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Efficacy of Alternate Therapies on Mental Wellbeing of Pregnant Women

Anantharaman Seethalakshmy^{1*}, B.Aarthirashmi², Riya C Ashraf³, Angeetha Krishnan⁴, Harishchander Anandaram⁵, K.S. Shreenidhi⁶, V.Muthu Laxmi⁷

^{1*}Head, Department of Psychology, Rathinam College of Arts and Science, Coimbatore, Tamil Nadu, India, hod.psy@rathinam.in (Corresponding Author)

²Assistant Professor, Department of Bioscience, Sri Krishna Arts and Science College, Coimbatore, Tamil Nadu, India

³Assistant Professor, Department of Psychology, Rathinam College of Arts and Science, Coimbatore, Tamil Nadu, India

⁴Assistant Professor, Department of Psychology, Rathinam College of Arts and Science, Coimbatore, Tamil Nadu, India

⁵Assistant Professor, Amrita School of Artificial Intelligence, Coimbatore, Amrita Vishwa Vidyapeetham, India

⁶Assistant Professor, Department of Biotechnology, Rajalakshmi Engineering College, Thanda Lam, Chennai, Affiliated to Anna University, Chennai, Tamil Nadu, India.

⁷Assistant Professor, Department of Microbiology, Karpagam Academy of Higher Education, Coimbatore, Tamil Nadu, India

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Abstract

This abstract paper delves into the efficacy of Alternate Therapies on Mental Wellbeing of Pregnant Women in India. Women's mental health during pregnancy has broad and enduring consequences for both women and their children. Through an intervention of alternate therapies, this study investigates the efficacy in improving the mental wellbeing of pregnant women among all trimester. Furthermore, the paper scrutinizes the efficacy of alternate therapies involving Meditation, Relaxation and Mindfulness for enhancing the mental wellbeing and a natural delivery among pregnant women. By employing a quantitative research methods, the intervention was carried out for 8 sessions in a sample of 35 low risk naturally conceived, educated pregnant women between 18–40 of age. Statistically significant improvements and large effect sizes were observed for mental health wellbeing with a higher rate of natural delivery among the sample. Alternate therapies can improve maternal mental health and associated child health outcomes.

Keywords: Alternate Therapies, Maternal Mental Health, Pregnant women

Introduction

A woman's greatest life experience is becoming a mother. It's the time in life when there are many physical and mental sufferings, as well as anticipation and hope. a time when the expectant woman faces tremendous biological, psychological, and social obstacles, and when the women's lives significantly alter. Pregnancy activates the relationships between internalised parenting paradigms and early childhood bonds (Raphael–Leff 1986). While some women look forward to the trials of giving birth, others could experience a great deal of worry and anxiety (Escott et al. 2004; Huizink et al. 2004). Being anxious about giving birth is a common feeling for almost all pregnant women

and is a natural response to an unexpected circumstance. In this stressful situation, these anxious women frequently find it difficult to focus on the foetus; this might cause issues with mother–infant bonding later on (Areskog et al. 1984). During delivery, they also worry about losing control and being frightened. Maternal mental health significantly impacts childbirth outcomes, including preterm delivery, low birth weight, and low gestational age. This can lead to fetal growth issues, social problems, poor intellect, and mental illness in the child.

WHO reports that mental disorders are common in all women during pregnancy or after delivery, with 10% experiencing such disorders globally, and 15.6% in developing countries. Cultural attitudes and stigma contribute to this issue, with medical advice primarily focused on emergency situations. In India a woman's emotional and mental health receives less attention during pregnancy. Mental health distress of poor sleep and tiredness are often ignored and is considered as pregnancy associated physiological condition. Since maternal mental illnesses are treatable, according to the World Health Organisation, mental health issues are emphasised in the integrated delivery of services for mother and child health under the Universal Health Coverage (UHC) and Healthy Life Expectancy (HLE) programmes.

Among the various alternate therapies, current research study concentrates on Meditation, Relaxation and Mindfulness. Dhyana, often known as meditation, is a mental exercise that focuses attention inward or within the mind. This is a means of encouraging calm and enhancing inner vitality. A calmer mind is the result of enhanced focus, which also aids in achieving a state of harmony between the body and mind. Meditative techniques can be applied in the treatment and prevention of mental disease (Rubia, 2009). Frequent meditation demonstrates beneficial improvements in the brain's cognitive abilities. Pregnancy–related meditation techniques support mental cleansing from unfavourable ideas and promote health and positivity. For expectant mothers, meditation calms the mind, reduces tension, and promotes relaxation.

Due to worry and anxiety, expectant mothers may experience physical symptoms such as stiffness, soreness, and tightness in their muscles. By engaging in incremental muscle relaxation, they become more conscious of how their physical tension affects their emotional condition. Therefore, the expectant mother may be able to lessen her tension and worry by using the relaxation approach. Progressive muscle relaxation has an reverse effect on the body, causing the relaxation response that lowers heart rate, calms the mind, and releases tension in the body. The connection between muscle tension and a variety of physical and psychological illnesses is highlighted in Jacobson's books "Progressive Relaxation" (1929) and "You Must Relax" (1934). According to him, mental peace comes naturally to people.

Mindfulness facilitates a sense of empowerment and connection for expectant moms during the life–changing experience of pregnancy and childbirth by equipping them with selfawareness, emotional well–being, and coping mechanisms. Understanding the benefits of mindfulness can help create obstetric care that is more compassionate and all–encompassing, improving the lives of women and their priceless babies.

According to Roth and Robbins (2004), mindfulness has been shown to be a potential strategy to reduce stress levels. It also appears to be useful for healthy persons, as well as having a favourable impact on stress reduction in specific populations such as pain and maternal health.. Women's and their families' health outcomes may improve as a result of mindfulness (Beattie et al. 2017).

Considering these factors and previous literature, a combination of Meditation, Relaxation and Mindfulness is given as alternate therapy for better mental health of pregnant women during their third trimester and have a better experience of childbirth. Hence the major aim of the present research study is to find the efficacy of alternate therapy on Mental wellbeing of Pregnant women.

Methodology

A sample of 324 expectant patients, ages 19 to 32, were chosen from a private hospital in Coimbatore. Using a random sampling technique, 162 members of the sample were allocated to the experimental group and 162 to the control group. A Pre-test Post-test Follow up Randomized Experimental Group – Control Group Research Design was used to test whether the alternate therapy has the expected effect on the Mental Health of Pregnant women. The alternate therapy was given exclusively to the experimental group of pregnant women with no intervention to the control group. Ryff's Psychological Wellbeing (PWB) measure was used to gather data. The PWB measure assesses the six elements of psychological wellbeing (autonomy, personal growth, environmental mastery, purpose in life, positive relationships with others, and self-acceptance) and consists of eighteen items that are evaluated on a five-point Likert scale. The internal consistency of this scale was determined using Cronbach's alpha, and the results showed that the components of autonomy, personal growth, environmental mastery, purpose in life, positive relationships with others, and self-acceptance had respective internal consistency scores of 0.72, 0.73, 0.76, 0.52, 0.75, and 0.51, and that the scale's overall score was 0.71 (Shahidi et al., 2014).

Four stages of the research study were conducted for the pregnant women in the Experimental and Control groups. The process was followed in a methodical manner. The responders were informed in full about the study, the alternate therapy, and what would be expected of them after the hospital granted clearance for the research and the specialist gynaecologist gave her approval for low-risk pregnancy. The first phase started with an introduction of their personal and demographic details which were collected using the Personal Data Questionnaire and their psychological wellbeing using Ryff's Psychological Wellbeing (PWB) scale. Applying simple Random Technique the 324 participant were placed into Experimental Group (N=162) and Control Group (N=162).

The second Experimental Phase exclusively offered alternate therapy to the Experimental Group of Participants. The therapy was offered individually to each participant for about 45 minutes per session. Thus a total of 10 sessions through 12 weeks (1 session per week) along with regular home practice was given. Special effort was taken to club the session along with their next visit to the hospital or Lab. After the completion of the alternate therapy to the Experimental group of pregnant women for about 10 sessions through 12 weeks, the psychological wellbeing being studied in the current study was once again collected using the same instruments. The Control group of pregnant women, also were instructed to furnish the details of the psychological wellbeing once again in the same questionnaire as in Phase I during the same period when being asked to furnish by the Experimental group.

In order to understand the long term effect of alternate therapy and to increase the overall effectiveness of the research effort, follow up –study was carried out. After the Post Intervention phase, a gap of one month was given for both the Experimental Group and Control Group. During this phase, most of the participant's trimester changed and some had delivered their baby.

Ethical Considerations

In accordance with ethical guidelines, participants had to sign written informed consent forms prior to the study's start. During this process, they were reassured that their information would remain confidential, that no individual would be studied, and that their personal data would be safeguarded.

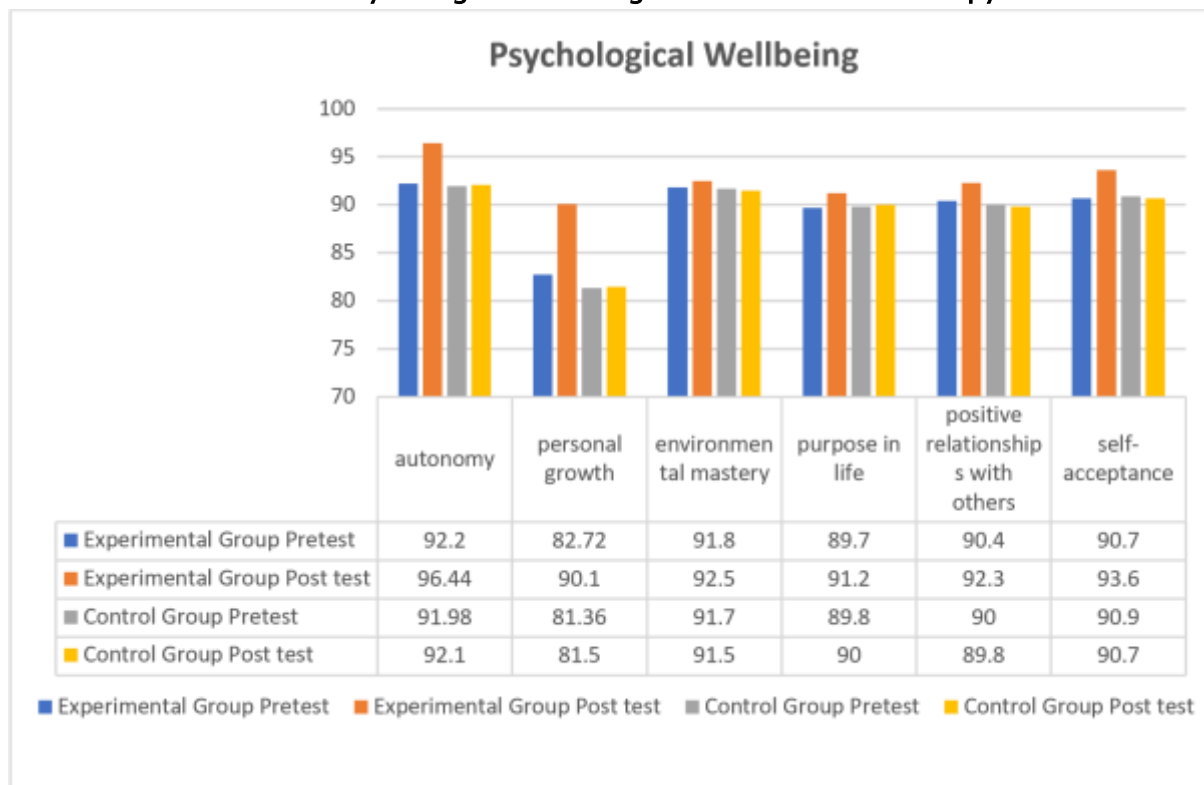
Results and Discussion

Table1: Demographic Profile of the Sample Pregnant Women

Factors	Particulars	N(324)	Percent
Age	19-25	110	34
	26-30	168	52
	31-35	46	14
	Primiparous	265	82
Trimester			27
	First	89	
	Second	138	43
	Third	97	30
Education			25
	Under Graduate	83	
	Graduate	216	67
Family or Social Support	Post Graduate	25	8
	With Support	262	81
	With Out Support	62	19
Occupational Status			11
	Employed	36	
	Unemployed	288	89

From the demographic details of the sample in Table1 showed that the mean age of the pregnant women was 27 years. Most of the pregnant women were belonging to 26-30 years. The majority of pregnant women in the sample are Primiparous. The table also reveals that among the pregnant women, 43 percentages were in their second trimester, 30m in third trimester and 27 in their first trimester at the start of the program. The Alternate therapy is given to all the experimental group of pregnant women irrespective of their trimesters.

Figure 1: Mean Scores of Experimental Group and Control Group of Pregnant Women on dimensions of Psychological wellbeing a>er the Alternate therapy.



The illustration in the figure1 depicts that there is a significant difference between the Experimental and Control Group after the Alternate Therapy Pre Phase– Post Test Phase on Psychological wellbeing.

An illustration of figure 2 also shows the means of Experimental and Control Group through various Phases on psychological Wellbeing of the Current Study.

Figure 2: Mean Scores of Experimental Group and Control Group of Pregnant Women on Psychological wellbeing a>er the Alternate therapy.

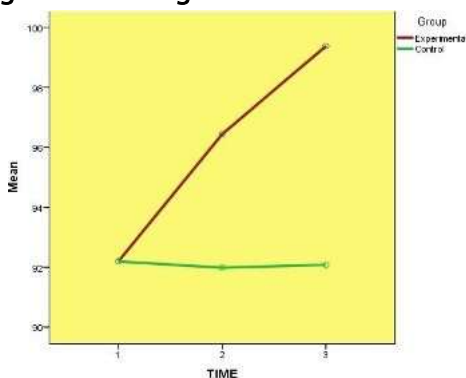


Table 2: Pairwise Comparison of Psychological Wellbeing

(I) TIME	(J) TIME	Mean	Std.	Sig	95% Confidence Interval for	
		Difference	Error		Difference	
		(I-J)			Lower Bound	Upper Bound
	Post-test	-2.015	.234	.000*	-2.578	-1.453
Pre-test	Follow-up	-3.534	.245	.000*	-4.124	-2.943
	Pre-test	2.015	.234	.000*	1.453	2.578
Post-test	Follow-up	-1.519	.131	.000*	-1.834	-1.203
	Follow-up	3.534	.245	.000*	2.943	4.124
	Post-test	1.519	.131	.000*	1.203	1.834

*. The mean difference is significant at the .05 level.

The Pairwise comparisons in Table 2 also indicates a significant difference between the pair of Pre-test Phase and Post-test Phase , Pre-test Phase and Follow-up Phase and also between the pair of Post test Phase and Follow -up Phase.

In the current study , 27% were in First trimester , 43% in Second trimester and 30 in the third trimester. After the Pretest Phase , alternate therapy of 10 sessions were given, there was the Post test Phase. Hence there is a difference of minimum of 8-10 weeks between the Pre and Post test Phases. And this created a major difference in their psychological wellbeing across all the dimensions. Ryding, Persson , Onell, and Kvist (2003) finding emphasizes that women who seek help for childbirth fear are a vulnerable group and that it cannot be taken for granted that interventions or alternate therapy are always have (only) positive effects.

The results of the study are in accordance with many of the previous studies. The result is supported by a study by Dunn et al., 2012; Beddoe & Lee, 2008 who had notable effects on routine prenatal care involving relaxation and meditation practices. The alternate therapy including the relaxation techniques have contributed in increasing the psychological wellbeing. It is seen that during pregnancy, relaxation exercises relieve mother's body and soul of fatigue. Moreover relaxation has been reported to soothe minor and common pregnancy discomforts.(Perry et.al,2013) . The participants reported a greater perception of the rhythm of their breathing, which promoted feeling of relaxation and calmness, as well as their use in the management of stressful situations in a study by Jallo et al (2014). Meditation provides extra oxygen to every cell which energizes and rejuvenates them. It tones up the nervous system, improves emotional stability and helps to eliminate anxiety, fears and phobia.

Alternate therapy involving Meditation and Pranayama sessions, focus on mind-body practices. The focus given on the mind-body practices generally cultivate general health, reduces distress and are effective in addressing both the physical and psycho-emotional aspects of pregnancy and labor (Beddoe and Lee, 2008). Mindfulness focusing one's awareness on the present moment, while calmly acknowledging and accepting one's feelings, thoughts, and bodily sensations, has been used in the alternate therapy. It has proved to be effective in the present study. Previous studies also supports and states that mindfulness based interventions can be effective in reducing the fear and stress of childbirth and increasing self-esteem and self-efficacy of pregnant mothers (Byrne et.al 2014, Sahaja et.al 2012), which overall contributes to their psychological wellbeing. From the above results and

discussion we can conclude that Psychological wellbeing has improved in the Experimental Group of Pregnant Women , after the Alternate Therapy.

Conclusion

The study contributes to the field as it uses Alternate therapies involving Meditation, Relaxation and Mindfulness for enhancing the mental wellbeing and a natural delivery among pregnant women. Our findings indicated a significant improvement in the psychological wellbeing of pregnant women. Furthermore, it was identified that participation interest in alternate therapies and psychological well-being scores are higher among pregnant women with higher education level, having a job, living in city, having sufficient or higher income level, living with a nuclear family. It was aimed that psychological well-being of women during their transition stage to motherhood need to be addressed and that can protected and improved by alternate therapies involving Indian methods of Meditation (Dyana), Relaxation and Mindfulness(Vipassana).

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Conflicts of interest

The authors have no conflict of interest to declare.

Author details

1. Head, Department of Psychology, Rathinam College of Arts and Science, Coimbatore, Tamilnadu, India, hod.psy@rathinam.in (Corresponding Author)
2. Assistant Professor, Department of Bioscience, Sri Krishna Arts and Science college , Coimbatore, Tamilnadu, India
3. Assistant Professor, Department of Psychology, Rathinam College of Arts and Science, Coimbatore, Tamilnadu, India
4. Assistant Professor, Department of Psychology, Rathinam College of Arts and Science, Coimbatore, Tamilnadu, India
5. Assistant Professor, Amrita School of Artificial Intelligence, Coimbatore, Amrita Vishwa Vidyapeetham, India
6. Assistant Professor, Department of Biotechnology, Rajalakshmi Engineering College, Thandalam, Chennai, Affiliated to Anna University, Chennai, Tamil Nadu, India.
7. Assistant Professor ,Department of Microbiology, Karpagam Academy of Higher Education, Coimbatore

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