The Relationship Between Personality Traits and Pregnancy Adaptation: The Case of Primigravida Pregnant Women

Kişilik Özellikleri İle Gebelik Uyumu Arasındaki İlişki: Primigravida Gebe Kadınlar Örneği

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ABSTRACT

Introduction: Adaptation to pregnancy is essential for expectant mothers who will have their first experience. It includes personality traits and thus contributes to shaping the role of motherhood.

Objective: This study investigated the relationship between personality traits and pregnancy adjustment in primigravida pregnant women.

Method: This cross-sectional study was conducted with 280 women in a province in the south-eastern Anatolia region of Turkey between January and June 2024. Participants were selected randomly. The data were collected using the "Introductory Information Form," "Ten-Item Personality Inventory (TIPI)," and "Prenatal Self Evaluation Questionnaire (PSEQ)." The data were analyzed using number, percentage, mean, correlation, and regression analysis in the SPSS program.

Results: The mean scores of the participants' TIPI sub-dimensions of openness to experience, conscientiousness, extraversion, agreeableness, and emotional stability were 9.62±2.32, 10.89±2.05, 9.52±2.44, 11.43±2.88, 10.51±2.15, respectively. The mean total score of the PSEQ was 178.50±26.54, and pregnancy adjustment was moderate. There was a moderate negative relationship between pregnancy adjustment and openness to experience (r=-0.615, p=0.003), conscientiousness (r=-0.625, p=0.015), agreeableness (r=-0.605, p≤0.001), and emotional stability (r=-0.630, p≤0.001) personality traits. According to the results of the multiple linear regression model, openness to experience (β=-2.718, p=0.001) and conscientiousness (β=-3.35, p=0.004) variables are important determinants of pregnancy adjustment, and these variables explain 27.6% of the total variance in pregnancy adjustment.

Conclusion: Women who are not open to experience and have low responsibility personality traits are at-risk groups in terms of pregnancy adjustment in their first pregnancy.

Keyswords: Pregnancy, Pregnancy Adaptation, Personality Traits, Primigravida.

ÖZET

Giriş: İlk deneyimini yaşayacak olan anne adaylarında gebeliğe uyum, kişilik özelliklerini içeren ve dolayısıyla annelik rolünün şekillenmesine katkı sağlayan önemli bir süreçtir.

Amaç: Bu araştırmanın amacı primigravida gebelerin kişilik özellikleri ile gebelik uyumu arasındaki ilişkinin incelenmesidir.

Yöntem: Bu kesitsel çalışma, Ocak-Haziran 2024 tarihleri arasında Türkiye'nin Güneydoğu Anadolu Bölgesi'ndeki bir ilde 280 kadın ile gerçekleştirilmiştir. Katılımcılar rastgele seçilmiştir. Veriler "Tanıtıcı Bilgi Formu", "On Maddelik Kişilik Ölçeği (OMKÖ)" ve "Doğum Öncesi Öz Değerlendirme Ölçeği (DÖÖDÖ)" kullanılarak toplanmıştır. Veriler SPSS programında sayı, yüzde, ortalama, korelasyon ve regresyon analizleri kullanılarak analiz edilmiştir.

Bulgular: Katılımcıların OMKÖ alt boyutları olan deneyime açıklık, sorumluluk, dışadönüklük, yumuşak başlılık ve duygusal dengelilik puan ortalamaları sırasıyla 9,62±2,32, 10,89±2,05, 9,52±2,44, 11,43±2,88, 10,51±2,15'tir. Prenatal Öz Değerlendirme Ölçeği toplam puan ortalaması 178,50±26,54 olup gebelik uyumu orta düzeydedir. Gebelik uyumu ile deneyime açıklık (r=-.615, p=.003), sorumluluk (r=-0.625, p=0.015), yumuşak başlılık (r=-0.605, p≤0.001) ve duygusal dengelilik (r=-0.630, p≤0.001) kişilik özellikleri arasında negatif yönde orta düzeyde ilişki tespit edildi. Çoklu doğrusal regresyon modeli sonuçlarına göre; deneyime açıklık (β=-2.718, p=0.001) ve sorumluluk (β=-3.35, p=0.004) değişkenlerinin gebeliğe uyumun önemli belirleyicileri olup bu değişkenleri gebelik uyumu üzerindeki toplam varyansın %27.6'sını açıklamaktadır.

Sonuç: Deneyime açık olmayan ve düşük sorumluluk kişilik özelliklerine sahip kadınlar ilk gebeliklerinde gebelik uyumu açısından riskli gruplardır.

Anahtar Kelimeler: Gebelik, Gebelik Uyumu, Kişilik Özellikleri, Primigravida.

INTRODUCTION

Most of the factors affecting women's health are encountered in the reproductive age, and pregnancy is one of the most critical factors that increase this burden (1,2). Pregnancy is a physiologic event that

every woman of childbearing age may experience. It is also possible to see this period as a crisis requiring changes in women's lives and adaptation to new roles (3). In this process, the woman first experiences a process of adaptation to pregnancy and then to motherhood. Although adaptation to pregnancy varies for each woman, multiple factors directly and indirectly related to each other affect this adaptation process. Especially if it is the first experience of the woman, adaptation to pregnancy includes many different variables (4,5). Among these factors, the personality characteristics of women have an essential place (5).

Personality is the active organization of an individual's physical, mental, moral, and social characteristics. It is defined as the distinctive and characteristic patterns of thought, emotion, and behavior that define the way of interaction with the physical and social environment (6). In addition, personality traits are the individual's orientations that result in certain attitudes and behaviors in certain situations (7). Therefore, to better understand the pregnancy period, personality traits should be considered in addition to the changes that pregnant women undergo (8). Because personality traits, besides defining an individual and forming the basis for predicting future attitudes, are the main factor affecting pregnant women's coping mechanisms against changes and their adaptation to pregnancy (9). In addition, personality traits, which are among the many factors that women are exposed to in terms of adaptation to pregnancy in the first pregnancy experience, constitute the most important source of personal stress (10).

The ability of the pregnant woman to adapt to her pregnancy and cope with the variables that negatively affect this period increases the health of both the expectant mother and her baby (11). In the study by Nath et al. (2020), personality traits affecting individuals' attitudes toward health and illness indicate that the psychological well-being of the expectant mother during pregnancy and the growth and development of her fetus may be practical (12). Santhi et al. (2018) revealed that pregnancy can be characterized as a source of self-realization, maturity, satisfaction, and happiness for women, as well as a source of worry, anxious waiting, and a mental burden on women. In the same study, it was determined that primigravidas, who will experience motherhood for the first time due to the fear and stress of pregnancy due to fear of the unknown, experienced more stress and negatively affected maternal attachment (13).

Adaptation to pregnancy, especially in expectant mothers who will have their first experience, is a necessary process that includes personality traits and thus contributes to shaping the role of motherhood. In this process, women have different reactions and tasks to accomplish in each pregnancy (14, 15). It is seen that personality traits are an integral part of psychosocial well-being in pregnancy. It is essential to consider the personality traits of pregnant women to make the health care services provided in this period more effective (3,15). However, when the literature was examined, it was observed that the information about the factors that would show that personality traits are an essential variable for adaptation to the first pregnancy is limited, and more scientific data is needed. In addition, revealing the relationship between personality traits and pregnancy adjustment will help prepare more comprehensive and efficient programs for expectant mothers who will experience their first pregnancy (13,15). In line with this information, this study aimed to investigate the relationship between personality traits and pregnancy adaptation in primigravida pregnant women.

METHOD

Type of Research

This research is cross-sectional and correlational.

Place and Time of the Research

This study was conducted between January and June 2024 in four family health centers (FHCs) in a province in the southeastern Anatolia center of Turkey, which were thought to reflect the general population.

Population/Sample of the Study

The study population consisted of 1035 pregnant women enrolled in four FHCs. The sample size required for the study was calculated using the Epi info program. Considering other studies, the average of 33% compliance with pregnancy was considered to be moderate (3,16). The number of individuals included in the sample was calculated as 256 with a 95% confidence interval, 5% margin of error, and 33% expected frequency. Considering the data loss, the study's sample size was rounded to 280. The number of participants to be sampled was stratified according to the number of registered pregnant women in each FHCs, and the participants who applied to the relevant FHCs and met the inclusion criteria were selected by non-probability random sampling method until the sample group determined in each cluster was reached. Inclusion criteria were being 18 or older, being at or after the 20th week of gestation, having a healthy pregnancy, not having a chronic or psychiatric disorder, being the first pregnancy, and being able to communicate.

The post hoc power analysis of the research was calculated using the G* Power 3.1.9.7 program (17). The calculation performed using the research data with a total sample size of 280 calculated the correlation value of the research as 0.785, and the power of the research was calculated as $(1-\beta)$ 0.99 with a 5% margin of error $(\alpha=0.05)$ for correlation analysis.

Data Collection Tools

The data were collected using the Introductory Information Form, Ten-Item Personality Inventory (TIPI), and Prenatal Self Evaluation Questionnaire (PSEQ).

Introductory Information Form: This form, developed by the literature (2,3,7,12, 16), includes 13 questions that assess demographic information such as the age, education, and employment status of the woman and her husband, as well as information about the timing and planning of pregnancy and information about pregnancy.

Ten-Item Personality Inventory (TIPI): Gosling et al. (2003) and adapted into Turkish by Atak (2013) (18,19). The scale consists of ten items and has five sub-dimensions (openness to experience, conscientiousness, extraversion, agreeableness, and emotional stability). The scale is a seven-point Likert-type scale with two items in each sub-dimension. Only the average of the total score of the sub-dimensions of the scale is evaluated. In the study of the scale conducted by Tak (2013), Cronbach's alpha values were 0.83 for "openness to experience," 0.84 for "conscientiousness," 0.86 for "extraversion," 0.81 for "agreeableness," and 0.83 for "emotional stability" (19). In this study, Cronbach's alpha values were 0.85 for "openness to experience," 0.83 for "conscientiousness," 0.85 for "extraversion," 0.94 for "agreeableness," and 0.95 for "emotional stability."

Prenatal Self Evaluation Questionnaire (PSEQ): The scale developed by Lederman et al. (1979) was adapted into Turkish by Beydağ and Mete (2008) (20,21). It is a 4-point Likert-type scale with 79 items developed to evaluate the adaptation of prenatal women to motherhood. The scale has seven sub-dimensions grouped as "opinions of the individual related to the health of herself and her baby," "accepting the pregnancy," "accepting the role of motherhood," "preparation for labor," "fear of childbirth," "relationship with her mother," and "relationship with her husband." Forty-seven of the items in the PCBS are reverse items. Each item in the scale is measured on a 4-point scale. Adjustment to pregnancy is evaluated based on scores ranging from 1 to 4 (4: Very much describes, 3: Somewhat describes, 2: Somewhat describes, 1: Does not describe at all). For reverse items, the scoring is reversed. A minimum score of 79 and a maximum score of 316 can be obtained for the entire scale. Low scores indicate a high level of adaptation to pregnancy. In the study of the scale conducted by Beydağ and Mete (2008), Cronbach's alpha was found to be 0.81 (21). In this study, Cronbach's alpha was found to be 0.93.

Data Collection Method

Before the questionnaires were given to the respondents, the purpose of the research was explained, and written consent was obtained from the respondents who had volunteered to take part in the study.

Participants were provided with the questionnaire and filled in individually. The participants took approximately 15-20 minutes to complete the forms.

Data Analysis

The Statistical Package for Social Science (SPSS) 22 was used to analyze the data (IBM, Armonk, NY, USA). Number, percentile, mean ($\bar{X}$), and standard deviation (SD) were used. The Pearson Correlation test was used to compare scale scores. Linear regression analysis was used to analyze the relationship of the TIPI sub-dimensions scores with the total PSEQ score. The statistical significance level was determined as $p < 0.05$, and the 95% confidence interval level was accepted.

Ethical Considerations

The present study was carried out in the context of the Declaration of Helsinki. The ethics permission was granted by the Ethics Committee for Non-Interventional Clinical Research of Siirt University (date of application: 03/11/2023, date of approval: 29/11/2023 and assigned number: E-6002), and necessary institutional permission was obtained from the Siirt Provincial Health Directorate (Approval date: 15/12/2023, number: 98734412). In addition, the participants were informed about the study's purpose, scope, and duration, and their informed consent was received.

RESULTS

Table 1. Descriptive Characteristics of Participants (N=280)

Characteristics	n	%
Education level		
Literate	65	23.2
Primary school	105	37.5
High school	65	23.2
University degrees	45	16.1
Employment status		
Working	78	27.9
Not working	202	72.1
Perceived income level		
Poor	104	37.1
Moderate	123	43.9
Good	53	18.0
Family type		
Nuclear family	185	48.1
Extended family	199	51.9
Husband's education level		
Literate	31	11.0
Primary school	79	28.2
High school	105	37.5
University degrees	65	23.3
Husband's employment status		
Working	195	69.7
Not working	85	30.3
Gestational period		
II. trimester	132	47.2
III. trimester	148	52.8
Planning for the pregnancy		
Yes	193	68.9
No	87	31.1
Knowledge about pregnancy		
Yes	177	63.2
No	103	36.7
	Mean±SD*	**Min-Max****
Age (years)	24.11±5.12	18-29
Gestational week	30.25±4.26	20-38
Duration of marriage (years)	4.32±1.11	1-7
Husband's age (years)	30.45±6.82	23-37

*SD: Standart Deviation, **Min-Max: Minimum- Maximum.

The mean age of the pregnant women who participated in the study was 24.11±5.12 years, and the mean gestational age was 30.25±4.26 weeks. Of the participants, 37.5% were primary school graduates, 72.1% were not employed in any income-generating job, 43.9% had a medium income level, and 61.3% reported having a nuclear family structure. The mean duration of marriage was 4.32±1.11 years, the mean age of the husbands was 30.45±6.82 years, 37.5% of the husbands were high school graduates, and 69.7% were employed in any income-generating job. Of the participants, 52.8% were in the third trimester, 68.9% had a planned pregnancy, and 63.2% received information about pregnancy (Table 1).

The mean scores of the participants on the TIPI sub-dimensions of "openness to experience," "conscientiousness," "extraversion," "agreeableness," and "emotional stability" were 9.62±2.32, 10.89±2.05, 9.52±2.44, 11.43±2.88 and 10.51±2.15, respectively. The mean total score of PSEQ was found to be 178.50±26.54. The mean subscale score of the PSEQ was "opinions of the individual related to the health of herself and her baby" 26.43±4.67, the mean subscale score of "accepting the pregnancy" was 28.25±8.70, the mean subscale score of "accepting the role of motherhood" was 38.43±6.71, the mean subscale score of "preparation for labor" was 21. 41±9.45, "fear of childbirth" subscale mean score was 21.85±3.63, "relationship with her mother" subscale mean score was 22.54±5.19, and "relationship with her husband" subscale mean score was 19.59±6.74 (Table 2).

Table 2. The Distribution of Total and Sub-dimension Values of Participants' TIPI Sub-dimensions and PSEQ

Scales and Sub-dimensions	Number of Items	Score Range	Mean±SD[*]	Min. – Max.[**]
TIPI Sub-dimensions				
Openness to Experience	2	2-14	9.62±2.32	2-14
Conscientiousness	2	2-14	10.89±2.05	2-14
Extraversion	2	2-14	9.52±2.44	2-14
Agreeableness	2	2-14	11.43±2.88	2-14
Emotional Stability	2	2-14	10.51±2.15	2-14
Total PSEQ	79	79-316	178.50 ±26.54	79-245
Opinions of the Individual Related to the Health of Herself and Her Baby	10	10-40	26.43±4.67	10-36
Accepting the Pregnancy	14	14-56	28.25±8.70	14-45
Accepting the Role of Motherhood	15	15-60	38.43±6.71	15-50
Preparation for Labor	10	10-40	21.41±9.45	10-36
Fear of Childbirth	10	10-40	21.85±3.63	10-35
Relationship with Her Mother	10	10-40	22.54±5.19	10-33
Relationship with Her Husband	10	10-40	19.59±6.74	10-34

[*]Standart Deviation, [**]Min-Max: Minimum- Maximum.

There was a moderate negative correlation between the participants' total PSEQ mean and the TIPI sub-dimensions of "openness to experience" (r=-0.615, p=0.003), "conscientiousness" (r=-0.625, p=0.015), "agreeableness" (r=-0.605, p≤0.001), and "emotional stability" (r=-0.630, p≤0.001, Table 3).

Table 3. The Relationship Between Values of Participants' PSEQ and the TIPI Sub-dimensions

PSEQ		Opinions of the Individual Related to the Health of Herself and Her Baby	Accepting the Pregnancy	Accepting the Role of Motherhood	Preparation for Labor	Fear of Childbirth	Relationship with Her Mother	Relationship with Her Husband	Total PSEQ
Openness to Experience	r[*]	-0.782	-0.616	-0.610	-0.652	-0.625	-0.145	-0.665	-0.615
	p	**0.012**	**0.002**	**0.001**	**0.003**	**≤0.001**	0.076	**0.001**	**0.003**
Conscientiousness	r[*]	-0.396	-0.551	-0.412	-0.035	-0.691	-0.170	-0.396	-0.625
	p	**0.002**	**0.038**	**0.021**	0.150	0.065	0.785	0.093	**0.015**
Extraversion	r[*]	-0.267	-0.156	-0.398	-0.125	-0.325	-0.224	-0.142	-0.256
	p	0.083	0.564	0.215	0.420	0.062	0.054	0.105	0.072
Agreeableness	r[*]	-0.526	-0.639	-0.643	-0.450	-0.658	-0.625	-0.560	-0.605
	p	**0.001**	**0.004**	**0.001**	**≤0.001**	**0.003**	**≤0.001**	**≤0.001**	**≤0.001**
Emotional Stability	r[*]	-0.754	-0.457	-0.652	-0.236	-0.320	-0.543	-0.694	-0.630
	p	**≤0.001**	**0.001**	**0.042**	0.078	0.052	**0.001**	**≤0.001**	**≤0.001**

[*]Pearson's Correlation Coefficient.

When the relationship between the sub-dimensions of the PSEQ and the sub-dimensions of the TIPI was examined, there was a high level of negative correlation between the sub-dimension "opinions of the individual related to the health of herself and her baby" and the sub-dimensions of "openness to

experience" (r=-0.782, p=0.012), and "emotional stability" (r=-0.754, p≤0.001). There was a moderate level of negative correlation between the sub-dimension "opinions of the individual related to the health of herself and her baby" and the sub-dimension of "agreeableness" (=-0.526, p=0.01). There was a low level of negative correlation between the sub-dimension "opinions of the individual related to the health of herself and her baby" and the sub-dimension of "conscientiousness" (r=-0.396, p=0.002). A moderate negative correlation was found between the PSEQ sub-dimension "accepting the pregnancy" and the TIPI sub-dimensions "openness to experience" (r=-0.616, p=0.002), "conscientiousness" (r=-0.551, p=0.038), "agreeableness" (=-0.639, p=0.004), and "emotional stability" (r=-0.457, p=0.001). A moderate negative correlation was found between the PSEQ sub-dimension "accepting the role of motherhood" and the TIPI sub-dimensions "openness to experience" (r=-0.610, p=0.001), "conscientiousness" (r=-0.412, p=0.038), "agreeableness" (=-0.643, p=0.001), and "emotional stability" (r=-0.657, p=0.042). A moderate negative correlation was found between the PSEQ sub-dimension " "preparation for labor" and the TIPI sub-dimensions "openness to experience" (r=-0.652, p≤0.001) and "agreeableness" (r=-0.450, p≤0.001). A moderate negative correlation was found between the PSEQ sub-dimension "fear of childbirth," and the TIPI sub-dimensions "openness to experience" (r=-0.625, p≤0.001), and "agreeableness" (=-0.658, p=0.003). A moderate negative correlation was found between another PSEQ sub-dimension "relationship with her mother," and the TIPI sub-dimensions "agreeableness" (r=-0.625, p≤0.001), and "emotional stability" (r=-0.543, p=0.001). A moderate negative correlation was found between the last sub-dimension "relationship with her husband" of the PSEQ, and the TIPI sub-dimensions "openness to experience" (r=-0.665, p=0.001), "conscientiousness" (=-0.560, p≤0.001), and "emotional stability" (r=-0.694, p≤0.042, Table 3).

Table 4. *The Effect of* the TIPI Sub-dimensions *on the Total PSEQ*

Scale	Total PSEQ					
	B*	SD**	β***	p	95% CI****	
					Lower Limit	Upper Limit
Openness to Experience	-0.316	0.154	-2.718	**0.001**	-6.724	-2.413
Conscientiousness	-0.265	0.186	-3.355	**0.004**	-3.557	-2.145
Agreeableness	-0.045	0.090	-0.978	0.056	-1.125	0.028
Emotional Stability	-0.085	0.002	-0.054	0.750	-0.457	0.065
R: 0.526 R²: 0.276 Adj. R²: 0.273 **p = 0.001**						

*Coefficient B; **Standard Deviation; ***Standardized Beta Coefficient; ****Confidence Interval of 95%; R^2: R-Squared; Adjr²: Adjusted R-Squared.

The regression model created with the sub-dimensions of the TIPI, which were found to have a significant relationship with the total PSEQ in the correlation analysis, found that "openness to experience" (β=-2.718) and "conscientiousness" (β=-3.355) variables were essential determinants of adjustment to pregnancy. These variables were significant predictors explaining 27.6% of the total variance in pregnancy adjustment (R2 =0.276, p=0.001, Table 4).

DISCUSSION

The personality characteristics of expectant mothers who will experience pregnancy for the first time constitute the most important source of adaptation to pregnancy (11). In this study, which we conducted to examine the relationship between personality characteristics of primigravida pregnant women and pregnancy adaptation.

In the present study; it was determined that the pregnancy adjustment of the participants was at a moderate level. When the literature was examined, Soltanı et al. (2017) examined women's life experiences adapting to the first pregnancy process. They found that adaptation to pregnancy is not easy, and planning should be made for the acceptance or responsibilities of this new role of mothers (22). In the study by Dağlar and Oskay (2022), in which the relationship between personality traits and stress and adjustment to pregnancy was examined, it was stated that the pregnancy adjustment of expectant mothers was insufficient and should be improved (3). In Demirbaş and Kadıoğlu's study (2014), in which women in the prenatal period examined the adaptation to pregnancy and related factors, it was determined that the acceptance of pregnancy was moderate (16). In the study by Küçükkaya et al. examining the relationship between body perception due to weight gain during pregnancy and acceptance of pregnancy (2020), it was found that acceptance of pregnancy was at a moderate level (23).

Our study finding is in parallel with the findings in the literature and shows that the adaptation of pregnant women to pregnancy is generally at a moderate level. These results emphasize that adaptation to pregnancy, which varies depending on various factors, should be improved in the prenatal process.

Our study found a negative and moderately significant correlation between the pregnancy adjustment of expectant mothers experiencing their first pregnancy and the personality traits of openness to experience, conscientiousness, agreeableness, and emotional stability, except for extraversion. When the literature was examined, Nath et al. (2020), in a prospective study examining the relationship between maternal personality traits, prenatal depressive symptoms, and postnatal mother-infant, found that women with high levels of personality disorder experienced depressive symptoms, and this was an important variable in reducing pregnancy adjustment (12). In the study by Hazar et al. examining the relationship between personality traits and pregnancy symptoms and health-seeking behavior (2024), personality traits were an essential variable in pregnancy adjustment (6). Dağlar and Oskay (2022) reported that as the stress level experienced by pregnant women increased, their pregnancy adjustment decreased, and especially women with emotionally unstable personality traits had higher prenatal distress levels and lower pregnancy adjustment (3). Our finding, which overlaps with the literature, suggests that personality traits are potential determinants of pregnancy adjustment.

According to the regression model in our study, it was determined that participants who were not open to experience in the postpartum period and who had low responsibility traits had lower levels of pregnancy adjustment. According to our regression model, these personality traits explained 27.6% of the change in pregnancy adjustment. When the literature was examined, Soltanı et al. (2017) stated that acceptance of responsibility for pregnancy and commitment is effective in adaptation to pregnancy and motherhood roles. The same study emphasized that primigravidas may have negative feelings toward physiological changes and a sense of uncertainty about accepting maternal responsibility due to their inexperience (22). In the study by Baştarcan and Oskay examining the relationship between personality traits on anxiety and depression levels during pregnancy (2022), it was found that pregnant women with introverted personality traits, which include not being open to experience, were more prone to anxiety and depression, which are among the critical factors affecting adaptation to pregnancy (24). We think that this finding, which supports the literature by showing that personality traits are an essential variable for adaptation to pregnancy, may shed light on interventions to improve the quality of prenatal care services.

Limitations of the Study

The results include pregnant women living in the study's region. Therefore, generalizability is limited. The results reflect data obtained from face-to-face interviews. This quantitative research limited our ability to explore the subjective experiences of individual pregnant women. Despite these limitations, the study's results are essential to the literature because they can determine the relationship between personality traits and pregnancy adjustment in primigravida pregnant women.

CONCLUSIONS

The pregnancy adaptation of primigravida pregnant women in this study was moderate. Women who are not open to experience and have low responsibility personality traits are risky groups in terms of pregnancy adjustment in their first pregnancy. These results emphasize the importance of psychological assessment of women in terms of personality characteristics and pregnancy adaptation in preconception and antenatal care services. Among expectant mothers who will experience pregnancy for the first time or who are experiencing pregnancy for the first time, it is recommended that health professionals address in more detail and plan educational and supportive interventions for these groups, especially those who are not open to experience and have low responsibility personality traits.

DESCRIPTIONS

No financial support.

No conflict of interest.

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