Perceived social support among pregnant women attending the antenatal clinic of a tertiary care hospital

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Abstract:

BACKGROUND: Social support among pregnant women is identified to have a positive influence on maternal, fetal outcome, personal competence, and self-esteem. This study was conducted with the aim to assess the social support as perceived by pregnant women and to find out the association between perceived social support and sociodemographic, obstetric variables.

MATERIALS AND MATERIALS: After obtaining approval from the Institutional Ethics Committee, a cross-sectional study was carried out among pregnant women attending the Antenatal Clinic of a Tertiary Care Hospital for a period of two months. The Multidimensional Scale of Perceived Social Support (MSPSS) was used to assess social support among study participants.

RESULTS: A total of 111 pregnant women were included. Majority, 98 (88.30%), were educated till High School. Nearly 87 (78.40%) were in the third trimester and 68 (61.30%) were primigravidae. Mean MSPSS score was found to be 5.36 ± 0.83. Majority, 75 (67.60%), had high social support (mean total score of 5.1-7.0). Those engaged in occupation had 2.922 odds for high social support (adjusted odds ratio = 2.92, 95% confidence interval = 0.612-13.95) when compared to housewives ($P < 0.05$). Women in third trimester had 2.104 odds for high social support, when compared to those in first and second trimesters (adjusted odds ratio = 2.014, 95% confidence interval = 0.715-6.185).

CONCLUSION: Majority scored high on MSPSS. Furthermore, involvement in occupation was found to be a significant predictor of high social support among the study participants.

Keywords:

Perceived social support, pregnant women, tertiary care hospital

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Introduction

Social support is considered as a voluntary act from one individual (the donor) which is provided to another individual (the recipient) that elicits a positive response in the recipient.[1] Social support may be given by different individuals like parents, spouse, relatives, and friends in various forms like informational, physical, emotional, instrumental, and appraisal.[2]

There are studies which have shown that a good social support is identified to have a positive influence in terms of a favorable maternal and fetal outcome.[3] Furthermore, an effective social support among women is reported to result in a higher personal competence, sense of stability, and self-esteem.[4]

There are very few studies which have investigated about social support among pregnant women. The findings of this study could act as a guide to researchers in designing effectual interventions in this regard. In this context, the present study is being carried out with the aim to assess the social support as perceived by pregnant

women attending the Antenatal Clinic of a Tertiary Care Hospital and to find out the association between perceived social support and sociodemographic, obstetric variables.

Materials and Methods

Study design and setting
A cross-sectional study was conducted in the outpatient section, Department of Obstetrics and Gynaecology (OBG), Yenepoya Medical College Hospital. It is a tertiary care hospital located in Mangalore city, India, recognized by the Medical Council of India. The study was being conducted out for a period of 2 months from May-June, 2017. Study participants were pregnant women attending for their routine antenatal care in the outpatient section during the study period was included in the study.

Study participants and sampling
The sample size is estimated by using the formula $n = Z^2 * p * q / e^2$. Here, n is the required sample size and Z is the standard normal deviate, which is equal to 1.96 at 5% significance level. The prevalence of moderate social support among pregnant women was assumed as 50.0% (p). Hence, the sample size was estimated to be 111.

Inclusion criteria were pregnant women who visited the Hospital for antenatal care, who gave consent for the study regardless of their gestational age. Exclusion criteria included patients who were not able to verbally communicate with the investigators and those who were diagnosed with psychiatric illness.

Data collection tools and technique
Complete enumeration was done to reach the sample size. After obtaining clearance from the Institutional Ethics Committee, a hospital-based cross-sectional study was conducted. A predesigned and pretested proforma was used to collect the appropriate information. Information pertaining to the sociodemographic profile, previous obstetric history, and current pregnancy was enquired. The Multidimensional Scale of Perceived Social Support (MSPSS), which is a brief measure of social support designed to measure the study participant's perception of the adequacy of the support she receives, was used to measure the perceived social support. The MSPSS is a 12-item scale with seven possible responses to each statement (scored zero-six) giving a score of a maximum of 72 with higher score indicating greater perceived social support. The scale is divided to subscales relating to the source of the social support, namely family (Fam), friends (Fri), or significant other (SO). Any mean total scale score ranging from 1 to 2.9 was considered low support, a score of 3 to 5 was considered moderate support, and a score from 5.1 to 7 was considered high support.[5]

Ethical considerations
An approval from the Institutional Ethics Committee was obtained (YUEC 2017/102). Detailed information pertaining to the nature and objectives of the study were explained to the study participants and a written informed consent was obtained. Anonymity of the study participants was ensured. Strict confidentiality of the information collected was maintained.

Statistical analysis
Data were compiled and analyzed using the Statistical Package for Social Sciences (version 23.0, IBM Corp., Armonk, New York, USA). Continuous variables were expressed in terms of mean and standard deviation. Proportions and percentages were used to express categorical variables. Multiple logistic regression was applied to compute adjusted odds ratios (AORs) for variables with a significant association ($P < 0.05$).

Results

The mean age of the study participants was found to be 26.40 ± 4.407 years. Sociodemographic and obstetric profile details are presented in Table 1.

The mean total score of social support as per the MSPSS was 5.36 ± 0.83. Majority, 75 (67.60%), had high social support (a mean total score of 5.1-7.0). These details and grading of various subscales are presented in Table 2.

Factors associated with high social support among study participants
It was found that those engaged in occupation had 2.922 odds for high social support (AOR = 2.92, 95% confidence interval [CI] = 0.612-13.95) when compared to housewives. A statistically significant association was established between the two ($P = 0.003$). Those having Above Poverty Line type of ration card had 2.922 odds for high social support (AOR = 2.922, 95% CI = 0.612-13.95). However, a statistically significant relationship could not be established ($P = 0.179$). Those who were in third trimester had 2.104 odds for high social support (AOR = 2.104, 95% CI = 0.715-6.185) than those who were in first and second trimester, but this relationship was not statistically significant ($P = 0.177$) [Table 3].

Discussion

This study assessed the social support as perceived by pregnant women and different variables were studied to find out the association between perceived social support and sociodemographic, obstetric variables. MSPSS was used to assess the social support.

Table 1: Sociodemographic characteristics and obstetric variables of the study participants (n=111)

Variable	Numbers (n=111)	Percentage
Age in years		
≤30 years	84	75.70
>30 years	27	24.30
Education		
Till 10th grade	85	76.60
Beyond 10th grade	26	23.40
Occupation		
Housewife	98	88.30
Others	13	11.70
Socioeconomic Status*		
Class I	3	2.70
Class II	28	25.20
Class III	31	27.90
Class IV	38	34.20
Class V	11	9.90
Type of Ration Card		
Below Poverty Line	69	62.20
Above Poverty Line	42	37.80
Trimester		
First	13	11.70
Second	11	9.90
Third	87	78.40
Gravidity		
Primigravidae	43	38.70
Multigravidae	68	61.30
Mother and Child Protection Card		
Available	68	61.30
Not available	43	38.70

*Modified BG Prasad Classification, May 2017

Table 2: Social support among study participants using MSPSS (n=111)

Variable	Numbers (n=111)	Percentage
Total Scale		
Low (1.0-2.9)	01	0.90
Moderate (3.0-5.0)	35	31.50
High (5.1-7.0)	75	67.60
Significant Other Subscale		
Low (1.0-2.9)	0	0.0
Moderate (3.0-5.0)	07	6.30
High (5.1-7.0)	104	93.70
Family Subscale		
Low (1.0-2.9)	01	0.90
Moderate (3.0-5.0)	23	20.70
High (5.1-7.0)	87	78.40
Friends Subscale		
Low (1.0-2.9)	14	12.60
Moderate (3.0-5.0)	68	61.30
High (5.1-7.0)	29	26.10

Majority of the study participants had high social support in total scale. Majority of study participants had high scores in the Significant Other and Family subscales. Similar findings were seen in a study conducted by Moshki M *et al*. where pregnant women reported to have a high level of family support and Nazari M *et al*. where a high level of support was from husband.[6,7] Other studies conducted showed that pregnant mothers had favorable support.[8-10] While in a study conducted by Rashan N *et al*.[11] it was found that perceived social support were moderate. However, a mere 26.10% had high social support in the Friends subscale. As per the study conducted by Zarghani NH, total support and support from friends were significantly higher in nonpregnant women than pregnant women ($P = 0.05$ and $P = 0.03$, respectively). While support from the spouse was significantly higher in pregnant women than nonpregnant women ($P = 0.01$).[12] Study conducted by Golmakani N *et al*.[13] showed that there exists a positive and significant relationship between the overall score of social support and the dimensions of social support, that is family support, friends support, and other people's support with pregnancy care.

State of pregnancy is although physiological, is one phase of life where women need emotional and social support from the near and dear ones. As similar to the other studies mentioned, the present study also shows a high level of social support during pregnancy.

In the present study, it was found that those engaged in occupation had high social support when compared to housewives. A similar finding was found in the study conducted by Zarghani NH.[12]

This could be due to the reason that working women tend to develop additional social network at workplace, which help them in getting more social support and be socially empowered.

There was no significant association between the age, educational status of the participants, socioeconomic status, and gestational age with the perceived social support. Similar findings were observed in the other studies.[7,12,14] Irrespective of age, socioeconomic status, and gestational age, women perceived similar social support.

Limitation and recommendation

This was a cross-sectional study; thus, association observed may not infer causality. Additional scales on social support were not used, which would have helped in understanding and comparing the social support across the scales. If a qualitative methodology was included, it would have given deeper insights on social support perceived by pregnant mothers. Future studies which would be a community-based study with mixed method study designs may help in understanding more on this area of maternal health research.

Table 3: Adjusted Odds Ratios and 95% Confidence Intervals for high social support as per sociodemographic and obstetric variables by Multiple Logistic Regression (*n*=111)

Study variables	Adjusted odds ratio (AOR)	Confidence interval (CI)	*P*
Age in years			
≤30 years	1.328	0.416-4.236	0.632
>30 years	Reference		
Education			
Till High School	Reference		
Beyond High school	0.959	0.284-3.241	0.946
Occupation			
Housewife	Reference		
Others	2.922	0.612-13.95	0.003
Socio-economic status†			
Class I + Class II	0.379	0.116-1.243	0.109
Class III	0.925	0.285-3.001	0.896
Class IV + Class V	Reference		
Type of Ration Card			
Below Poverty Line	Reference		
Above Poverty Line	2.922	0.612-13.95	0.179
Trimester			
First and Second	Reference		
Third	2.104	0.715-6.185	0.177
Gravidity			
Primigravidae	Reference		
Multigravidae	0.991	0.438-2.231	0.982

†Modified BG Prasad Classification, May 2017

Conclusion

Through this study, we conclude that nearly more than half, 75 (67.60%), of the pregnant women enrolled in the study had high social support. Furthermore, involvement in occupation was found to be a significant predictor of high social support among the study participants. Thus, this study amplifies the need for assessing pregnant women for social support, which could overall improve health and wellbeing of pregnant mothers.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

Conflicts of interest

There are no conflicts of interest.

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