Predictive Model of Life Quality Based on Psychological Resilience and Couple Intimacy, Mediated by Pregnancy Anxiety in Pregnant Women

Zeynab Nejadhoseinian[1] iD **, Saeid Bakhtiarpour[2*]** iD **, Firozeh Zangeneh Motlagh [3]** iD

1. Department of Psychology, Faculty of Humanities, Arak Branch, Islamic Azad University, Arak, Iran. Email:
   zeynab.nejadhosinian@gmail.com

2. Corresponding Author, Department of Psychology, Faculty of Humanities, Ahvaz Branch, Islamic Azad University, Ahvaz, Iran.
   Email: saeedbakhtiarpoor@iauahvaz.ac.ir

3. Department of Psychology, Faculty of Humanities, Arak Branch, Islamic Azad University, Arak, Iran.
   Email: f-zanganeh@iau-arak.ac.ir

Extended Abstract

Aim

Pregnancy, a remarkable biological phenomenon, marks one of the most thrilling periods in a woman's life, yet it brings about profound changes in her body (Callanan et al., 2022). The emotional, communicative, and physical transformations experienced by pregnant women influence their quality of life (QoL) (Caracho et al., 2020). Identifying factors, both positive and negative, affecting the QoL of pregnant women is crucial for implementing effective interventions. Psychological resilience, enhancing mental tolerance and capacity, emerges as a variable that can positively impact the QoL of pregnant women (Shamsi Sani & Tamaneifar, 2016). Additionally, couple intimacy plays a vital role in influencing the QoL of pregnant women (Barzegar and Samani, 2015). However, variables opposing the positive relationship between psychological resilience, couple intimacy, and QoL may adversely affect pregnant women's quality of life. Pregnancy anxiety is one such factor proposed as a mediator, playing a significant role in diminishing QoL. The establishment of a practical model, elucidating the interplay between psychological resilience, couple intimacy, pregnancy anxiety, and QoL in pregnant women, can guide the provision of tailored training to enhance psychological resilience, improve couple intimacy, and alleviate anxiety during pregnancy. Failure to identify generative and predictive factors, and subsequently failing to devise an appropriate treatment model, may jeopardize pregnant women's constructive relationships, leading to emotional, psychological, and cognitive disorders post-childbirth. This study aims to provide a predictive model for QoL based on psychological resilience and couple intimacy, mediated by pregnancy anxiety in pregnant women.

Methodology

The study employed a descriptive-correlation approach and path analysis. The statistical population included pregnant women attending health centers and gynecologists' offices in Ahvaz city during the second half of 2018, with a sample size of 400 selected through available sampling. Inclusion criteria comprised a secondary education level, age 18 and above, and a confirmed pregnancy diagnosis. The exclusion criteria comprised incomplete or distorted responses, as well as the refusal to continue responding to the questionnaires. Tools for variable measurement included the SF-36 questionnaire for QoL, Pregnancy Related Anxiety Questionnaire (PRAQ-17) for pregnancy anxiety, Connor-Davidson Resilience Scale (CD-RISC) for psychological resilience, and Couple Intimacy Questionnaire (CIQ). Data were analyzed using structural equation modeling and the Bootstrapping test with SPSS version 23 and Amos version 23.

Findings

The path coefficients indicate a direct association between psychological resilience ($p<0.01$, $\beta=0.582$), couple intimacy ($p<0.01$, $\beta=0.504$), and pregnancy anxiety ($p<0.01$, $\beta= -0.504$) with quality of life

(QoL). The results indicate a significant correlation between psychological resilience, couple intimacy, pregnancy anxiety, and quality of life at the probability level of 0.01. Additionally, the path coefficients reveal a direct link between psychological resilience ($p<0.01$, $\beta= -0.531$) and couple intimacy ($p<0.01$, $\beta= -0.443$) with pregnancy anxiety, indicating a substantial direct impact of psychological resilience and couple intimacy on pregnancy anxiety at the 0.01 probability level. Furthermore, based on the results of the bootstrap test, it is evident that pregnancy anxiety plays a significant mediating role at the 0.01 level in the relationship between psychological resilience and couple intimacy with the quality of life of pregnant women. Ultimately, considering the fit indices values, it can be concluded that the model exhibits a satisfactory fit.

Conclusion
According to the research findings, anxiety in any form serves as the foundation for the emergence of various mental and emotional challenges in individuals (Naja et al., 2020). This process contributes to heightened emotional and psychological instability in pregnant women when confronted with pregnancy-related anxiety. The sustained prevalence of this trend has had a detrimental impact on the overall mental well-being of pregnant women, leading to a decrease in their quality of life. Conversely, psychological resilience training, by enhancing the mental tolerance levels of pregnant women, facilitates successful adaptation to challenging conditions. This training encourages active participation in group and family activities, strengthens their inner capacities, and mitigates pregnancy anxiety, ultimately improving their quality of life. Moreover, resilience fosters self-restoration through positive emotional and cognitive outcomes (Geraminejad et al., 2017). In essence, resilience empowers pregnant women to achieve successful adaptation, enabling them to confront debilitating stress and challenges effectively. Additionally, couple intimacy enhances the mutual understanding and connection between partners (Lee, Kim, & Lee, 2021). Consequently, pregnant women can receive heightened psychological, emotional, and physical support from their spouses. The cultivation of increased couple intimacy, coupled with husbands' understanding and participation in the pregnancy experience, serves to alleviate anxiety during pregnancy. In summary, clinical therapists should employ effective psychological treatment methods to reduce pregnancy anxiety in pregnant women, considering the significant mediating role of pregnancy anxiety in the relationship between spousal intimacy, psychological resilience, and the quality of life of pregnant women.

Keywords: Couple Intimacy, Pregnancy Anxiety, Pregnant Women, Psychological Resilience, Quality of Life.

Ethical Considerations
 In order to uphold ethical principles, informed consent forms were completed by all participants. Pregnant women participating in the study were assured that their information is confidential and there is no need to mention their names.

Conflict of Interest
 This article has no conflict of interest.

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