PSYCHOLOGICAL CHARACTERISTICS OF ANXIETY IN PRIMIPAROUS AND MULTIPAROUS PREGNANT WOMEN

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Abstract

Improving the health of citizens is a priority for any state. And, accordingly, women's reproductive health and maternity deserve great attention, because both the physical and mental health of pregnant women is a key factor in the health of the nation. Pregnancy is a difficult stage in a woman's life, often accompanied by increasing anxiety. Numerous studies prove the linkage between the mental health of the future child and the mother's psychological and emotional problems during pregnancy. Perinatal psychology, a relatively new direction in psychological science, deals with these issues.

This study aimed to identify the features of anxiety in first (primiparous), second, and third (multiparous) pregnant women.

The working hypothesis of the study is that anxiety factors in primiparous and multiparous women differ depending on the experience of childbirth.

The study involved 153 pregnant women aged 20–42, 68 of whom were first–pregnant, 41 second–pregnant and 44 third–pregnant. During the study, we used the following methods: observation, questionnaire, Personality and Situational Anxiety Test STAI and Pregnant woman's attitude test by Dobryakov, and uncovered stress factors contributing to anxiety.

During the research we recorded a high level of personal and situational anxiety in all 3 groups, however, we found that against the background of high personal anxiety, situational anxiety sharply decreases in primiparous pregnant women, and in multiparous pregnant women has a slight tendency to decrease.

The results showed that the 3 groups had high levels of both personality and situational anxiety, however, the priority of stress factors in each group differed

based on the positive experience of childbirth and the count of parity.

As a result of our study, we concluded that anxiety disorders in pregnant women need early diagnosis and prevention, so we recommend the establishment of a permanent psychological service in prenatal medical institutions to accompany women during pregnancy. This measure will help prevent the occurrence and development of anxiety disorder in pregnant women and will also help preserve the mental health of the mother and child.

Keywords and phrases: pregnancy, perinatal psychology, primiparous, second–parous, third–parous pregnant women, anxiety, stress factors.

ПСИХОКЛИНИЧЕСКАЯ ХАРАКТЕРИСТИКА ТРЕВОЖНОСТИ У ПЕРВОРОДЯЩИХ И ПОВТОРНОРОДЯЩИХ БЕРЕМЕННЫХ ЖЕНЩИН

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Аннотация

Улучшение здоровья граждан является приоритетом для любого государства. И, соответственно, репродуктивное здоровье женщин и материнство заслуживают большого внимания, потому что как физическое, так и психическое здоровье беременных женщин является ключевым фактором здоровья нации. Беременность – сложный этап в жизни женщины, часто сопровождающийся нарастающей тревожностью. Многочисленные исследования доказывают связь психического здоровья будущего ребенка с психологическими и эмоциональными проблемами во время беременности матери. Данными вопросами занимается перинатальная психология – относительно новое направление в психологической науке.

Целью настоящего исследования является выявление особенностей проявления тревожности у первородящих, повторнородящих и третьеродящих беременных женщин.

Рабочая гипотеза исследования заключается в том, что факторы тревожности у первородящих и повторнородящих женщин различаются в зависимости от опыта родов.

В исследовании приняли участие 153 беременные женщины в возрасте от 20 до 42 лет, 68 из которых были первородящими, 41 повторнородящими и 44 третьеродящими. Были использованы следующие методики: метод наблюдения, опросник, личностный и ситуационный тест тревожности STAI, тест отношений беременной (ТОБ), разработаный И.В. Добряковым, выявлены факторы стресса, способствующие тревожности.

В ходе исследования нами была зафиксирована высокая степень личностной и ситуативной тревожности во всех 3 группах, однако мы обнаружили, что на фоне высокой личностной тревожности ситуативная тревожность резко снижается у первородящих женщин, а у повторнородящих и третьеродящих беременных женщин имеет незначительную тенденцию к снижению.

Полученные результаты показали, что в 3 группах наблюдается высокий уровень как личностной, так и ситуативной тревожности, однако приоритетность стрессовых факторов в каждой группе различается положительным опытом родов и их количеством, а также опытом материнства.

В результате проведенного исследования мы пришли к выводу, что тревожные расстройства у беременных нуждаются в ранней диагностике и профилактике, поэтому рекомендуем создать постоянную психологическую службу в пренатальных медицинских учреждениях для психологического сопровождения женщин во время беременности. Эта мера поможет предотвратить возникновение и развитие тревожного расстройства у беременных женщин, а также позволит сохранить психическое здоровье матери и ребенка.

Ключевые слова и словосочетания: беременность, перинатальная психология, первородящие, повторнородящие и третьеродящие женщины, тревожность, факторы стресса.

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Համառոտագիր

Քաղաքացիների առողջության բարելավումը առաջնահերթ է ցանկացած պետության համար: Եվ համապատասխանաբար կանանց վերարտադրողական առողջությունը և մայրությունը մեծ ուշադրության են արժանի, քանի որ հղի կանանց թե՛ ֆիզիկական և թե՛ հոգեկան առողջությունը ազգի առողջության գրավականն է: Հղիությունը կանանց կյանքում բարդ փուլ է, որը հաճախ ընթանում է տագնապայնության բարձրացումով:

Բազմաքանակ հետազոտություններ ապացուցում են ապագա երեխայի հոգեկան առողջության կապը՝ մոր հղիության ընթացքում տարած հոգեհուզական խնդիրների հետ: Այդ հարցերով զբաղվում է պերինատալ հոգեբանությունը, որը համեմատաբար նոր ուղղություն է հոգեբանական գիտությունում:

Հետազոտության նպատակն է՝ տագնապայնության դրսևորման առանձնահատկությունների բացահայտումը առաջին, կրկնածին և եռածին հղի կանանց մոտ:

Հետազոտության աշխատանքային վարկածն է՝ առաջնածին և կրկնածին կանանց մոտ տագնապայնության գործոնները տարբերվում են ծննդաբերության փորձառության հանգամանքով:

Հետազոտությանը մասնակցել են 20–42 տարեկան 153 հղի կին, որոնցից 68–ը առաջնածին, 41–ը կրկնածին և 44–ը եռածին: Կիրառվել են հետևյալ մեթոդները՝ զրույցի, դիտման մեթոդները, հարցարան, Սպիլբերգեր–Խանինի անձնային և իրավիճակային տագնապայնության թեստ STAI, Դոբրյակովի հղիության նկատմամբ վերաբերմունքի թեստը (ՀՆՎ), բացահայտվել են տագնապայնությանը խթանող սթրես գործոնները:

Հետազոտության ընթացքում մենք գրանցեցինք անձնային և

իրավիճակային տագնապայնության բարձր աստիճան բոլոր 3 խմբերում, սակայն հայտնաբերեցինք, որ առկա անձնային բարձր տագնապայնության ֆոնին, իրավիճակային տագնապայնությունը կտրուկ նվազում է առաջնածին կանանց մոտ, և թեթև նվազման միտում ունի կրկնածին և եռածին կանանց մոտ:

Ստացված արդյունքները ցույց տվեցին, որ 3 խմբերում առկա է ինչպես անձնային, այնպես էլ իրավիճակային տագնապայնության բարձր աստիճան, սակայն յուրաքանչյուր խմբում սթրես գործոնների առաջնայնությունը տարբերվում է կապված ծննդաբերության և դրա քանակի, ինչպես նաև մայրության դրական փորձի հետ:

Հետազոտության արդյունքում մենք եկանք եզրակացության, որ հղի կանանց շրջանում տագնապային խանգարումները կարիք ունեն վաղ ախտորոշման և կանխարգելման, հետևաբար՝ առաջարկում ենք նախածննդյան բժշկական հաստատություններում ստեղծել մշտական գործող հոգեբանական ծառայություն՝ հղիության շրջանում կանանց հոգեբանական աջակցման նպատակով: Այդ միջոցառումը կօգնի կանխարգելել հղիության շրջանում կնոջ մոտ տագնապայնության առաջացումը և զարգացումը, ինչպես նաև մոր և մանկան հոգեկան առողջության պահպանմանը:

Բանալի բառեր և բառակապակցություններ. հղիություն, պերինատալ հոգեբանություն, առաջնածին, կրկնածին, եռածին, տագնապայնություն, սթրես գործոններ:

Introduction

The practical experience of psychologists and psychiatrists leads to the opinion that the central problem of psychotherapy is the question of the nature of anxiety. The issue of anxiety is the focal point where the most diverse and most important problems converge.

The physical and mental health of pregnant women is the guarantor of national health. Pregnancy is a period in which a woman undergoes physiological, psychological, hormonal, and social changes, which in turn can negatively affect the woman's psycho–emotional state, increasing the risk of developing psychological and psychiatric disorders during pregnancy **[2, 12, 13, 18]**.

Unstable socio–economic situations, wars, external threats, and many other factors hurt the mental sphere of women. Negative emotions lead to a decrease in the quality of health of the mother and, as a result, the child. Numerous studies prove the connection between the future child's mental health and the psycho–emotional problems during the mother's pregnancy **[11, 15, 16]**.

The relevance of studying women's anxiety during pregnancy is due to the scarcity of methodologically developed approaches to the psyche of a woman during pregnancy, means, and forms of psychological support. For this reason, it became necessary to specifically study the features of the mental state of pregnant women, which affect the emotional sphere of women during pregnancy, in particular, to identify the level of anxiety of women during pregnancy, the symptoms of which can vary from mild to high degrees **[9, 10, 14]**.

Pregnancy and childbirth play a significant role in a woman's life. Several studies have revealed that a woman's psychological well–being undergoes dramatic changes during pregnancy and postpartum, which may lead to the emergence or development of anxiety during pregnancy, childbirth, and the postpartum period. Some scientists have studied the relationship between pregnant and non–pregnant women's mental state and anxiety, and have concluded that pregnant women may be at risk of depression and high anxiety. It is also worth noting that each pregnancy proceeds under different conditions, such as the pregnant woman's chronic illness or complicated obstetric anamnesis, the woman's social conditions, and other conditions, which in turn can exacerbate anxiety during pregnancy **[3, 6, 17, 22]**. According to a study conducted in Spain, the GAD–7 questionnaire was used to assess anxiety in pregnant women according to the trimesters of pregnancy. 385 pregnant women participated in the study, 19.5% of whom had anxiety in the first trimester, 16.8% had anxiety in the second trimester, 17.2% had anxiety in the third trimester **[19]**. According to studies in Brazil, anxiety was present in 26.8% of pregnant women **[18]**.

The research aims to identify the characteristics of anxiety in primiparous, second–parous, and third–parous pregnant women.

Theoretical–methodological bases

For studying the problem of perinatal psychology, Z. M. Dubosarskaya and Yu. A. Dubosarskaya's work on pregnancy and childbirth is presented from the point of view of perinatal psychology, N. P. Kovalenko's theory of psychological features appearing in women during pregnancy, I. V. Dobryakov's theory of pregnancy as a critical period in a woman's life – the psychological component of the dominant pregnancy (PCDP) **[2, 4, 3, 5, 8]**.

Z. M. Dubosarskaya and Yu. A. Dubosarskaya, in their work "Pregnancy and childbirth, from the point of view of perinatal psychology", note that the emotional state of a pregnant woman is determined by the level of social well–being. The support of family members, material well–being, and confidence in the future positively affect a woman's psychological state. A high level of stress resistance allows maintaining an adequate attitude to life events and protects the expectant mother from additional negative emotions. Psychological protection is determined not by an objective event as such, but by the subjective significance of that event for a person **[4, page 26]**.

The main task of psychological protection is the elimination of psychological discomfort. Psychological protection reduces tension, and improves well–being, enabling a pregnant woman to adapt to the current life situation, as it reduces anxiety and fear. Pregnant women who have no experience of motherhood, especially with insufficient psychological preparation for pregnancy and childbirth, are more easily influenced by prejudices, worry about the course of pregnancy, the course and outcome of childbirth, the ability to breastfeed, and further education of the child. The age of the expectant mother plays a key and at the same time ambiguous role in attitudes towards pregnancy. Women over the age

of 30, even in the presence of extragenital and gynecological diseases, as a rule, have a diverse social experience and can control their emotional state, which helps them to overcome the problems that arise during pregnancy **[4, p. 26]**.

The most dangerous are the widespread stress and depressive episodes during the 2nd and 3rd trimesters of pregnancy, which can lead not only to postpartum depression of the mother but also to mental disorders of the child, even psychological problems in adolescence **[4, page 27]**. At the very beginning of pregnancy, a woman may have fears about the expected child: what will it be like in terms of health, weak, strong, etc., as well as fears and doubts related to the deterioration of appearance, femininity, attractiveness, and change of attitude towards her by her husband **[5, page 69]**.

Kovalenko notes that in the second trimester of pregnancy, previously heard remarks, opinions, and superstitions may be updated, may cause groundless fears, and increase anxiety. At the end of the third trimester of pregnancy, a woman also has special fears related to the upcoming birth: the birth will be painful, the unknown, the risk of death, various childbirth complications, blood loss, the child's illness, the inability to become a good mother, etc. All these fears are called anticipatory situational fears. There may even be panic states based on personal experience. All this leads to increased anxiety.

Kovalenko notes that the first pregnancy is usually more difficult than the second. Like Dobryakov, as well as many other authors, Kovalenko finds that pregnancy is a very sensitive period in a woman's mental life, it can also be seen as a crisis period **[5, page 71]**.

In the case of women's fears related to childbirth, Kovalenko suggests preparing for childbirth with the help of psychotherapeutic work, which can be carried out in the form of conversations, group training, and individual counseling **[5, page 72]**. Negative consequences caused by long–term fears and anxieties can be prevented by timely psychological support **[5, p. 76]**.

According to Dobryakov's theory, there are physiological and psychological components of the dominant gestational pregnancy, which are respectively characterized by biological or mental changes occurring in the woman's body and are aimed at pregnancy, childbirth, and child care. The dominant psychological component of pregnancy (DPCP), is a set of psychological self–regulation mechanisms that are activated when a woman becomes pregnant, to maintain the pregnancy and create conditions for the development of the unborn child. It also shapes a woman's attitude towards her pregnancy and behavioral stereotypes. Dobryakov proposed five types of DPCP: optimal, hypogestagnosis, euphoric, anxious, and depressive **[8, pages 106–119]**.

The criteria for distinguishing the dominant pregnancy are as follows: emotional attitude to pregnancy, acceptance of pregnancy, attitude to the "mother–child" system, adequacy of changes in behavior related to pregnancy, woman's maturity, her perception of herself by others, woman's attitude towards herself as a pregnant woman, acceptance of herself as a mother and psychological preparation for pregnancy, image of the child and interaction with him.

The optimal type of DPCP is seen in pregnant women who do not have excessive pregnancy anxiety. As a rule, the marital system is mature, family relations are harmonious, and pregnancy is desirable for both spouses.

Hypogestognosis type of DPCP often occurs in women who have not completed their studies and are busy with work. Pregnancy is often unplanned. They continue the active lifestyle. Students do not want to take academic leave, and working women tend to delegate childcare after childbirth to others (grandmothers, nannies) because mothers are "too busy" **[8, page 108]**.

The euphoric type of DPCP is seen in women with hysterical personality traits, as well as in those who have been treated for infertility for a long time. Often, their pregnancy becomes a means of manipulation, simultaneously with the expression of excessive love for the unborn child, optimism, even fantasies of the genius of the future child, and the uniqueness of feelings towards the fetus. Difficulties arising from pregnancy and the feeling of being unwell are exaggerated, they are demanding, and they expect extreme care and attention from others, fulfillment of whims **[11, page 86]**.

The anxiety type of DPCP is characterized by a high level of anxiety in a pregnant woman, which affects her somatic state, anxiety is often accompanied by hypochondria. Somatovegetative reactions may occur, affecting subjective well-being **[3, pages 88-97]**.

The depressive type of DPCP is manifested primarily by a sharp drop in mood in pregnant women, various fears may arise, and in severe cases, overestimated and sometimes delusional hypochondriac ideas, ideas of self-destruction, and suicidal tendencies appear. It is very important to identify the symptoms in time and refer the woman to a psychotherapist or psychiatrist **[8, page 109]**.

To assess the degree of anxiety in pregnant women during the experimental research, as the main method we used the Spielberger-Khanin Personal and Situational Anxiety Test STAI, the methodology of which was developed by Spielberger **[20, 21]** and adapted by Khanin **[7].** It is a reliable and valid instrument for assessing the level of personal and situational anxiety. The assessment is made on two scales, each with 20 variables. In this study, we used the Armenian adapted version of the STAI test published in "Methods for the Assessment and Development of Soldier's Mental Properties" **[1, page 83]**.

Research methods

The research was carried out in 2023 in the Department of High-Risk Pregnant Women and the Polyclinic Department of "Mother and Child Health Care Scientific Research Center" of Yerevan. 153 (including 68 primiparous, 41 second-parous, and 44 third-parous pregnant women) pregnant women aged 20-42 in different stages of pregnancy participated in the research. The purpose and conditions of the research we presented to the research participants in advance and obtained their verbal consent to participate in the research. The following methods were used: conversation and observation methods, and questionnaires, through which we collected the following data: age, number of pregnancies,

number of planned/unplanned pregnancies, period of current pregnancy, number of children, number of family members, emotional state (mood) of the pregnant woman. marital status, level of marital satisfaction, education, social status, attitudes towards pregnancy, course of pregnancy, financial well–being, change in attention from relatives towards the pregnant woman, need for hospitalization to maintain the pregnancy, concerns/fear about the birth process, concerns for the future child, changes in self–feeling, sleep disturbance, motherhood–care concerns, social domestic problems, conflicts with managers or colleagues at work or study, changes in workability related to pregnancy, postponement of plans due to pregnancy, concerns/fear of social instability in the country, fear of war, fear of loss, fear of death. We used the Spielberger–Khanin Personal and Situational Anxiety Test to assess the degree of personal and situational anxiety in STAI pregnant women, and Dobryakov's Test of Attitude towards Pregnancy, which is based on the theory of the dominant psychological component of pregnancy (DPCP), to find out which type of DPCP is most pronounced in a pregnant woman: optimal, hypogestognosic, euphoric, anxious or depressive **[8, 106–119]**.

Results

We collected the following data through questionnaires and conversation methods:

- age: 20–42, 153 pregnant women, 68 primiparous, 41 second–parous, and 44 third–parous pregnant women,
- level of education: secondary education–31 women, post–secondary education–24 women, Bachelor's and Master's programs–82 women, Doctorate–16 women,
- marital status: all research participants are married,
- social status: 10 students, 79 work–employed, 64 housekeepers,
- number of children: 0 children–68 women, 1 child–41 women, 2 children–43 women, 3 children–1 woman,
- pregnancy period by trimesters: 1st trimester (1–13 weeks)–26 women, 2nd trimester (14–27 weeks)–39 women, 3rd trimester (28–40 weeks)–88 women,
- number of planned/unplanned pregnancies: 134 pregnant women answered that pregnancy was planned, and 19 pregnant women answered that pregnancy wasn't planned
- the course of pregnancy was light among 95 women, 13 women received outpatient treatment, 9 women received both outpatient treatment and inpatient treatment, and 36 women received inpatient treatment. At the moment of writing, the course of pregnancy is going smoothly for 114, with certain complications for 39.
- location of the participants at the time of the study: 34 pregnant women in the high–risk pregnant department, and 119 pregnant women in the polyclinic department.

Stress factors promoting anxiety. In the group of primiparous pregnant

women, the main stressors that promote anxiety are change in self–feeling–78%, worries/fear about the birth process–71%, fear of war–50%; concerns about motherhood, taking care of a child–46%, concerns/fear of social instability in the country–46%, sleep disturbance–40%, delay in plans due to pregnancy–34%, change or decrease in workability–26%, concerns for future child–26%, fear of loss–22%, need for hospitalization to maintain pregnancy–22%, social and household problems–13%, fear of death–9%, conflicts with managers or colleagues at work or study–7%, decreased attention from husband, parents, relatives–3%.

In the group of second–parous pregnant women, the main stress factors that promote anxiety are: fear of war–93%, concerns/fear about the birth process–90%, change in self–feeling–88%, concerns/fear of social instability in the country–54%, sleep disturbance–54%, change or decrease in workability–41%, loss fear–41%, concerns for the future child–39%, delay of plans due to pregnancy–22%, need for hospitalization to maintain pregnancy–22%, social and household problems–20%, decreased attention from husband, parents, relatives–7%, fear of death–5%, conflicts with managers or colleagues at work or study–5%.

In the group of third–parous pregnant women, the main stress factors that promote anxiety are change in self–feeling–89%, fear of war–80%, change or decrease in the ability to work–45%, concerns/fear of social instability in the country–43%, sleep disturbance–32%, concerns/fear about the birth process–30%, hospitalization need to maintain the pregnancy–27%, concern for the future child–27%, social problems–27%, fear of loss–16%, fear of death–11%, delay of plans due to pregnancy–5%.

Based on the results obtained from Dobryakov's Pregnancy Attitude Test and the clinical observation method, the following groups of the dominant psychological component of pregnancy were formed:

1. In the group of primiparous pregnant women, there were 57 women of optimal types (83.8%), 2 women of hypogestognosic type (2.9%), 8 women of anxious type (11.8%), and 1 woman of euphoric type (1.5%).

2. In the group of second–parous pregnant women, 27 women of optimal type (65.9%), 1 woman of hypogestognosic type (2.4%), 10 women of anxious type (24.4%), and 2 women of euphoric type (4.9%).

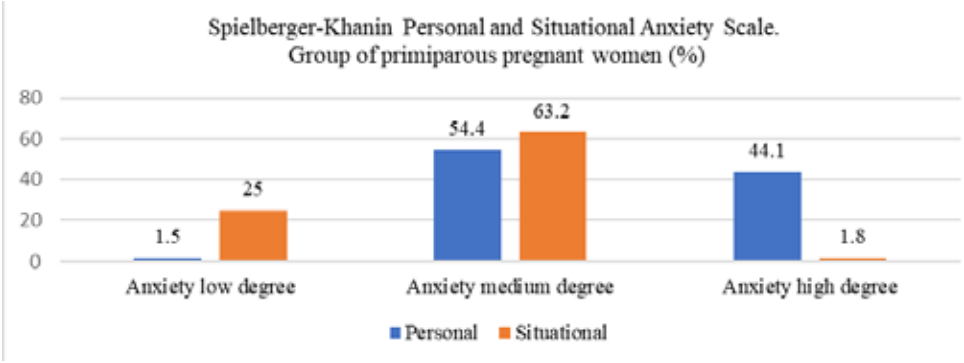
3. In the group of third–parous pregnant women, 34 women of optimal type (77.3%), 1 woman of hypogestognosic type (2.3%), 8 women of anxious type (18.2%), and 1 woman of euphoric type (2.3%).

Spielberger–Khanin Personal and Situational Anxiety Scale. We obtained the following results in the groups of primiparous pregnant women (n=68), second–parous pregnant women (n=41), and third–parous pregnant women (n=44).

Group of primiparous pregnant women (n=68), presented in Diagram 1.

- low degree of personal anxiety 1.50%, medium degree 54.40%, high degree 44.10%.
- low level of situational anxiety 25.00%, medium level 63.20%, high level 11.80%.

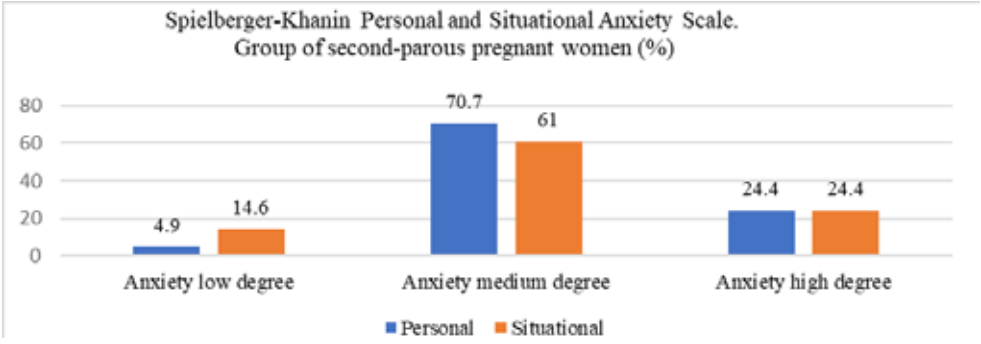
Diagram 1



A group of second–parous pregnant women (n=41) is shown in Diagram 2.

- low degree of personal anxiety 4.90%, medium degree 70.70%, high degree 24.40%.
- low degree of situational anxiety 14.60%, medium degree 61.00%, high degree 24.40%.

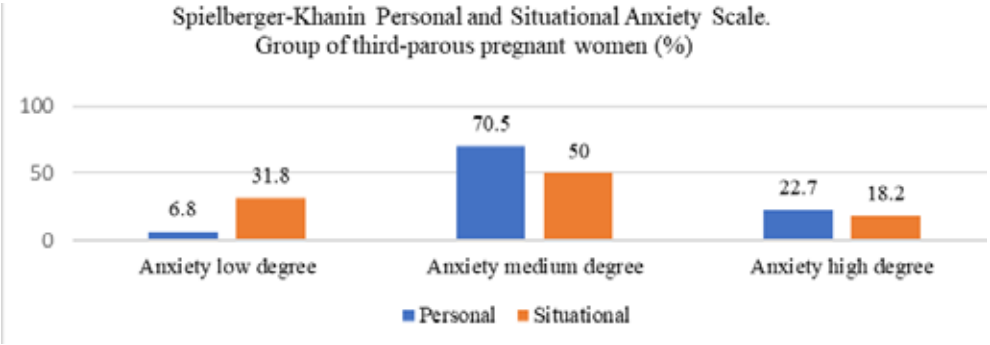
Diagram 2



A group of third–parous pregnant women (n=44) is shown in Diagram 3.

- low level of personal anxiety 6.80%, medium level 70.50%, high level 22.70%.
- low level of situational anxiety 31.80%, medium level 50.00%, high level 18.20%.

Diagram 3



Although the studies we have presented that examine anxiety during pregnancy mainly examine the general level of anxiety among pregnant women or have separated groups of trimesters of pregnancy **[6, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 22]**, we separated the groups according to childbirth and motherhood experience, because we find that positive motherhood experience plays an important role in the development of anxiety during pregnancy.

Conclusion

By comparing the above–mentioned studies and our research results, we can state that the 3 groups studied during pregnancy are dominated by moderate and high levels of anxiety.

Although we recorded a high degree of personal and situational anxiety in all 3 groups during the study, we found that in the background of high personal anxiety, situational anxiety decreases sharply in primiparous women, and has a slight decreasing trend in second–parous and third–parous women.

The obtained results showed that there is a high level of both personal and situational anxiety in the 3 groups, however, the priority of stress factors in each group differs with the positive experience of motherhood and its amount.

Common stress factors that promote anxiety are changes in self–feeling, concerns about the socio–economic instability of the country, threats of resuming war, and sleep disturbance but in the group of primiparous women, concern about mothering and taking care of the child stands out.

Thus, we can claim that although the stress factors during pregnancy are mostly common, some stress factors are specific to the group of primiparous women (lack of experience of childbirth and child care) and second–parous women (negative experience of childbirth), related to the positive experience of motherhood and its amount.

During the research, we confirmed our hypothesis that the experience of pregnancy (motherhood) affects the level of anxiety of a woman during pregnancy.

Anxiety disorders need early diagnosis and prevention, therefore we suggest creating permanent psychological services in prenatal medical institutions for

psychological support for women during pregnancy. This measure will help to prevent the occurrence and development of anxiety in a woman during pregnancy, as well as to maintain the mental health of the mother and child.

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