

THE ROLE OF COPING STRATEGIES IN PREDICTING QUALITY OF LIFE OF PREGNANT WOMEN

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ABSTRACT

Objectives: This study was aimed at investigating the predictive relationship between coping strategies and quality of life among pregnant women in Pakistan.

Design of the Study: The study uses a cross-sectional research design.

Place and Duration of Study: The study was conducted at the Institute of Clinical Psychology, University of Karachi from December 2022 to January 2023 from the departments of Obstetrics and Gynecology of various hospitals in Karachi, Pakistan.

Sample and method: The sample consisted of pregnant females (N=78) in their 1st and 2nd trimesters with the age range between 18 to 37 years ($\bar{X}=26.4$; $SD=4.7$), was selected by using purposive sampling technique. The demographic information form, and Urdu versions of Coping Strategies Inventory-Short Form, and Quality of Life Questionnaire of Physiological Pregnancy were used. Data analysis was done by using Regression analysis through SPSS V-25.

Results and Conclusion: The findings revealed a significant positive predictive relationship between Problem focused coping and QOL of the study sample however, the predictive relationship between Avoidant focused coping and QOL has been found insignificant. This research emphasis on the important role of CS on QOL of pregnant women that play a crucial role in this important phase of life. Through developing and implementing support programs that focus on enhancing coping skills, QOL among pregnant women can be improved.

Keywords: Coping Strategies; Quality of life; Pregnant Women; Pakistan

INTRODUCTION

Being pregnant and becoming a parent is an incredible journey. Pregnancy may offer feelings of self-fulfillment, satisfaction, and enthusiasm; however, some women also experience worry and a lack of preparedness for the obligations of motherhood (Khwepeya et al., 2018). Physiological, biological, and anatomical changes occur in pregnant women that lead to mental health issues, such as stress, anxiety, and depression (Ghaffar et al., 2017). Despite the transient nature of these changes, pregnant women encounter several obstacles. Consistent with this, many pregnant women experience low self-esteem and a heightened vulnerability to unanticipated challenges. These issues and challenges can impact how well women are able to handle the activities in life (Shishehgar et al., 2014). The health of pregnant women declines which impacts their quality of life (QoL) in general (Ghaffar et al., 2017). The transformation during pregnancy necessitate that a pregnant woman assumes additional obligations associated with parenthood, while the changes that occur during pregnancy are temporary, may have a significant influence on the QoL of the expectant mothers (Lagadec et al., 2018).

Quality of life is assessed by looking at physical function, mental health, subjective symptoms (such as tiredness and discomfort), and social functioning (Setse et al., 2009). As per WHO, QOL refers to how a person sees their place in society, taking into account their cultural background, values, and personal aspirations, as well as their expectations, standards, and concerns (WHOQOL, 1995). In the normal physiological pregnancies, QOL has been found good generally (Mazúchová et al., 2018); however, it was discovered that the average scores for the mental and physical aspects of the Quality of Life (QoL) were below then the standard values for the general population (Emmanuel et al., 2012). A woman's quality of life may be impacted several times during her pregnancy due to the frequent changes in her physiological state (Boutib et al., 2022).

To maintain QOL during pregnancy, maternal stress and coping style can be associated with maternal and neonatal health outcomes. Factors known to have an effect, on the quality of life for pregnant women consist of maternal identity, support from their partners, physical symptoms, as well, as feelings of

depression, anxiety and fatigue and most importantly coping strategies used by them. These factors reflect the ways in which pregnant women adapt physically, mentally and socially (Morin et al., 2019).

Coping defines as the cognitive and behavioral ways adopted by a person to deal with the demands of stressors (Folkman & Moskowitz, 2004). If individuals have a negative perception of stress, they will negatively look at stress as an unpleasant experience (Ravindran et al., 2019). In contrast, when an individual embraces a positive outlook on stress, unpleasant events may be seen as opportunities to achieve personal growth and highlight the concept of self-efficacy. Adopting such a coping strategy may improve one's psychological wellness and QOL (Ravindran et al., 2019).

Literature focuses on two types of coping strategies that are problem-focused coping and emotion-focused coping (Lazarus & Folkman, 1984). Emotion-focused coping involves managing and controlling emotions in response to a stressful event. This often entails expressing one's sentiments to others and engaging in constructive reassessment of condition. Whereas problem-focused coping aims that to address specific causes of stress by engaging in activities such as planning, obtaining information, and finding solutions to the issues. Another aspect of coping, known as avoidance, is sometimes recognized and may include either person-focused or task-focused strategies. Avoidance is an ineffective strategy for long-term coping; however, it may temporarily alleviate stress levels by allowing individuals to avoid stressful circumstances (Huizink et al., 2002; Lazarus & Folkman, 1984). Adaptive coping strategies help reduce uncertainty and emotional distress in expecting mothers ultimately enhancing their wellbeing and overall quality of life. On the other hand, ineffective coping mechanisms may result in depression and anxiety ultimately impacting the quality of life negatively (Naseiri et al., 2017).

The specific area of the problem concerning how pregnant women cope and their quality of life (QOL) during the first and second trimesters has not been well investigated in the existing literature, especially in Pakistan. Identifying this gap is important to frame the research study and emphasize the originality or novelty of the proposed research.

This research is based on the transactional stress and coping model proposed by Lazarus and Folkman (1984) that has been supported by various studies (Goh et al., 2010; Yu et al., 2007). According to this model, when faced with a situation for example, pregnancy, women undergo primary appraisal to evaluate the threat level to their wellbeing. If the pregnancy event is perceived as threatening or challenging, secondary appraisal assesses their coping resources and ability to deal with the situation. Coping mechanisms are then activated based on these assessments and impact quality of life of pregnant women likewise. (Crowe & Sarma, 2022; Roberts et al., 2014). The resulting psychophysiological responses, to stress are influenced by the effectiveness of appraisals and coping strategies. These stress outcomes can loop back into the appraisal process for adjustments if necessary.

Avoidant coping, such as engaging in competing activities, may be beneficial in specific contexts, like reducing relapse among pregnant smokers. Positive appraisal, which focuses on finding meaning and fostering personal growth, has been linked to better maternal attachment, fewer depressive symptoms, and reduced distress during pregnancy.

Pregnancy is a crucial phase in which the health of the mother has a direct impact on the development of the fetus and the results of the pregnancy. Investigating coping methods may uncover their influence on mental, emotional, and physical well-being, hence enhancing mother and baby health. Implementing good coping methods strengthens psychological resilience, diminishes levels of stress, anxiety, and depression, and boosts the overall QOL for women having pregnancy. Gaining insight into the most advantageous coping methods allows for the creation of focused treatments and support programs that cater to the specific requirements of pregnant women, fostering adaptive coping mechanisms and improving quality of life. The findings of this study may provide healthcare practitioners with valuable knowledge on expectant mother's coping strategies. This knowledge can be used to include these strategies in prenatal care plans, provide tailored support, and enhance the overall quality of care given to pregnant women. Research results have the potential to impact healthcare policy by emphasizing the significance of mental health support, coping tools, and holistic care methods in prenatal care settings. This, in turn, may result in

improved outcomes for pregnant women and their newborns. Research questions can be how different coping strategies predict the QOL of pregnant women during the first and second trimesters. Therefore, in the light of above literature review, following hypothesis was framed to explore if coping strategies would predict quality of life in pregnant females.

H_1 . There would be a significant predictive relationship of coping strategies (problem focused coping and avoidant focused coping) and QOL of pregnant women.

METHOD

Participants

The research covers 78 pregnant women in its sample with age range between 18-38 years (Mean age=26.4; SD=4.7). The research was taken place in maternity wards of several hospitals in Karachi, Pakistan. Purposive sampling was used to ensure that the sample characteristics were as diverse as possible. A cross-sectional research design was used in the study.

Inclusion criteria

The inclusion criteria for this research study includes certain demographic, namely women ranging in age from 18 to 38 years. To guarantee a comprehensive representation, those females were approached who were becoming a mother first time. Research focuses on the first and second trimesters because they are crucial for fetal development and the mother is more susceptible to complications.

Exclusion criteria

To focus on the effects of pregnancy in healthy individuals, the study did not include people with existing medical conditions like heart disease, anemia, or diabetes. To better understand how pregnancy affects mental health, women with a history of mental illness or who are currently taking medication for any mental conditions were not included in this study.

Measures

Demographics Information Sheet:

In addition to information related to experiences during pregnancy, demographics include personal and family information included age, education, language, gestational period, socioeconomic status, and housing.

Coping Strategies Inventory-Short Form (CSI-SF):

The Coping Strategies Inventory-Short Form (Tobin et al., 1989) is a questionnaire used to assess coping strategies. In this study, the Urdu version of the scale (Bano et al., 2021) was utilized. The Inventory consists of 32 items in which 32 elements are categorized into two subscales, problem-focused coping and avoidant-focused coping subscales. The Cronbach alpha for Primary, Secondary, and Tertiary subscales are .70, .82, and .90 respectively. To determine the Secondary and Tertiary sub-scale scores, the scores of Primary subscales are aggregated to form each respective subscale. The participants were instructed to choose the option they considered to be their "most preferred" for all items they feel a strong connection to. Each item was evaluated using a 5-point Likert scale ranging from "Too much" to "Not at all".

Quality of Life Questionnaire of Physiological Pregnancy (QOL-GRAV):

The QOL-GRAV (Vachkova et al., 2013) is a survey comprising of nine questions. It aims to accurately assess the physical, psychological, and social experiences of females having pregnancies, which significantly impact their quality of life (Vachkova et al., 2013). In this research, the Urdu version of scale (Ishaq et al., 2021) was utilized. Three items (item 7, 8, and 9) are rated oppositely and shown in a 5-point Likert format. A score of 1 on Likert scale indicates the best state of QoL, while a rating of 5 represents the worst. Lower mean scores indicate higher QoL. The cut-off score of the scale is categorized through the \bar{X} scores, as excellent (9–18), very good (19–27), good (28–36), and not very good (37–45).

Procedure

The research participants were selected from public and private maternal/obstetric health departments at different hospitals located in Karachi, Pakistan. Prior to data collection, permission from the hospital authorities and departmental heads was obtained. Subsequently, permission was obtained from each individual participant through consent forms to participate in the research. Consent form clarified that their participation would be voluntary and collected information would be completely confidential. The individual's freedom to withdraw from research at any time was also explained. The research questionnaires were then delivered, along with a demographic information form. The surveys were completed within a time frame of 15 to 20 minutes. Some of the participants who were in need provided with brief counselling, and taught relaxation exercises to help them cope up with the level of stress they experienced.

Statistical Analysis

The study's variables were analyzed using the statistical software SPSS, V-25. The study used linear regression analysis to examine predictive association between variables i.e., CS and QOL.

RESULTS

Table 1
Demographic characteristics of Participants (N=78)

Baseline Characteristics	f	%
Age		
18-27	45	57.7
28-37	33	42.3
Education		
Middle	2	2.6
Matric	9	11.5
Intermediate	22	28.2
Graduation	24	30.8
Masters	13	16.7
Post Masters	8	10.3
Language		
Sindhi	10	12.8
Balochi	6	7.7
Pashto	6	7.7
Punjabi	8	10.3
Urdu	48	61.5
Gestational Period		
First Trimester	35	44.9
Second Trimester	43	55.1
Socioeconomic Status		
Lower	6	7.7
Lower Middle	27	34.6
Middle	38	48.7
Upper Middle	7	9.0

(Mean age= 26.4)

Table 1 shows the Descriptive statistics of the sample characteristics.

Table 2

Linear Regression Analysis for Problem focused coping Predicting Quality of Life of all participants of the study (N = 78)

Variable	R^2	β	F	p
Problem focused coping	.11	.34	10.07	.002

** $p < .01$

Table 2 indicates that Problem focused coping positively and significantly predicts QOL of pregnant women. Results showed that predictor explains 11% of variance of QOL ($\beta = .34$, $t = 3.17$, $p < .01$).

TABLE 3

Linear Regression Analysis for Avoidant Focused Coping Predicting Quality of Life of all participants of the study (N = 78)

Variable	R^2	β	F	p
Avoidant focused coping	.000	-.004	.001	.97

Table 3 indicates that Avoidant focused coping negatively and non-significantly predicts QOL of pregnant women. Results showed that predictor explains 0% of variance of QOL ($\beta = -.004$, $t = 14.68$).

DISCUSSION

The current study aimed to investigate the predictive association among coping strategies and the QOL of pregnant women. The hypothesis approved by the results of this study as there is a significant positive predictive relationship between problem focused coping whereas hypothesis did not approve the relationship of avoidant focused coping and QOL of pregnant women. Many studies are in line with these findings as Calou et al. (2018) found that health-related quality of life (QoL) of pregnant women is impacted by their connection with their spouse and family as a coping strategy. The investigations examined

the correlation between coping strategies and various issues that occur during pregnancy, such as premature labor, the presence of obstetrical problems (Faisal-Cury et al., 2012) and a state of sad mood (Rudnicki et al., 2001). This is because of utilizing maladaptive coping techniques (Faisal-Cury et al., 2012) which in turn disrupt the QOL during pregnancy.

Higher QOL was shown to be related with absence of social and economic problems, having a supportive network of family and friends, experiencing happiness for pregnancy, and maintaining a positives outlook (Lagadec et al., 2018). Moreover, due to proper social contacting (coping strategy), pregnant women can manage their daily life stressors and as outcome, their psychological health gets better leading to improvement in their quality of life. This study's findings are also in line with the research conducted by Rastin et al. (2018) which suggests that the use of problem-focused coping strategies has led to a decrease in anxiety levels among pregnant women who have a hereditary risk of fetal abnormalities.

A good coping technique (problem focused and solution focused coping) in pregnancy may have a significant influence on health condition by reducing common pregnancy problems, such as nausea, changes in appetite, backache, diminished focus, and emotional lability but avoidant focused coping does not have any impact on improvement of symptoms in pregnancy (Guardino & Dunkel-Schetter, 2014). During early pregnancy, problem-focused coping methods were predominantly used, but their usage decreased as gestation progressed. Overall, women generally seem to prefer using emotion-focused coping strategies rather than problem-focused coping strategies during pregnancy, however, there are variations among individuals as many women use problem focused coping and there symptoms are decreased (Huizink et al., 2002). It is also determined that the coping process during pregnancy exhibited minor temporal fluctuations, may be because the demands of the circumstances during pregnancy are constantly changing, leading to corresponding changes in coping strategies and females who adapt to these changes have better physical, psychological and social QOL (Bifulco & Brown, 1996; Huizink et al., 2002). Moreover, research revealed that problem focused coping effectively decreased pregnancy complaints, but avoidant focused coping during mid-pregnancy was linked to increase or decrease of symptoms. Therefore, problem focused coping is the optimal coping style for pregnant individuals with a normal risk of developing pregnancy-related symptoms, in terms of avoiding their occurrence (Huizink et al., 2002)

Conclusion

To summarize, this study highlights the strong predictive association between coping strategies and the quality of life (QOL) of pregnant women. The results emphasize the significance of efficient coping strategies in improving a mother's well-being and overall QOL in pregnancy period. These findings highlight the need for customized therapies and support programs that concentrate on enhancing adaptive coping mechanisms to enhance the pregnancy experience and results for women. Furthermore, this study highlights the need to include psychological assistance and coping tools in prenatal treatment to enhance mother's well-being and quality of life throughout pregnancy. Holistic maternal health promotion should pay greater attention to non-clinical measures like mental well-being and QOL among pregnant females, in addition to pharmaceutical therapies (Davidson et al., 2011).

Limitations and Recommendations

To improve the applicability and dependability of the findings, future research should aim to overcome the issue of small and homogeneous sample sizes by enrolling a larger and more varied group of pregnant women. Furthermore, broadening the inquiry to include pregnant women at different stages of gestation beyond the first and middle trimesters might provide a more holistic comprehension of how coping strategies impact the quality of life (QOL) throughout pregnancy. Although the present study primarily examined normal pregnancies, future research could investigate pregnancies with complications while keeping the same factors constant which will help in getting thoroughly examine the relationship between problem focused coping, avoidant focused coping and QOL in this population. Moreover, other research designed may help researchers to study causative association between coping strategies and QOL since it fails to include the changes in coping strategies and QOL that may occur over time throughout pregnancy.

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