



## Resilience of Pregnant Women Facing Changes During Prenatal Period

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### Abstract

*Pregnancy involves complex physical, psychological, and social adjustments that influence maternal well-being throughout the prenatal period. This study aimed to explore the physical and psychological changes experienced by pregnant women in Sukasari Village and to examine the role of family and community support in facilitating maternal adaptation. A qualitative descriptive design was employed using in-depth interviews and observations involving pregnant women representing different stages of pregnancy. The findings revealed trimester-specific experiences, including nausea, fatigue, and emotional uncertainty in early pregnancy; increased physical comfort and emotional stability during mid-pregnancy; and sleep disturbances, physical discomfort, and childbirth-related anxiety in late pregnancy. Family and community support emerged as important factors that enhanced coping capacity and emotional resilience. These findings highlight the importance of holistic maternal health interventions that address both physiological and psychosocial needs, contributing to improved maternal well-being and pregnancy outcomes.*

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## INTRODUCTION

Pregnancy is a transformative period characterized by profound physiological, psychological, and social adjustments that influence maternal well-being and fetal development. The prenatal period, encompassing the first, second, and third trimesters of pregnancy, represents a critical developmental stage during which women experience substantial biological adaptation and emotional transition (Davis & Narayan, 2020; Santaguida & Bergamasco, 2024; Perez & Panagiotopoulou, 2025; Marceau et al., 2024). While pregnancy is generally regarded as a natural life event, the changes accompanying this period often challenge women's physical comfort, emotional stability, and daily functioning. Consequently, understanding maternal experiences during pregnancy has become an important concern in maternal health research, particularly in developing countries where social, cultural, and healthcare factors significantly shape pregnancy outcomes (Janaki & Prabakar, 2024; Yong et al., 2023; Simoncic et al., 2022; Agbaza-Mogbojuri et al., 2023).

Existing studies have demonstrated that physical changes during pregnancy vary across trimesters and are closely associated with hormonal fluctuations and fetal

development. Common symptoms reported during early pregnancy include nausea, vomiting, fatigue, breast tenderness, and heightened sensory sensitivity (Yuliana et al., 2024; Zhang et al., 2023; Ertmann et al., 2023; Rondanelli et al., 2025; Katsuki et al., 2025). During the second trimester, many women experience improved physical conditions, although musculoskeletal discomfort such as back pain and leg cramps frequently emerges due to fetal growth and postural adjustments (Wu et al., 2021). In the third trimester, sleep disturbances, fatigue, edema, and respiratory discomfort become increasingly prevalent as maternal physiological demands intensify (Küçükkaya et al., 2024; Romanzini et al., 2023; Maniaci et al., 2024). These physical manifestations not only affect maternal quality of life but may also influence psychological adaptation throughout pregnancy.

Beyond physiological transformations, pregnancy is widely recognized as a psychologically demanding experience. Women frequently encounter emotional fluctuations, anxiety, uncertainty, and concerns regarding fetal health and childbirth. McCarthy et al. (2021) reported that pregnancy-related stress and anxiety are common across different cultural contexts and may adversely affect maternal mental health if left unaddressed. Similarly, Savory et al. (2022) found that pregnant women often experience barriers to obtaining adequate emotional support despite increasing psychological needs throughout gestation. Psychological adaptation is particularly important because maternal emotional well-being influences health-seeking behavior, prenatal care utilization, and maternal-fetal attachment. Consequently, contemporary maternal health research increasingly emphasizes the integration of physical and psychological perspectives to understand pregnancy experiences comprehensively (Fox-Harding, 2024; Hadaro & Tena, 2025; Schweiger, 2025).

Recent scholarship has also highlighted the importance of social support systems in facilitating maternal adaptation during pregnancy. Family members, particularly spouses, play a crucial role in providing emotional reassurance, practical assistance, and informational guidance (Kedida et al., 2024; Low et al., 2023; Yang et al., 2022). Social support has been consistently associated with reduced anxiety, increased maternal confidence, and improved pregnancy outcomes (Rahmawati et al., 2020). Moreover, community-based support networks contribute to strengthening maternal resilience by reducing feelings of isolation and uncertainty. These findings suggest that pregnancy should not be viewed solely as a biological process but rather as a multidimensional experience shaped by interactions between individual, familial, and sociocultural factors.

Although extensive research has examined physical and psychological changes during pregnancy, most studies have primarily focused on clinical symptoms, maternal health interventions, or psychological disorders within hospital and healthcare settings. Existing literature often investigates physical and emotional dimensions separately, limiting a holistic understanding of how women simultaneously experience and interpret these changes throughout pregnancy (Othman, 2024; Rodgers et al., 2024). Furthermore, many studies employ quantitative approaches that measure symptoms and outcomes statistically but provide limited insight into the lived experiences and coping mechanisms of pregnant women in specific sociocultural contexts. This limitation is particularly evident in rural and semi-rural communities, where cultural practices, family dynamics, and local support systems may substantially influence maternal experiences.

In Indonesia, studies concerning prenatal experiences have generally concentrated on maternal health education, pregnancy discomfort management, or psychological preparation for childbirth (Azza et al., 2025; Alizadeh-Dibazari et al., 2023). While these studies contribute valuable knowledge, they rarely explore how pregnant women perceive and navigate physical and psychological changes across all

trimesters within their everyday social environments. Furthermore, limited attention has been given to understanding how local cultural values and family support mechanisms shape maternal adaptation in village communities. As a result, there remains insufficient evidence regarding the interconnected nature of physical symptoms, emotional responses, and social support experienced by pregnant women at the community level.

This is where the need of an appropriate context about the gap needs to be discussed, namely in the village of Sukasari. Initial findings suggest that pregnant women in this community face a variety of issues during pregnancy such as physical discomfort, emotional ups and downs, fears around childbirth, and different levels of assistance from their families. The experiences captured here will be related to broader maternal health concerns and will also highlight context-specific characteristics specific to the social and cultural context (Yevoo et al., 2025; Infanti et al., 2025). Research into these experiences can help to deepen understanding of maternal adaptation in pregnancy and contribute to the development of community-based supports, tailored to the needs of pregnant women.

The novelty of this study is the integrated study of the physical changes, psychological responses and social supporting system experienced by pregnant women during pregnancy in South Sulawesi, Indonesia, in the three trimesters of pregnancy. This study presents a holistic qualitative approach that encompasses the lived experiences of pregnant women and the adaptive processes that enable them to cope with the challenges of pregnancy, in stark contrast to the more traditionally studied dimensions which tend to isolate these dimensions in their own specific terms and with a focus primarily on clinical outcomes. The study adopts a trimester-based approach as well as a contextual focus, providing a more holistic perspective on maternal resilience throughout pregnancy (Kunjamina & Singh, 2025; Makaruk et al., 2025).

Based on this, this study intends to analyze the changes that pregnant women undergo during pregnancy in Sukasari Village in terms of their physical and psychological changes, and to examine the support from the family and community to help pregnant women adapt during pregnancy. The results will add to the body of literature on maternal health to provide contextual information on maternal resilience in rural communities. In practical terms, the study provides guidance for healthcare providers, families and policy makers in providing more effective support and services to improve maternal health and pregnancy outcomes.

## **METHODS**

### **Research Design**

This study employed a qualitative descriptive research design to explore and understand the physical and psychological changes experienced by pregnant women during the prenatal period. A qualitative approach was selected because it allows researchers to examine participants' lived experiences, perceptions, and interpretations of social phenomena within their natural settings (Lim, 2025). Descriptive qualitative research is particularly suitable for investigating health-related experiences that require in-depth contextual understanding rather than statistical measurement (Rana et al., 2023). The study focused on identifying trimester-specific changes experienced by pregnant women and examining how they adapted to these changes within their familial and community environments.

### **Research Setting and Context**

The research was conducted in Sukasari Village, Indonesia, a community characterized by strong family relationships and active social interaction among residents. This setting was selected because preliminary observations indicated that

pregnant women in the village experienced diverse physical and psychological challenges throughout pregnancy while relying heavily on family and community support systems. The sociocultural context of Sukasari Village provided an appropriate environment for exploring maternal experiences during the prenatal period in a natural and community-based setting.

### **Participants and Sampling Strategy**

Participants were selected using purposive sampling, a technique commonly employed in qualitative research to identify individuals who possess direct experience and relevant knowledge regarding the phenomenon under investigation. The inclusion criteria consisted of women who were currently pregnant and represented different stages of pregnancy, namely the first, second, and third trimesters. This sampling strategy enabled the study to capture variations in maternal experiences across the prenatal period.

A total of six pregnant women participated in the study. The participants were identified through recommendations from local health workers and community health volunteers who were familiar with maternal health conditions within the village. The inclusion of participants from different trimesters allowed the researchers to obtain a comprehensive understanding of the progression of physical and psychological changes throughout pregnancy.

### **Data Collection Procedures**

Data were collected through in-depth semi-structured interviews and non-participant observations. Semi-structured interviews were chosen because they provide flexibility for participants to describe their experiences while ensuring that key research topics are systematically explored (Knott et al., 2022). An interview guide was developed to investigate participants' perceptions of physical changes, emotional responses, coping strategies, and sources of support during pregnancy.

Each interview was conducted face-to-face in a location selected by the participant, typically within the participant's residence, to ensure comfort and confidentiality. Interviews lasted between 45 and 60 minutes and were audio-recorded with participants' consent. Field notes were also maintained to document contextual information and non-verbal expressions observed during the interview process.

Observations complemented interview data by allowing researchers to document visible physical conditions, daily activities, and interactions between pregnant women and their family members. The combination of interviews and observations facilitated a richer understanding of participants' experiences and strengthened data credibility through methodological triangulation.

### **Data Analysis**

The collected data were analyzed using thematic analysis following the framework proposed by Buse et al. (2023). The analysis began with verbatim transcription of interview recordings and repeated reading of the transcripts to achieve data familiarization. Subsequently, meaningful units of information were coded and organized into preliminary categories.

The codes were then systematically reviewed and grouped into broader themes representing common patterns across participants. The final themes were interpreted in relation to existing literature on maternal health, psychological adaptation, and social support during pregnancy. This iterative analytical process enabled the researchers to identify significant relationships between physical changes, psychological experiences, and support systems throughout the prenatal period.

## **Trustworthiness and Research Rigor**

To ensure trustworthiness, the study adopted the criteria of credibility, dependability, confirmability, and transferability proposed by Megheirkouni and Moir (2023). Credibility was enhanced through prolonged engagement with participants, triangulation of interview and observation data, and member checking, whereby participants were invited to verify the accuracy of researchers' interpretations. Dependability was supported through detailed documentation of data collection and analysis procedures. Confirmability was maintained by preserving an audit trail of field notes, interview transcripts, and analytical decisions. Transferability was strengthened by providing rich descriptions of the research context and participant experiences, enabling readers to assess the applicability of findings to similar settings. Through these procedures, the study sought to generate reliable and contextually grounded insights into the physical and psychological experiences of pregnant women during the prenatal period in Sukasari Village.

## **RESULTS AND DISCUSSION**

This study explored the physical and psychological changes experienced by pregnant women during the prenatal period in Sukasari Village. Analysis of interview transcripts and observational data revealed that maternal experiences evolved progressively across the three trimesters of pregnancy. Although each participant reported unique experiences, common patterns emerged regarding physical discomfort, emotional adaptation, and support received from family and the surrounding community.

The findings are organized into three major themes. First, the study identified trimester-specific physical changes experienced by pregnant women. Second, the findings revealed psychological responses and emotional adaptation throughout pregnancy. Third, the study found that family and community support played an important role in helping pregnant women cope with prenatal challenges. The themes presented below are derived from thematic analysis of interview and observation data collected from six pregnant women residing in Sukasari Village.

### **Physical Changes During the Prenatal Period**

Physical changes emerged as the most visible experiences reported by participants. Although pregnancy-related discomfort was experienced throughout gestation, the nature and intensity of symptoms varied according to trimester.

#### ***First Trimester: Nausea, Fatigue, and Sensory Sensitivity***

The first trimester was characterized by substantial physiological adaptation. Most participants described nausea, vomiting, fatigue, and heightened sensitivity to smells as the dominant challenges during early pregnancy.

Observations indicated that these symptoms frequently interfered with daily activities, eating patterns, and social participation. Several participants reported difficulties completing household responsibilities because of persistent nausea.

Mrs. Ani explained:

*"During the first months of pregnancy, I felt nauseous almost every day. The smell of cooking rice, fried food, and even perfume made me uncomfortable. Sometimes I woke up in the morning already feeling sick. I tried to continue my normal activities, but there were days when I could only stay in bed because my body felt weak and exhausted."*

This statement demonstrates how physiological changes affected everyday functioning. The symptoms were not limited to physical discomfort but also reduced participants' ability to maintain their usual routines.

A similar experience was described by Mrs. Lina:

*"My appetite changed completely. Foods that I usually liked suddenly became unpleasant. I preferred sour fruits because they helped reduce nausea. Whenever I smelled certain foods, I immediately felt dizzy and wanted to vomit."*

The interview suggests that dietary preferences changed as an adaptive response to pregnancy-related nausea. Participants actively adjusted their eating habits to manage discomfort and maintain nutritional intake.

Another participant stated:

*"I became tired very quickly. Even simple activities such as cleaning the house felt difficult. Sometimes I felt guilty because I could not finish my work, but my body simply had no energy."*

This account highlights how fatigue affected perceptions of productivity and self-efficacy during early pregnancy. The findings indicate that the first trimester involved substantial bodily adjustment characterized by nausea, fatigue, and sensory sensitivity, which significantly influenced participants' daily lives.

### **Second Trimester: Increased Energy and Emerging Physical Discomfort**

The second trimester was generally described as a more comfortable period. Most participants reported reduced nausea and improved energy levels. Nevertheless, new forms of physical discomfort emerged as fetal growth increased.

Observational data showed that participants became more active during this stage. Several women resumed household activities and participated more frequently in community interactions.

Mrs. Nurrohmah explained:

*"Compared with the beginning of pregnancy, I felt much healthier. The nausea decreased and I could eat normally again. I had more energy and could perform my daily activities. However, my back started to hurt, especially when standing or walking for a long time."*

Her experience demonstrates a transition from hormonal discomfort toward musculoskeletal challenges associated with fetal growth.

Another participant described the physical changes associated with body enlargement:

*"My stomach became larger and heavier. Sometimes I felt uncomfortable when sitting or sleeping. Even though I felt stronger than before, my body was changing in ways that required adjustment."*

The statement illustrates that improved energy did not eliminate physical challenges. Instead, discomfort shifted toward bodily adaptation to pregnancy progression.

Mrs. Dina also emphasized the significance of fetal movement:

*"The first time I felt my baby move was a very emotional experience. Whenever I felt discomfort, the baby's movements reminded me why all of this was happening. It made me feel closer to my child."*

This finding suggests that physical sensations during pregnancy may contribute to emotional attachment and positive maternal adaptation. The second trimester represented a period of relative stability characterized by increased physical capacity accompanied by gradual bodily changes resulting from fetal development.

### ***Third Trimester: Fatigue, Sleep Disturbance, and Physical Burden***

The third trimester was associated with increasing physical burden and reduced comfort. Participants frequently reported sleep difficulties, fatigue, swelling, urinary frequency, and lower back pain.

Field observations revealed that participants often adjusted their daily routines to accommodate physical limitations. Rest periods became more frequent, and mobility was reduced compared with earlier stages.

Mrs. Faras described her experience:

*"Sleeping became difficult because my body felt heavy. I often woke up several times during the night to change position or go to the bathroom. Sometimes I felt shortness of breath when lying down, and it made me uncomfortable."*

Her account illustrates how physical discomfort affected sleep quality and overall well-being.

Another participant explained:

*"As the delivery date approached, my legs became swollen more often. Walking for long periods was difficult, and I felt tired very quickly. Even simple tasks required more effort than before."*

This experience reflects the cumulative physiological demands associated with advanced pregnancy.

Mrs. Rahma added:

*"The pain in my lower back became more intense. My husband usually helped massage my back and legs before bedtime. Without his help, I think it would have been much harder to rest."*

The statement indicates that physical discomfort was often alleviated through family support and practical caregiving. These findings demonstrate that the third trimester involved substantial physical strain as women prepared for childbirth.

### **Psychological Changes and Emotional Adaptation**

Beyond physical symptoms, participants described significant emotional changes throughout pregnancy. Psychological experiences evolved alongside physiological changes and reflected concerns related to fetal health, childbirth, and maternal responsibility.

#### ***Anxiety and Uncertainty During Early Pregnancy***

The first trimester was characterized by emotional ambivalence. Participants frequently reported feelings of happiness combined with uncertainty and concern regarding fetal well-being.

Mrs. Ani explained:

*"I was very happy when I learned that I was pregnant, but I was also afraid. Every time I felt severe nausea, I worried that something might be wrong with the baby. Because this was a new experience, I often felt uncertain."*

This statement illustrates the coexistence of positive and negative emotions during early pregnancy.

Similarly, Mrs. Lina stated:

*"I searched for pregnancy information online, but sometimes it made me more anxious. Reading about complications increased my worries instead of reducing them."*

The interview suggests that information-seeking behavior may both support and intensify maternal concerns.

Another participant noted:

*"I often asked my family members whether my symptoms were normal because I was afraid of making mistakes."*

This finding indicates a strong need for reassurance during early pregnancy.

Collectively, the data suggest that uncertainty and anxiety were prominent psychological experiences during the first trimester.

### **Emotional Stability During Mid-Pregnancy**

The second trimester was generally associated with improved emotional well-being. Participants reported greater confidence, acceptance of bodily changes, and stronger attachment to the fetus.

Mrs. Nurrohmah explained:

*"I felt calmer than before. I had already adapted to the changes in my body, and I was no longer worried about every symptom. Feeling the baby's movements gave me confidence."*

Her statement demonstrates growing maternal adjustment and emotional stability.

Another participant stated:

*"I became more optimistic because everything seemed to be progressing normally. I started preparing for the baby's arrival and felt excited about becoming a mother."*

This reflects increasing psychological readiness for parenthood.

A third participant explained:

*"I learned to accept that my body would continue changing. Once I accepted that, I felt much more comfortable emotionally."*

These findings suggest that psychological adaptation improved as participants gained confidence in their pregnancies.

### **Anxiety Before Childbirth**

Despite improved emotional adaptation during mid-pregnancy, anxiety re-emerged in the third trimester.

Mrs. Faras stated:

*"As the due date became closer, I started thinking more about labor. I wondered whether I could handle the pain and whether everything would go smoothly."*

The statement reflects anticipatory anxiety related to childbirth.

Another participant explained:

*"Sometimes I could not sleep because I kept imagining different scenarios during delivery. I wanted everything to be safe for both me and my baby."*

This illustrates how concerns regarding childbirth affected emotional well-being.

Mrs. Rahma added:

*"I felt nervous, but I tried to stay positive. Talking with my husband and praying helped me feel calmer."*

Her account suggests that coping strategies were important for managing prenatal anxiety.

The findings indicate that psychological adaptation was dynamic and changed according to pregnancy stage, with anxiety shifting from fetal health concerns in early pregnancy to childbirth-related concerns in late pregnancy.

### **Family and Community Support**

The final theme concerns the role of social support in promoting maternal resilience throughout pregnancy.

Participants consistently emphasized the importance of support from spouses, relatives, and community members. Support was expressed through emotional encouragement, practical assistance, and informational guidance.

Mrs. Faras explained:

*"Whenever I felt uncomfortable, my husband helped me. He stayed awake with me when I could not sleep and made sure I felt supported."*

This statement demonstrates the importance of instrumental and emotional support.

Mrs. Dina described community support:

*"Women in the neighborhood often shared their experiences and advice. Listening to them helped me realize that many of my worries were normal."*

The interview highlights the value of shared experiences in reducing feelings of isolation.

Another participant stated:

*"My family always reminded me to stay calm and take care of my health. Their encouragement gave me confidence throughout pregnancy."*

The findings suggest that social support functioned as a protective resource that enhanced emotional stability and reduced stress. The results reveal that maternal experiences during pregnancy were shaped not only by physical and psychological changes but also by the quality of support available within family and community networks.

### **Maternal Adaptation and Resilience Across the Prenatal Period**

The findings demonstrate that pregnancy is a dynamic process of adaptation in which physical, psychological, and social dimensions interact continuously throughout the prenatal period. The progression of maternal experiences observed in Sukasari Village reflects a pattern of adjustment that evolves across trimesters, highlighting the multidimensional nature of maternal resilience. While previous studies have primarily examined physical symptoms or psychological conditions separately, the present study reveals how these dimensions are interconnected and collectively shape women's prenatal experiences.

The physical changes reported by participants, including nausea, fatigue, sensory sensitivity, musculoskeletal discomfort, and sleep disturbances, are consistent with findings from previous maternal health studies. Research by Wu et al. (2021) found that pregnancy-related quality of life fluctuates across trimesters due to changing physiological demands. Similarly, McCarthy et al. (2021) reported that physical discomfort frequently contributes to emotional vulnerability during pregnancy. The current findings extend these observations by demonstrating that women actively reinterpret physical discomfort as part of the maternal adaptation process, particularly when supported by positive emotional and social resources. This

suggests that physical symptoms should not be understood solely as medical conditions but also as experiences embedded within broader psychosocial contexts.

The psychological experiences identified in this study also align with international evidence indicating that maternal anxiety changes according to pregnancy stage. Early pregnancy was characterized by uncertainty regarding fetal health, whereas late pregnancy was dominated by concerns about childbirth and maternal responsibilities. Similar patterns have been documented by Savory et al. (2022), who found that emotional distress often shifts throughout pregnancy depending on perceived risks and developmental milestones. However, unlike many studies that emphasize pathology-oriented outcomes such as anxiety disorders or depression, the present research highlights adaptive emotional processes through which women gradually develop confidence and maternal identity. This finding contributes to resilience theory by demonstrating that psychological adjustment during pregnancy is not merely the absence of distress but also the capacity to adapt positively to evolving challenges.

A notable contribution of this study concerns the central role of family and community support in strengthening maternal resilience. Consistent with social support theory, participants reported that emotional reassurance, practical assistance, and shared experiences reduced anxiety and enhanced coping capacity (Bradley et al., 2023; Huawei & Jenatabadi, 2024). These findings support previous research emphasizing the protective effects of partner involvement and social networks on maternal well-being (Razurel et al., 2015; Stapleton et al., 2012). Nevertheless, the present study provides additional insight by illustrating how support mechanisms operate within a rural Indonesian context where family relationships and community interactions remain highly influential. This contextual perspective constitutes the primary novelty of the study, as it integrates physical adaptation, psychological adjustment, and social support within a single analytical framework.

The practical implications of these findings suggest that maternal health interventions should adopt a holistic approach that addresses both physical and psychosocial needs. Healthcare providers should strengthen prenatal education programs that involve spouses and family members, thereby enhancing supportive environments for pregnant women. Community-based initiatives may also help reduce anxiety by facilitating peer interaction and knowledge sharing among expectant mothers.

Several limitations should be acknowledged. The study involved a relatively small number of participants from a single village, which limits the transferability of findings to other populations. In addition, the qualitative design prioritizes depth of understanding rather than generalizability. Future studies may employ mixed-methods or longitudinal approaches to examine how maternal resilience develops over time across diverse cultural and geographical settings. Comparative studies involving urban and rural communities may also provide deeper insight into the influence of sociocultural contexts on prenatal adaptation. Despite these limitations, the study contributes valuable evidence regarding the interconnected processes through which pregnant women navigate physical changes, emotional challenges, and social relationships during the prenatal period.

## **CONCLUSION**

This study demonstrates that the prenatal period is characterized by dynamic physical and psychological adaptations that evolve across the three trimesters of pregnancy. During the first trimester, pregnant women primarily experienced nausea, fatigue, sensory sensitivity, and uncertainty regarding fetal well-being. The second trimester was associated with improved physical comfort, increased

emotional stability, and stronger maternal attachment, whereas the third trimester was marked by physical burden, sleep disturbances, and heightened concerns about childbirth. The findings further reveal that family and community support play a crucial role in strengthening maternal resilience and facilitating adaptation to prenatal challenges.

Theoretically, this study contributes to the maternal health literature by integrating physical, psychological, and social dimensions within a single analytical framework, highlighting the interconnected nature of prenatal experiences. Practically, the findings emphasize the importance of family-centered and community-based interventions that promote emotional support, health education, and maternal well-being throughout pregnancy. The study is limited by its small sample size and focus on a single rural community. Future research should employ longitudinal and mixed-methods approaches involving more diverse populations to examine the development of maternal resilience across different sociocultural contexts and stages of pregnancy.

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