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Research Paper

Coping and life satisfaction among rural pregnant women: a study from North East India

Meenakshi Medhi[1]*, Sobhana H[2]

ABSTRACT

The purpose of the present study was to assess the different coping styles used by women during pregnancy and their satisfaction of life. Better coping with pregnancy stress and difficulties, ultimately enhances the quality of life. Though various studies are conducted in this sector but very few studies are found in rural India, especially in the North-eastern part of India. The study was conducted by randomly selecting two Primary Health Centres (PHCs) from the Morigoan district of Assam. 190 participants were selected for the study through systematic random sampling. Interview and questionnaire included socio-demographic performa, Brief Cope (Carver, 1997) and The Satisfaction with Life Scale (SWLS) (Diener, Emmnos, Larsen, & Griffin, 1985). Results show that almost all coping styles were found to be used by pregnant women in this study. It was found that self-blame (Mean=3.05 ±SD=1.385), planning (M=3.01 ± SD=1.41) and behavioural disengagement (M=3.01 ± SD=1.98) were mostly used coping styles among the participants in the study. The next commonly used coping styles were instrumental support (M=2.95 ± SD=1.29), acceptance (M=2.94 ± SD=1.27), religion (M=2.93 ± SD=1.22), positive reframing (M=2.91 ± SD=1.21) and self-distraction (M=2.90 ± SD=1.42). Active coping (M=2.88 ± SD=1.53), denial (M=2.73 ± SD=1.25), substance use (M=2.88 ± SD=1.54), use of emotional support (M=2.88 ± SD=1.32), humour (M=2.79 ± SD=1.16) were found to less used by the participants as compared to other coping styles. Satisfaction of life (M=26.71 ± SD=4.44) was found to be good among most of the rural pregnant women.

Keywords: *Rural pregnant women, coping, life satisfaction*

Although pregnancy is considered as a happy period in women's life, dealing with various demands of the society, physical and mental changes can be challenging (Guardino & Schetter 2014). Familial, physiological and occupational adjustment can produce high level of stress among the expected mothers (Norbeck & Anderson, 1989; Ritter, Hobfoll, Lavin, Cameron, & Hulsizer, 2000). Various factors such as thought of future parenting responsibilities, worries about their own health and their babies, consequences of childbirth

[1]PhD Research Scholar, Department of Psychology, Gauhati University, India
[2]Associate Professor, Department of Psychiatric Social Work, LGB Regional Institute of Mental Health, Tezpur, India
*Responding Author
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might also lead to stress among pregnant women (Lobel, 1998; Lobel, Hamilton, & Cannella, 2008).

Psychological wellbeing during pregnancy is important for the pregnant mother and the developing foetus. Evidences show that today's children are exposed to high level of maternal stress during gestation period (Guardino & Schetter, 2014). Coping with such stress is an important aspect of maternal mental health which usually gets ignored in the prenatal care programs. Effective use of coping strategies and skills in bringing variability in coping can combat the negative affect of stress on physiological and psychological health of the pregnant women (Dunkel Schetter, 2011; Dunkel Schetter & Dolbier, 2011). It is also related to better life satisfaction which leads to healthy development of the foetus (Aasheim et al., 2014). Therefore, better coping with pregnancy stress and difficulties, ultimately enhances the quality of life (Hirschberger et.al, 2009).

The present study is an attempt to understand the different coping styles used by women during pregnancy and their satisfaction of life. Various studies have been conducted in these sectors but very few researches are done in India, especially in the North-Eastern part of India. Present study is an attempt to explore the same and fill the knowledge gap.

MATERIALS AND METHODS

Sample

Two Primary *Health* Centres PHCs from the Morigoan district of Assam were randomly selected for the purpose of the study. 190 participants were selected for the study through systematic random sampling. Pregnant women aged 18 or above with ability to read and write Assamese were included in the study. Written consent was also obtained from them. Participants who had known physical or mental illnesses were excluded.

Components of interview and questionnaire included the socio-demographic performa, coping styles and life satisfaction among the participants.

1. **Socio-demographic proforma:** The socio-demographic characteristics of the participants such as age of the participant, age of husband, educational qualification of the participant and the husband, employment, income, marital status, duration of marriage, type of marriage, religious background and household details were taken for the study. Pregnancy detail of trimester of pregnancy was also noted.
2. **Brief Cope (Carver, 1997)**: This scale measures how individuals cope with stress in their life. This is a 28-item scale with 14 scales namely Self-distraction, Active coping, Denial, Substance use, use of emotional support, Use of instrumental support, Behavioral disengagement, Venting, Positive reframing, Planning, Planning, Humor, Acceptance, Religion and Self-blame. There are two items per scale.
3. **The Satisfaction with Life Scale (SWLS) (Diener, Emmnos, Larsen, & Griffin, 1985):** It is a 5-item scale measuring the global cognitive judgments of one's life satisfaction (not a measure of either positive or negative affect). Participants needs to indicate how much they agree or disagree on each of the items ranging from 7 to 1 score. Sum of the total score indicates the level of satisfaction from extremely satisfied to extremely dissatisfied

Statistical analysis

The analysis of the data was done through SPSS version 21 software system. Descriptive statistics of Mean and Standard Deviation was used for analysis of the results.

Ethical Consideration
It was purely a research-oriented study. Consent forms were taken before data collection. Confidentiality was maintained regarding the results.

RESULTS

Socio-demographic details of participants
Socio-demographic details of 190 participants includes the age of the participants, their educational qualification, type of family, religion, employment status and family income. Each of the variables except the age of the participants and family income were divided into categories.

The total number of participants was 190 and the mean age of the participants was 24.19 ± 4.88 years. It was found that 80.5% of them were qualified upto 8th standard and 19.5% had qualification above 8th standard. Type of family was categorised as joint family and nuclear family. More than half of the participants i.e., 51.6% were living in join families and 48.4% were living in nuclear families. Participants from Islamic faith were more than the participants form Hindu faith with 68.4% participants being Muslim and 31.6% being Hindu. In the category of employment among the participants it was found that 67.9% were employed whereas, 32.1% participants were unemployed. The mean for the family income was Rs 15841.58 ± 11883.75.

Information related to physical and mental health issues among the participants
There were 190 pregnant women for analysis. Most of the participants (97.9%) did not have any physical illness during the time of research. Present physical illness was reported by only 2.1% of the participants. Past physical illness was reported by 0.5% of the participants whereas, 99.5% did not report of any past physical illness. History of mental illness was also not found in 99.5% of the participants and 0.5% reported of having history of mental illness.

Marital details of the participants
Mean age of participants at the time of marriage was 20.02 ± 2.66 years and the mean age of husbands at the time of marriage was 25.85 ± 5.19 years. Type of marriage was divided into two categories as arranges marriage and marriage of choice. Arrange marriage was found among 55.3% of the participants and marriage of choice was found in 44.7% of the participants. The duration of marriage was also categorised as married upto 3 years and married from 3 years and above. More than half of the participants (57.4%) were in the category of married upto 3 years and 42.6% of the participants were married from 3 years and above. The mean for duration of marriage was 4.37 ± 4.03 years. It was categorised as married for 0-3 years and 3 years and above, and 57.4% participants and 42.6% participants were found in each of the categories respectively.

Information related to pregnancy of the participants
Pregnancy was divided into three trimesters. It was found that second trimester had 48.4% of the participants, followed by 26.8% in the first trimester and 24.7% in the 3rd trimester. Most of the participants (63.7%) were not in their 1st pregnancy and 36.3% were having their 1st pregnancy. No miscarriage, MTP or still birth was reported by 92.6% of the participants and 7.4% reported of miscarriage, MTP or still birth. Hospitalization during pregnancy during pregnancy was not found in 92.6% and 7.4% of the participants reported of hospitalization during pregnancy. Physical illness during pregnancy was not found in 98.9% of the participants and 1.1% reported of physical illness during pregnancy. Husbands were providing prenatal care to 56.8% of the participants, followed by care provided by family

members in 21.1%, care given by Asha workers in 17.4% and 4.7% of the participants were taking care of themselves.

Table 1 Coping styles among the participants (n-190)

Coping styles	Mean ±SD
Self-distraction	2.90 ±1.42
Active coping	2.88 ±1.53
Denial	2.73 ±1.25
Substance use	2.88 ±1.54
Use of emotional support	2.88 ±1.32
Use of instrumental support	2.95 ±1.29
Behavioural disengagement	3.01 ±1.98
Venting	2.90 ±1.32
Positive reframing	2.91 ±1.21
Planning	3.01 ±1.41
Humour	2.79 ±1.16
Acceptance	2.94 ±1.27
Religion	2.93 ±1.22
Self blame	3.05 ±1.385

Table 2 Life satisfaction among the participants (n-190)

	Mean ±SD	Total participants above mean n(%)	Total participants below mean n (%)
Satisfaction of Life Scale	26.71 ± 4.44	122(64.21)	68(35.78)

DISCUSSION

The study intended to measure the coping styles and life satisfaction among rural pregnant women. Description of the coping styles and life satisfaction is shown in table 1 and table 2. Analysis revealed that almost all coping styles were found to be used by pregnant women in this study.

Coping is behavioural and cognitive effort with an intention to deal with demand of the situations which are assessed as stressful (Lazarus & Folkman, 1984). The consistent ways to approach stressful situations are coping styles (Miller, 1987; Steptoe & O'Sullivan, 1986). Among the fourteen coping styles of Brief Cope self-blame, planning and behavioural disengagement was mostly used by the participants in the study. The study of Hamilton et al (2008) with 321 pregnant women showed that optimism was a predictor of planning preparation during pregnancy. Self-blame i.e., accepting oneself as responsible for the situation was found to be associated before and after pregnancy in the study of George, et.al. 2013. In another study it was reported that criticism of oneself was positively correlated with planning coping strategies during pregnancy (Khavari, et al 2018). Therefore, the findings of our study were also found to be similar with other studies.

The next commonly used coping strategies found in this study were instrumental support, acceptance, religion, positive reframing and self-distraction. In a study by Gourounti, et, al. 2013, it was found that behavioural derangement and acceptance was excessively used as coping strategies to deal with anxiety and worries during pregnancy, hence supporting the findings of our study. LA tendresse, et, al. 2010, also mentioned in their study that religion

and behavioural derangement was used by pregnant mothers to deal with stress. Social support and partner's concern in the prenatal period further help the pregnant women to sustain healthy lifestyle (Kroelinger, et, al. 2000; Thornton, et, al. 2006). In the present study instrumental support was also used as coping strategy and it was mostly provided by husbands followed by family members and Asha workers. Thus, it makes the results of our study similar to that of others. Other studies also (Kotzé, et, al. 2013; Rabia, et, al. 2017) found that most frequently used coping strategies to deal with pregnancy related stress are positive reframing, acceptance, religion, direct action and distraction, thus, supporting the findings of the present study.

Coping styles such active coping, denial, substance use, use of emotional support, humour were found to be less used by the participants as compared to other coping strategies. Studies reported that active coping was most frequently used during pregnancy (Kotzé, et, al. 2013; Rabia, et, al. 2017). Therefore, it can be found that results of our study were not similar to that of other studies. Avoidant coping such as substance use, denial, self-blame was found in women who reported fear of child birth and pregnancy complications (Parsons & Redman1991). In another study by Yali & Lobel (1999) it was found that avoidant coping such substance abuse was more related to distress and coping through social and emotional support, use of positive appraisal through humour were more related to less distress. By comparing the findings of our study to that of other it can conclude that the results of our study were mostly similar to that of others.

The study is also measuring the satisfaction of life among the pregnant women. Satisfaction of life is cognitive judgement of the subjective wellbeing of a person's life which can be related to future health, person's standard of social life and future life events. (Shin & Johnson,1978; Diene et.al, 1985; Pavot & Diener,2008; Diener & Chan, 2011; Diener, 2012; Luhmann et.al, 2013). Satisfaction of life was found to be good among most of the participants in this study. The study of Aasheim, et.al (1985) reported that satisfaction of life was greater among younger mothers as compared to mothers around 28 and 40 years. This finding also supports the findings our study as the mean age of the participants was 24.19 ± 4.88 years. Life satisfaction during pregnancy increases with greater social support which also enhances planning and maternity care according to the need of the women (Gebuza, et.al, 2014). In the present study the coping strategies such as use of instrumental support and planning was found to use by the participants hence, supporting the findings of the study of Gebuza, et.al, 2014.

CONCLUSION

The present study analysed the coping styles use by rural pregnant women and life satisfaction among them. It was found that self-blame and planning and behavioural disengagement were mostly used coping styles among the participants in the study. The next commonly used coping styles were instrumental support, acceptance, religion, positive reframing and self-distraction. Active coping, denial, substance use, use of emotional support, humour were found to less used by the participants as compared to other coping styles. Satisfaction of life was found to be good among most of the rural pregnant women.

REFERENCES

Aasheim, V., Waldenström, U., Rasmussen, S., Espehaug, B., & Schytt, E. (2014). Satisfaction with life during pregnancy and early motherhood in first-time mothers of advanced age: a population-based longitudinal study. *BMC pregnancy and childbirth*, *14*(1),8

Carver, C. S. (1997). You want to measure coping but your protocol'too long: Consider the brief cope. *International journal of behavioral medicine*, *4*(1), 92

Diener E, Chan MY: Happy people live longer: subjective well-being contributes to health and longevity. Appl Psychol Health Well-being 2011, 3(1):1–43.

Diener E, Emmons RA, Larsen RJ, Griffin S: The satisfaction with life scale. J Pers Assess 1985, 49(1):71–75.

Diener E: New findings and future directions for subjective well-being research. Am Psychol 2012, 67(8):590–597.

Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The Satisfaction with Life Scale. *Journal of Personality Assessment*, 49, 71-75

George, A., Luz, R. F., De Tychey, C., Thilly, N., & Spitz, E. (2013). Anxiety symptoms and coping strategies in the perinatal period. *BMC pregnancy and childbirth*, *13*(1), 233.

Gourounti, K., Anagnostopoulos, F., & Lykeridou, K. (2013). Coping strategies as psychological risk factor for antenatal anxiety, worries, and depression among Greek women. *Archives of women's mental health*, *16*(5), 353-361.

Guardino, C. M., & Dunkel Schetter, C. (2014). Coping during pregnancy: a systematic review and recommendations. *Health Psychology Review*, *8*(1), 70-94.

Gebuza, G., Kaźmierczak, M., Mieczkowska, E., Gierszewska, M., & Kotzbach, R. (2014). Life satisfaction and social support received by women in the perinatal period. *Advances in clinical and experimental medicine: official organ Wroclaw Medical University*, *23*(4), 611-619.

Hamilton, J. G., & Lobel, M. (2008). Types, patterns, and predictors of coping with stress during pregnancy: Examination of the Revised Prenatal Coping Inventory in a diverse sample. *Journal of Psychosomatic Obstetrics & Gynecology*, *29*(2), 97-104.

Hirschberger, G., Srivastava, S., Marsh, P., Cowan, C. P., & Cowan, P. A. (2009). Attachment, marital satisfaction, and divorce during the first fifteen years of parenthood. *Personal Relationships*, *16*(3), 401-420

Khavari, F., Golmakani, N., Saki, A., & Aghamohammadian Serbaf, H. (2018). The Relationship between Prenatal Coping Strategies and Irrational Beliefs in Pregnant Woman. *Journal of Midwifery and Reproductive Health*, *6*(2), 1215-1222.

Kotzé, M., Visser, M., Makin, J., Sikkema, K., & Forsyth, B. (2013). The coping strategies used over a two-year period by HIV-positive women who had been diagnosed during pregnancy. *AIDS care*, *25*(6), 695-701.

Kroelinger, C. D., & Oths, K. S. (2000). Partner support and pregnancy wantedness. *Birth*, *27*(2), 112-119.

Latendresse, G., & Ruiz, R. J. (2010). Maternal coping style and perceived adequacy of income predict CRH levels at 14-20 weeks of gestation. *Biological research for nursing*, *12*(2), 125-136

Lazarus, R. S., & Folkman, S. (1984). Stress, appraisal, and coping. New York, NY: Springer.

Lobel, M., Cannella, D. L., Graham, J. E., DeVincent, C., Schneider, J., & Meyer, B. A. (2008). Pregnancy-specific stress, prenatal health behaviors, and birth outcomes. *Health psychology*, *27*(5), 604.

Luhmann M, Lucas RE, Eid M, Diener E: The prospective effect of life satisfaction on life events. Soc Psychol Personal Sci 2013, 4(1):39–45.

Miller, S. M. (1987). Monitoring and blunting: Validation of a questionnaire to assess styles

Norbeck, J. S., & Anderson, N. J. (1989). Life stress, social support, and anxiety in mid-and late-pregnancy among low income women. Research in Nursing & Health,12(5),281!

287. of information seeking under threat. Journal of Personality and Social Psychology, 52(2),345!353.

Pavot W, Diener E: The satisfaction with life scale and the emerging construct of life satisfaction. J Posit Psychol 2008, 3(2):137–152

Parsons, C., & Redman, S. (1991). Self-reported cognitive change during pregnancy. *The Australian journal of advanced nursing: a quarterly publication of the Royal Australian Nursing Federation*, *9*(1), 20-29.

Rabia, S., Hakeem, N., & Aziz, S. (2017). Coping strategies in women with anxiety and depression during prenatal period. *ANNALS OF ABBASI SHAHEED HOSPITAL AND KARACHI MEDICAL & DENTAL COLLEGE*, *22*(3), 191-199.

Schetter, C. D., & Dolbier, C. (2011). Resilience in the context of chronic stress and health in adults. *Social and Personality Psychology Compass*, *5*(9), 634-652.

Shin DC, Johnson DM: Avowed happiness as an overall assessment of the quality of life. Soc Indic Res 1978, 5(1–4):475–492.

Thornton, P. L., Kieffer, E. C., Salabarría-Peña, Y., Odoms-Young, A., Willis, S. K., Kim, H., & Salinas, M. A. (2006). Weight, diet, and physical activity-related beliefs and practices among pregnant and postpartum Latino women: the role of social support. *Maternal and child health journal*, *10*(1), 95-104.

Yali, A. M., & Lobel, M. (1999). Coping and distress in pregnancy: an investigation of medically high risk women. *Journal of Psychosomatic Obstetrics & Gynecology*, *20*(1), 39-52.

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Conflict of Interest

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