The International Journal of Indian Psychology
ISSN 2348-5396 (Online) | ISSN: 2349-3429 (Print)
Volume 13, Issue 2, April- June, 2025
DIP: 18.01.344.20251302, DOI: 10.25215/1302.344
https://www.ijip.in

Research Paper

Investigating the Impact of Pregnancy Order on Happiness among Expectant Mothers in Rural and Urban Areas

Nehal B. Thakar[1]*

ABSTRACT

A woman's prenatal experience is significantly influenced by her geographic location, such as whether she lives in an urban or rural area. Better access to healthcare may help urban women, but loneliness, lack of social support, and work pressure also increase stress levels (Gjesfjeld et al., 2010). On the other hand, rural women may have limited access to high-quality maternal health treatments, which can exacerbate their anxiety and psychological distress, despite frequently experiencing strong family support, particularly in joint family systems (Singh & Singh, 2018). Psychological effects may be exacerbated by the interplay between these two variables—area and order of pregnancy. In order to support evidence-based maternal care policies and focused mental health interventions, this study intends to examine the combined effects of region (rural vs. urban) and pregnancy order (first pregnancy vs. second pregnancy) on the happiness and contentment of expectant mothers. The main purpose of the present research is investigating the impact of pregnancy order on happiness among expectant mothers in rural and urban areas. Order of pregnancy and area have been included as independent variables. Happiness have been included as a dependent Variable. Purposive sampling method was used to select 120 pregnant women from Gandhinagar district of Gujarat State. Happiness Scale developed by Dr. J. C. Ajavani and Dr. Amba Shethi was used for the data collection. Statistical technique "f" test was used for data analysis. Order of pregnancy is found to be significant on happiness of pregnant women; while area is found to be significant for happiness of pregnant women. The interaction between order of pregnancy and area of pregnant women was found to be not Significant.

Keywords: *Order of Pregnancy, Area, Happiness, Pregnant Women*

According to Seligman (2011), happiness is a multifaceted concept that includes life satisfaction, emotional well-being, and a feeling of fulfilment or purpose. Happiness has a significant impact on the health of the mother and the foetus throughout pregnancy (Doyle et al., 2021). Higher happiness levels during pregnancy are associated with greater psychological adjustment and a higher likelihood of maintaining healthy behaviors (Lobel et al., 2008).

Geographical location, education, access to healthcare, and social support networks are some of the factors that affect happiness in different demographic contexts (Veenhoven, 2012).

[1]Ph. D. Research Scholar, Department of Research Program, Children's Research University, Gandhinagar
*Corresponding Author

Received: June 12, 2025; Revision Received: June 17, 2025; Accepted: June 21, 2025

Pregnant women's satisfaction may be impacted by the substantial differences between urban and rural contexts in terms of resources, lifestyle, healthcare facilities, and cultural customs (Kumar & Mohanty, 2011).

Pregnant women's subjective well-being may be worse in rural areas due to stronger traditional norms, fewer work options, and restricted access to maternal health services (Iyengar & Dholakia, 2012). On the other hand, urban women may benefit from better access to healthcare and education. Still, they may also face greater stress and social isolation, both of which might hurt their happiness (Bisht et al., 2020). Few studies have compared the satisfaction levels of pregnant women in rural and urban settings, especially in developing nations like India, despite the growing interest in maternal mental health. Instead of emphasizing emotional well-being, the majority of current research concentrates on physical health disparities (Patel et al., 2018).

"The experience of joy contentment, or positive well-being. Combined with a sense that one's life is good. Meaningful, and worthwhile"

- Sonja Lyubomirsky (2007).

The APA Dictionary of Psychology defines happiness as *"Happiness an emotion of joy, gladness, satisfaction, and well-being"*

- American Psychological Association (2018).

In addition to personal psychological aspects, sociodemographic factors, including place of residence and pregnancy order, also have an impact on pregnant women's happiness (Lebel et al., 2016). Maternal well-being is greatly influenced by geographic location, including urban or rural areas. Although urban women may have easier access to healthcare and education, they also experience more social isolation and work-related stress (Bisht et al., 2020). Rural women, on the other hand, frequently experience more community support yet struggle to access healthcare and move about (Iyengar & Dholakia, 2012).

Emotional experiences are also greatly impacted by the order of pregnancy. While multigravida women may experience stress from juggling household duties and pregnancy, prim gravida women (first-time mothers) frequently report higher levels of anxiety due to their dread of the unknown and lack of experience (Gharacheh et al., 2015). Furthermore, prior experiences may have helped multigravida women acquire better coping strategies, which can raise their satisfaction levels (Oboro et al., 2020). But repeated pregnancies in environments with limited resources can also lead to more physical and emotional stress, which lowers well-being (Upadhyay et al., 2019). Designing focused treatments in maternal mental health programs requires an understanding of how residence and pregnancy order interact to affect maternal satisfaction (Singh & Dubey, 2019).

Rukiye tuirk, Tugce sakar and Reyhan Erkaya (2017) identified pregnant women admitted to the specified maternity hospital in the province of erzurum at the above pregnancy affects women's level of happiness during their pregnancy. Results showed that levels of happiness of the pregnant women included in the research were found to be higher during pregnancy according to the median value of scores taken in the scale. In this regard pregnant women may be encouraged to participate in activities that will increase their happiness as well as participating to training programs provided before and during the pregnancy.

Sedigheh Abdollahpour , Ahmad Khosravi (2018) identified relationship between spiritual intelligence and happiness and fear of childbirth in pregnant women. Result indicates negative correlation between spiritual intelligence and happiness with fear of childbirth. Increased level of spiritual intelligence in pregnant women can lead to an increase in their happiness and reduce their fear of childbirth. The fear of childbirth can be prevented via trainings to pregnant women about the components of spiritual intelligence.

M.Ilska, A.Brandt, SalmeriA., Kołodziej and Zaleska (2020) studied prenatal distress on subjective happiness in pregnant women. Measures of prenatal distress, attitudes towards parenthood and pregnancy, ego-resiliency, and subjective happiness were completed by 234 pregnant women who were older than 24 weeks as samples. The oxford happiness inventory (OHI), a standard created by Michael Argyle and Peter Hills in 2002, was applied. The findings indicated that pregnant women's subjective happiness was negatively correlated with prenatal distress and anxiety prenatal attitudes. The association between prenatal distress and happiness is totally mediated by prenatal attitudes of anxiety and ego-resiliency. The planning of health care programs for expectant mothers is significantly impacted by these findings. In particular, medical practitioners need to consider personality as a potential predictor of pregnant women's health in order to promote health in the case of ego-resiliency and to minimize hazards in the case of anxiety attitudes.

Stacy Tiemeyer, Karina Shreffler and Julia McQuillan (2020) studied examine the interaction between pregnancy loss and pregnancy intentions on women’s happiness about a subsequent pregnancy. He contrasted births that were categorized as ambiguous, unwelcome, mistimed, and on-time. The findings indicated that women who were hesitant about a conception and had previously experienced a loss were less likely to report being enthusiastic about the conception, and that births were more likely to be classified as on-time if they took place after a pregnancy loss. Decreased satisfaction with a future birth was not linked to overall pregnancy loss alone.

Sedigheh Pakseresht, Tahereh Mahboobi Nejad, Zahra Bostani Khalesi and Zahra Atrkar Roshan, Robabeh Soleimani (2019) identified pregnant women’s predictors of happiness among pregnant women. Result indicate predictors of happiness, obstetricians and midwives can improve the happiness level of pregnant women by providing information and eliminating unnecessary worries.

Relevance to Research

- Area effect: Prenatal anxiety and depression rates in rural areas are frequently between 15 and 40 percent.
- Parity effect: Although overall depression rates are equal (~12%) across parity, first-time moms often have equivalent or somewhat higher anxiety intensity.

As a result, while designing maternal mental health treatments, geography and pregnancy order should be taken into account. The focus should be on parity-specific support requirements and prevalence in a given region.

METHODOLOGY

Objective of this study:

The man objectives of study were as under.

- To identify the impact of first pregnancy and above second pregnancy on happiness of pregnant women.
- To identify the impact of rural area and urban area on happiness of pregnant women.
- To identify the Impact of interaction between order of pregnancy and area on happiness of pregnant women.

Hypotheses of This Study

- Ho_1: There will be no signification difference between fist pregnancy and second pregnancy on happiness of pregnant women.
- Ho_2: There will be no signification difference between Rural and urban area on happiness of pregnant women.
- Ho_3: There will be no signification difference interaction between order of pregnancy and area on happiness of pregnant women.

Sample*:*

The study was conducted on the sample of 120 pregnant women purposively selected from various Tapovan Garbhasamskar Center of Children's Research University, Gandhinagar district of Gujarat State. The age range of the pregnant women was between 21 to 35.

Research Design:

To conduct the research a 2x2 factorial design as mentioned below was used for collecting and analyzing the data of the pregnant women.

Table A.

		(A). Order of Pregnancy		**Total**
		(A1) first pregnancy	(A2) second pregnancy	
(B) area	(B1) Rural area	A1B1(30)	A2B1 (30)	60
	(B2) urban area	A1B2 (30)	A2B2 (30)	60
Total		60	60	120

Statistical calculations

Analysis of data 'F' test was used.

Variables

The following variables were treated as independent and dependent variables

Table B.

Variable Type	**Variable Name**	**Level**	**Level Description**
Independent	Order of pregnancy	02	1. first pregnancy 2. second pregnancy
	Area	02	1.Rural area 2.urban area
Dependent	Happiness	01	Happiness

Control Variable:

The age range of the pregnant women will be from 21 to 35 years.

Tools:

The following standardized tools were used for collecting the data.

- **Personal Data Sheet:** A primary data sheet has been designed by the researcher to collect the necessary primary information of the respondents.
- **Happiness Scale:** In order to measure the happiness prevailing in the pregnant women the Happiness Scale developed by Dr. J. C. Ajavani and Dr. Amba Shethi was used. The inventory consists 25 items covering for difference dimensions of Happiness. The Gujarati version of the scale was used for collecting data.
  - **Reliability:** Split half reliability for the scale 0.60
  - **Validity:** The validity of the presented "Happiness Scale" is found to be high

Procedure

This study aimed to explore the relationship between order of pregnancy and area happiness in pregnant women. The testing was done on a pregnant woman by personal visit and subsequently scoring was done with the help of the manual. Participants included 120 pregnant women aged 21 to 35 years from Tapovan Garbhasanskar Kendra. F ratio were calculated and results was analyzed as per 2 x 2 factorial design.

RESULT AND DISCUSSION

Table: 01 Showing Analysis of Variance for happiness in relation to order of pregnancy and area.

Main Effects:

Variables	Sum of Square	Df	Mean sum of Square	F	Sig. Level
order of pregnancy (A)	1346.71	1	1346.71	4.40	0.05
area (B)	2594.75	1	2594.75	8.48	0.01
order of pregnancy and area (A x B)	288.07	1	288.07	0.84	N.S
SS_W	35475.94	116	305.83	-	
SS_T	39675.47	119	-	-	
Sig. level: 0.05 = 3.92 = 6.84					

It could be seen from the Table No.01 that the variable order of pregnancy (F=4.40) is significant influencing the happiness, while area variable is found to be not significant (F=8.48).

Table: 02 showing mean scores on happiness with regard to order of pregnancy

Variables	N	M	F	Sig.
First pregnancy (A1)	60	148.62		
Second pregnancy (A2)	60	141.92	4.40	0.05
Grand Mean = 145.27				
Sig. level: 0.05=3.92 0.01 =6.84				

Figure: 01 Bar chart of mean score on happiness in relation to order of pregnancy

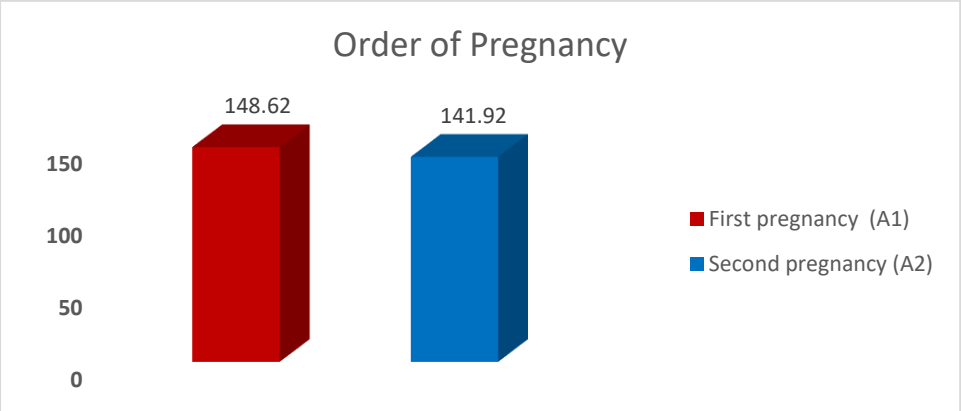


Table No.02 and figure No. 01 shows that the mean scores of first pregnancy demonstrate minor high happiness (M=148.62) than Second pregnancy (M=141.92). Graph No.01 shows that graph of first pregnancy happiness graph is minor higher than second pregnancy. Result reveals that mean scores of two groups are regard order of pregnancy are different each other on happiness and these difference is significant (F=4.40), therefore null hypothesis No.1 not accepted.

Table: 03 showing mean scores on happiness with regards to area

Variables	**N**	**M**	**F**	**Sig.**
Rural area (B1)	60	143.25		
Urban area (B2)	60	140.62	8.48	0.01
Grand Mean = 141.93				
Sig. level: 0.05 =3 .92 **0.01 = 6.84**				

Figure: 02 Bar chart of mean score on happiness in area

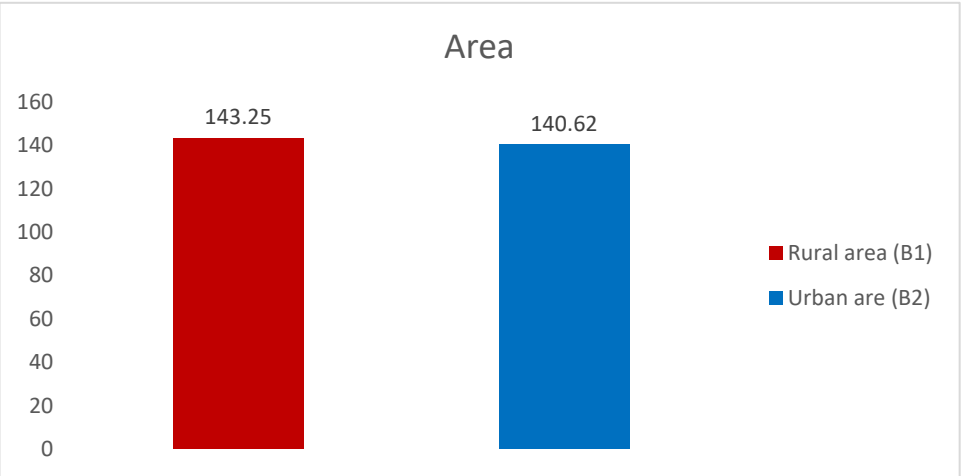


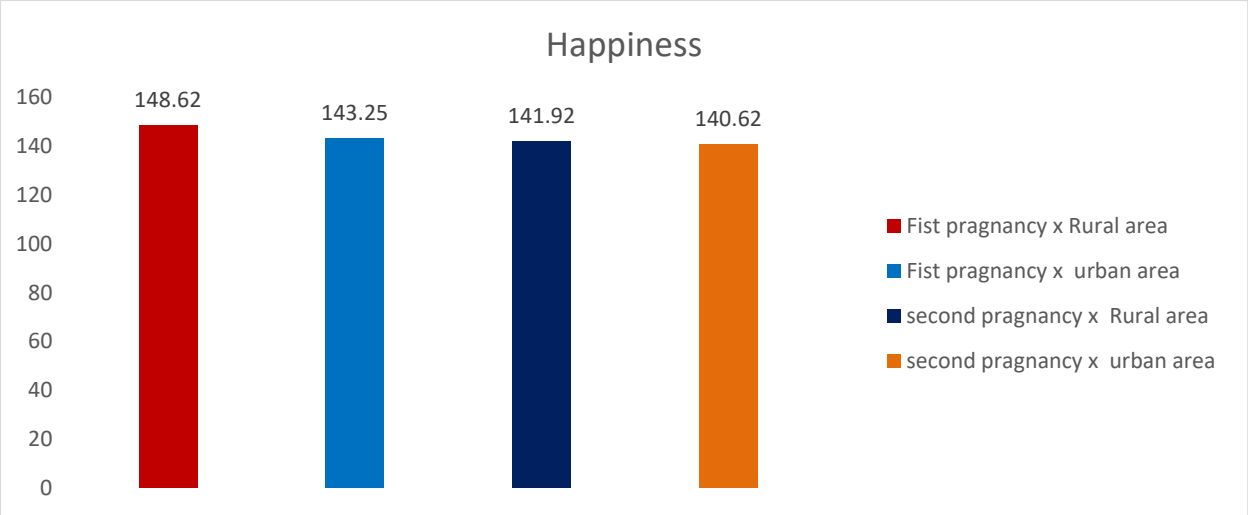
Table No.03 and figure No. 02 shows that the mean scores of Rural area demonstrate minor happiness (M=143.25) than urban area (M=140.62). Graph No.02 shows that the graph of rural area is minor higher than urban area. Result reveals that mean scores of two groups are regard area of difference each other on happiness and these differences are significant (F=8.48), therefore null hypothesis No.2 was not accepted.

Interaction Effects:

Table. 04 Showing mean scores on happiness as held by order of pregnancy and Area (A x B)

Variables	M		F	Sig.
	A1 (30)	A2 (30)		
B1 (30)	148.62	141.92	.084	N.S
B2(30)	143.25	140.62		
Sig. level : 0.05 =3.92 **0.01 = 6.84**				

Figure: 03 Bar chart of mean score on happiness in order of pregnancy and area.



It is evident from Table No. 04 and Figure no 03 that the F ratio (F=0.84) is non-significant, which suggesting that the obtained differences among order of pregnancy and area interaction group are non-significant. To summarize among A x B interacting groups, the group have slightly high happiness is to first pregnancy and rural area (M=148.62) and the group comparatively the low is and second pregnancy and urban area (M=140.62). Result reveals that mean scores of two groups as regards order of pregnancy and area are not different each other on happiness (F=0.84), therefore null hypothesis No.3 accepted.

CONCLUSION

1. The difference between first pregnancy and second pregnancy (order of pregnancy) on happiness of pregnant is found to be significant. (F=4.40).
2. The difference between rural area and urban area on happiness is found to be significant (F=8.48).
3. The difference between order of pregnancy and area on happiness is found to be non-significant (F=.084).

REFERENCES

Awasthi, A., Chandran, A., & Singh, P. (2020). Common mental disorders among rural pregnant women in Haryana, India: Prevalence and risk factors. *Indian Journal of Psychiatry, 62*(4), 404–409. https://doi.org/10.4103/psychiatry.IndianJPsychiatry_343_19

Bisht, S., Bist, R., & Pathak, R. (2020). Urban stress and its effect on maternal health in India. *Indian Journal of Community Health, 32*(1), 123–127. https://doi.org/10.47203/IJCH.2020.v32i01.018

Doyle, O., Delaney, L., & O'Farrelly, C. (2021). Maternal well-being during pregnancy and child development outcomes: Evidence from longitudinal data. *Journal of Health Psychology, 26*(9), 1300–1312. https://doi.org/10.1177/1359105320951156

Gharacheh, M., Azadi, S., Montazeri, S., & Khalajinia, Z. (2015). Psychosocial risk factors for pregnancy anxiety in Iranian women. *Iranian Red Crescent Medical Journal, 17*(10), e11735. https://doi.org/10.5812/ircmj.11735

Harathi, B., & Rajeshwari, N. (2020). A comparative study of anxiety levels among primigravida and multigravida women during third trimester of pregnancy. *International Journal of Nursing Education and Research, 8*(3), 289–292. https://doi.org/10.5958/2454-2660.2020.00063.9

harma, R., Mathur, S., & Seth, R. (2018). Depression among pregnant women in rural India: Parity and gender preference impact. *Indian Journal of Social Psychiatry, 34*(3), 224–230. https://doi.org/10.4103/ijsp.ijsp_14_18

Iyengar, S. D., & Dholakia, R. H. (2012). Inequities in maternal health services and outcomes in rural India. *Economic and Political Weekly, 47*(17), 56–62.

Kumar, A., & Mohanty, S. K. (2011). Inequality in the utilization of maternal healthcare services in India: Evidence from the National Family Health Survey. *Health Policy and Planning, 26*(3), 242–256. https://doi.org/10.1093/heapol/czq055

Lebel, C., Walton, M., Letourneau, N., Giesbrecht, G. F., Kaplan, B. J., & Dewey, D. (2016). Prepartum and postpartum maternal depressive symptoms are related to children's brain structure in preschool. *Biological Psychiatry, 80*(11), 859–868. https://doi.org/10.1016/j.biopsych.2015.12.004

Lobel, M., Cannella, D. L., Graham, J. E., DeVincent, C., Schneider, J., & Meyer, B. A. (2008). Pregnancy-specific stress, prenatal health behaviors, and birth outcomes. *Health Psychology, 27*(5), 604–615. https://doi.org/10.1037/a0013242

Nasreen, H. E., Kabir, Z. N., Forsell, Y., & Edhborg, M. (2011). Prevalence and associated factors of depressive and anxiety symptoms during pregnancy: A population-based study in rural Bangladesh. *BMC Women's Health, 11*, Article 22. https://doi.org/10.1186/1472-6874-11-22

Nayak, P., & Nachane, H. B. (2021). Depression during pregnancy and its associated risk factors: A hospital-based cross-sectional study in South India. *International Journal of Community Medicine and Public Health, 8*(2), 873–877. https://doi.org/10.18203/2394-6040.ijcmph20210091

Oboro, V. O., Tabowei, T. O., & Jemikalajah, J. D. (2020). Pregnancy-related anxiety among primigravidae and multigravidae in Delta State, Nigeria. *Nigerian Journal of Medicine, 29*(3), 395–400. https://doi.org/10.4103/NJM.NJM_27_19

Patel, V., Saxena, S., Lund, C., Thornicroft, G., Baingana, F., Bolton, P., ... & UnÜtzer, J. (2018). The Lancet Commission on global mental health and sustainable development. *The Lancet, 392*(10157), 1553–1598. https://doi.org/10.1016/S0140-6736(18)31612-X

Seligman, M. E. P. (2011). *Flourish: A visionary new understanding of happiness and well-being*. Free Press.

Singh, A., & Dubey, R. (2019). Maternal mental health in India: Challenges and opportunities. *Indian Journal of Psychiatry, 61*(Suppl 4), S435–S440. https://doi.org/10.4103/psychiatry.IndianJPsychiatry_440_18

Singh, A., & Dubey, R. (2019). Maternal mental health in India: Challenges and opportunities. *Indian Journal of Psychiatry, 61*(Suppl 4), S435–S440. https://doi.org/10.4103/psychiatry.IndianJPsychiatry_440_18

Upadhyay, R. P., Chowdhury, R., Salehi, A., Sarkar, K., Singh, S. K., Sinha, B., & Pawar, A. (2019). Postpartum depression in India: A systematic review and meta-analysis. *Bulletin of the World Health Organization, 95*(10), 706–717. https://doi.org/10.2471/BLT.17.192237

Veenhoven, R. (2012). Happiness: Also known as "life satisfaction" and "subjective well-being." In K. Land, A. Michalos, & M. Sirgy (Eds.), *Handbook of social indicators and quality of life research* (pp. 63–77). Springer. https://doi.org/10.1007/978-94-007-2421-1_3

Acknowledgment

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Thakar, N.B. (2025). Investigating the Impact of Pregnancy Order on Happiness among Expectant Mothers in Rural and Urban Areas. *International Journal of Indian Psychology*, *13*(2)*,* 3881-3889. DIP:18.01.344.20251302, DOI:10.25215/1302.344