Inter Partner Conflicts, Social Support, Coping Skills and Perceived Stress in Pregnant Women

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Abstract

Pregnancy is a sensitive period marked by biological and psychosocial changes that may heighten stress. Inter-partner conflict is a key stressor, while social support and coping skills may buffer its effects. This study examined the relationship between inter-partner conflict, social support, coping skills, and perceived stress in pregnant women. A purposive sample of 300 women was recruited from different hospitals. Standardised tools, including the Dyadic Adjustment Scale, Perceived Stress Scale, Social Support Questionnaire, and Coping Skills Questionnaire, were used. Correlation analysis revealed that inter-partner conflict was positively associated with perceived stress ($r = 0.43$, $p < 0.01$), while social support ($r = –0.23$, $p < 0.01$) and coping skills ($r = –0.14$, $p < 0.05$) were negatively associated with stress. Regression analysis showed that social support ($\beta = –.22$, $R^2 = .52$, $p < .001$) and coping skills ($\beta = –.14$, $R^2 = .30$, $p < .001$) significantly predicted lower stress, whereas inter-partner conflict predicted higher stress ($\beta = .10$, $R^2 = .40$, $p < .001$). These findings highlight the importance of incorporating psychosocial screening into maternal healthcare and promoting interventions that build coping skills and enhance social support. Such measures can reduce stress and improve maternal and fatal well-being.

Keywords: Inter-Partner Conflict, Social Support, Coping Skills, Perceived Stress, Pregnancy.

Introduction

Pregnancy is one of the most critical transitional stages in a woman's life, marked by physiological, psychological, and emotional changes. While it is often viewed as a positive and meaningful experience, pregnancy may also trigger stress and vulnerability to mental health concerns. Elevated maternal stress during pregnancy has been associated with adverse consequences, including preeclampsia, preterm birth, low birth weight, postpartum depression, and adverse child developmental outcomes. Understanding the psychosocial factors that influence stress in pregnancy is therefore essential for improving maternal and child health (Ziegler et al., 2014).

Inter-partner conflict refers to the observable behaviours and verbal expressions of disagreement, hostility, or aggression that occur between intimate partners during interactions. It includes the frequency, intensity, and manner in which partners manage disputes or express dissatisfaction (Straus et al., 1996). Any partnership will inevitably and naturally have interpersonal conflicts, which are a sign of the discrepancy between partners' expectations and the actual nature of their interactions. The best way to characterise pregnancy is as a circumstance when two conflicting routes lead to inter-partner difficulties and where emotional worries manifest verbally in a way

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that is negatively regarded. These conflicts can range from disagreements about finances and concerns about supporting a growing family, to debates about the baby's gender, name, baptism, christening details, educational ideals, employment opportunities, or religious beliefs. Other relationship concepts, including varying parenting standards, varying responses to early intimacy, or future child-rearing techniques, can also be included (Bosworth, 2001).

Overall, 8.9% of women in the analysis expressed some disagreement among themselves about the reasons for the result of pregnancy and/or about the possibility of divorce or separation if found to carry a girl. Intimate partner conflicts are an important and emerging area of study, and the case of pregnant women requires special focus. Various theories have been developed to understand the dynamics of partner relationships. Mirroring, attachment theory, systems approach, dyadic power theory, and implicit theories of relationships are among the theories that have successfully explained the formation of differential relationships (Bippus & Rollin, 2003).

Some studies in clinical populations have shown prevalence percentages of 55–65% of couples stating they have argued. However, there is a limited understanding of these specific inter-partner conflicts because almost all of the identified pregnancy conflicts were presented in studies using a negative perspective on emotional or mental well-being (Ali et al., 2020)

Social support is defined as the perception or experience of being cared for, valued, and part of a network of mutual assistance and support. It includes emotional, informational, and instrumental support received from family, friends, and others (Zim et al., 1988). In addition to boosting women's self-care practices and lowering rates of substance misuse, domestic violence, and mental illness, strong social support from friends, family, and partners can also improve access to healthcare. Women who had strong social support reported feeling less afraid and anxious overall, as well as being able to use their effective coping mechanisms. Furthermore, a woman's capacity to give birth vaginally can be predicted by the strength of her relationship. Positive health education, reduced perceived stress, decreased hostility, and improved mental and emotional well-being are all associated with better psychological relationships between women and their partners during pregnancy. These positive mental and emotional resources help a woman cope with change and give birth to her child. Having strong social support throughout pregnancy may also result in a higher The benefits of good social support during pregnancy may also include an increased likelihood of initiating and continuing breastfeeding for the recommended six to twelve-month period. Positive mental health status in pregnant women has been associated with fewer premature births and lower rates of postpartum depression (Granger, 1998).

Tests of Social Support Theory led to studies that examined the coping mechanisms of pregnant women when faced with high stress. These studies have more deeply explored the physiologic mechanisms that bridge social dynamics to reproductive biology, showing how social and family stressors can affect various biological systems. This suggests that psychosocial as well as biological information has the potential to improve the prediction of preterm birth risk (Sullaway & Christensen, 1983).

The conceptualisations of social support, as well as the theoretical explanations for why social support should lead to individual differences in well-being, are still lacking. In light of these omissions, historical developments suggest that an individual's involvement with the social world has a significant impact on their health. Several control theories articulate principles, or laws of nature, that describe the temporal relationships between the characteristics of social networks and individual outcomes. Control theories explain why or how social support has improper impacts on the individual. In varying ways, control theories predict that there will be variations in how

different kinds of individuals respond to the same type of support in light of the individuals' characteristics, such as race or gender (Brown, 2012).

Coping skills refer to the specific behavioural and cognitive strategies that individuals employ to manage stressful situations and emotional distress. These may involve problem-solving, seeking help, emotional regulation, or avoidance strategies (Carver, 1997). Coping skills refer to the behavioural or cognitive responses that a person uses to manage stressors, especially those that exceed the individual's resources or abilities. Coping skills can be categorised into two broad strategies: emotion-focused and problem-focused coping. Problem-focused coping strategies aim to mitigate the issue or stressor at the source.

In contrast, emotion-focused coping mechanisms are designed to reduce or regulate the emotional consequences and distress elicited by the problem. Pregnant women and new mothers should develop and employ effective coping strategies to handle inter-partner conflicts, even in ideal conditions, when conflicts do not arise. The effectiveness of training in identifying and implementing positive coping strategies in promoting resilience and maternal psychological well-being is significant; the absence of effective coping strategies can leave such women vulnerable to the effects of situations in pregnancy. Interventions with pregnant women that encourage intra-fetal coping can have far-reaching effects and may help develop positive coping strategies that pregnant women can rely on when faced with challenges, stressors, or vulnerabilities during pregnancy (Brock et al., 2020).

Yali and Lobel stated that coping behaviours during pregnancy are divided into three categories: planning- preparation, spiritual positive coping, and avoidance. Pregnant women who seek information about pregnancy, childbirth, and meeting the pregnancy needs use a planning-preparation strategy to cope with stress. Women who practice praying and go to religious places to cope with stress and have a good pregnancy and a healthy child use a spiritual-positive strategy, and those who cannot ignore the physical changes during pregnancy and try to conceal their feelings about pregnancy use the avoidance strategy. Due to individual differences, some individuals are unable to use appropriate coping strategies when experiencing stress. Therefore, knowing the factors affecting stress management can play a significant role in women's mental health during pregnancy (Cardwell, 2013).

Perceived stress refers to an individual's subjective evaluation of the stressfulness of situations in their life, particularly how unpredictable, uncontrollable, and overwhelming they perceive them to be (Cohen et al., 1983). Pregnancy can become a significantly stressful event for the expectant mother, regardless of whether the pregnancy was planned or not (Bussières et al., 2015). According to studies, there is a higher risk of mental illnesses during the prenatal period. Stress and anxiety disorders are the most prevalent mental health conditions during pregnancy and the postpartum phase. Stress that is unique to pregnancy includes anxieties, fears, and concerns. One of the most critical periods in a woman's life is when she becomes pregnant. Due to significant changes in the social, psychological, and physiological functioning of the family, it may cause stress for the mother. Consequently, pregnant women start coping mechanisms when they perceive pregnancy as a stressful circumstance that could endanger both their own health and the health of the unborn child (Bödecs et al., 2011).

Research has shown that pregnant women often experience increased levels of perceived stress due to physiological changes, concerns about childbirth, financial worries, and relationship dynamics. High levels of perceived stress during pregnancy have been associated with adverse outcomes such as preterm birth, low birth weight, and postpartum depression. Studies have indicated that interventions targeting stress management techniques can help reduce perceived

stress levels among pregnant women. Perceived stress during pregnancy is clearly known to be associated with poor obstetric outcomes, including preterm birth, preterm delivery and low birth weight. Moreover, maternal stress during pregnancy can affect iron transfer and the iron status of infants at birth, resulting in lower iron stores, low erythrocyte iron, and an increased likelihood of Stage 1 iron deficiency at 1 year of age. In addition, perceived stress also has a substantial negative impact on the quality of life of pregnant women (Bussières et al., 2005).

Partner disputes, social support, coping skills, and stress perception during pregnancy are crucial to understanding pregnant women's well-being. Relationship conflicts that involve pregnancy and childcare issues can cause distress for pregnant women, who are more likely to receive negative feedback and even experience domestic violence. Support from family and coping skills are essential for pregnant women who have experienced hardships and are intolerant of abuse and conflict. Research has shown that stress in pregnancy can have adverse obstetric and fetal outcomes. Understanding the effects of partner conflicts, social support, and coping skills on pregnant women can improve intervention and support efforts. Addressing these factors can promote maternal mental health, fetal and child development, and overall well-being during pregnancy. Understanding inter-partner conflicts, social support, coping skills, and stress during pregnancy, as well as their effects and potential interventions, is essential for holistic antenatal care (Jacoby, 2010).

Methodology

Research Design

A cross-sectional correlational design was used to examine whether inter-partner conflict predicts perceived stress among pregnant women, and whether social support and coping skills function as protective factors. This design was chosen because it enables the investigation of psychosocial predictors at a single time point.

Participants

The study sample consisted of 300 pregnant women (age range: 18–40 years, $M = 27.6$, $SD = 4.2$), recruited from public and private antenatal clinics in Sialkot, Pakistan. Inclusion criteria required women to be currently pregnant, able to read Urdu, and willing to participate. Women with diagnosed psychiatric disorders or high-risk medical conditions were excluded. Results

Measures

Four standardised instruments were administered:

1. *Dyadic Adjustment Scale (Spanier, 1976):* Assessed inter-partner conflict and relationship adjustment.
2. *Perceived Stress Scale (Cohen et al., 1983):* Measured subjective stress levels.
3. *Social Support Questionnaire (Levin et al., 1983):* Evaluated perceived emotional, informational, and instrumental support.
4. *Coping Skills Questionnaire (Hamby, Grych & Banyard, 2013):* Assessed problem-focused and emotion-focused coping strategies.

All instruments demonstrated acceptable reliability in this study (see Results section).

Procedure

Firstly, informed consent was obtained from the participants, indicating their agreement to participate in the study. The participants were recruited as volunteers for the study, and they were

aware of their right to withdraw. Participants were also informed about the confidentiality of the research. It was assured that the data obtained would be used solely for research purposes. The data Collection process was conducted at private hospitals in Daska, Lahore, and Sialkot. The researcher visited the hospital individually. The researcher briefly explained the purpose and objectives of the research to the institute's authorities, and permission was obtained to collect data for the study. The guidelines were provided to the participants according to the instructions for the scale used. The researcher briefed the participants about the survey, and any queries that arose were addressed satisfactorily. Participants' respect and dignity were maintained throughout the process.

Results

This presents descriptive and inferential statistical analysis to highlight the study findings. Primary hypotheses were tested using these analyses.

Sample Description

The study included 300 pregnant women aged between 18 and 40 years (M = 27.6, SD = 4.2). Most participants were in their second trimester (48.3%), followed by the third trimester (34.7%) and first trimester (17%). In terms of family system, 61% reported living in joint families, while 39% belonged to nuclear families. The majority of participants were educated up to the secondary level (56%), with 27% having higher education and 17% having primary education or less.

Primary Hypothesis Testing

Hypothesis I

It is hypothesised that inter-partner conflict, social support, and coping skills are significantly correlated with perceived stress in pregnant women.

Pearson product–moment correlation was conducted to examine relationships among inter-partner conflict, social support, coping skills, and perceived stress. Results revealed that inter-partner conflict was positively correlated with perceived stress, while social support and coping skills were negatively correlated with perceived stress. Social support and coping skills were also positively correlated with each other, shown in Table 1.

Table 1: Summary of Inter Factor Correlation, Mean and Standard Deviation of factors of Dyadic Adjustment Scale (DAS) and Social Support Questionnaire (SSQ), Coping Skills Scale (CSS) and perceived Stress Scale (PSS) (n=300)

Variables	M	SD	F1	F2	F3	F4	F5	F6	F7	DAST	SSQT	CSST	PSST
DSS	16.66	3.504	-	0.176**	0.132*	0.30	-.115*	.003	-.029	.436**	-.76	-.045	.007
DCS	9.430	2.409	-	-	.075	-.063	-.095	-.188**	.070	.308**	-.108	-.113	.181**
DCS3	52.26	8.522	-	-	-	.336**	-.047	-.102	.008	.877**	-.71	.283**	-.047
DAE	10.80	3.263	-	-	-	-	.126*	.159**	.040	.533**	.167**	.342**	-.315**
SAS	10.28	1.516	-	-	-	-	-	.277**	.125*	-.35	.719**	.079	-.207**
SBS	10.09	1.366	-	-	-	-	-	-	.011	-.065	.618**	-.013	-.300**
STS	10.40	1.447	-	-	-	-	-	-	-	.024	.592**	-.101	.061
DAST	96.40	11.83	-	-	-	-	-	-	-	-	-.039	-.331**	.100
SSQT	30.78	2.791	-	-	-	-	-	-	-	-	-	.016	-.227**
CSST	36.25	5.404	-	-	-	-	-	-	-	-	-	-	-.139*
PSST	20.72	4.515	-	-	-	-	-	-	-	-	-	-	-

Note: M= Mean, SD = Standard Deviation, DSS = Dyadic satisfaction scale, DCS= Dyadic Cohesion Scale, DCS3= Dyadic Consensus Scale, DAE= Dyadic Affectional Expression, SAS= Social Appraisal Scale, SBS= Social Belongingness Scale, STS= Social Tangible Scale, DAST=Dyadic Adjustment Scale Total, SSQT=Social Support Questionnaire Total, CSS= Coping Skill Scale, PSS= Perceived Stress Scales, *p<0.05, **p<0.01, ***P<0.001

Hypothesis II

It is hypothesized that inter partner conflict would be a significant predictor of perceived stress in pregnant women.

Table 2: Linear Regression Analysis of Predictor (inter partner conflict) of Perceived Stress in Pregnant Women (N=300)

Variables	*B*	*β*	*SE*	*T*	*P*	R^2	*Adj.*R^2	95% CI
Constant	24.39		2.136	11.42	.000			20.19,28.59
DAS	-0.03	0.10	0.022	-1.730	.001	.40	.007	-0.08, 0.005

Note: B= Unstandardized coefficient, β= Standardized coefficient beta, SE= Standard Error, DAS= Dyadic Adjustment Scale, CI= Confidence Interval, *p<0.05, **p<0.01, ***P<0.001.

The results of the linear regression analysis indicate that dyadic adjustment (DAS) is a significant predictor of perceived stress (PSST) in pregnant women. The standardized beta coefficient (β = 0.10, p <.001) suggests that DAS has a statistically significant effect on perceived stress at p < .001, these results indicate Dyadic Adjustment positively predict perceived stress. The value of R^2 is .40 revealed that Dyadic Adjustment predictor explained 40% variance in Perceived Stress. These findings imply that while inter partner conflicts plays a role in perceived stress, it is likely not the only or primary factor influencing stress levels in pregnant women. Other psychological, social, or environmental variables should be considered for a more comprehensive understanding of stress in this population.

Hypothesis III

It is hypothesized that social support would be a significant predictor of perceived stress in pregnant women.

Table 3: Linear Regression Analysis of Predictor (social support) of Perceived Stress in Pregnant Women (N=300)

Variable	*B*	*β*	*SE*	*T*	*P*	R^2	*Adj.*R^2	95% CI
Constant	32.05		2.81	11.36	.000			26.54,37.60
SSQ	-0.36	-0.22	0.091	-4.033	.001	.52	.049	-.548, -.188

Note: B= Unstandardized coefficient, β= Standardized coefficient beta, SE= Standard Error, SSQ= Social Support Scale, CI= Confidence Interval, *p<0.05, **p<0.01, ***P<0.001

The results of the linear regression analysis suggest that social support (SSQ) is a significant predictor of perceived stress (PSST) in pregnant women. The standardized beta coefficient (β = -0.22, p <.001) indicates a strong negative relationship between social support and perceived stress, meaning that as social support increases, perceived stress decreases significantly. The value of R^2 is .52 revealed that Social Support predictor explained 52% variance in Perceived Stress. These findings emphasize that higher levels of social support are associated with lower levels of perceived stress in pregnant women, highlighting the crucial role of a strong support system during pregnancy in reducing stress levels.

Hypothesis IV

It is hypothesized that coping skills would be a significant predictor of perceived stress in pregnant women.

Table 4: **Linear Regression Analysis of Predictor (coping skills) of Perceived Stress in Pregnant Women (N=300)**

Variables	*B*	*β*	*SE*	*T*	*P*	R^2	*Adj.*R^2	95% CI
Constant	24.97		1.753	14.24	.000			25.52,28.42
CSS	-.116	-.139	.048	-2.42	.001	.30	.016	-.210, -.022

Note: B= Unstandardized coefficient, β= Standardized coefficient beta, SE= Standard Error, DAS= Dyadic Adjustment Scale, SSQ= Social Support Scale, CSS= Coping Skills Scale, CI= Confidence Interval, *p<0.05, **p<0.01, ***P<0.001

The results of the linear regression analysis indicate that coping skills (CSS) significantly predict perceived stress (PSST) in pregnant women. The standardized beta coefficient (β = -0.139, p <.001) suggests a negative relationship between coping skills and perceived stress, meaning that as coping skills improve, perceived stress levels decrease significantly.. The value of R^2 is .30 showed that Coping Skills predictor explained 30% variance in Perceived Stress. These findings suggest that better coping strategies contribute to lower stress levels in pregnant women, reinforcing the importance of psychological interventions that enhance coping.

Discussion

The discussion chapter interprets the findings of the study in light of existing literature, theoretical frameworks, and research objectives. This study examined the relationship between inter partner conflict, social support, coping skills, and perceived stress in pregnant women. The results highlight significant associations among these variables, providing insightsecses into the psychological well-being of expectant mothers (Nayab & Akhter, 2024). The findings align with previous research, emphasizing the crucial role of social support and coping mechanisms in mitigating stress during pregnancy.

Hypothesis of the current study was that; It is hypothesized that inter partner conflict would be a significant predictor of perceived stress in pregnant women. The findings of current study reveals that inter partner conflicts plays a role in perceived stress, it is likely not the only or primary factor influencing stress levels in pregnant women. Other psychological, social, or environmental variables should be considered for a more comprehensive understanding of stress in this population. This hypothesis is accepted. Now this is supported by different researches, A survey study summarizing 876 women in the first trimester reported that 53% of expectant mothers said they had difficulties with their partners. Evolution-related social consequences strongly influenced by the selection process should be addressed in future studies (Hays, 1984).

Hypothesis of the current study was that; It is hypothesized that social support would be a significant predictor of perceived stress in pregnant women. The findings emphasize that higher levels of social support are associated with lower levels of perceived stress in pregnant women, highlighting the crucial role of a strong support system during pregnancy in reducing stress levels. This hypothesis is accepted. Now this is supported by different researches, A study investigated the relationship between perceived social support and stress among participants. Findings indicated that high perceived social support from family (60.7%), friends (58.3%), and significant

others (58.3%) was prevalent among participants. A significant negative correlation was found between perceived social support from family and significant others and perceived stress, suggesting that higher social support is associated with lower stress levels. This underscores the importance of social support in mitigating stress among people (Moirangthem, 2023).

From the perspective of Attachment Theory**,** supportive relationships provide a secure base that enhances resilience during stressful life stages, such as pregnancy. Pregnant women who experience consistent social support are more likely to engage in adaptive coping strategies, reducing the psychological burden of conflict. On the other hand, persistent inter-partner conflict may activate attachment insecurities, leading to heightened stress responses (Bowlby, 1988)

These findings also align with the Stress-Buffering Hypothesis of social support (Cohen & Wills, 1985), which posits that social support reduces the negative impact of stress by altering either the appraisal of stressful events or the individual's ability to cope effectively. The significant predictive role of social support and coping skills in this study reflects the importance of strengthening these psychosocial resources in maternal health interventions (Cohen & Wills, 1985)

Hypothesis of the current study was that; It is hypothesized that coping skills would be a significant predictor of perceived stress in pregnant women. The findings suggest that better coping strategies contribute to lower stress levels in pregnant women, reinforcing the importance of psychological interventions that enhance coping mechanisms during pregnancy. This hypothesis is accepted. Now this is supported by different researches, Researcher conducted a longitudinal study involving 543 pregnant women to assess perceived stress over the course of pregnancy and examine the association between coping styles and stress trajectories. The study found a significant decrease in perceived stress as pregnancy progressed. Importantly, the use of positive coping strategies was dependently associated with lower perceived stress levels. (Arshad & Akhtar, 2024). This underscores the critical role of adaptive coping mechanisms in managing stress during pregnancy (Schmidt et al., 2017).

Transactional Model of Stress and Coping, which emphasizes that stress arises when perceived demands exceed available coping resources. In line with this model, inter-partner conflict may heighten stress appraisals by reducing a woman's sense of control and security during pregnancy (Noor, & Akhter, 2024). Conversely, social support and coping skills function as protective resources that buffer the effects of relational stress, thereby reducing perceived stress levels (Lazarus & Folkman, 1984).

Interplay Between Inter Partner Conflict, Social Support, and Coping Skills

A key contribution of this study lies in examining these variables simultaneously. While inter-partner conflict was positively associated with stress, the protective effects of social support and coping skills suggest that these resources can mitigate relational stress. This finding is consistent with stress–coping frameworks (Lazarus & Folkman, 1999) and prior evidence showing that support and coping moderate the impact of interpersonal stress on maternal outcomes (Burney, 2010). Practically, this suggests that interventions should not only target conflict reduction within couples but also focus on bolstering women's psychosocial resources.

Implications for Practice and Policy

The findings have several important implications. First, they underscore the necessity of integrating psychosocial assessments into routine antenatal care. Screening for inter-partner conflict, perceived stress, and support levels may help identify at-risk women early. Second, interventions aimed at strengthening spousal communication, promoting supportive family

involvement, and teaching coping skills could be incorporated into prenatal education and community health programs. Finally, at a policy level, the results point toward the need for maternal health initiatives in Pakistan to adopt a more holistic framework that includes psychosocial well-being alongside physical health.

Conclusion

In summary, this study demonstrated that inter-partner conflict contributes significantly to stress in pregnancy, while social support and coping skills act as protective buffers. The findings highlight the importance of strengthening psychosocial resources in maternal healthcare and suggest that interventions aimed at reducing conflict, enhancing support networks, and developing coping strategies can substantially improve maternal mental health outcomes. By addressing both relational and individual factors, healthcare providers and policymakers can contribute to healthier pregnancies and better outcomes for mothers and their children.

Future Research Directions

Future research should adopt longitudinal designs to explore how conflict, support, and coping influence maternal stress trajectories across pregnancy and into the postpartum period. Expanding studies to include diverse cultural, socioeconomic, and rural populations would enhance generalizability. Incorporating qualitative methods could also provide deeper insights into women's lived experiences and cultural contexts.

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