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Research Paper

Pregnancy-Specific Stress and Life Satisfaction in Pregnant Women

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ABSTRACT

Pregnancy is a transformative phase in a woman's life, marked by profound psychological and emotional changes that can be intense and significantly impact overall well-being. Parity, which refers to whether a woman is experiencing her first pregnancy (nulliparous) or the second one (primiparous), plays a crucial role in shaping maternal experiences, expectations, and coping mechanisms. Against this backdrop, the study examines the relationship between pregnancy-specific stress and life satisfaction in pregnant women, while also assessing differences in these variables based on parity. Using a cross-sectional design, 109 pregnant women were recruited from urban maternity clinics in Gujarat and online platforms. Of these, 57 were nulliparous, and 52 were primiparous. Participants completed the Pregnancy Stress Rating Scale (Chen, 2015) and the Satisfaction with Life Scale (Diener, 1985). Pearson's correlation and independent samples t-tests were used to examine the relationship between pregnancy-specific stress and life satisfaction, and to analyze parity-based differences, respectively. The findings revealed a significant negative correlation between pregnancy-specific stress and life satisfaction. Additionally, parity-based differences emerged in specific dimensions of pregnancy-specific stress, indicating unique experiences for nulliparous and primiparous women. These results highlight the importance of addressing parity-specific psychosocial and cultural factors, such as support systems and societal expectations, to better understand their impact on maternal well-being. The findings emphasize the need for further research into the dimensions of pregnancy-specific stress and life satisfaction, with a focus on developing targeted interventions that consider parity to improve maternal mental health and overall life satisfaction.

Keywords: *Pregnancy, Pregnancy-Specific Stress, Life Satisfaction, Parity, Nulliparous, Primiparous, Maternal Well-Being*

Pregnancy is a profound life event that brings about significant physiological, psychological, and social changes, all of which can impact a woman's overall well-being. While pregnancy is often accompanied by positive emotions, such as excitement and anticipation, it also presents challenges that can significantly affect maternal mental health. These challenges stem from the inherent difficulties of the gestational period,

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which require considerable adaptation to bodily changes and hormonal fluctuations. Additionally, the shifting roles within familial and social contexts further complicate this period. As a result, pregnancy can be both rewarding and demanding, with these factors influencing the psychological and emotional health of pregnant women. The cumulative effect of stress-inducing factors, such as concerns about childbirth, body image changes, and social expectations, can lead to increased anxiety and reduced life satisfaction, highlighting the broader implications for maternal well-being (Yu et al., 2020).

Subjective Well-Being and Life Satisfaction During Pregnancy

One way to assess the impact of pregnancy on mental health is through the lens of subjective well-being, a widely recognized framework in health psychology. This framework encompasses a cognitive-emotional summary of an individual's life experiences (Diener et al., 1999). High subjective well-being is characterized by elevated life satisfaction, frequent positive emotions, and infrequent negative emotions (Diener et al., 2002). Life satisfaction, a central component of this framework, refers to a subjective evaluation of one's overall quality of life based on personal criteria (Diener et al., 1999, 2002; Diener, 2009). While generally stable, life satisfaction can be influenced by significant life events, including transitions such as marriage, parenthood, and bereavement (Luhmann et al., 2012). Pregnancy, as a transformative life event, has the potential to either enhance or diminish life satisfaction, depending on individual and contextual factors. For some women, pregnancy is a time of profound fulfilment, while for others, it may involve vulnerability and emotional distress (Da Costa et al., 1999).

Life satisfaction during pregnancy reflects a woman's subjective evaluation of her well-being in light of the physical and emotional changes associated with pregnancy. Research indicates that women who perceive pregnancy as a positive and fulfilling experience often report higher life satisfaction (Da Costa et al., 1999). However, challenges such as health complications, fatigue, and shifting roles within family and social settings can diminish satisfaction levels (Lobel et al., 2008). Life satisfaction during pregnancy is not static; it evolves over the course of gestation in response to changing physical and psychological demands (Nes, 2006; Easterlin, 2006). For example, the first trimester is often marked by adjustment difficulties due to nausea and hormonal changes, while the third trimester can bring increased stress related to impending childbirth and parenting responsibilities (Luhmann et al., 2012). These fluctuations highlight the dynamic nature of life satisfaction and its sensitivity to pregnancy-related factors.

Pregnancy-Specific Stress

Perceived stress has been consistently linked to increased risks of prenatal anxiety, depression, and diminished quality of life (Biaggi et al., 2016). Among the various forms of stress, Pregnancy-Specific Stress (PSS) is uniquely tied to the gestational experience, encompassing concerns such as anxiety about childbirth, the health and well-being of the unborn child, bodily changes, and future parenting challenges (Huizink et al., 2004). Research demonstrates that PSS significantly impacts women's mental health and serves as a stronger predictor of negative outcomes during pregnancy compared to general stress (Guardino & Dunkel Schetter, 2014).

The relationship between life satisfaction and pregnancy-specific stress (PSS) is crucial in determining the overall maternal health. Elevated levels of PSS are often associated with reduced life satisfaction, as stressors such as fear of childbirth, concerns about fetal health, and physical discomforts undermine a woman's overall sense of well-being (Huizink et al.,

2004). Women with elevated levels of PSS report significantly lower psychological well-being compared to those with minimal pregnancy-related stress (Navon-Eyal et al., 2023; Huizink et al., 2004). Conversely, higher life satisfaction can serve as a protective factor, buffering the negative impact of stress on maternal mental health (Da Costa et al., 1999).

The Role of Parity

A significant factor to consider when examining the relationship between pregnancy-specific stress (PSS) and life satisfaction is parity, which refers to the number of pregnancies a woman has experienced. In obstetrics, parity is defined as the number of times a woman has given birth to a fetus that has reached a viable gestational age, typically 24 weeks or more, regardless of whether the child was viable or stillbirths (Wales NHS, n.d.). This term helps describe a woman's obstetric history and is distinct from gravidity, which indicates the total number of pregnancies a woman has had, irrespective of the outcome. Parity is categorized into different types based on the number of viable births. Nulliparous refers to a woman who has never given birth to a viable fetus. Primiparous describes a woman who has given birth once to a viable fetus, while multiparous applies to women who have given birth two or more times to viable fetuses. Each type of parity brings its own set of considerations and risks in obstetric care.

Parity plays a significant role in shaping the stressors women encounter during pregnancy and their ability to cope with these challenges. Nulliparous pregnant women (having first pregnancy), typically experience higher levels of PSS due to the uncertainty and anxiety associated with childbirth and a lack of prior parenting experience (Rini et al., 1999). Their inexperience can lead to more substantial reductions in life satisfaction as they face the unknowns of childbirth and motherhood. Research supports this notion, with studies indicating that first-time mothers report heightened levels of pregnancy-specific anxiety, particularly concerning preparedness for childbirth and other unknown aspects of the experience (Joseph, 2010; Madhavanprabhakaran et al., 2015). In contrast, women with prior pregnancies encounter different stressors. While they may have developed coping mechanisms through previous experiences, they often manage the complexities of multiple roles, such as balancing caregiving for their first child while preparing for the arrival of another. This balancing act can impact their life satisfaction as they face additional physical and emotional demands (Nelson, 2003). Therefore, parity is an important factor to consider, as it not only influences the level of stress women experience but may also shape the nature of these stressors and their impact on life satisfaction.

Cultural and Contextual Influences

Cultural and contextual factors further shape the experiences of women expecting their first child and women with subsequent pregnancies. First pregnancy often receives more attention and support from family and society, as it is viewed as a significant milestone; in contrast, subsequent pregnancies may be accompanied by reduced external attention and increased caregiving demands, potentially exacerbating stress levels and influencing life satisfaction (Battulga, 2021). These differences underscore the importance of examining the relationship between PSS and life satisfaction while also taking into account Parity-related differences.

RESEARCH GAP

Maternal mental health during pregnancy is reasonably a well-researched area, consisting studies providing insights on the general stress and its impact on well-being. Yet the distinct stressors unique to pregnancy experience yet the relationship between pregnancy-specific

stress (PSS) and life satisfaction as well as parity-related differences are insufficiently addressed, especially in the Indian context. their first child and women with subsequent pregnancies require further investigation. This gap leaves critical aspects of maternal well-being unaddressed.

PRESENT STUDY

This study aims to examine the relationship between PSS and life satisfaction and to explore differences in these variables based on parity. By comparing women expecting their first child and women with second pregnancy, it seeks to highlight the unique experiences and stressors of each group. The findings can contribute to maternal health interventions by identifying parity-specific needs and informing targeted strategies to reduce stress and promote well-being, ultimately improving outcomes for both mothers and their children.

OBJECTIVES

- To examine the relationship between pregnancy-specific stress and life satisfaction among pregnant women.
- To compare pregnancy-specific stress and life satisfaction between nulliparous and primiparous pregnant women.

HYPOTHESES

- **$H0_1$:** Pregnancy-Specific Stress and its dimensions will not have a significant correlation with Life Satisfaction in pregnant women.
- **$H0_2$:** There will be no significant differences in overall pregnancy-related stress and its dimensions between nulliparous and primiparous pregnant women.
- **$H0_3$:** There will be no significant difference in life satisfaction between nulliparous and primiparous pregnant women.

MATERIALS AND METHODS

Study design and sample

This cross-sectional study was conducted between June and November 2024. It included 109 pregnant women, aged 19 to 45 years, who were in their second trimester and had conceived spontaneously. The participants comprised both nulliparous women (expecting their first child) and primiparous women (second pregnancy). The primiparous group included women who had previously given birth to a live, viable child. Participants were required to provide informed consent and complete the assessment tools. Women with previous pregnancy complications, high-risk pregnancies, or severe medical, psychiatric, or obstetric conditions were excluded. The final sample consisted of 57 first-time mothers (nulliparous) and 52 women with second pregnancy (primiparous), recruited through purposive and snowball sampling from hospitals in Gujarat and online platforms.

Instruments

1. **Demographic Datasheet:** Demographic information, including age, nature of conception, medical and psychiatric history, parity, gestational trimester, and details related to the current pregnancy, was collected using a demographic datasheet.
2. **Pregnancy Stress Rating Scale (PSRS-36) by Chen (2015):** The PSRS-36 assesses psychosocial stress during pregnancy, consisting of 36 items rated on a 5-point scale from 0 ("no stress at all") to 4 ("severe stress"). It measures five dimensions of stress: (1) stress related to safe passage for mother and child, (2) stress from baby care and changing family dynamics, (3) stress from maternal role identification, (4) stress

from seeking social support, and (5) stress from altered physical appearance and function. The scale demonstrates strong internal consistency (α = 0.92) and excellent test-retest reliability (r = 0.82).

3. **Satisfaction with Life Scale (SWLS) by Diener et al. (1985):** The SWLS measures life satisfaction through five items, rated on a 7-point Likert scale from 1 ("Strongly Disagree") to 7 ("Strongly Agree"). Higher scores reflect greater life satisfaction. The SWLS shows strong internal consistency (Cronbach's alpha = 0.87) and test-retest reliability (r = 0.82).

Statistical Analysis

Data analysis was conducted using SPSS version 23.0. Pearson's correlation coefficient was employed to examine the relationship between pregnancy-specific stress and life satisfaction. To assess group differences based on parity, an independent samples t-test was performed. All statistical findings were presented in aggregate to maintain participant anonymity and uphold the ethical standards of the research.

RESULTS

Sociodemographic Characteristics of the Sample

Table No. 1 Sociodemographic Characteristics of the Participants

Variable	Category	n	Percentage (%)
Parity	Nulliparous	57	52.30%
	Primiparous	52	47.70%
Age Group	21-30 years	67	61.50%
	31-40 years	42	38.50%

Table no.1 reveals the demographic profile of the sample (N=109), with 52.30% (n = 57) of participants being nulliparous and 47.70% (n = 52) being primiparous, as shown in figure 1. In terms of age, 61.50% (n = 67) of participants were in the 21-30 age group, while 38.50% (n = 42) were in the 31-40 age range, as shown in figure 2.

Figure 1

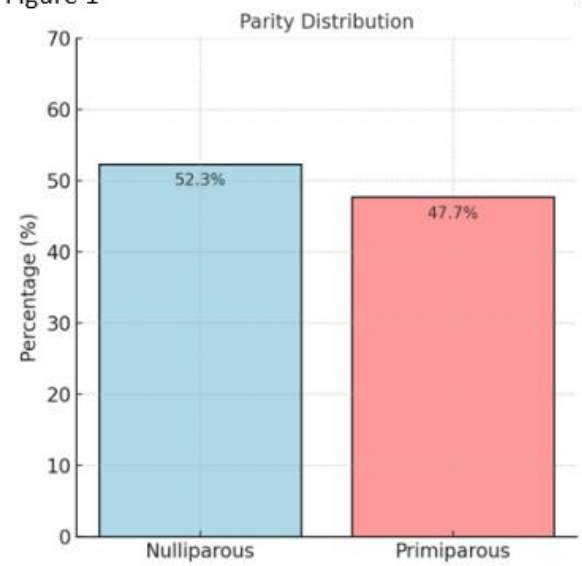
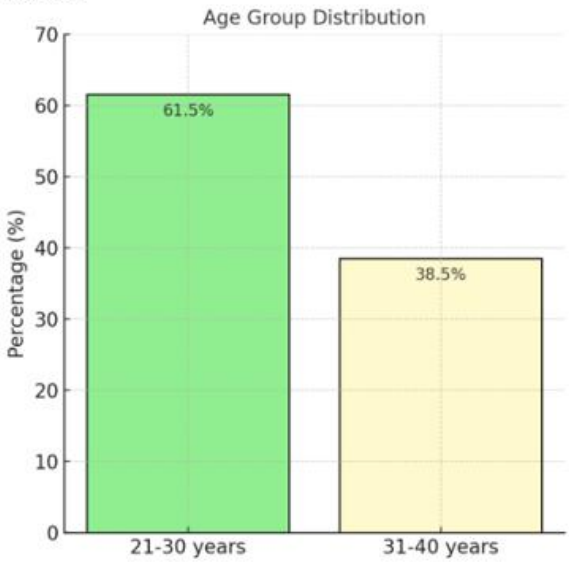


Figure 2



Correlations

Table No. 2 Pearson's Correlation between Pregnancy-Specific Stress (and its Dimensions) and Life Satisfaction

Variables	r	p
Pregnancy Related Stress - Life Satisfaction	-0.85	< .001***
Stress from seeking safe passage for mother and child through pregnancy, labor, and delivery - Life Satisfaction	-0.787	< .001***
Stress from baby care and changing family relationships - Life Satisfaction	-0.836	< .001***
Stress from maternal role identification - Life Satisfaction	-0.806	< .001***
Stress from social support seeking - Life Satisfaction	-0.823	< .001***
Stress from altered physical appearance and function - Life Satisfaction	-0.746	< .001***

*Note: *** $p < .001$*

The findings shown in table no. 2 indicate significant negative correlations between pregnancy-specific stress and life satisfaction, with all dimensions showing strong inverse relationships, leading to rejection of the null hypothesis ($H0_1$). Specifically, pregnancy-specific stress ($r = -0.85$, $p < .001$) and its dimension, stress from seeking safe passage for mother and child ($r = -0.787$, $p < .001$) were strongly negatively correlated with life satisfaction. Stress related to baby care and changing family relationships ($r = -0.836$, $p < .001$), maternal role identification ($r = -0.806$, $p < .001$), and social support seeking ($r = -0.823$, $p < .001$) also demonstrated substantial negative associations with life satisfaction. Additionally, stress from altered physical appearance and function ($r = -0.746$, $p < .001$) showed a moderate negative correlation with life satisfaction. These results indicate that higher levels of pregnancy-specific stress, across all dimensions, are associated with lower levels of life satisfaction in pregnant women.

Differences in Pregnancy-Specific Stress (and its dimensions) and Life Satisfaction Based on Parity

Table No. 3 Group Comparison of Pregnancy-Specific Stress (and its Dimensions) and Life Satisfaction Based on Parity.

Variables	Nulliparous (n = 57) M ± SD	Primiparous (n = 52) M ± SD	t	df	p
Pregnancy-Related Stress	47.04 ± 35.42	39.64 ± 32.11	1.14	107	0.257
Stress from seeking safe passage for mother and child through pregnancy, labor, and delivery	9.42 ± 7.08	11.50 ± 9.38	-1.31	107	0.192
Stress from baby care and changing family relationships	16.49 ± 12.38	9.52 ± 7.70	3.49	107	< .001***

Stress from maternal role identification	3.81 ± 2.84	4.06 ± 3.23	-0.43	107	0.667
Stress from social support seeking	11.25 ± 8.51	5.94 ± 4.82	3.95	107	< .001***
Stress from altered physical appearance and function	6.14 ± 4.62	8.75 ± 7.05	-2.30	107	0.023*
Life Satisfaction	22.21 ± 5.95	23.71 ± 4.31	-1.49	107	0.138

*Note: * $p < .05$, *** $p < .001$*

Table no. 3 presents the comparison of pregnancy-specific stress and life satisfaction between women expecting their first child (nulliparous) and women with second pregnancy (primiparous). The analysis revealed no significant differences between the two groups in overall pregnancy-related stress (t = 1.14, p = .257). Similarly, no significant differences were observed in stress related to seeking safe passage for the mother and child during pregnancy, labor, and delivery (t = -1.31, p = .192) or in stress associated with maternal role identification (t = -0.43, p = .667).

Significant differences, however, were identified in specific dimensions of pregnancy-specific stress, leading to partial rejection of null hypothesis ($H0_2$). primiparous women reported significantly higher stress related to baby care and changing family relationships compared to nulliparous women (t = 3.49, p < .001). Furthermore, primiparous women experienced significantly greater stress from seeking social support (t = 3.95, p < .001). In contrast, nulliparous women reported significantly higher stress associated with altered physical appearance and function (t = -2.30, p = .023).

Regarding life satisfaction, no significant differences were observed between the two groups (t = -1.49, p = .138), leading to acceptance of the null hypothesis ($H0_3$).

DISCUSSION

This study aimed to investigate the relationship between pregnancy-specific stress (PSS) and life satisfaction, as well as differences in these variables based on parity. The findings provide valuable insights into the complex dynamics influencing maternal well-being during pregnancy.

The strong negative correlations between PSS and life satisfaction align with previous research (Huizink et al., 2004; Guardino & Dunkel Schetter, 2014), underscoring the detrimental impact of elevated stress on maternal well-being. Each dimension of PSS demonstrated significant associations with life satisfaction, highlighting the multifaceted nature of stress during pregnancy. These findings reinforce the theory of subjective well-being (Diener et al., 1999), emphasizing that life satisfaction is sensitive to significant life events, such as pregnancy.

The lack of significant differences in overall PSS between nulliparous and primiparous women suggests that both groups experience substantial stress, though with varying emphases on specific stress dimensions. This aligns with studies indicating that all pregnancies, regardless of parity, involve stressors unique to the gestational experience (Rini et al., 1999). While our study does not assess differences across gestational ages, the

significant variations in specific stress dimensions offer valuable insights into how stress manifests differently between nulliparous and primiparous women.

Women with second pregnancy reported higher stress levels related to baby care, changing family dynamics, and seeking social support. This elevated stress may be attributed to the dual responsibilities of caregiving for an existing child while preparing for a new arrival, highlighting the compounded responsibilities and social expectations associated with subsequent pregnancies. The increased emphasis on social support-seeking stress in this group may suggest that primiparous women often face reduced availability of external support, as cultural norms tend to prioritize first pregnancies. These findings underscore the heightened emotional and logistical demands placed on primiparous mothers, particularly within extended family setups common in India, where caregiving responsibilities are shared but also shaped by cultural expectations. Enhanced community and familial support systems are crucial to mitigating these stressors and addressing the unique challenges faced by primiparous mothers.

First-time mothers reported greater stress related to altered physical appearance and function. This may reflect heightened sensitivity to bodily changes due to the novelty of the experience and heightened uncertainty; societal pressures regarding appearance can exacerbate this feeling. This is consistent with studies highlighting the initial adjustment difficulties faced by first time women (Huizink et al., 2004).

Life satisfaction did not significantly differ between the two groups, suggesting that while specific stressors vary by parity, the overall perception of satisfaction with life may remain unaffected by factors unique to parity. In some cultural contexts, such as in India, first pregnancies are often seen as particularly significant, which may influence maternal expectations and experiences, possibly leading to increased satisfaction with life. However, the findings of this study suggest that broader contextual factors—such as social support, coping strategies, and cultural practices—may play a significant role in shaping life satisfaction, potentially buffering the effects of stress across both groups.

The findings resonate with previous research, reinforcing the relationship between stress and life satisfaction. Elevated PSS may undermine well-being, while higher life satisfaction can serve as a protective factor against stress (Da Costa et al., 1999; Guardino & Dunkel Schetter, 2014). Moreover, the parity-specific differences align with studies emphasizing the distinct challenges faced by women with first pregnancy and subsequent pregnancies (Nelson, 2003; Battulga, 2021). By addressing these differences, interventions can be tailored to meet the unique needs of each group, enhancing maternal well-being.

IMPLICATIONS

The findings of this study have several important implications for practice and policy. Healthcare providers should consider designing tailored interventions that address the specific stressors associated with parity. For first-time mothers, interventions should focus on managing body image concerns and preparing for the physical changes of pregnancy, while for primiparous mothers, support systems that address caregiving challenges and role balancing should be prioritized. In the Indian context, culturally sensitive approaches that leverage existing family and community support networks could enhance the effectiveness of these interventions. Involving family members in maternal health programs can be a key strategy for reducing stress RELATED to caregiving and social support. Psychosocial support is also essential, and counseling services tailored to the unique stressors of

pregnancy can help women build resilience and coping strategies. Group therapy sessions focused on parity-specific stressors could promote peer support and shared learning experiences.

From a policy perspective, policymakers should consider enhancing maternity programs to offer better support for primiparous mothers, including affordable childcare and flexible work policies. Public health campaigns should aim to raise awareness about pregnancy-related stress, encouraging open discussions about maternal mental health and fostering social support for expecting mothers. Additionally, integrating mental health resources into routine prenatal care can provide essential support for women during pregnancy.

FUTURE RESEARCH DIRECTIONS

Future studies should investigate the causal relationships between pregnancy-specific stress and life satisfaction, including a deeper exploration of the long-term effects on outcomes such as parenting satisfaction and child well-being. Research could also evaluate the effectiveness of tailored interventions in reducing stress and improving life satisfaction across different parity groups, which could inform maternal care practices. Including multiparous women and those who conceive through assisted reproductive technologies (ARTs) would help identify the unique stressors and life satisfaction outcomes for these groups, thereby enhancing the generalizability of the findings. Furthermore, examining the role of cultural factors in shaping stress perceptions and coping mechanisms is crucial, especially in diverse societies like India. Exploring trimester-specific differences and experiences could provide additional insights into how stress evolves throughout pregnancy. These areas of research emphasize the need for a holistic approach to understanding life satisfaction during pregnancy, considering the complex interplay of personal, social, and cultural factors, rather than focusing solely on parity. Future studies should adopt a more comprehensive, multi-dimensional framework for measuring life satisfaction.

LIMITATIONS

This study has several limitations that must be considered. The cross-sectional design restricts the ability to draw causal inferences regarding the relationship between pregnancy-specific stress and life satisfaction. Longitudinal studies would be required to explore the directionality and mechanisms of these associations over time. The sample was geographically limited, which may affect the generalizability of the findings, especially to rural or more culturally diverse populations. The reliance on self-reported data introduces potential biases, such as social desirability or recall bias, which could affect the accuracy of the responses. While parity was an important variable in this study, other factors—such as socio-economic status, education, relationship dynamics, perceived social support, and access to healthcare—were not considered, and these may also influence the outcomes. Another limitation of this study is the exclusion of multiparous women (those with two or more previous pregnancies) and the focus solely on women who conceived spontaneously, excluding those who used assisted reproductive technologies (ARTs). This restricts the study's scope and limits the generalizability of the findings, as multiparous women and those who conceived through ART may face distinct stressors and experience different levels of life satisfaction. Moreover, life satisfaction is a complex, subjective construct that may vary across different domains; this study focused on a unidimensional measure of life satisfaction, without exploring its multifaceted nature. The study did not explore cultural factors in depth, which may limit the applicability of the findings to different cultural contexts.

CONCLUSION

The findings of this study highlight the significant negative relationship between pregnancy-specific stress (and its dimensions) and life satisfaction, emphasizing the need for targeted support interventions. While stressors vary by parity, overall life satisfaction levels don't significantly vary between nulliparous and primiparous pregnant women, suggesting the possible influence of broader contextual factors. The findings underscore the importance of need based and culturally sensitive maternal care policies and psychosocial support. Future research should explore trimester-specific stress patterns, and long-term maternal well-being to enhance comprehensive prenatal care.

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Conflict of Interest
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