during pregnancy that results in malnutrition, anemia, low births, or miscarriage⁽¹⁴⁾.

In general, pregnant women can obtain pregnancy information from midwives or the Community Health Center (PHC), although some also get pregnancy information from the internet. This study's results are somewhat different from the research of Javanmardi M, which stated that the use of the internet by pregnant women is driven by the need for information, ease of access and speed of entry, and finding people in similar situations⁽¹⁵⁾.

Conclusion

There are several physical health factors, mental health factors, social factors, and environmental factors that contribute to the quality of life of a pregnant woman. Physical factors consist of aspects of performing daily activities, mobility abilities, need for help from others, sleep disturbances, and pain and discomfort. Mental health factors consist of aspects of self-perception, positive feelings, and negative feelings about pregnancy. Social factors consist of the husband's support, family support, social support, and sexual relations. Meanwhile, social factors consist of financial aspects, social health insurance, opportunities to obtain information, the physical environment, recreation and hobbies, and transportation.

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