



Psychological Counselling Needs Of Pregnant Women In The Context Of Involvement In Tapovan Centre Of Children's Research University

Vrunda K. Thaker^{1*}, Dr. A. N. Prajapati²

^{1*}Ph.D. Scholar, Children's University, Gandhinagar (Guj.) Email: vrundathkr@gmail.com

²Associate Professor, Children's University, Gandhinagar (Guj.) Email: anprajapati84@gmail.com

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ABSTRACT

Purpose: The purpose of the present research was to study the psychological counseling needs of pregnant women in terms of involvement in the Tapovan Centre, area and socio-economic status.

Methods: This research was an ex-post-facto type of research. A non-probability's purposive sampling method was used to select **360** people. Collection of data was carried out with the help of psychological counselling needs of pregnant women scale. The research tool for psychological counselling needs of pregnant women was developed by A. N. Prajapati and V. K. Thaker. For analysis of data 'F – Test' was used.

Finding: The finding of the study showed that there was a significant difference of Psychological Counselling needs of pregnant women in the context of involved and not involved pregnant women in tapovan Centre and also found in Urban and Rural area. In which the psychological counselling needs of pregnant women not involved in the Tapovan Center was found to be higher than that of involved pregnant women. This proves that the activities performed at Tapovan Center have significant effects on psychological counselling needs of pregnant women.

Keywords: Psychological counselling needs, Involvement, Area, Socio economic status, Pregnant Women, Tapovan Centre

Introduction:

Pregnancy is a very important phase of every woman's life. During this time, there are a lot of changes in the physical, mental, social, psychological, and other aspects of pregnant women. At that time, every woman needs love, support, care, happiness, mental health, and all other aspects. But for many women, this is a time of confusion, fear, sadness, anxiety, stress, and depression.

Every person is constantly striving to fulfil his desires and aspirations. When he gets his desired result, he proceeds with great self-confidence, but when he gets the opposite result, he gets into many kinds of trouble. Due to which he needs psychological counselling to come out of it. This happens many times especially with pregnant women during pregnancy. Hence the need for psychological counseling becomes inevitable during this stage. Hence the present research has been undertaken. The concept of need for psychological counseling is as follows.

Psychological Counseling needs of Pregnant women:

"Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals"

- Gerald Corey (2009)

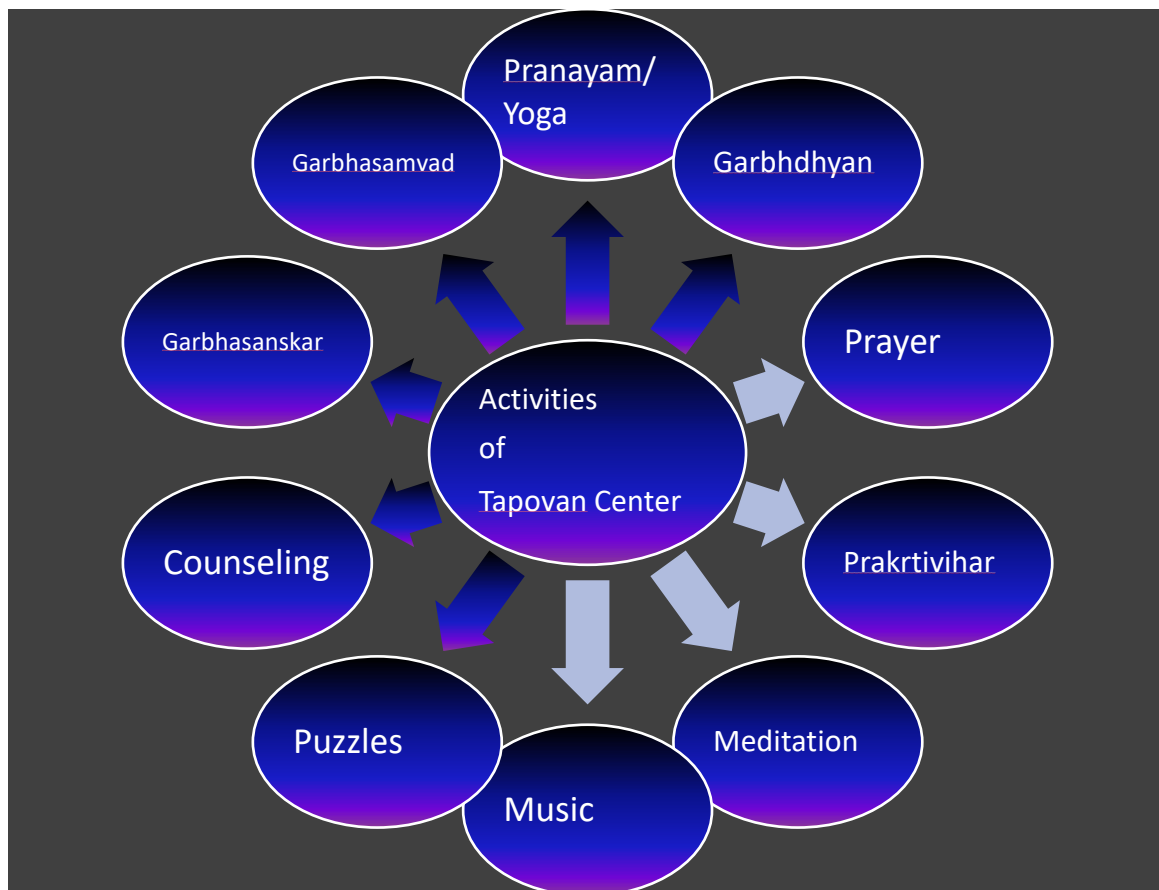
Psychological counseling is a structured and regulated process conducted by a trained professional for a wide range of people, including individuals, couples, families, or groups, with the focus of helping them manage their emotions, thoughts, and behaviors with the aim of improving their overall mental health and well-being, and assisting them in setting and achieving their educational, career and personal development goals.

English and English (1958) define Counselling as “a relationship in which one person endeavors to help another to understand and solve his adjustment problems. The area of adjustment is often indicated: educational counselling, vocational counselling, social counselling, etc.”- Counselling is a two-way process.

Tapovan research centre

Prenatal education is a part of the cultural way of life in Indian tradition. It is necessary that the education of a child's excellence begins from its conception and continues all through life. During pregnancy, the child is affected by the physical, psychological, and spiritual well-being of the mother. We need to authenticate this knowledge through a series of research studies. Children's University has taken initiative with the help of the two-dimensional concept of the Tapovaaan Research Center. These two dimensions are: (1) research in eugenics; and (2) guidance and education of pregnant mothers for giving birth to the best of the children.

Activities of Tapovana Center



Presented research was carried with the intention of checking impact of Tapovan center's activities on pregnant women's psychological counselling needs.

Review of related literature:

Prajapati and Pushpa (2017) found that there is a significant effect of “anxiety on Tapovan Research Centre involvement and education of pregnant women whenever pregnant women are involved in the Tapovan Research Centre”.

Prajapati and Thaker (2019) studied “the impact of prayer and Grabhdhyan on the anxiety of pregnant women and found that a significant difference was found whenever pregnant women were involved in prayer and Garbhdhyan”.

Prajapati and Patel (2019) studied that there is a significant effect of “happiness on pregnant women's involvement in the Tapovan Research Centre and spouse education of pregnant women whenever pregnant women are involved in the Tapovan Research Centre”.

Paica (2017) research reviled that “the prenatal and postnatal counselling intervention was an effective one for the mother, the modalities of interaction between the mother and her child and the techniques she used to express her own thoughts and emotions generated an unconditional availability towards the child and helped her engage in a healthy relationship based on safety, love and actual needs, both basic child care and filling up her baby's emotional reservoir as well as on the fulfillment of C.'s mothering role”.

Arora, S., Deosthali, P.B. &Rege, S. (2019) research result that “the routine enquiry and counselling for domestic violence during pregnancy are effective in improving women's ability to cope, safety, and health”.

Momeni, E., and others (2018) research result that Results showed that the psychological counseling could reduce situational and trait anxiety in the intervention group ($P < 0.001$). In the control group, trait ($P=0.007$) and situational anxiety($P=0.004$) were increased. The difference of situational and trait anxiety between two groups was significant ($P < 0.001$). Regarding the fear of childbirth in the intervention group, psychological counseling reduced fear of childbirth significantly ($P < 0.001$). Fear of childbirth showed a slight increase in the control group, and it difference score in two groups was significant ($P < 0.001$)

Objectives of this study:

- (1) To study the main effect of involvement on psychological counselling needs among involved and not involved pregnant women in Tapovan Centre.
- (2) To study the main effect of area on psychological counselling needs among urban and rural area of pregnant women.
- (3) To study the main effect of socio-economic status on psychological counselling needs among high, middle and low socio-economic status of pregnant women.
- (4) To study the interaction effect of involvement and area on psychological counselling needs among pregnant women.
- (5) To study the interaction effect of involvement and socio-economic status on psychological counselling needs among pregnant women.
- (6) To study the interaction effect of area and socio-economic status on psychological counselling needs among pregnant women.
- (7) To study the interaction effect of involvement, area and socio-economic status on psychological counselling needs among pregnant women.

Hypothesis of this study:

- (1) There will be no significant main effect of involvement in Tapovan center on psychological counselling needs among involved and non-involved in Tapovan center of pregnant women.
- (2) There will be no significant main effect of area on psychological counselling needs among urban and rural of pregnant women.
- (3) There will be no significant main effect of Socio-economic status on psychological counselling needs among high, middle and low Socio-economic status of pregnant women.
- (4) There will be no significant interaction effect of involvement in Tapovan center and area on psychological counselling needs in pregnant women.
- (5) There will be no significant interaction effect of involvement in Tapovan center and Socio-economic status on psychological counselling needs in pregnant women.
- (6) There will be no significant interaction effect of area and Socio-economic status on psychological counselling needs in pregnant women.
- (7) There will be no significant interaction effect of involvement in Tapovan Centre, area and socio-economic status on psychological counselling needs in pregnant women.

Variables of this study:

The following variables were treated as independent and dependent variable:

Table No. 01

No	Type of variable	Name of variable	Level of variable	Name of level of variable
1	Independent	Involvement	2	1. Involved 2. Not Involved
2	Independent	Area	2	1. Urban 2. Rural
3	Independent	Socio Economic Status	3	1. High S.E.S. 2. Middle S.E.S. 3. Low S.E.S.
4	Dependent	Psychological Counselling Needs of Pregnant Women	1	Psychological Counselling Needs

Research Design:

In present study to examine the main and interaction effect of three variables in order to involvement in Tapovan Centre, area and socio-economic status of pregnant women. 2x2x3 factorial design was used for collecting the data which was given below:

Table No. 02

Variables	Involvement (A)	Total
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		Involved (A1)		Not involved (A2)		
Area (B) →		Urban (B1)	Rural (B2)	Urban (B1)	Rural (B2)	
SES (C)	High SES (C1)	A1B1C1 (30)	A1B2C1 (30)	A2B1C1 (30)	A2B2C1 (30)	120
	Middle SES (C2)	A1B1C2 (30)	A1B2C2 (30)	A2B1C2 (30)	A2B2C2 (30)	120
	Low SES (C3)	A1B1C3 (30)	A1B2C3 (30)	A2B1C3 (30)	A2B2C3 (30)	120
Total		90	90	90	90	360

A - Involvement in Tapovan Centre, A1 – Involved, A2 – non involved

B – Area, B1 - urban, B2 – rural

C – Socio economic status,

C1 – High socio-economic status, C2 – Middle socio-economic status,

C3 – Low Socio-economic status

Research Population and Sample:

The sample of the research was included of 360 pregnant women. A Purposive Sampling Technique was used for selecting 360 involved and not involved pregnant women in tapovan center as per the requirement of research design of this study. The sub groups of the sample were distributed as shown in research design of the study.

Tools: Following standardized tools was used for collecting the data.

❖ Personal Data Sheet:

A personal data sheet was developed by investigator who used to collect information of pregnant women about involvement in Tapovan Centre, types of family, education, area, age, income per month, education of spouse, working women, number of deliveries, number of children etc.

❖ Psychological Counselling Needs of Pregnant Women (PCNW):

This tool was developed by Dr A.N. Prajapati and Vrunda Thakar as part of the requirement of the present study. It contains 22 items, including 19 items are positive and 3 items are negative. For the answer for each statement, the respondent has to tick one of the five options. These options are Always, often, Sometimes, Rarely and Never respectively. This test was developed specially for use during pregnancy. The reliability of the scale was calculated on the basis of split-half method. Which was found to be 0.80. The validity of the presented scale has been discovered by experts at a high level.

Statistic Tool:

The obtained data from 360 pregnant women have been analyzed with adequate statistical techniques of Analysis of variance (ANOVA).

Result and Discussion:

Table: 03 Showing analysis of variance for Psychological Counselling Needs of Pregnant Women in relation to Involvement in Tapovan Centre, Area & Socio-economic Status

to Involvement in Tapovan Centre, Area & Socio-economic Status					
Source of Variables	Sum of Squares	Df	Mean Sum of Squares	F	Sig.
Involvement in Tapovan Centre (A)	6925.669	1	6925.669	41.28	0.01
Area (B)	1106.003	1	1106.003	6.59	0.05
Socio Economic Status (C)	425.939	2	212.969	1.27	NS*
A x B	525.625	1	525.625	3.13	NS*
A x C	482.072	2	241.036	1.44	NS*
B x C	535.939	2	267.969	1.60	NS*
A x B x C	1171.717	2	585.858	3.49	0.05
SSW	58381.233	348	167.762	-	
SST	69554.197	359	-	-	
Sig. Level					
Df - 1			Df - 2		
0.05 – 3.86			0.05 – 3.02		
0.01 – 6.70			0.01 – 4.66		
*Not Significant					

It can be seen from the Table No. 03 that the two main variables i.e. I.T.C (F = 41.28); and Area (F = 6.59) are significantly influencing the Psychological Counselling needs of Pregnant Women. Also, the one interaction

effect $A \times B \times C$ ($F = 3.49$) is significantly influencing the Psychological Counselling needs of Pregnant Women, while other variables are not found to be significant. The null hypothesis regarding the Psychological Counselling needs for Pregnant Women variable can be stated in the following manner.

Main Effects:

Ho₁ There will be no significant main effect of involvement in Tapovan Centre on psychological counselling need among involved and non-involved in Tapovan Centre of pregnant women.

Table No. 04 Showing mean score on Psychological Counselling needs for Pregnant women with regards to Involvement in Tapovan Centre (A)

Variables (A)	N	M	F	Sig.
Involved in Tapovan Centre (A ₁)	180	59.82	41.28	0.01
Not Involved in Tapovan Centre (A ₂)	180	68.59		
Grand Mean	64.20			
Sig. Level (Df =1)	0.05 – 3.86 & 0.01 – 6.70			



Graph: 01: Showing a pie chart of mean scores on psychological counselling needs of pregnant women with regard to Involvement.

It is observed that the mean scores in Table No. 04 and Graph No. 01 revealed that the pregnant women who were involved in the Tapovan Centre acquired low score ($M=59.82$) and therefore has a lower need of psychological counselling, compared to those who acquired higher score ($M=68.59$) and were not involved in the Tapovan centre. For testing hypothesis F test has been calculated. The F value is 41.28 which is significant at level 0.01. It proves that null hypothesis no. 1 is not accepted.

Ho₂ There will be no significant main effect of area on psychological counselling need among urban and rural of pregnant women.

Table No. 05 Showing mean score on Psychological Counselling needs for Pregnant women with regards to Area (B)

Variables (B)	N	M	F	Sig.
Urban (B1)	180	62.45	6.59	0.05
Rural (B2)	180	65.96		
Grand Mean	64.20			
Sig. Level (Df =1)	0.05 – 3.86 & 0.01 – 6.70			



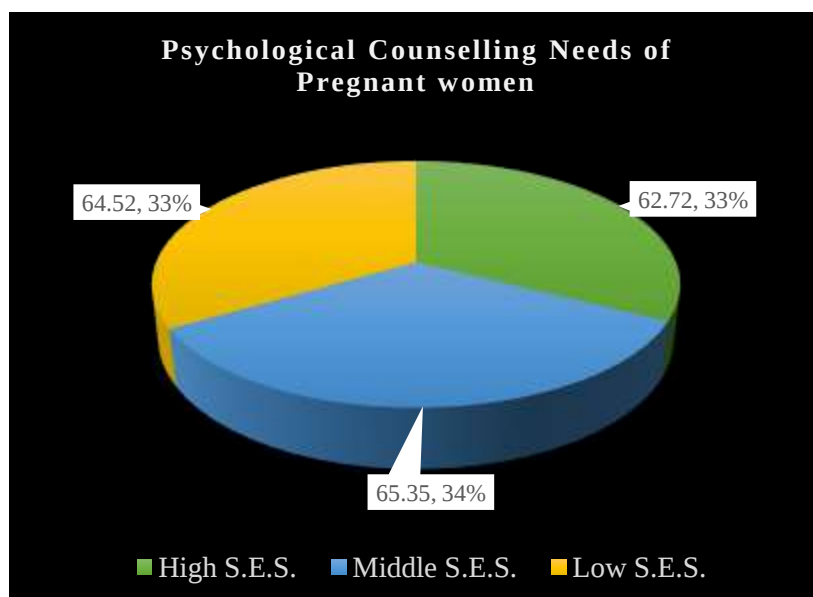
Graph: 02: Showing a pie chart of mean scores on psychological counselling needs of pregnant women with regard to Area.

It is observed that the mean scores in Table No. 05 and Graph No. 02 revealed that the pregnant women who were live in the urban area acquired low score ($M = 62.45$) and therefore has a lower need of psychological counselling, compared to those who were live in the rural area acquired higher score ($M = 65.96$), For testing hypothesis F test has been calculated. The F value is 6.59 which is significant at level 0.05. It proves that null hypothesis no. 2 is not accepted.

Ho₃ There will be no significant main effect of Socio economic status on psychological counselling need among high, middle and low Socio economic status of pregnant women.

Table No. 06 Showing mean score on Psychological Counselling needs of Pregnant women with regards to Social Economic Status. (C)

Social Economic Status: (S)				
Variables (C)	N	M	F	Sig.
High S. E. S. (C1)	120	62.72	1.27	NS*
Middle S. E. S. (C2)	120	65.35		
Low S. E. S. (C3)	120	64.52		
Grand Mean	64.20			
Sig. Level (Df =2)	0.05 – 3.02 & 0.01 – 4.66 *Not Significant			



Graph: 03: Showing a pie chart of mean scores on psychological counselling needs of pregnant women with regard to Socio Economic Status.

It is observed that the mean scores in Table No. 06 and Graph No. 03 revealed that the pregnant women who has high S. E. S. acquired low score ($M = 62.72$) and therefore has a lower need of psychological counselling, compared to those who has Middle S. E. S. acquired higher score ($M = 65.35$), For testing hypothesis F test has been calculated.

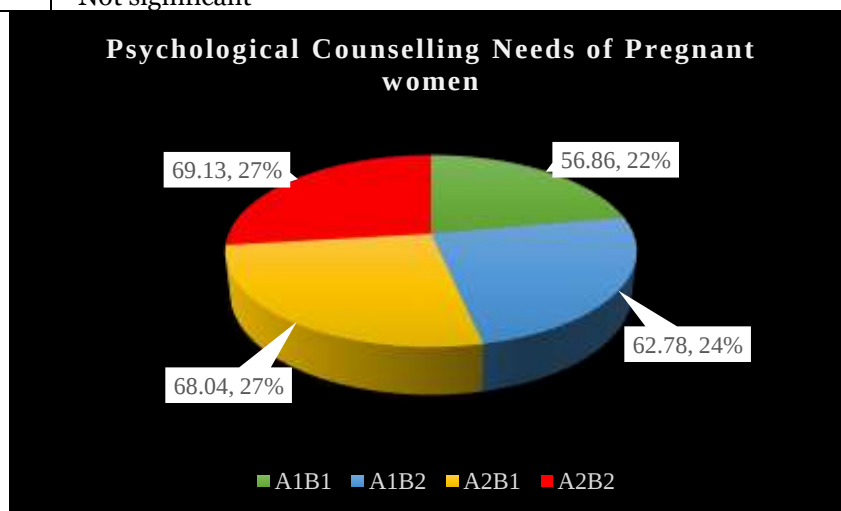
The F value is 1.27 which is not significant. It proves that null hypothesis no. 3 is not rejected.

Interaction Effects:

Ho₄ There will be no significant interaction effect of involvement in Tapovan centre and area on psychological counselling need in pregnant women.

Table No. 07 Showing mean score on Psychological Counselling needs of Pregnant women with regards to Involvement in Tapovan Centre & area (A x B)

Variables	Involvement in Tapovan Centre (A)		F	Sig.
Area (B)	Involved in Tapovan Centre (A ₁)	Not-involved in Tapovan Centre (A ₂)	3.13	NS
Urban (B ₁)	56.86	68.04		
Rural (B ₂)	62.78	69.13		
Grand Mean	64.20			
Sig. Level (Df =1)	0.05 – 3.86 & 0.01 – 6.70 *Not significant			



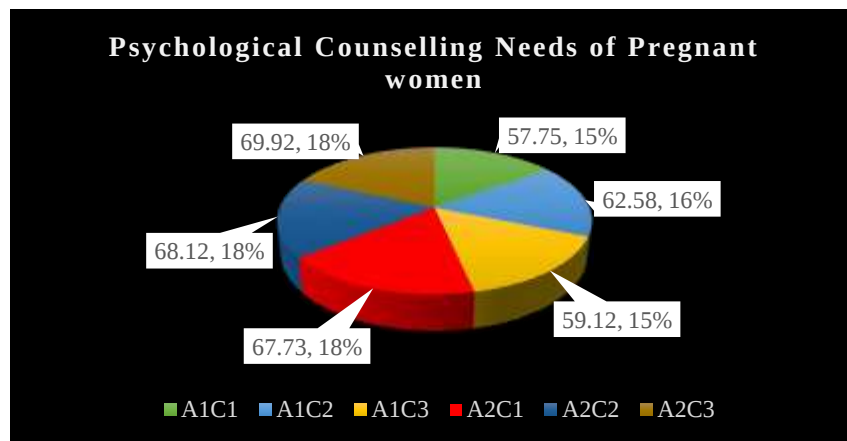
Graph: 04: Showing a pie chart of mean scores on psychological counselling needs of pregnant women with regard to involvement and Area.

Table No. 07 and Graph No. 04 reveals that the F ratio ($F = 3.13$) is not significant, which suggested that the obtained differences between involvement in Tapovan Centre & the area interaction subgroup are not significant. To summaries among A x B interacting groups, the group (A1B1) which acquired low score ($M = 56.86$) on psychological counselling needs and therefore has low need for psychological counselling, compared to those the group (A2B2) which acquired high score ($M = 69.13$). For testing, the hypothesis F test has been calculated. The F value is 3.13, which is not significant. Its proves that null hypothesis no. 4 is not rejected.

Ho₅ There will be no significant interaction effect of involvement in Tapovan Centre and Socio-economic status on psychological counselling need in pregnant women.

Table No. 08 Showing mean score on Psychological Counselling needs of Pregnant women with regards to Involvement in Tapovan Centre & Socio-Economic status (A x C)

Variables	Involvement in Tapovan Centre (A)		F	Sig.
Socio Economic Status (C)	Involved in Tapovan Centre (A ₁)	Not-involved in Tapovan Centre (A ₂)	1.44	NS*
High S. E. S. (C ₁)	57.75	67.73		
Middle S. E. S. (C ₂)	62.58	68.12		
Low S. E. S. (C ₃)	59.12	69.92		
Grand Mean	64.20			
Sig. Level (Df =2)	0.05 – 3.02 & 0.01 – 4.66 *Not significant			



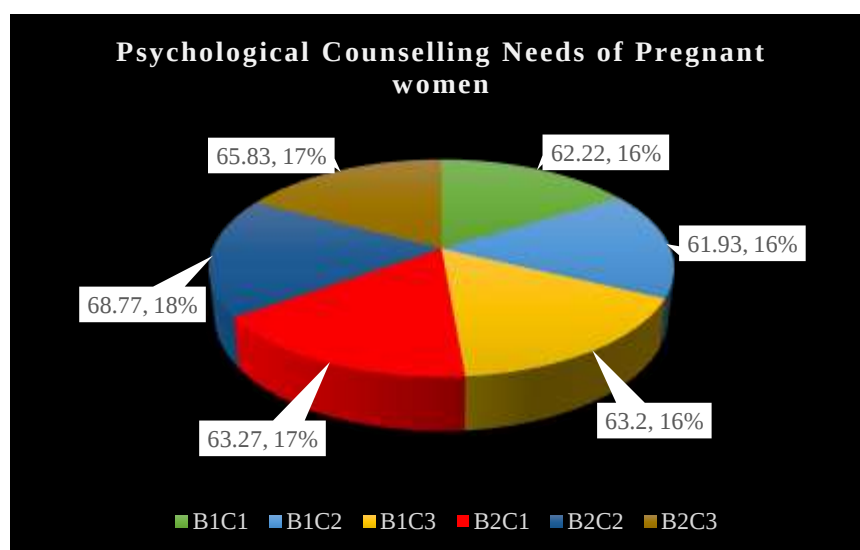
Graph: 05: Showing a pie chart of mean scores on psychological counselling needs of pregnant women with regard to involvement and Socio-economic status.

Table No. 08 and Graph No. 05 reveals that the F ratio ($F = 1.44$) is not significant, which suggested that the obtained differences between involvement in Tapovan Centre & S. E. S. interaction subgroup are not significant. To summaries among A x C interacting groups, the group (A1C1) which acquired low score ($M = 57.75$) on psychological counselling needs and therefore has low need for psychological counselling, compared to those the group (A2C3) which acquired high score ($M = 69.92$). For testing, the hypothesis F test has been calculated. The F value is 1.44, which is not significant. Its proves that null hypothesis no. 5 is not rejected.

Ho₆ There will be no significant interaction effect of area and Socio-economic status on psychological counselling need in pregnant women.

Table No. 09 Showing mean score on Psychological Counselling needs of Pregnant women with regards to Area & Socio-Economic status (B x C)

Variables	Area (B)		F	Sig.
Socio Economic Status (C)	Urban (B1)	Rural (B2)	1.60	NS*
High S. E. S. (C1)	62.22	63.27		
Middle S. E. S. (C2)	61.93	68.77		
Low S. E. S. (C3)	63.20	65.83		
Grand Mean	64.20			
Sig. Level (Df = 2)	0.05 – 3.02 & 0.01 – 4.66			
	*Not significant			



Graph: 06: Showing a pie chart of mean scores on psychological counselling needs of pregnant women with regard to Area and Socio-economic status.

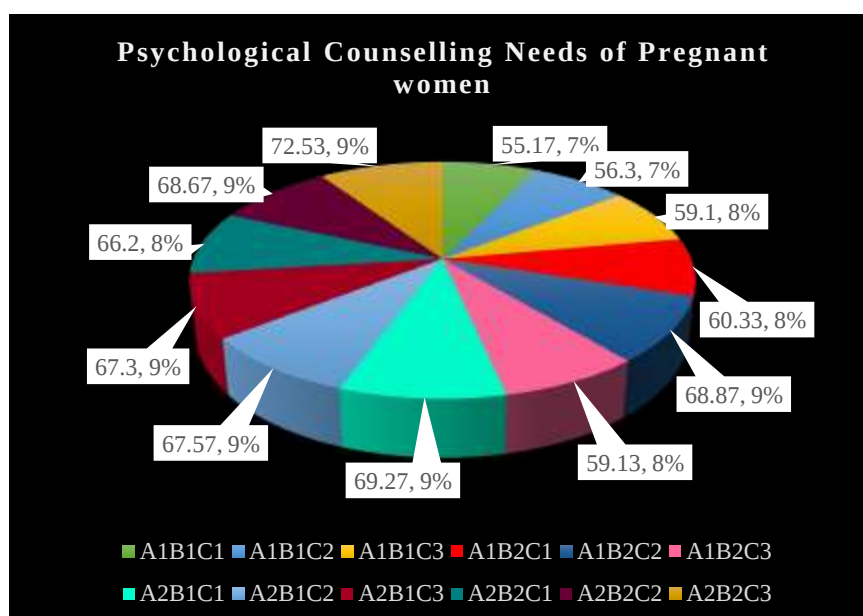
Table No. 09 and Graph No. 06 reveals that the F ratio ($F = 1.60$) is not significant, which suggested that the obtained differences between Area & S. E. S. interaction subgroup are not significant. To summaries among B x C interacting groups, the group (B1C2) which acquired low score ($M = 61.93$) on psychological counselling

needs and therefore has low need for psychological counselling, compared to those the group (B2C2) which acquired high score ($M = 68.77$). For testing, the hypothesis F test has been calculated. The F value is 1.60, which is not significant. Its proves that null hypothesis no. 6 is not-rejected.

Ho₇ There will be no significant interaction effect of involvement in Tapovan centre, area and socio economic status on psychological counselling need in pregnant women.

Table No. 10 Showing mean score on Psychological Counselling needs of Pregnant women with regards to Involvement in Tapovan, Area & Socio-Economic status (A x B x C)

Involvement in Tapovan, Area & Socio- Economic status (A X B X C)						
Variables	M				F	Sig. level
	A1 (Involved in Tapovan center)		A2 (Not Involved in Tapovan center)			
	B1(urban)	B2(rural)	B1(urban)	B2(rural)		
High S. E. S. (C1)	55.17	60.33	69.27	66.20	3.49	0.05
Middle S. E. S. (C2)	56.30	68.87	67.57	68.67		
Low S. E. S. (C3)	59.10	59.13	67.30	72.53		
Grand Mean	64.20					
Sig. Level (Df =2)	0.05 – 3.02 & 0.01 – 4.66 *Not significant					



Graph: 07: Showing a pie chart of mean scores on psychological counselling needs of pregnant women with regard to Involvement, Area and Socio-economic status.

Table No. 10 and Graph No. 07 reveals that the F ratio ($F = 3.49$) is significant, which suggested that the obtained differences between Involvement in Tapovan Centre, Area & S. E. S. interaction subgroup are significant at level 0.05. To summaries among A x B x C interacting groups, the group (A1B1C1) which acquired low score ($M = 55.17$) on psychological counselling needs and therefore has low need for psychological counselling, compared to those the group (A2B2C3) which acquired high score ($M = 72.53$). Result reveals that the mean scores of three groups as regards Involvement in Tapovan Centre, Area & Socio-Economic status differ on Psychological Counselling needs of Pregnant women ($F = 3.49$); therefore, null hypothesis No.7 is not accepted.

Conclusion:

- 1) The difference between pregnant women involved and not involved in Tapovan Centre on psychological counselling need is found to be significant at 0.01 level ($F = 41.28$); the Pregnant women not involved in Tapovan center have high level of psychological counselling need ($M = 68.59$) than the Pregnant women Involved ($M = 59.82$). Therefore, null hypothesis no. 1 is not accepted. This proves that the activities like garbdhyan, garbsamvad, prayer, music, yoga, embroidery; reading discussion etc. activities conducted at

Tapovan center reduce the need for psychological counseling of pregnant women, which is beneficial for the overall health of pregnant women.

- 2) The difference between pregnant women of urban and rural area on psychological counselling need of pregnant women is found to be significant at 0.05 level ($F = 6.59$); the pregnant women of rural area have slightly high level of psychological counselling need ($M=65.96$) than the Pregnant women of urban area ($M= 62.45$). Therefore, null hypothesis no. 2 is not accepted.
- 3) The difference between pregnant women of high, middle & low Socio-economic status on psychological counselling need of pregnant women is found to be non-significant ($F= 1.27$); while the pregnant women of middle SES have slightly high level of psychological counselling need ($M=65.35$) than the Pregnant women of high SES ($M=62.72$) and low SES ($M=64.52$). Therefore, null hypothesis no.3 is not rejected.
- 4) The interaction effects regarding involvement in Tapovan Centre and area on psychological counselling need of pregnant women is found to be non-significant ($F=3.13$); Therefore, null hypothesis no.4 is not rejected.
- 5) The interaction effects regarding involvement in Tapovan Centre and socio-economic status on psychological counselling need of pregnant women is found to be non-significant ($F=1.44$); Therefore, null hypothesis no.5 is not rejected.
- 6) The interaction effects regarding area and socio-economic status on psychological counselling need of pregnant women is found to be non-significant ($F=1.60$); Therefore, null hypothesis no.6 is not rejected.
- 7) The interaction effects regarding involvement in Tapovan Centre, area and socio-economic status on psychological counselling need of pregnant women is found to be significant at 0.05 level ($F = 3.49$); Where the pregnant women involved in Tapovan Centre, Urban area & High socio-economic status have low level of psychological counselling need ($M=55.17$) than the Pregnant women not Involved in tapovan Centre, rural area & low socio-economic status ($M=72.53$). Therefore, null hypothesis no. 7 is not accepted.

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