IMPACT OF SOCIAL SUPPORT ON MENTAL WELL-BEING IN PREGNANT WOMEN

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ABSTRACT

The present study aimed to seek the impact of social support on mental well-being in pregnant women. A sample of 150 pregnant women with 1st, 2nd, or 3rd-time pregnancies in the third trimester was selected using purposive sampling technique from different hospitals of Sargodha and Rawalpindi. The age range of the sample was 25 to 30 years with mean age of (M= 26.34 ±SD = 3.53). The Social Support Scale (Malik, 2002) and Warwick–Edinburgh Mental Well-being Scale (Stewart-Brown et al., 2009) were used to measure the study variables. Linear Regression Analysis was employed to test the hypothesis of the present study. The correlational analysis reveal that social support and its constructs i.e. informational, tangible, and emotional, esteem positively correlated with mental well-being except for social network support. Linear Regression Analysis revealed that social support predicted mental well-being in pregnant women. Hence, these results highlight the protective role of social support for psychological health of pregnant women. Present study's limitations and future endeavors suggestions have also been elucidated.

Keywords: Social Support, Mental Well-Being, Pregnant Women, Cutlure

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INTRODUCTION

Pregnancy can be a challenging and stressful event for women due to fluctuations in their appearance, physiology, emotional well-being, and close relationships (Abdollahpour, et al., 2019; Josefsson et al., 2001). During pregnancy, women experience significant life changes that require major psychological and emotional adjustments which can be possible by the social support (Fellmeth et al., 2018; Josefsson et al., 2001). It is also found that mood symptoms prevailed during pregnancy than in other periods of women's life (Halbriech, 2004; Mc Carthy et al., 2011) and the psychological makeup is not only vibrant but also varies across trimesters and on similar account partner support also tends to change (Newham & Martin, 2013). Giurgescu (2006) found that women receiving less social support reported higher levels of uncertainty, lower level of psychological well-being (PWB), less positive interpretation, and more use of avoidance.

Social support (SS) is a type of care that comes from family, friends, coworkers, and medical professionals (Laakso & Paunonen-Illmonen, 2002) that exerts profound impact on not only well-being of individuals but also on overall personality stature. A very important constituent in everyone's life and all the fields of life to survive with stressful events either minor or major is SS and especially for those who are going to face or experience life changes or challenges i.e., pregnant women. The question of wellbeing and resilience becomes even of pivotal importance while a woman experiences pregnancy that is often wrapped in emotional and social excitement and context. Social support attunes pregnant women in the risky condition of pregnancy. In pregnant women it helps them to avoid pin down i.e. depression, anxiety, self-harm etc. that can affect newborns (Bedaso et al., 2021). The present study had been aimed at finding the relationship between SS and PWB among pregnant women.

Social support is a meta-construct and has no single and straightforward definition but it can be defined in terms of assets and strengths received from other individuals, these assets and strengths being potentially valuable information or items that could have bad or positive health and well-being consequences (Cohen & Syme, 1985). It has been further perceived as relief, support, reassurance of care, and promotion of efficient issue solutions through information or practical aid are all functions of verbal communication or behavior responsive to another's needs (Gardner & Cutrona, 2004). Recently, Wissing and Van Eeden (2002) indicated that positive and bad social interactions were strongly linked to the PWB. The

relative absence of symptoms related to variables i.e. depression, anxiety, negative affect, psychosomatic complaints, and psychiatric and neurotic symptoms has been termed as PWB (Thoits, 1985). By strengthening coping efforts to deal with both the emotional and practical aspects entail implications, therefore the decrease or the perception of the absence of social support may reduce the stress reaction among women (Malik, 2002).

Pregnancy period encompasses significant physical and mental change that has a profound effect on interpersonal relationships. Social interactions, conflict, and how people react to them can all be crucial depression triggers (Paarlberg, 1996). Pajulo and associates (2001) evaluated 391 pregnant women and found that issues with partners during pregnancy were linked to greater levels of prenatal depression, whereas partner support was linked to reduced levels of prenatal depression and a high level of PWB. Similarly, empirical evidence yield higher levels of resources associated with lower psychological stress and physiological responses, as well as higher mood levels among healthy pregnant women (both in second and third trimesters) (Nierop et al., 2008).

Pregnant women in various cultures are not provided adequate attention, support, or medical facilities for a variety of reasons i.e. low socio-economic status, illiteracy (Saleem et al., 2019; Skurzak, et al., 2015). As a result, the current study aims to determine the extent of social support received by pregnant women and how it evidently impacts on their mental well-being. Furthermore, the current study will aid in psycho-educating people about the significance of social support in determining the health outcomes of pregnant women, which will be beneficial to the newborn's health. Keeping in view the importance of construct understudy following hypotheses were made:

1. Social support (instrumental support, tangible aid, emotional support, esteem support, and social network support) will predict mental well-being in pregnant women

METHOD

Participants

The purposive sample of 150 pregnant women having an age range from 20-35 years ($M= 26.34 \pm SD = 3.53$) was selected from different private and public sector hospitals of Sargodha and Rawalpindi districts.

The following inclusion and exclusion criteria were taken into consideration while data collection:

- Only those women were selected in the study who were having normal pregnancy conditions and were having 1st, 2nd or 3rd-time pregnancies.

- Those women who have medically difficult pregnancies or have a history of previous miscarriages or infertility related treatment or IVF pregnancies were excluded from the study sample.

Measures

Social Support Scale

Social support was measured by 51 items Social Support Scale (SSS) developed by Malik (2002). The SSS has five subscales namely: Instrumental Support, Tangible Aid, Emotional Support, Esteem Support, and Social Network Support. The items are rated on a 4-point Likert type scale ranging from 0 (never) to (always). The total score is calculated by summing up the score on all 51 items. The SSS is reported to have high test-retest reliability (r=.85) internal consistency with an alpha coefficient of .94.

Warwick-Edinburgh Mental Well-being Scale

To assess mental well-being the Warwick–Edinburgh Mental Well-being scale (WEMWBS) developed by (Stewart-Brown et al., 2009) and translated into Urdu by Batool and Ahmed (2013) was used. The scale comprised 14 items anchored on a 5-point Likert Scale, ranging from *none of the time (1)* to *all of the time (4)*. The total score is calculated by summing up the score on all 14 items. Minimum score can be 14 and maximum 70. Stewart-Brown et al. (2009) have reported good validity, test-retest reliability and alpha reliability (a = .78).

Procedure

The present study was carried out using a cross-sectional survey research design with a purposive sample selected from different hospitals in Sargodha and Rawalpindi cities. The study adhered to the ethical protocol laid by American Psychological Association. Formal approval from the institutional research review committee of the Department of Psychology and the permissions of hospital

administrative authorities were also ensured. Informed consent was formally sought and the study procedure involved zero deception. The participants were properly instructed about the questionnaire protocols and were provided with the measures to record their honest opinions. In the end, all the participants were cordially thanked for their voluntary cooperation in data collection.

Scoring & Statistical Analysis

After data collection, the data cleaning process was initiated and incomplete questionnaires were discarded and the final 150 questionnaires were scored following the standard scoring method. The data was analyzed by SPSS version 21. Linear regression analysis was employed for testing study hypotheses. Descriptive statistics including frequencies and percentages were used to define the demographic characteristics of the participants.

RESULTS

Table 1
Demographic Characteristics of the Sample of (N = 150)

Variables	1st Pregnancy f (%)	2nd Pregnancy f (%)	3rd Pregnancy f (%)	Total f (%)
Age				
20-25 years	23 (15.33)	27 (18)	10 (06.66)	60 (40)
26-30 years	22 (14.66)	20 (13.33)	09 (06)	51 (34)
31-35 years	15 (10)	18 (12)	06 (04)	39 (26)
Family System				
Nuclear	45 (30)	38 (25)	31 (21)	114 (76)
Joint	11 (07)	13 (09)	12 (08)	36 (24)

Table 2
Correlation Matrix, Means, Standard Deviations and Alpha Reliabilities for all the Study Variables (N = 150)

Variables	1	2	3	4	5	6	7	M	SD	α
1	--	.66**	.81**	.88**	.79**	.79**	.27**	1.56	23.98	.88
2	--	--	.53**	.44**	.35**	.45**	.16*	18.44	4.89	.65
3	--	--	--	.70**	.55**	.59**	.28**	15.06	3.17	.72
4	--	--	--	--	.70**	.56**	.24**	44.34	7.89	.86
5	--	--	--	--	--	.46**	.19**	32.78	6.36	.60
6	--	--	--	--	--	--	.23**	42.18	7.14	.64
7	--	--	--	--	--	--	--	28.28	7.22	.78

Note. 1 = Total Social Support; 2 = Informational Support; 3 = Tangible Aid; 4 = Emotional Support; 5 = Esteem Support; 6 = Social Network Support; 7 = Mental Well-Being. *$p < .05$. **$p < .01$.

Table 4

Multiple Regression Analysis with Social Support as Predictor of Mental Well-Being in Pregnant Women (N = 150)

Model	B	SE B	ß	t	Sig.	95% CI	
						LL	UL
Constant	15.34	4.45		7.51	.00	27.25	34.27
Informed Support	.27	.89	.25	3.17	.01*	-.06	-.01
Tangible Aid	.21	.53	.27	4.23	.00*	.41	.82
Emotional Support	.19	.77	.23	3.12	.01*	.08	.11
Esteem Support	.03	1.71	.05	.79	.07	-.05	.14
Social Network Support	.19	.83	.21	-3.69	.01*	.06	.15
R^2	.31						
ΔR^2	.29						
F	16.37						

df = 5, 144

DISCUSSION

For many years, the value of social support in maintaining an individual's mental well-being has been widely recognized, particularly during times of tragedy or change (Poudel et al., 2020; Mueller, 1980; Sharif et al., 2021). Therefore, the prime intent of the present study was to scrutinize the predictive relationship between social support and mental well-being in pregnant women. Results (Table 3) of the current study supported the hypothesis that a woman who gets social support during pregnancy complications is evident for a high level of mental well-being. Five components of social support (i.e. informational support, tangible aid, emotional support, esteem support, social network support) explained 29% variance in scores of mental well-being. Of five predictors entered in the model, only four (i.e. informational support, tangible aid, emotional support, and social network support) found to be the significant predictors of mental well-being in pregnant women. However, esteem support failed to predict mental well-being in

pregnant women (Table 3). This insignificant finding warrant further investigation to have more conclusive picture.

These findings are consistent with findings from previous studies which support the link between social support and mental well-being. An empirical study by Sharif et al. (2021) concluded that social support is vital to predicting maternal mental well-being and psychopathologies. Positive and negative social contacts were more significantly associated with mental well-being than health, according to Wissing and Van Eeden (2002). Lower levels of SS and self-esteem and higher levels of stress were linked to higher-level depressive symptoms, according to Jesse et al. (2005). Iram and associates (2021) found that social support's important constructs i.e., instrumental, emotional, and informational support have a strong link with the socio-psychological adjustment of women.

Hence, this accumulates that being part of a patriarchal society social support of husband, friends, in-laws and relatives significantly contributes to the mental well-being of women. The size of social networks can enhance or lower the well-being of women during pregnancy (Bedas et al., 2021; Hijazi et al., 2021). Expectant moms gain from the support of their husbands or partners in terms of enhanced psychological and physical well-being, as well as improved birth outcomes (Dunkel-Schetter et al., 2000). Nonetheless, women who were unhappy with their support systems were more depressed (Rudnicki et al., 2001). Thus, throughout pregnancy, women need and expect much more support than usual from everyone who comes into their social network while facing physical and psychological health complications. As social support serves a protective role while going through such a difficult time in life. Empirical findings from past studies (Collins et al., 1993) and recent studies (Battulga et al., 2021; Bedaso et al., 2021) provided empirical evidence for a positive link between mental as well as physical well-being and social support during pregnancy. Women are more protected from the detrimental impacts of stress and traumatic life events when they have social support. (Battulga et al, 2021; Takács, et al, 2021; Robertson et al., 2004).

To conclude, the present study supported the notion that social support is highly needed for the psychological health of pregnant women. This research tiled the way for future researchers to explore the needs and problems of pregnant women in Pakistani culture as more of its population has consisted of uneducated people who live in rural areas. Due to a variety of issues such as low socioeconomic status, illiteracy etc., women in our indigenous culture do not receive adequate attention, support, or medical care therefore results of the present

study contribute to psycho-educate families and friends about women's fragile mental health during pregnancies and how social support elements' progressive availability can buffer pregnant women psychosocial health as well as the health of newborns by reducing the problems related to pregnancy (Yazdani et al., 2008). The current study's findings emphasize the importance of women of reproductive age receiving early maternity care. This study results depending on the different stages of pregnancy makes recommendations to health care professionals for more effective and suitable care practices.

There could be certain factors that contribute to the study's flaws. For example, the data were gathered solely by self-reporting, with no other sources taken into account. As a result of response bias, the connections between our study variables may have been overstated. Another limitation was that some demographic variables were not controlled i.e., age, education level, socioeconomic status, family system, and cultural context. Additional research is needed for studying the demographic information related to socio-economic status, age, family system, and education in the future. It is suggested that longitudinal research be conducted to investigate this issue. Finally, an exploration of the pertinent variable on a larger sample composed of 3 trimesters separately may also yield some valuable findings within the indigenous context.

REFERENCES

Abdollahpour, S., Heydari, A., Ebrahimipour, H., Faridhosseini, F., & Khadivzadeh, T. (2019). The needs of women who have experienced "maternal near miss": A systematic review of literature. *Iranian Journal of Nursing and Midwifery Research, 24*(6), 417

Batool, S., & Ahmad, A. (2014). Impact of perceived social support on psychological well-being of teenagers. *Science Journal of Psychology,* Article ID sjpsych-267. Doi: 10.7237/sjpsych/267

Battulga, B., Benjamin, M. R., Chen, H., & Bat-Enkh, E. (2021) The impact of social support and pregnancy on subjective well-being: A Systematic review. *Frontiers in Psychology, 12*, 710858. Doi: 10.3389/fpsyg.2021.710858

Bedaso, A., Adams, J., Peng, W., & Sibbritt, D. (2021). The relationship between social support and mental health problems during pregnancy: A systematic

review and meta-analysis. *Reproductive Health, 18*(162). https://doi.org/10.1186/s12978-021-01209-5.

Cohen, S., & Syme, S. L. (1985). *Social support and health*. New York: Academic Press.

Collins, N. L., Dunkel-Schetter, C., Lobel, M., & Scrimshaw, S. (1993). Social support in pregnancy: Psychosocial correlates of birth outcomes and postpartum depression. *Journal of Personality and Social Psychology, 65*, 1243-1258.

Dunkel-Schetter, C., Gurung, R. A. R., Lobel, M., & Wadhwa, P. D. (2000). Stress processes in pregnancy and birth: Psychological, biological and sociocultural influences. In A. Baum, T. Revenson & J. Singer (Eds.), *Handbook of Health Psychology* (pp. 495-518). Hillsdale New Jersey: Lawrence Erlbaum.

Fellmeth, G., Plugge, E. H., Nosten, S., Oo, M. M., Fazel, M., Charunwatthana, P., et al. (2018). Living with severe perinatal depression: A qualitative study of the experiences of labour migrant and refugee women on the Thai-Myanmar border. *BMC Psychiatry, 18,* 229.

Gardner, K. A., & Cutrona, C. E. (2004). Social support communication in families. In A. Vangelisti (Ed.), *Handbook of Family Communication* (pp. 495–512). Mahway, NJ: Erlbaum.

Giurgescu, C., Penckofer, S., Mauver, M. C., & Bryant, F. B. (2006). Impact of uncertainty, social support, parental coping on psychological well-being of high risk pregnant women. *Nursing Research, 55*(5), 356-365.

Halbriech, U. (2004). Prevalence of mood symptoms and depressions during pregnancy: Implications for clinical practice and research. *CNS Spectrum. 9,* 177-184.

Hijazi, H. H., Alyahya, M. S., Al Abdi, R. M., Alolayyan, M. N., Sindiani, A. M., Raffee, L. A., Baniissa, W. A., Al Marzouqi, A. M. (2021).The impact of perceived social support during pregnancy on postpartum infant-focused anxieties: A prospective cohort study of mothers in Northern Jordan.

International Journal of Women's Health, *13*, 973-989. https://doi.org/10.2147/IJWH.S329487

Iram, A., Mustafa, M., Ahmad, S., Maqsood, S., & Maqsood, F. (2021). The effects of provision of instrumental, emotional, and informational support on psychosocial adjustment of involuntary childless women in Pakistan. *Journal of Family Issues, 42*(10), 2289-2318.

Jesse, D. E., Walcott-Mcquigz, J., & Mariella, A. (2005). Risk and protective factors associated with symptoms of depression in low-income African American and Caucasian women during pregnancy. *Midwifery Women Health, 50*(5), 405-410.

Josefsson, A., Berg, G., Nordin, C., & Sydsjö, G. (2001). Prevalence of depressive symptoms in late pregnancy and postpartum. *Acta Obstetricia et Gynecologica Scandinavica, 80*(3), 251–255.

Laakso, H., & Paunonen-Illmonen, M. (2002). Mother's experience of social support following the death of a child. *Journal of Clinical Nursing, 11*(2), 176-185.

Malik, A. A. (2002). *The study of social support as a determining factor in depressed and non-depressed as measure by indigenously developed social support scale.* [Unpublished Doctoral Thesis, University of Karachi].

McCarthy, F. P., Khashan, A. S., North, R. A., Moss-Morris, R., Baker, P. N., Dekker, G., ... & SCOPE consortium. (2011). A prospective cohort study investigating associations between hyperemesis gravidarum and cognitive, behavioural and emotional well-being in pregnancy. *PloS One, 6*(11), e27678.

Mueller, D. (1980). Social networks: A promising direction. *Social Science and Medicines, 14*, 147-161.

Newham, J. J., & Martin, C. R. (2013) Measuring fluctuations in maternal well-being and mood across pregnancy. *Journal of Reproductive and Infant Psychology, 31*(5), 531-540. Doi: 10.1080/02646838.2013.834040

Nierop, A., Wirtz, P. H., Bratsikas, A., Zimmermann, R., & Ehlert, U. (2008). Stress-buffering effects of Psychosocial resources on physiological and psychological stress response in pregnant women. *Biological Psychology, 78*(3), 261-268.

Paarlberg, K. M., Vingerhoets, A. J., Passchier, J., Heinen, A. G., Dekker, G. A., & Geijn, H. P. (1996). Psychosocial factors as predictors of maternal well-being and pregnancy-related complaints. *Journal of Psychosomatic Obstetrics Gynecology, 17*, 93-102.

Pajulo, M., Saronlahti, E., Sourander, A., Helenius, H., & Piha, J. (2001). Antenatal depression, substance dependency and social support. *Journal of Affective Disorders, 65*, 9-18.

Poudel, A., Gurung, B. & Khanal, G.P. (2020). Perceived social support and psychological wellbeing among Nepalese adolescents: The mediating role of self-esteem. *BMC Psychology, 8,* 43. https://doi.org/10.1186/s40359-020-00409-1

Robertsone, E., Grace, S., & Wallington, T. (2004). Antenatal risk factors for postpartum depression: a synthesis of recent literature. *General Hospital Psychiatry, 26*, 289- 95.

Rudnicki, S., R., Grahan, J. L., Habboushe, D.F., & Ross, R. D. (2001). Social support and avoidant coping: Correlates of depressed mood during pregnancy in minority women. *Women and Health, 34(*4), 19- 34.

Saleem, M., Hashmi, H. F., Durrani, A. K., & Manzoor, Z. (2019). Impact of antennal depression among pregnant woment of South Punjab: Moderating role of social support. *Journal of Pakistan Psychiatric Society, 16*(3), 10-12.

Sharif, M., Zaidi, A., Waqas, A., Malik, A., Hagaman, A., Maselko, J., LeMasters, K., Liaqat, R., Bilal, S., Bibi, T., Ahmad, I., Sikander, S., & Rahman, A. (2021). Psychometric validation of the Multidimensional Scale of Perceived Social Support during pregnancy in rural Pakistan. *Frontiers in Psychology, 12,*601563. Doi: 10.3389/fpsyg.2021.601563

Pakistan Journal of Psychology

Skurzak, A., Kicia, M., Wiktor, K., Iwanowicz-Palus, G., & Wiktor, H. (2015). Social support for pregnant women. *Polish Journal of Public Health, 125*(3), 169-172. Doi: 10.1515/pjph-2015-0048

Stewart-Brown, S., Tennant, A., Tennant, R., Platt, S., Parkinson, J., & Weich, S. (2009). Internal construct validity of the Warwick-Edinburgh Mental Well-being Scale (WEMWBS): A Rasch analysis using data from the Scottish Health Education Population Survey. *Health and Quality of Life Outcomes, 7*, 15. https://doi.org/10.1186/1477-7525-7-15

Takács, L., Štipl, J., Gartstein, M., Putnam, S. P., & Monk, C. (2021). Social support buffers the effects of maternal prenatal stress on infants' unpredictability. *Early Human Development, 157,* 105352.

Thoit, P. (1985). Social support process and psychological well-being: theoretical possibilities. In I. G. Sarason & B. R. Sarason (Eds.), *Social support: theory, research, and applications* (pp. 51-72). Dordrecht, the Nether lands: Martinus Ni jhoff.

Wissing, M., & Van Eeden, C. (2002). Empirical clarification of the nature of psychological well-being. *South African Journal Psychology, 32*(1), 32-4

Yazdani, T., Islam, A., Nadeem, G., Hayat, T., & Mushtaq, M. (2008). Social factors involved in women avoiding early antenatal booking in Army Setup. *Journal Pakistan Armed Forces Medical Journal, 1*(4), 123-143.