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A comparative study of the relationship between lifestyles and the tendency to control overweight and the quality of marital relationships in pregnant and non-pregnant women

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A B S T R A C T

Objective: This study aimed to compare the relationship between lifestyle and the tendency to control weight and the quality of marital relationships in pregnant and non-pregnant women.

Method: The method of this study is descriptive-correlational. The statistical population includes all women referred to health centers in Ardabil in 2021; a sample of 300 people (150 pregnant women and 150 non-pregnant women) was chosen. Data collection tools included Revised Dyadic Adjustment Scale (RDAS) et al. (1995), the Lifestyle Questionnaire (LSQ) and Dietary Adherence Questionnaire. The data were analyzed using Pearson correlation and multivariate regression tests.

Results: The results showed that there is a positive and significant relationship between different types of health-oriented lifestyles with a tendency to weight control and dimensions of marital quality and regression analysis also showed that the dimensions of lifestyles can be a positive and significant predictor of a tendency to control weight and dimensions have the quality of marital relationships. Also, comparing lifestyle relationships with the tendency to control weight and the quality of marital relationships in pregnant and non-pregnant women showed that the intensity of relationships is in favor of non-pregnant women.

Conclusion: Considering the importance of pregnancy and the special conditions of this period, the attention of pregnant women to physical activity, nutrition and spiritual health will control weight and increase the quality of life during pregnancy.

Keywords: *Lifestyles, tendency to control weight, marital quality, pregnant women*

1 Introduction

The health and progress of any society are primarily based on women's health, and pregnancy and childbirth significantly affect women's health and hygiene (Nglazi & Ataguba, 2022). Therefore, ensuring the health of mothers and babies should be considered one of the priorities of health services. *Pregnancy* is described as a critical period. At the beginning of pregnancy, such changes occur in the mother's body that make her a new person with new physical and mental characteristics, which causes changes in her health behaviors, lifestyle, marital relationships, and changes in her weight (McClelland, 2022). Research conducted on the mental state of pregnant women shows that many stressful factors in the trimester of pregnancy that lead to worry in women (Ternström et al., 2016). One of the variables that is likely to be related to pregnancy is lifestyle. *Lifestyle* is related to the daily patterns of a person's life, such as the type of nutrition and eating habits, how to spend free time, smoking habits, physical activity, stress, and how to use health care services that he usually does (Rokas, 2022). There is a belief that a healthy lifestyle helps promote health, while an unhealthy lifestyle adversely affects health (Mora, 2022). Since having a certain lifestyle is effective on the conscious or unconscious choice of a series of behaviors, it seems that the choice of lifestyle during pregnancy can also have lasting and long-term effects on the health of the mother and the child (Nawabi et al., 2022). Pregnancy itself is a stressful period, and during this period, the susceptibility of a pregnant person to different stresses in life increases. A pregnant woman who feels that she has coped well with stress and is aware of stress-coping techniques can take better care of herself and will have more energy than stressed women (Alves, Cecatti, & Souza, 2021).

According to the studies and evaluations of the World Health Organization in 2005, nearly 400 million of the world's population are obese (Janghorbani et al., 2007). Today, obesity is considered a global risk and leads to physical and mental diseases, including stress and depression (Nemati & Narimani, 2017). According to the World Health Organization standards, a body mass index between 25 kg/m2 and 30 kg/m2 indicates overweight, and an index greater than 30 kg/m2 indicates obesity (Sinha, 2018). An increase in body mass index is related to the incidence of many chronic diseases and is associated with dissatisfaction with body image (Nemati & Narimani, 2017). Obesity in pregnancy is also increasing along with the increase in obesity among non-pregnant women. As a result, the need for prenatal care in these women through health services will increase because overweight and obesity during pregnancy are considered a great risk to the health of the mother and the fetus (Kennelly et al., 2022). A cohort study in 2012 in one of the European obstetrics and gynecology hospitals on 8176 women who gave birth showed that 17.7% of these women were obese (Kerrigan & Kingdon, 2010). Being overweight and obese can pose a great risk to the health of the mother and baby. Another factor expected to be related to concerns during pregnancy is the *quality of marital relationships*. Research has shown that satisfaction with married life is one of the strong predictors of anxiety during pregnancy (Saniei et al., 2022). The quality of marital relations is one of the effective factors in the stability and reliability of families and, at the same time, the mental health of spouses and children. Marital relationship is the central nucleus of the family system, and its disruption threatens the family's survival. It seems that lifestyle has a decisive role in marital satisfaction. An unfavorable lifestyle provides the basis for weakening the family foundation roots, increasing divorce, and the emergence of corruption, and this is a matter whose negative effects on society, families and individuals are undeniable. Therefore, by adopting a healthy and appropriate lifestyle, many problems and dissatisfactions in marriage and its direct and indirect adverse effects can be avoided, and one can enjoy more quality in married life. According to the mentioned materials, the purpose of the present study was to compare the relationship between lifestyles and the tendency to control weight, and the quality of marital relationships in pregnant and non-pregnant women.

2 Methods

2.1 Study design and Participant

The research method is descriptive and correlational. The statistical population includes all women referred to health centers in Ardabil in 2021; The sample included 300 women referring to the health center of Ardabil city who volunteered to participate in the research, of which 150 were pregnant women and 150 were non-pregnant women. The age range of the samples was between 25 and 42 years and the average age for the group of pregnant women was equal to (31.97 ± 5.60) and for the group of non-pregnant women it was equal to (36.97 ± 5.60). The sampling method was purposive sampling and conducted between October 2021 and February 2021 in Ardabil city.

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2.2 *Measurements*

Revised Dyadic Adjustment Scale (RDAS), *Lifestyle Questionnaire (LSQ)* and *Dietary Adherence Questionnaire* were used to collect data.

2.2.1 *Quality of marital life*

The revised form was created by Busby, Curran, Larsen and Christensen in 1995, which is used to measure the quality of marital relationships. This questionnaire consists of 14 items and 3 subscales of agreement (6 items), satisfaction (5 items) and cohesion (3 items), which show the total score of marital quality, and high scores indicate higher marital quality. The scoring of the questionnaire based on of a 6-point Likert scale (always disagree = 0; always agree = 5) (Busby et al., 1995). The reliability of the questionnaire according to Cronbach's alpha has been reported as 0.79, 0.80 and 0.90 for the three subscales of agreement, satisfaction, and cohesion, respectively (Maroufizadeh et al., 2020).

2.2.2 *Lifestyle*

This questionnaire has 70 questions and its purpose is to evaluate different dimensions of lifestyles. Its response range was Likert type. In the research of Lali et al. (2013) using the factor analysis test, they confirmed the construct validity of the lifestyle questionnaire as a multidimensional tool for evaluating and measuring lifestyle. Also, the reliability of the questionnaire was calculated using Cronbach's alpha measurement method. The range of Cronbach's alpha reliability coefficient is from zero (0) which means no stability, to (+1) which means perfect reliability, and the closer the obtained value is to (+1), the more reliable the questionnaire is (Lali, Abedi, & Kajbaf, 2012).

2.2.3 *Tendency to control overweight*

This questionnaire measures patients' adherence to the dietary regimen prescribed by a specialist doctor with 7 items on a six-point Likert scale. The reliability of this scale has been confirmed with test-retest and Cronbach Alpha method.

2.3 *Data Analysis*

In this study, SPSS-21 software was used for data analysis, and the correlation between variables was analyzed using Pearson's test. Also, in order to analyze the data, a significance level of α=0.05 was considered.

3 Findings and Results

This research was conducted to compare the relationship between lifestyles with a tendency to control weight and the quality of marital relationships in pregnant and non-pregnant women. 150 pregnant women and 150 non-pregnant women participated in this study. The age range of the samples was between 25 and 42 years and the average age for the group of pregnant women was equal to (31.97 ± 5.60) and for the group of non-pregnant women it was equal to (36.97 ± 5.60).

Table 1

Correlation coefficient between dimensions of lifestyles and tendency to control weight by pregnant and non-pregnant women

Life style dimensions	Statistics	Dietary adherence	
		Pregnant women	Non-pregnant women
Physical health	R	0.341	0.378
	P	0.001	0.001
Exercise and fitness	R	0.173	0.266
	P	0.034	0.001
Weight control and nutrition	R	0.174	0.315
	P	0.034	0.001
Avoiding illness	R	0.330	0.359
	P	0.001	0.001
Psychological health	R	0.335	0.358
	P	0.001	0.001
Spiritual health	R	0.187	0.270
	P	0.022	0.001
Social health	R	0.283	0.373
	P	0.001	0.001
Avoiding drugs	R	0.257	0.320
	P	0.002	0.001
Preventing incidents	R	0.265	0.391
	P	0.001	0.001
Environmental health	R	0.217	0.222
	P	0.008	0.006

As the results of the Table 1 show, the correlation between each dimension of lifestyles and the tendency to control weight is positive and significant. That is, with the increase in the dimensions of lifestyles, the tendency to control weight also increases. Therefore, the first hypothesis is confirmed. It should be noted that the positive correlation value is higher among non-pregnant women than among pregnant women.

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Table 2

Regression model results for dietary adherence

Group	Variable	Non-standard coefficients		Standard coefficients	t	Sig.
		value	SE	value		
Pregnant women	Constant	-53.586	6.495	--------	-8.250	0.001
	Physical health	1.213	0.178	0.308	6.796	0.001
	Exercise and fitness	1.053	0.187	0.256	5.742	0.001
	Weight control and nutrition	0.927	0.187	0.219	4.962	0.001
	Avoiding illness	1.336	0.186	0.321	7.190	0.001
	Psychological health	1.560	0.189	0.378	8.271	0.001
	Spiritual health	1.171	0.208	0.260	5.625	0.001
	Social health	1.213	0.197	0.272	6.153	0.001
	Avoiding drugs	1.059	0.199	0.241	5.324	0.001
	Preventing incidents	1.194	0.181	0.289	6.614	0.001
	Environmental health	1.071	0.192	0.256	5.566	0.001
Non-pregnant women	Constant	-42.204	4.915	--------	-8.586	0.001
	Physical health	1.009	0.159	0.258	6.364	0.001
	Exercise and fitness	0.952	0.194	0.199	4.895	0.001
	Weight control and nutrition	1.000	0.179	0.230	5.603	0.001
	Prevention of diseases	1.069	0.166	0.268	6.436	0.001
	Psychological health	0.982	0.176	0.233	5.566	0.001
	Spiritual health	0.983	0.208	0.193	4.721	0.001
	Social health	1.282	0.201	0.261	6.390	0.001
	Avoiding drugs	1.170	0.181	0.262	6.482	0.001
	Preventing incidents	1.148	0.172	0.272	6.692	0.001
	Environmental health	0.760	0.183	0.170	4.153	0.001

According to the Table 2, because the significance level of all coefficients is less than 0.05, then the assumption of equality of these coefficients with zero is rejected. In other words, in the regression model, all dimensions of lifestyles affect the tendency to control weight. On the other hand, since the standard coefficients are positive, it can be said that as the dimensions of lifestyles increase, the tendency to control weight also increases.

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Table 3

Correlation coefficient between lifestyle dimensions and quality of marital life dimensions and non-pregnant women

Life style dimensions	Statistics	Agreement		Satisfaction		Coherence	
		Pregnant women	Non-pregnant women	Pregnant women	Non-pregnant women	Pregnant women	Non-pregnant women
Physical health	R	0.369	0.426	0.372	0.423	0.388	0.399
	P	0.001	0.001	0.001	0.001	0.001	0.001
Exercise and fitness	R	0.218	0.320	0.217	0.324	0.217	0.322
	P	0.007	0.001	0.008	0.001	0.008	0.001
Weight control and nutrition	R	0.275	0.356	0.291	0.358	0.286	0.357
	P	0.001	0.001	0.001	0.001	0.001	0.001
Avoiding illness	R	0.364	0.404	0.350	0.396	0.347	0.403
	P	0.001	0.001	0.001	0.001	0.001	0.001
Psychological health	R	0.258	0.407	0.256	0.414	0.277	0.417
	P	0.001	0.001	0.002	0.001	0.002	0.001
Spiritual health	R	0.252	0.320	0.252	0.330	0.243	0.322
	P	0.002	0.001	0.002	0.001	0.002	0.001
Social health	R	0.334	0.375	0.322	0.369	0.326	0.376
	P	0.001	0.001	0.001	0.001	0.001	0.001
Avoiding drugs	R	0.309	0.340	0.284	0.331	0.283	0.336
	P	0.002	0.001	0.002	0.001	0.002	0.001
Preventing incidents	R	0.306	0.408	0.306	0.396	0.298	0.401
	P	0.001	0.001	0.001	0.001	0.001	0.001
Environmental health	R	0.286	0.294	0.290	0.298	0.272	0.299
	P	0.001	0.001	0.001	0.001	0.001	0.001

As the results of the Table 3, there is a positive and significant relationship between the dimensions of lifestyles with agreement in pregnant and non-pregnant women, meaning that the more positive lifestyles increase, the more agreement in marital relations increases. Notably, the positive correlation among non-pregnant women is higher than among pregnant women. Moreover, there is a positive and significant relationship between the dimensions of lifestyles and satisfaction in pregnant and non-pregnant women. The more positive lifestyles increase, the satisfaction of marital relationships increases.

It should be noted that the positive correlation value is higher among non-pregnant women than among pregnant women. Finally, a positive and significant relationship is observed between the dimensions of lifestyles with cohesion in pregnant and non-pregnant women; the more positive lifestyles, the more cohesion in marital relations. It should be noted that the positive correlation value is higher among non-pregnant women than among pregnant women. According to the results of Table 3, the second hypothesis of the research is that "all dimensions of lifestyles have a positive and significant relationship with dimensions of the quality of marital relations in pregnant and non-pregnant women." It is confirmed that the more positive lifestyles increase, the more the level of agreement, satisfaction, and cohesion of women's marital relationships will improve.

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Table 4

Regression model results for quality of marital life

Group	Variable	Satisfaction					Cohesion					Agreement				
		Non-standard		Standard	t	Sig.	Non-standard		Standard	t	sig	Non-standard		Standard	t	sig
		value	SE	value			value	SE	value			value	SE	value		
Pregnant women	Constant	-27.120	0.794	--------	-34.159	0.001	-21.388	0.586	--------	-36.471	0.001	-29.426	0.689	------	-42.684	۰.۰۱,۰
	Physical health	0.383	0.022	0.323	17.584	0.001	0.288	0.016	0.355	17.859	0.001	0.414	0.019	0.338	21.839	۰.۰۱,۰
	Exercise and fitness	0.381	0.022	0.327	17.016	0.001	0.274	0.017	0.325	16.566	0.001	0.419	0.019	0.328	21.529	۰.۰۱,۰
	Weight control and nutrition	0.410	0.023	0.342	17.963	0.001	0.293	0.018	0.337	17.385	0.001	0.428	0.020	0.326	21.596	۰.۰۱,۰
	Avoiding illness	0.402	0.023	0.341	17.711	0.001	0.290	0.017	0.339	17.298	0.001	0.454	0.020	0.352	23.051	۰.۰۱,۰
	Psychological health	0.367	0.023	0.314	15.934	0.001	0.282	0.017	0.333	16.573	0.001	0.400	0.020	0.312	19.984	۰.۰۱,۰
	Spiritual health	0.383	0.025	0.300	038.15	0.001	0.274	0.019	0.296	14.560	0.001	0.426	0.022	0.305	19.283	۰.۰۱,۰
	Social health	0.388	0.024	0.307	16.082	0.001	0.283	0.018	0.310	15.919	0.001	0.443	0.021	0.320	21.156	۰.۰۱,۰
	Avoiding drugs	0.369	0.024	0.296	15.175	0.001	0.262	0.018	0.290	14.589	0.001	0.437	0.021	0.321	20.711	۰.۰۱,۰
	Preventing incidents	0.384	0.022	0.328	17.417	0.001	0.272	0.016	0.320	16.702	0.001	0.424	0.019	0.330	22.133	۰.۰۱,۰
	Environmental health	0.385	0.024	0.3260	16.396	0.001	0.268	0.017	0.312	15.411	0.001	0.416	0.020	0.321	20.394	۰.۰۱,۰
Non-pregnant women	Constant	-230.194	0.570	--------	-40.659	0.001	-18.300	0.445	--------	-41.135	0.001	-25.508	0.566	------	-45.040	۰.۰۱,۰
	Physical health	0.347	0.018	0.300	18.869	0.001	0.227	0.014	0.273	15.794	0.001	0.387	0.018	0.300	21.185	۰.۰۱,۰
	Exercise and fitness	0.356	0.023	0.251	15.769	0.001	0.252	0.018	0.247	14.305	0.001	0.388	0.022	0.245	17.312	۰.۰۱,۰
	Weight control and nutrition	0.343	0.021	0.266	16.541	0.001	0.244	0.016	0.264	15.084	0.001	0.377۰	0.021	0.263	18.330	۰.۰۱,۰
	Prevention of diseases	0.340	0.019	0.288	17.623	0.001	0.253	0.015	0.299	16.846	0.001	0.390۰	0.019	0.296	20.393	۰.۰۱,۰
	Psychological health	0.334	0.020	0.267	16.307	0.001	0.242	0.016	0.270	15.162	0.001	0.363۰	0.020	0.261	17.853	۰.۰۱,۰
	Spiritual health	0.375	0.024	0.248	15.506	0.001	0.259	0.019	0.239	13.761	0.001	0.401۰	0.024	0.238	16.727	۰.۰۱,۰
	Social health	0.343	0.023	0.236	14.738	0.001	0.258	0.018	0.246	14.182	0.001	0.394۰	0.023	0.243	17.031	۰.۰۱,۰
	Avoiding drugs	0.361	0.021	0.268	17.244	0.001	0.266	0.016	0.279	16.264	0.001	0.415۰	0.021	0.281	19.937	۰.۰۱,۰
	Preventing incidents	0.336	0.020	0.268	16.854	0.001	0.246	0.016	0.273	15.820	0.001	0.390۰	0.020	0.280	19.742	۰.۰۱,۰
	Environmental health	0.322۰	0.021	0.243	15.148	0.001	0.231	0.017	0.243	13.932	0.001	0.355۰	0.021	0.240	16.819	۰.۰۱,۰

According to Table 4, the significance level of all coefficients is less than 0.05, so the assumption of equality of these coefficients with zero is rejected. In other words, in the regression model of the second hypothesis, all dimensions of lifestyles affect the dependent variables (satisfaction, agreement and cohesion). On the other hand, since the standard coefficients are positive, it can be said that as the dimensions of lifestyles increase, agreement, cohesion and satisfaction also increase.

Comparing the correlation coefficients between lifestyle dimensions and the tendency to control weight in pregnant and non-pregnant women (Table 1) shows that the correlation value in all lifestyle dimensions is higher in non-pregnant women. Therefore, the third hypothesis is confirmed. Also, comparing correlation coefficients between dimensions of lifestyles and dimensions of marital relations in pregnant and non-pregnant women (Table 3) indicates that the correlation value in all dimensions of lifestyles is higher in non-pregnant women. Therefore, the fourth hypothesis is also confirmed.

4 Discussion and Conclusion

This research was conducted to compare the relationship between lifestyles, the tendency to control weight, and the quality of marital relationships in pregnant and non-pregnant women. The findings showed that all dimensions of lifestyles have a positive and significant relationship with the tendency to control weight in pregnant and non-pregnant women. Also, regression analysis results showed that all dimensions of lifestyles can positively and significantly predict the tendency to control weight in pregnant and non-pregnant women. This means that if pregnant and non-pregnant women are more active in any of their lifestyles and are more sensitive in terms of physical and mental health, they tend to control weight more. This finding is with the results of some former studies that showed that there is a relationship between lifestyles with obesity and weight control (Birjandi Bardsakan, Moghaddam, & Sahebalzamani, 2020; Borhani et al., 2008; Rezaee, Esfandyari, & Sarveghad, 2010; Zijlstra et al., 2006). Women seem to have have more health-oriented lifestyles. The more attention they pay to physical health, environmental health, disease prevention, weight control and nutrition, and exercise and wellness as important components in overweight and obesity, the tendency to control weight will naturally increase. Also, they will be more concerned about maintaining their physical health and fitness and will be more careful in controlling their weight.

The results showed that all dimensions of lifestyles have a positive and significant relationship with the quality of marital relations in pregnant and non-pregnant women. This means that any level of physical health, exercise and wellness, weight control and nutrition, prevention of diseases, psychological health, spiritual health, social health, avoiding drugs and narcotics, accident prevention, and environmental health are important in women's lives. If they have more respect for their physical and mental health, their satisfaction, cohesion, and marital agreement will be more in their lives. The results of the regression analysis also showed that the dimensions of lifestyles can positively and meaningfully predict the quality of marital relationships in pregnant and non-pregnant women, that is, the more the health-oriented lifestyles increase, the more the agreement, satisfaction and cohesion of women's marital relationships will improve. This finding is consistent with the results of a few previous studies that showed a positive and meaningful relationship between health-oriented lifestyles such as exercise and wellness, spiritual excellence, social health, environmental health, and the quality of marital relationships (Boschloo et al., 2014; Damiri et al., 2014; Monica, 2014; Wuntakal & Hollingworth, 2009). Changing the lifestyle changes in dysfunctional beliefs of couples, improves verbal exchanges, sexual relations and alignment in how to solve life problems. A lifestyle based on cooperation and shared goals leads to a life with marital satisfaction. By modifying their lifestyle, people can put aside their selfish tendencies and choose goals with a high social orientation, a suitable lifestyle can increase the understanding of couples and lead to an increase in marital satisfaction. In explaining this hypothesis according to lifestyle subscales, it can be said: proper and timely nutrition and use of food leads to general health. Paying attention and giving importance to health leads to peace and comfort and avoiding any disease, and these issues can increase the quality of marital relations. In fact, exercise and physical activity bring mental strength and mental improvement both in the short and long term. An active life reduces symptoms of depression and anxiety (Boschloo et al., 2014) and increases people's ability to cope with stress and life tensions (Monica, 2014). Physical activities positively affect building self-confidence in adults and can reduce stress and mental pressure. People with high social health and favorable interpersonal relationships are more capable of facing problems and changes related to their relationship and as a result, have more satisfaction and

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marital quality. Also, those who have reached spiritual excellence will be more successful in empathy, understanding, and responsibility, and their ability to improve their relationships and interactions is greater.

The comparison of the correlation coefficients between the dimensions of lifestyles and the tendency to control weight in pregnant and non-pregnant women showed that the correlation value in all dimensions of lifestyles is higher in non-pregnant women. In other words, compared to pregnant women, non-pregnant women tend to control more weight and care more about their physical health and fitness. However, a study consistent with the present research was not found. Nevertheless, the results Ghaderpanah et al. (2018) that found that pregnant women have a lower tendency to control weight due to their specific lifestyle during pregnancy, can be considered consistent. Akbari et al. (2016) also concluded that pregnant women's average safe exercise activity was very low. In explaining this finding, it can be said that pregnant women become less active due to misconceptions about the fear of physical activity harming the fetus and the lack of training by health workers on the benefits and benefits of physical activity or having safe physical activity during pregnancy. Also, not paying attention to the number of calories consumed during pregnancy and abstinence during this period causes more fats and an increase in body mass index, which is related to a decrease in the tendency to control weight due to the choice of this type of lifestyle during pregnancy. Also, it seems that pregnant women pay less attention to their fitness due to the physical condition and body image caused by carrying a fetus, which is another factor for their less tendency to control weight. As a result, it can be said that health-oriented lifestyles in pregnant women have a lower correlation with their tendency to control weight compared to non-pregnant women.

Comparing the correlation coefficients between the dimensions of lifestyles and the quality of marital relations in pregnant and non-pregnant women indicates that the correlation value in all dimensions of lifestyles with the dimensions of satisfaction, coherence, and agreement is higher in non-pregnant women. In other words, compared to pregnant women, non-pregnant women will experience a more positive lifestyle, cohesion and marital agreement. However, a study consistent with the present research was not found. Nevertheless, it is possible to consider the results of Ghanei Gheshlagh and Ghalenoee (2017) showing that pregnant women with sleep disorder have a lower quality of life than healthy women. Javadzadeh Shahshahani et al. (2006) also found that individual, social and physiological factors, as well as the level of sexual awareness, psychological and sexual factors are among the factors related to the increase of marital relationship disorders during pregnancy. Abbaszadeh, Baghery and Mehran (2009) found that the quality of life in pregnant women is low and there is an inverse relationship between low social and economic conditions and quality of life during pregnancy. Hueston and Kasik-Miller (1998)also concluded in their study that the average quality and satisfaction with life decreases with the progress of the pregnancy. Also, due to the special conditions during pregnancy and the lack of proper communication with her husband, pregnant women can fuel dissatisfaction in married life and reduce the quality of marital relations compared to normal women. As a result, due to the special conditions during pregnancy and the reduction of health-oriented lifestyles, the quality of marital relationships will decrease and their communication will weaken.

5 Suggestions and Applications

It can be concluded that compared to non-pregnant women, pregnant women have a lower tendency to control their weight due to the physical and psychological characteristics of pregnancy and the health-oriented lifestyle that is less paid attention to during this period. This can have negative effects on the quality of their marital relations. Therefore, it can be suggested that due to the importance of pregnancy and the special conditions of this period, pregnant women's attention to physical and sports activities, nutrition and spiritual health will control weight and increase the quality of life during pregnancy.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethics principles

In this research, ethical standards including obtaining informed consent, ensuring privacy and confidentiality were observed.

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References

Abbaszadeh, F., Baghery, A., & Mehran, N. (2009). Quality of Life among Pregnant Women [Research]. *Journal of Hayat*, *15*(1), 41-48. http://hayat.tums.ac.ir/article-1-128-en.html

Akbari, Z., Tol, A., Shojaeizadeh, D., & Aazam, K. (2016). Assessing of physical activity self-efficacy and knowledge about benefits and safety during pregnancy among women. *Razi Journal of Medical Sciences*, *22*(139), 76-87. http://rjms.iums.ac.ir/article-1-3548-en.html

Alves, A., Cecatti, J., & Souza, R. (2021). Resilience and stress during pregnancy: a comprehensive multidimensional approach in maternal and perinatal health. *The Scientific World Journal*, *2021*, 1-7. https://doi.org/10.1155/2021/9512854

Birjandi Bardsakan, R., Moghaddam, F. A., & Sahebalzamani, M. (2020). Investigating the relationship between the lifestyle of parents and obese children and its comparison in single and multi-child families in primary schools of Mashhad City. https://doi.org/10.1007/s10826-006-9066-5

Borhani, F., Abbaszadeh, A., Kohan, S., Golshan, M., & DORTAJ, R. E. (2008). Correlation between lifestyle and body mass index among young adults in Kerman. https://ijnr.ir/browse.php?a_id=240&sid=1&slc_lang=en

Boschloo, L., Reeuwijk, K. G., Schoevers, R. A., & Penninx, B. W. (2014). The impact of lifestyle factors on the 2-year course of depressive and/or anxiety disorders. *Journal of affective disorders*, *159*, 73-79. https://doi.org/10.1016/j.jad.2014.01.019

Busby, D. M., Christensen, C., Crane, D. R., & Larson, J. H. (1995). A revision of the Dyadic Adjustment Scale for use with distressed and nondistressed couples: Construct hierarchy and multidimensional scales. *Journal of Marital and family Therapy*, *21*(3), 289-308. https://doi.org/10.1111/j.1752-0606.1995.tb00163.x

Damiri, H., Heidarian, M., Ahmadi, V., & Borhani, L. (2014). The relationship between personal styles and emotional intelligence with marital satisfaction. https://sjimu.medilam.ac.ir/browse.php?sid=1&a_id=1739&slc_lang=en

Ghaderpanah, n., Vahabzadeh, d., Khalkhali, h., & Mohaddesi, h. (2018). Evaluation of nutritional status and physical activity level in overweight pregnant women [Research]. *Nursing and Midwifery Journal*, *16*(9), 686-693. http://unmf.umsu.ac.ir/article-1-3341-en.html

Ghanei Gheshlagh, R., & Ghalenoee, M. (2017). Comparison of quality of life of pregnant women with and without sleep apnea. *Scientific Journal of Nursing, Midwifery and Paramedical Faculty*, *3*(2), 74-81. https://doi.org/10.29252/sjnmp.3.2.74

Hueston, W. J., & Kasik-Miller, S. (1998). Changes in functional health status during normal pregnancy. *Journal of family practice*, *47*(3), 209-212. https://pubmed.ncbi.nlm.nih.gov/9752373/

Janghorbani, M., Amini, M., Willett, W. C., Gouya, M. M., Delavari, A., Alikhani, S., & Mahdavi, A. (2007). First nationwide survey of prevalence of overweight, underweight, and abdominal obesity in Iranian adults. *Obesity*, *15*(11), 2797-2808. https://doi.org/10.1038/oby.2007.332

Javadzadeh Shahshahani, H., Yavari, M., Attar, M., & Ahmadiyėh, M. (2006). Knowledge, attitude and practice study about blood donation in the urban population of Yazd, Iran, 2004. *Transfusion Medicine*, *16*(6), 403-409. https://doi.org/10.1111/j.1365-3148.2006.00699.x

Kennelly, M. A., Killeen, S. L., Phillips, C. M., Alberdi, G., Lindsay, K. L., Mehegan, J., Cronin, M., & McAuliffe, F. M. (2022). Maternal C3 complement and C-reactive protein and pregnancy and fetal outcomes: A secondary analysis of the PEARS RCT-An mHealth-supported, lifestyle intervention among pregnant women with overweight and obesity. *Cytokine*, *149*, 155748. https://doi.org/10.1016/j.cyto.2021.155748

Kerrigan, A. M., & Kingdon, C. (2010). Maternal obesity and pregnancy: a retrospective study. *Midwifery*, *26*(1), 138-146. https://doi.org/10.1016/j.midw.2008.12.005

Lali, M., Abedi, A., & Kajbaf, M. B. (2012). Construction and validation of the lifestyle questionnaire (LSQ). https://magiran.com/p1056649

Maroufizadeh, S., Omani-Samani, R., Hosseini, M., Almasi-Hashiani, A., Sepidarkish, M., & Amini, P. (2020). The Persian version of the revised dyadic adjustment scale (RDAS): a validation study in infertile patients. *BMC psychology*, *8*, 1-8. https://doi.org/10.1186/s40359-020-0375-z

McClelland, J. (2022). *Development and delivery of a habit-based lifestyle intervention to pregnant women with overweight or obesity* Queen's University Belfast]. https://ethos.bl.uk/OrderDetails.do?uin=uk.bl.ethos.855007

Monica, G. (2014). Study on the importance of physical education in fighting stress and a sedentary lifestyle among students at the University of Bucharest. *Procedia-Social and Behavioral Sciences*, *117*, 104-109. https://doi.org/10.1016/j.sbspro.2014.02.186

Mora, F. (2022). Successful brain aging: plasticity, environmental enrichment, and lifestyle. *Dialogues in clinical neuroscience*. https://doi.org/https://doi.org/10.31887/DCNS.2013.15.1/fmora

Nawabi, F., Krebs, F., Lorenz, L., Shukri, A., Alayli, A., & Stock, S. (2022). Health literacy among pregnant women in a lifestyle intervention trial. *International Journal of Environmental Research and Public Health*, *19*(10), 5808. https://doi.org/https://doi.org/10.3390/ijerph19105808

PWJ
Psychology of Woman Journal
E-ISSN: 2783-333X

Nemati, S., & Narimani, M. (2017). Comparison of self-image in two groups of obese and thin people. National Conference on Psychology and Health with a focus on family and healthy living. Faculty of Educational Sciences and Psychology, Shiraz University,

Nglazi, M. D., & Ataguba, J. E.-O. (2022). Overweight and obesity in non-pregnant women of childbearing age in South Africa: subgroup regression analyses of survey data from 1998 to 2017. *BMC Public Health*, *22*(1), 395. https://link.springer.com/article/10.1186/s12889-022-12601-6

Rezaee, A., Esfandyari, F., & Sarveghad, S. (2010). A Study of the Relationship of Eating Attitudes and Self-Regulation with Life Style in Obese and Non-Obese Women. *Quarterly Journal of Woman and Society*, *1*(1), 115-130. https://doi.org/20.1001.1.20088566.1389.1.1.6.0

Rokas, A. (2022). Evolution of the human pathogenic lifestyle in fungi. *Nature microbiology*, *7*(5), 607-619. https://www.nature.com/articles/s41564-022-01112-0

Saniei, S., Fahami, F., Samouei, R., & Tehrani, H. G. (2022). Investigation of the effect of mindfulness on sexual desire and sexual satisfaction in primigravida pregnant women. *Journal of Education and Health Promotion*, *11*. https://doi.org/10.4103/jehp.jehp_176_21

Ternström, E., Hildingsson, I., Haines, H., & Rubertsson, C. (2016). Pregnant women's thoughts when assessing fear of birth on the Fear of Birth Scale. *Women and Birth*, *29*(3), e44-e49. https://doi.org/10.1016/j.wombi.2015.11.009

Wuntakal, R., & Hollingworth, T. (2009). The implications of obesity on pregnancy. *Obstetrics, Gynaecology & Reproductive Medicine*, *19*(12), 344-349. https://doi.org/10.1016/j.ogrm.2009.09.003

Zijlstra, H., Larsen, J. K., van Ramshorst, B., & Geenen, R. (2006). The association between weight loss and self-regulation cognitions before and after laparoscopic adjustable gastric banding for obesity: a longitudinal study. *Surgery*, *139*(3), 334-339. https://doi.org/https://doi.org/10.1016/j.surg.2005.08.007

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