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Relationship between family environment and pregnant women’s general health

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Abstract

This study aims to investigate the relationship between family environment and its components with the pregnant women’s general health. The statistical population includes all the pregnant women referred to Tabriz 29 Bahman Hospital in 2010. Simple random sampling method was used and 60 women were chosen as the survey sample. This study is correlation research. In order to collect the data, 60-item family environment (Mose and Mose) Questionnaire and Goldberg and Miller General Health questionnaire (28 item form) were employed. The results indicate that there is a significant correlation between family environment scale and total score of General health.

Keywords: General Health, Family environment, Pregnant women

1. Introduction

General health is one of the main issues in psychology and psychiatry. Because of importance of pregnancy period, general health should be considered. Undoubtedly, different factors affect on general health. Recognition of needs and drivers of human being behavior and actions is a principle element in general health. Not only Oxygen, water and food are necessary but also psychological needs like feeling of security, mental balance, tranquility, progress and superiority are required. Karl Maniger believes that general health involves maximum compatibility of an individual with his environment besides pleasure and effective consequences. Ramazan Zadeh and et al (2010) define general health as promotion of social performance and lack of depression and anxiety symptoms. Family plays an important role in meeting family members especially spouses mental needs and psychological disorders. In addition to independent role of family, it plays main role in manner of influencing of other etiologic factors. For example poverty in positive family environment has less negative effects (nseak and et al 2007). Pregnancy is exciting period and the fetus is formed, grew and born and mother is changed physically and mentally (Bazargani, 2007). This period is sensitive period and mood disorders and anxiety are seen by changes in psychological, social scopes: unfortunately most of the women prefer to bear their sadness and sorrow themselves since they believe that they should show themselves healthy. Most of the families and relatives want to return to pre pregnancy period and performance (Cathrine & winster 2003).In this period the fetus is affected by mother moods and status. Mother general health is influenced by family environment. The results show that there is no study on the relationship
between family and pregnant woman general health. This research aims to investigate this relationship. The question is that drawn “Is there any relationship between family environment and pregnant women general health?”

**Methodology**

The method of this research is descriptive – correlation sampling.

**Sampling**

The statistical sample involves pregnant women of Tehran referring to Mehr hospital in 2009. Simple random sampling method was used for collection of the data.

**Instrument**

- Gold Berge general health questionnaire: This 28 items questionnaire was designed by Gold Berge and Hiller in 1979. It involves 28 questions with four choices by four secondary scales each with one question. The scales are physical signs anxiety and insomnia disorder, social performance disorder and depression symptoms. In each scale scores of six and upper than twenty indicate disorder and scores less than twenty indicate general health. Gold Berge and Baekwell (1970) reported correlation coefficient of 0.80 among the mentioned questionnaire scores by result of disorders severity clinical evaluation. They also reported specificity and sensitivity of the questionnaire in the best cutting point of 23 as 0.82 and 0.86 respectively. The validity of this questionnaire was calculated compared to SCL 90-R. Bi variables correlation coefficient of scores of 70 subjects was 0.65 in GHQ and SCL 90-R and it was 0.69 in anxiety and insomnia disorders and SCL 90-R and 0.11 in GHQ and SCL90-R and in total it was 0.82 in all scales (Daneshnya, 2006).

- Family environment scale: This Scale was proposed for first time by Moss and Moss in 1981 then its revised edition was proposed in 1993. The real form was used in this research. It consists of 90 true-false questions with three dimensions and ten secondary scales. The dimensions are relationships, personal growth and system preservation by sub scales. In Moss and Mose (1993) research 47 forms distributed among members of nine families. They responded twice in interval of eight weeks. The lowest reliability was 0.68 for independent scale and the highest reliability was obtained 0.68 for communication. In this research reliability of test is investigated on 60 subjects. Sandrs Baver (1984) obtained family environment validity upper than 767 indicating good internal sameness of the questions (Jokar 2001).

**Results and discussion**

According to the results of this research the average of family environment scale total score is 50.27. Organization subscale average (7/07) and involvement subscale average (2/37) are highest and lowest scores respectively. Also general health questionnaire total score average is 23/35. So, social performance subscale average (8/10) and depression subscale average (2/35) are highest and lowest among general health sub scales. The results of main hypothesis test showed negative correlation of family environment total score with general health total score (r=-0.24). In other words, there is no significant relationship among family environment components and general health among pregnant women. Also there is a negative correlation among communication, impression orientation of progress, though and cultural orientation, organization and recreation orientation and general health total score. It means that by increase of pregnant women score in the mentioned subscales their general health is improved and vice verse. There is a positive correlation among subscales of involvement, independency, moral and religious emphasizes control and general health. By increase of these scales scores the general health score is reduced. The correlation among family environment components and general health of pregnant women is low so that the highest score of 0.26 was obtained between involvement subscale and general health total score. The multiple regression analysis results showed 0/70 multiple correlation coefficient among family environment components and general health, it can be said that 48/99 percent of general health is affected by these ten components and other percentages are resulted from errors and variables that they were not measured. Also, the results of regression showed the multiple correlation coefficient of 0/65 among significant components in the regression equation, it can be said that 42/03 percent of general health is affected by four components of involvement, control, expression and though and cultural orientation (Olson and lee 2002). Stephenson and kristensek (2009) and also Hendersen and et al (2010) obtained significant correlation.
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