The Study of Pregnant Adult Women's Quality of Life in Thailand

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Abstract

The objective of the descriptive research was to study pregnant women's quality of life in Samut Sakhon, Thailand. The sample, which was selected by simple random sampling, consisted of eighty pregnant women who came for prenatal treatment at a hospital in Samut Sakhon. The sample size was calculated by using Krejcie & Morgan's table, with reliable 95%. The instrument used for collecting data was WHOQOL-BREF-THAI consisted of 26 questions that divided into 4 domains of quality of life: physical domain, psychological domain, social relationship, environment. The descriptive statistic was used to analyze the data. The statistics used for analyzing data were frequency, percentage, mean, and standard deviation. The research results found that overall, pregnant women's quality of life was high, with mean scores ranging from high to low in the domains of psychological, physical, social relationship, and environment. The overall quality of life was medium. The good quality of life was in the physical and psychological health, while social relationships and the environment were medium.

Keywords: *Quality of Lie, Pregnant Women, Adult.*

INTRODUCTION

The quality of life was an important aspect of human lifestyle, needs, and main goals in people' quality of life development. The quality of life indicated the living conditions and feelings of an individual. The World Health Organization)WHO( )The WHOQOL, 2012(said that the quality of life of an individual depended on the social context, culture, and values at that time and was related to the aims, expectations, and standards that each individual set, which consisted of four dimensions as follows:

1. Physical health,

2. Psychological health,

3. Social relationship, and

4. Environment.

Samut Sakhon province was in Health Region 5 of Thailand. According to the report that summarizes the problems and outcomes of significant previous operations in caring for the health of women and children aged 0–5 years in the past, in 2020 there were 25.62 Thai maternal deaths in Health Region 5 for per 100,000 live births. With a rate of 22.37 live births, the trend for live births between 2016 and 2019 is higher than both the national average and the previous year. Under the strategy for health development according to age groups, the Ministry of Public Health has set a target for the country's maternal mortality ratio to be no more than 17 deaths per 100,000 live births. In Samut Sakhon Province, there were 3 cases, or 33.3%, of live births.

It was found that seven of the ten deaths (77.78 percent(were direct obstetric causes of death; PPH was the cause of death in four cases, ectopic pregnancy was the cause of death in one case, and embolism was the cause of death in two cases. From the report of the analysis of the situation of obstetric problems in NHSO Region 5, it was found that 59% of obstetric damages could be prevented. 80% of the most common events occur during the waiting period)Intrapartum(. NHSO and the Royal College of Obstetricians and Gynecologists of Thailand collaborated to identify development guidelines, offer solutions for situations that may be avoided, and perhaps prevent against obstetric issues regarding to the following: enhancing the knowledge and expertise of doctors, adequate and high-quality treatment for expectant mothers during childbirth, Review the history of prenatal care)ANC: antenatal care(, conduct a physical examination, a comprehensive internal examination, use proper birth planning, EFM)external fetal heart rate monitoring(for each delivery, and consult a physician in any high-risk situations. The performance in Samut Sakhon Province was lower than the target criteria, namely antenatal care before 12 weeks, 72.14% missed the criteria, antenatal care 5 times, 46.34% missed the criteria)Health Promotion Group Health District Office 5, 2020(. The research team was therefore interested in studying the quality of life of pregnant women in Samut Sakhon Province, Thailand. The information obtained will be useful in planning the quality of life of pregnant women to ensure their good health and the quality of the children being born, which will be an important force in the further development of the country.

The Objective of Research

To study pregnant women's quality of life in Samut Sakhon, Thailand

Research Methodology

The research was descriptive research.

Population and Sample

The population consisted of adult pregnant women, an average 100 per month, who came for prenatal care at a hospital in Samut Sakhon Province. The sample, which was selected by simple random sampling, consisted of eighty pregnant women who came for prenatal treatment at a hospital in Samut Sakhon. The sample size was calculated by using Krejcie & Morgan's table, with reliable 95%.

Instrument Used for Collecting Data

The instrument used for collecting data was a questionnaire, which was divided into two parts:

Part 1: General information questionnaire included: 1(personal information, including age, marital status, religion, occupation, monthly income, and level of education; and 2(obstetrics information, including age of pregnancy.

Part 2: WHOQOL-BREF-THAI evaluation form was a tool developed from the World Health Organization's Quality of Life Indicators)Suwat Mahatnanirakul et al., 2002(. The tool has been tested and found to have good validity, with a content validity of 0.65 and a confidence value of 0.8 for the questionnaire using Cronbach's alpha coefficient. It consists of 26 questions, divided into 4 domains of quality of life, as follows:

1) Physical domain for question items 2, 3, 4, 10, 11, 12, and 24

2) Psychological domain for question items 5, 6, 7, 8, 9, and 23

3) Social relationships domain for question items 13, 14, and 25

4) Environment domain for question items 15, 16, 17, 18, 19, 20, 21, and 22

Items 1 and 26 were overall quality of life and health indicators.

There were twenty-three positive question items and three negative question items, namely 2, 9, and 11. The respondent rated each question on a five-point rating scale as follows:

Not at all means that you have no such sensations, feel a little like that, or feel bad.

A little means that you feel like this only occasionally, feel a little like that, feel dissatisfied, or feel bad.

A moderate means that you feel moderately like that, feel moderately satisfied, or moderately feel bad.

Very much means that you often feel like that, feel satisfied, or feel good.

Extremely means that you always feel that way, feel most like that, or feel complete, feel very satisfied, feel very good.

The following was the method used to score the quality of life:

Answers	Not at all	A little	A moderate	Very much	Extremely
Positive question item	1	2	3	4	5
Negative question item	5	4	3	2	1

Interpretation of scores

1(The overall quality of life score ranged from 26 to 130, divided into the following three categories:

    26-60 scores indicate a poor quality of life

    61-95 scores indicate a moderate quality of life

    96-130 scores indicate a good quality of life

Determining the Accuracy and Reliability of the Instrument

This questionnaire has been tested for validity and reliability. It is a widely used standard questionnaire. In this study, confidence was tested again by testing pregnant women with the same characteristics as the sample group of 30 people, obtaining the reliability of Cronbach's alpha coefficient of 0.8406.

Data Collection

The researcher carried out the following procedures for collecting data.

The researcher collected data on his own. Eighty out of the questionnaires were completed and returned, or 100%.

The data was gathered between April and June of 2024.

Data Analysis

The steps in quantitative data analysis were as follows:

1. The completed questionnaires were categorized based on the respondent's attributes.

2. The complete questionnaires were assigned a code or score for each item and used pre-made software on the computer to enter the data.

Statistics used for Data Analysis

A descriptive statistic was used to the data analysis. The statistics used for data analysis were frequency, percentage, mean, standard deviation.

Protecting Information Providers' Rights

To collect data, the researcher gave own introduction, explained the objectives of the study, and asked permission from the organization providing the data in order to obtain information from them. The informants were requested to sign a paper confirming their consent by the researcher. The researcher respected the informants' rights by allowing them the right to reject responding to any questions or withdraw from providing information at any time.

If you did not agree to provide any information, you were able to terminate the conversation at any time. Without mentioning any particular people or groups, we presented the research findings in their whole. Following the research's publication, focus group documents will be destroyed and kept in a secure location.

The Results of Research

The following were the results of the study conducted in Samut Sakhon Province, Thailand, on the quality of life of adult pregnant women:

1. Most of pregnant women were married, between the ages of 20 and 30, and Buddhists. Most of them worked for companies, income between 20,000 and 30,000 baht a year, graduated with a bachelor's degree, were 28 weeks pregnant, and were having their first children.

2. The overall quality of life results for adult pregnant women were high, with mean scores ranging from high to low in the areas of psychological health, physical health, social relationship, and environment.

Table 1: Quality of Life Analysis Results for Adult Pregnant Women

Items	Quality of life	Mean	Standard deviation	Level
1	Physical health	4.09	0.68	High
2	Psychological health	4.19	0.64	High
3	Social relationship	3.85	0.64	High
4	Environment	3.62	0.77	High
	Total	3.94	0.68	High

3. The overall quality of life results for adult pregnant women were medium. The good quality of life was in the physical and psychological health, while social relationships and the environment were medium.

Table 2: Overall Quality of Life Scores for Adult Pregnant Women

Items	Quality of life	Poor quality of life	Moderate quality of life	Good quality of life
1	Physical health			✓
2	Psychological health			✓
3	Social relationship		✓	
4	Environment		✓	
	Overall quality of life		✓	

DISCUSSION

1. Overall, adult pregnant women's quality of life was high. This might be a result of the support and attention that pregnant women got from friends and family. As pregnancy put the health of the mother and child in risk before, during, and after delivery, they got counseling from family during their pregnancy as well as parenting help from nursing staff. A pregnant woman's body has to be prepared for birth and able to adapt because of the physical changes that happen to her near to delivery, including a large belly, trouble breathing, swelling, difficulty sitting up, and rapid exhaustion. This was consistent with Pornchuen Haewphet)2016(, who stated that teenage pregnancy has risks to the health of the mother and baby during pregnancy, the delivery period, and after giving birth, such as the risk of pre-eclampsia, anemia in premature mothers, low birth weight babies, miscarriage, obstructed birth, death of the baby, postpartum hemorrhage, and endometritis.

2. The overall quality of life results for adult pregnant women were medium. It was consistent with Pornapa Chareoesan, Kwanraun Doundee, and Rungsinee Poonperm)2012(studied The Quality of Life among pregnant women who received antenatal care at Phramongkutklao Hospital found that the overall quality of life score was at a moderate level. It was also consistent with Chanidapa Khorsukworakul, Soiy Anusornteerakul, Supapaktra Hankla, and Nongnuch Boonmala)2023(, who studied the quality of life of pregnant women during the COVID-19 outbreak situation in Udon Thani Province. It was found to be at a moderate level of overall quality of life. It was also consistent with Sunantha Srimakam et al.,)2018(who studied The Factors Related to Quality of Life in Pregnant Women with Nausea and Vomiting during the First Trimester of Pregnancy. It was found that the quality of life of pregnant women in the first trimester who came to receive prenatal care services at Ramathibodi Hospital and Sappasitthiprasong Hospital was at a moderate level. This may be the result of pregnant women being in a condition where they have to adjust to changes in pregnancy due to both bodily changes and highly variable mental states. This was in accordance with Veera Suraseraneewong)2008(said that pregnancy was considered a critical situation for women. There was a significant deal of physical change throughout this most vulnerable time in a woman's life. Women thus needed to adjust themselves to the changes caused by pregnancy. Pregnant women require sympathy, assistance from family and other people in order to help them cope with the changes that are occurring. Pregnant women who receive personal, loving care are in better physical and emotional health. This was in accordance with Pender's)1987(concept, which stated that interpersonal influence—particularly that of husbands and relatives—was a factor influencing health promotion behavior. Thus, it was a contributing factor to pregnant women's self-care practices.

RECOMMENDATIONS

Implications of the Study

1. Although ranked lowest, the environmental quality of life was at a good level. Therefore, it is essential to promote and develop an atmosphere that is suitable for pregnant women, such as providing them with enough money to start a family and offering them family counseling while they are pregnant.

2. The quality of life of pregnant women in terms of social relationships and environmental factors was at a moderate level. Therefore, husbands and relatives should be encouraged to support the pregnancy, whether it is through helping with various things, giving information, or giving encouragement, because it will help pregnant women adjust to taking good care of themselves.

Recommendations for *Further* Research

1. Factors related to community participation in improving the quality of life of the elderly should be studied to continue responding to the national strategy regarding the aging society.

2. Study the development guidelines for government welfare that impact elderly's quality of life in Thailand.

3. A comparison study of the quality of life of elder in different communities should be conducted to improve strengths and weaknesses and developed more effective management of elder.

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