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Research Article

Examining the Relationship between the Gender Perception and Psychosocial Health Status of Pregnant Women

Gebe Kadınların Toplumsal Cinsiyet Algıları ve Psikososyal Sağlık Durumları Arasındaki İlişkinin Belirlenmesi

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Abstract

Aim: This descriptive study was conducted to determine the effect of the gender perceptions of pregnant women on their psychosocial health status.

Material and Methods: The study was conducted in the obstetrics service and outpatient clinic of Yozgat Bozok University Hospital between November 2020 and June 2021, and 121 pregnant women were included in the sample. In the study, in which the Individual Identification Form, Pregnancy Psychosocial Health Assessment Scale (PPHA) and the Gender Perceptions Scale (GPS) were used, the data were collected through face-to-face interviews.

Results: The mean age of the pregnant women included in the study was found to be 29.46±6.16. A significant relationship was found between the total mean GPS score of pregnant women and the total mean score of PPHAS. In addition, it was concluded that there was a statistically significant relationship between the mean score of GPS and the subscales of PPHAS, characteristics of spousal relationship, characteristics of anxiety and stress, characteristics of domestic violence, familial characteristics and physical-psychosocial changes related to pregnancy. ($p<0.05$).

Conclusion: Pregnancy is critical period that can negatively affect the woman biopsychosocially. Therefore, in all health screenings, monitoring and evaluations for psychosocial health should be done with a holistic approach.

Keywords: Gender perception, pregnancy, psychosocial health

Öz

Amaç: Bu tanımlayıcı araştırma, gebelerin cinsiyet algılarının psikososyal sağlık durumlarına etkisini belirlemek amacıyla yapılmıştır.

Materyal ve Metot: Çalışma Kasım 2020–Haziran 2021 tarihleri arasında, Yozgat Bozok Üniversitesi Hastanesininin kadın doğum servis ve polikliniğinde yapılmış olup örnekleme 121 gebe dahil edilmiştir. Birey Tanıtım Formu, Gebelikte Psikososyal Sağlık Değerlendirme Ölçeği ve Toplumsal Cinsiyet Algıları Ölçeğinin kullanıldığı çalışmada veriler, yüz yüze görüşmeler ile yapılarak toplanmıştır.

Bulgular: Çalışmaya dahil edilen gebelerin yaş ortalaması 29,46±6,16 olarak tespit edilmiştir. Gebelerin TCAÖ puan ortalaması ile GPSDÖ toplam puan ortalaması arasında anlamlı ilişki tespit edilmiştir. Ayrıca TCAÖ puan ortalaması ile GPSDÖ'nun alt ölçekleri olan eş ilişkisine ait özellikler, kaygı ve strese ait özellikler, aile içi şiddete ait özellikler, ailesel özellikler ve gebeliğe ilişkin fiziksel-psikososyal değişikliklere ait özellikler puan ortalamaları arasında istatistiksel olarak anlamlı bir ilişki olduğu sonucuna varılmıştır ($p<0,05$).

Sonuç: Gebelik, kadın biyopsikososyalini olumsuz etkileyebilecek kritik bir dönemdir. Bu nedenle tüm sağlık taramalarında psikososyal sağlığa yönelik izleme ve değerlendirmeler bütüncül bir yaklaşımla yapılmalıdır.

Anahtar Kelimeler: Gebelik, psikososyal sağlık, toplumsal cinsiyet algısı

INTRODUCTION

Pregnancy is a physiological process that is important for the continuity of the generation, the formation of family integrity, and the transmission of culture from generation to generation (1). A number of physiological, psychological and social changes are experienced in this process, which is a critical milestone in women's life (2,3). Women, who often have difficulties in adapting to these changes, are particularly adversely affected by mental aspects and may experience psychosocial problems such as anger, anxiety, fear, hypersensitivity, irritability, restlessness,

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communication problems (1,4). Various studies indicate that these psychosocial problems occurring during pregnancy are experienced in a way that cannot be compared with other periods of women's life (2,4).

Psychosocial health; It is the condition of a person's adaptation to the social environment and the absence of factors that may adversely affect her health in the social environment she lives in (5). Psychosocial health, which is an important indicator of pregnant women's health; it is directly related to many factors such as age, education level, spouse-family relationship, previous pregnancy experiences, perceived social support, social/ cultural roles and expectations regarding womanhood/ pregnancy (1,3,6,7). Among these factors, social / cultural roles and expectations, which have a decisive place in human life, are also of great importance for pregnant women (8). Social roles and expectations, which can affect women's perception of health, the level of benefiting from health services, and even fertility behaviors, directly affect women's psychological and physiological health (7,9,10,11).

Main role and responsibility in women's life in traditional societies; to be a "good mother" and a "good wife". In these societies, getting married, becoming pregnant, having children (especially male) and caring for the family are considered as indicators of femininity (12). Within the framework of these roles, women are obliged to take care of their children, spouse, if any, the elderly or sick at home and to take care of household chores throughout their lives (13,14). In addition, not being married, divorcing, not having/having a baby is generally seen as a shame and deficiency (15). Women who have grown up with this perception since childhood feel intense pressure, thinking that they will not receive the psychological-social support they need, especially during pregnancy, and will be exposed to threats and violence (9,10). In this context, our study was conducted to determine the effect of pregnant women 'gender perceptions on their psychosocial health status. Especially in the literature, it is seen that studies in this area are insufficient. As a result of our study, it is thought that effective data will be obtained on the subject and will guide preventive and solution-producing studies for the psychosocial health problems of women in pregnancy.

MATERIAL AND METHOD

Purpose and Desing of the Research

The study was conducted descriptively in order to determine the effect of gender perceptions of pregnant women on their psychosocial health status.

Research Sample

The universe of the study consisted of pregnant women who were hospitalized in the obstetrics service or applied to the outpatient clinic of Yozgat Bozok University Hospital between November 2020 and January 2021. The minimum number of individuals to be included in the sample of the study G-power 3.1.3. calculated using the program. The sample size of the study was determined as 111 with 0.05 significance level, 80% power and medium effect (0.30), based on one-way analysis of variance in the G*power statistical program. In order to see the relationship between the variables more clearly, a study was conducted with 121 pregnant women.

The forms of five pregnant women who could not continue the questions because they had pain during the interview and three pregnant women who did not want to continue the interview were not included in the study. The research sample have consisted of 121 pregnant women. While the interviews were conducted with the outpatients in a private room after the examination, they were conducted with the pregnant women in the hospital in their own rooms.

Inclusion Criteria

• Pregnant women,

• Being at the obstetrics service or the outpatient clinic of a university hospital,

• Volunteering to participate in research.

Data Collection

The data were conducted with pregnant women and women who were hospitalized in the gynecology service of a university hospital. The purpose of the study was explained to the individuals who met the inclusion criteria, and their written consents were obtained from the individuals who agreed to participate in the study. Approximately 20 minutes of interviews were held with each participant after the consent was obtained. In these interviews, Individual Description Form, Psychosocial Health Scale during Pregnancy and Gender Perceptions Scale were applied.

Data Collection Tools

Individual Information Form

The form created by the researcher by examining the literature includes questions about the personal characteristics of the participants such as age, educational status, marriage type, economic income, employment status, relationship with spouse or family (1,4,15,16).

Pregnancy Psychosocial Health Assessment Scale (PPHAS)

The PPHAS was developed by Yıldız (2011) for determining the psychosocial health status of the pregnant woman and the factors affecting it (16). The Pregnancy Psychosocial Health Assessment Scale is a 5-point Likert-type scale consisting of 46 items in total. The average value is determined by dividing the total score obtained from the

scale by the number of items, and a result between 1 and 5 is determined. As a result, as both the total score and the subscale scores move away from 5 and approach 1, it indicates that there is a problem in psychosocial health during pregnancy. The sub-dimensions of the scale determine whether there is a problem in terms of factors affecting psychosocial health. On the scale, items expressing "Characteristics of pregnancy and spousal relationship" are (1-8,18-20,32,34); items expressing the first sub-dimension "Anxiety and stress characteristics" are (9-12,36-38,40); items expressing the second sub-dimension "Characteristics of domestic violence" are (21-27,43); items expressing the third sub-dimension "Characteristics of psychosocial support needs" are (16,17,28-30,41,45); items expressing the fourth sub-dimension "Familial characteristics" are (31,33,35,42) and items expressing the fifth sub-dimension and "Characteristics of physical-psychosocial changes related to pregnancy" (13-15,39,44,46) constitutes the sixth sub-dimension. The Cronbach's Alpha coefficient of the " Pregnancy Psychosocial Health Assessment Scale" scale was determined as 0.93. In our study, Cronbach's Alpha coefficient of the scale was found to be 0.925.

Gender Perception Scale (GPS)

GPS was developed by Altınova and Duyan (2013) and it is a five-point Likert-type measurement tool that consists of a single dimension and 25 items (17). 10 of the items were written as positive and 15 as negative. In the scale formed in the form of a five-point Likert scale, individuals are asked to submit a five-degree opinion: "5-I totally agree, 4-I agree, 3-I am undecided, 2-I do not agree, and 1-I completely disagree. Items 2, 4, 6, 9, 10, 12, 15, 16, 17, 18, 19, 20, 21, 24 and 25 are negative and calculated in reverse. Accordingly, the scores that can be obtained from the scale are in the range of 25-125, and high scores indicate a positive gender perception. In Altınova and Duyan's (2013) study, the Cronbach's Alpha coefficient of the scale was found to be 0.872. In our study, Cronbach's Alpha coefficient of the scale was found to be 0.846.

Data Analysis

Number, percentage, mean and standard deviation were used for the descriptive characteristics of the data and descriptive statistics of the scale scores. Compliance of numerical data to normal distribution was determined by Kolmogorow-Smirnow test, Skewness and Kurtosis. T-test, Chi square, One Way Analysis of Variance in the evaluation of data with normal distribution; The ANOVA test, Kruskall Wallis, Mann Whitney-U was used to evaluate data that did not show normal distribution. Statistical significance level was accepted as $p<0.05$.

Ethical Approval

This study was approved Yozgat Bozok University ethics committee (dated: 12-11-2020, no:88148187-900-E.31109). The participants were first given information about this study aims and details, and then their verbal and written consent were obtained. Participations were entirely on a voluntary basis. Participations were also informed that they could contact the research team at any time for questions or to discuss the study.

RESULTS

The average age of pregnant women participating in the study was 29.46±6.16, 57.0% lived in the city center, 28.9% graduated from secondary education, 84.3% did not work in an income generating job, 56.2% was determined that they married willingly and 31.4% had two children. 32.2% of the pregnant women had a high education level, 84.3% had good thoughts about marriage, 71.1% had a good spouse relationship, 84.3% had good family relations and 70.2% had good relations with the family of their spouses.

It was determined that there is a statistically significant difference between the PHASP total score averages of the women included in the study and the age, education level, way of marriage, general thoughts about marriage, spouse relationship, relationship with their family and the relationship of their spouse with their family ($p<0.05$). It was found that there was a statistically significant difference between the total GPS score average of pregnant women and education level, and relationships with their spouse's family ($p<0.05$).

It was found that the mean GPS score of pregnant women in the study was 85.27±13.11 and the mean total score of PHASP was 3.88±0.55. PPHAS subscale mean scores; pregnancy and spousal relationship 3.94±0.64, anxiety and stress characteristics 3.23±0.92, domestic violence 4.49±0.70, psychosocial support needs 3.76±0.69, familial characteristics were determined as 4.13±0.72, and the characteristics of physical-psychosocial changes related to pregnancy were 3.67±0.86. There is a statistically significant correlation between the mean GPS score and the mean PPHAS total score, the characteristics of pregnancy and spouse relationship, the characteristics of anxiety and stress, the characteristics of domestic violence, familial characteristics, and the physical-psychosocial changes related to pregnancy sub-dimension mean scores. It was concluded ($p<0.05$).

Factors affecting the mean GPS score of pregnant women were evaluated by multiple linear regression analysis. In the study, it was concluded that the model created with the factors affecting the GPS score average was statistically significant ($F=7.405$, $p=0.000$). According to the model, GPS score average is 32.5%; The PPHAS total score average is explained by the variables of pregnancy and marital relationships, characteristics of anxiety and stress, characteristics of domestic violence, characteristics of psychosocial support, familial characteristics, employment status, education level, and spouse-family relationship variables.

Table 1. Investigation of the relationship between the participants' mean PPHAS total score and GPS score average

Features	Mean±Ss (min-max) n(%)		PPHAS Mean±Ss	PPHAS F;p/t;p	GPS Mean±Ss	GPS F:p/t;p
Age	29.46±6.16(19-47)		3.88±0.55	F=2.526 p=0.001	85.27±13.11	F=1.440; p=0.102
Place of Residence	City Center	69(57.0%)	3.87±0.58	F=0.281; p=0.839	87.33±15.32	F=1.547; p=0.206
	Town	8(6.6%)	4.00±0.25		79.87±12.98	
	Village	29(24.0)	3.83±0.49		82.34±8.19	
	Other	15(12.4)	3.95±0.69		84.33±7.72	
Education Level	Not literate	6(0.5%)	3.22±0.65	F=5.762; p=0.000	77.0±5.47	F=8.847; p=0.000
	Primary School	28(23.1%)	4.08±0.29		82.0±12.28	
	Secondary School	35(28.9%)	3.94±0.54		82.25±11.0	
	High School	30(24.8%)	3.64±0.69		83.93±13.06	
	University	22(18.2%)	4.05±0.37		98.31±10.96	
Spouse Education Status	Primary School	39(32.2%)	3.89±0.50	F=0.348; p=0.045	77.69±9.27	F=7.269; p=0.000
	Secondary School	19(15.7%)	3.86±0.50		90.52±14.92	
	High School	35(28.9%)	3.83±0.67		85.31±9.30	
	University	28(23.1%)	3.92±0.54		92.03±15.54	
Marriage Type	With flirt	49(40.5%)	3.99±0.51	F=5.844; p=0.004	88.36±14.74	F=2.400; p=0.005
	Arranged Method/ Willingly	68(56.2%)	3.85±0.53		83.04±11.77	
	Arranged Method/ Unwillingly	4(3.3%)	3.05±0.84		85.25±6.25	
Number of Children	0	23(19.0%)	3.70±0.69	F=1.696; p=0.156	89.52±14.67	F=1.107; p=0.357
	1	33(27.3%)	3.97±0.49		86.0±13.31	
	2	38(31.4%)	3.80±0.57		83.47±12.31	
	3 and upper	27(22.3%)	3.88±0.55		83.29±12.35	
General Opinion Against Marriage	Good	102(84.3%)	4.04±0.37	F=54.346; p=0.000	86.13±12.88	F=1.588; p=0.209
	Bad	11(9.1%)	3.29±0.68		82.09±17.93	
	Neutral	8(6.6%)	2.68±0.36		78.62±3.96	
Spouse Relationship	Good	86(71.1%)	4.01±0.37	F=22.94; p=0.000	86.90±12.79	F=2.620; p=0.077
	Bad	26(21.5%)	3.78±0.66		80.34±13.29	
	Neutral	9(7.4%)	2.90±0.69		83.88±13.43	
Relationship with Own Family	Good	102(84.3%)	3.93±0.56	F=9.073; p=0.000	85.54±12.99	F=0.534; p=0.588
	Bad	17(14.0%)	3.73±0.153		84.70±14.56	
	Neutral	2(1.7%)	2.41±0.00		76.00±0.00	
Relationship with Family of Spouse	Good	85(70.2%)	4.06±0.38	F=86.77; p=0.000	87.55±13.36	F=7.248; p=0.001
	Bad	24(19.8%)	3.88±0.34		83.16±10.95	
	Neutral	12(9.9%)	2.60±0.11		73.33±7.54	
Total		121(100%)				

PPHAS: Pregnancy Psychosocial Health Assessment Scale GPS: Gender Perception Scale

Table 2. Investigation of the relationship between participants' mean total score of PPHAS and their mean scores for the sub-dimension of PPHAS and GPS total score average

PPHAS	Mean±Ss (min-max)	PPHAS Score Average F/p
Pregnancy and Spouse Relationship Characteristics Sub-Dimension Average Score	3.94±0.64 (2.46-5.0)	F=3.080 p=0.000
Anxiety and Stress-Related Sub-Dimension Score Average	3.23±0.92 (1.13-4.88)	F=2.238 p=0.001
Characteristics of Domestic Violence	4.49±0.70 (1.75-5.0)	F=1.776 p=0.015
Characteristics of Psychosocial Support Needs Sub-dimension Average Score	3.76±0.69 (2.14-5.0)	F=1.163 p=0.280
Familial Traits Sub-Dimension Average Score	4.13±0.72 (1.75-5.0)	F=2.282 p=0.001
Characteristics of Physical-Psychosocial Changes Related to Pregnancy Sub-Dimension Average Score	3.67±0.86 (1.67-5.0)	F=2.177 p=0.002
Total Score Average	3.88±0.55 (2.41-4.70)	F=1.872 p=0.009
GPS Score Average	85.27±13.11 (62-119)	

PPHAS: Pregnancy Psychosocial Health Assessment Scale GPS: Gender Perception Scale

Table 3. Factors Affecting Gender Perception in Pregnancy

Factors	β	Standard Error	t	p	R2
(Constant)	72,355	14.628	4.946	0.000	0.468
PPHAS Total Score Average	-4.148	13.935	-0.298	0.766	
Features of Pregnancy and Spousal Relationship	10.090	5.209	1.937	0.055	
Anxiety and Stress-Related Sub-Dimension Score Average	2.000	3.613	0.553	0.581	
Characteristics of Domestic Violence	-1.161	3.626	-0.320	0.749	
Characteristics of Psychosocial Support Needs Sub-dimension Average Score	-2.027	3.111	-0.651	0.516	
Familial Traits Sub-Dimension Average Score	-2.027	3.111	0.778	0.438	
Working Status	-9.620	3.100	-3.103	0.002	
Level of education	2.671	1.127	2.370	0.019	
Spouse-Family Relationship	-1.716	2.297	-0.747	0.457	

R Squared = ,375 (Adjusted R Squared = ,325); inf.=information F=7,405 p=0.000 PPHAS: Pregnancy Psychosocial Health Assessment Scale GPS: Gender Perception Scale

DISCUSSION

Pregnancy, known as the period of happiness in women's life for centuries, has turned into a complex process that negatively affects women both physically and mentally in the modern world (18). This long and tense process, which starts with the news of pregnancy, negatively affects women biopsychosocially due to changes in body pattern, social relations and roles that occur over time (19).

According to the results of our study in this context; PPHAS mean score of pregnant women was 3.88±0.55 and the mean GPS score was 85.27±3.11. These data show that psychosocial health and gender perceptions of pregnant women are at a moderate level. When the studies in the literature are examined; It was determined that the psychosocial health levels of pregnant women were between 3.95 and 4.31 points (20,21). The reason for the lower scores in our study; It is thought to be caused by their living in regions with different sociocultural characteristics. It is thought that the cultural characteristics and gender perceptions of our sample, especially from the Central Anatolia region, where patriarchal culture is more dominant,

are influential in these results. Although there are very few data about the effects of gender perceptions on the psychosocial health of pregnant women in the literature, the available information shows that the pregnancy and birth process, which are two important periods for women, are strongly related to gender perceptions (22,23). According to the results of our study, a statistically significant relationship was found between total GPS score average and PPHAS total score average ($p<0.05$). In the patriarchal culture representing the region where our sample lives, women are expected to have a large number of children, since being a mother and gaining status are equated with each other (9,19,23). This idea means that women can exist in society only with their maternal role and turns pregnancy into a means of existence. Pregnancy turns into a serious psychosocial crisis due to this imposition and its accompanying domestic roles (22,24,25). Stress and anxiety caused by the excessive and unrealistic roles/expectations imposed on women by the society (wife, family, etc.) during pregnancy, childbirth and postpartum can disrupt the harmony of the pregnant woman for her entire life (family, work, social, occupational, etc.) (10,23).

From our study results, it was concluded that there was a statistically significant relationship between the mean GPS score and the characteristics of anxiety and stress and the physical-psychosocial changes related to pregnancy sub-dimension mean scores ($p<0.05$). The roles and responsibilities imposed by culture and society on biological sex contribute to the formation of psychosocial problems experienced by pregnant women in various ways. Passive, calm, emotional, silent, dependent, meticulous roles determined by society for women explain psychosocial problems such as depression, anxiety, fear, sadness, and vulnerability, especially during pregnancy (10,23,24). In addition, it is obvious that these symptoms, which have been explained with the biological changes in postpartum and premenstual periods for years, are caused by multiple roles such as being a good mother, good wife, good housewife, good bride and sociocultural impositions associated with these roles (10,24).

When the results of the study are examined, it is seen that the mean PPHAS scores of the group who said that their relationship with their spouse, their family and their spouse's family was bad was significantly lower ($p <0.05$). In addition, it was found that there is a significant relationship between the mean GPS score and the PPHAS pregnancy and spouse relationship sub-dimension and familial characteristics sub-dimension mean scores ($p <0.05$). Pregnancy is an important period for both the woman and her husband and family. It is reported that one of the most important factors that can turn pregnancy into a problematic period and directly affect psychosocial health is the relationship of the pregnant woman with her husband and her environment (26). The fact that pregnant women have a healthy relationship with their spouse and their families enables them to accept pregnancy more easily and adapt to the biopsychosocial changes that occur during pregnancy (27). However, especially in family structures where there is a relationship characterized by pressure, violence and social restrictions, this situation causes the opposite results (9,28). When considered in this context, it is thought that women who live with their husbands and families who have a traditional gender perception experience less happiness, less positive social interaction, more anxiety, stress and problems during pregnancy.

Education level is stated as a prerequisite for women to live productively and to live in high quality and to show behaviors to solve health problems. In many studies, it is stated that as the education levels of pregnant women and their spouses increase, depression, anxiety and stress symptoms, which are the components of psychosocial health, decrease (9,20). In parallel with this, our research results show that as the education levels of pregnant women and their spouses increase, their psychosocial health scores increase significantly. It is thought that this relationship is related to the ability of pregnant women and their spouses with a high level of education to have easier access to information and support mechanisms related to pregnancy and birth. In addition to psychosocial health, gender perception is also affected by the education level of the pregnant woman and her husband (29,30). This result is thought to be due to the fact that pregnant women and their spouses with high educational levels act with a more egalitarian perception of gender.

In the study, the way of marriage was determined as another factor affecting the psychosocial health and gender perceptions of pregnant women. It is known that women raised in patriarchal cultures and families with traditional attitudes generally act with a traditional perception. In these families, women often marry someone who the family deems appropriate (even if they do not want to), because the woman is dependent on others in making decisions, cannot express her wishes as she wishes, and her flirting is not welcome. This situation emerges as a major reason for the couple's lack of harmony with each other (31). Studies in the literature show that women who marry by courtship and willingly have a positive effect on psychosocial health during pregnancy (31,32).

The study has been done on pregnant women who were treated at a university hospital in Turkey. Our study results are limited to the answers given by the pregnant women to the forms. In addition, the lack of studies in the literature on the examining of between the psychosocial health and gender roles of pregnant women is the strength of the study.

CONCLUSION

Our study results show that there is a significant relationship between the gender perceptions of pregnant women and their psychosocial health. In addition, it was determined that many sociocultural factors such as age, education level, marriage type, general thoughts about marriage, spouse relationship, relationship of pregnant woman with her family and relationship of pregnant woman with her

husband's family are also effective in psychosocial health conditions of pregnant women.

Pregnancy, which is a very sensitive period in women's life, has the potential to affect women not only physiologically but also psychologically and socially positively or negatively. For this reason, the spouse of the pregnant woman should be included in the health screenings to be performed during pregnancy, monitoring and evaluations should be made for psychosocial health with a holistic approach, and possible risks should be determined. In these follow-up and evaluations that will turn into routine, groups of younger gestational age, low education level, and poor social relations with their spouses and their environment should be examined carefully. In addition, counseling support should be provided to pregnant women and their spouses on issues such as gender roles, parenting roles, and domestic violence. On the other hand, training programs should be organized in order to increase the knowledge, skills and awareness of all health professionals, including midwives, nurses and physicians working in the field of women's health, about psychosocial health and gender roles, which is one of the most important determinants of pregnancy.

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