IMPACT OF LOCUS OF CONTROL, TYPE OF HOSPITAL REGISTERED AND AGE AT FIRST MARRIAGE ON ANXIETY AMONG EXPECTANT MOTHERS IN OWERRI

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ABSTRACT

This study examined the impact of locus of control, type of hospital registered and age at first marriage on anxiety among expectant mothers in Owerri. Two hundred participants were selected from both government and private owned hospitals through convenience sampling. Participants' age ranged between 20 – 46years with a mean age of 24.24. State-Trait Anxiety Inventory (STAI) and Internal-External Locus of Control Scale (Y - EICS) were administered to the participants for data collection. Three hypotheses were postulated and tested. Cross sectional survey design was employed and 3 – Way Analysis of Variance was used for data analysis. Result revealed that locus of control and type of hospital registered did not have significant influence on anxiety while age at first marriage had significant influence on anxiety among expectant mothers as expectant mothers who married at the peak of their age (23 -39) years were more anxious than those that married very early and very late. This study recommended that the administration of screening tools to identify women at risk of anxiety during pregnancy and the provision of early preventive measures to reduce pregnancy-specific anxiety should be a universal practice.

Keywords: Locus of Control, Type of Hospital Registered, Age at First Marriage, Anxiety, Expectant Mothers.

INTRODUCTION

Anxiety is described as an emotion characterized by feelings of tension, worried thoughts and physical changes like increased blood pressure. (American Psychiatric Association , 2000). It is an unpleasant state of mental nervousness and concern about certain events. It also has both subjective and physical features. Subjective features include worrying, fear of the worst things happening, fear of losing control, nervousness and inability to relax. The physical features reflect arousal of the sympathetic branch of the autonomic nervous system including trembling, sweating, an elevated blood pressure and fainting (Zinbang & Barlow, 1996).

Anxiety is a normal response to threat or danger and part of the usual human experience but it can become a mental health problem if the response is exaggerated, last longer and interferes with daily life (Mental Health Foundation, 2007). Unfortunately, women are more exposed to anxiety due to lots of changes in life – first menstruation, pregnancy then menopause (Hoffman, Schorge, Schaffer, Halvorson, Bradshaw, Cunningham, Calver & William, 2012).

Pregnancy is one of the most important periods in a woman's life as it brings along numerous changes not only in the physical aspects but also socially and

psychologically (Lilian, Kristap, Velga& Inga, 2015). As a result, it gives rise to high level of anxiety even in healthy woman because of the anticipated uncertainties associated with it. Previous research has shown a high prevalence of psychiatric illness in pregnant women (Fatma, *et al.*,2014) not only in developed countries but also in developing countries of which Nigeria is no exception. A large body of research exist on the adverse outcomes of maternal psychological ill health. For instance, psychiatric illness during pregnancy is considered to contribute to prematurity, low birth weight and obstetric complication. (Niloufer, Igbal, Badar, Ghurmate & Sana,.2012)

Anxiety among expectant mothers is a particular emotional state tied to pregnancy – specific concerns such as worries about the health of the baby and child birth. According to Lobel (2011), there are many reasons why women feel anxious about their pregnancies. A woman who has a medical risk condition such as hypertension or diabetes would worry about the adverse effect on her child and herself. Someone who experienced previous infertility or still birth may worry about the viability of the baby. A first time mother is likely to worry about the many impending changes that will occur in her life and whether the baby will be healthy. Evidences show that pregnancy anxiety not only affect pregnant women's health but also have an impact on labour outcomes such as preterm delivering, prolonged labour, caesarean birth, low birth weight. (Cator *et a*l., 2011; Lobel *et al*., 2008.) A more recent review (Norhayati *et a*l., 2015) had shown that antenatal depression and anxiety are significant risk factors for postnatal depression and anxiety in both developed and developing countries.

Scholars have come up with possible predictors of anxiety during pregnancy. Some have noted that some personality factors increase the risk of experiencing psychological difficulties in the antenatal period especially negative cognitive styles such as tendency to be nervous, worried or shy, low self esteem and low self-efficacy (Bayrampour, *et al.,* 2015; Martin, *et a*l., 2015). Moreover, according to Martin (2003), pregnancy brings changes on mothers and may have adverse effects on those who perceive themselves as having little control over environmental events. It was then predicted that significant correlations between life changes and anxiety would be found only among subjects with external locus of control (Calson, 2007).

Zimband (1985) define locus of control as a personality variable which refers to an individual perception of the main causes of events in life. It is a psychological concept which refers to how strongly people believe that they have control over the situation and experiences that affect their lives (Rotter, 1966). A person's "Locus" is conceptualized as internal if there is a belief that one has control over one's own life or external if there is a belief that life is controlled by outside factors which the person cannot influence or that chance and faith control their lives (Calson *et al.,* 2007). Locus of control can invariably influence our lives immensely as it either reduce or increase the stress we have in life.

Moreso, the average age at first marriage has also raised a lot of controversies in studies such as this present one because it varies from one county to another and is affected by several factors such as career, finance, academic pursuit, culture, religion and family background. A population-based community study among 916 Swedish first trimester women by Rubertsson, Hellstrom, Cross, and Sydsjo (2014) estimated 15.6% prevalence of anxiety symptoms and reported that women under 25 years of age were at an increased risk of anxiety symptoms. They concluded that anxiety symptoms

during pregnancy increased the rate of preference for caesarean section. Arch (2013) investigated socio-demographics of pregnant women to find out predictors of pregnancy anxiety in US sample of 311 pregnant women. They concluded that younger age, nulliparous status and high levels of general and state anxiety predicted higher pregnancy-related anxiety. In line with this, some studies have shown a significant correlation between age and anxiety during pregnancy (Bodecs *et al.*, 2011; Fellenzer & Cibula, 2014). Nevertheless, some studies also noted that an older age was positively associated with anxiety and depression scores during pregnancy (Ali *et al*., 2012; Weobong *et al.*, 2014) while other studies found that age was not associated with anxiety and depression (Abuidhail & Abujilban, 2014).

Another variable of interest in this study which may also predict or influence the mental health of expectant mothers is the type of hospital expectant mothers register for antenatal care. All expectant mothers would prefer a care centre or hospital where the medical team have specialized professionals in delivering prenatal care and handling delivery practices. Unfortunately, this may not always be available for all due to some obvious reasons perhaps, poverty, proximity, locality, lack of information and support.

Despite advancement in prenatal care and delivery practices over the past few years, maternal anxieties during pregnancy are still prevalent. Previous studies on pregnancy anxiety from different part of the world reported a high and diverse prevalence rate of 14-54% (Lee, 2007; Teixeira, Figueredo, Condo, Pacheco & Costa,2009). Some of such studies also revealed a varied prevalence of pregnancy anxiety at different trimesters with high levels in first and third trimesters.(Faisal –Curry & Rossi-Menezes, 2007; Figueirodo & Congo,2003). Hence the study is aimed at accessing the impact of locus of control, age at first marriage and the type of hospital registered on anxiety among expectant mothers precisely in an African setting.

Statement of the Problem

Stress and anxiety are relatively common among pregnant women. The immediate and long term consequences of antenatal anxiety are far-reaching not only affecting the mother but also her infants. Anxiety during pregnancy could diminish one's capacity for self-care, which could lead to inadequate nutrition all of which could have influence on the gestation and delivering such as Intrauterine Growth Restriction (IUGB), premature birth, low birth weight etc. The nervous system development of the infants and the psychological development of the children could also be affected.

Although obstetric intervention for physical care of pregnant women has improved drastically in Nigeria over the past several decades, little attention has been paid to the emotional care of the pregnant women. For instance, previous studies from different parts of the world on maternal anxiety identified high/diverse prevalence of maternal anxiety during pregnancy despite advancement in prenatal care and delivering practices (Lee, 2007; Teixeina, Figueredo, Condo, Pachecco and Coasta, 2009). It was also concluded that anxiety symptoms during pregnancy increased the rate of preference for caesarean section (Rubertsson, Hellstorm, Cross & Syds, 2014), thus indicating that psychological care is an Integra part of childbirth for which professionals and caregivers need to pay close attention to in their management of pregnancy and labour pain.

Considering the potentially high prevalence of antenatal anxiety and the few studies performed among Nigerians precisely in Igbo land where pregnant women have many burdens such as working, bringing up children, cooking and gestation coupled with high and widespread gender preference for male progeny, the research hopes that by raising the awareness of maternal prenatal anxiety among healthcare professionals and caregivers, mother would be screened early in their pregnancy and offered personalized services for their psychological health in order to reduce distress and improve pregnancy outcome.

Purpose of the Study

The study aims at investigating the impact of locus of control, type of hospital registered and age at first marriage on anxiety among expectant mothers. Specifically the researcher wants to examine:

1. The impact of locus of control on anxiety among expectant mothers in Owerri
2. The impact of type of hospital registered on anxiety among expectant mothers in Owerri
3. The impact of age at first marriage on anxiety among expectant mothers in Owerri

LITERATURE REVIEW

According to cognitive theorists, anxiety is maintained by thinking that one is in a terrible situation and helpless to change it. People with anxiety disorders may be cognitively biased toward paying more attention to threats than other people do (Mineka, 1991). Cognitive theorists note that people's appraisals of the magnitude of threats help determine whether they are traumatised and this can lead to PSTD (Creamer , Burges & Pettison, 1992). In other words, when anxiety is acquired at a young age by some people, such individuals may later interpret or perceive it as an enduring trait in them and then label themselves as people who are prone to fear. As a result, such individuals tend to live up to the label as well as entertain thought that heighten and perpetuate anxiety. Such ideas intensify physical signs of anxiety, disrupt planning, make stimuli seem worse than they really are, motivate avoidance and decrease self-efficacy.

However, some studies have shown that some personality factors increase the risk of experiencing psychological difficulties in the antenatal period. A study by Puente, Monga and Morales (2013) investigated the role of locus of control in the development of psychopathological symptoms during pregnancy and post partum in women with Low-risk pregnancies. Pregnant women participated during the first trimester of pregnancy (n = 285), third trimester (n = 122) and in the postpartum (n = 116). Participants were assessed for locus of control and psychopathological symptoms. Socio-demographic and pregnancy variables (previous childbirth, previous miscarriage and whether the pregnancy was planned, etc.) were also accessed. Significant differences were observed in the development of somatisation and obsessive compulsive symptoms during pregnancy and postpartum. Previous births, planned pregnancy, having a job and increasing age were protective variable. As pregnancy progressed, locus of control was significantly externalized. In the first trimester,

significant differences were found for locus of control (Internal Vs external) among almost all the psychological symptom. In two trimesters, internal locus of control was a protective health variable. Regression analysis showed that external locus of control was related only to phobic anxiety in the third trimesters.

In line with this, Hoenn-Saric and Mclead (1985) examined the relationship between psychopathology, personality trait and locus of control among 166 adult outpatients diagnosed as having chronic anxiety. Measures consisted of state and trait scale. Patients with an external locus of control were depressed, had higher levels of state anxiety and exhibited more indecision, fatigue and agoraphobia than those with an internal locus of control. Externally oriented patients also scored higher on neuroticism and trait anxiety and scored lower on social adjustment.

An estimation of the frequency of antepartum anxiety and depression among pregnant women was conducted by Niloufer, Igba Badar and Sana (2012) in a tertiary care hospital. A total of 165 pregnant women were interviewed by a clinical psychologist using HADs for assessing anxiety and depression. Information regarding socio-demographic, obstetric, family relationship and home environment were collected also, out of the total of 165 pregnant women; about 70 percent of them were either anxious or depressed. The increasing age of women (P-value = 0.073), not having any live child (P-value = 0.036), adverse pregnancy outcome in the past including death, stillbirth or abortion (P-value = 0.013), participants role in the household decision making (P-value = 0.013) and domestic violence (verbal or physical abuse towards mother or children or any family member) P-value = 0.123).

In another study by Deklava, Lubina, Circerus, Sudraba and Millere (2015), the causes of anxiety during pregnancy were examined. The participants were 150 pregnant women and State-Trait Anxiety (STAI) scale was used to gather data. Result indicated that most pregnant women felt anxious firstly about factors connected with newborns: possible birth trauma and new born ability to effectively initiate breathing, followed by anxiety causes connected to pregnant women herself. Result revealed that anxiety during pregnancy is common among younger pregnant women, those whose education is lower, living alone and lacking both financial and psychological supports.

The association between maternal lifestyle and antenatal stress and anxiety in Chinese pregnant women was investigated in a cross-sectional study by Qingzhl Hou *et al*., (2018). 1491 pregnant women were drawn from the Guangxl birth cohort study (GBCS). A baseline questionnaire was used to collect demographic information and maternal lifestyle. The Pregnancy Stress Rating Scale (SAS) was used to assess prenatal stress and anxiety respectively. Regression analysis identified the relationship between maternal lifestyle and prenatal stress and anxiety. Results revealed that maternal age, pre-pregnancy and gravidity history had significant statistically differences in sub-stress level group. Inversely, other baseline characteristic had no significant differences in sub-stress group and all the demographic factors had no significant differences during anxiety.

Arch (2013) investigated the socio-demographic of pregnant women to find out predictors of pregnant anxiety in a US sample of 311 pregnant women. They

concluded that younger age, nulliparous status and high levels of general and state anxiety predicted higher pregnancy – related anxiety.

Madhavanprabhakara, D'souza and Nary (2015) carried out a study aimed at determining the prevalence of pregnancy – specific anxiety (PSA) and its associated factors among pregnant women during the three trimesters of pregnancy. 500 Low-Risk pregnant women who attended the major maternity government hospital during the period were selected through convenience sample method. State Trait Anxiety Inventory (STAI) and Pregnancy – Specific Anxiety Inventory (PSAI) were used to collect data. Result revealed that the highest prevalence of pregnancy specific anxiety was during the third trimester of pregnancy. All pregnant women rated high levels of third trimester childbirth anxiety compared to other three components of pregnancy specific anxiety. Nulliparous pregnant women reported higher levels of PSA than parous pregnant women. Young age, nulliparous status and nuclear family nature were identified as common factors of pregnancy-specific anxiety.

Hypotheses

1. There will be no statistically significant impact of locus of control on anxiety among expectant mothers.
2. There will be no statistically significant impact of type of hospital registered on anxiety among expectant mothers.
3. There will be no statistically significant impact of age at first marriage on anxiety among expectant mothers in Owerri.

METHOD

Participants

A total number of 200 participants were employed for this study. They were drawn through convenient sampling techniques from both government and privately owned hospitals (Federal Medical Centre Owerri, General Hospital New Owerri, Holy Family Hospital Ikenegbu and Saint David Hospital Ikenegbu, all in Owerri). These participants were expectant mothers within the age range of 20-45 years and the mean age of 24.24. These hospitals were selected by the researcher because of their proximity, accessibility and the large population of expectant mothers that do attend ante-natal at these centres

Instruments

Two instruments were employed for data collection. They included Internal -External Locus of Control Scale (I-ELCS) and State-Trait Anxiety Inventory (STAI Form Y-2).

The 1-ELCS developed by Rotters (1966) include 29 items designed to evaluate the position of the individual generalized control expectation on the internal-external or the general expectation and belief the individual has regarding reinforces being in the control of internal or external forces (luck or fate).Every item in the scale is been evaluated over two chances that are shown with the letters a and b. The norm for

interpretation is 8.6. Higher scores signify the belief of external locus of control. The scale has a Cronbach Alpha reliability coefficient of 0.07 and correlation coefficient of 0.06 as obtained by Masquid (1980).

State Trait Anxiety Inventory (STAI Form Y-2) developed by Spielberger (1983) is a 20- item questionnaire which measures specific and situational anxiety. Items scores range from 1 to 4 starting from not at all to very much so. It has ten items (1, 2, 5, 8, 11, 15, 16, 19, 20) scored in reverse direction. The STAI-FORM Y-2 has a test-retest reliability co-efficient of .61 and a concurrent validity of .69 (Omoluabi, 1997). Omoluabi (1997) provided the Nigerian norm for interpreting the score, scores higher than the norms indicate typical manifestation of anxiety while scores lower than the norm indicate lower or normal level of anxiety.

Procedure

The researcher began the study after obtaining permission from the management of the following hospitals in Owerri- Federal Medical Centre, Imo State Specialist Hospital, Holy Family hospital Ikenegbu and Saint David hospital. On arrival at each hospital precisely on their antenatal days, the researcher was permitted by the matron in charge to use 20-25 minutes to interact with the expectant mothers before the commencement of the routine antenatal clinic. The 20-25 minutes were used by the researcher to brief the expectant mothers on the purpose and importance of the study, establish rapport with them and also assured them of the confidentiality of their responses. After the explanations, their participations were sought for and those who volunteered to participate were given the consent form, contact information of the researcher and sets of questionnaires to respond to. They were also advised to read carefully before responding. Their right to withdraw from the study was also conveyed to the participants. At the end of the research as participants returned the completed questionnaires, the researcher thanked both the staff of the hospital and the respondents as well as promised to communicate the findings to both. Data were then generated, organized and analyzed.

Design and Statistic

The cross sectional survey design was employed in this study because data were collected across a large population and in different hospitals using questionnaires as a tool for data collection. 3-way Analysis of Variance was adopted to analyze the collected data.

RESULTS

Table 1: Summary of Means and Standard Deviations for Locus of Control, Type of Hospital and Age at First Marriage on Anxiety among Expectant Mothers in Owerri.

	Mean	Standard Deviation	N
Internal	48.37	11.43	72
External	49.15	8.61	128
Government	48.05	10.18	93
Private	49.58	9.25	107
12 – 22 Years	48.93	9.38	75
23-39 Years	49.26	9.84	119
40 Years and Above	40.33	8.21	6

Table 2: Summary Table of Three-Way ANOVA for Locus of Control, Type of Hospital and Age at First Marriage on Anxiety among Expectant Mothers in Owerri

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.
Locus of Control (A)	27.65	1	27.65	.301	.582 *NS*
Type of Hospital (B)	117.091	1	117.091	1.289	.258 *NS*
Age at First Marriage (C)	584.421	2	292.211	3.22	.042*Sig*
A X B X C	424.47	2	212.24	2.34	.100 *NS*
Error	17079.761	188	90.851		
Total	496370.001	200			

Note: Sig = Significant NS =Not significant

As shown on the results obtained in Table 2 above, the first null hypothesis which states that there will be no statistically significant impact of locus of control on anxiety among expectant mothers in Owerri was accepted *[F (1, 188) =.30, p>05]* at the 95% confidence interval. From the means obtained (Table 1) expectant mothers who are externals (M = 49.15) scored slightly higher than those who are internals (M = 48.37) on anxiety. The result implies that locus of control does not significantly influences anxiety among expectant mothers in Owerri.

Similarly, analyses of the second null hypothesis which states that there will be no statistically significant impact of type of hospital registered on anxiety among expectant mothers in Owerri was also accepted *[F (1, 188) =1.29, p>05]* at the 95% confidence interval. From the means obtained (Table 1) expectant mothers who attended private hospitals (M = 49.58) scored slightly higher than those who were

attending government hospitals (M = 48.05) on anxiety. The result implies that type of hospital does not significantly influences anxiety among expectant mothers in Owerri.

However, analyses of the third null hypothesis which states that there will be no statistically significant impact of age at first marriage on anxiety among expectant mothers in Owerri was rejected *[F (1, 188) =3.22, p>05]* at the 95% confidence interval. From the means obtained (Table 1) expectant mothers who married between 23 – 39 years (M = 49.26) scored higher than those who married between 12 – 22 years (M = 48.93) and those who married at 40 years and above (M = 40.33) on anxiety. The result implies that age at first marriage significantly influences anxiety among expectant mothers in Owerri as mothers who married at the peak age of marriage were more anxious than the other two age categories.

DISCUSSION

This study examined the Impact of Locus of control, type of hospital registered and age at first marriage on anxiety among expectant mothers.

The finding of this study based on the first hypothesis revealed that Locus of control had no significant impact on expectant mothers' anxiety. This supports the findings of Deklava *et al*. (2015) that revealed that the main cause of anxiety among expectant mothers is not basically on issues concerning the pregnant mother herself but rather concerns regarding the state of the new born. According to them, the leading causes of anxiety among expectant mothers are as follows: possible neonatal developmental disorder, possible birth traumas and the newborn ability to initiate breathing. The result however is not in line with the study of Puente *et al*. (2013) which showed that locus of control was significantly externalized as pregnancy progressed and that external locus of control was related to phobic anxiety in the third trimester among expectant mothers.

The second finding of this study indicated that the type of hospital registered had no significant impact on anxiety among expectant mothers. This might not be surprising as expectant mothers in our society personally prefer and select their most suitable and convenience centre for antenatal care by themselves regardless of who manages it.

The third finding of this study indicated that age at first marriage had significant impact on expectant mothers' anxiety. This result implies that expectant mother who married at the peak of their age (23 – 39 year old) were more anxious than those who married very early(12-22year old) and late(40 -45year old). The study of Qingzhl Hou et al. (2018) which revealed that maternal age, pre-pregnancy and graviality history had significant influence on anxiety during pregnancy supports this finding. Moreso, the study of Deklava *et al*. (2015) which showed that anxiety during pregnancy are more common among younger pregnant women (within 22 – 25 years old), those whose education is lower, living alone and feeling a lack of support also coincides with the result of this study. Several reasons could be associated with this finding. First, expectant mothers within this age bracket (23-39 year old) might seem to care more about the changes they are experiencing due to the pregnancy than others.

Second, most of them at the peak of their age might be cumbered or batting with a lots of demands or expectations as some might be fresh graduates searching for a better

employment or trying to cope with the demands from a new employers coupled with the new role of a wife, daughter-in-law and an expectant mother. Unlike the older participants (within age bracket of 40 and above) who must have settled in their job or businesses and have long desired to be married. As a result, pregnancy becomes answers to long waited desires not actually causing much stress. It is also noted that anxiety during pregnancy decreases with maternal age (Deklara *et al*. 2015). However, expectant that married very early (12-22 year old) might be very young girls or undergraduates whose partners may be responsible for all their needs or who got married ignorantly maybe for fun and pleasure alone as a result, the demand on them maybe lesser because of age, employment status and experience.

Conclusion

This study examined the impact of locus of control, type of hospital registered and Age at first marriage on anxiety among expectant mothers in Owerri. In conclusion, it was identified that the expectant mothers age had significant impact on her anxiety level, thus indicating that younger pregnant women experience more anxiety which decreases with age.

Recommendations

Based on the findings, the following recommendations were made:

1. The study recommends that the administration of routine screening tool to identify woman at risk of anxiety during pregnancy should be a universal practice.
2. Provision of early preventive measure or therapy to reduce anxiety during pregnancy in order to promote the long term wellbeing of mothers and babies.
3. It also recommended the implementation of structured childbirth education for pregnant women as part of the routine antenatal care both in public and private hospitals to ensure well-informed and empowered expectant mothers thus reducing their pregnancy related anxiety.

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