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A study to assess spiritual well-being on anxiety among women with pregnancy

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Abstract---It can be concluded from this study that spiritual well-being has role in reducing anxiety & stress at the time of pregnancy. Recent evidence is there regarding role of nurses or midwives for improvement & promotion of healthy behavior either directly by educating pregnant women about spiritual well-being or indirectly by promoting planning-preparation copings & decreasing anxiety.

Keywords---assess spiritual well-being, anxiety, pregnancy women.

Introduction

Anxiety with or without depression in pregnant women during pregnancy or in months following child birth is main issue of concern since decades. Various reviews have been published in which management of postpartum depression have been studied and also effect of antidepressants on mother & babies was seen. While, it has been observed in other literatures that involvement of various disciplines of health as behavioral medicine, psychological health, & social epidemiology, related to stress in pregnancy among mothers was required over the life course.

Most of the diagnosable mental disorders example anxiety and depression have been revealed by various psychiatric studies on pregnancy.^{1,2} Also various post-traumatic stress disorders were also seen associated with adverse life events or childbirth experiences. However, a large body of scientific research outside psychiatry provides extensive information on a wide range of clinical symptoms

during pregnancy, as measured with screening tools such as the Edinburgh Postpartum Depression Scale (EPDS), for example, the Beck Depression Inventory, or the Center for Epidemiological Studies Depression Scale. Scores on such measures are a bit dichotomized to create depressed/non depressed women as a proxy for diagnostic categories, while continuous scores of severity of symptoms are more commonly used in research. The need of this study is to assess effects of spiritual well being on anxiety in pregnant women & stress exposures in pregnancy.

Materials and Methods

This study was conducted from April to December 2019. Informed consent was given by participants of the study before their participation. Prenatal clinics selected at public level on random basis were two in number. Sampling of pregnant women who were referred to such clinics was done and their voluntary participation was considered. Eligibility criteria were assessed and 250 pregnant women who were 18 years or more and having gestational age of 12 weeks were found eligible for this study. Further completion of questionnaire having Spiritual Well-Being scale (SWBS) was done by all the study participants.

Spiritual well-being scale (SWBS)

SWBS scale was designed by Paloutzian & Ellison in the year 1991. The purpose of this scale was to evaluate perception of spiritual quality of life & life satisfaction. It contained twenty items and two sub-scales. Two subscales were existential well being (EWB) and religious well-being (RWB). These subscales contained 10 items.

Negative & positive items were included in SWBS scale. According to Likert scale each item was scored 6 points and range was from 1 to 6. These six points are as follows- (1) strongly disagree, (2) moderately disagree, (3) disagree, (4) agree, (5) moderately agree and (6) strongly agree. Negative items were 1, 2, 5, 6, 9, 12, 13, 16 and 18 and they had reversed scores. The higher scores represented a greater level of well-being (Paloutzian & Ellison in year 1991) ³. In this study validated Persian version was included. Persian SWBS has good reliability ($\alpha = .85$) & internal consistency ($\alpha = .97$) (Abhari et al., 2018). ⁴

Results

Table 1- Demographic characteristics of study participants (N=250)

Variable	Mean	SD
Age	28.1	6.14
Gestational age	24.5	5.42
Educational Level	Number	Percent
Primary	41	16.4
High school	104	41.6
Diploma	77	30.8
Graduate	28	11.2
Job	Number	Percent

Housewife	164	65.6
Employed	86	34.4

Table 2- Descriptive analysis of SWBS

	Mean	SD
SWB score	35.8	7.72
RWB score	13.6	5.35
EWB score	23.6	4.99

Table 3- Correlation between spiritual well being and anxiety

Variable	P value	r	N
Anxiety Spiritual well being	0.000	-0.62	250

Two hundred and fifty eligible pregnant women were included from investigated sample. Mean age of study participants was 28.1 years and mean gestational age was 24.5 years. Most of them went to high school (41.6%). And most of the participants were house wife (65.6%). Mean SWB score was 35.8, while mean RWB and mean EWB score was 13.6 and 23.6 respectively. Mean and standard deviation (SD) of different parameters were included in descriptive results & also pair-wise correlation coefficients were calculated. Significant negative correlation was found between total spirituality score and state anxiety with pregnancy stress ($p < .001$).

Discussion

It is found in this study that influence of spiritual well being was present on pregnant women for promotion of health, thereby to depict the relationship between stress in pregnancy and general anxiety to cope the ways and promote behavior to adopt good health. Positive effect was found between spiritual well being and health promotion in this study. Also it was seen in previous studies that increase in religious behavior was related to and had influence on decreased smoking habit and alcohol use. Nutritional improvement was also observed. (Burdette et al., 2012). It was also observed in one of the studies that religious behavior was directly associated with health promotion. (Cyphers et al., 2017).⁵ Negative association of spiritual wellbeing with pregnancy stress was seen in study conducted by Dolatian et al. in the year 2017.⁶ Mann et al in the year 2008 conducted a study to show spiritual relation to decreased anxiety in pregnant women.⁷

Weber and Pargament in year 2014 conducted a review to show increase in anxiety levels by negative belief system, negative religious copings and misunderstandings with incorrect communication was outcome of spirituality.⁸ But in another study positive correlation was seen between spirituality and three pregnancy coping ways i.e. planning preparation, avoidance and spiritual positive coping. So it was concluded that effect of spiritual well being depended on type of coping ways & health promotion behavior.

Positive association was seen between spiritual well being and three kinds of copings. Healthy behavior was promoted by planning preparation coping which had significant association while the avoidance & spiritual-positive coping did not have a significant effect on health promotion. Study by Faramarzi et al in the year 2017 conducted a study which showed that spiritual coping was positively related with problem-solving strategies & emotional-solving in pregnant women. ⁹

Strong positive effect was observed between spiritual well being and health promotion, as role of anxiety and planning preparation coping was assessed in pregnant women the effect was observed. Following interpretations were seen a) Relation of anxiety with spirituality & healthy behavior. Shattuck and Muehlenbein et al in the year 2020 observed association of spirituality with lower levels of anxiety & less perceived stress. ¹⁰ Omidvar et al. in the year 2018 observed that state anxiety negatively predict healthy behavior among women in pregnancy. Healthy behavior included good nutrition and physical activity. ¹¹ b) Vasegh et al in the year 2012 concluded that pregnancy in women with spirituality lead to more well being. Those with high level of spirituality can deal with stressful life in better manner. ¹² Faramarzi & Pasha et al (2015) and Siltan et al. (2014) depicted that higher spirituality leads to good social support and less social anxiety. ^{13,14} c) Faramarzi et al., 2016 had concluded that spiritual behavior in women with pregnancy increase the chances of planning ways to cope stress. ¹⁵ Also they have found in their study that there is strong association between problem solving strategies and spirituality. ⁹ The above findings have concluded that spiritual well being has effect on well being and health promotion of pregnant women thereby reducing anxiety and coping planning in mediating process. Further researches for assessment of association between mental disorders in pregnant women and their health related behavior are required to be preferably conducted.

There is requirement of further research to assess the influence of spirituality on health related behavior for maternal & neonatal findings during pregnancy. Exploration by researches for assessment of spiritual interaction on stress coping and healthy status of women in pregnancy is also required in future perspective. Various practical implications can be concluded with these findings. There is role of healthcare professionals and health workers as nurses & midwives which could lead to positive effects of spiritual well-being and reduce anxiety & stress during pregnancy as well as on promotion of healthy behavior. Education of mothers on uses of spiritual well-being to limit anxiety & for upliftment of planning-copings can be a required facilitating factor to improve health promotion behaviour at pregnancy period.

Conclusion

It can be concluded from this study that spiritual well-being has role in reducing anxiety & stress at the time of pregnancy. Recent evidence is there regarding role of nurses or midwives for improvement & promotion of healthy behavior either directly by educating pregnant women about spiritual well-being or indirectly by promoting planning-preparation copings & decreasing anxiety.

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10114

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