

The Effect of Marital Satisfaction of Pregnant Women on Prenatal Perceived Stress: A Cross-Sectional Study

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ABSTRACT

Objective: This study examines the effect of pregnant women's marital satisfaction on perceived prenatal stress.

Methods: This descriptive and cross-sectional study was conducted with 520 pregnant women at a training and research hospital affiliated with the Diyarbakır Provincial Health Directorate between May and August 2022. The data for the study were collected using the Personal Information Form, the Marital Satisfaction Scale, and the Prenatal Perceived Stress Scale. In the analysis of the data, frequency, percentage, minimum and maximum values, mean, standard deviation, variance, independent samples t-test, Pearson correlation, Spearman correlation analyses, as well as Kurtosis and Skewness coefficients and Cronbach's alpha coefficient were used.

Results: The mean age of the pregnant women was 24.30 ± 4.46 , while the mean age of their spouses was 27.95 ± 4.68 . The average duration of marriage was 1.97 ± 1.66 years, the weekly frequency of intimacy was 2.27 ± 1.04 , and the average number of hospital visits was 6.50 ± 2.46 . The mean score of the Marital Satisfaction Scale for pregnant women was 52.93 ± 8.47 , while the total mean score of the Prenatal Perceived Stress Scale was 2.82 ± 1.02 . It was determined that pregnant women's marital satisfaction did not affect their perceived prenatal stress levels.

Conclusion: Pregnant women's marital satisfaction does not affect perceived prenatal stress. Cultural characteristics and social structure are significant factors influencing perception.

Keywords: Midwife, marriage, marital satisfaction, pregnancy, stress.

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Introduction

Marriage is a process that enables couples to enter family life. Typically, the pregnancy begins after marriage, which is an important phase for both the woman and her family. Pregnancy is one of the most significant stages in a woman's life and is characterized by various changes. A healthy pregnant woman is expected to adapt to these changes. Several factors influence a woman's response to and adaptation to pregnancy, including her socio-economic and cultural characteristics, individual experiences, life philosophy, level of happiness, whether the pregnancy was desired or planned, the number of children in the family, her level of maturity, and readiness for childbirth (Çağ & Yıldırım, 2018; Demirli & Kendir, 2016; Demirbaş et al., 2014; Kabasakal & Soylu, 2016; Rosand et al., 2011; Sönmez et al., 2018).

Although pregnancy is considered a physiological process, the changes it brings and the roles and responsibilities it entails can cause stress in expectant mothers. The harmony influences the healthy continuation of this period in relationships between the woman, her spouse, and her family. If the support from the spouse and family is sufficient, acceptance of pregnancy and adaptation to the changes it brings become easier (Üzar Özçetin & Erkan, 2019). This adaptation also affects marital satisfaction (Sönmez et al., 2018). During pregnancy, the most important sources of support are close family members, particularly spouses (Sönmez et al., 2018).

A good spousal relationship has a protective effect against stress factors, and in couples with high marital satisfaction, both physical and mental health are positively influenced (Canbulat & Cihangir, 2014). High marital satisfaction leads to higher happiness and lower stress levels (Canbulat & Cihangir, 2014; Öztahtacı, 2017). If marital satisfaction is insufficient, emotional and psychological changes may occur, leading to issues such as anxiety and depression during pregnancy and the postpartum period. Furthermore, this situation can negatively impact parental roles and, in the long term, contribute to adjustment problems in children (Sönmez et al., 2018).

This study was conducted to determine the effect of pregnant women's marital satisfaction on perceived prenatal stress.

Methods

Study Design

This study was conducted as a descriptive and cross-sectional study.

Population and Sample of the Study

The study was conducted between May and August 2022 in the NST unit of the Women's and Children's Diseases Hospital Annex Building of the Diyarbakır Gazi Yaşargil Training and Research Hospital. The hospital was chosen for the study because it has a total capacity of 320 beds, serves women from all socio-economic backgrounds, and experiences a high patient volume.

In the province where the study was conducted, the total number of pregnant women in 2021 was 31,301. Since the study started in 2022, data from 2021 was used, and the minimum sample size was calculated as 372 using the sample selection formula for situations where the population is known, with a 95% confidence interval and a 5% margin of error. Considering the power of the sample to represent the population, the sample size was increased by approximately 40%, and 520 pregnant women who met the inclusion criteria and were willing to participate were selected for the study.

Inclusion criteria for the study:

- Being primigravida at 36 weeks or more
- Willingness to communicate and cooperate
- No sensory loss, including visual and auditory impairments
- No diagnosed psychological problem

Exclusion criteria from the study:

- Having a high-risk pregnancy
- Not being willing to participate in the study.

Data Collection Tools

In the study's data collection, the Personal Information Form, Marital Satisfaction Scale (MSS), and Prenatal Perceived Stress Scale (PPSS) were used.

Personal Information Form: The researchers prepared this form with questions to determine the pregnant women's socio-demographic and obstetric characteristics (Çağ & Yıldırım, 2018; Demirli & Kendir, 2016; Demirbaş et al., 2014; Kabasakal & Soylu, 2016; Rosand et al., 2011; Sönmez et al., 2018).

Marital Satisfaction Scale (MSS): Çelik and İnanç developed the Marital Satisfaction Scale (MSS) to measure the marital satisfaction levels of married couples. The scale consists of 13 items, eight negative, and is rated on a 5-point Likert scale. The total score that can be obtained from the scale ranges from 13 to 65, and higher scores indicate higher marital satisfaction. The Cronbach's alpha coefficient of the scale is 0.80 (Çelik & İnanç, 2009). In this study, the Cronbach's alpha coefficient was 0.78.

Prenatal Perceived Stress Scale (PPSS): The Prenatal Perceived Stress Scale (PPSS), developed by Razurel et al. (2013), was adapted into Turkish by Atasever and Sis Çelik (2018) for validity and reliability. It was developed to identify the factors causing stress in primiparous women and to assess the stress perceived during the prenatal period (Atasever & Sis Çelik, 2018). The scale is applied to pregnant women at 36-39 weeks of gestation. The scale consists of 12 items and three subscales and is evaluated on a 5-point Likert scale. The perceived stress score in pregnancy is obtained by summing the item scores and dividing by the number of items. The total score that can be obtained from the scale ranges from 12 to 60. An increase in the total score indicates an increase in the perceived stress levels of pregnant women. The Cronbach's alpha coefficient of the scale is 0.75 (Atasever & Sis Çelik, 2018). In this study, the Cronbach's alpha coefficient was 0.86.

Data Collection

The researcher collected the data between May 2022 and August 2022 using a face-to-face interview technique, taking into account the verbal statements of pregnant women who applied to the NST clinic.

Data Analysis

The data were analyzed using the SPSS for Windows 22 (IBM SPSS Corp., Armonk, NY, USA) software. In the analysis of the data, frequency, percentage, minimum and maximum values, mean, standard deviation, variance, independent samples t-test, Pearson correlation, Spearman correlation analyses, as well as Kurtosis and Skewness coefficients and Cronbach's alpha coefficient were used.

Ethical Principles of Research

Before starting the study, ethical approval was obtained from the Atatürk University Faculty of Medicine Ethics Committee (Date: March 31, 2022, Number: B.30.2.ATA.0.01.00/291), and institutional permission was obtained from the institution where the study was to be conducted. Before collecting the research data, pregnant women who met the inclusion criteria were informed about the study, including that participation was voluntary, they could withdraw from the study at any time, and their information would be kept confidential, per ethical principles. Throughout the study, adherence to the Helsinki Declaration was ensured.

The research data are limited to the verbal responses given by the pregnant women to the questions and can only be generalized to the sample.

Results

The mean age of the pregnant women was 24.30 ± 4.46 , while the mean age of their spouses was 27.95 ± 4.68 . The average duration of marriage was 1.97 ± 1.66 years, the weekly frequency of intimacy was 2.27 ± 1.04 , and the average number of hospital visits was 6.50 ± 2.46 (the data are not presented in the table).

The distribution of scores on the scales is shown in Table 1. According to this, it was determined that the pregnant women obtained a total score of 52.93 ± 8.47 from the Marital Satisfaction Scale (MSS) and a total score of 2.82 ± 1.02 from the Prenatal Perceived Stress Scale (PPSS) (Table 1).

Table 1. <i>Distribution of Scores Obtained from Scales</i>		
Scales	Min.-Max.	$\bar{X} \pm SD$
MSS	16.00-65.00	52.93 ± 8.47
PPSS	1.00 -5.00	2.82 ± 1.02

MMS: Marital Satisfaction Scale; PPSS: Prenatal Perceived Stress Scale

The comparison of the scores obtained from the scales based on the descriptive characteristics is presented in Table 2. According to this, there was a statistically significant difference in the total Marital Satisfaction Scale (MSS) scores based on education level, employment status, economic status, social security, type of marriage, family type, satisfaction with sexual life, and whether the pregnancy was desired. Additionally, there was a statistically significant difference in the total Prenatal Perceived Stress Scale (PPSS) scores based on education level, employment status, economic status, type of marriage, family type, and whether problems were experienced during pregnancy ($p < .05$).

When evaluating the relationship between some variables and marital satisfaction and perceived stress levels, it was found that there is a statistically significant, positive, and low-level relationship between age, spouse's age, and weekly frequency of intimacy with marital satisfaction ($p < .05$, Table 3). There is also a statistically significant, negative, and low-level relationship between marital duration, weekly frequency of intimacy, and number of hospital visits with perceived prenatal stress ($p < .05$, Table 3).

Table 4 presents the relationship between pregnant women's marital satisfaction and the prenatal stress they perceive was examined, and no significant relationship was found ($p < .05$, Table 4).

Table 2. <i>Distribution of Scales According to Descriptive Characteristics</i>				
Characteristics	n	%	MSS $\bar{X} \pm SD$	PPSS $\bar{X} \pm SD$
Education Status				
Primary education	142	27.3	2.75±0.99	50.42±9.55
High school	301	57.9	2.39±1.08	53.36±8.03
University	77	14.8	2.26±0.94	55.87±6.72
Test and p value			F=11.740 p=.000	F=11.914 p=.000
Spouse's Education Status				
Primary education	87	16.7	2.74±1.10	50.99±9.23
High school	336	64.6	2.45±1.04	52.51±8.59
University	97	18.7	2.27±0.99	56.11±6.29
Test and p value			F=9.882 p=.000	F=6.748 p=.001
Work Status				
Employed	44	8.5	2.13±1.04	56.95±6.47
Unemployed	476	91.5	2.50±1.04 t=4.190	52.55±8.54 t=-2.809
Test and p value			p=.000	p=.005
Economic Status				
Insufficient	130	25.0	2.52±1.12	49.94±9.38
Middle	276	53.1	2.37±1.01	53.56±7.58
Sufficient	114	21.9	2.66±1.03	54.79±8.64
Test and p value			F=12.117 p=.000	F=3.665 p=.026
Health Insurance Status				
Yes	335	64.4	2.54±1.02	53.99±8.12
No	185	35.6	2.34±1.09 t=3.903	51.00±8.77 t=1.652
Test and p value			p=.000	p=.099
Marriage Type				
Arranged marriage	288	55.4	2.65±1.04	52.02±9.33
Getting to know each other	116	22.3	2.58±1.01	53.81±7.65
Flirting	116	22.3	1.91±0.91	54.28±6.57
Test and p value			F=3.809 p=.023	F=20.831 p=.000
Family Type				
Extended family	223	42.9	2.66±1.03	49.16±9.31
Nuclear family	297	57.1	2.32±1.04 t=-9.059	55.75±6.49 t=4.438
Test and p value			p=.000	p=.000
Satisfaction Status of Sexual Life				
Very satisfied	111	21.3	2.25±0.97	54.53±7.28
Satisfied	404	77.7	2.52±1.05	52.71±8.52
Not satisfied	5	1.0	3.20±1.79 F=13.993	35.00±8.28 F=1.503
Test and p value			p=.000	p=.224
Pregnancy Planning Status				
Yes	255	49.0	2.11±1.04	53.35±7.57
No	265	51.0	2.82±0.93 t=1.135	52.51±8.25 t=-10.272
Test and p value			p=.257	p=.000
Pregnancy Desire Status				
Yes	493	94.8	2.45±1.05	53.30±8.18
No	27	5.2	2.89±0.97 t=3.492	46.00±10.70 t=-1.671
Test and p value			p=.002	p=.095
Experienced Problems During Pregnancy				
Yes	131	25.2	2.77±0.94	51.90±9.59
No	389	74.8	2.37±1.06 t=-1.469	53.27±8.04 t=3.941
Test and p value			p=.143	p=.000

Discussion

It can be said that the pregnant women in the study have high marital satisfaction (Table 1). Marital satisfaction refers to individuals' subjective assessments of the degree to which their expectations from marriage are met. Within this framework, the concept of marital satisfaction reflects an individual's perception of how effectively their current marital relationship fulfills their personal standards, emotional needs, and anticipations. This subjective evaluation is influenced by a variety of factors, including personal values, relational dynamics, and societal expectations (Ünal & Akgün, 2022). A similar study reached a similar conclusion (Kabasakal & Soylu, 2016).

Looking at Table 2, it is observed that some demographic characteristics affect marital satisfaction and prenatal perceived stress. According to this, individuals with higher education, who are employed, have sufficient economic status, have social security, are married after dating, live in a nuclear family, are satisfied with their sexual life, desire pregnancy, and have higher marital satisfaction. Socio-economic factors are influential on marital satisfaction (Demirli & Kendir, 2016; Taşkın, 2014, pp. 100-101; Hünler & Gençöz, 2003; Çağ & Yıldırım, 2018). The higher socio-economic level has many positive effects on life. In particular, the increasing education level, which significantly impacts women's status, leads to a more desired and desirable individual life.

Table 3. <i>Examining The Relationship Between Various Variables and Scales</i>						
Scales		Age	Spouse's age*	Marital duration*	Number of Sexual Intercourses (Week)	Number of Hospital Applications
MSS	r	0.155	0.168	0.054	0.187	0.026
	p	.000	.000	.218	.000	.556
PPSS	r	0.026	-0.001	0.088	-0.302	0.172
	p	.556	.981	.045	.000	.000

*Spearman correlation analysis. MSS: Marital Satisfaction Scale; PPSS: Prenatal Perceived Stress Scale

As a result of the study, it was found that pregnant women's prenatal perceived stress levels were moderate, and those with primary education, who were not working, had sufficient economic status, were married through an arranged marriage, lived in extended families, and experienced problems during pregnancy had higher levels of prenatal perceived stress. Some studies provide support for this outcome (Kılıç, 2022, p. 30; Sis Çelik & Ataserver, 2020; Akgüneş Dalkılıç & Egelioglu Cetişli, 2023; Kılıç, 2022).

The increase in women's education levels has effectively improved marital harmony (Sürme, 2019). Additionally, as individuals' education levels increase, they tend to seek

more information and are more likely to find ways to cope with stress, which is why it is thought that their stress levels are lower.

Table 4. Examining the Relationship Between Marital Satisfaction and Perceived Prenatal Stress		
Scales		MSS
PPSS	r	-0.081
	p	.065

MMS: Marital Satisfaction Scale; PPSS: Prenatal Perceived Stress Scale

Women face many factors that can cause stress during pregnancy. Stress during the prenatal period leads to various maternal-fetal adverse outcomes (Atasever & Sis Çelik, 2018). Generally, lower adverse outcomes are observed in the socio-economic group with a higher socio-economic level (Atasever & Sis Çelik, 2018; Elkin, 2015; Üzar Özçetin & Erkan, 2019). The number of children a woman has, her age, and whether the pregnancy was planned or desired affect her mental health during pregnancy (Baran et al., 2020; Çapık et al., 2015; Pinar et al., 2014; Sis Çelik & Atasever, 2020). The study findings showed that women who married after courting, lived in a nuclear family and planned their pregnancies had lower perceived stress. In Table 2, it is also observed that these women had higher marital satisfaction. High marital satisfaction leads to higher happiness and lower stress levels (Canbulat & Cihangir, 2014; Öztahtacı, 2017). It is believed that as marital satisfaction increases, perceived stress decreases, and this result is attributed to that.

As a result of the evaluation of marital satisfaction and prenatal perceived stress according to some variables, it was found that age, spouse's age, and weekly intimacy frequency affected marital satisfaction. A study evaluating marital harmony between spouses during pregnancy determined that the decrease in the age of the pregnant woman and her spouse increased the harmony between the couple (Çobanlar Akkaş & Akdolun Balkaya, 2024). This study supports the research findings.

Additionally, it was found that marital duration, weekly intimacy frequency, and the number of hospital visits also affected prenatal perceived stress (Table 3). In a similar study conducted by Sis Çelik and Atasever, it was determined that marital duration did not affect prenatal perceived stress, but the number of prenatal care visits had an impact (Sis Çelik & Atasever, 2020). Weekly intimacy frequency also affects sexual life, which positively contributes to marital satisfaction. In the research findings, women who were satisfied with their sexual life had higher

marital satisfaction, and it is believed that this result stems from that.

The relationship between the marital satisfaction of pregnant women and their prenatal perceived stress levels is presented in Table 4. According to the table, no relationship was found between the marital satisfaction levels of the pregnant women and their prenatal perceived stress levels. Marital satisfaction refers to couples being satisfied with their marriage in every aspect (Balci Arvas & Hökelekli, 2017; Çağ & Yıldırım, 2018). Couples' marital satisfaction is related to personal variables and their coping strategies with events. Religious influences, educational status, marital duration, and gender can affect pregnant women's marital satisfaction (Balci Arvas & Hökelekli, 2017; Sönmez et al., 2018).

Moreover, during pregnancy, many factors, such as life experiences, problems, nutritional status, health conditions, education level, family issues, marital harmony, and satisfaction, can influence the stress perceived by the woman before birth. However, despite high marital satisfaction, pregnancy can lead to stress in the woman due to the physiological, psychological, and emotional changes it involves. The key is to minimize stress and support the woman in adapting to these changes. In cultures where family relationships are strengthened social support is favored, helping to reduce perceived stress (Andrade et al., 2025). Pregnant women who lack of social support were more likely to have prenatal stress (Xian et al., 2019). In the region where this research was conducted, marriage and pregnancy are generally considered everyday situations, and little attention is paid to the changes the woman will experience. All the changes that can occur during pregnancy may be overly normalized. It is believed that the cultural structure and characteristics of the region where the research was conducted have contributed to the results of the study.

Limitations of the Study

The desire of pregnant women to leave the unit immediately after the procedure and the fact that the study is single-centered constitute the limitations of the study.

Conclusion and Recommendations

In the study conducted to investigate the effect of marital satisfaction of pregnant women on their prenatal perceived stress, it was found that the marital satisfaction of pregnant women was at a high level, while their prenatal perceived stress levels were at a moderate level. No significant relationship was found between marital satisfaction and prenatal perceived stress levels. Accordingly, it was concluded that marital satisfaction does not affect prenatal

perceived stress. Similar studies should be repeated with different sample groups.

Ethics Committee Approval: Ethics committee approval for this study was received from the Ethics Committee of the Faculty of Medicine of the University of Atatürk (Date: March 31, 2022, Number: B.30.2.ATA.0.01.00/291).

Informed Consent: Verbal informed consent was obtained from all women who participated in this study.

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