

Traveling while expecting: What really matters to pregnant travelers?

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INTRODUCTION

Pregnancy has traditionally been viewed as a period during which travel should be restricted for safety concerns; yet, recent evidence indicates that numerous women persist in traveling while pregnant. In an Australian multicentre survey, 44% of pregnant women indicated they travelled at least once during pregnancy, with approximately 33% going domestically and nearly 20% traveling overseas (Chu et al., 2022). Surveys in the United States indicate comparable patterns: 75.4% of women travelled locally during pregnancy, whereas 11.4% travelled internationally (Melidosian et al., 2019). A substantial questionnaire survey revealed that over 40% of women travelled domestically and 5.1% abroad prior to mid-pregnancy (Gabor & Oltean, 2019). These findings suggest that pregnancy does not universally impede travel behaviour, as many women continue to formulate travel plans throughout this period.

Notwithstanding these evident tendencies, the scholarly research is limited about the influence of pregnancy on the decision-making priorities related to travel choices. Numerous research focus predominantly on medical safety and clinical guidance rather than behavioural rationale (Kitzinger, 1996). Research on pregnant tourists within the tourism sector remains scarce and frequently fragmented (Kim, 2020). Consequently, the fundamental motivational frameworks and pragmatic compromises influencing travel decisions are inadequately scrutinized. This gap also constrains industry and policy actions that could more effectively support this developing market segment (Gabor & Oltean, 2019).

This study specifically examines women who are presently pregnant or who have undergone pregnancy during the past five years. This demographic is more inclined to offer contemporary and dependable insights into travel decision-making processes, motivations, and perceived limitations. Incorporating both current and recent pregnancy experiences enable the study to obtain rapid assessments and short-term retrospective evaluations while avoiding long-term recall bias.

Comprehending these preferences is crucial, as expectant travellers frequently reconcile conventional leisure incentives with health, safety, and comfort considerations in manners distinct from the general population. The leisure motivation theory posits that emotional rejuvenation and social connectivity amplify during transitional life phases (Beard & Ragheb, 1983). Simultaneously, constraint theory posits that physical and situational restrictions modify involvement rather than entirely precluding it (Wilson & Little, 2005). Recent pregnancy-specific research indicates that women navigate decisions by balancing comfort and safety rather than merely avoiding risks (Jasper & Aiken, 2024).

This study examines how pregnant or formerly pregnant women assess motivations, restrictions, and destination qualities, and how these assessments influence their travel preferences. A ranking and Likert-scale methodology is employed to elucidate the formation of priorities in real decision-making scenarios, rather than supposing causal relationships. This preference-based assessment has demonstrated superior efficacy in capturing realistic choice behaviour compared to only intention-based models.

METHOD

This study uses a quantitative survey targeting women who are currently pregnant or have previously experienced pregnancy. Data will be collected online through parenting communities and social platforms using voluntary and anonymous participation. A short demographic section records age range, education, employment status, pregnancy experience, and number of children.

Travel motivations are measured in two steps. First, respondents rank four motivation categories based on personal importance. Second, they respond to randomized five-point Likert scale statements related to each motivation. This allows both priority order and strength of agreement to be observed.

Constraints and travel attributes are measured using five-point Likert items written in neutral language so each factor is evaluated independently. These items include comfort, cost, accessibility, safety, and service-related considerations. Destination preference is measured through a simple ranking of general destination types rather than specific locations.

Data analysis will use Importance–Satisfaction Analysis (ISA), Cluster Analysis, and descriptive statistics. In this study, “satisfaction” is interpreted as perceived adequacy or positive evaluation of each factor rather than post-trip enjoyment, allowing ISA to compare the importance ranking with the mean Likert agreement scores. This approach enables identification of priority–adequacy gaps even when respondents evaluate anticipated or general travel conditions instead of completed travel experiences.

In addition, cluster analysis will be conducted to group respondents into distinct preference-based segments according to their motivation priorities, constraint perceptions, and attribute evaluations. This segmentation allows the study to identify heterogeneous decision-making patterns among pregnant or previously pregnant travelers rather than assuming a uniform market profile.

IMPLICATIONS

This study theoretically enhances tourism and leisure research by presenting a life-stage specific decision framework that is hardly explored in conventional travel behaviour literature. Pregnancy is frequently regarded solely as a medical condition or an obstacle to participation; nevertheless, this research conceptualizes it as a transient transitional setting that concurrently alters incentives, limitations, and attribute assessment. This work presents an alternative methodological technique for analysing preference trade-offs by integrating ranking and Likert-based measurement with Importance–Satisfaction Analysis, hence eliminating the need for intricate structural models. This enhances the study of niche tourism segments through a more behaviourally realistic approach.

The findings can aid tourism operators, hospitality providers, and destination planners in developing offerings that more effectively correspond with the genuine needs of pregnant or formerly pregnant passengers. Rather than presuming generic family travel requirements, firms can ascertain which features necessitate enhancement and which already fulfil expectations. The findings may help guide the development of prenatal wellness tourism, transportation planning, and accommodation design by emphasizing the qualities of comfort, accessibility, and safety that are deemed most significant. The study provides evidence-based insights for policymakers and healthcare communicators aiming to comprehend mobility behaviour during pregnancy, rather than rejecting it without context.

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