

---

## **Psychosocial Problems of Pregnant Women: A Study with Special Reference to Kadaba Taluk**

**Mookambika<sup>1</sup> Deepika M<sup>2\*</sup>**

<sup>1</sup> Sri Ramakrishna ashrama, Nellikatte, Puttur, 574 201, India.

<sup>2</sup> PG Department of Social Work, St Philomena College, Puttur, 574 202, India  
Email: \*shettydeepi.shetty@gmail.com

**Abstract:** *Psychosocial factors influence a person psychologically or socially. Psychosocial problems include mood changes, anxiety, fatigue, sleepiness, depression, urinary infection, panic disorders and others. In this study researcher had taken 50 respondents from Kadaba taluk, Dakshina Kannada district, Karnataka State. Study used structured questionnaire among 5 to 9 months pregnant women. Researcher used both primary and secondary sources of data and this study shows that 98% of respondents are having back pain problem and were well treated by in-laws. This research revealed almost 80% respondents were economically poor. The study result showed that 82% of the pregnant women got sufficient care from the family.*

**Key Words:** *Pregnancy, Psychosocial Problems, Care and Support.*

### **Introduction**

Pregnancy is a unique, exciting and often joyous time in a woman's life, as it highlights the woman's amazing creative and nurturing powers while providing a bridge to the future. Pregnancy comes with some cost, however for a pregnant woman needs also to be a responsible woman so as to best support the health of her future child. The growing fetus depends entirely on its mother's healthy body for all needs. Consequently, healthy and well-nourished as they possibly can. Pregnant women should take into account the many health care and lifestyle considerations. Pregnancy is the term used to describe the period in which a fetus develops inside a woman's womb or uterus. Pregnancy usually lasts about 40 weeks, or just over 9 months, as measured from the last menstrual period to delivery.

### **1. Physical Problems of Pregnancy**

The following are some common maternal health conditions or problems a woman may experience during pregnancy-Urinary Tract Infections (UTF)

### **1.1 Hypertension (High Blood Pressure)**

Chronic poorly – controlled high blood pressure before and during pregnancy puts a pregnant woman and her baby at risk of maternal complications such as preeclampsia, placental abruption and gestational diabetes. These women also face a higher risk for poor birth outcomes such as preterm delivery, having an infant small for his/her gestational age, and infant death. The most important to do is to discuss blood pressure problems with her provider before she becomes pregnant so that appropriate treatment and control of her blood pressure occurs before pregnancy. Getting treatment for high blood pressure is important before, during, and after pregnancy.

### **1.2 Infections**

Pregnancy is a normal and healthy state that many women aspire to at some point in their lives. However, pregnancy can make women more susceptible to certain infections. Pregnancy may also make these infections more severe. Even mild infections can lead to serious illness in pregnant women. Some infections that occur during pregnancy primarily pose a risk to the mother. Other infections can be transmitted to the baby through the placenta or during birth. Some infections that develop during pregnancy can lead to miscarriage, or birth defects. They may even be life threatening for the mother. To complicate matters, the medications used to treat infections can cause serious side effects especially for the baby. It's important to try to prevent infections in pregnancy to minimize risks to both mother and baby. Infections, including some sexually transmitted infections (STIs), may occur during pregnancy and or delivery and may lead to complications for the pregnant woman, the pregnancy, and the baby after delivery.

### **1.3 Gestational Diabetes**

Gestational diabetes occurs when blood sugar levels are found to be too high during pregnancy. The exact number of women affected by gestational diabetes is unknown because of different diagnostic criteria and risk profiles. Most often the condition is discovered using a two-step procedure: screening with the glucose challenge screening test around 20 to 28 weeks of pregnancy, followed by a diagnostic test called the oral glucose tolerance test. Treatment includes controlling blood sugar level through a healthy diet and exercise and through medication if blood sugar values remain high.

#### **1.4 Skin and Hair Changes in Pregnancy**

Hormonal changes taking place in pregnancy will make women's nipples and the area around them go darker. Her skin colour may become darker, either in patches or all over. Birthmarks, moles and freckles may also turn darkened. Some women develop a dark line down the middle of their stomach. These changes will gradually fade after the baby is born, although her nipples may remain a little darker. Hair growth can also increase in pregnancy, and hair may be greasier. After the baby is born, it may seem as if she is losing a lot of hair, but is just losing the extra hair she grew during pregnancy.

#### **1.5 Backache**

It is very common to get backache or back pain during pregnancy, especially in the early stages. During pregnancy, the ligaments in her body naturally become softer and stretch to prepare her for labour. This can put a strain on the joints of her lower back and pelvis, which can cause back pain.

#### **1.6 Bleeding**

Bleeding from the vagina in early pregnancy is very common. In fact, it is thought to happen in almost one in four pregnancies-many of which will result in a healthy baby. About a third to half of all women who have bleeding will go on to miscarry. Bleeding later in her pregnancy is less common and can be a sign of a serious problem, such as placenta previa (when the placental covers the cervix) or placental abruption (separation of the placenta)

### **2. Causes of Bleeding Problems**

#### **2.1 Miscarriage**

A miscarriage is the loss of a pregnancy before the fetus (unborn baby) can survive outside the uterus (womb). Miscarriage usually occurs in the first 12 weeks of a pregnancy (first trimester). Vaginal bleeding is the most common sign of miscarriages. Some women may experience period-like cramping pain in the lower pelvis.

#### **2.2 Ectopic Pregnancy**

During first trimester, vaginal bleeding can be a sign of ectopic pregnancy. This is when the foetus starts to grow outside of uterus, often in one of the fallopian tubes. Symptoms of ectopic pregnancy can include cramping, vaginal

bleeding and abnormal pain might be caused by a ruptured fallopian tube. This is a medical emergency and needs immediate surgery.

### **2.3 Implantation Bleeding**

One cause for bleeding in early pregnancy is ‘implantation bleeding’. This usually occurs as light bleeding or ‘spotting’ and happens when the foetus implants (buries) itself into the lining of her womb. This bleeding will often last a few days, and then stop.

### **2.4 Placenta Previa**

Placenta previa occurs where the placenta is (either wholly or in part) inserted into the lower part of the uterus and covering the cervix. One of the signs of placenta previa is bleeding after 28 weeks.

### **2.5 Placental Abruptio**

This is one part or all of the placenta separates from the wall of the uterus before the birth of her baby. The amount of bleeding varies, as does the impact on her baby.

### **2.6 Psychological Changes during Pregnancy**

Pregnancy is always associated with changes in psychological functioning of pregnant women. It is associated with ambivalence, frequent mood changes, varying from anxiety, fatigue, exhaustion, sleepiness, and depressive reactions to excitement. During pregnancy changes include body appearance, affectivity and sexuality whereas the position and role of women attains a new quality. Even thoughts of pregnancy can bring about numerous worries about its course and outcome, and especially of the delivery itself, which may be intense that they acquire features of phobia.

## **3. Psychological Problems of Pregnant Women**

### **3.1 Depression**

Depression is sadness or feeling down or irritable for weeks or months at a time.

### **3.2 Post-traumatic Stress Disorder**

Some women experience post-traumatic stress disorder after pregnancy. This may be caused by having traumatic birthing experience, miscarriage or neonatal death.

### **3.3 Panic Attacks**

Panic attacks during pregnancy can be a cause for concern because they can impact the fetus. Blood flow to the fetus is reduced when the mothers are experiencing high anxiety, which can lead to low birth weight.

### **3.4 Bipolar Disorder**

Bipolar disorder episodes of low-energy depression and high-energy.

### **3.5 Obsessive Compulsive Disorder (OCD)**

Obsessive Compulsive Disorder is a relatively common mental illness, anxious or negative thoughts about their pregnancy or their baby. They may find changes in their weight and shape, particularly they have an eating disorder. Depression leads the broken sleep, lack of energy etc.

## **4. Emotional Problems of Pregnant Women**

### **4.1 Mood Swings**

Mood changes during pregnancy can be caused by physical stresses, fatigue, changes in their metabolism, or by the hormone estrogen and progesterone.

### **4.2 Fear**

Fear is another common emotion during pregnancy. In the first trimester, a woman may be afraid of having miscarriage or doing something that will affect her baby's health, in her second trimester she may start to question whether she will be a good mother and frightened by the enormous responsibilities of caring of new born.

### **4.3 Anxiety**

Anxiety is a normal emotion and people have it for a reason. Adding that the fear of uncertainty that often comes with pregnancy can lead to anxious thoughts.

### **4.4 Forgetfulness**

The mental forgetfulness and occasional memory lapses that could cause a woman to behaviours such as keys to be misplaced and her cell phone to go missing had been described as pregnancy brain or baby brain.

#### **4.5 Weepiness**

Some pregnant women may find themselves unexpectedly crying at a happy pet commercial or bursting into tears after throwing up in early pregnancy.

#### **4.6 Body Image Issues**

During the second and third trimesters, as a woman's baby bump becomes more visible and she gains more weight, she may feel dissatisfied with her baby and its appearance, and this may affect her self-esteem.

#### **4.7 Nesting Instinct**

Towards the end of her pregnancy the brain's reward system ramps up in preparation for the baby's arrival, and this helps make parenting a rewarding experience.

### **5. Common Cause of Psychosocial Problems in Pregnancy:**

Psychosocial problem of pregnancy, defined as the imbalance that a pregnant women feel when she cannot cope with demand which is expressed both behaviourally and physiologically. Perinatal depression, postnatal psychosis or other disorders, example anxiety, bipolar disorder. Ambivalence towards the pregnancy, lack of social support, financial stress, problems with drug or alcohol, unplanned pregnancy, increased life stress, fear of single motherhood, morning sickness, heart burn is caused by hormonal and physical changes that their body undergoes during pregnancy. Most pregnant women become constipated due to the hormonal changes that makes their digestion much slower. Bleeding gums are caused by the same hormone that makes their mucus membrane swell up and makes their sinuses worse, insomnia during pregnancy, headache and migraine, vaginal discharge during pregnancy is white, thin and milky and it has a very mild smell, Urinary incontinence experienced by pregnant women is usually stress incontinence, stretch marks, leg cramps, high blood pressure or hypertension are serious problems for some women.

### **6. Change in Lifestyle during Pregnancy**

Pregnancy is very complicated period in woman's life. Lifestyle can have a big impact on their pregnancy. Avoiding drugs and alcohol, exercising, and following a healthy diet helps her and her future baby stay healthy. In the starting of her pregnancy, she should accept end of her freedom, that she

was enjoying prior to pregnancy. She has to look after her baby in her womb. Bonding with her baby during pregnancy. Pregnant women experiences feelings and emotions for her fetus, interacts with her fetus and develops a maternal identity. These changes during pregnancy may alter a woman's desire for sex. In addition, physical discomfort or fear of harming the baby can affect a couple's sexual relationship.

In initial stages of pregnancy, many women have depression and feel like vomiting, stress, mood swings, etc. Nutrition requirements change during pregnancy. Pregnant women should eat energy-giving foods. The importance of health care throughout pregnancy is emphasized, because proper health care increases the likelihood of a healthy pregnancy, a healthy baby.

## **7. The Importance of Psychosocial Care during Pregnancy**

Psychosocial morbidity is not given enough recognition, it is not thought to be self-limiting as it is the care that is attributed to normal emotionality of pregnancy, and it is less frequently identified, especially if there is no continuity of care by the same midwife or clinician.

Historically and contemporarily much of what constitutes antenatal care throughout the world remains strongly rooted in the medical model within which it developed. Widespread, institutionalised routine antenatal care began around 80 years ago, focusing on mass screening with the aim of reducing maternal and parental morbidity and mortality under medical supervision. What is concern within the context of antenatal care are the belief and assumptions that continue to underpin the structure and content of antenatal care. Traditionally, antenatal care consists of a prescribed set of acts with a focus on the clinical physiological monitoring and screening of pregnant women.

Psychosocial stress in pregnancy, defined as “the imbalance that a pregnant woman feels when she cannot cope with demands which is expressed both behaviourally and physiologically has not routinely been measured in everyday obstetric practice.

Approximately 25% of pregnant women experience some form of psychosocial stress. From a public health perspective, it is important to identify those who suffer from psychosocial stress during pregnancy, because psychosocial factors (besides biomedical risk factors) might, in part, be accountable for pregnancy complications and adverse obstetric outcomes. Elevated levels of anxiety

and depressive symptoms are reported to be related to obstetric complications and adverse pregnancy outcomes, like pre-term birth. Accordingly, in a recent meta – analytic review, psychosocial stress during pregnancy was found to be weakly related to neonatal weight and the risk for low birth weight.

Although the experience of severe job strain during pregnancy was found to be related to adverse birth outcomes, these findings are not unequivocal among comparable studies. Feelings of pregnancy-specific stress were directly associated with pre-term delivery and indirectly with low birth weight. However, it is unclear whether stress specifically related to the parenting role (parenting stress) in women who have additional children is related to adverse birth outcomes.

The fact that findings and effect sizes vary among studies is probably due to the differences in study design, such as which measure of psychosocial stress was used, and the pregnancy trimester in which these measures were administered. Furthermore, potential confounding factors and biomedical risk factors that might affect birth outcomes are not always taken into account. Previous results from our prospective longitudinal community-based birth cohort also show that lifestyle factors (e.g. smoking) largely confounded the association between depression and major pregnancy outcomes.

In an attempt to elucidate inconsistent findings from previous research, we investigated the potential influence of latent clusters of psychosocial stress during pregnancy on adverse birth outcomes. We applied a person-oriented approach that incorporates multiple validated psychosocial stress constructs (anxiety and depressive symptoms, pregnancy-related anxieties, parenting stress and work-related stress).

## **8. Coping Strategies of Physical, Psychological and Social Stress**

Avoiding drugs and alcohol. Eating a good nutrient food important for a healthy pregnancy and baby. And change their diet so they can have the healthiest pregnancy possible. She should avoid sleeping on her back after 16 weeks of pregnancy. Sleeping on her side can reduce the risk of stillbirth. Always wash her hands after she has been contacting with animals,even pets. Exercise is important to stay active during pregnancy to control weight gain, relieve stress and reduce muscle tension. Writing down whatever comes the mind. Should not worry too much about what she writes. Talk to someone,



share with feelings for a trusted friend or others. Not to let people treat her badly. Talking one-on-one with a therapist can be great way to manage stress, deal with depression and ease anxiety during pregnancy. Finding a support group where she can share her concerns with other mothers who know, they are going through also can help.

### **9. Counseling during Pregnancy**

Counseling is a two-way confidential communication process that helps pregnant women to examine their personal issue, make decisions, and make plans for taking action if they develop danger symptoms.

Pregnancy options counselors educate women about the different options that are available and help guide them to a decision on how to proceed with their pregnancy. The options include abortion, adoption or parenting.

Nutrition education and counseling may support optimal gestational weight gain, reduce the risk of anemia in late pregnancy, increase birth weight, and lower the risk preterm delivery.

In the pregnant woman, the general purpose of counseling is to provide her with essential information for improving or maintaining her health and the health of her baby before and after birth. In addition, counseling will be an entry point to the family, in particular to her husband or partner, so they also know the potential risks encountered during pregnancy and get prepared for them both psychologically and economically.

### **10. Review of Literature**

#### **Concept of Motherhood**

Motherhood is defined as the condition of ‘a female parent’ or ‘one who shows mother qualities’ (Oxford, 1997). Motherhood is nothing new for many groups of working class, migrant and minority women, while far from perceiving tensions between motherhood and work, may assume work as an arena through which competence as a mother and a provider is demonstrate (Duncan et al.2013).

#### **10.1 Stress during Pregnancy**

Elevated levels of depression and anxiety were found to be associated with obstetric outcome and had implications for fetal and neonatal well-being and behavior. However, prediction of the impact of mood and anxiety disorders during pregnancy is very limited due to methodological problems. Most notably

pregnant women with elevated symptoms of depressed mood and anxiety and did diagnose mood and anxiety disorders. Also, potentially confounding and protecting factors as well as biological mechanisms with a possible role in adverse outcome in pregnant women with depression and anxiety disorders have received little attention (J Alder, N Fink et al.2007).

### **10.2 Psychosocial Study**

A psychosocial problem may occur in response to an exposure to a stressful life event. The psychosocial risk response will, however determine by the effect it has on an individual (Glazier et al. September 2004).

The relationship between psychosocial factors and pregnancy outcome should employ a prospective design with due attention to chronic stressor, should include appropriate biochemical assessments and multivariate techniques are applied. (K. Marieke et al. 1995).

### **10.3 Prenatal Health Behaviors**

Maxican-American women has generally more undesirable prenatal behaviors and risk factors than Maxican-immigrant women. Although higher acculturation was significantly associated with behavioral risk factors than, there were no direct effects of acculturation on infant gestational age or birth weight. (R.E. Zambran et al.1997).

Prenatal care is unique and in that, the objective is primarily preventative. The focus of prenatal care is to educate pregnant women,inform them of risk factors, and discuss any of their concerns. Prenatal appointments provide an opportunity for physicians to identify high-risk patients and alleviate the risk for negative birth outcomes associated with substance - exposed pregnancies, high blood pressure, or other preventable maternal and fetal screening, diagnosis, and treatment of complications that may be discovered. (White et al., 2006).

## **11. Methodology**

The methodology is quantitative with descriptive method. The aim of the study is to explore the psychosocial burden of pregnant women and objects of the study is to explore the physical, psychological and social problems of pregnant women.

The universe of the present study consists of the pregnant women belonging to the age group of 20 to 40 from Kadaba Taluk.

## **Major Findings**

Researcher has analysed the collected data and has been able to arrive at the following significant findings and suggestions.

The majority of respondents belong to 20-24 years age group.

The majority (80%) of respondents having 10,000 income per month.

The majority (82%) of the respondents belong to Hindu religion.

The majority (68%) of the respondents belong to joint family.

The majority (64%) of the respondents are never having different kind of pain.

The 70% of the respondents never had vomiting sensation, because researcher has taken only 5 months to 9-month pregnancy.

The 58% of the respondents never had problem in sexual activities.

The majority 86% of the respondents never had problem in urination.

The majority 80% of the respondents are able to do their work themselves during pregnancy.

The large number, 98% of the respondents had faced back pain health problems during pregnancy.

The 72% of the respondents never were uncomfortable wearing dresses.

The 76% of the respondents never were having emotional problems after the pregnancy.

This study reveals that 58% of the respondents didnot feel angry for silly matters.

The 70% of the respondents were never getting into any kind of bad dreams.

The 92% of the respondents did not feel anxiety about delivery.

The majority of the respondents never had mood swings.

Majority, 90% of the respondents never got hesitation when going outside.

During pregnancy majority (90%) of the respondents never had any conflict with their partner.

Majority, 82% of the respondents were always getting sufficient care from their family.

The large number (98%) of the respondents in-laws were treating them well.

The 78% of the respondents were getting love and care from the neighbours.

The majority (98%) of the in-laws were happy that respondents had conceived.

### **13. Suggestions**

- Giving counselling for pregnant women, her husband and their family for the purpose of reducing psychosocial problems of pregnant women.
- Provide education regarding psycho-social problems of pregnant women to the family.
- To provide information about pregnancy in every hospital. Nurses should visit every house and give awareness about pregnancy complications.

### **14. Conclusion**

Pregnancy may bring about physical and psychological changes, as well as changes in lifestyle. Pregnant woman's life is combined with feelings of joy and stress. Lack of support and care by a family member may lead to a more of emotional and psychological upset.

Social support was more strongly associated with health and wellbeing in women who experienced the highest levels of stressful life events. Pregnancy, 6 months after conception can be a unique stressful and emotional time especially at their first pregnancy. Social environment plays an integral role in women's perception of stress. Most of the pregnant women facing back pain health problems. Family support is more important to reduce the psychosocial problem of pregnant women.

If the pregnant women are facing psychosocial problem, it may affect the health of mother and the baby. Social environment plays an integral role in women's perception of stress. Physical discomfort experienced by mothers during pregnancy can affect postpartum maternal psychosocial condition.

The researcher hopes to see pregnant women to get sufficient care from their family members and should never experience any anxiety of delivery.

## **Reference**

- Johanna Mmabojalw Mathibe-Neke and Seipati Suzan Masitenyane February (2018). *Psychosocial Antenatal Care: A Midwifery Context*.
- Divyashree (2012), A Study on Psycho Social Problems of Pregnant Women.
- Nancy Reichman, E., Julien Teitler, O. (2003). Effects of Psychosocial Risk Factors and Prenatal Interventions on Birth Weight, *Perspective on Sexual and Reproductive Health*, 35: 130-37
- Collins, N. L., Dunkel-Schetter, C., Lobel, M., & Scrimshaw, S. C. (1993), Social Support in Pregnancy: Psychosocial Correlates of Birth Outcomes and Postpartum Depression, *Journal of Personality and Social Psychology*,65(6): 1243-58
- Sharma, J.B., Rinchen Zangmo (2017). Psychosocial Aspects of Diabetes in Pregnancy, *Journal of Social Health and Diabetes*, 5(1): 9
- Zambrana, R.E., Scrimshaw, S.C., Collins, N., Dunkel-Schetter, C. (1997). Health Behaviours and Psychosocial Risk Factors in Pregnant Women of Mexian Origin: The Role Acculturation, *American Journal of Public Health*, 87(6): 1022-26
- Shubhada Neel, Narendra Malhotra, et al.(2018), Study on Integrated Approach of Antenatal Care to Improve the Gestational Age of Birth, *World Journal of Anemia*, 2(1):1-10
- Shabnam Omidvar, Mahbobeh Faramarzi, Karimollah Hajian-Tilaki, Fatemeh Nasiri Amiri (2018), Associations of Psychological Factors with Pregnancy Healthy Lifestyle, <https://doi.org/10.1371/journal.pone.0191723>
- Hammarberg, K., Fisher, J.R.W., Wynter, K.H. (2008), Psychological and Social Aspects of Pregnancy, Childbirth and Early Parenting After Assisted Conception: A Systematic Review, *Human Reproduction Update*, 14(5): 395–414
- Eva Loomans, M., et al., (2012). Psychosocial Stress During Pregnancy is Related to Adverse Birth Outcomes: Results from a Large Multi-ethnic Community-based Birth Cohort, *European Journal of Public Health*, 23(3):485-491

### **Websites**

- <https://www.ncbi.nlm.nih.gov/m/pubmed/8378453>
- <https://journals.plos.org/plosone/articleid=10.1371/journal>
- <https://www.intechopen.com/books/selected-topic-in-midwifery-care>
- <https://www.hsj.gr/medicine/psychosocial-risk-factors-of-depression-in-pregnancy-survey-study.php?aid=3803>
- <https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/psychosocial-study-of-depression-in-early-pregnancy/9251322687>
- <https://www.aafp.org/afp/2000/1215/p2701.html>
- <http://www.sciencedirect.com/science/article/abs/pii/S0022399995000186>
- [http://www.tandfonline.com/doi/abs/10.3109/016748285090716?journal\\_code=ipob20](http://www.tandfonline.com/doi/abs/10.3109/016748285090716?journal_code=ipob20)
- <https://www.liebertpub.com/doi/10.1089/heq.2017.0017>