

# Exploring Pregnant Women's Perceptions of Quality of Life: A Qualitative Study

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## Abstract

This study was carried out to explore the Turkish Pregnant women's perceptions of Quality of Life. This Qualitative research using a descriptive phenomenological approach was conducted between 1 April 2021 – 31 August 2021 in Ankara Turkey. 20 pregnant women aged 19-38 years were recruited in this study. Data were obtained through open-ended questions and in-depth audio-recorded interviews, each lasting approximately 30-40 minutes. Pregnant women were asked for information on the quality of life during pregnancy based on their perceptions. The research data were analyzed using the qualitative content analysis approach. As a result of the analysis of the data, 3 main themes were formed. Effects of pregnancy on various areas of health (Emotional changes, Difficulty in performing daily activities, physical problems, changes in eating habits, changes in social interactions), Worries about pregnancy (Material problems, Negative thoughts about birth, Worries about health, Worries about the future) Three main and 13 sub-themes emerged: the perception of satisfaction during pregnancy (Spirituality, Positive attitude towards the formation of pregnancy, Support systems). The quality of life of pregnant women is affected in various areas during pregnancy. In order to quantitatively determine the quality of life during pregnancy, measurement tools supported by qualitative studies are needed.

**Keywords:** Pregnancy; Quality of life; Qualitative study, Phenomenology

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## 1. INTRODUCTION

The main purpose of antenatal care is to reduce maternal and fetal mortality and morbidity. While aiming for this, it should be taken into account that the quality of life of pregnant women and changes related to pregnancy may be affected by each other. Due to the nature of the pregnancy period, many anatomical, physiological, and biochemical changes are observed in the female body (Kazma et al., 2020). However, it can be said that many interactions in terms of physical, emotional, and social functionality affect the quality of life during pregnancy (Kapraun Id et al., 2019). The concept of quality of life during pregnancy is a multidimensional concept in which physical, emotional, and social interactions are observed as well as the changes brought about by pregnancy. Determining the quality of life during pregnancy is an important result in the evaluation of the burden of pregnancy-specific to the woman. As a result, while determining the burden of pregnancy-related complications and the effectiveness of treatments and preventive practices, the evaluation of the quality of life in pregnant women should also be taken into consideration.

General measurement tools were frequently used to measure the quality of life of pregnant women during pregnancy (Lagadec et al., 2018). Studies have shown that quality of life is associated with some important changes in pregnancy. E.g; epigastric pain and gastroesophageal reflux (Dall'Alba et al., 2015), nausea and vomiting, back pain (Olsson & Lena, 2009), and sleep problems (Da Costa et al., 2010). It was concluded that the presence of symptoms such as decreased the quality of life scores. The presence of problems such as depression and anxiety during pregnancy was found to be significantly lower in all quality of life parameters (Li et al., 2012). There are studies in which low social support during pregnancy results in low quality of life measures (Elsenbruch et al., 2007; Mckee et al., 2001). Low quality of life, especially in the field of physical health, increases the number of newborns born with low birth weight (Lau, 2013).

A large number of studies have been conducted, evaluating the quality of life of pregnant women with the general quality of life measurement tools (Chang et al., 2014; Nakamura et al., 2012; Olsson & Lena, 2009; Ramirez-Vélez, 2011; Shishehgar et al., 2014; Tsai et al., 2016). General measurement tools aim to measure health-related quality of life overall in various groups. The contents of such measurement tools are designed to address the most common areas of quality of life for the majority of the population. These studies were measured with the existing quality of life measurement tools and it was concluded that many sub-dimensions of the quality of life measurement tools were affected. When the studies were examined, the scales used were not specific to the pregnancy period, indicating the general population, and at the same time, most of them were seen as lacking in-depth qualitative evaluations. Qualitative studies are one of the most appropriate methods to reveal individuals' perceptions of a phenomenon in a particular sociocultural context (Kiyimba et al., 2019).

Qualitative studies can provide an understanding of the quality of life and determinants during pregnancy and help develop more effective strategies for its improvement. Therefore, our study aimed to define the quality of life perceptions of pregnant women living in Turkey. So, this study aimed to describe the Turkish Pregnant women's perceptions of Quality of Life.

## **2. MATERIALS AND METHODS**

This study was carried out to explore the Turkish Pregnant women's perceptions of Quality of Life.

### *2.1. Research Population and Sample*

This study was conducted with pregnant women from April 1, 2021, to August 31, 2021. The sample of the study consisted of 20 pregnant women who agreed to participate in the study with the maximum diversity sampling technique in a Training and Research Hospital in Ankara. The number of participants was determined according to the 'data saturation' principle, which is valid in qualitative research.

### *2.2. Data Collection Tools*

Research data were collected with an introductory information form (eleven questions) and a semi-structured interview form (ten open-ended questions) questioning the socio-demographic and obstetric data of pregnant women. In the collection of data, semi-structured interview forms and individual in-depth interview techniques were used. In the interview, the data reported by the pregnant women were noted in the interview form in detail and recorded with a voice recorder.

### *2.3. Data Collection Process*

The data were collected through interviews with the pregnant women included in the study, which lasted approximately 30-40 minutes and using a voice recorder. The interviews were terminated when the concepts that could answer the research questions started to be repeated. In order not to reveal the identity of the pregnant women, their real names were not included in the study and were coded with a nickname for each participant to be determined by the participants.

### *2.4. Statistical Analysis*

The content analysis method was used to analyze the interview data. In the analysis of the data, the voice recordings of the pregnant women were converted into text in Microsoft Word and a twenty-one-page raw data document was created. In the evaluation, an in-depth analysis was made with the ways of interpreting the data and making inferences, and codes were created. Then, sub-themes and themes were reached from the codes that were similar. The coded data were reviewed by four different researchers, three of whom are experts in Obstetrics and Gynecology Nursing and one of them is an expert in Mental Health Nursing, and the consistency of the determined themes was ensured. After creating the themes, the comments were expressed descriptively.

### *2.5. Ethical Aspect of Research*

Before the study, ethical committee approval and institutional permission were obtained from the relevant institution with the decision numbered 2021/89. Before the study data were collected, the purpose of the study and the questionnaires to be used were introduced to the pregnant women, they were informed about the audio recording, and if they agreed to participate in the study, they were informed that they had the right to withdraw from the study at any time, that the data obtained would be confidential and that they would not be used outside the scope of the study, and their verbal consent was obtained. voluntary participation was provided.

## **3. RESULTS**

A total of 20 pregnant women between the ages of 21 and 38 with a gestational age of 9-38 weeks were interviewed. Pregnant women are mostly between the ages of 25-31 (45%) and in the second trimester (45%). Half of the pregnant women were graduates of college or higher. When we look at the body mass indexes of pregnant women, the density is in the overweight (35%) and obese (35%) groups. It has been observed that 70% of pregnant women do not work, 65% of their spouses work in the private sector, and 60% describe their economic situation as sufficient (Table 1).

Table 1. Some Characteristics of the Participants

		n (%)
Age (years) [28,20±5,62]*	18-24	6 (30)
	25-31	9 (45)
	32-38	5 (25)
Body mass index (kg/m <sup>2</sup> ) [28,47±5,30]*	normal	6 (30)
	overweight	7 (35)
	obese	7 (35)
Trimester	1. Trimester	3 (15)
	2. Trimester	9 (45)
	3. Trimester	8 (40)
Educational status	primary education	4 (20)
	high school	6 (30)
	college and above	10 (50)
Your spouse's education	primary education	5 (25)
	high school	7 (35)
	college and above	8 (40)
Working status	unemployed	14 (70)
	public sector	4 (20)
	private sector	2 (10)
Spouse's employment status	public sector	7 (35)
	private sector	13 (65)
Description of economic situation	income less than expense	1 (5)
	income equals expense	7 (35)
	income more than expense	12 (60)

\* mean ± SD

As a result of the data obtained as a result of the interviews with the pregnant women, three main themes emerged: 112 codes, 13 sub-themes and "the effects of pregnancy on various areas of health", "concerns about pregnancy" and "perception of satisfaction during pregnancy" (Figure 1).

Figure 1. Theme and sub-themes

Theme and Sub-themes		
Theme 1. Effects of pregnancy on various areas of health	Theme 2. Pregnancy-related concerns	Theme 3. Perception of satisfaction during pregnancy
Emotional changes	Financial problems	Spirituality
Difficulties performing daily activities	Negative thoughts about deliver	Positive attitude towards the occurrence of pregnancy
Changes in eating habits	Health concerns	Support systems
Physical problems	Concerns about the future	
Changes in social interactions	Body image issues	

### 3.1. Theme 1. Effects of Pregnancy on Various Areas of Health

The main theme of "The effects of pregnancy on various areas of health" refers to the effects of changes in the gestational period on different aspects of the health of the pregnant woman. While positive perceived changes increase the quality of life during pregnancy, negatively perceived changes may decrease the quality of life during pregnancy. Many pregnant women who took part in the study stated that pregnancy affected their health and life in different areas. This main theme was tried to be explained with sub-themes: emotional changes, difficulties in performing daily activities, physical problems, changes in eating habits, and changes in social interactions.

#### 3.1.1. Emotional Changes

Most of the pregnant women included in our study stated that they frequently experienced disorders such as irritability, emotional changes, and sleep problems. They reported that sleep problems were associated with factors such as stress related to pregnancy and childbirth, not being able to take a lying position due to anatomical changes, frequent urination, gastrointestinal problems, physical pain, and difficulty in falling asleep.

A 32-year-old, 38-week pregnant: "Pregnancy restricted my movements a lot. I can't even do my housework, I can't sleep, I have trouble turning to my other side in bed". In addition to sleep problems, some of the pregnant women; stated that they were extremely sensitive and irritable during pregnancy.

A 26-year-old and 23-week pregnant: "I got angry with my wife for no reason the other day. My wife was also surprised at my angry state. I feel more irritable and emotional right now. I want my wife to be more interested in me". He stated that some pregnant women experience emotional changes.

A 36-year-old and 31-week pregnant "I had a mood disorder and tried to cope by playing polygamy"

### *3.1.2. Difficulties Performing Daily Activities*

Most of the pregnant women stated that they had serious problems in performing their home life, social, and other daily activities due to fatigue, weakness, nausea, vomiting, back, and low back pain, and physical problems during pregnancy. Some pregnant women have reduced physical actions such as walking or shopping, and some have started to avoid even daily household chores. In fact, a pregnant woman who stated that she had worked in the private sector before stated that she had to leave her job due to the burden of pregnancy and the difficulties caused by the heavy working conditions as the pregnancy progressed. A 32-year-old 38-week pregnant "I have been working at the same workplace for seven years. I had severe nausea and vomiting as I got pregnant. I even went to the hospital. My wife and I decided that it would be better not to work until the child grows up".

### *3.1.3. Changes In Eating Habits*

Some of the pregnant women stated that they formed a diet based on nutrients that may be beneficial for the fetus. A 30-year-old, 28-week pregnant "I am trying to reach healthy foods. I'm not used to eating out anyway. I try to consume high-fiber foods with protein and vitamin content". Some of the pregnant women stated that they avoided the foods and drugs that they thought might have negative effects on the health of the fetus. A 26-year-old and 23-week pregnant: "I was very fond of cola, I stopped drinking cola. Sometimes my head hurts so much that I'm trying to get over it without taking medicine, what should I do?".

### *3.1.4. Physical Problems*

Physical problems related to pregnancy were among the most common complaints. The pregnant women reported problems such as fatigue, weakness, frequent urination, nausea, and vomiting, back and waist pain, leg cramps, constipation, swelling in the hands and feet, and difficulties in walking. This situation reduced the ability of pregnant women to meet their personal needs, and for this reason, most of them needed the support of others. A 24-year-old, 13-week pregnant: "I can't stand cooking at home. The smell is killing me. Thanks to my mother or mother-in-law, they cook and bring them. I hope this situation will improve very quickly". 32 years old and 38 weeks pregnant: "I gained weight, my movements were restricted, my shoes and clothes started to disappear. I can't even wear my socks, I use slippers instead of shoes".

### *3.1.5. Changes In Social Interactions*

Most of the pregnant women felt the need to avoid social interactions with the formation of pregnancy. They stated that this situation is due to the Covid-19 pandemic and that if the Covid-19 infection occurs during pregnancy, the pregnancy or the fetus may be affected. A 31-year-old, 18-week pregnant: "I had to avoid crowded environments due to Covid". A 24-year-old and 22-week pregnant: "Because I am pregnant socially, I cannot go out of the house due to the effect of the pandemic. I don't even go to my parents. I became more lonely".

## *3.2. Theme 2. Concerns About Pregnancy*

Differences in the pregnancy period may worry the pregnant woman and negatively affect their quality of life during pregnancy. Pregnant women were tried to be explained with sub-themes such as financial problems, negative thoughts about childbirth, concerns about health, worries about the future, and body image problems.

### *3.2.1. Financial Problems*

Some pregnant women stated that their expenditures increased during the pregnancy period compared to the pre-pregnancy period and that these expenses would increase more in the delivery and postpartum periods. Therefore, they expressed their concerns about being able to cover the costs. They stated that these costs were related to transportation to the hospital, nutrition, feeding, clothes, and care of the baby. A 30-year-old 32-week pregnant: "I had two children. This was surprising. My wife works but it is not enough. I can barely even get to the controls. I hope that the one who gives life will also give his sustenance". 33 years old and 36 weeks pregnant: "It has affected me a lot financially. Since I have no income, I live with the help of the district governor's office and social services. Since the birth will be a cesarean section, it costs a lot. All of a sudden, this pregnancy felt very burdensome."

### *3.2.2. Negative Thoughts About Birth*

The most basic concerns of pregnant women about childbirth; Past bad birth experiences, bad birth rumors, fetal harm, labor pains, inability to have a normal vaginal delivery, and not being able to cope with normal vaginal delivery. Some of them reported that they were worried about sexual problems, anus rupture, failure of episiotomy sutures, bladder and uterus sagging complications, which they thought could be encountered after normal delivery. 24 years old and 33 weeks pregnant: "My sister gave birth in this hospital. Her birth took so long, she had stitched up to her breech. It was very painful. I wish they'd do me a cesarean. I am so afraid."

### *3.2.3. Health Concerns*

Pregnant women are concerned about the health status of the fetus, congenital disabilities, and deficiencies in healthy growth and development. However, pregnant women expressed their concerns about the risk of developing pregnancy-related complications such as bleeding, hypertension, diabetes mellitus, and excessive

weight gain. A 29-year-old, 28-week pregnant: "When I went to the check-up, my sugar was high. Nothing like this has happened before. I had gestational diabetes, so I was hospitalized, which worried me a lot. I don't want any harm to come to my baby".

#### *3.2.4. Anxieties About the Future*

The pregnant women expressed their concerns about raising their babies and being adequate mothers to them. 33 years old and 36 weeks pregnant: "His father left me in the early stages of my pregnancy. We had a troubled relationship before. I can't deal with my problems. Can I take care of my unborn child alone? Can I get enough of it? I do not know."

#### *3.2.5. Body Image Issues*

Most of the pregnant women stated that they were not satisfied with their physical appearance due to weight gain and anatomical changes. In the postpartum period, she had concerns such as not being able to return to her pre-pregnancy body appearance. Some stated that they could not dress appropriately and comfortably compared to previous periods due to the swelling in their bodies. Skin changes brought about by pregnancy, such as melasma and striae, are one of the reasons for the dissatisfaction of pregnant women during this period. While there are those who consider the occurrence of these changes as a natural condition during pregnancy, there are pregnant women who think that their continuity may occur after delivery. It can be said that there are pregnant women who avoid mirrors due to changes in the body during pregnancy. A 32-year-old 38-week pregnant said, "I gained 27 kilograms during my pregnancy. Before I got pregnant, I wasn't very skinny, but I was torn all over. My face is smeared. I can't recognize myself in the mirror. Even if I go back to my old self after giving birth, I will be grateful".

### *3.3. Theme 3. Perception of satisfaction during pregnancy*

#### *3.3.1. Spirituality*

Some of the pregnant women stated that they performed religious rituals such as praying, giving thanks, sacrificing sacrifice, and reading the Qur'an in order to demonstrate their satisfaction with the occurrence of their pregnancy. They believed that everything is by the grace of Allah and that a miracle such as pregnancy is the will of the creator. A 37-year-old and 24-week pregnant woman said: "This pregnancy brought me happiness and joy. It was a baby that was wanted and expected for years. Its arrival cheered me up and our family. Thank God, he showed us these days". A 31-year-old, 18-week pregnant: "Pregnancy is a miracle and I was appreciated with this miracle. This child is a gift from God to us. In order to meet this miracle, I turned more towards my prayers".

#### *3.3.2. Positive Attitude to the Occurrence of Pregnancy*

Making a positive approach to pregnancy formation is one of the most important steps to manage the pregnancy period and its effects. Developing positive attitudes towards the formation of pregnancy will increase the level of satisfaction during pregnancy. Some of the pregnant women included in our study stated that feeling the movements of the fetus, listening to the heartbeat, and seeing them with ultrasound in the controls increased their happiness. Some pregnant women saw pregnancy as a miracle and an occurrence that increased their hopes for their lives. A 32-year-old 38-week pregnant: "When I feel my baby move or hear the heartbeat, it's like the world stops. I forget for a moment all my sadness and unhappiness. It's like a miracle."

#### *3.3.3. Support Systems*

It has been observed that the need for support from family and close friends, especially their spouses, increases during pregnancy. In addition, they expressed their opinions that pregnant women need support from health service providers. A 25-year-old, 38-week pregnant: "There is a nurse who teaches at the pregnancy school. He explained everything about what will happen during the birth, how the pain will be directed, how we breathe, but I don't know if I can think of it during the birth, how nice it would be if my nurse lady and my wife could attend my birth.

## **4. DISCUSSION**

The expressions used by the pregnant women while describing their quality of life during pregnancy were evaluated and it was concluded that the affecting areas were related to 3 main themes such as the effects of pregnancy on various areas of health, concerns about pregnancy, and the perception of satisfaction during pregnancy. The findings of the study revealed that pregnancy has effects on different aspects of the health and life of women during pregnancy. Pregnancy affected the quality of life during pregnancy by causing emotional changes, difficulties in performing daily activities, physical problems, changes in eating habits, and changes in social interactions. Pregnant women were adversely affected by pregnancy-related emotional states such as sleep problems and irritability. The pregnancy and postpartum periods are considered to be periods in which emotional changes are frequently observed (Khoury et al., 2021; Krusche et al., 2019). For example, sleep problems are a common complaint in pregnant women and negatively affect their quality of life (Kang et al., 2020; Tsai et al., 2016). Irritability and mood disorders are among the emotional changes we frequently encounter in pregnant women (Koukopoulos et al., 2020; Markon et al., 2021). Due to pregnancy-related physical and emotional

problems, pregnant women could not perform their daily activities as efficiently as before pregnancy. In addition to their daily activities, this situation also affected their working life. As all these can affect the quality of life even in the pre-pregnancy period, it is inevitable that the quality of life will be affected by the addition of many factors brought by pregnancy that occurs with pregnancy (Davoud & Abazari, 2020; Lawan et al., 2018). Especially as we mentioned in our study; studies are showing that physical complaints such as nausea, vomiting, frequent urination, back, and low back pain during pregnancy negatively affect the quality of life of pregnant women (Chang et al., 2014; Wu et al., 2021). One of the concerns of the pregnant women included in our study was the existence of financial problems. They expressed their financial concerns about pregnancy, childbirth, and the postpartum period. They expressed their concerns about the financial burden that pregnancy and the postpartum baby might bring, although the provision of health services in our country is free of charge or at very low costs. In some studies, it has been accepted that financial problems cause concerns among pregnant women and are one of the reasons for the low quality of life of pregnant women (Eapen et al., 2019). Another finding of the study is the concerns about childbirth due to various reasons. The results observed in the literature are consistent with our findings, and the main causes of birth-related concerns are labor pains, inability to perform a normal vaginal delivery, fear of the unknown, past birth experiences, and episiotomy (Larsson et al., 2019; Wigert et al., 2020). However, they also reported their concerns about effects such as urinary incontinence, deep episiotomy scars, and intense pain that may result in delivery in the postpartum period. Intense anxiety and fear about childbirth during pregnancy may prolong the birth process, an instrumental vaginal birth may increase the tendency for emergency cesarean section, and even the postpartum period may have effects on the mother-baby relationship. As a result, it may turn into a negative birth experience in the pregnant woman's life (Challacombe et al., 2021; Hildingsson & Rubertsson, 2022). Pregnant women have concerns about their health and the health of the fetus during pregnancy. Concerns about being affected by a complication brought about by pregnancy during pregnancy and affecting the fetus were a situation that was intensely expressed. Some studies support our findings (Fathi & Golakeh Khibari, 2018; Petersen et al., 2009). Body image was affected by the changes observed in the skin and the appearance of the body brought about by pregnancy, and this negatively affected the quality of life of pregnant women. Although body image is affected during pregnancy is a common problem, most pregnant women are also affected emotionally (Kocaöz et al., 2019; Nagl et al., 2019).

In the expressions they used while describing the quality of life of the pregnant women during their pregnancy, they also expressed the contents that affect their satisfaction levels. The areas that affect their satisfaction; are spirituality, positive attitude towards the formation of pregnancy, and support systems. The positive attitude towards the formation of pregnancy affected the satisfaction perceptions of the pregnant women. The findings of our study overlap with some studies. It is also supported by studies that pregnant women who have a positive attitude towards the formation of pregnancy have a high level of satisfaction, as well as a tendency to start pregnancy follow-ups early, to comply with programs such as follow-up and vaccination, and to learn more about pregnancy (Lou et al., 2017; Santos et al., 2019). Another inference we could make from the findings of the study was that pregnant women saw the formation of pregnancy as a miracle of the creator and stated that this situation had a positive effect on their satisfaction. There are studies indicating the spiritual impact of pregnancy on the formation (Jesse et al., 2007; Mansooreh & Nahid, 2016). Based on our study results and the studies in the literature, it can be said that religious, spiritual beliefs and rituals are effective in reducing the anxiety of pregnant women, increasing their self-confidence, and increasing their satisfaction with the pregnancy process. Another area that affects satisfaction levels in our study was found to be support systems. In the literature, studies are emphasizing the support of spouse, mother, family, friends, and health personnel during pregnancy (Alipour et al., 2019; John-Akinola et al., 2021; Khomami et al., 2021). Based on the findings we have obtained, pregnant women need the support of social and health providers, especially spouse support, in order to increase their perception of satisfaction.

As a result; There are many quantitative studies on quality of life during pregnancy (Chang et al., 2014; Nakamura et al., 2012; Olsson & Lena, 2009; Ramírez-Vélez, 2011; Shishehgar et al., 2014; Tsai et al., 2016). However, the scales used; They are unconfirmed measurement tools with pregnant groups that are not specific to the pregnancy period and appeal to the general population. Researchers need valid and reliable measurement tools with high sensitivity and specificity that can reveal quantitative data specific to the pregnancy period. In order to achieve this, qualitative studies that examine the quality of life during pregnancy and obtained from interviews with pregnant women are needed. Qualitative studies from different groups are needed to better understand the issues that determine the quality of life in pregnancy, and then appropriate measurement tools specific to pregnancy are needed to confirm these findings.

## 5. CONCLUSIONS

The findings of this study showed that pregnancy alters some aspects of pregnant women's health and thus, causes them some levels of dissatisfaction. Moreover, depending on their personal, familial, and cultural conditions, pregnant women experience different concerns which cause them considerable worry. On the other

hand, another factor affecting their quality of life is their ability to cope with pregnancy. Pregnant women usually use different strategies to cope with pregnancy-related alterations in their health and conditions. Although quality of life improvement is among the most important goals of prenatal care, pregnancy-related care services are mainly focused on pregnancy-related physical problems, and other aspects of health are usually taken for granted. Healthcare professionals need to have adequate information and understanding about factors affecting pregnant women's quality of life.

This study was produced from the qualitative research results of a doctoral thesis on the measurement of quality of life in pregnancy.

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