

Exploring socio-cultural factors surrounding pregnancy anxiety in Iranian women: A qualitative study

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Abstract

Pregnancy is considered one of the most critical periods during a woman's life cycle which is associated with specific physical, psychological and social changes. However, such changes are not always optimal and sometimes lead to concern and anxiety in the mother. Obviously, anxiety may take roots in different factors one of which is the sociocultural dimension. Current study aims to understand the explaining components of this aspect from pregnant women's standpoints further.

Methodology: this study was conducted using a qualitative content analysis approach on pregnant women who referred to healthcare clinics across Tehran Metropolitan with purposive sampling method to data saturation point. Semi-structured in-depth interviews were used for data collection.

Findings

Pregnant women from different social back ground within age range of 18 to 41 participated in this study. Malapropos interference of the associates , gender-based anxiety ,lack of support and concurrency of pregnancy with social role as sociocultural categories were explored.

Discussion and Conclusions: regarding the results of current research, it seems that providing cultural background to respect family's privacy and independence in decision making; to remove gender discriminations; to attract supports from pregnant women; and to establish special amenities for social functions of mothers can play an effective role in controlling pregnancy anxiety.

Keywords: pregnancy, anxiety, parental anxiety, mood disorders, sociocultural.

Introduction

Pregnancy is not a pleasant experience for all women and can bring a wide range of positive to negative responses in different women (1). It is clear that complexity of this process in terms of physical, emotional, psychological and social changes, the woman's personality, personal life experiences and social expectations of each society lead to such different responses (2). Consequently, many women describe pregnancy as one of the most stressful periods of life who respond to it with anxiety (3).

Today, prevalence of anxiety during pregnancy has been reported between 25-50% with respect to different cultures and several studies have been done on anxiety-provoking factors during pregnancy (2). Considering the results of these studies, we can refer to factors such as physical and psychological problems arising from pregnancy, personal characteristics of the pregnant woman, supporting systems and more importantly sociocultural factors and religious beliefs of a society (4).

Rubertsson et al (5) wrote about socio- demographic causes of occurrence of anxiety during pregnancy: young age, low income and education of mothers, stressful events of life and unemployment are among crucial anxiety-provoking factors in pregnant women. Findings by Rafiee et al (6) suggest that there is a significant relationship between lack of social support, domestic violence and prevalence of mood disorders in pregnant women.

Mwape et al (7) consider the role of social factors, religious beliefs and superstitious views important in occurrence of pregnancy anxiety and writes "women from low and middle classes experience much more anxiety due to failure to receive support. Swala et al (8) point out about social factors of anxiety: pregnancy anxiety has a clear-cut relationship with religion, ethnicity and education so that women with higher education reported lower anxiety. In a study by Stephani et al (9) in England on different ethnical groups, pregnancy anxiety had a concrete and clear association with women's ethnicity and women from minority groups were more anxious. He also believes that family structure, how to behave with a woman, and quality of support are also related to mood disorders in the pregnant mother. Madhavanprahakaran et al (10) regarded sociocultural variables, particularly social level of family effective in occurrence of anxiety and writes: "younger women from poor families are more anxious. However, occurrence of anxiety in upper social classes is larger because they understand pregnancy physiology and its complications better than lower classes" Fear of losing job and conflict of maternal responsibilities with her social activities were among other frequently cited factors(11)

But the point is that anxiety during pregnancy for any reason and to whatever degree, leads to a wide range of maternal and fetal complications and imposes a significant burden of disease for health systems ,among which we can refer to present and future developmental disorders of fetus and baby, impaired development of brain and nervous system, dyspepsia, mood disorders, (ADHD) in children(12) problems arising from emotional interaction of mother and baby,

hypertension, intrauterine growth retardation (IUGR) intensive cardiovascular diseases, preterm rupture of membrane , preterm labor , prolonged labor, and postpartum depressive disorders (13).

So it is obvious that, this phenomenon should be taken as one of the major disturbing factors affecting psychological health of mothers and all pregnant mothers should be examined for presence of anxiety concerning its risk factors, particularly its social risk factors that are specific to each society (7). So, with respect to scarcity of existing resources concerning pregnancy anxiety and its producing components, and due to lack of qualitative studies in this field, current work aims to identify different dimensions of sociocultural factors of pregnancy anxiety in women who referred to healthcare centers across Tehran metropolitan during 2015 so that we can provide the results for other researchers and respective authorities to take appropriate actions concerning pregnant mothers' health.

Methodology

Materials and methods

This research is a part of a qualitative study titled “exploring anxiety experience during pregnancy” that was conducted using conventional content analysis approach on pregnant women referring to healthcare clinics across Tehran during 2015. Conventional content analysis is potentially one of the most critical techniques of qualitative research in social sciences that performs data analysis to identify data (14). Criteria for inclusion in this study included: having spouse, singleton pregnancy, lack of history of mood disorders in pregnant mothers and their close relatives, lack of history of unpleasant accidents over past six months, lack of chronic medical diseases such as cardiac disease, thyroid dysfunction, diabetes, and adrenal disease and finally their current pregnancy has not been classified as a high risk pregnancy. In order to include the subjects in the study, the degree of trait and state anxiety in pregnant mothers was measured using Spielberger questionnaire and those mothers with scores 20-80 entered the study. According to criteria of this test, scores 20 to 40 were classified as mild anxiety and scores 40 to 60 as moderate anxiety and higher scores as severe anxiety.

Semi-structured in-depth interview was used for data collection and purposive sampling method was applied .sampling from pregnant women continued to data saturation point. Finally, 28 pregnant women took part in this study. Interview questions were as follows: what factors in your society or living environment are there that lead to anxiety in pregnancy? What cultural factors and traditions in your family cause you feel anxious? Can you give an example? Can you describe them more?

At the end of each interview, the participants were asked to state whatever left untold. Each interview lasted 30 to 45 minutes on average. All interview texts as well as nonverbal communication were digitally recorded and then were transcribed word by word on papers.

Interview notes, after several times of reviews, were broken into their constituting semantic units and then into smallest meaningful units (codes). Then, the codes were read out for several times and replaced in subcategories and main categories according to centrality and semantic homogeneity. Those categories that conveyed a common concept composed a single theme. Then,

initial texts and final categories were reviewed for several times and final changes were exercised. Ultimately, the researcher and participants achieved a mutual satisfaction concerning the meaning of data, content and the names of categories (14).

During the course of research, ethical considerations (conscious consent, confidentiality of information and keeping the subjects' secrets, right of withdrawal from research whenever they wished, the right to demand the tapes and texts) were observed. In order to increase credibility and reliability of data, different methods such as constant reviews and observations, allocating enough time for data collection, good communication with participants and conducting interviews at selected locations by the participants were used. Moreover, review, correction and confirmation of handwritings by the participants (a review of handwritten texts, codes, categories and the contents extracted from each interview), outsider observers (two university professors who were familiar with research method and data analysis and confirmed coding procedure) and the researcher's attempt to search for and analyze contrary evidence (through interview with pregnant women with different socioeconomic backgrounds) helped to promote confirmability of data. To further transferability, research details and stages were described (15).

Findings:

Table (1) Demographic characteristic of participants

	Ethnicity	Gestational Age (Week)	Age	Education	Occupation	Years of marriage	Number of Pregnancy
1.	Pars	18	35	High SCHOOL	Housewife	2	4
2.	Tork	24	24	Midwifery student	Student	3	1
3.	Pars	36	25	Diploma	Housewife	8	1
4.	Pars	16	24	Nursing student	Student	10	1
5.	Pars	22	24	Bachelor degree	Housewife	5	1
6.	Pars	35	22	High school	Housewife	14	2
7.	Tork	6	24	Diploma	Housewife	5	1
8.	Pars	34	32	Bachelor degree	Housewife	18	1
9.	Pars	26	39	PhD	Faculty member	22	1
10.	Pars	8	35	Bachelor degree	Employee	15	2
11.	Lor	16	23	Bachelor degree	Housewife-Translator	4	1
12.	Pars	38	28	Master degree	Employee	4	2
13.	Pars	28	27	Bachelor degree	Teacher	7	1
14.	Masani	9	29	Master degree	Engineer	9	1
15.	Tork	23	32	Master degree	Employee	10	2
16.	Pars	26	22	Diploma	Worker	4	1
17.	Tork	38	19	High school	Housewife	1	1
18.	Lor	33	24	Primary school	Housewife	3	4

19. Balooch	20	25	High shool	Housewife	5	1
20. Torkman	26	23	Diploma	Housewife	2	2
21. Pars	38	26	Diploma	Housewife	14	1
22. Tork	33	20	Bachelor degree	Emploee	5	2
23. Tork	20	22	Primary school	Housewife	4	2
24. Kord	26	37	Diploma	Housewife	10	4
25. Pars	20	25	Illiterate	Housewife	4	1
26. Blooch	18	41	Primary school	Housewife	25	5
27. Pars	36	24	Bachelore degree	Teacher	5	2
28. Pars	30	30	Diploma	Housewife	10	2

In this study, pregnant women from different educational levels ,occupations and ethnicities, different weeks of pregnancy (6-38) with age range of (18-41) in their first to fifth pregnancy participated

Table 2:codes and categories of sociocultural anxiety

Codes	Categories
1 The associates' influence on decision making	Malapropos interference of the associates
2 Having an evil feeling due to the taunts of the others	
3 Creating anxiety in the mother through giving improper information	
4 Interference in the pregnant woman's life	
5 Fear of the spouse's reaction to a specific gender	
6 Importance of gender due to social issues	
7 Importance of having a son	
8 Importance of having a daughter	
9 Fear of wrong identification of gender	
10 Fear of a specific gender due to reactions of the associates	
11 Lack of support by spouse	Lack of support
12 Lack of support by family	
13 Losing job due to pregnancy	Concurrency of pregnancy with social role
14 Disability to perform concurrent duties	
15 Stay behind the planned schedules	
16 Limitations as a result of pregnancy	

1-Malapropos interference of the associates

Participants in this study believed that uncommon and inappropriate interference of their associates was one of the main factors arising from their society's culture, leaving negative effects on the pregnant woman's life in different forms and it was considered a barrier against

peace of mind and safe journey through pregnancy. This category contains four main codes including: the associates' influence on decision making, having an evil feeling due to the taunts of the others, creating anxiety in mother through giving improper information, and interference in personal life of the pregnant woman).

- a) The associates' influence on decision making: (a 22 years old mother states) I wanted to go to a good doctor or hospital but my mother-in-law interfered and pulled the wool over my husband's eyes to make him save money. So I went to a public hospital and I got sick.

Another participant who was a 24 years old student expressed "everyone makes a remark and you don't know what to do!"

- b) Having an evil feeling due to the taunts of the others: (a 24 years old woman) my associates' comments annoys me and my friends said that I had become pregnant so early. They just make snide remarks, however, I don't care. But their comments about delivery leaves some effects on me.
- c) Creating anxiety in the mother through giving improper information: one of the major issues during this period is the pregnant woman's fear of and sensitivity to what she hears from the others concerning pregnancy stages and delivery. Certainly, such comments definitely will confuse the pregnant woman's thoughts.
(A 35 years old woman): as soon as you want to say a word, everyone makes her/his own remarks. They insist to prove that they are true and you know nothing. Such people engage your mind and spoil your thoughts.
- d) Interference in the pregnant woman's life: in traditional cultures, all friends and associates allow themselves to interfere in other people's lives. Undoubtedly, this issue, which is obvious and tangible in our society, emanates from cultural issues of such societies.
(A 24 years old woman commented to this regard): "As I was going through my fourth month of pregnancy in Nowrooz (Iranian new year days), my husband helped me a lot in our parties. My father-in-law was happy with him but my husband's sisters tussled with me and got on my nerves saying that Ali is doing all the house chores and criticized me. Such interference spoils everything.

2-Gender-based anxiety

As mentioned, one of the main and the most frequent categories in this theme was gender-based anxiety that seems to be an important characteristic of all traditional cultures which provides a ground for many problems the pregnant mothers face during their pregnancy because the baby's gender plays a fundamental role in the family's fate and the associates' satisfaction. This category includes six main codes: fear of the spouse's reaction to a specific gender, importance of gender due to social issues, importance of having a son, importance of having a daughter, fear of wrong identification of gender, fear of a specific gender due to reactions of the associates.

- a) Fear of the spouse's reaction to a specific gender: (a 35 years old woman) "you don't believe it that my husband consistently says that he wishes to have a son and I fear if our baby becomes a girl. Then what shall I do? What will be his reaction? He only suggests boyish names.
- b) Importance of gender due to social issues: (a 35 years old woman comments to this respect while crying) I wish to a baby boy because in our culture and society being a boy is better and boys will not experience the miseries the girls will face during their course of life.
- c) Importance of having a son: (a 22 years old woman says with regret) my husband's family didn't talk to me at all. My father- and mother-in-law didn't congratulate me because they thought I was having a baby girl. They treated me so badly that I said how good would be infertility!
- d) Importance of having a daughter: (a 35 years old woman) I was regretful over the early weeks of pregnancy. I told myself "now my son is 13, I suffered hardship and I resumed once again" particularly if it is a boy; I want a daughter because my son was really naughty and I have to tolerate once again.
- e) Fear of wrong identification of gender: (a 35 years old woman) I was really anxious when I did sonography and I told myself what if it is all wrong.
- f) Fear of a specific gender due to reactions of the associates: (A 29 years old woman) I heard lots of snide remarks mostly from my own family, I mean my mom, because they all have daughters; in contrast, my husband's family were happy because they more sons than daughters.

3- Lack of support: pregnancy is a special period in the course of a woman's life during which a pregnant woman needs physical and psychological help and support due to her physical and psychological changes. From the standpoints of mothers in this study, dependence on spouse is considered a strong, special and frequent component. However, mothers need their families' support and help, particularly from their mothers and if they become disappointed with the alternative, they clearly express their concern and discomfort. This theme included two categories: lack of support by spouse and lack of support by family.

- a) Lack of support by spouse: (a 35 years old woman) You know! You become sensitive toward your husband during pregnancy and ask yourself "if he is responsible or he helps timely. During my prior pregnancy, he wasn't supportive and this issue annoyed me a lot. But know he is much better and I'm hopeful for his help (a 35 years old woman, housewife).
- b) Lack of support by family (a 24 years old woman) It feels very bad when no one is around you. I sit alone crying for long hours and I wish my family or my mom were here. At least, they could help me or I wouldn't cry during loneliness or I could be with them when I was sad.

4) Concurrency of pregnancy with social role

A pregnant mother should be able to create a reasonable balance between her maternal obligation and performing other concurrent responsibilities while keeping her prior social role. Therefore, it is obvious that if there is a conflict between these two responsibilities, it will lead to an anxious

mental challenge in the pregnant mother. Four codes were described in this category including losing job due to pregnancy, inability to perform concurrent responsibilities, stay behind the planned schedules, and limitations as a result of pregnancy.

- a) Losing job due to pregnancy: (a 35 years old woman) I know some people who wish to abort because they don't want to lose their jobs and it doesn't matter to them if they have abortion.
- b) Disability to perform concurrent duties: (a 22 years old woman) I'm consistently worried that my house stays clean and my husband be satisfied. I tell myself who is going to do my house chores and to clean the house and so on. Can I cope with that much housework?
- c) Stay behind the planned schedules: (a 28 years old) it made me sad because I had much work remaining behind, particularly for my daughter. So my husband didn't let me go anywhere and I thought I wasn't ready to be a mother once again.
- d) Limitations as a result of pregnancy: (a 26 years old woman) I'm really an independent and free person, so when I have a baby, I cannot go out and I will be restricted to home.

Discussion and Conclusions

Investigations suggest that no study has been conducted specifically on pregnancy anxiety with qualitative approach (16); therefore, it can be said that findings of current work illustrate specific characteristics of pregnancy anxiety that help to clarify its dimensions.

This theme in this study includes four categories: inappropriate interference of associates, gender-based anxiety, lack of support, and concurrency of pregnancy with social role

Interference of the associates in life and decision making are among the causes mentioned in the existing literature related to pregnancy anxiety and were considered among the main themes in our study. In a systematic review by Stevanea et al (16) on mood disorders in mothers, similar findings were obtained.

Stevanea also (16) writes in this regard "lack of decision making, power in the family and the factors that lead to it including lack of sense of self-efficacy are very important anxiety-provoking factors. She continues: a sense of lack of dominance over her own behavior and performance in the mother, and interference of others in her diet and healthcare affairs and their inappropriate recommendations as a result of lack of knowledge affect the sense of security and confidence in the pregnant mother and lead to anxiety and depression.. In Ting's study (17), family environment and incongruous family relationships were considered among social causes of pregnancy anxiety.

In a qualitative study titled "sociocultural factors surrounding mood disorders in pregnancy", by Mwape et al (7), lack of power of decision making and interference of others in the pregnant mother's life were found consistent with our findings. This means that the existing culture and social communications in the society do not consider interference and decisions about other people indecent and offensive so that people decide about each other's course of action and make the pregnant mother anxious by giving incorrect and non-scientific knowledge

Gender-based anxiety, another theme in current study, seems to have a direct root in cultural factors, social attitudes of people and gender discriminations and is considered a major component of pregnancy challenges.

Hashima et al (11) have pointed to this finding in their study as a factor of pregnancy anxiety and they write that 29% of anxiety in Bengali pregnant mothers is associated with the fetus gender. Gender-based anxiety was also reflected in Salari's study (18). In a study in China on pregnancy anxiety, the author writes "gender discrimination and preference of male gender is a problem in the current society so that sonography for fetal gender is forbidden in China due to widespread abortion of female fetus (17). It is interesting that in some of the above studies, the degree of support from the pregnant woman was dependent on the baby gender. This result was also found in current study (19) In order to interpret this finding we may say that in a patriarchal culture, men possess more powerful tools in society and socially have a more acceptable and suitable status who are considered as the fertile and productive gender in economy and agriculture and afford the household subsistence who survive the generations. Therefore, it is natural that families are fond of male gender. However, interest in female gender was also obvious in this study that was not consistent with other related literature. Regarding different remarks of mothers, this issue can be assigned to educational problems and more freedom of boys that require encounter with risk factors such as drug addiction, unemployment and other male gender related problems.

Consequently, mothers are worried about the taunts and offensive behaviors of their associates, particularly their spouse, about their baby's gender so that thinking about such issues makes them concerned because pregnant women mentioned several observations and experiences to this respect.

Lack of support was another important anxiety-provoking factor in this study so that a brief review of the literature related to maternal mood disorders suggested that social support plays a critical role in psychological health of mothers and is considered a vital feature in maternal and fetal health (20) Many studies have taken disappointment with receiving support as a significant cause of anxiety and stress in pregnant mothers.(21,22,23) Hopecy believed (24)"social support means a selective performance of a person for another person that can be provided by resources such as family, friends and spouse and leads to a positive response in the recipient(25) . There are several types of support including: physical, psychological (care, courtship, and sympathy), verbal, financial and self-evaluative (26) Abdollahpour (20) in his study wrote that there is a specific relationship between social support and times of pregnancies and their complications. In current work, disappointment with receiving support was a frequent finding in creating anxiety. Ting (17) considers the quality of family relationships as a determinant factor of support and unsuitable family relations was regarded as the main cause of pregnancy anxiety due to failure to receive support followed by incidence of maternal mood disorders that affect the sense of worthiness and self-confidence in these mothers. He continues that this finding is definitely consistent with those elicited by other studies concerning the relationship between self-confidence and social support and maternal anxiety. Rafiee (5) in his study "the relationship

between social support and maternal depression and anxiety writes “receiving social support is directly associated with prediction of anxiety and depression during pregnancy”.

Concurrency of pregnancy with social role was another effective anxiety-provoking category in this study that can be interpreted as follows: the pregnant mother simultaneously should be able to suitably take care of the baby and to establish productive emotional interaction and to maintain or forget her spousal, educational, occupational and social roles and this requires suitable time management and planning as well as support and engagement of other family members, specially her spouse. However, the point is that this company is not often present effectively. Therefore, four categories included in this category, i.e. losing job due to pregnancy, inability to perform concurrent responsibilities, limitations and delay in planned schedules, can be evaluated to this respect. Swala et al (8) writes regarding his findings that are rooted in such mental thoughts “the question “can I be a good mother for my baby? is constantly one of the main mental challenges for the pregnant woman so that if she is not assured about it, occurrence of anxiety is definitely predictable. Height et al. (27) write about social causes of pregnancy anxiety: maternal conflict with social role and prior activities is among the most important sources of pregnancy anxiety because the pregnant mother assumes herself weak and unable to ideally look after her baby simultaneous with keeping her job and efficiency. It seems that at this stage, expectations from these mothers become multifaceted that may spoil her identity and efficiency. Hashima et al (11) have provided a detailed account of the conflict between occupation and household economics and its role in occurrence of anxiety. Stevanea (16) explained in his study “parental challenges in the mother originate from her future life; how to take care of other children; and changes in personal and social relationships. Furber et al. (28) point out “fear of being blamed about tackling her maternal responsibilities leads to much anxiety in the pregnant mother. In the study conducted by Salari et al (18) restricted social contacts and limited fun times were among causes of pregnancy stress and anxiety. Considering all situations and conditions, it should be said that pregnancy anxiety for any reason and under any conditions must be taken seriously into account due to its widespread maternal and fetal complications (13). It is obvious that identification of anxiety-provoking factors can play a significant role in timely control and prevention (6). Regarding the results of current work, it seems that providing educational and cultural background to respect the privacy of families about problem solving and decision making; to empower women and promote sexual equality and fight with sexual discrimination; to attract families’ engagement, particularly the husbands, to support pregnant women; and to present the necessary procedures and facilities for mothers in social activities can play an effective role in controlling pregnancy anxiety.

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