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Well-being in Pregnancy. Parameters that Can be Considered in Prenatal SEL Programs

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Abstract: This study is among those interested in psychological well-being in pregnant women, exploring the explanatory value for well-being of some parameters such as health consciousness, prenatal expectations, self-perception, taking into account age, and the existence of a preference for birth through caesarean section. In this study voluntarily participated 197 pregnant women (aged between 17 and 46). The questionnaires used were entered in an online form, this form was posted on Facebook groups specific to pregnant women, regardless of age or trimester. In agreement with the first hypothesis (H1) of our study, a significant positive relationship was measured between psychological well-being and health consciousness (c' = .155, p = .0236 < .050). It was also found that health consciousness explains psychological well-being (c' = .155; p = .0236<.050; [.0845; 1.1601]) and prenatal expectations has a partial mediator role in this relationship (a2*b2 = .046, 95 % CI [.0069, .0957]), confirming the hypothesis H2. Moreover, the hypothesis that age (r= .221; p = .0003 < .050) and preference for cesarean (r=-.185; p=. 0026 < .050) are significant covariates of the psychological well-being of pregnant women was confirmed (H4). Our study analyzed the factors that lead to psychological well-being of pregnant women, that would improve the development of the fetus and at the same time a positive development of social emotional learning (SEL) programs.

Keywords: *health-consciousness; pregnancy; well-being; prenatal expectations; SEL programs; self-perception of pregnant woman*

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1. Introduction

The development of the foetus is very much related to the habits that the pregnant woman has before giving birth. If the pregnant woman is stressed, she will secrete cortisol, which also affects the baby. Starting from this aspect, our study analysed the factors that lead to a psychological well-being level of the mother that would improve the development of the foetus and at the same time a positive development of SEL.

1.1 Psychological well-being of pregnant women

Psychological well-being is a combination of the well-functioning of the individual with feelings of pleasure and satisfaction and a good management of their negative feelings (Huppert, 2009). Explanatory theories:

Bradburn distinguishes between negative and positive emotions, considering that psychological well-being as a balance between the two (Ryff & Keyes, 1995). Psychological well-being from the perspective of how the individual perceives the quality of his or her own life (Andrews & McKennell, 1980). Two components: Happiness and fun have been identified as affective indicators, while satisfaction, success and meeting needs are cognitive indicators.

Diener (1984) developed the subjective model of PWB, which explains this concept from the perspective of hedonism: the doctrine that people are motivated to act to avoid or reduce pain and increase the pleasure they feel. (life satisfaction, positive and negative emotions, the last two being, ideally, in balance.) Ryff (1989) proposes a eudemonic model, which understands well-being as a consequence of capitalizing on one's own potential and pursuing ideals, to the detriment of accepting momentary satisfactions and gratifications as indicators of mental well-being.

1.2. Health-consciousness and psychological well-being of pregnant women

A person's health awareness is closely related to health-related behaviours, if a person has a high health awareness and behaviours that are associated with a healthy lifestyle will be present (Chen, 2009; Espinosa &Kadić-Maglajlić, 2018; Hoek et al., 2004; Hollis et al., 1986; Kraft & Goodell, 1993).

Pregnant women reported high levels of adherence to public health advice and health behaviors during pregnancy. Stress and overall mental health outcomes were best predicted by psychological well-being factors.

Behaviors that affect health (a poor diet) have been predicted for both psychological well-being and demographic factors (Pope et al., 2022).

1.3. Self-perception of pregnant women and psychological well-being of pregnant women

Pregnancy can be considered a period in which weight gain is necessary and socially acceptable and less stigmatized than in other periods (Vartanian & Porter, 2016), weight gain can be perceived as necessary for fertile experience, which diminishes the negative effects of a voluminous body image (Loth et al., 2011).

It seems that while a positive reassessment may be possible, some women experience a significantly more negative body image during pregnancy compared to the pre-pregnancy period (Goodwin, et al., 2000).

Satisfaction with body image during pregnancy is an essential and important factor in psychological well-being. Fahami et al. (2018) suggested that self-acceptance and personal growth can predict body image in pregnant women.

1.4. Prenatal expectations and psychological well-being of pregnant women

Identity as a mother is an early process that begins in the childhood of the future mother by identifying with her mother, the decision to have a child and pregnancy that intensifies the formation of this maternal identity. Four months after birth, the self-image of the new mother is separated from the image built by her mother (Zdolska-Wawrzkiewicz et al., 2020).

The results of a study suggest that when a mother's expectations, support network and self-esteem are low, lower self-esteem levels and high levels of depression, anxiety and stress, associated with low psychological well-being, occur (Lazarus & Rossouw, 2015).

The measures imposed by the authorities to prevent the spread of the COVID-19 infection can be considered major stressors for expectant mothers whose vulnerability is potentially increased by this situation, thus leading to harmful effects on their psychological well-being (Thapa et al., 2020).

A study looking at the psychological effects of the COVID-19 pandemic on pregnant women found a significant change in their pregnant women's expectations of pregnancy and birth, as well as an increase in worry (Ravaldi et al., 2020). The unfulfilled expectations that they make in relation to the new role influence the evaluation of their experience. These expectations are associated with poor adjustment, postnatal distress and depression (Rubin, 1970; Staneva & Wittkowski, 2013).

Women with postnatal adjustment difficulties have often expressed ambivalent feelings about becoming mothers (Campbell et al., 1992; Kendell, 1985; Staneva & Wittkowski, 2013), unrealistic expectations about the role of motherhood (Chalmers, 1986; Staneva & Wittkowski, 2013), natural coping skills (Chalmers, 1986; Staneva & Wittkowski, 2013), new born behaviors (Adcock, 1993; Zeanah et al., 1985; Staneva & Wittkowski, 2013) and relational insecurities (Affonso & Sheptak, 1989; Staneva & Wittkowski, 2013).

There was a discrepancy between expectations and reality in maternity leave. Unrealistic expectations about motherhood have been linked to more difficult postnatal adjustment, low self-esteem, and feelings of inadequacy (Staneva & Wittkowski, 2013).

2. Problem Statement

It is still necessary to explore variables that can contribute to increasing the psychological well-being of expectant mothers. Based on the empirical evidence summarized in the previous sections, we aimed at investigating the role of some explanatory variables in the relationship between health-consciousness and psychological well-being of pregnant women.

3.Research questions

Is health consciousness positively associated with the psychological well-being of pregnant women? And if so, is this relationship explained by other variables?

4. Purpose of the study

The objective of the current study is to analyse the relationship between health consciousness and pregnant women's psychological well-being. In addition to this relationship, we want to analyse if there is a medication effect of the relationship between psychological well-being and health awareness through the mediators: prenatal expectations and self-perception of pregnant women.

We proposed the following hypotheses:

H1. Health-consciousness is positively associated with psychological well-being of pregnant women.

H2. Prenatal expectations mediate the relationship between health consciousness and psychological well-being.

H3. Self-perception of pregnant women mediates the relationship between health consciousness and psychological well-being.
H4. Age and preference for caesarean represent significative covariates of the parallel mediation model.

5. Research methods

5.1. Participants

197 pregnant women voluntarily participated in this study (aged between 17 and 46). The only condition in the research was that the people completing the questionnaire were pregnant women, the participants who did not comply with this condition, writing in the column "Pregnancy number" "I am not pregnant" 6 were eliminated, 197 remained. There were no other participation conditions to study. The average age is 26.86 and the standard deviation is 5.54.

5.2. Measures

Psychological Well-Being: Measured with the Ryff Psychological Well-Being Scale (RPWB). The instrument has 54 items rated from 1 to 6, where 1- "strongly disagree" and 6 "strongly agree". The value of the Alpha Cronbach coefficient for the whole instrument is 0.914, very good fidelity.

Health Consciousness was assessed with the Health Consciousness Scale developed by Hong (2009), this scale has 11 items, rated from 1 to 7, where 1 means “strongly disagree” and 7 means “strongly agree”, an example of an item would be fi: “Living a life free of disease and illness is very important to me.” Indirect item: 8. The Alpha Cronbach coefficient is 0.772 showing a satisfactory fidelity.

Self-perception of pregnant women was measured with the Pregnancy Self-Perception Scale (Kumcagiz, et al., 2017). The scale has 12 items divided into two factors. The value of the Alpha Cronbach coefficient for the whole instrument is 0.765, which shows a satisfactory fidelity, and the factor 2 has the value of the Alpha coefficient 0.812, showing a good fidelity. The scale is given on a Likert scale from 1 to 4, where 1 means "never" and 4 means "always". Indirect items are: 8, 9, 10, 11, 12.

Prenatal expectations were measured with the Prenatal Expectations Scale of Mothers Coleman, Nelson and Sundre (1999), this scale has 46 items, on a scale of 1 to 5, where 1 means "strong agreement" and 5 means "strong disagreement". This scale has 5 factors, we used only the image factor which has 10 items, the fidelity is satisfactory, the Alpha Cronbach coefficient has the value of 0.737, indirect items are: 2, 3, 4.

Preference for caesarean section was measured with the scale developed by Ghotbi et al. (2014), this scale has 20 items. Items are marked from 1 to 5, where 5 means "strongly agree" and 1 means "completely disagree", not indirect items. The Alpha Cronbach coefficient is 0.741 which indicates a satisfactory fidelity.

5.3. Procedure

The questionnaires used were entered in an online form, this form was posted on Facebook groups specific to pregnant women, regardless of age or trimester. The subjects were informed that participation in the research was voluntary, having the option to tick after presenting the record if they want to participate or not. They were informed that participation in the research was voluntary, they had the option to choose after the presentation of the description whether or not they wanted to participate. They were informed that the study consisted of answering some questions in the form and aimed at certain aspects of the lives of pregnant women.

They were initially presented with the description and were assured of complete confidentiality, with the mention that the results would be used for scientific purposes. The time allotted for completion was approximately fifteen minutes and the application was done individually. After completion, the purpose of the study was explained to them.

6. Findings

6.1. Descriptive statistics and correlational analyses

Table 1 shows the mean, the standard deviation, and the Pearson correlation coefficients for each of the variables. Health consciousness correlate positively with psychological well-being($r = .284$; $p<.001$), prenatal expectations ($r = .443$; $p<.001$) and self-perception of pregnant women ($r = .204$; $p<.001$). On the other hand, prenatal expectations correlate positively with psychological well-being ($r = .395$;$p<.001$) and self-perception of pregnant women ($r = .467$; $p<.001$). Also, self-perception of pregnant women correlate positively with psychological well-being ($r = .376$; $p<.001$).

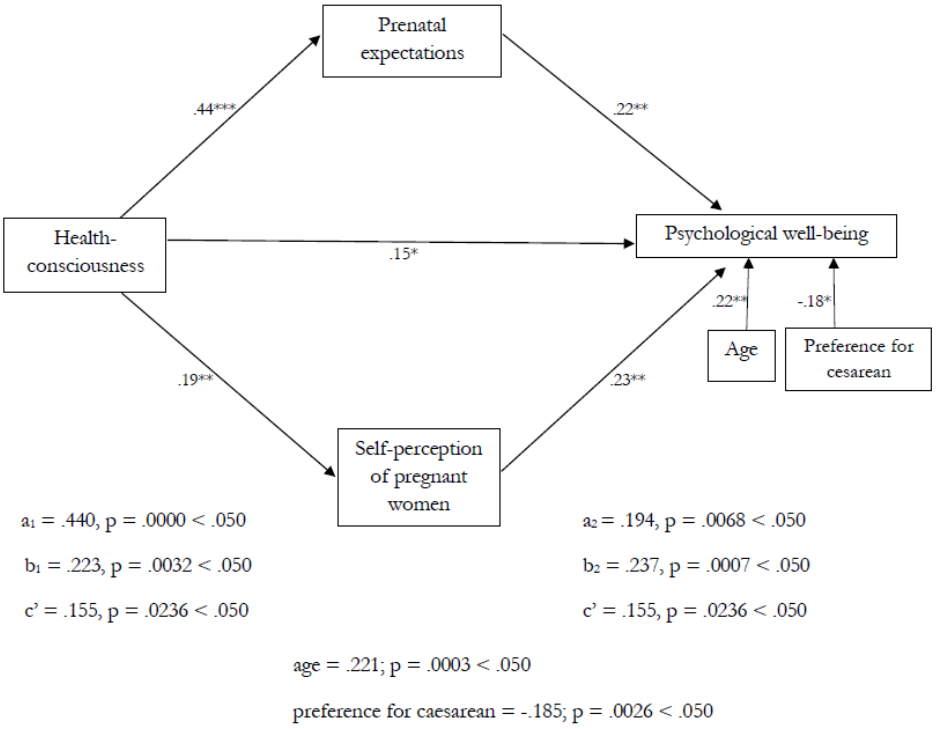
Table 1. Means, Standard Deviations and Correlations among the study's variables

	Variables	Mean	SD	1	2	3	4
1.	health consciousness	63.79	8.82	1			
2.	prenatal expectations	42.46	5.98	.443**	1		
3.	self-perception of pregnant women	42.48	4.68	.204**	.467**	1	
4.	psychological well being	239.77	35.34	.284**	.395**	.376**	1

*p<.05; **p<.01; ***p<.001
Source: Author's own conception

6.2. Parallel mediation analysis of the relationship between health consciousness and psychological well being

According to the hypothesis of the study, we tested the parallel mediation model, presented in figure1.



Total effect, c = .299; p<.001; [.6750; 1.7249]
Direct effect, c' = .155; p = .0236<.050; [.0845; 1.1601]
Total indirect effect:.144, 95 % CI, [.0520, .2490]

Indirect effect, a_1*b_1 = .098, 95 % CI [.0255, .1885]
Indirect effect, a_2*b_2 = .046, 95 % CI [.0069, .0957]

Figure 1. Parallel mediation model. Path coefficients are standardized estimates.
*p<.05; **p<.01; ***p<.001
Source: Author's own conception

The direct effect was significant, indicating that health consciousness was positively associated with psychological well-being of pregnant woman (c' = .155, p = .0236 < .050), confirming our first hypothesis (H1). High levels of health consciousness are associated with high levels of psychological well-being in pregnant women. It was also found that health consciousness was positively related to prenatal expectations (a_1 = .440, p=.0000<.050), and the mediator, was positively associated with psychological well-being (b_1 = .223, p = .0032 < .050). Both the direct effect (c' = .155, p = .0236 < .050) and the indirect effect a_1*b_1 = .098, 95 % CI [.0255, .1885] were statistically significant. Therefore, prenatal expectations partially mediate the relationship between health consciousness and psychological well-being, confirming the hypothesis H2.

Furthermore, the statistical results indicated that health consciousness was positively associated with self-perception of pregnant women (a_2 = .194, p = .0068 < .050) which in turn positively predicted psychological well-being (b_2 = .237, p = .0007 < .050). Thus, these variables act as mediators of the relationship between health consciousness and psychological well-being as both effects, the direct one (c' = .155; p = .0236<.050; [.0845; 1.1601]) and the indirect one (a_2*b_2 = .046, 95 % CI [.0069, .0957]) were statistically significant. The mediation was only partial due to significant direct effect. Thus, the hypothesis H3 was confirmed.

Health-consciousness generates an increase in psychological well-being both directly (the direct effect is statistically significant: c' = .155, p = .0236 < .050; [.0845; 1.1601]), as well as indirectly, through mediators. Thus, in the case of pregnant women, health-consciousness is associated with an increase in prenatal expectations, which in turn intensifies psychological well-being. On the other hand, health-consciousness is associated with an increase in self-perception of pregnant women which, in turn, contributes to an increase in psychological well-being. The total indirect effect of the two mediators is statistically significant, total indirect effect: .144, 95 % CI, [.0520, .2490].

Moreover, the hypothesis that age (r= .221; p = .0003 < .050) and preference for caesarean (r=-.185; p=. 0026 < .050) are covariates significantly

the psychological well-being of pregnant women (H4), confirmed. As women approach the age of 46, psychological well-being increases. Also, the lower the preference for caesarean section, the higher the psychological well-being of pregnant women.

The complete results for the mediation model are summarized in Table 2.

Table 2. Direct, indirect and total effects: Health-consciousness (IV) → Psychological well-being (DV)

	Prenatal expectations (M1) as outcome			
	Coefficient	SE	t	p
Health-consciousness (a_1 path)	.440	.044	6.746	.000
	Self-perception of pregnant women (M2) as outcome			
	Coefficient	SE	t	p
Health-consciousness (a_2 path)	.194	.0377	2.733	.0068
	Psychological well-being (DV) as outcome			
	Coefficient	SE	t	p
Health-consciousness (b_1 path)	.2231	.4414	2.9841	.0032
Self-perception of pregnant women (b_2 path)	.237	.5186	3.4515	.0007
Health-consciousness (c'direct path)	.155	.2727	2.2822	.0236
Total effect (C total path)	.299	.2662	4.5084	.0000
		Confidence interval 95%		
Ind 1:		Lower limit		Upper limit
	.0982	.0255		.1885

Health-consciousness * Prenatal expectations (indirect a_1*b_1 path)			
Ind 2:	.0460	.0069	.0957
Health-consciousness *Self-perception of pregnant women (indirect a_2*b_2 path)			

Source: Author's own conception

7. Conclusion

The first limit we identified is the misrepresentative age of the participants (17 to 46), leaning towards an average that is higher than the average age of Romanian pregnant women. Another limitation could be the relatively small number of participants, 197 pregnant women took part in the study. As in any self-report studies, participants might have offered socially desirable answers. Only a partial mediation was produced, therefore other variables must be added in the future. Data analysis should be done in future studies according to trimester of pregnancy, pregnancy number, socio-economic status, partner's support, social support. The results of the current study encourage the development of socio-emotional learning (SEL) programs for pregnant women. Their psychological well-being increases with their health-consciousness, prenatal expectations and self-perception of pregnancy help this relationship. We consider that programs dedicated to pregnant women could also improve the social emotional learning of future children. Learning social-emotional skills would contribute to the emotional education of own child.

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