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Resources of Psychocorrection to Reduce Negative Emotional Experiences in Pregnant Women

Key words: *emotional state, psychocorrection, negative emotional experiences, pregnant women.*

Annotation: *In this article some known aspects of social intelligence. Has been researched the author examines and analyzes the process and the various options for the formation of social intelligence.*

The analysis of references reveals that the woman's emotional state affects not only the course of pregnancy and birth, but also the quality of birth and health of the child. All efforts to resolve these problems focus on the creation of healthy families and promotion of healthy lifestyle.

Timely detection of the woman's psychological state and performance of psychological correction can be one of the effective tools of preparing them for birth. Results of our research and psychological correction work with pregnant women supports this.

Application of psychological correction according to women's emotional experiences was performed into groups:

- pilot group (women who participated in psychological correction activities throughout their pregnancy - n = 92);
- control group (women who did not participate in psychological correction activities throughout their pregnancy - n = 94).

At the beginning of the experiment, we performed a comparative analysis of the emotional state of pregnant women in the middle of the first trimester. No significant differences were revealed in the correlation between pregnancy and emotional state.

The comparative analysis of the emotional state of pregnant women into groups during the first trimester revealed that correction can have a great impact on the emotional state. The end of the first trimester is considered a critical period because of the dominance of negative emotions in most women. Our analysis and psychological correction measures revealed seven significant differences during this period (Table 1). Although there were changes in other characteristics as well, they were insignificant. Only one indicator remained unchanged after psychological correction measures: aggression.

Table 1

Effectiveness of psychocorrection during the first trimester of pregnancy

Emotional situationsатлар:	Pilot group	Control group	Differences

	M	S	M	S	t	P
State of health	13,9	1,0	10,2	0,9	2,33	0,02
Activity	14,7	1,1	11,5	1,1	2,04	0,05
Mood	18,7	2,1	12,2	2,5	2,00	0,05
Tension	11,7	2,1	18,6	2,8	1,97	0,05
Anxiety	12,0	0,9	13,9	1,0	1,45	-
Self-confidence	16,4	2,2	14,2	4,2	0,43	-
Nervousness	10,2	1,0	13,2	1,3	1,85	-
Loneliness	10,3	2,5	24,7	6,9	1,96	0,05
Depression	49,7	3,4	63,6	6,0	2,01	0,05
Neurasthenia	21,0	1,9	30,4	4,4	1,96	0,01
Aggression	13,4	0,9	13,7	1,1	0,22	-
Frustration	7,8	0,7	9,3	0,9	1,28	-

Women who participated in psychological correction activities during the first trimester showed significant improvement in their state of health (Reliability 98%).

Besides, women who participated in psychological correction activities confirmed an increase in their physical activity towards the end of the first trimester. The difference in this indicator between the two groups was 95%. It can be concluded that psychological correction activities improves the vitality of pregnant women.

The pregnant women in the pilot group also showed a decrease in tension ($p < 0,05$), i.e. "smoothing effect".

During the psychological correction activities, pregnant women showed a significant decrease in their feeling of loneliness. The difference in this indicator as compared to the control group was 95%. Pregnant women also showed a decrease in their level of depression towards the end of the first trimester ($p < 0,05$). A decrease of depression was common among the majority of pregnant women in the pilot group.

Although psychological correction did not fully eliminate these undesired situation during the first trimester, it was significantly reduced.

Compared to the control group, the pilot group showed a significant decrease in their level of neurosis during the first trimester of pregnancy. It can be concluded that this negative condition was fully eliminated in all pregnant woman in the control group.

Thus, seven significant differences were observed in the psychological state of the women in the pilot group, the degree of significance for the majority of them being 95%.

The analysis did not reveal any significant differences between the two groups with regard to such emotional conditions as anxiety, self confidence, nervousness, frustration and aggression.

The initial and final stages of our research also revealed a correlation between the degree of constructive influence of emotional changes in pregnant women on the quality of birth.

Table 2

Comparative analysis of the constructive effect of changes in the emotional state on the quality of birth (by groups)

Research object	Degrees											
	Before experiment						After experiment					
	high		medium		low		high		medium		low	
	n	%	n	%	n	%	n	%	n	%	n	%
Pilot group n ₁ =92	10	10,9	43	46,7	39	42,4	30	32,6	43	46,7	19	20,7
Control group n ₂ =94	12	12,8	42	44,7	40	42,5	15	15,9	45	47,9	34	36,2

Research findings show that there were significant differences between the pilot and the control groups. While in the pilot group the number of positive influences increased from 10 to 30, in the control group this number fell from 39 to 19. The respondents in the control group almost never showed a high degree of constructive influence. This approves a significant positive effect of psychological correction measures on the emotional state of pregnant women and the quality of birth.

Conclusion. Psychological correction measures performed during the first trimester of pregnancy well to eliminate most of the negative emotional conditions. This led to a positive changes in the emotional state of pregnant women: improve and moved and emotional state, decreased level of depression, minimalization of existing negative emotions.

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