

Assessment of Factors influencing the Quality of Life of Pregnant Women in Southeast, Nigeria

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Abstract

Background: The quality of life of pregnant women is a significant public health concern, influenced by various factors such as physical health, psychological well-being, social relationships, and environmental conditions. This study aimed to investigate the factors influencing the quality of life of pregnant women attending antenatal clinics in Southeast Nigeria.

Methods: A cross-sectional survey design was adopted for this study. Data were collected from 300 pregnant women attending antenatal clinics at a General Hospital and a Teaching Hospital in Southeast Nigeria. Participants were selected based on specific inclusion and exclusion criteria. A structured questionnaire based on the World Health Organization Quality of Life – BREF (WHOQOL-BREF) was used for data collection. Validity and reliability of the instrument were ensured through expert reviews and pre-testing, with a Cronbach's alpha value of 0.7. Data were analyzed using SPSS version 26, employing descriptive statistics to summarize the data.

Results: The study revealed diverse demographic characteristics among participants, with the majority aged between 32-38 years (45.33%), married (92.00%), and having secondary education (65.33%). Key findings indicated significant dissatisfaction with aspects of physical health, such as sleep quality (64.67% dissatisfied) and energy levels (31.00% neutral). Psychological health assessments showed high levels of dissatisfaction with life enjoyment (55.33%) and frequent negative feelings (60.67%). In terms of social relationships, satisfaction with personal relationships was moderate (41.33% satisfied), but dissatisfaction with sexual life was notable (43.00%). Environmental factors such as financial resources (48.67% dissatisfied) and access to health services (41.33% satisfied) also played critical roles in influencing the quality of life.

Conclusions: The study highlights significant factors affecting the quality of life of pregnant women in Southeast Nigeria, including physical discomfort, psychological distress, inadequate social support, and challenging environmental conditions. Addressing these factors through targeted interventions is essential for enhancing maternal health outcomes in the region.

Key words: Quality of life, pregnant women, physical health, psychological well-being, social relationships

Introduction

The quality of life (QoL) of pregnant women is a critical area of research due to its profound impact on both maternal and fetal outcomes. The concept of QoL encompasses a broad range of factors, including physical health, psychological well-being, social relationships, and environmental influences [1]. Understanding the factors that influence QoL during pregnancy is essential for developing interventions aimed at improving maternal health and prenatal care services.

Physical health is a fundamental determinant of QoL during pregnancy. Common physiological changes and complications associated with pregnancy, such as nausea, fatigue, and gestational diabetes, can significantly affect a woman's well-being [2]. Additionally, pre-existing health conditions, such as hypertension or anemia, can exacerbate pregnancy-related discomforts and pose risks to both the mother and the fetus [3]. Ensuring adequate prenatal care and monitoring can help mitigate these risks and enhance QoL for pregnant women.

Pregnancy is often accompanied by significant psychological changes, including heightened stress, anxiety, and depression [4]. Hormonal fluctuations, along with concerns about childbirth and parenting, can contribute to mental health challenges during this period [5]. Research indicates that psychological well-being is closely linked to maternal QoL, and addressing mental health issues is crucial for improving overall health outcomes for both the mother and the child [6].

Social support plays a crucial role in influencing the QoL of pregnant women. The presence of a supportive partner, family, and social network can provide emotional, practical, and financial assistance, thereby reducing stress and enhancing well-being [7]. Conversely, lack of social support or experiencing domestic violence can severely impair QoL and lead to adverse pregnancy outcomes [8]. Studies have shown that social support interventions can significantly improve QoL and maternal health during pregnancy [9].

Socioeconomic status (SES) is another critical determinant of QoL during pregnancy. Lower SES is often associated with limited access to healthcare, poor nutritional status, and increased exposure to environmental stressors, all of which can negatively impact maternal health [10]. In Southeast Nigeria, socioeconomic disparities can exacerbate challenges faced by pregnant women, making it imperative to address these issues through targeted public health interventions and policies [11].

Cultural beliefs and practices can also significantly influence the QoL of pregnant women. In many parts of Southeast Nigeria, traditional beliefs and practices related to pregnancy and childbirth can impact health-seeking behaviors and perceptions of maternal care [12]. Environmental factors, such as living conditions, exposure to pollution, and availability of clean water and sanitation, further affect maternal health and well-being [13].

Recent research has highlighted the need for comprehensive approaches to improve QoL among pregnant women in Southeast Nigeria. Interventions focusing on enhancing prenatal care services, providing mental health support, and addressing social determinants of health have shown promising results [14]. Community-based programs and policies aimed at improving SES, increasing access to healthcare, and promoting health education are essential for sustaining these improvements [15].

Research Methodology

Study Design

This study adopted a cross-sectional survey design to investigate the factors influencing the quality of life of pregnant women in southeast Nigeria. The cross-sectional design is appropriate for this study as it allows for the collection of data at a single point in time from a large population, facilitating the identification of correlations between different variables and the quality of life of pregnant women [16].

Study Setting

The study was conducted in antenatal clinics of two hospitals (one General hospital and one Teaching hospital) in southeast Nigeria. This region is selected due to its diverse cultural and socioeconomic background, which provides a comprehensive understanding of factors influencing the quality of life of pregnant women in southeast, Nigeria

Inclusion Criteria:

- Pregnant women aged 18 and above
- Currently attending antenatal clinics
- Willing to participate in the study

Exclusion Criteria:

- Women with high-risk pregnancies
- Women with pre-existing chronic illnesses

Sample Size Determination

In the study, the sample size was calculated by using the sampling of the unknown population formula on the Raosoft software. Thus, the minimum sample size that was based on a type 1 error of 0.05 and test power (power analysis) of 0.80 ($\alpha = 0.05$, $1 - \beta = 0.80$) was found to be 274 participants. The sample size was adjusted to 300 to account for a non-response rate of 10 %.

Data Collection Instrument

A structured questionnaire was developed based on existing validated World Health Organization Quality of Life – BREF (WHOQOL-BREF). It covered domains such as physical health, psychological well-being, social relationships, and environmental factors.

Validity and Reliability of Instrument

The questionnaire was pre-tested on a sample of 40 pregnant women attending an antenatal clinic in southeast, Nigeria to ensure validity and reliability. Content validity was assessed by experts in reproductive health, while reliability was determined using Cronbach's alpha, with a value of 0.7.

Data Collection Procedure

Trained research assistants administered the questionnaires to eligible participants. Participants were assured of confidentiality, and informed consent was obtained before data collection. Data collection will occur over five months.

Data Analysis

Data was analyzed using SPSS (Statistical Package for Social Sciences) version 26. Descriptive statistics (frequencies, and percentages) was used to summarize the data.

Ethical Considerations

Informed consent was obtained from all participants. Participants were assured of the confidentiality of their responses and their right to withdraw from the study at any time without any consequences.

Results

The study surveyed 300 women attending antenatal clinics in Southeast Nigeria to understand their demographics, physical health, psychological health, social relationships, environmental factors, and overall health.

In terms of demographics, the majority of participants were aged between 32 and 38 years old, making up 45.33% of the sample. Most of the women were married (92.00%) and had secondary education (65.33%). The largest occupational group was self-employed women, comprising 53.67% of the

participants. Christianity was the predominant religion, with 94.67% identifying as Christians. When it came to pregnancy history, 62.00% had 1-2 previous pregnancies.

Physical health assessment revealed a varied picture. While 27.33% of women reported that physical pain or discomfort rarely hindered their daily activities, a significant 32.67% were dissatisfied with their sleep quality. Most women (33.00%) felt they had sufficient energy for everyday life, although satisfaction with daily living activities and capacity for work showed a mix of responses, with about 29.67% feeling neutral.

Psychological health results indicated that 44.00% of the participants found their life meaningful, and 42.67% were satisfied with their ability to concentrate. However, a notable proportion experienced negative feelings, with 32.67% often feeling blue, anxious, or depressed. Regarding self-esteem, 39.67% of the women were satisfied, but body image satisfaction was relatively low, with only 11.33% expressing high satisfaction.

Social relationships were generally positive, with 41.33% of women satisfied with their personal relationships and 37.67% satisfied with the support from friends. However, satisfaction with sexual life was lower, with only 15.67% expressing satisfaction and 26.00% feeling dissatisfied.

Assessment of environmental factors showed that 33.00% of the women were satisfied with their physical safety, and 36.00% were content with their living conditions. Financial resources were a concern, with 27.67% dissatisfied. Access to health services was rated positively by 41.33%, but transportation satisfaction was low, with only 16.00% feeling very satisfied.

Overall health ratings indicated that 29.67% of participants perceived their physical health as poor, while 22.33% rated it as good. Only 11.00% considered their health to be very good, pointing to a general concern about physical well-being among the surveyed women.

Variable	Frequency (n = 300)	Percentage (%)
Age		
18-24	33	11.00
25-31	102	34.00
32-38	136	45.33
39 and above	29	9.67
Marital Status		
Single	11	3.67
Married	276	92.00
Divorced/Widowed	13	4.33
Educational Level		
No formal education	12	4.00
Primary education	16	5.33
Secondary education	196	65.33
Tertiary education	76	25.33
Occupation		
Unemployed	37	12.33
Self-employed	161	53.67
Employed	91	30.33
Student	11	3.67
Religion		
Christianity	284	94.67
Islam	5	1.67
Traditional	11	3.67
Others (Specify)	00	0.00
Number of Previous Pregnancies		
0	77	25.67
1-2	186	62.00
3-4	32	10.67
5 and above	05	1.67

Table 1: Demographic Information of Participants

Variable	Response				
	Very Dissatisfied/ Very Poor/ Never	Dissatisfied/ Poor/ Rarely	Neutral/ Sometimes	Satisfied/ Good/ Often	Very Satisfied/ Very Good/ Always
Do you feel that physical pain or discomfort prevents you from doing what you need to do?	47 (15.67%)	51 (17.00%)	55 (18.33%)	65 (21.67%)	82 (27.33%)
Do you need any medical treatment to function in your daily life?	53 (17.67%)	45 (15.00%)	68 (22.67%)	77 (25.67%)	57 (19.00%)
Do you have enough energy for everyday life?	39 (13.00%)	40 (13.33%)	54 (18.00%)	99 (33.00%)	68 (22.67%)
How well are you able to get around?	51 (17.00%)	42 (14.00%)	56 (18.67%)	102 (34.00%)	49 (16.33%)
How satisfied are you with your sleep?	96 (32.00%)	98 (32.67%)	72 (24.00%)	23 (7.67%)	11 (3.67%)
How satisfied are you with your ability to perform your daily living activities?	36 (12.00%)	60 (20.00%)	89 (29.67%)	64 (21.33%)	51 (17.00%)
How satisfied are you with your capacity for work (including both paid work and household work%)?	36 (12.00%)	60 (20.00%)	89 (29.67%)	64 (21.33%)	51 (17.00%)
How satisfied are you with your energy and fatigue levels?	43 (14.33%)	50 (16.67%)	93 (31.00%)	61 (20.33%)	47 (15.67%)

Table 2: Assessment of Physical Health of Participants

Variable	Response				
	Very Dissatisfied/ Very Poor/ Never	Dissatisfied/ Poor/ Rarely	Neutral/ Sometimes	Satisfied/ Good/ Often	Very Satisfied/ Very Good/ Always
How much do you enjoy life?	75 (25.00%)	91 (30.33%)	50 (16.67%)	36 (12.00%)	48 (16.00%)
To what extent do you feel your life to be meaningful?	00 (0.00%)	05 (1.67%)	69 (23.00%)	94 (31.33%)	132 (44.00%)
How satisfied are you with your ability to concentrate?	04 (1.33%)	11 (3.67%)	41 (13.67%)	116 (38.67%)	128 (42.67%)
How safe do you feel in your daily life?	00 (0.00%)	13 (4.33%)	20 (6.67%)	101 (33.67%)	166 (55.33%)
How satisfied are you with yourself?	06 (2.00%)	19 (6.33%)	26 (8.67%)	151 (50.33%)	98 (32.67%)
How satisfied are you with your self-esteem?	03 (1.00%)	34 (11.33%)	38 (12.67%)	106 (35.33%)	119 (39.67%)
How satisfied are you with your body image?	79 (26.33%)	86 (28.67%)	61 (20.33%)	40 (13.33%)	34 (11.33%)
How often do you have negative feelings such as blue mood, despair, anxiety, depression?	84 (28.00%)	98 (32.67%)	63 (21.00%)	34 (11.33%)	21 (7.00%)

Table 3: Assessment of Psychological Health of Participants

Variable	Response				
	Very Dissatisfied/ Very Poor/ Never	Dissatisfied/ Poor/ Rarely	Neutral/ Sometimes	Satisfied/ Good/ Often	Very Satisfied/ Very Good/ Always
How satisfied are you with your personal relationships?	10 (3.33%)	16 (5.33%)	43 (14.33%)	124 (41.33%)	107 (35.67%)

How satisfied are you with your sexual life?	51 (17.00%)	78 (26.00%)	95 (31.67%)	47 (15.67%)	29 (9.67%)
How satisfied are you with the support you get from your friends?	15 (5.00%)	30 (10.00%)	59 (19.67%)	113 (37.67%)	73 (24.33%)

Table 4: Assessment of Social Relationships of Participants

Variable	Response				
	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
How satisfied are you with your physical safety?	32 (10.67%)	21 (7.00%)	56 (18.67%)	99 (33.00%)	92 (30.67%)
How satisfied are you with your home environment (climate, noise, pollution, attractions%)?	56 (18.67%)	42 (14.00%)	42 (14.00%)	102 (34.00%)	58 (19.33%)
How satisfied are you with your financial resources?	63 (21.00%)	83 (27.67%)	63 (21.00%)	44 (14.67%)	47 (15.67%)
How satisfied are you with your information access (e.g., to news%)?	59 (19.67%)	76 (25.33%)	52 (17.33%)	52 (17.33%)	61 (20.33%)
How satisfied are you with your opportunities for leisure activities?	32 (10.67%)	40 (13.33%)	55 (18.33%)	94 (31.33%)	79 (26.33%)
How satisfied are you with the conditions of your living place?	21 (7.00%)	41 (13.67%)	39 (13.00%)	91 (30.33%)	108 (36.00%)
How satisfied are you with your access to health services?	08 (2.67%)	39 (13.00%)	67 (22.33%)	62 (20.67%)	124 (41.33%)
How satisfied are you with your transportation?	73 (24.33%)	82 (27.33%)	40 (13.33%)	57 (19.00%)	48 (16.00%)

Table 5: Assessment of Environmental Factors of Participants

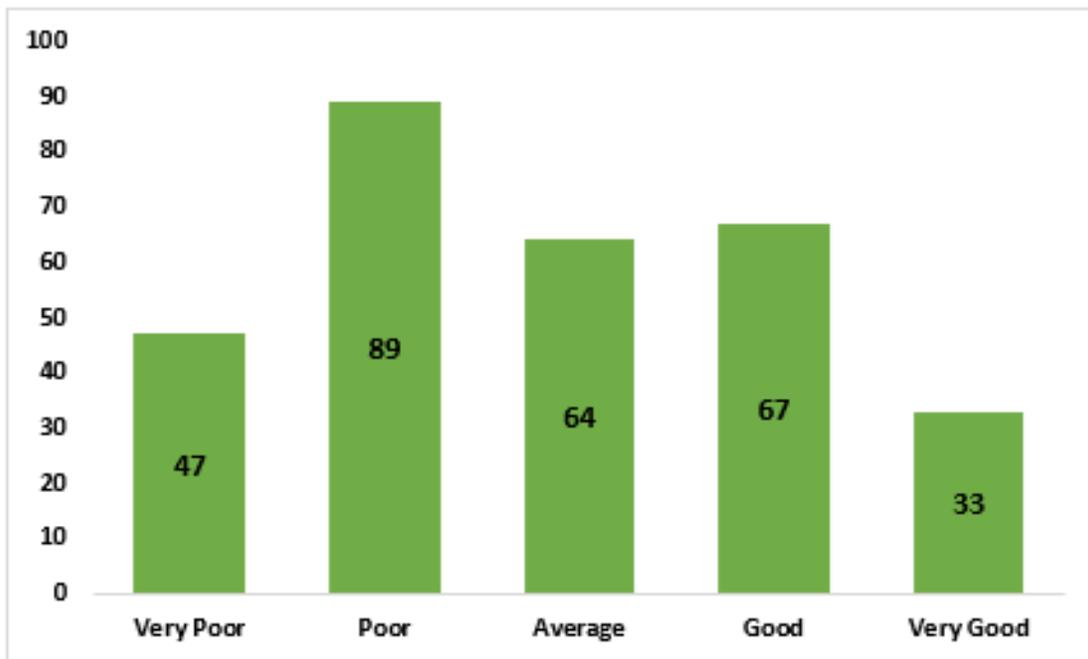


Figure 1: Overall Health of Participants

Discussion

Pregnancy is a period marked by significant physiological, psychological, and social changes, which can affect a woman's

quality of life (QoL). This study evaluated the factors influencing the quality of life of pregnant women in Southeast, Nigeria

A significant proportion of participants (44.34%) reported that physical pain or discomfort often or always prevented them from

performing necessary activities. This is consistent with previous studies indicating that physical discomfort is a common issue among pregnant women [17]. Similarly, a study by Lumbiganon et al. [18] found that physical pain and discomfort are prevalent during pregnancy and significantly impact daily functioning.

The study found that 44.67% of participants required medical treatment to function in daily life. This aligns with findings from a study by Chou et al. [19], which highlighted the importance of medical support during pregnancy to manage common complications such as gestational diabetes, hypertension, and anemia.

More than half of the participants (55.67%) reported having sufficient energy for everyday life. This is slightly higher compared to a study by Da Costa et al. [20], where only about 45% of pregnant women reported having adequate energy levels. The discrepancy could be due to differences in demographic and socio-economic factors.

Most participants (50.33%) were satisfied or very satisfied with their ability to get around. This finding is supported by a study by Gjestland et al. [21], which found that mobility is generally well-maintained in pregnant women unless complicated by severe conditions like preeclampsia or pelvic girdle pain.

A notable majority of participants (64.67%) expressed dissatisfaction with their sleep quality. This high level of dissatisfaction is consistent with findings by Mindell and Jacobson [22], who reported that sleep disturbances are common during pregnancy due to factors such as hormonal changes, physical discomfort, and increased urinary frequency.

A substantial portion of the participants (41.33%) were satisfied or very satisfied with their ability to perform daily living activities. This is in contrast to findings by Otchet et al. [23], where only about 30% of pregnant women reported high satisfaction levels. The higher satisfaction in this study could be attributed to better social support systems or differences in the physical demands of daily activities.

The satisfaction levels regarding work capacity, both paid and household, were similar to daily living activities, with 38.33% of participants expressing satisfaction. This correlates with findings by Hueston and Kasik-Miller [24], which indicated that while many pregnant women continue to work, their productivity and capacity may decline, especially in the later stages of pregnancy.

Satisfaction with energy and fatigue levels was moderate, with 36% of participants expressing satisfaction. This is comparable to the results of a study by Faramarzi et al. [25], which highlighted that fatigue is a common issue during pregnancy but can be mitigated with adequate rest and nutritional support.

The psychological health of pregnant women in Southeast Nigeria, as reflected in this study, reveals varied levels of satisfaction and experiences. Specifically, a significant proportion of the women expressed dissatisfaction with their enjoyment of life, with 25% reporting being very dissatisfied or finding life very poor and 30.33% expressing dissatisfaction (Table 3). These findings align with previous research indicating that pregnant women often experience heightened psychological distress due to hormonal changes, physical discomfort, and social stressors [26,27].

Interestingly, despite the high levels of dissatisfaction in some aspects, there is a contrastingly high sense of life meaningfulness and

safety. A majority of the participants (75.33%) felt their lives were meaningful, and 89% felt safe in their daily lives. This suggests that while immediate psychological distress is prevalent, there is an underlying resilience and sense of purpose among these women. This dichotomy could be attributed to cultural factors and social support systems prevalent in Southeast Nigeria, where communal living and extended family structures offer significant emotional and practical support [28].

Regarding concentration and self-esteem, the data presents a positive outlook, with 81.34% and 75% of the women respectively expressing satisfaction or higher. This contrasts with other findings from regions where pregnant women report significant cognitive and self-esteem challenges [29]. However, body image satisfaction is notably low, with over half of the participants expressing dissatisfaction or very poor satisfaction. This issue is critical, as body image concerns during pregnancy can lead to increased stress and negatively impact both maternal and fetal outcomes [30].

Furthermore, negative feelings such as blue mood, despair, anxiety, and depression are prevalent, with 60.67% of participants experiencing these feelings often or always. This high prevalence underscores the need for targeted mental health interventions and support systems to address the emotional well-being of pregnant women in this region [31].

Social relationships play a crucial role in the overall quality of life for pregnant women. The study reveals that most participants are satisfied with their personal relationships, with 77% reporting satisfaction or higher (Table 4). This high level of satisfaction may reflect the strong family bonds and communal support systems characteristic of Southeast Nigeria, which are vital for emotional and practical support during pregnancy [32].

However, satisfaction with sexual life is notably lower, with 43% of participants expressing dissatisfaction or poor satisfaction. This aligns with existing literature that highlights the decline in sexual activity and satisfaction during pregnancy due to physical discomfort, fatigue, and psychological changes [33]. The low satisfaction in sexual life may also be influenced by cultural and societal norms surrounding sexuality during pregnancy, necessitating a more open discussion and support in this area.

Support from friends is another critical aspect, with 62% of participants expressing satisfaction or higher. This support is essential for emotional well-being and can mitigate stress and anxiety associated with pregnancy [34]. However, 15% of the women reported dissatisfaction or poor support, indicating a need for enhanced social networks and community support programs to ensure all pregnant women receive adequate social support.

Comparing these findings with previous studies, it is evident that the psychological and social dimensions of quality of life during pregnancy are multifaceted and influenced by a range of factors including cultural, social, and individual variables. Previous studies have consistently shown that psychological distress is common during pregnancy, with significant variations across different regions and populations [17]. The high levels of dissatisfaction in enjoyment of life and body image in this study are consistent with findings from other developing regions, where socio-economic challenges and cultural expectations place additional burdens on pregnant women [35].

Conversely, the high sense of life meaningfulness and safety among the participants in this study highlights the positive impact of cultural and communal support systems in Southeast Nigeria. This is corroborated by studies showing that strong social support networks can enhance psychological resilience and overall well-being during pregnancy [36].

The low satisfaction with sexual life observed in this study mirrors findings from other regions, emphasizing the universal challenges women face regarding sexual health during pregnancy. Addressing these challenges requires culturally sensitive interventions that acknowledge and respect local norms while promoting open communication and support for sexual health [37].

The satisfaction with physical safety among participants varied, with 30.67% being very satisfied and 33.00% satisfied, while 10.67% were very dissatisfied and 7.00% dissatisfied. These findings highlight a mixed perception of physical safety among pregnant women. Previous studies have shown that perceived physical safety is critical for mental health and overall well-being during pregnancy [38]. Ensuring a safe environment is essential for reducing stress and promoting positive pregnancy outcomes.

Regarding the home environment, 34.00% of participants were satisfied, and 19.33% were very satisfied. However, 18.67% were very dissatisfied, and 14.00% were dissatisfied. The home environment, including climate, noise, and pollution, significantly affects pregnant women's comfort and health [39]. Poor home environments can lead to increased stress and negative health outcomes, underscoring the need for improvements in living conditions.

Financial satisfaction was notably low, with 27.67% of participants dissatisfied and 21.00% very dissatisfied. Only 15.67% were very satisfied. Financial stability is a significant determinant of health and well-being, particularly during pregnancy, as it affects access to nutritious food, healthcare, and other essential resources [40]. Financial insecurity can lead to anxiety and stress, negatively impacting maternal and fetal health.

Access to information was another area of concern, with 25.33% of participants dissatisfied and 19.67% very dissatisfied. Only 20.33% were very satisfied. Information access is crucial for pregnant women to make informed decisions about their health and pregnancy [41]. Limited access to reliable information can hinder proper healthcare utilization and lead to poor health outcomes.

Satisfaction with leisure opportunities showed that 31.33% were satisfied and 26.33% very satisfied, whereas 13.33% were dissatisfied, and 10.67% very dissatisfied. Leisure activities are important for mental health and stress relief during pregnancy [42]. Lack of opportunities for leisure can contribute to increased stress and negatively affect the quality of life.

Living conditions were generally positive, with 36.00% of participants very satisfied and 30.33% satisfied. However, 13.67% were dissatisfied, and 7.00% very dissatisfied. Adequate living conditions are essential for the health and well-being of pregnant women [43]. Poor living conditions can lead to increased risk of infections and other health issues.

Access to health services received high satisfaction, with 41.33% very satisfied and 20.67% satisfied. Only 2.67% were very

dissatisfied. Access to quality healthcare is vital for monitoring and managing pregnancy-related health issues [44]. Ensuring that pregnant women have access to necessary health services can improve pregnancy outcomes and overall quality of life.

Transportation was a significant concern, with 27.33% of participants dissatisfied and 24.33% very dissatisfied. Only 16.00% were very satisfied. Reliable transportation is crucial for accessing healthcare and other essential services [45]. Poor transportation can lead to missed medical appointments and inadequate prenatal care.

The assessment of overall health revealed that 29.67% of participants rated their health as poor and 15.67% as very poor, whereas 22.33% rated it as good and 11.00% as very good. This distribution indicates a substantial proportion of pregnant women experiencing poor health, which can be attributed to various environmental and socio-economic factors discussed earlier.

The findings of this study align with previous research on the quality of life of pregnant women in similar contexts. For instance, Adeyemo et al. [38] highlighted the impact of physical safety on mental health during pregnancy. Similarly, Ogunleye et al. [40] discussed the significant role of financial resources in maternal health, corroborating the financial dissatisfaction observed in this study.

Moreover, Eze et al. [41] emphasized the importance of information access for pregnant women, aligning with the dissatisfaction reported in this study. The need for improved living conditions and access to health services has been previously documented by Babatunde and Olanrewaju [43] and Nwosu et al. [44], respectively. The transportation issues highlighted in this study are consistent with findings by Ibe et al. [45], underscoring the need for better infrastructure to support pregnant women.

Conclusions

The study highlights significant factors affecting the quality of life of pregnant women in Southeast Nigeria, including physical discomfort, psychological distress, inadequate social support, and challenging environmental conditions. Addressing these factors through targeted interventions is essential for enhancing maternal health outcomes in the region.

Availability Of Data

The datasets used and/or analysed during the current study are available from the corresponding author on reasonable request

Competing Interests

The authors declare that they have no competing interests.

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