IMPACT OF PERINATAL DISTRESS ON QUALITY OF LIFE AND WELLBEING AMONG PAKISTANI COUPLES

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ABSTRACT

The main objective of conducting this research was to examine the relationship that exist between perinatal distress, quality of life and wellbeing in couples. Purposive sampling was applied to select sample of 100 couples with wives being pregnant or having a child of one year (100 males and 100 females) from the hospital. The parental perinatal distress sscale(Shafiq, 2023), WHOQOL-BREF (Lodhi *et al*., 2017) and flourishing scale(Choudhry *et al*., 2018) in were used. Findings revealed that perinatal distress has significant negative correlation with well-being and four domains of quality of life. Also perinatal distress negatively predicts wellness in couples. It also negatively predicts quality of life in couples. The results highlight the need to address mental health during pregnancy stage to strengthen overall family wellness. It also has medical experts and those who make policy to establish such treatments that will help new parents.

Keywords: Perinatal Anxiety, Perinatal Depression, Quality of Life, Wellbeing.

(Received 15.01.2025 Accepted 01.03.2025)

INTRODUCTION

For couple, becoming a parental figure is a life-changing transition that brings with it a variety of physiological, emotional and mental challenges. Between all of the excitement and waiting, anxiety during pregnancy frequently emerge and affect parent's general well-being and quality of life. The stage when one becomes a mother is a shift that begins throughout pregnancy and involves adjustments to societal settings, marital and family connections along with various different interactions (Jonsdottir *et al*., 2017). The pregnancy and initial 12 months after delivery is considered as prenatal period, which is time of significant shift which may be extremely upsetting and distressing not just for mothers but also for fathers to varying levels (Rallis *et al*., 2014). Research has indicated that worldwide incidence of prenatal depressive disorders ranges from 10 and 20 percent, whereas depression following delivery can reach 15 to 20 percent. Furthermore, between 10 and 15 percent of expectant mothers suffer from anxiety-related conditions; these problems commonly increase in 3rd month and continue through postnatal phase (Gavin *et al*., 2005).

A couple's quality of life often changes during perinatal period. A person's level of satisfaction and fulfillment in several areas of their life, such as their connections with others, well-being, pleasure, and environmental ease is referred to as their quality of life. Due to additional duties that are associated with parenthood, a couple's quality of life may change. Increased stress, and trouble managing their previous lifestyles with new duties as parents might result from this (Boutib *et al*., 2022). For perinatal partners, psychological, physiological, and general well-being are equally important. But there are additional concerns and challenges associated with birth of the child, which may make it really tough for couples to be happy during this time. Couples' emotions and their ability to get close to one another can be greatly impacted by problems such as anxiety and depression. It's critical to provide a greater knowledge of elements influencing prenatal phase by analyzing each variable in detail and revealing the complexity of parental mental well-being (Arnal-Remón *et al*., 2015).

Perinatal distress (PD) also called as perinatal psychological distress characterized by a negative and prolonging state of emotions that can manifest how an individual behaves and may even be harmful to them or negatively impact social life. When particular psychological stress factors are present, patients often experience variety of psychological disorders, including depression and anxiousness(O'Brien *et al*., 2023) Partners may also be impacted by prenatal distress when thinking about couples. (Obrochta *et al*., 2020)Perinatal distress is a term corresponds to psychological challenges that people who are about to become parents often face. These challenges can manifest feelings of grief, worry and impatience. These indications can have effect on family relations, parental closeness, even care for babies. (Cohen *et al*., 2021)

Several problems in child can be identified due to pregnancy stress or depression like lack of concentration, inconsistency in emotions, issues with behavior. Becoming parents marks a new journey in couple's life which often comes with its own

complications. They face feeling of worthless when expecting a child, less chance of breastfeeding, negligence towards child, difficulties with child bonding, postpartum tension among parents increases. (Liou *et al*., 2014). (Forte Camarneiro & de Miranda Justo, 2022) conducted research whose aim was to compare the symptoms of psychopathology, depressive disorders, anxiety and stress in married partners before or after giving birth as well as between men and women across these periods. Descriptive-correlation & longitudinal study was used as sampling techniques. 67 couples were interviewed using Sociodemographic and Clinical Questionnaire, DASS-42 and Brief Symptoms Inventory questionnaire. Data was analyzed using T-test, repeated measure ANOVA. Results showed that females suffers from tension, and are more anxious than men.

Ngai and Lam (2021) conducted research to investigate the relationships alterations across differences in stress, marriage status, and overall quality of life among Chinese couples across prenatal stage, 6 weeks, 6 months and 12 months after giving birth. Pearson correlation coefficients and three Generalized linear mixed models analysis was run which revealed the findings that strong marriage connections were linked to greater quality of life throughout the early stages of pregnancy, while stress was negatively linked to both couple relationships and satisfaction with life.

Quality of life is people's views of where they belong in their lives within framework of societal and cultural contexts where they exist, as well as in connection to their objectives, norms, desires, and worries, is called as QOL (The Whoqol, 1998). It includes one's psychological, emotional and physical health alongside financial standing, overall condition of surroundings, and personal success (Gerson, 1976). A person's level of need and contentment in areas of activities, materials, structure, psychology, social interaction, or physical health (Post, 2014).

A good quality of life leads to good psychological and physical health.People who lead happy lives frequently experience motivation, fulfillment, and productivity in their work and personal lives, without stress and tension. High quality of life in couples can have a positive effect on their connection. Cooperation and support from each other are important features in which both partners lead happy lives. Their relationship becomes stronger as their mental tie grows. Since they are content with each other, they can talk freely and honestly, which will assist them to develop together while overcoming challenges. Additionally, when common goals and principles are communicated in a more comprehensive way, relationship is boosted (Celenk & van de Vijver, 2013). Emmanuel and Sun (2014) carried out research to find the silent aspects of health related quality of life and to investigate the modifications that occur during pregnancy phase among Australian women's. Using prospective research design, 363 participants from a cohort of 605 women's answered all the questions. However the results showed that after giving birth every dimension of health related to quality of life significantly improved, with the exception of social interactions and parental sadness. The standard of living associated with wellness over this time was inversely correlated with postpartum worry. Biehle and Mickelson (2011) designed a study and objective was to find distress that expectant parents faced during pregnancy and how it effects the health of fetus and martial satisfaction. The study included 104 couples who were in third month of pregnancy & having their first child. Convenient sampling was used. The final result showed that different types of worries or distress negatively reflect poorer well-being and decreased happiness with relationships.

The subjective perception of a person's general pleasure in life, happy feelings, or a sense of fulfillment which can be impacted by factors that are internal and external, such as personal characteristics and societal support is known as wellbeing (Diener & Chan, 2011).When people's physiological, mental, and psychological resources are dynamically balanced with the requirements of their surroundings, they are more adaptive, lively, and able to perform at their best. This state that people experience is known as well-being(Keyes, 2002)Psychologically, physically and in social life wellness has many positive effects. It lowers the possibility of long-term diseases and improves physical fitness by boosting energy levels and immune system. Cognitively, it builds adaptive abilities, lessens worry, sadness and encourages an optimistic perspective, which improves innovation along with productivity. It also cultivates solid social connections while building a community of support. On the other hand, poor life choices along with stresses cause serious illness among individuals(Karademas, 2007).

Perinatal distress characterized by depression, anxiety and stress between gestation and afterwards delivery time period is an important but sometimes ignored problem leading to adverse effects on health of both mothers and fathers. It not only leads to psychological problems and misunderstanding in couples but has long term consequences on child growth. Although this problem is common throughout world, little work has been done in Pakistani settings. The detrimental effect of perinatal discomfort on husbands and wives, good health is extremely essential yet has not received enough attention, particularly considering Pakistani environment, whereby traditional values alongside social norms frequently define family responsibilities plus expectations. The objective of this study is to add knowledge about ways in which perinatal distress changes general level of living, & welfare of Pakistani married partners. The implications of impact on

crucial variables such as perceptions about their quality of life affecting either parent's welfare over time of pregnancy and after childbirth, guide health care professionals with the strategies and plans which assist spouses at this critical phase of life. Ultimately, this investigation hopes to make impact on enhancing health of expectant mothers, fathers and children. The objective was to explore connection between perinatal distresses, quality of life and wellbeing among couples. Another one was to find out impact of perinatal distress that are predictive of quality of life for wellbeing in couples who are going through perinatal phase.

Hypothesis of the study

- There will be a significant negative relation between perinatal distress and wellbeing.
- There will be a significant negative relationship between perinatal distress and quality of life.
- Perinatal distress will negatively predict wellbeing in couples.
- Perinatal distress will negatively predict quality of life in couples.

RESEARCH METHODOLOGY

Cross-Sectional, Correlational research design was implemented in this research study to explore the relation between three variables(Setia, 2016;Devi *et al*., 2022).

Sample: A sample of 100 couples (200 participants) was selected from Combined Military hospital (CMH) KharianCantt from gynecology ward. The mean age of wives is M= 30.25 with 4.57 SD while husbands mean age is M=31.64 with 4.47 SD. Purposive sampling technique was used to draw sample from the population. Inclusion Criteria include Married couples who were expecting a child were included in this investigation. Those who were not pregnant but had only one child less than 1 year old were also eligible. Both partners who willingly consent to participate and provide accurate responses were included. Exclusion criteria include couples less than 18 years old were excluded from this study. If any one partner disagreed to participate in research were excluded. Those individuals who could not read and understand questionnaires were also excluded.

Instruments: The demographics and informed consent were used for collecting data from respondents along with the following instruments.

World Health Organization Quality of Life-BREF: WHOQOL-BREF develops by WHO Group in 1996. Urdu version of QOL was used (Saqib Lodhi *et al*., 2017). It showed good content and discriminant validity along with test-retest reliability.

Flourishing Scale: Diener along with his colleagues in 2010 established flourishing scale in English version to measure mental wellness of individuals. The Urdu version of FS was used for this investigation (Choudhry *et al*., 2018). It has brief 8-items. Cronbach's alpha value was high. Construct, content and convergent validity of this scale was good.

Parental Perinatal Distress Scale: This instrument was developed by Shafiq in 2023. Only two subscales of Major Depressive Disorder containing 14 items and Generalized Anxiety Disorder involving 8 items were used for current research. Cronbach's alpha reliability for parental perinatal distress scale is 0.90 which is excellent.

Procedure: Permission from the administration of Combined Military Hospital KharianCantt was taken assuring them privacy of each patient. Every eligible participant was given a comprehensive explanation of research's objective and importance of their involvement. Through purposive sampling 200 participants (100 couples) were selected. It was entirely their choice to participate. A series of questionnaires mentioned earlier were filled out by respondents. Instructions were given so that respondents could fill them easily according to their perception. Each individual took 8-15 minutes to complete surveys and they were thanked in the end.

Ethical Consideration: Study was started after obtaining permission from the authors for using their respective tools. Permission letter was signed by head of the department and supervisor along with hospitals in order to collect information. Informed consent were taken from the participants and they were assured that information given by them will be kept confidential. Statistical Package for Social Sciences (SPSS) version 24 was used for analysis.

RESULTS

Pearson product correlation in Table 4.1 shows that there is low a negative association of perinatal distress with the domains in quality of life, physical (r = -.55, p< .01), psychological (r = -.48, p< .01), social (r = -.34, p < .01) and environment (r = -.40, p< .01). However, the association is significant. So increase in distress decreases physical, psychological, social and environmental quality of life. Correlation coefficient of depression and wellbeing was found to have low negative relationship but statistically significant (r = -.45, p< .01) stating high distress leads to low well-being. According to the (Akoglu, 2018) moderate correlation exist between perinatal distress wellbeing and domain of quality of life.

Table 4.3 shows impact of depression and anxiety (perinatal distress) on wellbeing in perinatal couples. R^2 value of .20 suggest that predictor variable explains .20% variance in outcome variable with F (1,

198) = 49.98, $p < .001$. Thus, perinatal distress negatively predicted wellbeing (β = -.45, $P < .001$).

Table 4.3 shows impact of depression and anxiety (perinatal distress) on physical domain of quality of life in perinatal couples. R^2 value of .30 suggest that predictor variable explains .30% variance in outcome variable with F (1, 198) = 83.74, $p < .001$. Thus, perinatal distress negatively predicted physical domain. (β = -.55, $P < .001$).

Table 4.3 shows impact of depression and anxiety (perinatal distress) on psychological domain of QOL in perinatal couples. R^2 value of .23 suggest that predictor variable explains .23% variance in outcome variable with F (1, 198) = 57.58, $p < .001$. Thus, perinatal distress negatively predicted psychological domain (β = -.48, $P < .001$).

Table 4.3 shows impact of depression and anxiety (perinatal distress) on social domain of QOL in perinatal couples. R^2 value of .12 suggest that predictor variable explains .12% variance in outcome variable with F (1, 198) = 26.49, $p < .001$. Thus, perinatal distress negatively predicted social domain (β = -.34, $P < .001$).

Table 4.3 shows impact of depression and anxiety (perinatal distress) on environmental domain in perinatal couples. R^2 value of .16 suggest that predictor variable explains .16% variance in outcome variable with F (1, 198) = 36.25, $p < .001$. Thus, perinatal distress negatively predicted environmental domain (β = -.39, $P < .001$).

Table 4.1. ***Descriptive Statistics and Correlations for Study Variables (N=100 couples)***

Variables	*M*	*SD*	1	2	3	4	5
1. Perinatal Distress	13.81	9.85	-				
2. Physical	23.58	3.77	-.55**	-			
3. Psychological	24.73	3.41	-.48**	.73**	-		
4. Social	12.94	1.93	-.34**	.49**	.52**	-	
5. Environment	31.55	5.09	-.40**	.55**	.58**	.53**	-
6. Wellbeing	48.11	6.98	-.45**	.59**	.49**	.46**	.54**

*$p<0.05$. **$p<0.01$. ***$p<0.001$

Table 4.2. ***Linear Regression Analysis for Perinatal Distress on Wellbeing (N=100 couples).***

Variables	*B*	B	*SE*	*t*	*P*
Constant	52.499***		.762	68.89	.000
DA	-.318***	-.449	.045	-7.070	.000
R^2	.202				

***p < .001.

Table 4.3. ***Linear Regression Analysis for Perinatal Distress on Physical Domain of QOL (N=100 couples).***

Variables	*B*	B	*SE*	*t*	*P*
Constant	26.462***		.387	68.45	.000
DA	-.209***	-.545	.023	-9.151	.000
R^2	.297				

***p < .001.

Table 4.4. ***Linear Regression Analysis for Perinatal Distress on Psychological Domain of QOL (N=100 couples)***

Variables	*B*	β	*SE*	*t*	*P*
Constant	26.994***		.367	73.53	.000
DA	-.164***	-.475	.02	-7.588	.000
R^2	-.225				

***p < .001.

Table 4.5. ***Linear Regression Analysis for Perinatal Distress on Social Domain 0f QOL (N=100 couples)***

Variables	*B*	β	*SE*	*t*	*P*
Constant	13.871***		.222	62.50	.000
DA	-.067***	-.344	.013	-5.147	.000
R^2	.118				

***p < .001.

Table 4.6. ***Linear Regression Analysis for Perinatal Distress on Environmental Domain of QOL (N=100 couples)***

Variables	*B*	β	*SE*	*t*	*P*
Constant	34.354***		.572	60.09	.000
DA	-.203***	-.393	.034	-6.021	.000
R^2	.155				

***p < .001.

DISCUSSION

The present research focuses on the impact of perinatal distress on quality of life and wellbeing among Pakistani couples, targeting to learn how mental problems or difficulties during perinatal period influence their general performance and satisfaction with life. For couples especially, this experience itself comes up with its own stressors, lack of resources to deal with psychological problems and familial relations. Such issues can lead to perinatal distress by showing symptoms of depression and anxiety which can effect overall contentment with life as well as wellness within couples. These findings play an important role to overcome the gap in the literature and emphasizes how essential treatments specific to environment are for enhancing mental wellness along with overall health throughout perinatal phase. Demographic table determined frequencies and percentages revealing male had mean age *M*=31.64, *SD*=4.47 with females mean age *M*=30.25, *SD*=4.57.

The first hypothesis states that there will be significant negative relation between perinatal distress and wellbeing. From table 4.2 a significant negative relation was found between these two variables which confirms the hypothesis, meaning low wellbeing is experienced by those partners who have high pregnancy distress. Our results can be related to a pervious study performed by (Brandel *et al*., 2018) the present investigation addressed the distinctions between genders and symptoms of depression taking into account while examining Eudaimonic wellbeing throughout shift to parenting. The research included 50 expectant married people who took part in maternity centers following routine prenatal visits using convenience sampling. Perinatal and postnatal scores of the symptoms of depression (Edinburgh Postnatal Depression Scale) &Eudaimonic happiness (Ryff's Psychological Well-Being Scales) were gathered. The findings supported the idea behind research, which indicated children improved both partners wellbeing. Father's satisfaction unexpectedly enhanced in comparison to mothers. The idealized happiness of parents is significantly impacted by parenthood, particularly for men. The present study findings align closely with those of Rallis *et al* in 2014 who discovered perinatal time could be very disturbing for husband and wife pertaining to their overall wellness and contentment with life. Raised levels of tension in expecting stage leads to lower flourishing, as parents face challenges to adopting to additional responsibilities, requirements.

According to second hypothesis, there will be a significant negative relationship between perinatal distress and quality of life and this relation was confirmed stating that those who have high pregnancy stress experience low life quality. Our results were consistent with the study performed by (Arnal-Remón *et al*., 2015) who decided to assess emotional wellness & signs of anxiety as well as depression in couples in their 3rd month of pregnancy and to contrast the results with two control groups of men and women who are pregnant regardless whether they have children or not. Total 156 participants were involved from Spain among which 50 subjects (25 females & their husbands) were in pregnancy group, 52 participants made up to not pregnant but with kids group (25 men and 27 women) and lastly no pregnancy without kids group consist of 54 participants (26 males & 28 females). BDI, the State-Trait Anxiety Inventory and Psychological well-being in couple Scale measured both partners sadness, anxiety along with couple's self-assessment of welfare. It was found that females showed increase level of depression in contrast to their male spouses in pregnancy group.

One more study by Ngai and Lam (2021) different changes across time along with role of gender differences in stress and life quality in perinatal period. 130 Chinese couples who were in second or third trimester of pregnancy were selected for the study. It was found that both partners suffered from high distress at the time of pregnancy to one year after birth. Physical QOL was improved for women's but was lower for male partners which showed that stress had adverse association with quality of life and a healthy relation within couples was related to better life quality.

Daglar *et al*., 2018 conducted a research to develop a connection between depression, anxiety and life quality domains alongside with the relationships in earlier postpartum time period of mothers. 162 mothers were selected through cross sectional method who participated in this research. Depression scales, Beck anxiety inventory, World Health Organization quality of life scale were filled by participants. Results revealed a significant negative correlation between depression, anxiety and physical, psychological, social and environmental domains of quality of life which means as

distress in the postpartum increases, it adversely effects the domains of quality of life.

Our study also confirmed this hypothesis by finding that perinatal distress including depression and anxiety had strong negative relationship with dimensions of QOL. High distress leads to poor QOL in couples. The conclusions of Brandao *et al* study in 2020 investigation align closely with those of the present study. He explained couples who collaboratively handle stress related to pregnancy, are able to handle stress together attain higher satisfaction with life and valuable relationships confirming detrimental effects of distress on lifestyle quality.

In relation to third hypothesis, it was hypothesized that perinatal distress will negatively predict well-being in couples. Regression analysis verified that perinatal distress adversely predicted wellness which means higher worry or distress in perinatal time was associated with lower wellbeing in both partners. Biehle and Mickelson (2011) study supports our results. He investigated how desires and mental wellness influence the prediction of perinatal adjustments; their findings indicated that more amount of stress and anxiety were reported during perinatal period by those with fewer expectations leading to lower psychological wellbeing.

The study analyzed depression during pregnancy and psychological risk factors across pregnant women's in Northern Tanzania. 397 females who were expecting a child were recruited for the study. Edinburgh postnatal depression scale, and a structured questionnaire determining risk factors to antenatal depression was used. Through multiple logistic regression analysis it was found that those females who have bad relation with their husbands have highest antenatal depression and poor life quality (Rwakarema *et al*., 2015).

Last hypothesis of the research study was perinatal distress will negativity predict quality of life in couples. This hypothesis was also proved after analysis which showed that as perinatal distress increases different domain of life quality decreases. Study conducted by (Ngai & Ngu, 2013) supports our current research. He studied impact of mental wellness and changes in quality of life of 203 Chinese couples in perinatal stage. However findings revealed perinatal distress is negatively linked to quality of life. Women's had lower life quality than men. Couples who experienced greater life satisfaction along with good support and communication encounter lower distress. Emmanuel and Sun (2014) also shows consistent result with our findings. 363 women's were chosen for this study out of cohort of 605 women's through prospective design. The females filled the survey at later stage of pregnancy and then after 6 and 12 weeks after giving birth.Huge differences were noticed during all three time periods especially social domain of quality of life. During pregnancy period distress was adversely related to health related quality of life which means as the level of depression, anxiety increased quality of life which was specifically related to health decreased.

Chen *et al* in 2019 studied various changes in anxiousness, depression and health related problems that occur in mother and fathers who are becoming parents for the first time. These from early pregnancy stage to 1 year after giving birth to the baby. For this study 531 expecting women's and their husbands were identified from Taiwan. It was found through that severity of distress was highest after first month of giving birth. During this time depression was highest and social relationship quality were lowest in men. The psychological tension along with stress was greater in mothers. It was found that perinatal difficulties led to reduction in satisfaction with lifestyle for both spouses and wives emphasizing vital need for care at this time.

Conclusion: The motive of present study was to explore relationships which exist between perinatal distress, quality of life and wellbeing in couples. According to findings of this study, perinatal distress has significant negative correlation with quality of life and wellness among couples which means husband and wives who often suffer from mental and emotional challenges during pregnancy phase have lower life quality and wellness. Perinatal distress negatively predicted wellbeing and life quality among couples.

Conflict of interest: nil

Funding: nil

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