



**Trimester And Socio-Demographic Variations In Psychological Resilience, Body Image Dissatisfaction, And Depressive Symptoms During Pregnancy**

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**Abstract**

Understanding when and for whom prenatal distress increases is vital for targeted maternal mental-health care. This study explores cross-trimester and socio-demographic patterns of psychological resilience, body image dissatisfaction, and depressive symptoms among 396 expectant mothers. Using a mixed-methods antenatal dataset, descriptive comparisons and graphical trend analyses were conducted across trimesters and key demographic groups. Resilience was lowest in the first trimester and stabilised later, while body dissatisfaction and depressive symptoms rose steadily from first to third trimester. Education and employment showed positive links with resilience, and older age groups reported higher body dissatisfaction. These results align with developmental adaptation models and highlight the late-pregnancy spike in emotional vulnerability. The findings argue for trimester-sensitive screening and demographic tailoring of resilience-based and body-image interventions within routine antenatal services.

**Keywords:** trimester differences, prenatal mental health, resilience, body image, antenatal depression, demographics.

**Introduction**

Pregnancy unfolds as a staged experience rather than a single psychological moment. Each trimester carries distinct biological demands and social meanings. Early pregnancy often brings nausea, fatigue, uncertainty about foetal viability, and the shock of role transition; the second trimester typically involves relief of early symptoms and a growing sense of attachment; late pregnancy brings physical heaviness, body visibility, fears about labour, and a tightening social focus on motherhood. These shifting stressors help explain why antenatal depression and body image concerns often follow trimester-specific patterns rather than remaining stable (Terrone et al., 2023).

Resilience and body image are also likely to vary across this developmental arc. Adaptation theories suggest resilience can strengthen with time as women learn coping routines, normalise bodily changes, and mobilise social support. Conversely, body dissatisfaction may intensify as physical transformation becomes more visible and culturally scrutinised, especially in contexts where slimness and appearance control are heavily valued (Silveira et al., 2015). Such dissatisfaction can then contribute to depressive symptoms through pathways of shame, reduced self-esteem, and social withdrawal. Yet the shape of these trajectories is culturally contingent and influenced by socio-demographic resources such as education,



employment, family structure, and age. Detecting these patterns matters for practice: universal screening at one time point may miss rising late-pregnancy distress or overlook high-risk subgroups.

This paper therefore analyses trimester and demographic variations in three linked constructs: psychological resilience, body image dissatisfaction, and depressive symptoms. It asks: (1) How do these variables trend across pregnancy stages? and (2) Which demographic groups show higher vulnerability or greater resilience?

### **Review of Literature**

**Terrone et al. (2023)** show that perinatal distress is shaped by stage-specific pressures, with antenatal depression often rising during later pregnancy because of physical discomfort and anticipatory anxiety. Their findings justify trimester-based mental-health monitoring.

**Silveira et al. (2015)** indicate that body dissatisfaction often becomes more pronounced as pregnancy progresses, driven by visible weight gain and cultural appearance norms. Their review supports the expectation of trimester escalation in body-image concerns.

**Van Haeken et al. (2020)** argue that resilience in pregnancy is dynamic and tied to self-esteem, optimism, and perceived mastery, which can strengthen through adaptation to pregnancy. This provides a theoretical basis for expecting resilience to rise after the first trimester.

**Shen et al. (2024)** reviewed pregnancy body-image interventions and found that supportive psychoeducation and acceptance-based programmes can reduce dissatisfaction, implying that dissatisfaction is shaped by social-psychological context and may vary by resources like education.

**Hajure et al. (2024)** found resilience to be unevenly distributed across perinatal women, with socio-economic and relational supports predicting higher resilience, supporting demographic stratification in resilience levels.

### **Research Methodology**

The study used the same antenatal mixed-methods dataset described in the thesis. A sample of 396 pregnant women from first, second, and third trimesters completed measures of resilience, body image dissatisfaction, and depressive symptoms. Demographic data included age, education, occupation, marital status, and family type. Quantitative analysis here focuses on descriptive and comparative patterns, supplemented by narrative graphical interpretation of histograms, boxplots, bar charts, line graphs, and scatterplots that were generated in the thesis.

### **Results and Discussion**

#### **Overall trimester trends**

Graphical and descriptive comparisons in your thesis showed clear stage-linked trajectories. Resilience was lowest in the first trimester and increased slightly toward the second and third, suggesting adaptation. Body dissatisfaction and depressive symptoms rose steadily across trimesters, with the sharpest increases late in pregnancy.

#### **Table 1. Summary of trimester trends**

<i>Variable</i>	<i>First trimester</i>	<i>Second trimester</i>	<i>Third trimester</i>	<i>Direction</i>
<i>Resilience</i>	Lowest median, wider spread	Higher median, less variability	Similar to second trimester	Increases then stabilises
<i>Body image dissatisfaction</i>	Lowest median	Moderate increase	Highest median with outliers	Steady increase
<i>Depressive symptoms</i>	Lowest median	Slight increase	Highest median, greatest spread	Strong late increase

**Interpretation:** The pattern fits a “stress-adaptation crossover.” Early pregnancy uncertainty suppresses resilience, but coping strengthens later. Meanwhile, visible bodily change and physical strain increase dissatisfaction and depression later in pregnancy.

This is consistent with broader evidence that body-image distress intensifies as pregnancy becomes more physically apparent (Silveira et al., 2015) and that late pregnancy is emotionally demanding due to fatigue and labour-related fears (Terrone et al., 2023).

**Demographic variations**

The thesis demographics indicate a diverse antenatal sample in education, occupation, family type and marital status.

**Education and resilience.** The bar-chart narrative shows resilience rising with education level. Women with postgraduate education had the highest mean resilience, while primary-educated women scored lowest.

**Interpretation:** Education likely supplies better health literacy, problem-solving resources, and access to supportive networks, all linked to resilience (Hajure et al., 2024).

**Age and body image dissatisfaction.** The thesis indicates younger women (18–24) reported lower dissatisfaction, while older groups (35–39 and 40+) reported higher dissatisfaction.

**Interpretation:** Older mothers may face layered pressures: heightened medical risk awareness, stronger internalised appearance standards from longer social exposure, or more entrenched self-image ideals. This accords with studies suggesting body-image sensitivity can rise with cumulative social comparison and pregnancy risk framing (Chan et al., 2020).

**Employment and resilience.** Homemakers formed the largest group, followed by full-time employed women. The thesis narrative notes employment tends to correlate with higher resilience.

**Interpretation:** Paid work is often linked to broader social contact, structure, and self-efficacy, which are resilience-supporting variables. However, the protective effect is context-dependent: job strain or poor workplace support could reverse this in other settings (Ma et al., 2019).

**Family structure and support.** The sample was almost evenly split between nuclear and joint families.

**Interpretation:** In joint families, emotional and practical support may boost resilience but can also bring cultural surveillance of appearance and behaviour, potentially intensifying body dissatisfaction. This mixed influence is a useful cue for future interaction-effect modelling.



### **Linking trends to the core model**

The trimester trends help explain the predictive model found in Paper 1. As pregnancy progresses, body dissatisfaction increases and likely drives the late uplift in depressive symptoms. At the same time, resilience strengthens modestly but not enough to fully counterbalance body-based stressors in many women. This dynamic is consistent with evidence that resilience buffers distress but does not remove the psychosocial triggers of depression such as appearance anxiety (Silveira et al., 2015; He et al., 2025).

### **Conclusion**

Expectant mothers do not experience psychological change in a flat line through pregnancy. Resilience is lowest early and improves with adaptation, while body dissatisfaction and depressive symptoms rise steadily, peaking in the third trimester. Education and employment appear to support resilience, whereas older age groups show greater body dissatisfaction. These findings argue for stage-specific and demographic-targeted antenatal screening. Interventions should start early to support coping, but also intensify late-pregnancy body-positive counselling and depression monitoring when dissatisfaction and emotional strain tend to surge.

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