

## PATIENTS' CARE SATISFACTION AND FOETAL LOCUS OF CONTROL AS PREDICTORS OF QUALITY OF LIFE AMONG PREGNANT WOMEN ATTENDING CLINIC AT GENERAL HOSPITAL AKURE, ONDO STATE

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### ABSTRACT

*Pregnancy has been one of the identified conditions that relatively impact on the women's quality of life especially in developing countries where many pregnant women patronise non-orthodox treatment during the pregnancy stages. The quality of life among pregnant women needs more attention by the stakeholders as it is reported that many pregnant women are having poor wellbeing during their pregnancy stage. The study, therefore, examined the prediction of quality of life by care satisfaction and foetal locus of control among pregnant women. This study adopted descriptive survey design. The population of the study was the pregnant women attending clinic at General hospital Akure, Ondo state. Sample of 300 pregnant women were selected using multistage sampling technique. An instrument comprised of the World Health Organization Quality of Life (WHOQOLBREF) questionnaire, 50-item patient satisfaction questionnaire (PSQ-SF) and 18-item foetal health locus of control Scale (FHLCS) were used to collect data. Descriptive and inferential statistics were used. The data analysed using frequency counts and percentages while the hypotheses were tested at 0.05 level of significance using multiple linear regressions and simple linear regression. The results revealed that foetal health locus of control significantly predict quality of life { $F(3,296) = 28.194, R^2 = 0.471, p = .01$ } among the pregnant women in Akure, Ondo State. It was further shown that Patient care satisfaction accounted for 8.1% of the variance in quality of life ( $\beta = 0.28, t = 5.11, p = .001$ ). Thus, indicates that patient care satisfaction significantly predict quality of life among pregnant women in Akure, Ondo state. The study concluded that foetal locus of control and care satisfaction predicted quality of life of pregnant women in General hospital in Akure, Ondo state.*

**Keywords:** *Quality of life, Foetal locus of control, Patient care satisfaction, Pregnant women.*

### INTRODUCTION

Pregnancy reflects a normal process in the female life cycle. In particular, the physiological changes that occur during pregnancy affecting the biochemistry and anatomy of organs and systems (Shagana, Dhanraj, Jain & Nirosa, 2018), and may aggravate pre-existing morbidities or produce symptoms that affect the quality of life. Pregnancy is one of the most significant events that occur in a woman's life. It is often considered to be a time of excitement, expectation and change. During pregnancy, a woman has to deal with many physical, physiological and psychological changes in their body. These changes in the women's physical and mental health can be upsetting and have negative effects on the pregnant woman's mental health. This is because the period of pregnancy exposes women to psychological, physiological and anatomic changes that make them physically and mentally vulnerable (Bjelica, Cetkovic, Trninic-Pjevic & Miadenovic-Segedi, 2018).

Some women experience psychological changes depending on whether the pregnant woman wants that pregnancy or not. In addition, these changes are influenced by the general outlook of the woman. It is recognised that women in the reproductive age period are affected by mind and it is the highest risk factor of developing mental health problems (Barnes, 2014). Apart from minor discomforts associated with pregnancy some other physical symptoms such as morning sickness, swollen legs, spitting, dizziness, getting angry easily, fatigue, over-weight, back



pain, sleeping disorder, eating disorder, nausea, haemorrhoids, oral pain, shortness in breathing and frequency of micturition may play an important roles the quality of life of pregnant women.

Quality of Life is regarded as an individual's view of their life in relation to their objectives, expectations, standard and concerns in the context of the culture and value systems in which they live (World Health Organization, WHO,2018). For pregnant women, the degree to which they are able to meet their basic needs, enjoy time together with their spouse, pursue interests and activities are key elements that are integral to their quality of life. This quality of life is optimum when the prenatal expectation of an event corresponds with the reality of postpartum. During the prenatal period in Nigeria, women mostly become dependent on their husbands, mothers, mothers-in-law and other neighbours while it is believed that pregnant women regularly attending antenatal care show better quality of life and wellbeing.

Several studies have indicated the role plays by essential antenatal, perinatal and postpartum care on quality of life of pregnant women as outlined by Safe Motherhood Initiative, this is not only about avoiding death and morbidity, but also about the quality of life women as well as the foetus (Nupur, Hossain, Sharmin & Mullick,2020; Mahumud, Ali, Sheikh, Akram, Alam & Gow et al, 2019). Most pregnant women made use of government antenatal programme, few patronize the few private hospitals while many especially those in rural area engage in non-orthodox or traditional care during this period. This antenatal programme contributes to the quality of life of the pregnant women. Also, factors such as patronage of local unorthodox midwives, cultural perspectives and anxiety towards orthodox antenatal care, poverty and illiteracy impede the holistic psychological and physical wellbeing that account for poor quality of life among them.

Antenatal care is important for pregnant women as it involves an advice, supervision and attention a pregnant woman receives to ensure good health, early detection and treatment of abnormalities which may affect her maternal health or that of her foetus; a pleasant child-bearing experience and adequate preparation for labour and lactation; a living, healthy baby at the end of pregnancy (Nupur, Hossain, Sharmin & Mullick,2020). Antenatal care also involves making the most effective use of materials and human resources all through pregnancy and delivery. For instance, values and principles for perinatal care in the European context are outlined as follows- De-medicalization of care for normal pregnancy and birth, use of appropriate technology, regionalized, multidisciplinary, holistic, family-centred, culturally appropriate care and care involving women in decision making (Freire, Bonan, & Nakano, 2018; Mahumud, et al, 2019 ).

There are several factors such as social support, women maternal age, perceived stress, planned/unplanned pregnancies, psycho-emotional burden and many others were identified by literature as likely cause of poor quality of life among different population including pregnant women (Oladejo, Ajele, Saka, & Lawal, 2023; Alzboon & Vural, 2019; Afolayan, Adegoke, Saka & Oladejo.2022; Ahmad, Othaman & Islaudin, 2013, Bektas & Demir,2016; Edward et al,2016) while this study investigated the role play by foetal locus of control and care satisfaction among pregnant women in Ondo state. Quality of life of pregnant women may also be affected by health of the foetus which includes physiological wellbeing of the foetus.

Foetal health locus of control is an important factor that may influence the quality of life of pregnant woman and this is a reflection of how a mother views her ability to control her own life and the life of her child (Kordi, Heravan, Asgharipour, Akhlaghi & Mazioum,2017; Bay, Akyuz, Hadimi & Kazandi,2023). The way the mother perceives to have control over her health, foetus and environment refers as foetal health locus of control which may be internals, powerful others or by chance. When people feel personally responsible for the things that happen to them and these people are labelled internals while others feel that whatever that happens to them and their foetus is either by chance or by powerful others. They labelled externals (Findley & Cooper, 1983).

Another factor is Patients' (including pregnant women) care satisfaction which is essential for further improvement of quality of life. Care satisfaction has increasingly come to be used as an indicator of quality of care (Bornet, Truchard, Rochat, Pasquier & Monod, 2017). Patients' satisfaction is a subjective and dynamic perception of the extent to which the patients' expected health care needs are met and it is vital ingredient in measuring the quality healthcare as it gives insight on the workers' progress towards patients' desire (Umoke, Umoke, Nwimo, Nwaleji, Onwe, Ifeanyi & Olaoluwa, 2020). This study also investigated the role play by Care satisfaction in predicting the quality of life of pregnant women in Ondo state.

### **Purpose of the Study**

The purpose of this study was to examine the prediction of foetal locus of control and patients' care satisfaction on quality of life among pregnant women in Akure, Ondo state.

### **Hypotheses.**

1. Foetal health locus of control will not significantly predict quality of life of pregnant women attending antenatal clinics.
2. Care satisfaction will not significantly predict quality of life of pregnant women attending antenatal clinics in Akure, Ondo State.

### **Research design**

The study adopted descriptive survey design. This was because the data were collected using standardized questionnaire on all the variables from the sample of study population. This was to describe the relationship of the variables in the study. This also means that none of the variables in the investigation was manipulated. The independent variables in the study were foetal health locus of control and care satisfactions while the dependent variable was quality of life.

A multistage sampling technique was used to select 300 respondents for the study. General hospitals in Ondo state were purposively sampled while seven general hospitals were randomly selected out of the hospitals in Akure South and Akure North in Ondo State so as to achieve the targeted sample size. The selected hospitals were Ondo State Specialist Hospital, General hospital Iju, Comprehensive Health Centre Oba-Ile, Comprehensive Health Centre Algon, Comprehensive Health Centre Isolo, Comprehensive Health Centre Arakale and Mother & Child Hospital in Akure. The last stage was the selection of the respondents from the selected health institutions through convenience sampling technique. Majority of the respondents were selected from Mother and Child hospital because of large numbers of enrolled pregnant women. The data was collected from pregnant women who registered at these hospitals. The questionnaire was administered to 312 respondents but only 300 questionnaires were used for the study. The respondents were approached individually on clinic days.

### **Participants**

The Table 1 shows the result of the marital status that 18(6.0%) of the respondents are single, 271(90.3%) of the respondents are married, 3(1.0%) of the respondents are divorced, 1(0.3%) of the total respondents is separated, 5(1.7%) of the total respondents are single parents and 2(1.7%) of the respondents did not indicate any response. Thus, largest percentage of the respondents is married.

The religion of the respondents was analysed and it was deduced that 223(74.3%) of the total respondents belong to Christianity, 70(23.3%) of the total respondents belong to Islam, 6(2.0%) of the respondents belong to traditional religion while the remaining 1(0.3%) did not specifically indicate their religion. The table also revealed the month that the respondents (pregnant women) started going to the clinic. It was revealed that 169(56.3%) of the respondents started attending clinic at 1-3 month, 98(32.7%) of the respondents started attending clinic during

4-6 month, 16(5.3%) of the respondents started attending clinic during 7-9 month, 10(3.4%) of the respondents started attending the clinic after 9 month and finally 7(2.3%) of the respondents did not indicate the time they started attending clinic. Therefore, majority of the respondents started attending clinic within the period of 1-3 month.

The frequency of child delivery in the hospital was analysed in this study. This analysis reveals that 8(2.7%) of the respondents have not had any delivery in the hospital, 176(58.7%) of the total respondents have had 1-3 times delivery in the clinic, 7(2.3%) of the respondents have had 4-6 times delivery in the clinic and 191(63.7%) of the total respondents did not indicate the number of delivery they have had in the clinic and that apparently constitute the majority.

The study is also interested in the weeks of pregnancy of the respondents. The result shows that 36(12.0%) of the respondents are in 1-10 weeks, 82 (27.3%) of the total respondents are in 11-20 pregnancy weeks, 142(47.3%) of the respondents are in 21-30 pregnancy weeks, 17(5.7%) of the total respondents are in 31-40 weeks of pregnancy and 23(7.7%) of the total respondents did not indicate the number of weeks of their pregnancies. Therefore, majority of the respondents (pregnant women) are in the 21-30 weeks of their pregnancies.

**Table 1: The frequency and Percentage of respondents' socio demographic characteristics**

Variable	Level	Frequency	Percentage (%)
<b>Marital status</b>	Single	18	6.0
	Married	271	90.3
	Divorced	3	1.0
	Separated	1	0.3
	Single Parent	5	1.7
	No response	2	0.7
<b>Religion</b>	Christian	223	74.3
	Islam	70	23.3
	Traditional	6	2.0
	Others	1	0.3
<b>Weeks of pregnancy</b>	1-10 weeks	36	12.0
	11-20 weeks	82	27.3
	21-30 weeks	142	47.3
	31-40 weeks	17	5.7
	No response	23	7.7

**Measures**

A questionnaire was used to collect relevant data in this study. The questionnaire comprised of standardized scales with acceptable psychometric properties. The scales in the structured questionnaire were quality of life, patient satisfaction questionnaire and foetal health locus of control.

**Socio-demographic factors:** Section A of the questionnaire was used to assess the socio-demographic characteristics of the participants which include marital status, religion and weeks of pregnancy.

**Quality of life:** Quality of life was measured using the World Health Organization Quality of Life (WHOQOLBREF) questionnaire. This scale consisted of 26 items resulting in 5 domains of health related to quality of life: Overall Health, Physical Health, Psychological Health, Social Relationships, and Environment. The items are measured on a 5-point rating scale, ranging from 1-5. The domain scores are calculated as the sum scores of items in the domains. The survey has good internal consistency for each of the dimensions, ranging from 0.75 to 0.80 (Lucas-Carrasco, 2012).



**Care Satisfaction:** Care satisfaction was measured using the patient satisfaction questionnaire (PSQ-SF). It was developed by Ware (1983) consisted of 50 items with six aspects of care. The short-form of PSQ-18 contains 18 items was used in the study. This was used to measure each of the seven dimensions of satisfactions with medical care measured by the PSQ III general satisfaction, technical quality, interpersonal manner, communication, financial aspects, time spent with doctor, and accessibility and convenience. PSQ-18 is a 5-point scale ranging from strongly agrees to strongly disagree, the subscales scores are substantially correlated with their full-scales counterparts and possess general adequate internal consistency reliability. Moreover, both the magnitude of the correlation coefficients and the overall pattern of correlations among PSQ-18 subscales are highly similar to those observed for the PSQ III. Findings attest to the desirable psychometric properties (.90) of PSQ-III, and provide support for a hierarchical conceptualization of satisfaction with medical care (Marshall *et al.*, 1993).

**Foetal Health Locus of Control:** Foetal health locus of control was measured using foetal health locus of control Scale (FHLCS) which was developed by Labs and Wurtele, (1986). The FHLCS is an 18-item scale with 3 components: (i) The Internality Scale (FHLC-I), which measures the extent to which a woman believes that her behaviours influence the health of her foetus, where a high score indicates a belief of having a high level of control; (ii) The Powerful Others Scale (FHLC-P), which is on the belief that other people (mostly health professionals) control/influence the health of her foetus, where a high score indicates belief in others' control; and (iii) The Chance Scale (FHLC-C), which indicates the respondent's belief that chance or fate affects the health of her foetus, where a high score indicates a stronger belief in chance ( Labs and Wurtele, 1986).

### Data Collection Procedure

Copy of the research proposal was submitted for ethical clearance at the research committee of Ondo State Health Research Ethics Committee (OSHREC). Approval and ethical clearance with protocol number OSHREC/20/11/2017/028 was issued from the Ministry of Health. The instrument for the study was administered on the respondents (pregnant women). In order to facilitate the success of the questionnaire administration, the researcher sought the cooperation of some health workers who assisted in the administration of the questionnaire. The data collection processes started by approaching the Gynaecology department in the selected health institutions for their consent to administer the instruments. Thereafter the respondents were adequately briefed about the essence of the study. They were equally informed and assured of the confidentiality of the information to be given in the instrument and that they can withdraw anytime if need be.

The prospective respondents were approached personally and the questionnaire administered to those who consented to participate in the study. The data was collected within five weeks. Each respondent was encouraged to complete the questionnaire and return to the researcher immediately to avoid loss of data. Despite this, over 10 copies of the questionnaire had to be rejected due to incomplete filing or lack of personal information.

### Statistical Analysis

The data generated from the respondents were analysed using both descriptive and inferential statistics. Specifically, the socio-demographic factors were analysed using frequency counts and percentages while the hypotheses were tested at 0.05 level of significance using multiple linear regressions and simple linear regression. All analyses were carried out with Statistical Product and Service Solution (SPSS Version 23.0).

## RESULTS

### Analysis of Research: Respondents level of quality of life

To certify this research objective, visual binning was adopted in categorising the computed values of Quality of life into poor, average and high. The use of two cut points considering the fact that the minimum value of the quality of life is 57 and the maximum value is 176. The categorisation include; Below 95 which represented poor, 96-135 represented average and above 136 represented high quality of life. The descriptive statistics of the categorised values of Quality of life is given in table 2 :

**Table 2 : Frequency and Percentage Distribution of respondent level of Quality of Life**

Variable level	Frequency	Percentage	Valid Percentage
Poor Qol	64	21.3	21.3
Average Qol	196	65.3	65.3
High Qol	40	13.3	13.3
Total	300	100.0	100.0

Source: Author's Field Survey (2017)

## Hypothesis Testing

### Hypothesis One: Foetal health locus of control will not significantly predict quality of life of pregnant women attending antenatal clinics in Akure Ondo State.

The hypothesis two was tested with multiple linear regression because the foetal health locus of control has three dimensions which include: Powerful others, chance and internal. The three dimensions were taken as the independent variables and the quality of life was considered as the dependent variable. The result of the analysis is given in Table 3:

**Table 3: Multiple Linear Regression Analysis of Quality of Life Style by Fetal Health Locus of Control**

<i>Model</i>	<i>Sum of Squares</i>	<i>df</i>	<i>Mean Square</i>	<i>F</i>	<i>R<sup>2</sup></i>	<i>P</i>
Regression	14742.732	3	4914.244	28.194	.	.001
Residual	51592.554	296	174.299		.471	
Total	66335.287	299				

**Table 4: Multiple linear regression Coefficient of Quality of Life Style by Fetal Health Locus of Control**

<i>Model</i>	<i>B</i>	<i>SE.B</i>	<i>Beta</i>	<i>T</i>	<i>P</i>
(Constant)	69.427	4.386		15.828	.001
Powerful Others	-.540	.242	-.147	-2.230	.127
Chance	-.046	.279	-.010	-.164	.870
Internal	2.442	.291	.540	8.404	.001

{F (3,296) =28.194, R<sup>2</sup>=0.471, p=.01}

The analysis in the Table 4 indicates that foetal health locus of control significantly predict quality of life {F (3,296) =28.194, R<sup>2</sup>=0.471, p=.01} among the pregnant women in Akure, Ondo State. Furthermore, the result revealed the independent predictions of the dimensions of foetal health locus of control on quality of life. It is observed that powerful others does not significantly and independently predict quality of life (t=-2.23,  $\beta=0.15$ , p=.13). Meanwhile, chance does not independently predict quality of life (t=-.16,  $\beta=0.01$ , p=.87). Finally, internal locus of control significantly and independently predicts quality of life among the pregnant women in Akure, Ondo State. (t=-8.40,  $\beta=0.54$ , p=.01). Therefore, the null hypothesis that states that foetal health locus of control will not significantly predict quality of life among women attending antenatal clinics in Akure was rejected and the alternate hypothesis was accepted.

**Hypothesis Two: Care satisfaction will not significantly predict quality of life of pregnant women attending antennal clinics in Akure, Ondo State.**

Hypothesis two was tested with a simple linear regression and the result is presented in Table 5

**Table 5: Simple Linear Regression Analysis of Quality of Life by Patient Care Satisfaction**

<i>Model</i>	<i>Sum of Squares</i>	<i>df</i>	<i>Mean Square</i>	<i>F</i>	<i>R<sup>2</sup></i>	<i>p</i>
Regression	5346.339	1	5346.339	26.123		.001
Residual	60988.947	298	204.661		.081	
Total	66335.287	299				

**Table 6: Simple linear regression Coefficient of Quality of Life by Patient Care Satisfaction**

<i>Model</i>	<i>B</i>	<i>SE.B</i>	<i>Beta</i>	<i>T</i>	<i>p</i>
(Constant)	61.513	6.512		9.446	.001
Patient Care Satisfaction	.685	.134	.284	5.111	.001

{F (1, 298) =26.123, R<sup>2</sup>=0.081, p=.01}

Patient care satisfaction accounted for 8.1% of the variance in quality of life ( $\beta=0.28$ ,  $t=5.11$ ,  $p=.001$ ). Thus, the finding suggests that patient care satisfaction significantly predict quality of life among pregnant women in Akure, Ondo state. Therefore, the null hypothesis that states that patient care satisfaction will not significantly predict quality of life was rejected and accepts the alternate hypothesis.

**DISCUSSION OF FINDINGS**

Findings from this study shows that 21.3% of total respondent exhibit poor level of quality of life, while 65.3% of the subjects display moderate or average level of quality of life and finally 13.3% display and high level of quality of life. This high level of poor quality of life (21.3%) among pregnant women in Ondo state in this study might be connected with level of multidimensional poverty in Ondo state which was reported to be 27% (National Bureau of Statistics, 2022). This indicates that the level of poverty might relate with the poor quality of life.

This study shows that foetal health locus of control significantly predicts quality of life among the pregnant women in Akure, Ondo state. Furthermore, the findings revealed that only one of the dimensions (Internal) independently predicted quality of life. This revealed the importance of people feel personally responsible for the things that happened to them, the actions determine their quality of life. This finding is similar to Ilevbare, Idemudia&Atiola (2018); Stasiak&Olszewski,2016; Aliha,2015) who reported the significant relationship of health locus of control and quality of life.

This study also revealed the significant prediction of care satisfaction on quality of life of pregnant women attending clinic in general hospital Akure, Ondo state. The result found support in the work of Umoke, et al (2020) and Couto, Fonseca, Amara which (2021) found positive correlations between care satisfaction and quality of life. This showed the importance of the care given in the clinic to the quality of life of patients especially the pregnant women. The quality of care given in the hospital is not only essential to the pregnant women but to the health of the foetus.

**Conclusion**

The study examined the foetal health locus of control and care satisfaction as predictors of quality of life of pregnant women in Akure, Ondo State. The study concluded that substantial percentage of pregnant women exhibited poor level of quality of life, while majority of them exhibited moderate quality of life and low numbers of pregnant women exhibit high level of quality of life. This is assumed to be due to high poverty level in the state poor and poor service delivery in government own clinics. The study also concluded that pregnant women belief that they can control events by their efforts and their actions determined their quality of life. The study further concluded that there exist a relationship between patient care satisfaction and quality of life among pregnant women.

**Recommendations**

Based on the findings of this study, it is recommended that the pregnant women should be counselled on the importance of taking good care of self, maintaining good hygiene and eating properly for the benefits of foetus and the mother since it is established they believed that their actions responsible for their level of quality of life. Also, the care giving in the hospital is also important in the quality of life pregnant women as it is known that is a place where they can fully understand what they are passing through and the quality of the treatment giving must be satisfactorily as it is believed that happy mother give birth to healthy baby.

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