

Prenatal psychosocial disorders

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Abstract

The study aims to investigate psychosocial and social disorders associated with women during pregnancy in the light of certain variables namely: age during the previous pregnancy, number of pregnancies, level of academic qualifications and place of residence. The sample consisted of 446 pregnant women purposely selected. The data was collected through a structured index of 43-items developed by the researcher. The findings revealed that pregnant women experienced a low degree of psychosocial disorders with no significant differences in the level of prenatal psychosocial disorders due to age during the previous pregnancy, number of pregnancies, and level of academic qualifications. However, statistically significant differences were found due to the place of residence in favor of the city dwellers.

Key words: Psychosocial disorders, social disorders, pregnant women.

Introduction

Pregnant women's psychological state is usually characterized by fear, hope, sorrow and joy—particularly fears of difficulties associated with delivery. Such a state may often cause psychological distress and social problems that need to be explored. In fact, pregnancy generally involves, inter alia, psychological distress, anxiety, tension and depression which are usually caused by pain of labor and phobia of childbirth.

Pregnant women experience much distress, not only because of the apparent and rapid physical and mental changes they suffer during pregnancy, but also as the result of consequences of the successive hardships and pain which are not usually experienced before pregnancy. During pregnancy, women usually find themselves in various stressful situations which may include, amongst others, unwanted experiences and tension. Such stressful situations may cause a pregnant woman to lead a tensed and distressful life, which would directly affect her health and that of her unborn child, the fetus (Brajenovic-Milie et al., 2010).

Among the most important aspects affected by prenatal psychological pressures or changes are the psychological bond between the mother and the fetus, the psychological state of the pregnant woman's husband as well as their marital and sexual relationship, the psychological disorders associated with pregnancy such as cravings and vomiting, and the contradictory conflicts between the physical and psychological conditions before and after pregnancy (Biejers, 2010).

Margalit (2010) and Norbeck & Anderson (2010) pointed out that psychological distress affects the physiological functions in the body of the pregnant woman. Among the symptoms of such distress are anxiety, depression, slow thinking, feeling of helplessness, hopelessness, lack of value, a sense of target absence, insecurity, permanent sadness, anger as well as hypersensitivity, apathy, and aversion or refusal of responsibilities.

Norbeck & Anderson (2010) conducted a study to establish the level of psychological distress and anxiety experienced by pregnant women and their relationship with the level of social support. The results revealed the presence of a high level of psychological distress among pregnant women.

Sherbini (2010) asserts that from the very first day till the completion of nine months of pregnancy, the feelings and physical changes experienced by the expectant mother results in tension with whenever she feels a change. A pregnant woman should be wholly aware of all probable internal changes as well as be familiar of information which is considered as a cornerstone in the face of difficulties and obstacles during pregnancy.

Littleton et al. (2009) and Teixeira et al. (2009) confirm that the intensity of distress increases due to women's negligence of their psychological state at the expense of giving attention to other minor concerns such as the status of the fetus and the accessories needed when the baby is born. During pregnancy, the pregnant woman focuses on the needs of the unborn child and in the light of the preparations, commitments and anxiety; she tends to ignore the significant impact of her mood and psychological condition that automatically affects the fetus.

A study undertaken by Sawalima & As-Samidi (2012) endeavored to identify the level of psychological distress and state of anxiety among a sample of 32 pregnant women who attended antenatal maternal and childcare centers in Arjan of Ajloun District, Jordan. The period covered ranged between two and seven months of pregnancy. The results indicated

that pregnant women suffered a high level of psychological pressures. With respect to the state of anxiety, the results indicated that the level thereof was high among the participants in the study.

Another related study was conducted by Rubertsson et al. (2014) to determine the prevalence of anxiety symptoms among pregnant women during the first trimester of pregnancy and to identify associated risk factors. The study also aimed to investigate other factors associated with anxiety during early pregnancy, including women's fear of childbirth and their preference for a cesarean section. In a sample of 916 pregnant women during their first trimester (8-12 weeks) of pregnancy, the researchers used a depression and anxiety scale. The results showed that the women who were under 25 years of age were at increased risk of anxiety in early pregnancy. There were a high percentage of women with antenatal fear of vaginal birth. Consequently, the preference for cesarean section.

Furthermore, Biejers (2010) aimed to examine whether maternal prenatal anxiety and stress are related to more infant illnesses and antibiotic use during the first year of life. The sample consisted of 174 expectant mothers, of whom 71 were experiencing their first pregnancy. The study confirmed the presence of high levels of anxiety and stress among pregnant women, especially those who were pregnant for the first time. The results showed a negative relationship between prenatal mental health and infant illnesses: 10.7% of anxious women's infants suffered from general diseases, 8.9% from skin diseases and 7.6% used antibiotics during the first year of life.

Mervin et al. (2014) conducted a study which aimed to explore associations between forms of social support and levels of psychological distress during pregnancy. An analysis was undertaken of 2,743 pregnant women from south-east Queensland, Australia, utilizing data collected between 2007 to 2011. The study used the Psychological Distress Scale and Social Support Scale to analyze the data. The study found no statistically significant association between living with a partner and the level of psychological distress of the pregnant woman. The study concluded that living with parents or in-laws and receiving social support during pregnancy would foster family relationships and be effective in promoting the welfare of pregnant women.

A cross-sectional study by Sanguanklin et al. (2014) aimed to examine the relationship between job strain and psychological distress during pregnancy. The sample consisted of 300

full-time employed pregnant women from three antenatal clinics in Thailand. Using the Psychological Distress Scale, the study showed that job strain with other predictors explained a slightly higher than 50% of the variance in psychological distress. Family support had a direct impact in reducing psychological distress, but job strain was found to be a significant contributor to psychological distress. The average levels of seeking social support and wishful thinking were most beneficial in moderating the negative impact of job strain on psychological distress.

In a longitudinal study, Leach, et al. (2014) aimed to examine whether pregnancy is associated with increases in women's anxiety and depression levels. Australian women aged 20-24 years were recruited: 76 women were pregnant (with no prior children) and 542 remained nulliparous. The study results showed that the levels of anxiety and depression were higher in pregnancy. The findings suggested that pregnancy was not typically detrimental to women's mental health.

Easter et al. (2014) aimed to investigate the eating disorder diagnostic status and related symptoms in early pregnancy. Pregnant women (n=739) were assessed using an adapted version of the Eating Disorder Diagnostic Scale (EDDS). Eating disorder symptoms were assessed during the first 3 months of pregnancy and, retrospectively, in the 6 to 12 months prior to pregnancy. The results showed that 7.5% of women met the diagnostic criteria for an eating disorder, while a quarter of the women reported increased weight and shape concern during pregnancy. The study concluded that eating disorders are more common than previously thought during pregnancy.

Gourounti et al. (2014) sought to explore the psychosocial variables that influence pregnant women's psychological status. It also aimed to examine the relationship between marital support, social support, antenatal anxiety and pregnancy concerns after controlling for the effects of the background variables. The sample consisted of 165 pregnant women who attended an antenatal clinic. Various scales were used to measure anxiety, pregnancy worries, social support, and marital satisfaction. The results revealed that low marital satisfaction was significantly related to anxiety and concerns of pregnancy. Moreover, low income level was significantly related to concerns of pregnancy.

Statement of the Problem

Having studied and carefully reviewed the literature related to the present study, the researcher has established those prenatal psychological and social pressures as well as physical and emotional changes are experienced by pregnant women. Such pressures can easily have negative effects on pregnant mothers depending on the peculiar circumstances of each pregnant woman. Moreover, it was also established that Arab studies related to the topic under discussion are inadequate in terms of the features or the problems faced by the pregnant women at this stage since psychosocial disorders are considered the most common among prenatal psychological phenomena.

Objectives and Significance

The present study seeks to achieve the following objectives:

To identify prenatal psychosocial disorders in light of some variables, and to explore whether there are statistically significant differences which can be attributed to the study variables (age during the last pregnancy, number of pregnancies, the level of academic qualifications, and place of residence).

The present study may also constitute a gateway to further studies and research which could contribute to the developmental and preventive aspects of the prenatal psychosocial disorders. The results of the study may also be generalized.

The study is significant because it deals with an important stage of a woman's life - pregnancy. This stage is considered one of the most dangerous and vital in the life of a pregnant woman due to the difficulties, sudden events and physiological or psychological changes involved in this biological process, particularly at the psychosocial level. The present study may also constitute an avenue for further studies and research which can contribute to the developmental and preventive aspects of the prenatal psychosocial disorders.

Hypotheses

Based on the reviewed literature and on the proposed conceptualization of sexual prenatal psychosocial disorders, the set objectives and variables of the study, the following hypotheses are proposed:

1. There are no statistically significant differences at ($\alpha \leq 0.05$) in the level of prenatal psychosocial disorders due to age during the last pregnancy.
2. There are no statistically significant differences at ($\alpha \leq 0.05$) in the level of prenatal psychosocial disorders due to the number of pregnancies.
3. There are no statistically significant differences at ($\alpha \leq 0.05$) in the level of prenatal psychosocial disorders due to the level of academic qualifications.
4. There are no statistically significant differences at ($\alpha \leq 0.05$) in the level of prenatal psychosocial disorders due to the place of residence.

Limitations

The limitations of the study included:

- Population: This study was limited to a sample of pregnant mothers.
- Spatial: The study was limited to the district of Ramallah in Palestine.
- Temporal: This study was conducted in 2013/ 2014.
- Procedural: The study was limited in terms of the methodology, instruments and statistical analysis.
- Conceptual: The study was limited to the related procedural terminology and concepts.

Definition of Terms

Mental Disorder, or psychological disorder as it is called in the present study, is defined by the American Psychiatric Association (in DSM-IV-TR) as "A group of significant behavioral or psychological symptoms that occur in an individual and that are associated with present distress. Whatever its original causes, it must currently be considered a manifestation of a behavioral, psychological, or biological dysfunction in the individual" (American Psychiatric Association, 2003).

Social anxiety disorder is a kind of disorder and unreasonable fears which appear when a person is talking or doing something or in situations where the person is exposed to unfamiliar people or to possible scrutiny by others. Such exposure may provoke excessive blushing, panic attacks, stammering, trembling, palpitations, dyspnea, dry throat, excess sweating, etc (American Psychiatric Association, 2003).

Methodology and Procedures

To achieve the desired objectives, the study used the descriptive analysis approach, which aims to describe the characteristics of a phenomenon and to collect relevant data. This approach was since it suited the nature and objectives of the study in terms of data collection technique, testing the validity of its hypotheses and interpreting its results.

Population and Sample

The original population of the study covered all pregnant women in Ramallah District. The sample consisted of 446 pregnant women purposely selected. This type of sampling was used because of the lack of accurate statistics of the number of pregnant mothers in Ramallah District and the peculiar nature of the study population.

The participants were categorized as follows: age during the previous pregnancy, number of pregnancies, academic qualifications and place of residence. In total, the sample consisted of four hundred and forty-six participants. Fifty percent (47.50%) of the participants resided in rural areas, 41.7% in the urban areas, while the remaining 10.8% from refugee camps. The majority (49.6%) of the participants had a moderate level of education. Almost 60.8% of the participants had experienced more than three pregnancies during different ages, while 26% older than 33 years of age. See Table Nos. 1-4.

Instrumentation

Prenatal psychosocial disorders were evaluated using an index of a 43-item scale developed by the researcher. A 5-point Likert scale (strongly agree, agree, neither, disagree and strongly disagree) was used to measure responses.

The validation of the instrument followed two distinct phases. The initial phase involved a group of referees and expert arbitrators who provided specific comments on the tool, while

the second phase involved the implementation of a pilot study (N=30) to validate the survey using exploratory Pearson correlation. Correlation loading for all items exceeded 0.50 (0.52 to 0.73), which indicated that there was an internal consistency between the paragraphs of the questionnaire.

Cronbach's Alpha was utilized to test the reliability. A score of 0.95 indicated excellent reliability and consistency which achieved the purpose of the study.

After the validity and reliability of the study index was verified and the study sample was selected, the questionnaires were administered to the participants for completion. 446 questionnaires were valid and statistically analyzed.

Data Analysis and Findings

The statistical package for social sciences (SPSS) was utilized to analyze the data. The questionnaire items were rated on a 1–5 Likert scale (1=strongly disagree, 2=disagree, 3=neither, 4=agree and 5=strongly agree). The highest score revealed a high level of prenatal psychosocial disorders. The descriptive statistics gauged the level of prenatal psychosocial disorders among the sampled population. The following statistical techniques were measured: Regression, One way analysis of variance, LSD test, Cronbach's Alpha and Pearson correlation.

The mean score of the perceptions of prenatal psychosocial disorders scale was low (M 1.73 SD 0.65). (Table No. 5).

Moreover, the study investigated demographic breakdown of prenatal psychosocial disorders with the aim of identifying differences. The findings revealed that age during the last pregnancy, number of pregnancies and academic qualifications do not indicate any significant differences (Tables Nos. 6-11). However, the results revealed the place of residence is a significant variable.

The differences favored the refugee urban women (M 1.84 SD 0.62) compared to (M 1.62 SD 0.0.65) for the rural participants: F-value was (6.222 P=0.002), (Tables Nos. 12-14).

Discussion

The findings of the study revealed that the participants had a low level of prenatal psychosocial disorders. Furthermore, there were no statistically significant differences due to age during the last pregnancy. It is believed that the difficulties or problems associated with pregnancy increase as women get older. However, this is not always true; a pregnant woman in her forties may have an easy and smooth pregnancy whereas a pregnant woman in her twenties may experience many challenges during her pregnancy. Consequently, there are no hard and fast rules about whether there are prenatal psychosocial disorders due to the age of the pregnant woman. In fact, factors such as conditions of life and a woman's build or physical strength can have an impact on a pregnancy as well. Undoubtedly, pregnancy during an older age requires additional tests which are related to obstetrics and gynecology. This is apparent in the results of the present study. These results, however, do not agree with those of a study conducted by Hamidi (2009), which showed that pregnant women of the age group (22-25) are more prone to complications. The results of the present study are also inconsistent with those of Rubertsson et al. (2014) which showed that women under 25 years of age are at increased risk of symptoms of anxiety during early pregnancy.

Moreover, the findings revealed that there are no statistically significant differences at the prenatal psychosocial disorders levels due to the number of pregnancies. It can be inferred that there are no significant differences due to the number of pregnancies. Repeated pregnancy has no effect, except in instances of long intervals between pregnancies and recurrence of cesarean section deliveries. Repeated C-sections become more complicated each time whereas normal deliveries are generally easier.

Gynecologists propose several explanations for this result. Among these are the positive effects which arise from pregnancy hormones and the social and family support given to the woman who gives birth to several children. Furthermore, it is believed that the woman who gives birth more than once must be in good health. This result is inconsistent with a study conducted by Hamidi (2009), which concluded that the higher the number of pregnancies (3-4 times) a woman experiences, the more likely she would have complications with her pregnancy and delivery.

Moreover, the results indicated that there are no statistically significant differences at the level of prenatal psychosocial disorders due to the level of academic qualifications. The

researcher believes that the lack of significant differences due to the level of academic qualifications can be relatively attributed to many marital factors and not be restricted to only the difference in the level of academic qualifications. Such marital factors may include good treatment, fulfillment of the spouse's desires, physical appearance, giving attention to her frame of mind, body and feminine behavior that would keep her spouse strongly attracted to her. Therefore, it is unlikely that academic and qualification differences between spouses will result in marriage failure. However, there could be an element of truth that the vast majority of married spouses with academic and qualification differences may have a lower proportion of harmony than those with academic and intellectual similarities.

Finally, the findings also revealed that urban women scored a higher level of prenatal psychosocial disorders. In fact, urban areas are generally attractive to many people. However, the population intensity in cities, compared to the rural, is a great challenge, which creates differences between the social structure of the city and that of the village or the town. The most important problems from which the cities have suffered since ancient times are security, social classes, income differences and political disputes over power and governance.

Moreover, in modern times, one can add another set of problems and challenges such as traffic congestion, environmental pollution and city slums.

Recommendations

In light of the above results and discussion, the researcher recommends:

1. Conducting more studies and academic research to further explore the phenomenon under discussion, including other segments of the society and different variables.
2. Giving attention to the study of pregnancy, which is a topic of great importance, with a special focus on pregnant mothers who deserve to be given due attention, adequate care and to being mothers of generations of all times, they have always given the Palestinian society much time and effort.
3. Giving attention to psychological and physical care and follow-up of expectant mothers. Doctors, psychologists, psychiatrists and social workers need to provide professional advice for pregnant mothers, help them with their prenatal concerns and

distress and discuss these with expectant mothers, especially those who had been through a negative pregnancy experience.

4. Exerting efforts to activate the role of the family which has a significant role in overcoming obstacles and problems of pregnancy and childbirth as well as in providing moral support to expectant mothers.

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Appendices

Table No. (1) Sample distribution by age during the previous pregnancy

Age during the previous pregnancy	N	Percent %
16-20	46	10.3
21-23	95	21.3
24-28	105	23.5
29-32	84	18.8
33+	116	26.0
Total	446	100

Table No. (2) Sample distribution by number of pregnancies

Number of pregnancies	N	Percent %
1	83	18.6
2	92	20.6
3+	271	60.8
Total	446	100

Table No. (3) Sample distribution by academic qualifications

Academic qualifications	N	Percent %
Basic	128	28.7
Secondary	97	21.7
Diploma and above	221	49.6
Total	446	100

Table No. (4) Sample distribution by place of residence

Place of residence	N	Percent %
City	186	41.7
Village	212	47.5

Camp	48	10.8
Total	446	100

Table No. (5) Number, mean, standard deviation and percentage of prenatal psychosocial disorders total score among Palestinian women

Variable	N	Mean*	Std. Deviation	Percent %
Prenatal psychosocial disorders	446	1.73	0.65	34.6

*Mean out of 5 points.

Table No. (6) One way analysis of variance for the differences in prenatal psychosocial disorders total score among Palestinian women according to age during the last pregnancy

Source	Df	Sum of squares	Mean square	F-value	Sig.
Between groups	4	1.569	0.392	0.915	0.455
Within groups	441	189.064	0.429		
Total	445	190.633	-----		

Table No. (7) Mean scores and standard deviation for the differences in prenatal psychosocial disorders total score among Palestinian women according to age during the last pregnancy

Age during the last pregnancy	N	Mean*	Std. Deviation
16-20	46	1.78	0.66
21-23	95	1.74	0.61
24-28	105	1.82	0.61
29-32	84	1.70	0.70
33+	116	1.66	0.68
Total	446	1.73	0.65

*Mean out of 5 points.

Table No. (8) One way analysis of variance for the differences in prenatal psychosocial disorders total score among Palestinian women according to number of pregnancies

Source	Df	Sum of squares	Mean square	F-value	Sig.
Between groups	2	1.717	0.858	2.013	0.135
Within groups	443	188.916	0.426		
Total	445	190.633	-----		

Table No. (9) Mean scores and standard deviation for the differences in prenatal psychosocial disorders total score among Palestinian women according to number of pregnancies

Number of pregnancies	N	Mean*	Std. Deviation
1	83	1.76	0.63
2	92	1.84	0.60
3+	271	1.69	0.67
Total	446	1.73	0.65

*Mean out of 5 points.

Table No. (10) One way analysis of variance for the differences in prenatal psychosocial disorders total score among Palestinian women according to academic qualifications

Source	Df	Sum of squares	Mean square	F-value	Sig.
Between groups	2	0.008	0.004	0.009	0.991
Within groups	443	190.625	0.430		
Total	445	190.633	-----		

Table No. (11) Mean scores and standard deviation for the differences in prenatal psychosocial disorders total score among Palestinian women according to academic qualifications

Academic qualifications	N	Mean*	Std. Deviation
Basic	128	1.74	0.56
Secondary	97	1.73	0.72
Diploma and above	221	1.73	0.67
Total	446	1.73	0.65

*Mean out of 5 points.

Table No. (12) One way analysis of variance for the differences in prenatal psychosocial disorders total score among Palestinian women according to place of residence

Source	Df	Sum of squares	Mean square	F-value	Sig.
Between groups	2	5.208	2.604	6.222	0.002
Within groups	443	185.425	0.419		
Total	445	190.633	-----		

Table No. (13) LSD test for the source of differences in prenatal psychosocial disorders total score among Palestinian women according to place of residence

Place of residency	City	Village	Camp
City		0.223*	0.038
Village			-0.185
Camp			

Table No. (14) Mean scores and standard deviation for the differences in prenatal psychosocial disorders total score among Palestinian women according to place of residence

Place of residence	N	Mean*	Std. Deviation
City	83	1.76	0.63
Village	92	1.84	0.60
Camp	271	1.69	0.67
Total	446	1.73	0.65

***Mean out of 5 points.**

HOW TO CITE THIS PAPER:

Rimawi, O. (2015). Prenatal psychosocial disorders. *International Humanities Studies*, 2(3), 41-57.

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