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**A descriptive study to assess the biopsychosocial wellbeing of
high risk pregnant women in selected hospitals of Udupi district,
Karnataka**

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"ABSTRACT

A research study titled "A descriptive study to assess the biopsychosocial wellbeing of high risk pregnant women in selected hospitals of Udupi district, Karnataka" was conducted by Taniya Bera in partial fulfilment of the requirement of a degree of Master of Science in Nursing at the Manipal College of Nursing Manipal, Manipal University, Karnataka.

The present study is an attempt to determine biological, psychological and social wellbeing of women diagnosed as having high risk pregnancy. The findings of the study would help the health care personnel to recognise the importance of bio-psychosocial wellbeing and their interrelationships. This may help the health care workers to give importance not only to the physical but also psychological and social wellbeing of the pregnant women with high risk pregnancy and may contribute to provision of need based quality care, thereby help to improve outcome of pregnancy.

The objectives of the study were to determine the biopsychosocial wellbeing of high risk pregnant women and to find out the relationship between biological psychological and social wellbeing of high risk pregnant women.

The conceptual framework for this study was based on Engle's model of biopsychosocial wellbeing. It was conceptualized that the high risk conditions during pregnancy lead to disruption of harmony in the biological, psychological and the social domains of wellbeing in a high risk pregnant women.

A survey approach was undertaken to assess the biopsychosocial wellbeing of high risk pregnant women. The design used was the descriptive survey design. Sample of the study was high risk pregnant women more than 28 weeks of gestation who were attending the

Obstetrical and Gynaecology Out-Patient Departments(OPDs) and who were admitted in the antenatal wards of selected hospitals of Udupi district, Karnataka. Non-probability purposive sampling was used in this study. The sample size was 303 high risk pregnant women who fulfilled the inclusion criteria.

The tools developed for this study were demographic proforma including biophysical parameters of high risk pregnant women and Likert scale to assess the biopsychosocial wellbeing. To ensure the content validity of the tool, the tools were submitted to seven experts with the blue print of the tool and modifications were made as per the experts' suggestions. After validation, the modified tools were subjected to pretesting among five pregnant women who were above 28 weeks of gestation diagnoses with high risk conditions and who were attending antenatal OPDs and Rural Maternal and Child Health Centre, Udupi district, Karnataka. The reliability of Likert scale for internal consistency was tested Cronbach's alpha and it was found to be reliable (.876). A pilot study was conducted among 30 pregnant women with high risk condition. The study was found to be feasible.

For ensuring the ethical concerns in the research methodology, administrative permission was obtained from the Dean, Manipal College of Nursing Manipal, Institutional Ethics Committee of Kasturba Hospital, Manipal, Medical Superintendent, KH, Manipal and Head of Department of Obstetrics and Gynaecology, KH, Manipal. Informed written Consent from high risk pregnant women was obtained prior to data collection. High risk pregnant women were informed of their rights to voluntarily consent or decline to participate, and to withdraw

participation at any time without penalty. The data was collected from 6th January to 6th February, 2016 from the high risk pregnant women who were meeting inclusion criteria.

Analysis of the data was done by using both descriptive and inferential statistics. The data were analysed using Statistical Package for Social Sciences (SPSS) version 20 software. Descriptive (mean, standard deviation) and inferential statistics (Spearman's rho) were used to analyse the data.

Majority 221(73%) of the pregnant women with high risk conditions were from nuclear family, 250(83%) belonged to the Hindu religion, 122(40%) were having higher secondary education, 272(90%) were homemakers and in most 104(34%) of the high risk pregnant women income was < Rs.10000/ month. Most of the high risk pregnant women 205(68%) were primigravida, 162(53%) were from rural area, 264(87%) were non-vegetarian and 223(74%) were using auto or bus to reach the health centre/hospital from home. Most of them 133 (44%) were getting health related information from health care personnel.

Mean age of the high risk pregnant women was 28.65 ± 4.23 years, mean gestation was

32.15 weeks ± 3.08 days, mean weight of the high risk pregnant women was 60.49 ± 10.68 kg, mean height of the high risk pregnant women was 155.28 ± 6.3 cm, mean amniotic fluid index (AFI) was 13.46 ± 2.86 cm, and mean haemoglobin was 11.45 ± 1.35 mg/dl. Mean systolic blood pressure was 115.67 ± 9.83 mm of Hg and mean diastolic blood pressure was $76.23 \pm$

9.22 mm of Hg.

Most of the high risk pregnant women 87(26%) had previous history of abortion, 49 (15%) had previous history of caesarean section, 43(13%) had gestational diabetes mellitus, 7 (2%) had short cervix, 7(2%) had placenta previa, 4(1%) had polyhydramnios, 4(1%) had short stature.

Among the 303 pregnant women with the high risk conditions 161(53.1%) had low biological wellbeing and 142(46.9%) had high biological wellbeing; 148(48.8%) had low psychological wellbeing and 155(48.8%) had high psychological wellbeing; 172(56.76%) had low social wellbeing and 131(43.23%) had high social wellbeing.

There was a moderate relationship between biological and psychological wellbeing which was statistically significant ($\rho = .56$, $p < .00$). There was a low relationship between biological and social wellbeing which was statistically significant ($\rho = .245$, $p < .00$) and there was a low relationship between social and psychological wellbeing which was statistically significant ($\rho = .391$, $p < .00$).

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