

***The Relationship between the Effect of Pregnancy Complaints on Quality of Life and The Self Perception Level***

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**ABSTRACT**

This study was conducted to evaluate the relationship between the quality of life and the level of self perception of pregnant women. In this descriptive study, 331 pregnant women were selected by purposive sampling method between the dates February 1 and April 30, 2021. Data were collected by online survey method using the personal information form, the scale of complaints during pregnancy and their effect on quality of life and self perception of pregnant women scale. The mean age of pregnant women and body mass index were 28.44±5.95 and 25.41±3.19, respectively. It was found that 31.1% of pregnant women were at first trimester, 30.8% of them second trimester and 38.1% of them third trimester. On the other hand, 61.9% of them were multiparous and 76.7% of them were planned pregnancy. Their mean scale of complaints during pregnancy and their effect on quality of life score was 94.52±30.88. The mean maternity perception in pregnancy subscale score was 22.33±4.44 and the mean body perception in pregnancy subscale score was 11.77±4.01. It was determined that there was a positive significant correlation between the mean body perception in pregnancy subscale score and the mean scale of complaints during pregnancy and their effect on quality of life score ( $r=0.451$ ,  $p<0.01$ ). In this study, it is concluded that pregnant women have high perceptions of maternity. Their body perceptions and levels of the quality of life at the pregnancy are moderate. As the self perception of pregnant women has increased positively, their quality of life during pregnancy has also increased.

**Keyword:** pregnancy; self perception; quality of life

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**1. INTRODUCTION**

Although pregnancy is a physiological process, anatomical, physiological, and psychological changes appearing in women can cause some complaints and disorders. These changes may be different in each pregnant woman and may differ in different pregnancies of the same woman.<sup>1</sup>

In studies in the literature, it has been stated that complaints during pregnancy may adversely affect the quality of life of pregnant women.<sup>2-5</sup> In the systematic review in which Lagadec et al.<sup>4</sup> investigated the factors affecting the quality of life of pregnant women, it was reported that lower quality of life was associated with physical factors such as nausea, vomiting, sleep difficulties and psychosocial factors such as depression and anxiety. The attitudes of pregnant women toward changes in their bodies are important for the healthy progression of pregnancy and the health of the fetus. Physical changes related to pregnancy have a significant effect on the body perception of women.<sup>6</sup> In some studies, it is observed that negative body perception and body dissatisfaction during pregnancy may negatively influence women's health during prenatal or postnatal periods.<sup>7-9</sup> In their study, Sweeney and Fingerhut<sup>7</sup> stated that body dissatisfaction during pregnancy was a risk factor for postpartum depression. Likewise,

in their study, Chan et al.<sup>9</sup> found that body dissatisfaction of pregnant women was positively associated with postpartum depression complaints. When women perceive pregnancy as an indicator of productivity, feel adequate and healthy to become mothers and perceive body changes during pregnancy as a normal condition, they may have a positive body perception during pregnancy.<sup>10,11</sup> In their study, Fahami et al.<sup>12</sup> expressed a positive relationship between psychological well-being and body satisfaction of pregnant women. According to the report of Coşkun et al.<sup>13</sup> the body and pregnancy perceptions of women who feel ready for pregnancy, who consider pregnancy as a unique period for them and who experience the happiness of bringing a baby into the world, briefly, who have accepted their pregnancy, are affected positively.

As seen in the studies, physical changes such as the presence and severity of pregnancy complaints and psychological changes such as anxiety and depression in the prenatal and postnatal processes of pregnant women may directly influence the quality of life of women negatively. Low/inadequate quality of life may also affect the satisfaction of woman with her pregnancy, mother and infant attachment during pregnancy or postpartum period, and family relationships negatively. In this context, it is of great significance that factors that may adversely affect the self perception of women and perception of motherhood are evaluated by the midwife, who is responsible for the follow up and care of the pregnant woman. Noticing problems early will ensure that healthy pregnancies are completed with healthy births and healthy infants and eventually result in healthy and happy families.

In the literature, there are many studies on body perception during pregnancy, quality of life during pregnancy, factors affecting the quality of life during pregnancy. No specific studies on the quality of life during pregnancy and the perception of both body and motherhood of pregnant women have been encountered. Therefore, this study was conducted to determine the relationship between the effect of pregnancy complaints on the quality of life and the levels of self perception of pregnant women.

## 2. MATERIALS AND METHOD

- 2.1. **Research design:** This study was conducted the descriptive, cross sectional type.
- 2.2. **Population and sample research:** The population of the study consisted of pregnant women. The research sample completed with 331 pregnant women who could read and write in Turkish, had internet access, were not high risky pregnancy, and volunteered to participate in the study between the dates February 1 and April 30, 2021.
- 2.3. **Research tools:** The data were collected by using the Personal Information Form, Self-perception of Pregnants Scale (SPS) and The Scale of Complaints during Pregnancy and their effect on Quality of Life (SCPEQL)

*Personal Information Form:* This form has 21 questions that can identify the demographic and obstetric characteristics of the participants. It has been prepared in line with the literature<sup>11,14-16</sup> by the researcher.

*Self-perception of Pregnants Scale-SPS:* This scale was developed by Kumcağız et al<sup>15</sup> and it is 4-point Likert-type scale with 12 items. It has two factors: The "Maternity Perception in Pregnancy" subscale includes 7 positive questions whereas the "Body Perception in Pregnancy" subscale includes 5 negative questions. Higher scores on the Maternity Perception in Pregnancy subscale indicate a higher level of perception of motherhood during pregnancy. Higher scores on the Body Perception in Pregnancy subscale indicate a negative body image during pregnancy. Although there is no cut off point in the scale, each subscale is evaluated separately. *The Cronbach's Alpha value is 0.86 for the first factor of the scale and 0.75 for the second factor. In this study has*

been found that the Cronbachs Alpha value of the first factor is 0.86 and the second factor is 0.89.

*The Scale of Complaints during Pregnancy and their effect on Quality of Life (SCPEQL)*: The original scale which is name Pregnancy Symptoms Inventor was developed by Foxcroft et al<sup>14</sup> and Turkish validity and reliability of the scale was made by Gür and Pasinlioğlu.<sup>11</sup> The scale consists of two parts and some evaluate pregnancy complaints and some quality of life. In other words, both symptoms and quality of life can be evaluated with the scale. For this reason, it has been deemed appropriate that adding quality of life to the title in line with the suggestions from expert opinions and this will be more understandable and more useful for researchers and readers. So, the name of the scale in the Turkish version has been determined as *The Scale of Complaints during Pregnancy and their effect on Quality of Life*. For the scale name for the Turkish version, written consent was obtained from the author of the original scale.<sup>11</sup> The scale determines the frequency of complaints that can be experienced in pregnancy and how these complaints affect daily life. The scale consists of two parts with 42 items. The first part of the scale includes evaluations of how often pregnancy complaints encountered in the last month of participants' pregnancy. It is a 4 point Likert type measure and is encoded as never, rarely, sometimes, often. If 1-3 measure is marked for each item from the first part, second part of the scale can be passed. The second part of the scale is evaluated how complaints affect daily life activity. This part is a 3 point likert type measurement. It is encoded as not limited at all (0), limited a little (1), limited a lot (2). When the total score increases from the scale, it indicates poor, weak, low maternal and fetal outcomes. It was found that Cronbach alpha coefficient is 0.91.<sup>11</sup> In the present study, it was found that the Cronbach alpha coefficient is 0.94 which is highly reliable.

- 2.4. Data collection:** Data were collected using by online survey method, google forms.
- 2.5. Data Analysis:** The data were assessed using the SPSS (version 20. SPSS Inc.) Software program. Minimum and maximum values, percentages, means, standard deviations, frequencies and Pearson correlation test were used to evaluate the data. Cronbachs alpha coefficient was used to evaluate the reliability of the scale and p-values of <0.05 were considered statistically significant.
- 2.6. Ethical Considerations:** Before the pregnant women started to fill out the questionnaire, an informed consent form section explaining the purpose of the study was added and its approval was made mandatory. In this way, informed consent was obtained from the individuals. They were informed that they could withdraw from the study at any time, and that their information would remain confidential. In addition, the principles of Helsinki Declaration were followed in this study.

### 3. RESULTS AND DISCUSSION

The sociodemographic and obstetric characteristics of participants are given in Table 1. The mean age of pregnant women is 28.44±5.95 years, the mean duration of marriage is 6.44±5.59 years, and the BMI is 25.41±3.19. Of the pregnant women, 30.5% are primary school graduates, 78.5% are housewives, and 56.2% live in the city center. Of the pregnant women, 82.8% have social security and nuclear families. Incomes of 71.3% were equal to their expenditures, 31.1% of the spouses of the pregnant women were high school graduates, and 47.1% were self employed. Of the pregnant women included in the study, 38.1% were pregnant for 28-40 weeks, and 61.9% were multiparous. Of the women, 76.7% planned their pregnancy, 82.8% had the infant of the desired sex, 71.3% had no problems during pregnancy, and 81.6% had social support.

The distribution of the mean SPS and SCPEQL scores of participants is given in Table 2. The mean total score of the pregnancy related perception of motherhood

subscale of the SPS scale was  $22.33 \pm 4.44$ , and the mean total score of the pregnancy related body perception subscale was  $11.77 \pm 4.01$ . The mean SCPEQL total score was determined as  $94.52 \pm 30.88$  (Table 2).

The relationship between the subscales of the SPS scale and the mean SCPEQL total scores of the participants is shown in Table 3. A negative and insignificant relationship was found between the mean total score of the pregnancy related perception of motherhood subscale of the SPS scale and the mean total score of the SCPEQL scale ( $r = -0.098$ ;  $p = 0.074$ ). A positive and significant relationship was identified between the mean total score of the pregnancy related body perception subscale of the SPS scale and the mean SCPEQL total score ( $r = 0.451$ ;  $p < 0.01$ ).

The findings of the study, which was conducted to determine the relationship between the effect of pregnancy complaints on the quality of life and the levels of self perception of pregnant women were discussed with the relevant literature.

Perceptions of motherhood of pregnant women in the study were high. The fact that the majority of the women had planned their pregnancy, did not have any health problems related to pregnancy, and the sex of their infants was as desired may have affected this result. In their study, Alkin and Beydağ<sup>6</sup> revealed that the perception of motherhood was higher in pregnant women who felt ready for motherhood, perceived changes in their bodies positively, and whose pregnancy was planned or intended. In their study, Ozturk et al.<sup>17</sup> determined that women who had intended pregnancy adapted to motherhood better. Although there is no statistically significant relationship between pregnant women's perception of motherhood and their quality of life during pregnancy ( $p = 0.074$ ), it can be said that positive perception of motherhood affects pregnant women's quality of life positively.

Body perceptions of pregnant women are at a moderate level. A positive and significant relationship can be mentioned between body perception during pregnancy and quality of life during pregnancy, and pregnant women's quality of life during pregnancy increases as they perceive their bodies positively. In the study conducted by Gür and Pasinlioğlu<sup>18</sup>, women were found to perceive their body images positively during pregnancy. In their study, Çırak and Özdemir<sup>19</sup> found that the weight gained during pregnancy did not affect the perception of body image. It is extremely important to provide counseling services for maintaining healthy lifestyles starting from the preconceptional period. Physical and mental preparedness of woman for this process before pregnancy will also support a positive self-perception and improve the quality of life during pregnancy and even before pregnancy. In their study, Pullmer et al.<sup>20</sup> asserted that strengthening health-related habits in women of reproductive age might protect against low levels of body satisfaction during pregnancy. In the study carried out by Fuller Tyszkiewicz et al.<sup>21</sup>, pregnant women experienced more dissatisfaction with weight and skin changes than non-pregnant women. There are many studies indicating that body dissatisfaction during pregnancy is associated with psychological well-being states such as depression and anxiety, which considerably threaten the quality of life.<sup>8,9,12,22</sup> In this study, the normal mean age and normal BMI of pregnant women may have prevented negative body perceptions. In their study, Erkaya et al.<sup>23</sup> observed a positive relationship between BMI and body image, and pregnant women with normal BMIs were satisfied with their bodies. Moreover, more than half of the women in this study were multiparous and had planned pregnancies. Since the previous experience of pregnancy can be informing about physical and psychological changes during pregnancy and planned pregnancy can be indicative of preparedness for pregnancy, women in the study may have perceived physical changes during pregnancy as a normal part of the pregnancy period, and their body perceptions may not have been affected negatively. In their study, Root et al.<sup>24</sup> found that the body perceptions of women with planned/intended pregnancy were higher than those of women with unplanned or unwanted pregnancy.<sup>25</sup> In the study

performed by Küçükkaya et al., it was revealed that body perception was affected positively as the acceptance of pregnancy increased.

The quality of life of pregnant women during pregnancy can be said to be at a moderate level. In the studies conducted by Derya et al.,<sup>3</sup> Mazúchová et al.,<sup>26</sup> Demir,<sup>27</sup> Akpınar and Apay<sup>28</sup>, the quality of life of pregnant women during pregnancy was at a good level. The sociodemographic characteristics of the pregnant women in this study are similar to the afore said studies. There are many factors that influence the quality of life during pregnancy.<sup>29,30</sup> In the study carried out by Can et al.<sup>16</sup>, physical and psychological problems of pregnant women reduced their quality of life. In a study, Demir<sup>27</sup> reported that the quality of life of pregnant women decreased as their age and gestational week increased. In the systematic review by Lagadec et al.<sup>4</sup>, investigating the factors that affected the quality of life of pregnant women, the main factors associated with worse quality of life were stated as medical assisted reproduction, complications before or during pregnancy, obesity, physical and psychological complaints of pregnancy, and domestic violence. It is assumed that the moderate level quality of life of pregnant women in this study may have been affected by the fact that they were at a young age, as viewed from their mean age, they had similar trimester distributions, most of them did not have any health problems but had social security. Prenatal education is an essential initiative to increase the adaptation of women to the pregnancy process, coping with complaints, and adaptation to pregnancy. Midwives should support women with prenatal education classes to help pregnant women cope with their complaints and improve their quality of life. In the study performed by Yıkar and Nazik<sup>31</sup>, the education provided to pregnant women reduced pregnancy complaints and improved the quality of life of pregnant women. Midwives should continue their counseling services meticulously to improve the quality of life in the postpartum period. Salehi et al.<sup>32</sup> showed that a midwifery-led counseling program could affect the quality of life score in women with postpartum body image concerns. Kazemi et al.<sup>29</sup> also suggested that the ability to cope with pregnancy was another factor affecting the quality of life, and health professionals should provide clear and adequate information about the factors affecting the quality of life of pregnant women.

#### **4. CONCLUSION**

In this study, which was conducted to determine the relationship between the effect of complaints during pregnancy on the quality of life and the levels of self perception of pregnant women, it was revealed that the perception of motherhood of pregnant women was high, and the effect of body perceptions and complaints during pregnancy on the quality of life was moderate. It is concluded that perception of women of motherhood is not affected by their quality of life. However, a positive body perception increases their quality of life. Midwives, who provide prenatal care services for keeping quality of life during pregnancy at a good level and their motherhood and body perceptions positive, are recommended to inform women with prenatal education and carry on their effective and quality counseling services.

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**Tables**

Table 1 Sociodemographic and obstetric characteristics of the participants

Characteristics (n=331)		
Age (Mean ±SD, years)	28.44±5.95	
Duration of marriage (Mean ±SD, years)	6.44±5.59	
BMI (Mean ±SD, kg/m <sup>2</sup> )	25.41±3.19	
	n	%
Educational level		
Primary school	101	30.5
Secondary school	89	26.9
High school	88	26.6
University	53	16.0
Occupational status		
Not working	260	78.5
Working	71	21.5
Partners' educational level		
Primary school	71	21.5
Secondary school	83	25.1
High school	103	31.1
University	74	22.4
Parters' occupational status		
Employee	86	26.0
Officer	89	26.9
Self-employment	156	47.1
Place of residence		
City center	186	56.2
District	112	33.8
Village	33	10.0
Social assurance		
Have	274	82.8
Have not	57	17.2
Income status		
Less than expenses	36	10.9
Equal to expenses	236	71.3
More than expenses	59	17.8
Family structure		
Nuclear family	274	82.8
Extended family	57	17.2
Pregnancy week		
First 12 w	103	31.1
13-27 w	102	30.8
28-40 w	126	38.1
Parite		
Primipara	126	38.1
Multipara	205	61.9
Live births		
0	126	38.1
1	97	29.3
2	60	18.1
3 and over	48	14.5
Status of planning pregnancy		
Planned	254	76.7
Not planned	77	23.3
Is the gender of the baby desired sex?		



Yes	274	82.8
No	57	17.2
Having problems during pregnancy		
Yes	95	28.7
No	236	71.3
Type of problem (n=95)		
Physical	55	57.9
Psychosocial	40	42.1
Obtaining information about common complaints		
Yes	293	88.5
No	38	11.5
Person receiving information (n=293)		
Midwife	114	38.9
Nurse	42	14.3
Doctor	137	46.8
Social support		
Have	270	81.6
Have not	61	18.4

**Table 2 Distribution of participants' SPS and SCPEQL mean scores**

Scales		Lowest-Highest Scores can be taken from the scale	Lowest-Highest Scores taken from the scale	Mean and SD
Self-perception of Pregnants Scale (SPS)	Maternity Perception in pregnancy	7-28	11-28	22.33±4.44
	Body Perception in Pregnancy	5-20	5-20	11.77±4.01
SCPEQL total		0-210	0-178	94.52±30.88

**Table 3 The relationship between the participants' SPS and SCPEQL subscales mean scores**

SPS	R <sup>β</sup>	SCPEQL
Maternity Perception in Pregnancy	r	-0.098
	p	0.074
Body Perception in Pregnancy	r	0.451**
	p	<b>0.000</b>

β Pearson Correlation \*\*p <0.01

