

## Experience of Pregnant Women in Crisis: An Interpretative Phenomenological Analysis

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Pregnancy and childbirth trigger many transformations, demanding adaptations in physicality, identity, relationships, and careers. These multifaceted adjustments inherently introduce stress among women. The complexities of these transitions can be exacerbated during a pandemic. Within this context, the present study encapsulates the experiences of women who encountered COVID-19 during their pregnancy. Its objective is to analyze these women's challenges comprehensively and elucidate the strategies they employed to overcome these obstacles. A purposive sampling technique was used to collect data from a sample of 10 women who suffered from Covid-19 during their pregnancy. Data was collected using a semi-structured interview schedule and analyzed using Interpretative Phenomenological Analysis (IPA). The study analysis brought forth the themes that described participants' experiences of pregnancy during the pandemic. The main themes identified from the analysis of the subjects' experiences include the major challenges caused by Covid-19, the impact on mental health, and ways of coping. Under each of these super-ordinate themes, further sub-ordinate themes were identified and explained. A broad discussion of these themes resulted in a better understanding of the pertaining issues, highlighting these women's experiences and the ways by which they coped.

**Keywords:** COVID-19, lived experiences, maternal mental health, pregnancy, interpretative phenomenological analysis, qualitative study.

Pregnancy is a multifaceted period marked by significant physiological, psychological, and social shifts (Ekabua et al., 2011). It signifies a transformative life phase, influencing the pregnant woman and her unborn child on multiple levels (Ekabua et al., 2011). This stage involves women adapting with their bodies, identities, relationships, and careers in preparation for impending motherhood, often entailing notable sacrifices (Finlayson et al., 2020). As a result, it is common for women to encounter various degrees of stress and emotional strain during their pregnancy.

Amid a pandemic, these transitions can intensify, as vividly demonstrated by the times of Covid-19. The challenges faced by pregnant women during these times have designated pregnant women as clinically

vulnerable to Covid-19 (WHO, 2019). Even though pregnancy doesn't notably heighten Covid-19 infection risk, it could exacerbate the virus's impact on pregnant women (WHO, 2019). Research has also found that pregnant women with Covid-19 confronted heightened risks of adverse birth outcomes, including preterm and stillbirth (Julia-Burches & Martinez- Varea, 2023; Yang et al., 2020). In this context, several studies across the globe have vividly studied pregnant women during the pandemic.

A vast number of studies conducted with the purpose of studying pregnant women in the context of Covid -19 have adopted bio-medical orientation. Nevertheless, it's imperative to acknowledge that pandemics have wielded equivalent psychological

impacts on individuals' psychological well-being. Findings of the existing studies which adopted a psychological point of view highlighted the severity of Covid 19 impact on the mental health of pregnant women.

As per the findings by Molgora & Accordini (2020), nearly 70% of pregnant women were experiencing psychological distress; 37% had depressive indicators, 31% exhibited anxiety symptoms, 49% endured insomnia, and 22% grappled with postpartum depression during Covid 19. Notably, Wang et al., (2020) have found that, pathophysiology of SARS-CoV-2 during pregnancy, coupled with concerns about the effects of this deadly virus on both mother and child, exacerbates psychological challenges among expectant women.

In addition to the pandemic-induced mental health issues, the plight of pregnant women was further heightened by government-imposed lockdowns. These measures which exacerbated existing mental health challenges, were brought about by factors such as the absence of social and spousal support, amplified uncertainties, heightened fear of vulnerability, confinement within their homes, and restricted access to timely medical evaluations (Molgora & Accordini, 2020). The confluence of these challenges during lockdowns created a particularly taxing environment for pregnant women, compounding their mental health struggles.

Recognizing the potential detrimental effects of these mental health concerns on both maternal well-being and the unborn child, it becomes imperative to conduct thorough studies to identify the underlying risk factors that contribute to this vulnerability. The present study aims to fulfil this essential purpose by delving into the challenges experienced by pregnant women in India during the Covid-19 pandemic, as well as the strategies they employed to

navigate these difficulties. Through an experiential narrative approach, this study is poised to shed light on the lived experiences of women enduring similar trials, while also offering insights to stakeholders for devising interventions to safeguard maternal mental health.

## **Method**

### **Research Design**

The present study adopted a phenomenological research design to explore the lived experiences of women who have experienced COVID-19 during pregnancy.

### **Participant Recruitment**

Ten women from various parts of Kerala who tested positive for Covid-19 at any phase of their gestational period were chosen via convenient sampling. The study focused on women who had given birth within 24 months, excluding those with adverse birth outcomes or other medical and psychological conditions.

### **Tools**

A socio-demographic data sheet was utilized to collect on various aspects of their lives including age, occupation, education, marital status, type of family structure, and area of residence. Along with that, details about their spouses, such as their age, occupation, education, annual income, duration of marriage, parity, and details about previous children, including their ages were collected.

A semi-structured interview guide prepared by considering the inputs from an extensive review of the subject area and suggestions from subject experts was used to gather data from the sample. The guide comprised 13 open-ended questions, which were supplemented with sub-questions and prompts to elicit detailed responses.

## Analysis

Interpretative Phenomenological Analysis (IPA) introduced by Jonathan Smith in 1996, was utilized in the study for analyzing the data. IPA aligned seamlessly with current study's objectives of the current study and gave a framework to explore lived experiences.

## Procedure

The interview process, which included addressing any participant questions, lasted between 60 and 90 minutes. Afterward, participants were debriefed about the study and thanked for their participation and cooperation. All personal identifying information was kept strictly secure to ensure confidentiality and unique identification codes were used for data entry, analysis, and reporting purposes. Data from in-depth interviews were systematically recorded and maintained in the form of audio by utilizing audio recorders. The verbatim transcripts were documented in true verbatim form, adhering to the guidelines set by Dresing, Pehl, and Schmieder (2015). These

transcripts were then translated into English and documented as Microsoft Word files. To guarantee the accuracy and validity of the translation, a bilingual expert conducted a review of randomly selected transcripts. The data analysis for this study began with an in-depth immersion into each individual case. This involved multiple readings of the transcripts to gain a comprehensive understanding of the content. Each case was approached with an open mindset, ensuring a full grasp of the participants' experiences. The next phase involved a meticulous, line-by-line analysis of each transcript to identify relevant codes recorded using ATLAS.ti 23.2.1 for Windows software. This detailed coding process ensured that all significant information was captured. Each case's coding was repeated several times to guarantee thoroughness and prevent any important data from being overlooked. This repetition refined codes to reflect the participants' experiences accurately. Codes were further grouped into emergent, super-ordinate, and sub-ordinate themes. In the final stage, the selected themes were refined through deep interpretation.

## Results

Table 1 includes the basic demographic details of the participants in the current study.

Sl.No	Initials	Age	Occupation	Number of Covid-19 positive days	Who else in the family got Covid -19 positive	Trimester of infection	Number of earlier children
1	AS	22	Student	12 days	Husband	2	0
2	KA	22	Housewife	14 days	Husband	2	0
3	AM	26	Teacher	21 days	None	3	0
4	GA	29	Clerk	14 days	Husband and in-laws	2	0
5	RS	23	Housewife	7 days	Parents	1	1
6	JK	25	Housewife	12 days	Mother	2	1
7	VK	26	Teacher	14 days	Husband	3	0
8	MS	29	Housewife	10 days	Sister	3	1
9	AK	22	Student	14 days	Husband	2	0
10	AR	28	Housewife	14 days	Parents, husband	2	0

Table 2 includes super-ordinate themes and sub-ordinate themes arrived from analysing verbatim transcript.

Super-ordinate Themes	Sub-ordinate themes
Major challenges caused by Covid-19	Physical issues Malnutrition Adjustment to pregnancy Limited healthcare access
Impact on mental health	Anxiety Fear due to uncertainty Depression Affective dysregulation
Ways of coping.	Support from family Religious coping Recreational activities and social media Hope and Optimism

A semi-structured interview, which included questions related to their experiences during the COVID-19 crisis, was conducted, and the verbatim of the participants were transcribed. Data analysis of these transcripts led to the development of three super-ordinate themes. Each of these super-ordinate themes contains multiple sub-ordinate themes. These themes are depicted in table 2, and discussed in detail below with significant portions extracted from the verbatim transcripts.

### **Super-ordinate Theme 1: Covid-19 Challenges for Pregnant Women**

Pregnant women confronted significant challenges during the Covid-19 pandemic. In addition to the inherent difficulties of pregnancy, the virus introduced further complexities to their mental and physical well-being. Key challenges encompassed physical issues, malnutrition, pregnancy adjustment, and constrained healthcare access.

### **Sub-ordinate theme 1: Physical Challenges**

Participants grappled with a range of physical hardships stemming from COVID-19 infection during pregnancy. These encompass body pain, respiratory problems, loss of smell/taste, headaches, digestive disturbances, and lethargy. These symptoms, coupled with existing pregnancy-related discomforts and restricted healthcare availability, amplified their daily burdens. *“It was in my 4<sup>th</sup> month when I got Covid positive, I already had morning sickness and continuous vomiting issues in my first trimester, so when I became positive I really became weak. I had severe physical symptoms including respiratory issues unlike my husband who was also infected. That was really hard”* (AS, 22). *“Physically it was very tiring I had hectic body pain and fever throughout my infected period, I thought I won’t survive”* (AM, 26).

### **Sub-ordinate theme 2**

Malnutrition Challenge Pregnancy demands heightened nutritional intake to support maternal and fetal well-being. However, meeting these requirements posed a significant challenge for participants. The prevalent lethargy during infection and impaired smell and taste senses disrupted their eating habits, leading to reduced nutritional consumption.

*“Baby was underweight, so was I. I could not eat anything properly since I was vomiting whatever I ate”* (KA, 22). *“My smell and taste were lost, I was only getting basic, primary taste, was even unable to distinguish between tea and coffee. So I was unable to eat anything and thus I had an imbalanced nutrition rate”* (AR, 28).

### **Sub-ordinate theme 3**

#### **Adjustment to pregnancy**

Transitioning to Motherhood Amidst Infection The journey into motherhood is

inherently marked by challenges, particularly for first-time pregnancies that demand significant adjustments. Yet, the task of transitioning into motherhood was further amplified by the presence of a formidable virus for nearly all participants. Even those who had experienced prior pregnancies, whether a second or third child, acknowledged that this transition was notably more intricate and arduous.

“It was really hard than my previous pregnancy. I was not enjoying that period like I did. Mainly because I thought I may lose the baby in battle with Corona. So I was worried to think about the baby and my pregnancy” (JK, 25). “I almost had a regret for getting pregnant. Why did I plan for a baby in the midst of this pandemic? I was so worried and couldn’t even enjoy my pregnancy properly” (GA, 29).

#### **Sub-ordinate theme 4**

##### **Limited healthcare access**

Limited Healthcare Access Limited healthcare access emerged as an unexpected challenge for pregnant women during the pandemic, defying the contemporary backdrop of medical advancement. Lockdowns and quarantine measures hindered their ability to seek necessary care. Even when accessible, fear of virus exposure deterred hospital visits. This induced stress as they remained uninformed about their baby’s well-being and growth.

“It was really fearful since I could not go for my 5<sup>th</sup> month, I was confused whether baby is healthy, if it has growth. I was really obsessed about it” (RS, 23). “My grandmother told me they used to give birth from homes, I thought I will have to do the same. The situation was that bad then. No way to reach out doctors, no regular scanning or check-ups and full uncertainties” (VK, 26).

#### **Super-ordinate Theme II**

##### **Impact on mental health**

Covid-19, besides its medical implications, also fosters psychological challenges. Within the studied sample, diverse socio-demographic backgrounds didn’t shield them from psychological issues. These concerns, while not always externally apparent like physical symptoms, were universally experienced. Interviews revealed both short-term and enduring mental health struggles.

##### **Sub-ordinate theme I**

##### **Anxiety and fear due to uncertainty**

Pregnancy triggers profound physiological, psychological, and social shifts, often leading to heightened anxiety. Maternal anxiety rates have surged from 2% to 36.9% (Leach et al., 2017). The Covid-19 pandemic has further exacerbated global anxiety due to uncertainties. This study’s participants mirrored expected patterns, exhibiting moderate to high anxiety levels. They reported hallmark symptoms—restlessness, persistent worry, impending danger perception, and hyperventilation. Moreover, participants displayed heightened fear, tied to Covid-19 uncertainties impacting both their own health and their unborn child’s well-being, showcasing elevated distress relative to the general populace.

“I was feeling restless and agitated. Nobody could understand what I was going through. I can’t even narrate that to you. I kept on thinking about all the bad things that may happen (AK, 22)”

“I was thinking about all the worst things that can happen, I was making me prepare to die but each day it got worst (MS, 29)”

##### **Sub-ordinate theme 2**

##### **Depression**

Postpartum depression and pre-partum blues are frequently observed mental health

concerns among pregnant women. Pandemic pregnancy heightens depression risk. Efforts were taken to uncover such symptoms via interview questions. Some sample participants reported pervasive sadness, anhedonia, fatigue, guilt, sleep disturbances, and appetite changes. Importantly, many didn't seek therapy due to insight and access gaps. One mentioned experiencing suicidal thoughts. Participant responses validating this are provided below:

"I used to kick my baby bump in frustration, I felt numb at times. I wasn't even thinking on baby, all I wanted to do was escape out of my body" (AS, 22). "I have even thought about ending my life. I thought it was better than to live with these invading thoughts of mine" (GA, 29).

### **Sub-ordinate theme 3**

#### **Affective dysregulation**

Emotional dysregulation emerged as a common psychological issue in the sample. Hormonal pregnancy changes often trigger such instability. Pandemic uncertainties and anxiety further intensified these affective imbalances. Experienced mothers noted heightened emotional disturbances compared to prior pregnancies, struggling to control unpredictable and rapidly shifting emotions. *"I was acting mad during that period I used to feel sad at times and next moment I may feel anger. It was like switching from emotions to emotions. I used to yell at my husband and burst out"* (VK, 26). *"My mood was suddenly changing I felt really unstable, I couldn't take any decision at that time, I remember crying a whole night for eating panipuri and shouting at my husband"* (KA, 22).

### **Super-ordinate Theme 3**

#### **Ways of coping**

In parallel with uncovering challenges, this study aimed to unveil coping mechanisms that could aid pregnant women during pandemic-

induced pregnancy. These protective strategies offer insights for others in similar circumstances. Key coping methods embraced by participants included family support, religious practices, and engaging in recreational activities and social media.

### **Sub-ordinate theme 1**

#### **Support from family**

When asked about their coping strategies, nearly all participants emphasized the pivotal role of familial support. Those who had family members or friends undergoing similar experiences found solace in their shared emotional journey of pregnancy. This mutual understanding provided reassurance and normalization and bolstered confidence while alleviating anxiety in facing uncertainty. Family support, a recognized shield against mental health challenges, particularly stood out for these women. Given lockdown restrictions and pandemic circumstances, this source of direct support proved even more indispensable.

"My family stood with me that was quite relieving, I can't imagine overcoming that situation without their support" (KA,22). "Happiest part is that we were together in this, both my parents and in laws were very supportive" (AR, 28).

### **Sub-ordinate theme 2**

#### **Religious coping**

Religious coping involves employing religiously framed cognitive, emotional, or behavioral strategies to manage stress, encompassing both positive and negative aspects (Wortmann, 2016). Religion's profound impact extends to various life facets, including pregnancy. Many communities integrate religious practices into pregnancy, such as reading sacred texts, performing rituals, and making offerings. Rituals like Pulikudi, Valaikaapu, GodhBharai, seemantham, and Dohalejeevan are steeped in religious significance, uniting families and

relatives in celebrating pregnancy through religious customs. These ceremonies foster well-being and garner support from the woman's social circle. Prior research indicates that religious engagement can mitigate the impact of stressors (Wortmann, 2016). Similarly, most participants in this study affirmed that participating in religious activities and attending sacred ceremonies eased their concerns. Top of Form

"I used to make dua five times a day, even when I was so tired, because I felt relieved after each of them, I always felt as if god is carrying me in his shoulder. He never left me" (AM, 26). "We are firm believers so we used to make lot of offerings to god during that period of crisis" (GA, 29).

### **Sub-ordinate theme 3**

#### **Recreational activities and social media**

Most participants in this study turned to social media for leisure and connection. Platforms like Instagram and WhatsApp emerged as popular choices due to their user-friendly interfaces and diverse content. Engaging in recreational pursuits via social media allowed participants to maintain a sense of societal connection and stay in touch with loved ones. Within their socio-economic context, lifestyle, interests, and available resources, the sampled individuals pursued a range of leisure activities, including reading, writing, watching movies, listening to music, and playing indoor games. These activities offered relaxation and served as distractions from persistent worrisome thoughts. *"It was quite a blessing since we are living the pandemic in the current situation because now we have smartphones which kind of bring the whole world in a fingertip which again brings made me very relaxed"* (AK, 22). *"I was binge watching a lot of series and movies, it was like an escape from all my worries"* (RS, 23). *"I used to watch comedy and fun videos it helped me to a level for wiping out my worries"* (AR, 28).

### **Sub-ordinate theme 4**

#### **Hope and Optimism**

Hope and optimism emerge as potent tools to counter stress within the study's sample. Those who maintained hopeful and optimistic mindsets during their pregnancy encountered fewer mental health challenges. Although many participants attempted to foster positivity, concerns such as excessive rumination, physical ailments, and exposure to COVID-19 information from diverse sources undermined their hopeful outlook. Nonetheless, a clear pattern emerged where individuals who sustained a positive perspective exhibited diminished mental health issues and a smoother recovery with fewer complications. *"I felt like I was in tunnel of darkness. It was then I decided to read some books, I read the book secret at that time. It was like a waking call. After that I became more hopeful and this really helped me a lot to overcome so I think the key is to stay hopeful"* (JK, 25). *"It worked like magic once I switched my perspective to a more hopeful level I got the results, even my physical issues got subsided"* (MS, 29).

### **Discussion**

This study addresses the multifaceted challenges experienced by pregnant women during the Covid-19 pandemic. The study is designed to shed light on these uncharted issues, focusing on two primary objectives: analyzing the challenges faced by pregnant women, particularly psychological issues, and examining the coping strategies adopted by participants to navigate these challenges. The study's analysis of participant experiences has resulted in three super-ordinate themes and twelve corresponding sub-ordinate themes, as summarized in Table 2. One prominent super-ordinate theme delves into the challenges encountered by pregnant women who tested positive for Covid-19. This theme encapsulates the intersection of pregnancy and the pandemic,

manifesting in major challenges such as physical issues, malnutrition, adjustment to pregnancy, and limited access to healthcare.

Significantly, the sub-ordinate theme of physical issues stood out prominently, encompassing a spectrum of Covid-19 symptoms that the pregnant participants grappled with. These symptoms spanned a variety of discomforts, including body pain, respiratory difficulties, a loss of smell/taste sensation, persistent headaches, digestive disturbances, and pervasive lethargy. Coping with this array of physical challenges was particularly intricate, as the participants were concurrently navigating the unique considerations of pregnancy-related medication restrictions. This intricate interplay between the Covid-19 symptoms and the limitations imposed by pregnancy medication guidelines added an extra layer of complexity to their coping strategies. The participants' experiences underscored the multifaceted nature of their struggle to manage both the viral infection and the demands of a healthy pregnancy.

Malnutrition surfaced as a notable sub-ordinate theme, shedding light on the formidable challenge of fulfilling heightened nutritional requirements during pregnancy amidst the constraints imposed by the Covid-19 pandemic. The participants candidly shared their struggles to adequately nourish themselves due to the presence of Covid-19 symptoms, such as the loss of smell and taste. These symptoms adversely impacted their ability to consume wholesome and nourishing foods, consequently hampering their nutritional intake.

Adjustment to pregnancy in the midst of the pandemic was another challenge that the sample encountered. The reasons behind this challenge can be explained in the light of Life Events Theory by Holmes & Rahe (1967). This theory underscores that major life events requiring significant lifestyle

changes can induce stress and result in a difficulty to adjustment. Pregnancy, being one such substantial life event which entails profound shifts encompassing aspects like personality, career, body image, sleep patterns, and overall lifestyle can be definitely demanding. In the context of a pandemic, these adjustments are further jeopardized. Consequently, the participants of this study, who tested positive for Covid-19 during their pregnancy, encountered challenges in adapting to the new demands of pregnancy or motherhood. Moreover, the presence of physical symptoms deprived many participants of the ability to fully enjoy their pregnancy experience and further delayed the adjustment. Lack of adjustment can be very alarming as it can impact crucial aspects like maternal-fetal attachment and overall psychological well-being of pregnant women (Kotlar et al., 2021).

Similarly, limited healthcare access presented an unanticipated and distressing challenge for pregnant participants amidst the Covid-19 pandemic. Upon testing positive, they found themselves in quarantine, necessitating a shift to online medical consultations. This shift compromised the quality of care they received and introduced a new layer of stress to their already challenging situation. This situation finds support in the Relative Deprivation Theory proposed by Runciman and Gurr, which suggests that dissatisfaction arising from a sense of unequal access to resources can lead to heightened stress levels (Janse, 2020). Pregnant women in this study were effectively deprived of the standard in-person medical attention intensifying their ordeal. This theme aligns with previous research highlighting the substantial impact of limited healthcare access on the physical and mental well-being of pregnant women (Kotlar et al., 2021). The thorough analysis of all these sub-ordinate themes offered valuable insights into the

potential challenges pregnant women may face during crisis periods and the underlying causes behind these challenges.

Since one of the major concerns of the study was to address underlying psychological issues that pregnant women go through, it was considered as the second super-ordinate theme. This theme encapsulates mental health issues that the participants faced during their Covid 19 tested period of pregnancy, which consisted of four sub-ordinate themes which were: - anxiety and fear due to uncertainty, depression and affective dysregulation.

Responses by the participants suggested that factors behind the anxiety may be the novel nature of Covid-19, uncertainty regarding the virus spread, uncertain consequences and treatment protocol. Since almost all these factors underlying anxiety among the participants were oriented in cognitive domain, current sub-ordinate theme can be inspected by connecting to cognitive theories of anxiety. These streams of theories suggest that negative automated thoughts arising out of real or perceived threat induce anxiety (Hirsch et al. 2015). In this society which struggles to deal with Covid-19, infected pregnant women will have come across a lot of anxiety induced situations. The fact that they have been infected by a deadly virus might have also elevated their anxiety. Prior studies in the area have clearly studied the concept of corona anxiety and found that it can have an impact on the individual's mental health, if untreated. (Sahin & Kabakci, 2021; Sudarsan et al, 2022)

Similarly, a pronounced fear response was evident among the participants, mirroring their heightened apprehensions in the face of persistent uncertainty. This uncertainty stemmed primarily from a lack of comprehensive awareness regarding the potential consequences and treatment protocols associated with Covid-19. The

influx of both accurate and misleading information further compounded their fear and uncertainty. This phenomenon resonates with previous researches, which have illuminated the heightened levels of fear and uncertainty experienced by expectant mothers (Mortazavi & Ghardashi, 2021; Ogunbiyi, 2021; Osman & Bahri, 2021). This heightened emotional state can be attributed to factors such as an elevated susceptibility to infection, inadequate access to prenatal care, the difficulty of obtaining reliable information, and a sense of social isolation from essential support networks. Aligning with cognitive theories of fear, which assert that the expected outcome significantly shapes fear responses, the participants' fear appeared intricately linked to their negative expectations regarding the potential outcomes.

Symptoms of depression were also reported by a few of the participants, especially among those who had high death anxiety. A reason behind these symptoms may be due to the changes in women's hormonal levels particularly during the pregnancy and reproductive period (López-Morales, 2021). It could also be due to the uncertainties and worries induced by the pandemic. Prevalence of depressive symptoms in the current population can be explained in terms of behavioral theories of depression which explains depression as a by-product of the interaction between an individual and environment. Since the environment is embedded with a lot of adversities concerning a deadly virus and elevating death rates. Thus the possibility of having depressive symptoms due to interaction of this environment with the people can't be nullified.

Affective dysregulations regularly seen among women especially in reproductive period was another notable issue almost all the participants suffered from (Francis et al., 2019). Women who were having the second

or third child among the participants even opined that they experienced frequent mood swings than their previous pregnancies during the pandemic pregnancy. This may be due to the frustrations resulting out of mandatory quarantine and lack of proper support system. Findings by Lopez-Morales et al (2021) also suggest that pregnant women during pandemic experience elevated and frequent mood swings (Francis et al., 2019). Analysis of verbatim relevant to the theme showed that most of the participants were lacking insight on such mental health issues. They did not seek psychological professional help for dealing with any of them. It also has to be documented that, even after the completion of crisis period some of them continued to show alarming symptoms.

Identifying coping mechanisms were given due importance in the study since the researchers believed that these could be the major takeaways of the study, that can help a lot of women going through similar situations. Major coping mechanisms adopted by the pregnant women while they were affected by Covid-19 were: - support from family, religious coping, engaging in recreational activities and social media, practicing hope and optimism. All of these were thus included as sub-ordinate themes under the super-ordinate theme of coping mechanisms. Scrutiny of these sub-ordinate themes clearly advocates the relevance of these coping strategies.

Among the identified coping mechanisms, support from family was found to be highly crucial. Mainly because, it was quite evident that people with lack of family support were found to have increased mental health issues and challenges when compared to others. It has to be considered that amid Covid-19 period due to restrictions put forth by health department and governing authorities the only available option of receiving direct support was from immediate family. Thus it

did have a great role in contributing to the health of pregnant women. The finding is in congruence with prior studies that highlighted the need of proper family support during Covid-19 (Poduval & Poduval, 2009). This sub-ordinate theme can be studied and validated within the frames of Olson's family function theory which proposed that family intimacy, family adaptability and family communication are integral components which can influence the mental health of family members.

Religious coping was another frequently adopted coping mechanism seen among the participants. Eight out of ten among the sample were found to have an active engagement in religious activities to escape from their worries. Most of the participants had admitted that they had made a vow to give offerings to God, for an uncomplicated birth process. Considering the fact that they were believers, it might have given a sense of support or a ray of hope in the midst of their struggles. Similarly, previous studies have identified positive religious coping as an active coping strategy that can protect one's mental health (Pargament & Raiya, 2007). According to Pargament and Raiya's (2007) theory of religious coping, it is a way of coping with adverse life events that uniquely addresses sacred matters (Mellou, 1994). Since Covid-19 infection during pregnancy was a life-threatening situation, the participants might have opted for religious coping. When medical advances and science were tested by a viral infection, chances for opting for a religious path can be understood. It also must be noted that the quarantine period with lesser contact with the social environment often gave them time for self-reflection, reconnecting with their inner self, and engaging in religious or spiritual activities.

Likewise, the utilization of recreational activities and engagement with social media emerged as noteworthy coping strategies

employed by the participants. These avenues provided them with a source of relaxation and a respite from their challenges, imparting a sense of tranquility amidst their adversities. Engaging in recreational activities not only served as a means of unwinding, but also facilitated a reconnection with personal passions and cherished childhood memories. Drawing from the perspective of recreational theory, as elucidated by Moritz Lazarus (1883), recreational activities are regarded as mechanisms for rejuvenating one's energy (Julien & Bourdieu, 2015). Thus, the participants' involvement in such activities likely contributed to their coping mechanisms, offering a constructive outlet to navigate their multifaceted challenges.

In a parallel vein, the participants found solace and support through their engagement with social media platforms. Social media provided them with a means to connect with others facing similar issues and maintain ties with their loved ones. The underpinning of this coping strategy finds resonance in Bourdieu's social capital theory, which posits that social media fosters a web of relationships that offer feelings of support, acknowledgment, and affiliation (Chattarjee&Kar, 2015). This sense of connection and belonging can be particularly reassuring for pregnant women during the COVID-19 pandemic, as it helps them navigate the plethora of real-life challenges and perceived stressors that come with the territory. Echoing the current study's findings, prior research has similarly identified the positive role of engaging in healthy recreational activities and utilizing social media for entertainment as effective coping mechanisms (Chatterjee & Kar, 2015; Shen et al., 2022).

Hope and optimism, like in any other scenario, played a role in helping the pregnant women cope with the struggles they were experiencing. Participants opined that hope extended by family members or friends

often helped them to eliminate their suicidal thoughts. Previous studies have clearly established that hope and an optimistic attitude can guard one's mental health and reassure peace of mind during a pandemic (Neethu & Sudarsan, 2021; Padhy et al., 2015). Studies have also found that Individuals with optimistic explanatory styles can cope easily with the challenges that they face (Neethu & Sudarsan, 2021; Padhy et al., 2015). In light of these findings, the current study also revalidates the significance of hope and optimism. Hope theory by Snyder, which assumes hope as a goal-directed behavior, can be placed in this scenario as most of the participants had a strong will to survive and were determined to have a safe and healthy birth. These might be the underlying reasons why they could find a ray of hope amid the adversities.

### **Implications**

Proper awareness and psycho-education can be given to affected pregnant women and their care givers by specially focusing on the identified challenges that they face. Since analysis of experiential data provided a detailed account of emotional and cognitive aspects of pregnant women who were Covid-19 positive, the insights can be used for offering psychological support to this group of women and increase their preparedness to face similar issues. Findings from the study can also be used to develop training modules for helping professionals for serving pregnant women who are Covid-19 positive. Present study can enrich the subject area which lack qualitative studies focusing on maternal mental health during Covid-19, and act as a stepping stone for further upcoming studies.

### **Limitations**

- Personality factors were uncontrolled, potentially impacting data and analysis.

- Sample size, while suitable for IPA, limited generalizability.
- Comparative analysis of different pregnancy experiences was not possible.

### Conclusion

This comprehensive study examined the complexities of pregnancy during the Covid-19 pandemic, highlighting significant challenges, mental health impacts, and coping strategies. The major difficulties encountered by the sample during the pandemic were the physiological struggles due to Covid-19 symptoms, malnutrition, pregnancy adjustment, and limited healthcare access, all of which were found to collectively exacerbate stress. Furthermore, the study also found prevalent problems in the psychological realm of the sample, which manifested in the forms of anxiety, fear, depression, and mood swings. To manage these challenges, coping mechanisms such as family support, religious activities, recreational pursuits, social media, and hope and optimism were effective. In light of these findings, the study emphasizes the need for giving enhanced prenatal care, mental health support, nutritional guidance, family and community backing, and reliable information dissemination for pregnant women to safeguard their maternal health during a pandemic or similar difficult social crisis.

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