LINKÖPING UNIVERSITY
DEPARTMENT OF HEALTH AND SOCIETY
MASTER OF HEALTH AND SOCIETY

MASTER THESIS:
STRESS AND PREGNANCY: THE MOTHER’S PERSPECTIVES. MUKONO DISTRICT, UGANDA

AUTHOR: RITAH AMOLO
SUPERVISOR: PROFESSOR BENGT RICHT

JUNE 2013
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DECLARATION

I Ritah Amolo, hereby declare that the work contained in this thesis is my original work and has not been submitted in any institution of higher learning for any award.
ACKNOWLEDGEMENT

This research was made possible with funding from the Swedish Institute. I am grateful to my Supervisor, Professor Bengt Richt for his advice and patience throughout the entire research process. My sincere thanks to Associate Professor Sam Willner for his continuous encouragement without which it would have been rather cumbersome to complete this research project. To my course mates, I definitely value your advice and good moments which cheered me up throughout the entire masters program.

I am grateful to the staff at the Ministry of Health, Makerere University School of Public Health and Uganda Bureau of Statistics, Uganda who allowed me to access their resource centres. Special thanks to the staff at the Maternal and Child Health Department, Mukono Health Centre who gave me permission to collect data from the pregnant mothers. Utmost gratitude to the pregnant mothers for their time and patience.
DEDICATION

This research is dedicated to the pregnant mothers who participated in the interviews.
ABSTRACT
The issue of maternal health raises overwhelming concern whenever mentioned, this is because of the natural desire to bear children yet every pregnancy is a lifetime risk for the mother. Several factors contribute towards the risk of dying during childbirth, stress is one such factor. The aim of the study is to understand the perspectives of pregnant mothers regarding stress during pregnancy and childbirth. Factors affecting daily life, that is, health facilities, work and income, social support and transport were chosen as the main themes of study. It is my belief that, if stressful circumstances are avoided through these factors, then pregnant mothers will experience better health. A qualitative approach was used. Thirteen in-depth interviews and one focus group discussion were conducted. A grounded theory approach was used to analyze the data.

The findings indicate that mothers are aware of the causes of stress during pregnancy. They mention lack of care from husbands, insensitive nurses and midwives, poverty and unplanned pregnancies. The pregnant mothers mention miscarriage, sickness, death, low birth weight, cesarian birth as some of the effects of stress, though some mothers said they don’t know any effect. Some of the strategies they use to cope with stress are; talking to a friend, counselor, accepting one’s financial situation, listening to music and finding work to do.
CHAPTER ONE

INTRODUCTION

1.1 Background of the study

The study focuses on stress and pregnancy. It aims at establishing situations leading to stress and how the pregnant mothers identify these conditions as well as their response. According to WHO, maternal health refers to the health of women during pregnancy, child birth and within 2 months of after birth or termination of a pregnancy. In a report by UNFPA, WHO and UNICEF in 2010, an estimated 287,000 maternal deaths occurred, a decline of 47% from levels in 1990. The global maternal mortality ratio in 2010 was 210 maternal deaths per 100,000 live births, down from 400 maternal deaths per 100,000 live births in 1990. The same report indicates that developing countries account for 99% of the global maternal deaths, the majority of which are in sub-Saharan Africa and Southern Asia. These two regions accounted for 85% of global burden, with sub-Saharan Africa alone accounting for 56%.

Several factors contribute to poor obstetric, neonatal and early childhood health. Among them are maternal anxiety, depression and prenatal psychological distress. “Across studies, women reporting greater stress and distress exhibit 1.5-3 times greater risk of preterm delivery as compared to their less distressed counterparts” (Christian. 2011: 2). Some studies have attributed pregnancy complications to posttraumatic stress disorder. Research has found early behavioral and emotional problems in offspring to be a result of high levels of maternal anxiety and psychological distress. “The time period prior and during pregnancy is a sensitive development niche for both the mother and her offspring in which the foundation for their individual emotional, behavioral and mental development is laid” (J. Martini, et al. 2010: 309).

Several factors account for the significantly high maternal mortality in sub-Saharan Africa and Uganda in particular. Poor service delivery and harmful sociocultural factors are some of the factors. Several efforts have been made to improve service delivery,
including training of Traditional Birth Attendants, however, a high number of women still continue to die from pregnancy and child birth related complications. Understanding the causes of the complications is one approach that will enable appropriate interventions. Stress is a risk factor that results from a combination of factors. Understanding how the pregnant mothers perceive stress describes how they perceive their socioeconomic circumstances and the impact on their lives. Hence, it is important that during pregnancy efforts are made to minimize stress to ensure better health for both the mother and offspring. Therefore, this study will explore whether pregnant mothers identify stressful situations and how they respond.

1.2 Problem statement

In Uganda, maternal mortality continues at such a high level, current maternal mortality is estimated at 438 maternal deaths per 100,000 live births. Maternal deaths account for 18% of all deaths to women aged 15-49.0 (UBOS. 2012: 239). Several causes account for poor maternal outcome, both direct and indirect. Daily life situations such as the struggle to earn a living are stressful yet associated with adverse health outcomes. “Social determinants of health are defined by WHO as the conditions in which people are born, grow, live, work and age, including the health system; these societal conditions, which often affect health, can be changed by social and health policies and programs” (A. Bermudez, et al. 2011: 1317).

Exploring the concept of stress among pregnant mothers is of great significance since stressful circumstances are part of our daily endeavors. Different societies experience varying degrees of stress with those socioeconomically disadvantaged experiencing the highest degree. The social circumstances influence individual wellbeing, hence, the health of pregnant mothers is greatly affected by the kind of social support available and whether they consider it sufficient. “Many sources of stress are unequally
distributed along socioeconomic and racial lines, so that the poorest nations and individuals within nations are at higher risk of exposure” (Florencia. 2011: 1474.).

The health care system should provide for sensitization on positive health lifestyle during pregnancy. The positive practices when extended beyond the clinical setting yield optimal results for both the mother and offspring. Pregnant mothers in poorer communities need to be supported to overcome the challenges posed by economic hardship. Mothers in these types of societies normally indulge in physically demanding work which results into negative birth outcomes. “Women experiencing significant levels of stress should be identified in the clinical setting so that effective, individualized care may be introduced, including the use of positive coping mechanisms” (Lynn, et al. 2011: 625).

The need to reduce poor birth outcomes has motivated this study, since the perspectives of pregnant mothers regarding stress is one of the most reliable basis for policy formulation to address this problem.

1.3 Justification

The research will add on previous knowledge regarding stress and pregnancy.

The conclusions derived from the study will be utilized to formulate strategies on how best to support pregnant mothers cope with stressful situations. This will in turn contribute to reducing pregnancy complications resulting from stress hence improving maternal and infant health. The study will be useful for study purposes.

1.4 Objective of the study

To understand the perspectives of pregnant mothers regarding stress. This is important to help pregnant women overcome the challenges of stress during pregnancy, hence better maternal outcome.
1.4.1 Research questions

Find out if pregnant mothers are aware of the dangers of stress during pregnancy

Establish whether pregnant mothers identify stressful situations during pregnancy and how they respond.
CHAPTER TWO

PREVIOUS RESEARCH

2.1 Stress and birth outcome

The Longman dictionary of contemporary English defines stress as the continuous feelings of worry about your work or personal life that prevent you from relaxing. Stress arises from negative feelings about one’s life in a situation. The worries and fear during pregnancy stem from several sources including; the outcome of the pregnancy, access to health facilities and wellbeing of the baby. However, stress is not the only factor that leads to preterm birth. Pregnant women who are at high risk of undergoing stress require adequate support regardless of whether the stress will produce negative results or not.

“In most of the Third World countries, with its limited and only slowly spreading modern health services, mortality can be reduced by behavioral changes, however, those changes are not easily achieved as they affect not only mortality levels but the structure of society and all social relations” (Caldwell. 2000: 45). Behaviour change is a gradual process and best occurs when the actual problem is identified and those directly affected are involved in the process. “Studies dating back to the 1960s have linked psychological stress to various reproductive outcomes, including preterm delivery, low birth weight, and congenital malformations, including oral clefts, and neural tube defects. Strong emotional support may diminish the risk of an adverse health outcome caused by stress by suppressing the effects of stress on health” (Suarez, et al. 2003: 612, LA Best Babies. 2004). “Stressful life events, including financial difficulties, job loss, divorce or separation, domestic violence, homelessness, incarceration, and lack of social support have repeatedly been associated with adverse health indicators” (Paula, et al. 2008: 30). The above studies demonstrate that stress leads to poor pregnancy outcome yet the effect can be reduced through behavior change.
2.2 Environment

Stress during pregnancy is influenced by the environment. Environment is compromised of physical, social and economic factors. The physical environment can cause stress to pregnant mothers by influencing mobility. The physical environment determines how easy the pregnant mothers access areas of interest. Poor infrastructural development combined with congestion can result into stress for the pregnant mothers. It is important that a pregnant mother accesses her physical areas with ease. This minimizes fatigue, hence stress, a condition that has adverse outcomes for both the pregnant mother and the unborn baby. Studies have shown that the causes of maternal and infant mortality result from nutritional, environmental and reproductive stress (MoFPED. 2003: 5, Barnes, et al. 2011: 324, Monk. 2013:117). Unaffordable poor quality healthcare coupled with poor hygiene and sanitation further worsen the maternal and infant health problems. The risks increase the biological and social vulnerability of the women and children.

Residents of disadvantaged neighborhoods are more likely to experience difficulty during daily life events. The stressors from neighborhoods arise from several factors such as poor housing, hygiene and sanitation as well as high crime rate. Freda Patterson et al notes that neighborhood factors may affect birth outcomes by influencing maternal health behaviours such as tobacco use (Patterson, et al. 2012:1135). “At the individual level, psychosocial factors may have direct biological effects on birth outcomes via neuroendocrine, immune and vascular mechanisms that influence the timing of delivery and secondarily through susceptibility of infection and hypertensive disorders” (Petra, et al. 2008: 102).

In a qualitative study among forty immigrants and ten native Dutch women in Netherlands, the socio-economically deprived women talked about extensive problems with income, housing, residence permits, childrearing, war trauma, homesickness, chronic ill health and relationship problems with the fathers of their children and family
members. The women were often not fully aware of physical changes and signs of pregnancy related morbidity and blamed it on non pregnancy related stress (Marina, et al. 2011. Pp. 147).

2.3 Work and income

One major explanation for the continuous high maternal mortality in sub-Saharan Africa is poverty. Some households experience absolute poverty whereby they are unable to even afford the basic needs of life. It is a common occurrence in slum areas for families to have one meal a day. This is because these areas are characterized by people with low or no education at all implying that the majority are unemployed or have odd jobs that are poorly paid. Poor overcrowded housing with poor sanitation is a major challenge in these areas. It is inevitable that pregnant mothers from these areas will experience social and economic challenges, hence, stress. “Factors such as low socioeconomic status may exacerbate stress during pregnancy” (Julianne, et al. 2012: 20). Most of the daily life challenges can be overcome though not completely, with financial resources. The social challenges such as having a bad neighborhood seem to emanate from lack of financial resources, for instance, to settle in a well organized environment with decent housing, hence good neighborhood depends on one’s income.

In a study on risk of prematurity, low birth weight and pre-enclampsia in relation to working hours and physical activities, it was established that physical activities at work might impact adversely on outcomes of pregnancy such as preterm delivery and low birth weight. Poor working conditions such as long working hours, prolonged standing, heavy lifting or unusual workload can all cause problems to the pregnant worker (Matteo, et al. 2007: 228-239). A case control study reported that a stressful home environment as well as stressful work during pregnancy had an association with preeclampsia when adjusted for age, parity, educational status, occupation, family history of hypertension and weight (Chrishantha, et al. 2010: 437).
In absence of adequate financial resources for each individual, behavioral change should be an important point of focus. This is because behavioral change leads individuals to adopt positive healthy lifestyles despite the socioeconomic challenges. Positive stress coping strategies such as moderate physical activity should be promoted. “During pregnancy, regular exercise improves or maintains cardiovascular fitness, helps manage pregnancy related musculoskeletal issues, improves sleep, positively impacts mental health as well as reduces the risk of two serious maternal – fetal conditions; gestational diabetes and pre-enclampsia” (Gaston. 2012: 1). The campaigns should design messages tailored for the different population categories. Certain types of messages are only applicable under certain circumstances; some population groups may feel stigmatized or flattered by the messages if they are not carefully thought out. The various socioeconomic challenges should be put into consideration when designing interventions.

Low socioeconomic status is associated with less control over work and access to services. Programs ought to be developed in communities of low status to get better outcomes of pregnancy. “Because prematurity and low birth weight are more common in women who are black, poor, undernourished and undereducated, factors such as stress and depression have been used to explain the differences in pregnancy outcome between black and white women” (Rachel, et al. 1996:1286). However, there are other factors that cause stress regardless of the social status. Christian in her study on Immune pathways linking stress with maternal health, adverse birth outcomes, and fetal development notes that, the exact effects and magnitude of relationships between particular measures and birth outcomes is not yet clear, however, these relationships remain after accounting for traditional behavioral risk factors, suggesting a role for more direct physiological links between stress and preterm birth (Christian. 2011: 3).

Identification of risk factors especially the modifiable ones for maternal complications are important for management of maternal complications.
Another case control study revealed a higher increase in risk for preeclampsia for women employed in high stress jobs and a lower increase in risk for low stress jobs compared with non working women after adjusting for confounding factors. Women exposed to high job strain were observed to be more likely to develop preeclampsia than those exposed to low job strain. A prospective cohort study showed that gestational hypertension was associated with low decision latitude and low job complexity among women with lower status jobs. (Chrishantha, et al. 2010: 437).

“Exposure to specific environmental insults during pregnancy can affect birth weight” (Barnes, et al. 2011: 326). Continually ignoring pregnant mothers by not providing special care only stagnates the maternal health problems, respecting and treating pregnant mothers with the desired care and attention is key, though maintaining the professional ethics is important.

### 2.4 Perception of pregnancy

Yu., et al notes that during pregnancy, women experience considerable social, physical and hormonal fluctuations that can result in struggles to manage mood. The unique difference in conceptualization of the “current pregnancy” has a potential to result in a mismatch about how pregnancy is viewed. A misunderstanding of partner behaviors or motives can increase when the same concept is causing stress for different reasons (Yu., et al. 2011: 1775).

Attitude towards current pregnancy is an important factor regarding behaviour and coping mechanisms towards the various life challenges. “A woman’s attitude toward her pregnancy is likely to affect her behaviour, some disadvantaged social and demographic subgroups of women are less likely to engage in beneficial behaviours during pregnancy” (Kost, et al. 1998: 79). Proper planning for the pregnancy ensures a positive mental attitude which has consequences for adaptation lifestyles. Unreadiness
to handle pregnancy financially and emotionally has associated negative consequences, for instance, the unready pregnant mother may resort to drinking alcohol to mitigate emotional challenges caused by the unwanted pregnancy. An unmarried pregnant mother with an unwanted pregnancy is likely to even suffer more challenges financially and emotionally due to lack of partner support. In a prospective cohort study of pregnant women in Durham, North Carolina by Pamela, et al., the group of women with unwanted pregnancies was found to have a risky profile, experiencing high levels of depression, perceived stress and negative paternal support along with low levels of self efficacy and support, both general and paternal (Pamela, Miranda. 2011: 1220).

2.5 Health services

The care and support of midwives is key to the health of pregnant women. The pregnant women entrust their lives to these personnel, hence, any form of mistreatment or lack of trust leads to stress. In some societies, pregnant women are expected to be courageous, hence not expected to seek as much support as this is viewed as laziness, this has extended to some health facilities especially in less developed countries where midwives intentionally neglect or are rude to pregnant women under the pretext of not promoting laziness. This is one of the reasons why some pregnant women do not go for antenatal visits. Since every life is necessary, it is important that pregnant women are offered the best support possible from every stakeholder to obtain better pregnancy outcomes.

“In a qualitative study in Northern Greece on mother’s experience of pregnancy, labour and childbirth, the creation of programs that promote pregnant women’s physical and psychological wellbeing was considered important, the participants also describe their need for psychological support by the personnel” (Sapountzi, et al. 2011. Pp.587). It is important that health care professionals exhibit humane behaviour. Gonzalez., et al explains the role of the Public Health Nurses. They argue that the medical model alone cannot address psychosocial factors; clinical expertise must combine with professional
mental health care as well as social assistance of women with multiple problems. The Public Health Nurse has a very important role in the alleviation of depression and the processing of grief, thus decreasing the risk of poor birth outcomes. Public Health Nurses should focus on the alleviation of financial crises, removal of barriers to prenatal care, depression, processing of grief and substance use especially alcohol and other substances. Those interventions that provide support, empower the client, teach how to access the system, and encourage early and continuous prenatal care are necessary (Gonzalez, et al. 1998. Pp.416).

In many maternity care settings, women have little control or companionship. The results of a lack of choice are dissatisfaction, anger, guilt and disappointment. Having social support during labour has in the absence of emergencies been shown by Cochrane Collaboration research evidence to have a huge impact on the outcome of normal birth for both the woman and infant. Social support means paying attention to a woman's wishes, feelings of well being, need for information and her choices.

Most maternity care settings do not provide psychosocial support apart from the routine medical checkups. “Freedom from violence and humane treatment, including the offer of means of comfort and pain relief, continuity of care and privacy should not be considered a privilege, restricted to those in the private sector, but part of minimum standards of quality and safety in all women’s health care” (Diniz, et al. 2012:98).

Establishing the helping support systems for the pregnant women can only be practical if the causes of stress are identified. Understanding the perspectives of the pregnant mothers is primary in finding out the causes of stress. It then becomes easier to establish what kinds of support mechanisms are needed and how they will be effected. Therefore, this study aimed at understanding how pregnant mothers perceive stress, what they consider to be the causes of stress since this determines the coping strategies and whether they consider stress to be dangerous to their health and that of the unborn baby.
CHAPTER THREE

METHODOLOGY

3.1 Site and Sampling

With the help of a midwife, thirteen Interviewees for indepth interviews and nine participants for the focus group discussion were selected by purposive sampling from Mukono District Health Centre IV, Mukono district, Uganda. Mukono district lies in the central region of Uganda. The town is situated 21 kilometres East of Kampala city, the capital of Uganda. Mukono town serves as an administrative and commercial centre. Mukono’s population according to the 2002 Uganda Population and Housing Census was 795, 393 persons making it the 4th most populated district in Uganda.

“Purposive sampling aims to select information - rich cases for in-depth study to examine meanings, interpretations, processes and theory” (Douglas, et al. 1999: 43-48). Purposive sampling can greatly be affected by selection bias though it allows selecting participants that will enrich the data.

3.2 Data collection

Data collection was qualitative. “Qualitative methods provide insight into how people make sense of their experiences that cannot be easily provided by other methods” (Douglas, et al. 1999: 2). The qualitative approach has the advantage of eliciting more detailed information from the sample at a cheaper cost; however, the information obtained cannot be generalized beyond this particular sample. Interviews were conducted: In-depth interviews and a focus group discussion. In depth interviews enable individuals to provide detailed information about what they think, feel and what they remember. “A focus group interview is a qualitative method with the primary aim of describing and understanding perceptions, interpretations and beliefs of a select population to gain understanding of a particular issue from the perspective of the group’s participants” (Douglas, et al. 1999: 72). Nine participants took part in the focus
group discussion. A focus group discussion allows obtaining detailed information from the perspective of the group and can trigger shy individuals to also participate in the interviews and reveal issues that would be difficult to reveal if they were alone. The initial plan was to interview the pregnant mothers along with their partners, but information from the pregnant mothers revealed that their partners will only provide positive responses, hence, the partners were eliminated from the study. This explains why only one focus group discussion was conducted. The focus group was held in the middle of the individual interviews to allow further clarification on issues raised during individual interviews but also to allow issues to be followed up during the subsequent individual interviews. A semi structured open ended interview guide was used. A semi structured interview is flexible, hence, allows for following up on sensitive issues, though open-ended questions can be quite cumbersome to analyze. For instance, questions asked women to define what the word “stress” meant to them, what they considered to be the causes and effects of stress and how they cope. Pretest interviews were carried out to help improve the interview guide. The order of questioning varied but the same key questions were asked to all participants. The only variation occurred during further probing since the responses were different. A different person proof read the translated questionnaire as well as transcribing the interviews to clarify variations due to language differences.

Data was digital recorded as well as taking notes. Digital recording enables every detail to be recorded, while taking notes allows interviewees to provide more information, including sensitive answers. The data was then transcribed word for word. Though conducted in the local language, transcription was done in English to minimize time and costs involved in translation.

Since the study aimed at understanding perspectives of pregnant mothers, the qualitative approach was the best method of data collection. The openness allows the participants to give as much detail as possible, but also enables the researcher to alternate between data collection and analysis, hence ensuring the most pertinent
issues are included. The major challenge was maintaining the rigor between data collection and analysis but this was overcome by continuous perseverance. The study was based on a small sample, therefore cannot be generalized, however the purpose of this study was to generate findings for this particular group. The recommendations generated can however be utilized to devise strategies that benefit pregnant mothers of similar socioeconomic status. Participants were of low socioeconomic status mostly in informal employment, the views of mothers in other socioeconomic groups such as those in paid employment are not represented.

3.3 Analysis

A grounded theory approach was used to analyze the data. “Grounded theory is a method of qualitative inquiry in which data collection and analysis reciprocally inform and shape each other through an emergent iterative process, the logic of grounded theory involves fragmenting empirical data through coding and working with resultant codes to construct categories that fit these data and offer a conceptual analysis of them” (Norman, et al. 2000: 510). The nature of the grounded theory approach allows gathering rich data from the experiences of individuals, however it may be difficult to control researcher - induced bias. Line by line coding was employed and common themes were identified. “Line by line coding helps us to remain attuned to our subjects’ views and worlds” (Norman, et al. 2000: 515). The grounded theory approach was thought to be the best method of analysis for this study because alternating between data collection and analysis allows for clarification of pertinent issues that arise during analysis. Though the grounded theory approach was employed, given the time and cost limitations of this study, data collection was not thorough enough, hence, conclusions drawn cannot be considered grounded theory proper.

The data was revisited several times in order to sort out the common emerging categories. “We revisit our ideas and, perhaps, our data and recreate them in new form in an evolving process, we should interact with our data and pose questions to them while coding them” (Norman, et al. 2000: 515). Through repeated reading and coding
of the transcript, the common emerging categories were developed into themes. Themes were organized and described depending on how stressors related and overlapped in women’s experiences. Analyses were performed continuously and iteratively with interviews. During analysis, similar responses were identified as they emerged and these emerging findings were used to present more focused questions in subsequent interviews.

“Evaluating stress during pregnancy raises additional methodological issues including confounds introduced by medical or social risk factors that may covary with psychological stress” (Dipietro, et al. 2004: 189-190). The effects of stress mentioned by the pregnant mothers can not only be attributed to stress. There are many other significant factors that contribute to poor pregnancy outcomes, however, understanding the perspectives of pregnant mothers regarding stress is one important step to designing relevant interventions, hence, improving maternal health.

3.4 Ethical considerations

Approval of the study was sought from the Principal Medical Officer, Mukono Municipality, Mukono district, Uganda. Eligible participants were informed about the purpose of the study, that their participation is entirely voluntary, and how confidentiality will be ensured and oral consent was sought before they agreed to participate in the study.
CHAPTER FOUR

FINDINGS

This chapter presents the findings.

4.1 Stress

The interviewees were asked what they understood by the word “stress”. Several definitions emerged. From the interviews, stress is anything that causes discomfort. Discomfort can result from simple daily situations to complex challenges. The magnitude of the discomfort is determined by one’s perception of their circumstances as well as the socioeconomic status. There were mixed views regarding stress during pregnancy. Some interviewees mentioned that they do not experience stress during pregnancy. According to the responses, whether one will experience stressful circumstances or not depends on the treatment at home. Environmental factors also contribute to situations that can cause stress to pregnant mothers in various ways, such as neighbors who cause discomfort by being uncooperative. All the definitions referred to something that causes discomfort, for instance,

According to Interviewee 1 (separated, unemployed), stress is “having things that take away your comfort, having problems that take away your freedom or when the husband is mistreating you”. While Interviewee 2 (married, unemployed) said “I think it is thinking about something that makes your brain feel tired, thinking about things that makes one tired also causes stress”. Participant 6 in FGD 1 said stress is “having thoughts I think, I think it is the bad thoughts that may have been caused by someone that can affect one’s life, that is how I understand stress”.

“A well balanced equilibrium between the endocrine and immune systems is essential to pregnancy maintenance, and both are susceptible to stress- triggered dysregulation” (Petra, et al. 2008: 102, 111). Any form of discomfort is likely to have adverse consequences for the pregnant mother.
4.2 Causes

4.2.1 Mistreatment by the partner

Mistreatment in this particular case referred to any form of unkind treatment. Mistreatment by the partner varies for different individuals. The pregnant mothers described some examples of mistreatments such as; failure to provide for the family, verbal abuse, infidelity and physical violence. They said these kind of mistreatments have far reaching effects and can lead to labour complications at the time of delivery. Dissatisfaction of partner support was expressed by many mothers during the interviews.

According to the interviewees, some partners intentionally refuse to support their wives while others are not able to adequately support their wives due to financial constraints. Some mothers said the partners sometimes do not know what kind of support is required.

Partner support plays a significant role as justified by the interviewees’ responses. Interviewees were asked what makes pregnant women feel stressed and they had this to say

Interviewee 1 (separated, unemployed) said “being beaten by the husband, may be even sickness, for instance if I test HIV positive yet I am pregnant”. “I think what causes stress to pregnant women in most cases is the care given at home, I think the conditions at home, the feeding habits, in other words the way she is treated at home, sometimes is not good, misunderstandings with their husbands, sometimes the husband may abandon her and marry another one”, Interviewee 2 (married, unemployed). According to participant 7 in FGD 1, what makes pregnant women stressed is “having a husband who is quarrelsome”. Interviewee 3 (married, employed) noted that “Sometimes the husbands do not care or when yourself you are in a bad situation whereby you have a lot to worry about when you don’t get what you want”.

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Interviewee 5 (married, unemployed) added that “Sometimes their husbands do not provide the necessary support”.

Some pregnant mothers in the focus group mentioned that they would not like their husbands to accompany them to the labour ward due to the verbal insults that these husbands may direct to their wives. The interviewees claim that, the husbands because of their insensitive nature can not even sympathize during labour.

“I don’t want to come to the hospital and my husband is also giving me orders when I am feeling pain. He can tell you not to make noise yet the pain is too much for me to stand. For this reason therefore, I don’t want to combine stress from my husband and that from the nurses who direct you during and after delivery to engage in difficult activities like cleaning the floor if blood spilled yet you are in pain. Some even slap you if you do not obey their instructions. This combined mistreatment is stressful to a woman in labour. For the above reasons therefore, the women prefer visiting the hospital alone so that they only get stress from the nurses”, participant 5 in FGD 1. When I probed further how the husband gives orders at the hospital, she said, “Since men have never experienced labour pain, they do not know how the pain is, they don’t know what the pain can cause you to say or do while in the labour ward. But when I am alone, I feel my pain alone and make noise the way I want”.

The interviewees added that it is important for the partners to show love and care no matter what challenges they may be experiencing whether emotional or financial. The pregnant mothers consider attention from their partners very vital during pregnancy and it influences the outcome.

“We really need our husbands it does not necessarily mean they should go to the labour ward but just show care and love. But not being a family whereby you feel the pregnancy belongs to you alone, you are like as if you committed a crime to get
pregnant, even when you desire to have something small he can not provide. When you
tell him about the hospital requirements, he tells you he does not have money, yet even
if there is no much money you can buy the less expensive things. When your husband
shows love and care at home you feel you have energy even on the day of delivery”,
participant 4 in FGD 1.

Some interviewees mentioned that some partners have a tendency of abandoning their
wives during pregnancy in addition to not providing support. This does not only cause
emotional stress to the pregnant mother but places on her a burden of supporting the
family financially. All these situations cause discomfort and can result into negative
consequences for the mother and baby. For instance,

When asked about feeding her family, Interviewee 1(separated, unemployed) said “we
eat whatever we can find, I worked hard with my husband when we had only one child,
we built a house but when I got this pregnancy, he chased me out of the house and
married another woman, he does not even provide any support, so I went to stay with
my sister. If we do not get anything to eat, we take tea and sleep yet my husband has
money but he does not provide any support”.

Physical violence by partners was not mentioned by many interviewees. However those
who talked about it expressed severity of the problem. The causes of physical abuse
are usually related to finances and infidelity, in some cases the partners do not provide
adequately for the home yet they expect the best. For instance, when asked what
makes pregnant women feel stressed;

Interviewee 13 (married, unemployed) said “personally for me my husband does not
stress me but I saw this with my sister. She is always stressed when her husband
comes back drank and also things like food he cant leave at home, she cant work she is
at home always sick, she is always stressed and sickly, he fights”. When I further
probed about the cause for fighting she said “I don’t know what exactly but what I used to see is, the guy comes back first of all when he leaves in the morning there is no money at home for food and when he comes back he wants food and food is not there then they started fighting, on top of that he wanted my sister to work but my sister couldn’t work, she is sick and the baby was already crawling and she was so heavy so things were hard for her”.

Participant 2 in FGD 1 said, “when I am not pregnant my husband cares but after getting pregnant, he can tell you I will beat you till you give birth, it should be a legal requirement for men whose wives are pregnant to go to the health centre and be sensitized how pregnant women should be treated and they should be followed up for the subsequent pregnancies perhaps then they can learn how to treat pregnant women”.

4.2.2 Unmanageable family size

A manageable family size varies for different individuals. When asked how big a manageable family size can be, the interviewees said it depends on what one is able to provide for financially. According to the interviewees, inability to negotiate for family planning is one reason that leads to women giving birth to children that they are not able to look after financially.

During the interviews, some pregnant mothers expressed that they would love to control their births but are not able to. They said some husbands can chase one away from home if she does not want to get pregnant. They argued that perhaps increasing the literacy level of girls can improve the situation because highly educated women tend to give birth to fewer children. This has implications for the psychosocial wellbeing and attitude towards pregnancy of both partners. The concept of family planning is still complicated for women with low socioeconomic status.

According to Interviewee 2 (married, unemployed),
In most cases the poor give birth to more children because they are married though they are poor. They can try to work but still have low income. Moreover the poor give birth to more children because they may just be farmers, their only happiness is the marriage they do not have much to think about because working women do not give birth to many children, for instance she will give birth to one child then wait till after 6 years when she is busy with her work, family planning needs having work to do but those who do not work find it difficult to control giving birth because you can tell someone to control the number of births but you will find those who cannot manage family planning, for instance, some say they have tried but have failed especially those who work hard like the ones who dig to earn income they complain of side effects like backache, yet sometimes they do not eat a balanced diet, for instance they will eat potatoes without any sauce with dry tea.

According to interviewee 9 (Unmarried, unemployed), “Sometimes you may be pregnant but when the man responsible is not around and you don’t know his whereabouts in that you get worried about what you are going to do, how you will deliver, another thing is testing HIV positive”.

The factors that prevent couples from limiting the number of children are diverse. The sociocultural pressure placed on women is one reason, but also the low status of women does not allow them to negotiate for desired pregnancies. In some cultures, children are viewed as a source of wealth and labor; hence the more children one has the wealthier. Also in some societies, there is sex preference especially for boys since they are regarded as a symbol of continuity for the clan, hence a woman who gives birth to girls will continually be under pressure to give birth to a boy child. Unplanned pregnancies coupled with high parity have associated emotional consequences and it’s a common phenomenon that people with low socioeconomic status give birth to more children.
4.2.3 Work during pregnancy

Work in this context referred to any activity that generates income but also included the household chores because of the impact that these can have on the pregnant mother. The pregnant mothers associated work with positive benefits. Some of the benefits they talked about include; reducing on the thoughts, improving the health of the mother and the unborn baby and rising income to support the family. Moderate work during pregnancy helps one to keep physically fit, however, they caution against engaging in dangerous work like lifting heavy loads, standing for long hours.

For instance, when interviewees were asked what they think about work during pregnancy, the following responses emerged.

Participant 3 in FGD 1 said “it is not bad to work while pregnant because too much inactivity can lead to sickness, it depends on what kind of work you are doing”. Participant 5 in FGD 1 said “It even makes the unborn baby weak when you don’t do any work, some kind of activity like walking is good for the unborn baby”. Interviewee 9 (Unmarried, unemployed) said “when you are not working you have more thoughts than the one who has work to do but when you are working you have little time to think but when you are not working you think a lot of things”.

The pregnant mothers encouraged doing housework as one way of keeping active and avoid bad thoughts, however, some noted that there is nothing they can do to avoid the household chores even if it was too much work. This is because of the traditional belief that women are responsible for the housework while men should work outside the home to provide for the family. The interviewees added that it is even worse for single mothers or working mothers who work outside the home to supplement the household income, who in addition to employment have to fulfill the household responsibilities. The pregnant mothers did not mention much about the negatives associated with work during pregnancy.
Participant 7 in FGD 1 said, “doing work at home is good but not carry heavy loads, doing work at home helps you to keep strong but not carry heavy loads when you get pregnant, no one is going to do your housework because you are not going to call the neighbor to come and do for you the housework”. Participant 8 in FGD 1 said, “you have to look after your family even when you are not feeling well because the husband cannot do the housework or stop working to do the household chores it is not possible”.

“I don’t feel bad I stay with my boyfriend and his two brothers, I don’t feel bad I feel happy when I see them around but the only thing is that, sometimes I need them like to help also with things like fetching water because we have to go and get water from a distance”, Interviewee 7 (Married, husband is a technician, lady is a student).

Interviewee 3 (married, employed) said, “I have not encountered so many challenges because I am working and even when my husband is not around I can still support the family”.

Traditionally mothers have always been the caretakers of the home and husbands are breadwinners. With economic growth and raising standard of living with associated costs, it has become unavoidable for the mother to work to supplement the husband’s income. This change has however, not changed her role as the caretaker of the children and other domestic matters. This places a heavy burden on women who in addition to taking care of the home also work outside the home to increase earnings. During pregnancy, the situation does not change, in some cases some women who experience difficult pregnancies abandon work and stay home but this only worsens their income situation, therefore, the pregnant mother is stressed when working outside the home due to a heavy burden of work and is also stressed when not working due to income challenges.
4.2.4 Income

Different people raise income in different ways. The pregnant mothers said they need the financial resources to meet the daily needs and prepare for the unborn baby. They added that, it can be frustrating when one fails to raise the required finances to afford the needs of life and buy the requirements for delivery.

The pregnant mothers mentioned that it is sometimes difficult to avoid stress from financial constraints. The interviewees were asked how income causes stress to a pregnant mother, some of the responses were as follows;

If I work and my boss does not pay me that makes me worried, I feel bad after working hard then at the end I am not paid. You can’t avoid stress from income because there is no business that you can operate and you are always making good profits, even if you have run the business for let us say three years there comes a time when you make losses. Some of us worry about not making profits in our businesses. If you are not staying with your husband and you have to provide everything for yourself and yet you are not working then you have to get worried for instance, about buying the requirements, when you get any job even if it is little pay then you go and work and save, since you are now the husband and wife and you have to prepare for delivery but then all that causes stress, participant 1 in FGD 1.

4.2.5 Impolite nurses and midwives

Examples of impoliteness mentioned by the interviewees included; bullying and teasing, insults, shouting, refusal to pay attention. The pregnant mothers mentioned that at public hospitals it is common for the nurses and midwives to treat the pregnant mothers with no sympathy. The nurses and midwives do not care about the worries, fears and pain even during labour. The pregnant mothers have a lot of hope when they
come to the health centre, but when they are resented by the nurses, it creates anger and the pregnant mothers may withdraw instead. The pregnant mothers suggested that nurses and midwives be counseled and reminded of their duties and responsibilities as well as professional ethics and conduct.

Participant 3 in FGD 1 said “the nurses need to be counseled and tell them to stop shouting at us it seems they don’t pay them. The nurses are not paid that is why they shout at us. Even if they are not paid they need to handle the clients with care they should not transfer their problems to others”. Interviewee 13 (married, both unemployed) noted that “The nurses need to give extra care to the pregnant mothers, when you come to the hospital and get good care even when you are very sick you get hope since you are in the hands of the medical personnel but when you get to hospital and the nurses do not respond fast you get worried, but when they care, they need to respond as fast as possible to the clients. Sometimes the pregnant mother comes when she is feeling pain, she should get a nurse to help as fast as possible. When the nurse touches you you get hope”.

“The nurses need to be counseled they makes us get tired. I come from home when I didn’t have supper or even breakfast hoping to get some relief from the nurse for the many thoughts that I have, yet when you arrive she just adds on more worries. You come early at 7:00 am and when you go inside the nurse asks for a “tip” as if you came to work, yet you are even hungry”, interviewee 11 (separated, employed).

A number of factors combine to cause stress to the pregnant mother at the health facility. The leading factor is the attitude and care of the nurses and midwives. The attitude of these medical personnel determines how they respond to the concerns of the pregnant mother.

Withholding information is one result of fear to be embarrassed by the nurses. Negligent and rude treatment of pregnant mothers happens mostly at public hospitals.
that are attended by individuals from poor socioeconomic background. Not to treat this category of pregnant women with desired care only increases their stress levels since they are already burdened by other life's challenges such as shortage of enough finances to meet their daily needs. One probable reason that explains medical personnel's negative attitude at public hospitals is poor and delayed remuneration. This implies that the personnel are already stressed by their own life's challenges that in turn cause them to violate their work ethics.

4.2.6 Long queues

The pregnant mothers interviewed mentioned that there is a high number of clients but the queues are not followed. The pregnant mothers wait for long hours sometimes under sunshine because of poor infrastructure, for instance, at the health centre where the interviews were conducted, the waiting area is a verandah of the antenatal department with a few benches. Some pregnant mothers have to stand when these benches are filled up. The pregnant mothers also added that, they have to stay hungry for long hours which has an effect on their health and the health of the baby.

Those who have some money give “tips” to the nurses so that they can jump the queue. This causes anger to the already tired pregnant mothers by nature of their condition. There is definitely stress due to the long waiting hours and moving from one office to another. It is a general problem for all patients, but it is even more risky for the pregnant mothers who in addition to travelling long distances have to spend a whole day at the health facility. Fatigue and anxiety lead to poor pregnancy outcomes.

The interviewees had this to say about the long queues,

They said those who come later and leave earlier came with their husbands, some of us our husbands cannot come may be if they could first go to work so that they serve those who came earlier. There is supposed to be a queue but today it was not followed they don’t like that. Today we were among the first people to come, yet there are those who have already left, yet for us we are still
here, we came very early at 7:00 am even the nurses found us here, even that one also makes us tired we feel bad. We have been seated under sunshine. When you feel hungry it means the baby is also hungry. You feel hungry, you even feel nusea, you feel dizzy, participant 1 in FGD 1.

4.2.7 Poor sanitation and hygiene

Poor sanitation and hygiene at health facilities creates worries for the pregnant mothers. This includes dirty filled up pit latrines, dirty wards and beddings. Lack of piped water or other convenient water sources further worsens the problem. The interviewees noted that hospital staff are negligent about the health of the patients. Some pregnant mothers said that when coming to the health centre, they worry about the poor hygiene. Lack of requirements such as cotton wool, gloves and disinfectants is a major problem since most of the pregnant mothers from low socioeconomic backgrounds lack money to purchase these requirements, yet the hospital cannot provide. Their fears included acquiring infections which are dangerous for them and their unborn babies. Some mentioned that they have to hold urine for long hours when they visit the health centre because of fear to expose themselves to infections.

“There are few beds, sanitation should be maintained”, interviewee 8 (married, both unemployed).

Some pregnant women mentioned that they do not encounter any problems at the health centre, yet others said it is difficult to avoid stress at the health centre.

Interviewee 6 (married, husband is a builder, lady is a tailor) said “I usually don’t find any challenge it is only today that I encountered a problem and I even told the nurses my legs are swollen, so I was advised that my blood or urine be tested but when I went to the laboratory attendant he was rude to me and told me to go back, saying that the laboratory request was not for today but I showed him the date of today I went back to the nurse who sent me and she had to write for me a note, so when I went back with the note that is when the laboratory attendant took off my blood”.

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4.2.8 Transport
Lack of money for transport is a problem for mothers from economically disadvantaged households. The pregnant mothers interviewed did not express major challenges on the issue of transport. The major challenge for the pregnant mothers is getting the money for transport but not the bad roads. Some suggested solutions to the problem of transport include; extending health centres nearer to the people.

When asked what challenges she encounters when she wants to access health facilities; Interviewee 12 (married, husband is a builder, she is a local actor/singer) said “sometimes they can tell you to come back to the hospital on a certain date yet the date reaches when you don’t have transport, that is what I call a bad situation sometimes you may desire to eat something but when you cant afford it”. She went ahead to say “some travel long distances when there are no nearby health centres yet they have no money for transport to the hospital”.

“I don’t get any stress”, interviewee 4 (teenager, unmarried, unemployed). “We get worried when you don’t have money for transport then you can not come to hospital. You worry about where you will get the money for transport from. You also need extra money when coming to hospital, for instance the nurses ask for a tip though it is not obligatory. When you have some money the nurses treat you in a special way. When you don’t have money you have to sit and follow the queue”, participant 6 in FGD 1.

4.3 Effects
4.3.1 Sickness
The interviewees knew some of the effects of stress to a pregnant woman though some said they did not know. The interviewees noted that stress during pregnancy can cause sickness. They talked of illnesses such as high blood pressure. The interviewees
however did not know exactly how the sickness impacts on the health of the pregnant mother and the unborn baby.

“You may experience difficulties such as high blood pressure, they say when you are pregnant you should not worry a lot, you may get sick and experience difficult situations as a result of over thinking”, interviewee 9 (Unmarried, unemployed). When asked how stress affects the unborn baby, she said, “I don’t know”.

According to participant 9 in FGD 1, “You feel bad about it, sometimes it can cause sickness. Stress can cause miscarriage. You can fail to eat resulting into sickness. For instance, we came very early in the morning, we are now thinking about how we are hungry, feeling bad I cant even understand”.

Knowing the effects of stress to a pregnant woman influences the pregnant mothers to adopt lifestyles that will ensure positive living, hence improved health for both the mother and the baby.

4.3.2 Miscarriage
Another effect of stress that was mentioned by the interviewees is miscarriage. When one worries a lot, the stress can trigger off a miscarriage. The pregnant mothers knew that stress can cause a miscarriage though they did not know exactly how.

Interviewee 8 (married, both unemployed) noted that “to some it causes miscarriage when they worry a lot, I had a friend she was pregnant but the boyfriend disappeared, she used to worry a lot after a short time she got a miscarriage, the medical diagnosis indicated stress could have caused the miscarriage and you could see that she is worried, she even lost weight”.

Interviewee 7 (married, husband is a technician, lady is a student) stated that “the serious effect of stress in pregnant women is miscarriage, that is what I know,
sometimes it makes them produce babies that are not as active and happy as other babies”.

The American college of Obstetricians and Gynecologists defines miscarriage as the spontaneous end of a pregnancy at a stage where the embryo or fetus is incapable of surviving independently.

Epidemiological studies in humans indicate that the onset of a miscarriage may be attributable to high levels of perceived stress. The effects of stress may be interactive or may modify other effects. Miscarriage in humans is not a single entity event, but the result of complex interdependencies between demographic, anamnestic, physiological and psychological risk factors (Petra, et al. 2008: 102, 111).

4.3.3 Low birth weight

The interviewees noted that stress during pregnancy affects the unborn baby. They argued that when one worries a lot, the fetus does not develop at the desired rate and it can even result into delivery before the right time.

According to Interviewee 12 (married, husband is a builder, she is a local actor/singer), “it can result to giving birth to an underweight baby, for instance, a baby who would have weighed 5kgs because of worrying a lot ends up having 2kgs”.

According to WHO, low birth weight is defined as less than 2500g (up to and including 2499g). Poor nutritional intake by the mother as a result of stress affects the growth of the baby. “A child’s birth weight or size at birth is an indicator of the child’s vulnerability to the risk of childhood illnesses and the child’s survival” (UBOS. 2012: 123).
4.3.4 Ceasarian birth
Interviewees also mentioned that stress can cause a pregnant mother to experience complications during labour resulting into giving birth by ceasarian. Caesarian birth is known to cause negative health consequences later in life. When asked about the problem with giving birth by ceasarian,

Interviewee 13 (married, both unemployed) said “it can cause a miscarriage, it can cause premature birth, it can cause having unnecessary ceasarian birth”.
When asked what makes her get worried about being operated, interviewee 10 (married, husband is a peasant farmer) said “There is a lot of pain from the operation”.
“It is scaring even me I am worried you might die as a result of the operation sometimes they might not operate you well I have ever seen someone who was operated but it seems she was not stitched properly, so when she coughed the stitches got loose and they had to stitch her again that was so painful”, participant 5 in FGD 1.

Ceasarian birth as defined by the American college of Obstetricians and Gynecologists refers to the delivery of a baby through incisions made in the mother’s abdomen and uterus.

4.4 Copying strategies
It was important to establish how the pregnant mothers cope with the stress from the various sources. The key response on how to cope with stress, was to avoid worries. The pregnant mothers advised women in their category to avoid worries in all possible ways. The interviews called for sensitization of the males on how to treat pregnant mothers.

Pregnant mothers cope with stress in various ways, but most of them said the simplest way to avoid stress is to keep away from bad thoughts. Some pregnant mothers
mentioned that it is sometimes difficult to avoid stress as one may have little control of certain situations.

According to interviewee 5 (married, unemployed), pregnant women can cope with stress by, “not thinking a lot”. When asked what she does to avoid stress, she said “nothing”.

When pregnant mothers are subjected to emotional abuse by their husbands during pregnancy, they are likely to experience a sense of helplessness because the husband occupies an important position.

Interviewee 6 (married, husband is a builder, lady is a tailor) had this to say regarding how pregnant mothers can cope with stress, “Recently the nurses taught us not to worry about certain things, for instance, when the husband annoys you at home, to just ignore him so that you may have peace”. When asked about how other people can help, she said “Anyone can help me if they are willing because no one can take away the stress”.

The pregnant mothers argued that the only way to avoid stress from financial constraints is to accept one’s situation instead of worrying about things that they are not able to afford. At individual level, the ability to cope with the various stress and anxiety from the various stressors determines ones wellbeing. The interviewees were asked how they cope with stress from the income challenges. The pregnant mothers said they find themselves trapped in situations whereby there have nothing to do about certain stressors, this can be quite dangerous for their health and the unborn baby.

When I asked her what a pregnant woman can do about the financial constraints at home, interviewee 2 (married, unemployed) said “there are things you choose to ignore and get used to the conditions and know that we are a poor family. A pregnant woman
may have a lot of desires, but when you realize there is no money you may desire but well knowing that you will not have it because you do not have the money to buy it”.

When asked how they overcome the financial challenges, participant 2 in FGD 1 said, “When you are not working, you still have to work hard to get a job so that you can earn some money to help you overcome financial challenges because when you are pregnant you don’t worry much except worrying about whether you will deliver normally but when you don’t have money you get worried so much”.

When asked about the attitude of the nurses and midwives, interviewee 2 (married, unemployed) said, “there is nothing you can do except to be strong and stand the attitude of the nurses, the nurses cannot help with the requirements because they do not have them, may be other pregnant mothers”.

The pregnant mothers did not have any helping intervention of their own that helps them cope with the stresses of impolite nurses and midwives. They concluded that there is nothing they can do about the attitude of these personnel.

“At home it is easy, if there is someone who is uncooperative, you just ignore them, but it is difficult to avoid stress here at the health centre, you cant avoid it”, Participant 2 in FGD 1.

Support from family and friends can be emotional during challenging times or physical such as helping with household chores. From the interviews, spending time with friends and family is one important mechanism that is employed by the pregnant mothers to overcome stress. First time pregnant mothers mentioned that, these kind of support networks are important as they provide information concerning pregnancy management.

Though most pregnant women mentioned that they require financial support, social support is of significant importance as revealed by some of their expressions. Most of
the pregnant mothers mentioned that they seek support from close relatives such as husband, mother and in-laws, for instance;

Interviewee 11 (separated, employed) said “I expect support from my mother and my husband and may be a few friends”.

Interviewee 9 (unmarried, unemployed) said

I don’t bore myself, I normally spend time with the people I live with at home so that I don’t get lonely, even when someone has told me something bad I don’t worry a lot”. She said this about her husband, “The only thing I worry about is that, I have taken long without hearing from him, he does not provide any support because his phone does not go through, I don’t even know the exact place he stays because when we separated we took different directions and he did not show me exactly his new place, I don’t even know any of his relatives I only get support from my mother.

I asked interviewees what they do when the people they confide in do not provide the expected support,

“I do not know what to do because they are the ones in whom I have hope”, interviewee 9 (Unmarried, unemployed).

According to participant 2 in FGD 1, “It depends on the individual. We need support from our families, such as when you are married being pregnant is not a crime, all we need is care from our husbands, he may not be that rich but care alone is enough, even if you are sick you don’t feel bad like the one who is stressed, the husband’s care gives you strength, things like walking together can make you feel better even on the day of delivery”.

Interviewees were asked how other people in the community can support pregnant mothers, interviewee 3 (married, employed) said “you expect them to support you
especially after giving birth, you expect your friends to come and help you, for instance, to work, to wash clothes and other things”.

A crucial factor during pregnancy is social support. This influences mental and psychosocial wellbeing. Social support is important to keep one happy as well as overcome stressful events through sharing experiences. Lack of social support in some instances implies negative stress coping mechanisms such as alcohol taking, smoking, abortion and suicide attempts. All these habits are harmful to the health of the pregnant mother and the unborn baby. Worries about labour and delivery can cause anxiety and uncertainty, factors which are contributors of preterm labour and low birth weight. Social support acts to buffer the effects of stress and negative coping strategies.

“Social support is generally viewed as protective of stressful events and circumstances, poor pregnancy and infant outcomes are associated with low levels of social support and high ratings of depression in women in violent relationships” (Yu, et al. 2011: 1776, Kim, et al. 2006: 3058).

4.5 Possible interventions

Every pregnant woman looks up to the husband as the overall caretaker. And for this reason therefore, in instances where the husband cannot offer the desired support, undesirable situations set in. This has an influence on both the psychological wellbeing and the behavior of a pregnant mother. The pregnant mothers argued that if the partners can play their role then stress can be minimized.

Men should be sensitized about supporting their wives, most sensitizations have focused on women. Today I told my husband that I am going to hospital, he told me he does not have money, I am here feeling hungry yet I have to wait for him till he returns in the evening to get what to eat. Men of these days! when you
give birth you learn lessons, sometimes you wish you could not give birth again. If mum was nearby I would not be suffering, participant 8 in FGD 1.

Sensitization of males will help both partners understand the emotional challenges during pregnancy. Pregnancy has been viewed only as the responsibility of the female. Though biologically it is the role of females, males should equally be involved and not only act as though they are just helping the pregnant woman. With males actively involved, acts of violence will be negligible. Males acting as merely support to their wives makes these wives even more vulnerable to emotional and physical abuse.

Though males are always argued to support their wives during pregnancy, there seems to be inadequate information regarding how these males ought to support their wives. “Despite the importance of the male partner to the psychological and physical health of the pregnant partner, there is very little information or data directly collected from male partners. If men were included in prenatal care or research studies, important information could be learned about the unique stress, support or self esteem perceived by men during pregnancy. This information may then be used to improve interventions that target risk factors for adverse pregnancy outcomes” (Yu, et al. 2011: 1768).

When asked about what can be improved at the health facility to ease the life of pregnant mothers, participant 3 in FGD 1 said,

I think what they have to improve here at the health center is the sanitation, the washrooms are dirty, you can not even use the toilets yet it is dangerous for us to hold the urine for long. This is a government hospital but I don’t know why they ask for so many requirements, they would provide things like gloves, cotton so that we don’t have to bring them. They even tell you to buy threads, Jik etc yet the health centre would be having such things so that I have to only buy the baby’s clothes and mine, may be things like beddings but asking for gloves which you are supposed to find at the health centre........
CHAPTER FIVE

DISCUSSION, RECOMMENDATIONS AND CONCLUSION

This chapter presents the discussion of the findings and recommendations.

The stress during daily life situations cannot be avoided. However, measures can be put in place that support vulnerable groups such as pregnant mothers overcome stressful circumstances. Interventions focusing on friendly environment for pregnant mothers at home, work and health facilities will play a great role in improving maternal health.

5.1 Partner support

The behavioral styles of some of the partners during pregnancy can be attributed to their perception of pregnancy. Whether couples perceive the pregnancy as a development or as a setback influences outcome. Instances reported by the interviewees such as runaway partners, verbal abuse are such examples. Perception of what kind of support is required during pregnancy is important as it influences the mother’s mental wellbeing. Both partners need to have a positive attitude for proper response to the emerging challenges. Perception also influences lifestyle such as building helping relationships and feeding habits. Mostly, males perceive the support in terms of financial assistance.

Pregnancy produces new psychosocial conditions to the female. To this effect, various adaptive mechanisms are employed to cope with the new situation. To the males, the current pregnancy has implications both known and unknown. The known implications are financial; some males seem not to be aware of the emotional support that is expected. Perhaps this explains why some males disappear from their wives when they get pregnant. “Social support from an important other can be viewed as behavior that is helpful to a woman’s adaptive coping or reducing maladaptive coping with the demands of pregnancy” (Yu., et al. 2011: 1768).
In a study on Unique Perspectives of women and their partners using the prenatal Psychosocial profile scale, men appeared to receive emotional support from their partner, however, their stressors are more often perceived as financial. Likewise, most women receive tangible support from their partner, but more often conceptualize their stressors as emotional (Yu, et al. 2011: 1775). Health professionals can help the couple understand better the challenges during pregnancy. Both men and women should be equally supported to cope with the new situation through identifying their strengths and weaknesses.

Acknowledging and addressing emotional and tangible support needs of men and women may encourage a proactive role during pregnancy. Men are often treated as observers of the pregnancy process and given vague instructions to be supportive. The partner has been viewed only as a support to the pregnant partner. This oversight may actually reduce the level of involvement with the pregnancy given by the male partner (Yu, et al. 2011: 1776).

From the interviews, many pregnant women face abuse either emotional or physical which has dangerous consequences for their health. In Africa, though the females do the biggest part of domestic work including the agricultural production, the husbands are the decision makers including the income which is earned from the wives’ sweat. This kind of subordinance leads to unpleasant situations whereby even after the hard work, the woman cannot freely utilize the finances earned without the husband’s permission. The situation is not any better during pregnancy. One of the reasons that explain the high maternal deaths is the delay that happens at household level. However critical the pregnant mother’s condition is, there is normally delay waiting for the final decision of the husband. This puts the mother’s as well as the unborn baby’s life at risk in addition to causing tension and anxiety to the mother. “A huge majority of African women are still unaware of their fundamental rights to health, education and life as part of the fundamental rights they
gained several decades ago, they continue to suffer from socio cultural discrimination, harmful traditional practices such as female genital mutilation, gender based violence, food taboos, forced marriages and early and unwanted pregnancies, all of which are very harmful to their health” (WHO. 2010: 30).

In Uganda, among low social class groups, there are rampant cases of husbands abandoning their wives during pregnancy. It can also occur among the working class but the effect can be minimized since the mother in this case will have paid employment, though she cannot escape the emotional torture. What makes it worse among the low socioeconomic class is the poverty. This causes the pregnant mother to engage in hazardous work normally physically and emotionally straining in search of earnings to sustain herself and prepare for the unborn baby. There is also likely to be additional negative behaviors such as alcohol taking and suicide attempts. Other negative behaviors include having unsafe sex which can lead to HIV infection. Though not mentioned by many interviewees, physical violence is dangerous both to the mother and the unborn baby. It may cause miscarriage or labour complications resulting into the death of both the mother and the baby.

At home, the caretakers need to be sensitized about the stressors during pregnancy. Knowing what stress is and the causes will ensure prevention of daily life circumstances that lead to stress. The problem of maternal mortality is widely known but reduction mechanisms are still puzzling especially in developing countries. This is because a great number of people do not know the underlying causes, this perhaps explains why some of the dangerous practices like domestic violence still continue. Understanding the causes and effects of stress to a pregnant mother is important to ensure dangerous practices are reduced.

Males should be keenly targeted in sensitization campaigns. An important campaign has been to ensure males participate in reproductive health and family matters and more so
support their wives during pregnancy and childbirth. This campaign has been successful in developed countries as evidenced by the support of the husband to childcare. In developing countries, the traditional attitude of the females being caretakers of the home and children still continues. This kind of attitude implies majority of the husbands assume they have no role to play during pregnancy, except to provide the finances. Even the financial support is only applicable to those with some form of employment.

5.2 Planning for pregnancies

Planning for pregnancy ranges from choosing the right partner to deciding the number of children one wants to have and when and ensuring adequate financial resources are available to sustain the decisions agreed upon. From the interviews, this is still lacking as evidenced by partners who disappear when their wives get pregnant and financial constraints. Proper planning ensures having a responsible partner who is supportive during pregnancy even when financially disadvantaged. Planning also ensures the woman is ready to deal with the emotional challenges that come with the pregnancy. “By allowing women the freedom to control the number and spacing of their births, family planning helps women preserve their health and fertility and also contributes to improving the overall quality of their lives. Family planning also contributes to improving children’s health and ensuring that they have access to adequate food, clothing, housing and educational opportunities” (WHO. 1995).

Every pregnancy is a lifetime risk for the mother. Therefore, unwanted pregnancies due to societal and family pressure or due to poor planning increase stress and anxiety. The intention of pregnancy determines psychosocial wellbeing of the mother. “Pregnancy intention is an important indicator of a woman’s readiness to bear a child, her mental and physical health and her demographic context, knowing the demographic and psychosocial risks, clinicians could make referrals for services so these women can get the support they need to reduce stress and enhance resiliency” (Pamela, et al. 2011: 1221). Pregnancies resulting from coerced sex, defilement and rape are received with
less happiness if not anger from the mothers. This situation is further worsened by the social stigma in cases of defilement and rape as well as lack of partner support. There are likely to be higher risks for negative behaviours such as alcohol taking and suicide attempts from mothers with undesired pregnancies which yield negative consequences for maternal health.

Efforts to advocate for reduced family size have not achieved the intended results in many African countries despite the availability of different forms of contraception. “Research is needed to understand and prevent the high rates of unwanted and mistimed pregnancies, given the greater risk these women pose, additional barriers to pregnancy planning, beyond access to contraceptive services, should be identified so public health systems can effectively work on breaking down these barriers” (Pamela, et al. 2011: 1221).

Family planning is an important intervention, since poor couples tend to give birth to more children than the rich couples. The effects of having many children yet low income bounce back in every aspect of daily life. A wealthy pregnant mother with fewer children cannot experience as high a degree of stress as a poor pregnant mother with a higher number of children. “Family planning has the potential to save lives by reducing the risk for the individual woman to become pregnant and by reducing fertility, by enabling women to plan their pregnancies in such a way that they avoid becoming pregnant at an age or achieving a parity that carries additional risks, and by lowering fertility generally” (Erica. 1989: 185).

5.3 Financial challenges and work during pregnancy
The interviewees mentioned that heavy work during pregnancy can be dangerous, many interviewees associate work with benefits. In some societies, the children belong to the man, and therefore the wife is expected to adhere to the rules of her husband and in-laws. There are sometimes controversies between information from the health facilities and what the pregnant woman is subjected to. In African communities, the woman is expected to be strong in order to look after her husband and her family.
Some women mentioned that work helps alleviate stress by diverting bad thoughts. Keeping busy enables one to avoid thinking about the bad experiences perhaps by concentrating on the work. Pregnant mothers should ensure they perform work that does not risk their own health and that of the unborn baby. “Women who have children experience unjust disparities such as undervaluation of their paid work because of family responsibilities, lack of recognition of their caring for others at home, the double shift and shortage of childcare, these drawbacks affect women with lower income and education more harshly than others as they have little or no ability to pay for practical help” (Diniz, et al. 2012: 98).

At work, the environment is crucial to the health and wellbeing of the employees. A safe and secure working environment allows equal expression and full participation. Work relations with colleagues and supervisors are an important consideration for the stress and depression experiences of the pregnant mother. Good communication at work ensures good mental health and psychosocial wellbeing since the biggest part of the day is spent at work, hence, for working mothers, employers in collaboration with stakeholders should put in place measures that ensure pregnant mothers work in a peaceful and happy environment aware of the emotional challenges that these categories of people experience. Lack of trust is associated with negative stress response mechanisms such as aggressiveness, self resentment and withdrawal. This has adverse health effects for the pregnant mother. Pregnant mothers should be educated on the dangers of certain practices during pregnancy. Practices such as strenuous work all cause complications and are harmful to the unborn baby.

In a study on psychosocial work stress during pregnancy and birth weight, Lee, et al, found that birth weight was significantly lower in the passive group than in the relaxed group. In particular, decision latitude rather than psychological or physical demand was found to be marginally associated with birth weight. Chronic stress, such as low job control, has been suggested to increase one’s general vulnerability, for example, through its adverse effects on cardiovascular health and
the immune system. Control over work rather than a high job demand or job strain is the crucial component of a healthy work environment. Organizational level interventions in the work place should be provided to prevent the effects of work stress on pregnant women (Lee, et al. 2011: 249-253).

The study group was composed of women of comparatively low socioeconomic status. In this case, the chances of these women engaging in hazardous work are very high. “Physical activity is known to provide benefits to the overall health of the pregnant mother, however, hazardous work that involves long hours of standing as well as heavy lifting can have negative risks for both the health of the mother and the unborn baby” (Matteo, et al. 2007: 228-239).

Pressure to earn income and contribute to the welfare of the family as well as taking care of the home can yield considerable amounts of stress for the pregnant mothers. For the pregnant mother, she worries about feeding herself, her family and preparing for the baby. “Poor women who are parenting and pregnant may be susceptible to higher levels of chronic stress, mental illness, physical illness, low birth weight and premature babies” (Tiffany, et al. 2012: 509). Poverty eradication programmes targeting girls and women can be beneficial to help women overcome financial challenges that may force them into hazardous work.

5.4 Social support

To avoid stress, the pregnant mothers say they seek company and counseling from family and friends implying that these kind of relationships play a great role to suppress stressful circumstances.

Couple counseling during pregnancy can have tremendous positive results. Pregnancy can pose altogether new challenges for the two partners, therefore, it is important that the two are supported and encouraged to understand and tolerate each other’s emotional challenges. Pregnancy should be viewed as a new development rather than a
burden likely to cause misfortunes. This kind of attitude enhances the self esteem of both partners, hence positive support for each other.

5.5 Health services

The various challenges at the health centres mentioned by the interviewees cannot be ignored. The long queues, impolite nurses and midwives, poor sanitation are all frustrating to the pregnant mothers, yet they have a lot of hope when they come to the health facilities. The expectations and fears of pregnant mothers should be evaluated and addressed accordingly.

In a study of Local Government Councils’ performance and public service delivery in Uganda by Muyomba Tamale, Mukono as a district was found to be faced with a number of challenges. A number of health centres registered unreasonable opening and closing hours at HC IIIs and IVs, contrary to the Ministry of health guidelines. There was apparent high medical personnel: patient ratio manifested in overcrowding at most of the health centres. There were common occurrences of large crowds of patients, some of whom had waited for over six hours. The distribution of health centres across the district presented a challenge to the patients. Distance affected pregnant women in such a way that they often opted to deliver from HC IIIs despite the fact that these lacked maternity facilities. Another challenge was lack of safe and clean drinking water in the majority of the health centres. Most HC IIIs were not connected to piped water, borehole or rain water harvesting systems (Tamale, 2011:14).

Important to note is the work environment in public hospitals. In Uganda and other developing countries, there is a common trend of negligence at public health facilities. The supervision roles have been abandoned. As a result, there is no accountability. The nurses and midwives being aware that no one will question their conduct, choose to treat the pregnant mothers in an unpleasant manner. Whereas the situation is the opposite in private facilities with relatively the same salary scale, but due to supervision
and monitoring, there is a sense of accountability for one’s conduct hence, medical personnel treat patients with the necessary care. Monitoring and supervision can be effected without increasing the budget since it is a matter of each stakeholder performing their duties and responsibilities. This will address the issue of unprofessional conduct from nurses and midwives which causes stress and depression to the pregnant mothers.

Staff counselors to the nurses and midwives should be considered an important intervention. Nurses and midwives, by nature of their work are likely to experience psychosocial stress. If the nurses’ and midwives’ financial and emotional challenges are not attended to, they are likely to spill over to the clients. This is an important intervention that has been ignored yet when effected can have a great impact for the wellbeing of the pregnant mothers. The pregnant mothers think it is poor and delayed pay of the medical personnel that leads to unprofessional conduct, therefore the government should consider increasing resource allocation to the health sector.

Non attendance of antenatal care is one of the challenges that needs follow up. Despite the risks involved in non attendance for pregnancy checkups and home delivery, a significant number of women still continue to keep away from health centers. In a study in Brazil, among women who were asked about violence during childbirth, 25% reported some form of violence including verbal abuse and abuses such as refusal of pain relief and painful, repeated vaginal manipulation (Diniz, et al. 2012: 96). Such kind of intimidation can keep the pregnant mothers away from health centres. By attending antenatal care clinics, pregnant mothers can share experiences and gain more skills and techniques on how to respond to the various challenges. Lack of knowledge on what to do when faced with difficulty in pregnancy is one factor that can cause worry and fear. “Institutional barriers to initiating prenatal care early in pregnancy include; insensitive clinic staff and long waiting time at clinics to receive prenatal care/mistrust of health professionals” (Tiffany, et al. 2012: 508). In absence of well developed medical facilities, providing emotionally helping basic care is key to the wellbeing of pregnant
mothers. Some of the complications that arise during delivery can be avoided if the nurses provide the necessary care and attention.

To further improve the conduct of the medical personnel, the training curriculum of the nurses can be reviewed to ensure the psychosocial component is well catered for. Ethics should be emphasized during training. Most of the curricula in schools and training institutions in Africa focus on passing the subject exams. Personnel dealing with the lives of human beings should be constantly reminded about their professional ethics as any divergence leads to poor health outcomes. Improved service delivery in absence of adequate financial resources is only possible with disciplined medical personnel.

Village health workers should be trained to offer psychosocial support to pregnant mothers. Village health teams are always trained to educate about sanitation and hygiene and offering basic first aid but the need of psychosocial support to pregnant mothers is always ignored, since they are not considered to be sick. This is an oversight that should be looked into.

5.6 Areas for further research

Husbands are key figures. Further research should examine why some husbands do not support their wives during pregnancy despite the numerous campaigns. Lack of support from husbands renders the women helpless who may in turn resort to other means of supporting oneself such as, doing hazardous work, violence, infidelity and drug abuse. This has disadvantages for the health of the mother and the baby.

There is need for further research on job strain effects on pregnancy outcomes among different social classes of women. This will be important in identifying interventions that effectively address the issues of the different groups in their respective environments.
5.7 CONCLUSION

The findings indicate that the main causes of stress during pregnancy are; insensitive nurses and midwives at health facilities, emotional abuse by partners and financial constraints. The effects are mainly; miscarriage, low birth weight babies, caesarian birth and sickness. Coping strategies employed by pregnant mothers to overcome stress are; accepting one’s financial situation, seeking counseling, talking to friends, keeping oneself busy and listening to music.

All the causes of stress result from daily life endeavors at household, community level and health facilities. With concerted effort from all stakeholders at all levels, the barriers to good mental and psychosocial wellbeing of pregnant mothers can be removed. Improving the wellbeing of pregnant mothers does not only benefit the pregnant mother and family but contributes to overall national development.
REFERENCES


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APPENDIX

APPENDIX I: ABBREVIATIONS

FGD – Focus Group Discussion
LA – Los Angeles
MoFPED – Ministry of Finance Planning and Economic Development
UBOs – Uganda Bureau of Statistics
UDHS – Uganda Demographic and Health Survey
UNFPA – United Nations Fund for Population Activities
UNICEF – United Nations Children’s Fund
WHO – World Health Organization
APPENDIX II: INTERVIEW GUIDE

The interview guide included but was not limited to the following questions.

**General**

1. What is stress?
2. What makes pregnant women feel stressed?
3. How does stress affect a pregnant woman?
5. What are the effects of stress during pregnancy?

**Health**

1. What stresses you about health facilities?
2. What challenges do you encounter when you want to access health facilities?
3. What do you think about the services at the health facility? Waiting time?
4. What do you think about the attitude of the medical personnel (midwives)?
5. How do you overcome these challenges?

**Work and income**

1. What do you think about work during pregnancy?
2. How does income cause stress to you as a pregnant woman?
3. How do you overcome financial challenges?
4. What do you do when you do not have enough resources to support yourself and your family?
Social support

1. What kind of support do you need as a pregnant mother? Why?
2. How can lack of support cause stress to you as a pregnant woman?
3. What kind of people do you seek support from? What happens when these kind of people cannot provide the expected support?
4. How do you feel about caring for your family?

Transport

1. How do you reach the health facility?
2. How does transport to the health facility cause stress to you as a pregnant women?
3. What do you do about it?

Background characteristics

1. How old are you?
2. Are you married/ do you live with your husband?
3. What do you do for a living?
4. What does your partner do for a living?