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Social support for pregnant women

Wsparcie społeczne kobiet ciężarnych

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Abstract

Introduction. Social support is a type of interaction between people. The most important sources of social support are relatives i.e. partner, family, friends. Social support received by the pregnant woman influences acceptance of the situation and overcoming difficulties.

Objective. The aim of the study was to assess the relationship between various dimensions of social support and the obstetric situation of pregnant women.

Materials and method. The research was conducted from July 2014 to October 2015 among 415 women who were hospitalized and were clients of antenatal clinic. Each questionnaire handed to the interviewed women included: a survey of our own authorship developed to determine the characteristics of the women pregnant and standardized research tool Berlin Social Support Scales (BSSS) by Schwarzer and Schultz. Criteria for inclusion in the study: pregnancy, age 18–40, no diagnosed mental disorders.

Results. As a result of the analysis, it was found that in pregnant women who were pregnant for the first time and the pregnancy was planned, the average value of currently received support was 3.27 and 3.24, respectively. For women who did not give birth, the average value of support demand was 3.05. In contrast, pregnant women in the second trimester of pregnancy showed a greater need for support and more often seek support. Pregnant women who participated in childbirth classes had an average perception of available support of 3.65.

Conclusions. The number of pregnancies, the number of deliveries, the trimester of pregnancy, the fact of planning pregnancy and participation in childbirth classes determined the intensification of support in the examined group of pregnant women.

Key words

pregnancy, social support

Streszczenie

Wprowadzenie. Wsparcie społeczne jest to rodzaj interakcji zachodzącej między osobami. Najważniejszymi źródłami wsparcia społecznego są osoby z najbliższego otoczenia, tj. partner, rodzina, przyjaciele. Uzyskiwane przez kobiety ciężarne wsparcie społeczne wpływa na akceptację zaistniałej sytuacji i ułatwia im pokonywanie trudności.

Cel pracy. Celem pracy była ocena związku między różnymi wymiarami wsparcia społecznego a sytuacją położniczą kobiet w ciąży.

Materiał i metoda. Badania zostały zrealizowane w okresie od lipca 2014 roku do października 2015 roku wśród 415 kobiet ciężarnych hospitalizowanych i korzystających z opieki w poradniach dla kobiet ciężarnych. Badania przeprowadzono metodą sondażu diagnostycznego z wykorzystaniem narzędzia standaryzowanego – Kwestionariusza Berlińskie Skale Wsparcia Społecznego (Berlin Social Support Scales – BSSS) autorstwa Schwarzera i Schultza oraz kwestionariusza ankiety własnego autorstwa.
Kryteria włączenia do badania to: ciąża, wiek 18–40 lat, brak zdiagnozowanych zaburzeń psychicznych.

Wyniki. W wyniku przeprowadzonej analizy stwierdzono, że u badanych będących w ciąży po raz pierwszy, których ciąża była planowana wartość średnia aktualnie otrzymywanego wsparcia wynosiła stosownie 3,27 oraz 3,24. U kobiet, które nie rodziły, średnia wartość zapotrzebowania na wsparcie wynosiła 3,05. Natomiast ciężarne będące w II trymestrze ciąży przejawiały większą potrzebę uzyskania wsparcia i częściej go poszukiwały. Wśród ciężarnych uczestniczących w zajęciach szkoły rodzenia średnia wartość spostrzegania dostępnego wsparcia wynosiła 3,65.

Wnioski. Liczba ciąż, liczba porodów, trymestr ciąży, fakt planowania ciąży oraz udział w zajęciach szkoły rodzenia warunkowały nasilenie wsparcia w badanej grupie ciężarnych.

Słowa kluczowe

ciąża, wsparcie społeczne

INTRODUCTION

Social support is a type of interaction between specific people. In this system there are supporters seeking, receiving social support adequate to the needs [1, 2, 3].

The international data on the social support received by pregnant women which are described in the literature shows how important for social, physical and mental health are social bonds and the support they provide [4, 5, 6].

Pregnancy is a beautiful and difficult period of a woman's life, and the received social support facilitates the acceptance of this condition, affects the psychological well-being of the pregnant woman, the course of pregnancy, and childbirth. Pregnant women who have environmental support are less exposed to stressful events and present lower stress levels [7, 8, 9, 10, 11].

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The most important sources of social support for a pregnant woman are most often people from the immediate surroundings, such as: mother as an example of motherhood affecting survival, partner, spouse, family, friends [6, 12, 13].

OBJECTIVE

The aim of the study was to assess the relationship between various dimensions of social support and the obstetric situation of pregnant women.

MATERIALS AND METHOD

The research was conducted from July 2014 – October 2015 among 415 women who were hospitalized and were clients of an antenatal clinic in Lublin. After being informed that research results were for scientific purposes only and that anonymity was guaranteed, each respondent voluntary and consciously consented to complete a questionnaire. Criteria for inclusion in the study were pregnancy, age 18–40, and no diagnosed mental disorders.

The study design was approved by the Bioethics Committee at the Medical University in Lublin (No. KE-0254/179/2014).

Each questionnaire handed to the interviewed pregnant women included a survey by the authors, developed to determine the characteristics of the women pregnan, and the standardized research tool *Berlin Social Support Scales – BSSS* by Schwarzer and Schultz. The BSSS questionnaire is used to measure the cognitive and behavioural dimensions of social support. The original version contains 6 independent subscales, and for the purposes of the study, 32 questions included in 4 subscales were used: I – perceived available support (8 questions), II – demand for support (4 questions), III – seeking support (5 questions), and IV – currently received support (15 questions). The answers are given on a 4-point scale. The result of each subscale determined the range of 1–4 points. More points means more social support. The value of Cronbach's alpha internal compatibility factor was 0.80. In the Polish language version, the correlations obtained between the scales were similar to those found in the original version [14].

The results were statistically analyzed. The values of the analyzed measurable parameters are presented by mean values and standars. For measurable traits, normality distribution of the analyzed parameters was evaluated using the Shapiro-Wilk test. For comparison of two independent groups, Student t-test was used. For more than two groups, analysis of variance (ANOVA) was adopted. For unrelated quality characteristics to detect the existence of differences between the groups compared, χ^2 homogeneity test was used. To investigate the existence of a relationship between the studied traits, χ^2 independence test was used. A level of significance of $p<0.05$ indicating the existence of statistically significant differences or dependencies was adopted.

The database and statistical research were carried out based on the STATISTICA 9.1 computer software (StatSoft, Poland).

RESULTS

Most respondents were pregnant women aged 26–30 (34.94%), highly educated (65.78%) and married 84.10%.

For 211 women (50.84%) this was their first pregnancy, for 101 (24.34%) the second or the subsequent. No miscarriages were indicated by 325 (78.31%) respondents, while 90 (21.69%) pregnant women had experienced a miscarriage in the past. 50 (12.05%) of respondents were pregnant in the first trimester, 101 (24.34%) in the second trimester and 264 (63.61%) in the third trimester. For 314 (75.66%) pregnant women, the pregnancy was planned, while in 101 (24.34%) of the respondents it was not.

87 (20.96%) of the group participated in an antenatal classes, and 328 (79.04%) did not attend the classes. 213 (51.33%) of pregnant women were not hospitalized during pregnancy while 202 (48.67%) women were.

Table 1. Socio-demographic factors and obstetric situation of the respondents

Socio-demographic factors		n	%
Age	*under 18 y/o*	3	0.72
	18–20 y/o	12	2.89
	21–25 y/o	70	16.87
	26–30 y/o	145	34.94
	31–35 y/o	129	31.08
	36–40 y/o	47	11.33
	over 40 y/o	9	2.17
Marital status	*single*	28	6.75
	married	349	84.10
	widow	0	0.00
	divorced	5	1.20
	In a relationship	33	7.95
Education	*primary*	14	3.37
	vocational education	24	5.78
	średnie	104	25.06
	higher	273	65.78
Obstetric situation		**n**	**%**
Number of pregnancies	*one*	211	50.84
	two	103	24.82
	three and more	101	24.34
Number of deliveries	*zero*	245	59.04
	one	116	27.95
	two and more	54	13.01
Occurrence of miscarriages	*no*	325	78.31
	yes	90	21.69
Trimester of the pregnancy	*I st*	50	12.05
	II nd	101	24.34
	III rd	264	63.61
Planned pregnancy	*yes*	314	75.66
	no	101	24.34
Participation in atenatal classes	*yes*	87	20.96
	no	328	79.04
Hospitalization in pregnancy	*yes*	213	51.33
	no	202	48.67

As a result of the analysis, it was found that the respondents always received support from their husband/partner (85.78%), mother or sister (75.66%), mother-in-law (38.31%) and a doctor (33.25%). The results of the social support received by pregnant women are presented in the Table 2.

As a result of the analysis, it was found that the women who were pregnant for the first time, the mean value of the currently received support was 3.27, and was significantly higher than 3.10 among the women who were pregnant for the third and subsequent times (p=0.006). The mean value of the need for support among the respondents who were pregnant for the first time was 3.05, and was significantly higher than the 2.90 for women who had given birth only once (p=0.040). The research showed that the number of deliveries determined the intensification of support in the examined group of pregnant women in the subscale of the need for support. Women who were pregnant for the first time more often received support than women who were in their second and next pregnancy (p=0.001). In contrast, pregnant women who were in the second trimester showed a greater need for support, and sought support more often than pregnant women in the third trimester of pregnancy (p <0.05).

The analysis of received social support depending on the number of pregnancies, deliveries and trimester of pregnancy is presented in Table 3.

Among the pregnant women who planned their pregnancy, the mean value of the currently received support was 3.24 and was significantly higher than 3.12 in women who did not plan a pregnancy (p=0.001). The research showed that the fact of pregnancy planning determined the intensification of support in the group of respondents in the subscale of currently received support. Pregnant women who planned a pregnancy more often received support in comparison to pregnant women who did not plan a pregnancy (p<0.001). There were no statistically significant differences between the remaining subscales of support and the planning of pregnancy by the respondents (p>0.05). Table 4 presents the analysis of the results of social support and pregnancy planning.

Analysis of the results of individual subscales of support (BSSS), and the participation of respondents in childbirth classes is presented in Table 5.

Based on the study results of the social support analysis (BSSS) it was found that the average value of the perception of the available support in the group of pregnant women who attended childbirth classes was 3.65, and was significantly higher than the 3.49 among the respondents who did not attend childbirth classes (p=0.001). The study showed that attending childbirth classes determined the intensification of support in the examined group of pregnant women only

Table 2. Frequency of support received

frequency	husband / partner		mother / sister		mother-in-law		friends		doctor		midwife		neighbours	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
always	356	85.78	314	75.66	141	33.98	135	32.53	138	33.25	68	16.39	24	5.78
often	51	12.29	83	20.00	159	38.31	217	52.29	227	54.70	241	58.07	87	20.96
rarely	4	0.96	15	3.61	83	20.00	56	13.49	48	11.57	91	21.93	208	50.12
never	4	0.96	3	0.72	32	7.71	7	1.69	2	0.48	15	3.61	96	23.13

Table 3. Analysis of the results of the Berlin Social Support Scale Questionnaire (BSSS) and number of pregnancies, deliveries, trimester of pregnancy

	Number of pregnancies										
Support subscales	First			Second			Third and next			H	p
	M	Me	SD	M	Me	SD	M	Me	SD		
Perceived available support	3.55	3.75	0.49	3.50	3.63	0.47	3.50	3.63	0.50	1.902	0.386
Need for support	3.06	3.25	0.58	2.93	3.00	0.57	2.97	3.00	0.60	4.602	0.100
Seeking Support	2.95	3.00	0.64	2.82	2.80	0.71	2.87	3.00	0.70	2.687	0.261
Currently received Support	3.27	3.40	0.33	3.20	3.40	0.34	3.10	3.20	0.43	**10.093**	**0.006**
	Number of deliveries										
Support subscales	zero			one			Two and more			H	p
	M	Me	SD	M	Me	SD	M	Me	SD		
Perceived available support	3.55	3.75	0.48	3.50	3.63	0.50	3.47	3.56	0.50	1.892	0.388
Need for support	3.05	3.00	0.57	2.90	3.00	0.56	3.05	3.00	0.62	**6.454**	**0.040**
Seeking Support	2.95	3.00	0.65	2.79	2.80	0.67	2.91	3.00	0.76	4.870	0.088
Currently receiving Support	3.27	3.40	0.32	3.18	3.30	0.36	3.04	3.13	0.46	**13.966**	**0.001**
	Trimester of pregnancy										
Support subscales	I st			II nd			III rd			H	p
	M	Me	SD	M	Me	SD	M	Me	SD		
Perceived available support	3.52	3.63	0.47	3.51	3.63	0.47	3.53	3.75	0.50	0.996	0.608
Need for support	3.11	3.25	0.60	3.10	3.00	0.53	2.95	3.00	0.59	**6.171**	**0.046**
Seeking Support	2.94	3.00	0.81	3.04	3.00	0.62	2.84	2.80	0.66	**7.750**	**0.021**
Currently receiving Support	3.28	3.40	0.42	3.18	3.33	0.35	3.21	3.33	0.35	1.900	0.387

Table 4. Analysis of the results of the Berlin Social Support Scale Questionnaire (BSSS) and pregnancy planning

Support subscales	Planned pregnancy						Z	p
	Yes			No				
	M	Me	SD	M	Me	SD		
Perceived available support	3.55	3.69	0.48	3.45	3.63	0.52	1.474	0.141
Need for support	3.00	3.00	0.57	3.02	3.25	0.62	-0.565	0.572
Seeking Support	2.91	3.00	0.67	2.88	3.00	0.69	0.513	0.608
Currently receiving Support	3.24	3.40	0.35	3.12	3.27	0.38	**3.202**	**0.001**

Table 5. Analysis of the results of the Berlin Social Support Scale Questionnaire (BSSS) and participation in antenatal classes

Participation in antenatal classes								
Support subscales	Yes			No			Z	p
	M	Me	SD	M	Me	SD		
Perceived available support	3.65	3.88	0.47	3.49	3.63	0.49	**3.401**	**0.001**
Need for support	3.03	3.00	0.56	3.00	3.00	0.59	0.186	0.853
Seeking Support	2.94	3.00	0.68	2.89	3.00	0.67	0.487	0.626
Currently received Support	3.22	3.33	0.31	3.21	3.40	0.37	-0.428	0.669

in available support perceived subscale. The average values of the demand for support, seeking support, and currently received support among the pregnant women who attended antenatal classes were not statistically significant (p>0.05).

DISCUSSION

Pregnancy is one of the special occasions in a woman's life where the need for social support is significant. For most women, pregnancy is a time of positive expectation, but for others it could be a time of stress, biological and psychological problems. In such times, social support is a buffer against negative effects. Studies show that pregnant women who have social support, despite the stress level, experience less pregnancy complications [7, 9, 10, 15, 16].

Sygulla et al. (2009), based on research conducted among pregnant women attending childbirth classes, found that future mothers showed a very high need for social support and obtained it in 87.5% from the partner, in 62.5% from the parents, 62.5% from the doctor, and 53.1% from a friends [17]. In contrast, a study by Nowakowska-Głąb and Maniecka-Bryła (2014) in a group of 158 hospitalized patients and 247 pregnant women who were under the care of a gynecology and obstetrics clinic, showed that the most frequently mentioned person who supported the pregnant women was the husband or life partner (92.3%). Respondents also mentioned their mother (75.3%), father (41.2%) and mother-in-law (19.3%) [18]. According to Russell and Taylor (2009), Taner Stapelton et al. (2012), Ilska et al. (2015) and Nazari et al. (2015), Azimi et al. (2018) and Zamani et al. (2019), pregnant women most often received social support from their husband / partner, which was the strongest and the most important protective factor, both in a high-risk pregnancy and a normal pregnancy. According to the authors, this was due to the fact of exceptional understanding and trust between partners, as well as the pursuit of the common goal of having a child [13, 15, 19, 20, 21, 22]. Analysis of the results confirmed the thesis that pregnant women most often receive support from their relatives. The majority of pregnant women (85.78%) received support from their husband / partner, then from their mother or sister (75.66%), while others received support from a midwife (58.07%), or from a doctor (54.70%).

High-risk pregnancy is an additional factor which influences the physical and mental condition of a woman. In such a situation, it is important to obtain social support from relatives, and in particular from a partner. People who are supported are less likely to experience stressful situations and therefore perceive a lower level of stress. Kent et al. (2015), in a study conducted among pregnant women who were patients in a hospital, indicated that respondents showed a high need for social support and help in emotional acceptance of their situation [23]. Hospitalization is an important factor of pejorative emotions coinciding with the essential stress of the high risk pregnancy. Tałaj et al. (2012) showed that pregnant women who were patients of the department of pathology of pregnancy more often expressed the need for emotional support from the therapeutic team. According to the authors, the expectations of the respondents and the needs of their implementation, differed depending on the environment from which they came. However, despite these differences, pregnant women positively assessed the support which they received from the midwives who cared for them in particularly difficult situations [24].

Koss et al. (2014) showed in their studies that the level of stress in high risk pregnancy decreased as a result of received social support. Women indicated that the support they received from their partners was satisfactory, which contributed to the reduction of negative emotions. The authors claim that satisfaction with the received social support felt by women in high-risk pregnancy, lowered the level of negative emotions, such as irritability, worry, the feeling of tension, overload and pressure, and also lowered the overall level of stress and increased the feeling of joy [25]. Studies conducted by Iranzad et al. (2014), Rieger et al. (2016), and Shishehgar et al. (2016), and Azimi et al. (2018), indicate that the received social support has a direct impact on the level of stress experienced by pregnant women, contributing to the reduction of the stress level [6, 21, 26, 27]

Data on the needs and specificity of the issue are available in the literature, but the lack of studies on the implementation of social support in clinical practice is surprising. Studies

conducted by Gebuza et al. (2016) showed that primiparous women in the third trimester of pregnancy received significantly more emotional and instrumental support than multiparous women [28]. Our own observations are consistent with the above authors' studies, and indicate that the pregnant women who were pregnant for the first time received support more often than those who were pregnant for the second time.

To sum up, the social support received by pregnant women might contribute to facilitating adaptation to the new situation and fulfilling the appropriate social role.

CONCLUSION

The number of pregnancies, the number of deliveries, the trimester of pregnancy, the fact of pregnancy planning and participation in antenatal classes determined the intensification of support in the study group.

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