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Factors Affecting Quality of Life in Thai Pregnancy: A Population Based Study¹

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Abstract

Background: There are many factors that are associated with the quality of life in pregnant women. The positive factors lead to better quality of life during pregnancy.

Study purpose: This study aims to understand the relationship between self-esteem, family relationships, and quality of life in Thai pregnant women.

Method: This study was a population-based study to identify positive factors that affect the quality of life in pregnant women in the central region of Thailand. Pregnant women with low risks, a gestational age in the second and third trimester between 14-36 weeks, and a maternal age was between 14-35 years old were included at the prenatal care clinic. The exclusion criteria were pregnant with high risks during pregnancy. The period of data collection was between in March and in August 2015. The total number of sample was 611 pregnant women. The measurements included family relationship assessment that was translated and adapted to assess Thai family relationships. A measure of self-esteem was based on Rosenberg Self-Esteem Scale and Quality of life used WHOQOL - BREF (World Health Organization Quality of Life - BREF). All instruments were translated and validated into Thai version.

Results: The finding of the study showed 47.14% of pregnant women were under 20 years old, and 44.35% were between 20-34 years old. Half of the samples (50.23%) were the first time pregnancies. There was a significantly positive correlation between self-esteem and quality of life in Thai pregnant women ($r=.563$). There was a significantly positive correlation between family relationship and quality of life ($r=.683$). There was also the significance of the correlation between self-esteem and family relationship ($r=.544$).

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Discussion and Conclusion: Quality of life in pregnancy was correlated with maternal self-esteem and strength of the family relationship. To promote quality of life of pregnancy, healthcare professionals should focus on positive maternal perception to continue her self-esteem and to enhance family supports regarding positive family relationships.

Keywords: Pregnancy, quality of life, self-esteem, family relationships

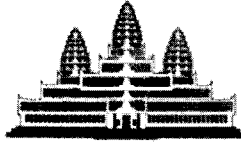
Background

Pregnancy period is a time of physiological changes from the pregnant women. Women have to cope with emotional and physical changes in the same time (Hass, Jackson, Fuentes-Afflick, Stewart, Dean, Brawarsky, & Escobar, 2005). Even in normal pregnancies where women experience subtle emotional and physical changes, they also carry out their pre-maternal and new maternal roles that may distract from their overall quality of life.

In this period, physical and emotional stress can affect the well-being of expected mothers. (Lima, Dotto, & Mamede, 2013). In addition to the obvious external physical changes that happen during pregnancy, the pregnant women have significantly increased self-perception. The need for supports from families and healthcare professionals is also important either during pregnancy or in the immediate postpartum period (Lima, Dotto, & Mamede, 2013). Physiological changes occurring during pregnancy are likely to contribute to declines in physical health status. While the goal of medical care during pregnancy remains aimed at increasing the likelihood of a favorable maternal and neonatal outcome, consideration should be given to how a woman's life can be affected by factors arising during pregnancy (Da Costa, Drista, Verreault, Balaa, Kudzman, & Khalife, 2010). The prenatal cares are considered a fundamental assistance to women and family to provide support in the development of the new role of mother. Although the concept of healthcare can be aimed to increase the quality of life, less is known about the positive factors during pregnancy. (Setes, Grogen, Cooper, Strobino, Powe, & Nicholsom, 2009).

The quality of Life is defined as "individual's perception of their position in life in the context of the culture and value systems in which they live and about their goals, expectations, standards, and concerns" (WHO, 1997). The WHOQoL (1994a) measurement assesses Physical health, psychological, the level of independence, social relationships, environment, and spirituality/personal beliefs. In pregnancy period, there is a need for the health care system to adopt effective health care interventions that prevent pregnancy from complication. Women's subjective perception of their quality of life is an essential measure of the quality and effectiveness of maternal and child health interventions.

Self-esteem refers to most generally to an individual's overall positive evaluation of the self. It is a dynamic concept that includes subjective perception. It begins to develop from infancy particularly gains prominence during adolescence (Liabsuetrakul, Vittayanont & Pitanupong, 2007). In women, self-esteem changes at different stages of life such as puberty, pregnancy



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(Kumcagiz, 2012). Changes in self-esteem levels in pregnancy may be impacted by several factors such as the level of education, maternal age, the number of previous births (Mccola, Vale, Carmona, 2010). There was a positive and significant correlation between self-esteem and quality of life (Novato, Grossi, & Kimura, 2007).

The family relationship is important to pregnant women. It appears to influence their health-promoting behaviors during pregnancy, and the circumstances. The influence of family support on maternal behavior and health was stronger among primipara women than among women who have had a previous pregnancy (Leticia, Fernandez, Alison, & Newby, 2010). Family relationships were associated with psychological distress. However, unsupportive family relationships were associated with impair in the quality of life (Holm, Bowler, & Wamboldt, 2009).

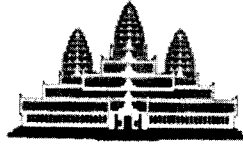
The aims of the study were to explore the relationship between self-esteem, family relation and quality of life in Thai pregnant women. The quality of life is considered as the effect on the outcome of pregnancy in term of maternal health during pregnancy and neonatal health. The conceptual framework of the study was based on the quality of life model that explains and assesses the individual's perception in the context of their culture and value systems, and their personal goal, standard, and concerns.

Method

This study was a population-based study to identify positive factors including self-esteem and family relationship to affect the quality of life in pregnant women in the central region of Thailand. The pregnant women with low risks, gestational ages indicating the second and third trimester between 14-36 weeks were recruited at the prenatal clinics from five hospitals in the central region of Thailand. Maternal age was between 14-35 years old. The exclusion criteria were a pregnant induced high risk during pregnancy including DM, hypertension, antepartum bleeding, preterm contraction. The period of data collection was between in March and August 2015. The total number of sample was 611 pregnant women.

The measurement included family relationship assessment that was translated and adapted to assess Thai family relationship. A measure of self-esteem was based on Rosenberg Self-Esteem Scale (Gray-Little, Williams, & Hancock, 1997). Proposes a unidimensional measure with ten items aimed to globally assess the positive or negative attitude of the individual towards himself. This scale, which was developed by Rosenberg in 1965, is easy to apply and has been broadly used and internationally recognized. The present study used a version of transcultural adaptation that is considered efficient.

The quality of life used WHOQOL - BREF (World Health Organization Quality of Life - BREF). In this study, the validated version of the WHO QOL questionnaire was used (WHO QOL-BREF, 1997). It is a short version of the 100-scale instrument, comprising 26 items, and reflects the multi-dimensional nature of QOL; it also emphasizes subjective experiences rather than objective life conditions and it focuses upon the respondent's perceived QOL. The WHO



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QOL-BREF was developed for a wide range of cultural and clinical settings. It contains four domains, namely physical health, psychological status, social relationships and environmental conditions (WHO QOL-BREF, 1997). Each question scores 1-5 in Likert-style. All instruments were translated and valid into Thai version.

Data were collected at prenatal clinics. Research Ethics permission was approved before data collection by researcher's Nursing College, as well as the hospitals in which data were collected. After the consent form had been signed, each subject who consented to participate was asked to respond and complete the questionnaire.

Data Analysis

Descriptive statistics were used to analyze the demographic data and to compute means scores and standard deviations of the family developmental tasks. Correlation analysis was employed to identify the relationship between quality of life and self-esteem, and family relationship. All data were analyzed by using SPSS 16.0 for Windows.

Results

The study showed that women were aged less than 20 years of age accounted for 47.14 percent, pregnant women 20-34 years of age accounted for 44.35 percent and pregnant women 35 years of age and above accounted for 8.51 percent. Most pregnant women were working for 40.26 percent, followed by household chores, students and trade accounted for 29.14 percent, 10.47 and 7.86, respectively. Most of pregnant were the first time pregnant for 50.23 percent, followed by second, third, forth, and fifth pregnancy for 36.34, 10.65, 2.29 and 0.49, respectively. Pregnant women who have income for 10,001 to 15,000 baht per month were 30.76 percent, followed by income 5,001- to 10,000 baht per month accounted for 28.32 percent as presented in Table 1.

The finding showed self-esteem mean 3.52 (SD=0.90), family relationship mean was 4.04 (S.D=0.92), and quality of life mean 4.01 (S.D=0.88) as shown in Table 2. There was a significantly positive correlation between self-esteem and quality of life in Thai pregnant ($r=.563$). There was a significantly positive correlation between family relationship and quality of life ($r=.683$). There was also the significance of the correlation between self-esteem and family relationship ($r=.544$) as shown in Table 3.

Table 1 Demographic data

Demographic data	n (n=611)	percent
Maternal age (years)		
under 20	288	47.14
20-34	271	44.35
more than 35	52	8.51



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Demographic data	n (n=611)	percent
Occupation		
Students	64	10.47
Household	178	29.14
Worker	246	40.26
Government official	11	1.80
Merchant	48	7.86
Private business	33	5.40
Staff at private company	31	5.07
Gravida (Total of pregnancy)		
First	307	50.23
second	222	36.34
third	65	10.65
forth	14	2.29
fifth	3	0.49
Income		
No individual income	173	28.32
1 - 5,000 bath/month	52	8.51
5,001 - 10,000 bath/month	147	24.06
10,001 - 15,000 bath/month	188	30.76
15,001 - 20,000 bath/month	35	5.73
>20,001 bath/month	16	2.62

Table 2 Percentage, Mean and Standard Deviation of Self-esteem, Family Relationship and Quality of Life in Pregnants

Factors	n (911)	mean	S.D.
Self-esteem		3.52	0.90
Family relationship		4.04	0.92
Quality of life		4.01	0.88

Table 3 The Correlation Between Self-Esteem, Family Relationship, and Quality of Life in Pregnant.

Factors	Correlation (r)			
	Self-esteem	Family relationship	Quality of life	
Self-esteem	1	.544**	.563**	
Family relationship	.544**	1	.683**	
Quality of life	.563**	.683**	1	



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Discussion

There was a significantly positive correlation between self-esteem and quality of life in Thai pregnant. Self-esteem is one of a women's psychological assessment that is a protective predictor in infant development. However, in this study, the self-esteem mean had a moderate score (3.52/5) in pregnant women. The self-esteem assessment was also related to physiological changes to the way women perceived their quality of life (Novato, Grossi, & Kimura, 2007). Thus, prenatal care is an important tool for maintaining the quality of life during pregnancy and for allowing a comprehensive and expanded view of pregnant women. The individual characteristics of each woman and those related to sociodemographic conditions may interfere with the development of a healthy pregnancy, thus altering their quality of life (Santos, Santos, Monteiro, Prado, & Amaral, 2015).

There was a significantly positive correlation between family relationship and quality of life. The family relationship is one of the influences of maternal perception of support during her pregnancy (Morikawa, Okada, Ando, Aleksic, Kunimoto, Nakamura, & Ozaki, 2016). Especially, Partner relationship is the most important for pregnant women before and during pregnancy. The relationship between pregnant women and her mother is also important to help the pregnant women during the postpartum period (Kanhadilok, & McGrath, 2015). The positive relationship between the pregnant women and her family is positively correlated to the perception of quality of life. Pregnant women also influence family and families also influence pregnant women. Perception of quality of life was assessed based on perception on physical health, psychological status, social relationships and environmental conditions. Thus, health care professional should provide a guideline to develop strongly family relationship to positively affect the quality of life during pregnancy (Holm, Bowler, & Wamboldt, 2009).

There was also the significance of the correlation between self-esteem and family relationship. The influence of family factors on self-esteem to individuals begins when growing as a child. The positive relationship between parent and child affects the self-competency in the child (Demo, Small, & Savin-Williams, 1987). Also, the family relationship was found to have a significant relationship with self-esteem in youths (Afolabi, 2014). Although there was no prior study explaining about family relationship and self-esteem during pregnancy, self-esteem is developed as an internal factor of individuals. In extended Thai family culture, family relationship is always the significant support to the pregnant women. The family relationship is part of the family support. Several studies found that family supports were the significant predictor of pregnant behaviors (Fernandez, & Newby, 2010, Jirijwong & Goldsworthy, 1999).

Conclusion

The quality of life in pregnant women was correlated with maternal self-esteem and also had a correlation with family relationship. For health care professionals in prenatal care clinics, to increase the quality of life of pregnancy should involve promoting the self-esteem of the mothers during pregnancy, especially, in the first time mothers. To encourage family



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relationship is also important to increase the perception of quality of life in Thai pregnant women. Both self-esteem and family relationship were important to promote quality of life in pregnant women.

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