

The Effect of Inner Spirituality and Spiritual Psychological Resilience on Birth Preference Among Pregnant Women

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1

What is already known on this topic?

- Spirituality is an important factor influencing individuals' coping mechanisms and psychological well-being during pregnancy.
- Pregnant women's spiritual beliefs and inner strength can affect their stress levels, emotional balance, and decision-making processes related to childbirth.
- Previous studies have shown that higher levels of spirituality and resilience are associated with positive pregnancy experiences and healthier adaptation to childbirth.
- However, the relationship between inner spirituality, spiritual psychological resilience, and birth preference has not been comprehensively examined.

What this study adds on this topic?

- The study shows that inner spirituality and spiritual psychological resilience significantly affect pregnant women's birth preferences.
- Higher levels of spirituality and resilience are associated with preferences for certain birth methods.
- Ninety-five percent of the variance in birth preference is explained by these 2 factors.
- The findings highlight the importance of holistic approaches that integrate spiritual and psychological aspects in maternity care.

ABSTRACT

Objective: This study aimed to determine the effect of inner spirituality and spiritual psychological resilience on birth preference among pregnant women.

Methods: This descriptive correlational study was conducted with 420 pregnant participants. Data were collected between February 13 and May 2, 2025, using the Introductory Information Form, the Inner Spirituality Scale (ISS), the Spiritual Psychological Resilience Scale (SPRS), and the Birth Preference Scale for Pregnant Women (BPSPW). Descriptive statistical methods such as percentage, arithmetic mean, frequency, and standard deviation, as well as the Skewness and Kurtosis distribution test, ANOVA, independent samples *t*-test, multiple regression, and Pearson correlation analysis were used for data analysis.

Results: A strong positive correlation was found between the ISS and SPRS ($r=0.874^{**}$, $P < .001$), between the ISS and BPSPW ($r=0.926^{**}$, $P < .001$), and between the SPRS and BPSPW ($r=0.961^{**}$, $P < .001$). A statistically significant relationship was identified between the BPSPW and both the ISS and the SPRS ($R=0.977$, $R^2=0.954$, $P < .05$).


Conclusion: In conclusion, it was determined that 95% of the variance in birth preference during pregnancy was explained by these variables. Inner spirituality and spiritual psychological resilience were found to have a strong effect on birth preference among pregnant women.

Keywords: Pregnancy, psychological resilience, spirituality

Introduction

Spirituality can be defined as an individual's effort to make sense of life and existence and to understand their place in the universe and their relationship with themselves and others.^{1,2} In this sense, spirituality reflects the way individuals explore their inner world, recognize their values, and give meaning to their lives. It also includes the search for purpose and the experience of a connection with something sacred or transcendent.³ Many individuals draw on this spiritual dimension as a source of strength to cope with stressful situations and the challenges they encounter in life.^{4,5} One important psychological resource in this process is resilience, which refers to the ability to adapt to difficult circumstances, maintain psychological balance, and recover from adverse experiences.⁶ Therefore, inner spirituality and psychological resilience may play a significant role in shaping how individuals cope with stress and respond to challenging life events.^{7,8}

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Birth preference is defined as a woman's voluntary decision regarding vaginal or cesarean delivery based on her knowledge, beliefs, and personal perceptions. In addition to medical indications, various psychological, social, and environmental factors that affect the mother also contribute to determining the preferred mode of delivery.⁹ The healthcare team generally decides on the most appropriate mode of delivery by informing the woman and her family about the indications or possible complications and obtaining their consent.^{9,10} Women who choose elective cesarean delivery may be influenced by factors such as fear of childbirth, social environment, and the attitudes of healthcare professionals.¹⁰ Previous studies have reported that pregnant women with higher levels of spirituality tend to experience lower levels of childbirth fear.^{11,12} These findings indicate that spirituality may be an important factor in shaping birth preference. Considering that cesarean sections performed without medical indications may have negative consequences for maternal, neonatal, and public health, it is essential to evaluate the factors that influence women's birth preferences.¹³

Higher levels of inner spirituality and spiritual psychological resilience may strengthen pregnant women emotionally and mentally, which could also affect their decisions regarding the mode of delivery. In addition, examining the relationship between inner spirituality, spiritual resilience, and birth preference may contribute to the development of effective interventions aimed at reducing unnecessary cesarean sections and promoting vaginal birth. To date, no studies have specifically investigated the effect of inner spirituality and spiritual psychological resilience on birth preference among pregnant women. Therefore, this study aims to determine the effect of inner spirituality and spiritual psychological resilience on birth preference among pregnant women.

Research Questions

- Is there a difference between pregnant women's sociodemographic characteristics and their levels of inner spirituality, spiritual psychological resilience, and birth preference?
- What are the levels of inner spirituality, spiritual psychological resilience, and birth preference among pregnant women?
- Is there a relationship between pregnant women's levels of inner spirituality, spiritual psychological resilience, and birth preference?
- Do inner spirituality and spiritual psychological resilience affect the birth method preference of pregnant women?

Methods

This descriptive correlational study was carried out among pregnant women who attended the Obstetrics and Gynecology Outpatient Clinic of Osmaniye State Hospital between February 13 and May 2, 2025.

The required sample size was determined using the G*Power 3.1 software. Based on a statistical power of $1-\beta=0.95$, an effect size of $f=0.27$, and a significance level of $\alpha=0.05$, the minimum number of participants was calculated as 354.¹⁴ The research was ultimately completed with 420 pregnant women who fulfilled the inclusion criteria and consented to participate. These participants were selected using a simple random sampling approach.

Inclusion criteria consisted of pregnant women who were aged 18 years or older, primiparous, had conceived naturally, were able to communicate in Turkish, and agreed to take part in the study.

Exclusion criteria included multiparous women, those who had any condition that could hinder effective communication, individuals receiving psychiatric treatment, and those diagnosed with chronic diseases.

Ethical Considerations

Ethical approval for the study was obtained from the Osmaniye Korkut Ata University Ethics Committee (Approval date: January 8, 2025; Ethics Committee No: E.212747), along with institutional permission from the hospital where the research was conducted and authorization for the use of the study scales. Prior to data collection, participants were informed about the purpose of the study, and both written and verbal informed consent was obtained from them. The research was conducted in accordance with the ethical principles outlined in the Declaration of Helsinki.

Data Collection

The study data were collected face-to-face by the researchers between February 13 and May 2, 2025, from pregnant women who met the inclusion criteria. Data collection took approximately 5-10 minutes per participant.

Data Collection Tools

Data were collected using the Introductory Information Form, the Inner Spirituality Scale (ISS), the Spiritual Psychological Resilience Scale (SPRS), and the Birth Preference Scale (BPSPW) for Pregnant Women.

Introductory Information Form

This form was developed by the researchers based on the relevant literature^{11,15,16} and consists of 9 questions regarding age, income level, education, marital status, employment status, birth preference, whether the pregnancy was planned, gestational week, and participation in childbirth preparation education.

Inner Spirituality Scale

The ISS was originally developed by Hodge in 2003 and later revised in 2015 to evaluate inner spirituality among Muslim individuals.^{1,17} The Turkish validity and reliability of the scale were established by Bahçecioğlu Turan et al.¹⁴ This instrument measures the degree to which individuals perceive that their entire lives are guided and motivated by God. The scale includes 6 items under a single-factor structure and is scored on a 0-10 continuum, where 0 indicates no relevance and 10 indicates that spirituality provides answers to all personal questions. There are no reverse-scored items. Higher scores reflect greater levels of inner spirituality. In the original study, the Cronbach's α coefficient was reported as 0.910, whereas in the present study it was calculated as 0.938.

Spiritual Psychological Resilience Scale

The SPRS was developed by Okan and Ekşi in 2024 to assess how individuals use spiritual resources when coping with stressful situations and sustaining psychological well-being.¹⁸ The scale consists of 12 items and is rated on a 5-point Likert-type format. In the original study, the Cronbach's α coefficients ranged from 0.785 to 0.854, while in the current study, the reliability coefficient was found to be 0.961.

Birth Preference Scale for Pregnant Women

The BPSPW was developed by Zamani-Alavijeh et al¹⁹ in 2017 to determine pregnant women's preferences regarding the mode of delivery. The Turkish validity and reliability study was carried out by Kaya Yılmaz and Evçili in 2024. This scale is designed for women who conceived naturally and do not have systemic or psychiatric disorders. It includes 3 subdimensions: self-efficacy, normative beliefs, and preference. The instrument contains 18 items scored on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree), with total scores varying between 18 and 90. All items support vaginal delivery, and higher scores indicate a stronger tendency toward vaginal birth.²⁰ The Cronbach's α coefficient was 0.940 in the original study and 0.897 in the present study.

Data Analysis

The data were analyzed using the SPSS 26.0 statistical software package. Descriptive statistical methods such as arithmetic mean, standard deviation, frequency, and percentage were used. Normal distribution was assessed using Skewness and Kurtosis values (between +1.5 and -1.5)²¹ and the Kolmogorov-Smirnov test, confirming that the data were normally distributed. Statistical analyses were performed using the Independent Samples *t*-test, ANOVA, multiple regression, and Pearson correlation test. Internal consistency was evaluated using Cronbach's α coefficient, and the level of statistical significance was set at $P < .05$.

Results

It was determined that 50.5% of the pregnant women participating in the study were between 25 and 29 years of age, 99.3% were married, 50% were high school graduates, 90% had income equal to expenses, 58.8% were unemployed, 58.6% were in a gestational week before 38 weeks, 70.5% had a planned pregnancy, 77.6% had received childbirth preparation education, and 94.5% preferred vaginal delivery (Table 1). It was determined that there was no significant difference between the pregnant women's age, employment status, and the total ISS mean score ($P > .05$), while there was a significant difference in the total ISS mean score according to education, marital status, income level, planned pregnancy, gestational week, participation in childbirth preparation education, and birth preference ($P < .05$). It was found that there was no significant difference between age, gestational week, and the total SPRS mean score ($P > .05$), whereas there was a significant difference in the total SPRS mean score according to marital status,

employment and income status, education level, planned pregnancy, participation in childbirth preparation education, and birth preference ($P < .05$). There was no significant difference between participants' age, employment status, and the total BPSPW mean score ($P > .05$), while a significant difference was found in the total BPSPW mean score according to education, marital status, income level, desire for pregnancy, gestational week, participation in childbirth preparation education, and birth preference ($P < .05$) (Table 2).

According to the findings, a strong positive correlation was found between ISS and SPRS ($r = 0.874^{**}$; $P < .001$), between ISS and BPSPW ($r = 0.926^{**}$; $P < .001$), and between SPRS and BPSPW ($r = 0.961^{**}$; $P < .001$) (Table 3). Table 4 examines the effect of inner spirituality and spiritual psychological resilience on birth mode preference among pregnant women. The results of the regression analysis revealed a significant relationship between the BPSPW and both the ISS and the SPRS ($R = 0.977$; $R^2 = 0.954$; Adjusted $R^2 = 0.954$; $P < .05$). Accordingly, it was determined that 95.4% of the total variance in the dependent variable—the birth mode preference of pregnant women—was explained by these variables, and the result was statistically significant ($P = .000$) (Table 4).

Discussion

This study was conducted to determine the effect of inner spirituality and spiritual psychological resilience on birth mode preference among pregnant women. The results of the present study revealed that married pregnant women had significantly higher levels of inner spirituality and spiritual psychological resilience compared to single

Table 1. Personal and Obstetric Characteristics of the Pregnant Women (n = 420)

	n	%
Age		
20-24 years	208	49.5
25-29 years	212	50.5
Marital status		
Married	417	99.3
Single	3	0.7
Educational status		
Primary education	160	38.1
High school	210	50
University or higher	50	11.9
Income status		
Income less than expenses	40	9.5
Income equal to expenses	378	90
Income greater than expenses	2	0.5
Employment status		
Employed	173	41.2
Unemployed	247	58.8
Gestational week		
Before 38 weeks	246	58.6
After 38 weeks	174	41.4
Was the pregnancy planned?		
Yes	296	70.5
No	124	29.5
Have you received childbirth preparation education?		
Yes	326	77.6
No	94	22.4
Birth preference		
Vaginal delivery	397	94.5
Cesarean delivery	23	5.5
Total	420	100

Table 2. Comparison of ISS, SPRS, and BPSPW Total Mean Scores by Personal and Obstetric Characteristics (n = 420)

	ISS	SPRS	BPSPW
	x ± SD	x ± SD	x ± SD
Age			
20-24 years	45.02 ± 4.63	62.40 ± 5.72	58.80 ± 5.21
25-29 years	45.41 ± 3.85	62.48 ± 4.69	58.60 ± 4.47
*Test/Significance	t = 1.475/P = .141	t = -0.165/P = .869	t = 0.424/P = .672
Marital status			
Married	44.75 ± 16.8	62.50 ± 5.09	58.75 ± 4.75
Single	29.00 ± 0.00	39.00 ± 0.00	39.00 ± 0.00
*Test/Significance	t = 3.743/P = .000	t = 4.605/P = .000	t = 4.147/P = .000
Educational status			
Primary education	46.75 ± 2.17	63.75 ± 0.43	60.50 ± 1.50
High school	43.27 ± 3.79	62.05 ± 5.17	57.65 ± 4.55
University or higher	44.28 ± 7.52	59.92 ± 10.2	57.36 ± 9.37
**Test/Significance	F = 35.339/P = .000	F = 12.032/P = .000	F = 19.357/P = .000
Income status			
Income less than expenses	48.00 ± 0.00	64.00 ± 0.00	59.00 ± 0.00
Income equal to expenses	44.44 ± 4.22	62.40 ± 5.22	58.77 ± 4.90
Income greater than expenses	30.00 ± 0.00	40.00 ± 0.00	39.00 ± 0.00
**Test/Significance	F = 27.550/P = .000	F = 22.344/P = .000	F = 17.987/P = .000
Employment status			
Employed	44.26 ± 4.98	61.67 ± 6.43	58.40 ± 5.81
Unemployed	45.04 ± 3.65	62.98 ± 4.09	58.91 ± 4.03
*Test/Significance	t = -1.849/P = .065	t = 2.552/P = .011	t = 1.062/P = .289
Gestational week			
Before 38 weeks	44.27 ± 3.40	62.74 ± 3.82	58.18 ± 3.52
After 38 weeks	45.34 ± 5.20	62.02 ± 6.70	59.43 ± 6.20
*Test/Significance	-t = 2.543/P = .011	t = 1.404/P = .161	t = -2.621/P = .009
Was the pregnancy planned?			
Yes	43.60 ± 4.08	62.00 ± 5.43	58.04 ± 4.97
No	47.37 ± 3.46	63.51 ± 4.51	60.29 ± 4.14
*Test/Significance	t = -8.990/P = .000	t = -2.736/P = .006	t = -4.434/P = .000
Have you received childbirth preparation education?			
Yes	45.80 ± 3.33	63.42 ± 3.35	59.97 ± 3.27
No	40.93 ± 4.97	59.06 ± 8.27	54.29 ± 6.56
*Test/Significance	t = 11.077/P = .000	t = 7.602/P = .000	t = 11.453/P = .000
Birth preference			
Vaginal delivery	45.41 ± 2.75	63.47 ± 1.91	59.59 ± 2.46
Cesarean delivery	32.78 ± 7.26	44.69 ± 10.1	43.39 ± 8.87
*Test/Significance	t = 18.642/P = .000	t = 29.244/P = .000	t = 23.998/P = .000
	ISS: 44.71 ± 4.26	SPRS: 62.44 ± 5.21	BPSPW: 58.70 ± 4.84

BPSPW, Birth Preference Scale in Pregnancy; ISS, Inner Spirituality Scale; SPRS, Spiritual Psychological Resilience Scale.

*Independent samples *t*-test.

** ANOVA test, ± SD, standard deviation, *P* < .05.

women. In 1 study examining the effect of marital status on spirituality, no relationship was found between marital status and spirituality.²² In contrast, supporting the findings, Beçetek's study reported that the spirituality levels of married individuals were higher than those of single and divorced individuals.²³ However, it is important to note that these findings are descriptive and do not imply causality; other sociodemographic or psychosocial factors may contribute to the observed differences.

In this study, it was determined that pregnant women with higher levels of education had lower levels of inner spirituality and spiritual psychological resilience. Contrary to the findings, a study conducted in 2021 reported that there was no relationship between educational level and spirituality.²³ This discrepancy may reflect differences in the conceptualization of spirituality or in how education influences cognitive versus affective dimensions of spirituality. Highly educated

individuals may focus more on rational or scientific perspectives, which could influence their self-reported spirituality and birth preferences. Supporting the findings of the present study, other research has shown that spirituality levels decrease as the level of education increases.^{24,25}

In the present study, it was found that pregnant women whose income was lower than their expenses had significantly higher levels of inner spirituality, spiritual psychological resilience, and preference for normal birth. Previous studies have reported mixed results regarding economic status and spirituality, with some finding no association²⁶ and others reporting higher spirituality among individuals with better economic conditions.²⁷ These inconsistencies suggest that individual perceptions and contextual factors, rather than income alone, may shape spiritual experiences and birth preferences.

Table 3. Correlation Analysis Between ISS, SPRS, and BPSPW and Their Subdimensions

	r/P	1	2	3	4	5	6	7	8	9
1 ISS	r P	1	.	.	.	.	.	.	.	.
2 SPRS	r P	0.874** .000	1	.	.	.	.	.	.	.
3 Spiritual Coping Subdimension	r P	0.797** .000	0.981** .000	1	.	.	.	.	.	.
4 Spiritual Beliefs Subdimension	r P	0.840** .000	0.961** .000	0.928** .000	1	.	.	.	.	.
5 Spiritual Commitment Subdimension	r P	0.905** .000	0.988** .000	0.949** .000	0.924** .000	1	.	.	.	.
6 BPSPW	r P	0.926** .000	0.961** .000	0.923** .000	0.875** .000	0.984** .000	1	.	.	.
7 Normative Beliefs Subdimension	r P	0.767** .000	0.649** .000	0.611** .000	0.518** .000	0.706** .000	0.813** .000	1	.	.
8 Self-Efficacy Subdimension	r P	0.931** .000	0.952** .000	0.907** .000	0.863** .000	0.982** .000	0.911** .000	0.765** .000	1	.
9 Preference	r P	0.818** .000	0.987** .000	0.970** .000	0.964** .000	0.966** .000	0.914** .000	0.543** .000	0.914** .000	1

BPSPW, Birth Preference Scale in Pregnancy; ISS, Inner Spirituality Scale; SPRS, Spiritual Psychological Resilience Scale. Pearson Correlation, $P < .01$ (2-tailed).

In this study, it was determined that women with unplanned pregnancies had a higher level of preference for normal birth compared to those with planned pregnancies. A previous study reported that women experiencing unplanned pregnancies tend to turn to spirituality as a coping mechanism for emotional stress.¹⁶ Given that the participants displayed strong spiritual resilience, it is plausible that inner spirituality could support coping with unexpected pregnancy-related stress, which may indirectly relate to their birth preferences. However, direct causal links cannot be confirmed.

In the present study, it was found that pregnant women who received childbirth preparation education had significantly higher levels of inner spirituality, spiritual psychological resilience, and preference for normal birth. Previous studies have reported that childbirth preparation education increases the level of preference for normal birth among pregnant women.^{28,29} It should be emphasized that standard childbirth preparation classes generally do not include explicit spiritual training.³⁰ Therefore, the observed association between these classes and higher spirituality may reflect indirect effects, such as increased self-efficacy, stress reduction, or reflective practices encouraged during classes, rather than the classes directly enhancing spirituality.³¹

In the present study, a positive relationship was determined between inner spirituality and spiritual psychological resilience. Supporting the findings, previous studies have reported that spirituality and psychological well-being positively influence each other.^{32,33} Spirituality

is an important factor that has a significant impact on psychological resilience.³⁴

In the present study, it was determined that as inner spirituality increased, spiritual psychological resilience also improved. Furthermore, pregnant women who preferred normal birth had higher levels of both inner spirituality and spiritual psychological resilience. A study conducted among Indonesian Muslim women exploring spirituality during pregnancy and childbirth found that women with greater spiritual surrender believed their childbirth would be easier and experienced higher self-confidence during labor.⁵ Similarly, other studies have reported that pregnant women with higher levels of spirituality exhibit lower levels of childbirth fear.^{11,12}

The relationship between spirituality, psychological resilience, and birth preference observed in this study should be interpreted with caution. While higher spiritual well-being may support coping mechanisms and reduce fear of childbirth, it is not possible to conclude direct causation from the current data. Psychological resilience and childbirth preference are likely influenced by multiple interrelated factors, including social support, prior experiences, and individual coping strategies.

Spiritual well-being is thought to facilitate coping with stress, positively influence mental health, and support overall psychological well-being.³⁴ Similarly, increases in spiritual well-being¹¹ and psychological and spiritual wellness have been reported to be associated with a decrease in fear of childbirth.¹⁵ Considering these associations,

Table 4. Multiple Regression Analysis Between the Scores of the Inner Spirituality Scale, Spiritual Psychological Resilience Scale, and Birth Preference Scale in Pregnant Women

Variables	B	Standard Error	t	P	95% CI		
					Lower Bound	Upper Bound	
(Constant)	2.964	.610	–	4.858	.000		
Spiritual psychological resilience	.596	.020	.642	29.693	.000	64.127	64.273
Inner spirituality	.414	.025	.535	16.875	.000	61.029	61.371
R: 0.977 ^a R ² : 0.954	Adjusted R ² : 0.954	F: 4343.1	P: .00 ^b				

^a Dependent variable: Birth Preference Scale in Pregnant Women.

^b Predictors (Constant): Spiritual Psychological Resilience Scale, Inner Spirituality Scale.

spirituality may be one of several factors contributing to birth mode preference, but it should not be interpreted as a deterministic predictor. Although studies on this topic remain limited, the findings of the present study are consistent with the existing literature, provided that interpretations remain cautious and grounded in empirical evidence.

Limitations of the Study

Among the limitations of this study, first, it was conducted in a single hospital within a specific time frame. The responses to the questionnaires were based on the participants' self-reports. In addition, due to the descriptive correlational design of the study, it was not possible to draw conclusions about causality or the direction of the relationships between variables.

Conclusion and Recommendations

In this study, it was determined that inner spirituality and spiritual psychological resilience had a strong effect on birth mode preference among pregnant women. As the level of inner spirituality increased, the level of spiritual psychological resilience also increased. In line with the findings obtained, spirituality and spiritual care practices should be integrated into prenatal care and childbirth education programs, and the effectiveness of these practices should be evaluated. In addition, healthcare professionals should be trained on the importance and impact of spirituality and spiritual psychological resilience in pregnant women, and these concepts should be incorporated into routine prenatal follow-ups.

Data Availability Statement: The data that support the findings of this study are available on request from the corresponding author.

Artificial Intelligence Usage Statement: The authors declared that no Artificial Intelligence tool was used in the preparation of the manuscript.

Ethics Committee Approval: Ethical committee approval was received from the Ethics Committee of Osmaniye Korkut Ata University (Approval no:E212747, Date: January 8, 2025).

Informed Consent: Written informed consent was obtained from the women who participated in this study.

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