

Original Article

Influence of Stages of Pregnancy on the Psychological Well-Being of Pregnant Women in Ibadan, Nigeria

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Abstract

Background: Psychological wellbeing of pregnant women has continued to be a source of worry to professional psychologist, health professionals and concerned stakeholders in Nigeria. This is because the period of pregnancy is a time when pregnant women need to have a sound wellbeing. Despite this important fact, little studies have examined the role that stages of pregnancy have on psychological wellbeing of pregnant women in Ibadan Nigeria.

Aims: This study examined the influence of stages of pregnancy on psychological wellbeing of pregnant women in Ibadan metropolis.

Method: The study adopted an Ex-post facto research design. A total number of 100 pregnant women were conveniently sampled from the antenatal section of the university college hospital (UCH) in Ibadan metropolis. A standardized questionnaire consisting of socio-demographic factors, and psychological wellbeing scale was used to collect data from respondents of this study. Data was analysed with descriptive statistics and Pearson's correlation analysis at $p \leq 0.05$.

Results: Findings revealed that there was significant effect of stages of pregnancy on psychological wellbeing ($F(2, 97) = 15.40, p < .01$).

Conclusion: It was concluded that psychological intervention need to be tailored toward the stages of pregnancy especially the first trimester of pregnancy in order for pregnant women have a sound wellbeing.

Key words: Psychological wellbeing, stages of pregnancy, pregnant women, Ibadan

Introduction

According to Diener (2000) psychological well-being refers to how people evaluate their lives in terms of cognition, emotion or feelings. It expresses the frequency with which people experience pleasant or unpleasant moods and emotions, which have a positive or negative effect. Psychological wellbeing on the other hand refers to an individual's overall evaluation of his or her life. Psychological wellbeing result most directly from the objective circumstance of people life. Janse, Krol, Groothoff and Post (2004) suggest that psychological well-being is synonymous with

“quality of life” of an individual. Psychological well-being is a dynamic concept that includes subjective, social, and psychological dimensions as well as health-related behaviours (Ryff, 2005). Another conception upon Psychological wellbeing is developed is through a social perspective which is a state of being with others, where human needs are met, where one can act meaningfully to pursue ones goals, and where one enjoys a satisfactory quality of life’ (WeD, 2007).

Psychological well-being is a subjective term that means different things to different people. Though there are times in most people's lives when they

are not mentally and emotionally at their best, but if they experience a positive state of psychological wellbeing, it then means that these people are able to cope with their problems effectively. This state of being has an effect on a person's physical health.

Psychological wellbeing indicators attempts to understand people's evaluations of their minds and lives. Two broad psychological traditions have historically been employed to explore psychological well-being. The hedonic view equates psychological well-being with happiness and is often operationalized as the balance between positive and negative affect (Ryan and Deci 2001; Ryff 1989b). The eudemonic perspective, on the other hand, assesses how well people are living in relation to their true selves (Waterman, 1993). Ryff (2009) further conceptualized psychological well-being as a six dimensions of psychological wellbeing namely; self-acceptance, positive relation with others, personal growth, purpose in life, environmental mastery, and autonomy. All of these dimensions can be considered as key components that make up the definition of psychological well-being. Therefore, individual who exhibit strength in each and every of these areas will be in a state of good psychological well-being, while individual who struggle in these areas will be in a state of low psychological well-being.

Pregnancy is a normal life process but, it brings in a lot of changes in many perspectives of a woman's life. The duration of pregnancy averages 266 days (38 weeks) after ovulation which equals to 9 months. For many women, pregnancy is a natural and joyful event. The recognition that a woman is pregnant is usually accompanied by a sense of fulfillment and excitement. But, in some women there may be a psychological set back which is manifested as anxiety, depression, stress and such other emotional disturbances. The psychological factors among many other aspects of pregnancy have received considerable attention and focus in research studies. This is because of the reason that the psychological disturbances can adversely affect the course of pregnancy, labour, delivery and subsequent development of the child as well as the psychological wellbeing of the mother (Erickson, 1976). One very vital factor that could influence the psychological wellbeing of pregnant women which have been given less

attention in the literature is the stages of pregnancy.

There are three distinct psychological phases that most women pass through during their pregnancies. These stages roughly correspond to the three trimesters of pregnancy and appear to be triggered by various psychological, biological and cultural influences. The first stage which is considered as the first trimester (1-13 weeks) begins when the woman initially feels either excited or shocked about her pregnancy. Even if the pregnancy is desired intensely, a certain amount of ambivalence i.e. the feeling of uncertainty during the pregnancy and increased emotional expressions are common. The expectant mother develops new and often uncomfortable physical symptoms such as nausea and vomiting associated with feeling sick, irritable, fatigue and moody. Ultimately, in a wanted pregnancy the fundamental task of the first stage is the acceptance of the pregnancy. Women struggling with this task may show behavioural signs, such as denial of the pregnancy or unusually react to the various bodily changes. The fear of miscarriage has been predominantly expressed by women during the first trimester of a wanted pregnancy and thus many women continue to keep the pregnancy secret until they have passed into the second trimester (Fenster, Phillips, and Rapoport, 2014).

The second phase of pregnancy or the second trimester (14-28 weeks) is initiated by the experiences of quickening i.e. the fetal movements and by hearing the fetal heart beat. Gradually, as the pregnancy progresses the expectant mother undeniably realizes that life exists within her. Regardless, with the reduction or disappearance of many unpleasant physical symptoms, the second trimester of a woman's pregnancy is considered as the time of relative peace and fulfillment. The most important tasks for a woman in this stage are initiating an emotional affiliation with, or attachment to the fetus. Leifer (1977) identified several behaviours indicative of attachment such as talking to the fetus or calling the fetus by a pet name. During this phase the woman may become more extroverted (Stotland & Stewart, 2001).

The final psychological stage of pregnancy is considered as the third trimester (29- 38 weeks) which begins when physical discomforts again

predominate and the mother has a sense of her infant as viable. During this stage maternal fetal attachment is expected to be at its highest and “nesting behaviour” starts to occur. During this final stage, expectant mothers again focus on bodily sensations and appearance and it may become an increasing concern for them. At this time in the pregnancy, sleep disturbances, backaches, leg cramps, increased anxiety about the delivery, worry about the health of the fetus, pain and loss of control during delivery are the major concerns of the pregnant women (Stotland & Stewart, 2001). Based on the signs and symptom associated with this stage of pregnancy, pregnant women could be faced with psychological distress if not well managed which invariably could reduce women psychological wellbeing. It is worth of note in this study to understand that the experience in this stage varies from women to women but there are some common signs associated to all women in this stages which could affect their wellbeing. It therefore means that any of the stages of pregnancy could affect the psychological wellbeing of both the mother as well as the unborn baby if adequate attention is not given during this period.

Research Questions and Hypotheses

The following question was postulated and this hypothesis was also generated for this study:

- Will there be any influence of stages of pregnancy on psychological wellbeing of pregnant women in Ibadan?
- There will be significant influence of stages of pregnancy on psychological wellbeing among pregnant women

Method

Research design

This study employ expost-facto design, this is because the researcher did not manipulate the variables in this study but just observed and collects the necessary data needed for the study in order to draw inferences about these variables.

Setting and Participants

This study was carried out at the antenatal section of the university teaching hospital (UCH) in Ibadan. The choice of this setting is because of the accessibility and proximity to the researcher. The

participants of this study consist of 100 pregnant women. Their demographic characteristics reveal that respondent age between 24 and 49 years ($M = 26.12$, $SD = 5.02$). It was also revealed that all the respondents are married women. Their family type shows that 12(6.0%) are from polygamous while 188(94.0%). Their educational qualification reveals that 22(11.0%) have NCE/OND, 119(59.5%) have Degree/HND 59(29.5%) have M.Sc/PhD.

Sampling technique

The study utilized a convenient sampling technique. The convenient sampling technique deals with only selecting pregnant women that were on ground at the antennal section of the hospital.

Instruments

The instrument for the collection of data was in form of standardized questionnaires, which consists of demographic data, which capture the age, marital status, educational status, type of family, and stages of pregnancy of respondents. The psychological wellbeing scale was measured using the 18 item Psychological well-being scale (PWB-S) developed by Ryff and Keyes (1995). This scale is a structured, self-report instrument based on the six dimensions of psychological well-being: Autonomy, environmental mastery, personal growth, positive relationships with others, purpose in life and self-acceptance. The scale is 18-item scale. Some items on the scale are: “I tend to be influenced by people with strong opinion”, and “I am quite good at managing the many responsibilities of my daily life”. Each item was responded using a 5-point Likert scale format ranging from (1) strongly disagree to (5) strongly agree. Some of the items are reversely scored: 1, 5, 9, 10, 12, 13, 15, 18. The psychometric properties of the six dimensions as reported by ryff ranges from .86 to .93. In this study a Cronbach Alpha of .67 was reported for this scale.

Procedure

Questionnaires were used to collect data from the participants in the study. After, the required permissions were obtained from the hospital management. The researcher seeks participant consent and also assures the participant on confidentiality and discretion of the study before

administering the questionnaire. The participants were informed of the purposes and/or objectives of the study, and its seriousness. Direction on how to complete the questionnaires was given and, the participant was encouraged to be truthful as possible in their responses. Honesty in its completeness was highly and continuously emphasized during the course of administration. The researcher assured participants that their questionnaires would not be personally identified and that they can withdrawal from the study at any time they so wish to do so. A total number of one hundred and ten questionnaires were conveniently distributed across the respondent but only 100 questionnaire were retrieved as twenty of the questionnaire were not returned. The filled questionnaires were subjected to appropriate statistical analysis.

Data analysis

The collected data were coded and then analyzed using the statistical package for Social Sciences

(SPSS) version 22. Inferential and descriptive statistical were used to analyzed the data in this study. Descriptive statistic was used to analyze the socio demographic factors in this study while inferential statistic was used to test the hypothesis in the study. The only hypothesis stated in this study was tested using One- way ANOVA.

Results

The influence of stages of pregnancy and psychological wellbeing was tested using One way ANOVA analysis and the summary result shown in Table 1 below. The result in Table 1 shows that there was significant influence of stages of pregnancy on psychological wellbeing ($F(2, 97) = 15.40, p < .01$). Furthermore, Table 2 showed the descriptive analysis and pot hoc analysis which revealed that pregnant woman in third trimester ($M = 66.27$) of pregnancy significantly reported higher psychological wellbeing than pregnant woman in first trimester ($M = 51.07$) of pregnancy and second trimester ($M = 59.69$) of pregnancy.

Table 1: Summary of one-way ANOVA showing the influence of stages of pregnancy on psychological wellbeing

Source	SS	df	MS	F	Sig.
Between Groups	3880.384	2	1940.192	15.402	
Within Groups	12218.776	97	125.967		<.01
Total	16099.160	99			

Table 2: Descriptive statistics showing mean difference in psychological wellbeing based on stages of pregnancy

Stages of pregnant	LSD POST HOC ANALYSIS					
	N	Mean	S.D	1	2	3
First trimester	42	51.07	10.12	-		
Second trimester	32	59.69	12.70	-8.62**	-	
Third trimester	26	66.27	10.98	-15.20**	-6.58**	-

*. The mean difference is significant at the 0.05 level

Discussion

The study has been able to examine the role of stages of pregnancy on psychological wellbeing of pregnant women in Ibadan metropolis. Based on the hypothesis which states that there will be significant influence of stages of pregnancy on psychological wellbeing revealed that there was significant influence of stages of pregnancy on psychological wellbeing among pregnant women in Ibadan. The present study findings was in line with study done by Fitzpatrick, (2006) found that pregnant women have higher anxiety in the third trimester of pregnancy than non-pregnant women in united states of America. The study was also in line with Hussein (2015) who conducted a study on normal pregnant women and the results indicated that anxiety is associated with somatic complaints during the first trimester of pregnancy. The study findings was not in accordance with Gurung, Dunkel- Schetter, Collins, Rini, and Hobel, (2005) who found that the mother's prenatal anxiety is high in the third trimester than the second trimester and greater the social support, lower the level of anxiety. The justification why this finding was so may be due to the fact that pregnancy is a strange experience where most women do not have enough first-hand information on how to cope effectively with this period.

Conclusion and Recommendations

The present study has been able to contribute to the body of knowledge in the area of psychological wellbeing among pregnant women. The study concluded that there is significant influence of stages of pregnant on psychological wellbeing with pregnant women in the third trimester having better psychological wellbeing than women in the first and second trimester of pregnancy.

Based on the following conclusion, it is therefore recommended that university teaching hospital management should recruit certified psychologist to help design psychological intervention programmes aimed at detecting early distress among pregnant women in the first trimester as this effectively make pregnant in this stages of pregnancy have a sound and healthy wellbeing. It is also recommended that doctor and nurses should provide seminars for women in their first trimester of pregnancy in order to effectively cope with the stress involved in this stage of pregnancy.

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