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Original research article

Adequacy of social support and satisfaction with life during childbirth

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ARTICLE INFO

Article history:

Received 8 April 2015
 Received in revised form
 12 January 2016
 Accepted 19 January 2016
 Available online 28 February 2016

Keywords:

Social support
 Life satisfaction
 Pregnancy
 Postpartum period

ABSTRACT

Introduction: Pregnancy and childbirth exert a significant impact on the life of women and men. In the situation of childbirth, obtaining satisfactory social support may constitute an important determinant of women's satisfaction with life.

Aim: The aim of the paper was to determine whether there exists a difference between social support received by women and social support provided by partners during the 3rd trimester of pregnancy and the postpartum period, as well as to discover whether there exists a relationship between social support obtained by women and their life satisfaction.

Material and methods: The statistical analysis included 199 women in the 3rd trimester of pregnancy and 186 of their partners/husbands. The subsequent measurement – in the postpartum period – involved individuals who took part in the first phase: 182 women and 177 partners/husbands.

Results and discussion: No major discrepancies were observed with regard to informative and emotional social support received by women and provided by their partners during the 3rd trimester of pregnancy and the postpartum period. Instrumental support received by women in the 3rd trimester of pregnancy and in the postpartum period differs considerably from instrumental support provided by partners. Social support obtained by women correlates with their life satisfaction.

Conclusions: Good relations with the partner seem to act like a 'buffer' against the negative influence of stress-causing factors and may to some extent prevent women from decreasing their life satisfaction after childbirth.

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1. Introduction

Pregnancy and childbirth are unique and memorable periods in the life of both women and men. In this period, women

experience numerous emotional changes; they are tired and suffer from pain and discomfort brought about by postpartum trauma. They initiate breastfeeding, which often presents serious problems.¹ By virtue of sensitivity and intuition with which women are endowed, it is largely them who provide

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childcare and shoulder responsibility for the quality of that care. For this reason, rising to the challenge presented by being a mother is not an easy task. What proves to be of utmost importance in such circumstances is support received from close friends and relatives, particularly from intimate partners. It is widely known that the presence of other people, along with their help and sensitivity, is conducive to a person's well-being, good health, and the ability to cope with difficult situations.² Social support received in the postpartum period prevents postnatal depression,³ and exerts a positive impact on women's health status, satisfaction with life and their decision to continue breastfeeding.⁴

Clinical observations carried out and research results hitherto obtained indicate that adapting to tasks pertaining to the role of a mother or a father is not effortless.⁵ The period after childbirth may bring not only the expected joy and fulfilment of fathers, but also numerous difficulties, and even emotional disorders.⁶ It has also been found that concern and care offered by a child's father to his partner has a significant influence on an increase in the child's birth weight, a decrease in perinatal mortality rates, as well as reducing the risk of health problems in prospective mothers.⁷ Providing support by partners correlated with changes in health behaviours of pregnant women, consisting in smoking and alcohol consumption cessation.⁸

In the literature, extensive research suggests that participating in childbirth demands men to confront intense experiences and anxiety.⁹ For that reason, men sometimes participate in childbirth unwillingly or under pressure placed on them by pregnant women. In such unfavourable and stressful conditions, men may not provide sufficient support to their partners. However, not all men are reluctant to satisfy such demands. Many prospective fathers willingly and actively participate in childbirth. They perform a great deal of care-related tasks and, most importantly, provide their partners with mental support.⁹

2. Aim

The aim of this research was to determine whether there exists a difference between social support received by women and social support provided by partners during the 3rd trimester of pregnancy and the postpartum period, as well as to discover whether there is a relationship between social support obtained by women and their life satisfaction.

3. Material and methods

In this study, received social support comes to be defined as reported by women type and quantity of social support

obtained from partners/husbands. For the purposes of this research, attention is drawn to social support offered to women who find themselves in an onerous situation – awaiting a child to be born. In accordance with the research tool used in this study, a division has been adopted into three types of social support: emotional, instrumental and informative. The variable index has been assumed as the result of the survey on received social support, obtained by means of the Berlin social support scales (BSSS), developed by Łuszczynska, Kowalska, Mazurkiewicz, Schwarzer, Schulz.¹⁰ The BSSS constitute a collection of tools devised for the purposes of measuring the cognitive and behavioural levels of social support. The Polish version of BSSS can be found on the following website: www.userpage.fu-berlin.de/~health/soc_pol.htm.

Satisfaction with life comes to be defined in this study as contentedness with life expressed as a general evaluation referred to self-selected criteria – women compare their own situation with standards which they have previously established. The variable index has been assumed as the result of the questionnaire assigned to the satisfaction with life scale (SWLS), developed by Diener, Emmons, Larson, Griffin, Polish adaptation by Juczyński.¹¹ The measurement result is accepted as a general rate of satisfaction with life.

The study was carried out in the period from July 2010 until April 2011. The measurements were performed twice: during the 3rd trimester of pregnancy and during the postpartum period, on the day of hospital discharge. The first stage of study was carried out in the Ward of Pregnancy Pathology, Women's Health Outpatient Clinic of the University Hospital in Bydgoszcz, and in the Antenatal School. The second stage of the study was conducted in the Ward of Obstetrics of the University Hospital.

The statistical analysis included 199 (100.00%) women in the 3rd trimester of pregnancy and 186 (93.46%) of their partners/husbands (Table 1). Other data are presented in Tables 2–3. The subsequent measurement – in the postpartum period – involved individuals who took part in the first stage: 182 (91.45%) women and 177 (88.94%) partners/husbands (Tables 4 and 5).

The study results were analysed using statistical methods. The level of statistical significance $P = 0.05$, for which critical values were determined, was established as a reliable criterion for verifying pre-specified hypotheses.

4. Results

In accordance with research objectives, distinct types of support received by women were analysed. Mean values of the analysed variable of received social support indicate that women included in the research received high levels of social

Table 1 – Age, week of pregnancy and week of delivery of the interviewed women.

	Number of measurements	Minimum	Maximum	Mean ± SD
Age of women	199	17	44	29.1 ± 5.20
Week of pregnancy	199	27	42	34.0 ± 4.24
Week of delivery	193	27	42	38.0 ± 2.84

Table 2 – Newborn status evaluated using the Apgar scale.

Number of measurements, N	Good score (8–10 pts)	Moderate score (4–7 pts)
189	172 (91.00%)	17 (8.99%)

support during each period of study. This comes to mean that women in the perinatal period are not left without assistance; on the contrary, they can rely on support from intimate partners/husbands (Tables 4 and 5).

Measuring provided social support consists in assessing the quantity of conveyed support. Mean values of the analysed variable of conveyed social support indicate that men included in the research provide high levels of social support to their partners during each period of study. This signifies that men in the entire perinatal period demonstrate commitment to taking care of women, as they convey information and courses of

action, and provide aid with everyday responsibilities (Tables 4 and 5).

Conveyed support does not always meet the needs of individuals being supported. Therefore, by virtue of the nature of research tools employed in this study, an analysis was performed of received and provided social support, and a verification was carried out of the hypothesis whereby there exists a discrepancy between declared support obtained by women and declared support provided by their partners. In order to investigate significant differences in specific types of received and provided social support, mean values were being compared (Tables 4 and 5).

In accordance with research objectives, satisfaction with life of women in each of the studied periods was analysed and juxtaposed with mean social support received by those women. Mean values of the analysed variable of life satisfaction indicate that women participating in the study obtained the life satisfaction mean value of 24.52 in the 3rd trimester of pregnancy, and mean value of 25.71 in the postpartum period.

Table 3 – Parity in the examined group of women.

N	Number of pregnancy				
	1st	2nd	3rd	4th	5th
199 (100%)	96 (48.24%)	72 (36.18%)	26 (13.06)	3 (1.50%)	2 (1.00%)

Table 4 – Comparison between social support (according to BSSS) received by women and provided by men during the 3rd trimester of pregnancy.

3rd trimester of pregnancy	Emotional support		Instrumental support		Informative support	
	Received by women	Provided by partners	Received by women	Provided by partners	Received by women	Provided by partners
N	199	186	199	186	199	186
Minimum	0.33	0.44	0.22	0.44	0.00	0.00
Maximum	1.00	1.00	1.00	1.00	1.00	1.00
Median	0.96	0.87	1.00	0.89	0.83	0.83
Mean	0.88	0.86	0.89	0.83	0.79 ^a	0.79
SD	0.15	0.13	0.16	0.15	0.21	0.19
z-test	1.88		3.57		0.02	
z-value	1.88		3.57		0.02	
P-value	0.06 (ns)		<0.0004		0.98 (ns)	

^a Mean values differ in 3rd decimal places.

Table 5 – Comparison between social support (according to BSSS) received by women and provided by men during the postpartum period.

Postpartum period	Emotional support		Instrumental support		Informative support	
	Received by women	Provided by partners	Received by women	Provided by partners	Received by women	Provided by partners
N	182	177	182	177	182	177
Minimum	0.19	0.41	0.11	0.44	0.00	0.00
Maximum	1.00	1.00	1.00	1.00	1.00	1.00
Median	0.96	0.93	1.00	0.89	0.83	0.83
Mean	0.91	0.89	0.92	0.87	0.83	0.83
SD	0.14	0.12	0.14	0.14	0.21	0.19
z-test	1.45		3.38		0.09	
z-value	1.45		3.38		0.09	
P-value	0.15 (ns)		<0.0008		0.93 (ns)	

Table 6 – Correlation coefficients between satisfaction with life and mean social support received in the 3rd trimester of pregnancy and in the postpartum period.

Received social support according to BSSS – satisfaction with life according to SWLS	R_{xy}	Student's t test		Statistical significance
		t	P	
3rd trimester of pregnancy	0.41	6.31	<0.0001	Yes
Postpartum period	0.22	3.03	<0.003	Yes

The achieved results fall within the range of high sten scores (7 sten).¹¹

In order to correlate support received by women and their satisfaction with life, mean values were calculated from individual normalised evaluations of social support by formula

$$SS_{mean} = \frac{SS_{em} + SS_{inst} + SS_{inf}}{3},$$

where SS_{mean} stands for mean social support, SS_{em} – emotional support, SS_{inst} – instrumental support, and SS_{inf} – informative support.

Subsequently, correlation diagrams were drawn and Pearson's linear correlation coefficients were calculated and verified for significance (Table 6). All the correlations between mean values of social support received in the 3rd trimester of pregnancy and in the postpartum period, determined in accordance with SWLS, were found to be of significance.

5. Discussion

In this study, women received high levels of social support in the 3rd trimester of pregnancy and in the postpartum period (Tables 4 and 5). Accuracy of support was evaluated by comparing mean values for individual types of social support received by women and social support provided by their partners. The analysis performed in this study indicates no discrepancies with regard to emotional and informative support received by women and provided by men, both before and after childbirth. On these grounds, it is viable to say that in this study there exists a parallel between provided and received support of emotional and informative nature. However, discrepancies were found with regard to received and provided instrumental support, both in the 3rd trimester of pregnancy and in the postpartum period. It has to be noted that women subjectively assessed that they obtained a higher amount of instrumental support than was actually provided to them (Tables 4 and 5). Many authors are of the opinion that support offered spontaneously and in exceptional circumstances is evaluated higher by individuals being supported.^{2,12,13} On this basis, it is possible to assume that the studied women could in like manner evaluate support received from their partners. At the same time, it is important to note that the discrepancies between provided and received instrumental support determined in this study are beneficial for women. In the literature, indications of parallels between provided and received social support are rare to be found, whereas divergences are observed more often.¹⁴⁻¹⁶

It has been found in numerous studies that the problem of accuracy and efficiency of support becomes much complicated in crisis situations.^{2,17} The adequacy of provided support is

contingent upon identifying which type of support is required in a given situation. It has to be emphasised here that social support is not always provided, even in circumstances when assistance is expected and necessary. This happens when, in the eyes of intimate partners, it seems that a problem is not significant and support is not valid. According to Popiolek, what is of major significance in conveying social support are mutual relations between partners,¹³ since a negative correlation occurs between conflicts and perceived social support.¹⁷ Relations between partners who participated in this study were good. It is worth noting, however, that solicitude, concern and empathy from close family and friends are evaluated higher by individuals receiving support in difficult situations.¹³ In like manner, support received by women included in this study was evaluated highly.

According to researchers, the division of household chores is conditioned to a great extent by society's traditions and culture. In many countries, it is women who are responsible for most household duties and providing childcare.¹⁸ Nonetheless, it is important to note that women's satisfaction with life is higher in marriages where duties are shared evenly than in traditional families.^{18,19} Numerous studies on working women show that husbands' support and active participation in family life are most closely tied to women experiencing satisfaction with marriage and family life.¹⁸ There is thus no doubt that coping with post-childbirth problems related to childcare is easier when there is sufficient social support. In this study, women received high levels of social support during and after pregnancy, which was strongly related to their satisfaction with life (Table 6). During pregnancy and childbirth, women's partners performed many duties which could not at that time be fulfilled by women. Men tended to children who stayed at home while their mother was in hospital. They actively participated in the act of childbirth. They also cared for women during puerperium, when they were tired after childbirth, suffered from postnatal trauma, and had difficulties performing the many motherly duties. Partners also helped during breastfeeding, when women found it difficult to maintain mobility after Caesarean section. Moreover, men offered emotional support, indispensable for well-being during pregnancy and childbirth, and for managing responsibilities specific to providing childcare. According to researchers, received instrumental support constitutes a determinant of good mental and physical functioning of women in the perinatal period.²⁰ Data obtained in this study are consistent with research results.^{21,22} However, women not always receive satisfactory support. Disturbing results, contrary to those achieved in this study, were revealed by other researchers.²⁰

Nowadays, in Poland, the role of a man is changing shape. Men are more devoted to issues connected with pregnancy. They more often participate in the birth of their children and tend to household chores which have until recently been

restricted to women. This often correlates with women taking up professional work and raising expectations towards men. Women expect their life partners to be not only breadwinners but also active carers of their children.²³ Men are eager to respond to challenges.

This study's results concerning the role assumed by the studied men during pregnancy and childbirth remain contrary to reports in the literature. The latter imply a tendency towards diminishing the role of men or even regarding them as the main source of depression among women in the postpartum period. The abovementioned findings obtained in this study are inconsistent with research results achieved by Negron and Gjerdingen.^{20,24} In the present study, accuracy of support was observed in each investigated stage. It is therefore reasonable to assume that social support offered by partners to women during pregnancy and after childbirth will provide respondents involved in this research with facilitation of duties and problems peculiar to motherhood. This claim is also substantiated by extensive research indicating that good relations with the partner seem to act like a 'buffer' against the negative influence of stress-causing factors and may to some extent prevent women from decreasing their life satisfaction after childbirth.^{15,25}

Knowledge obtained in this study of received and provided support and satisfaction with life may be applied in practice by individuals forming networks of support for pregnant women. It may also be implemented in designing professional aid and educational programmes aimed at families.

6. Conclusions

The occasion of childbirth brings many changes in the life of women and men. Obtaining sufficient social support from partners may constitute a significant prognostic factor for women during maternity, as it facilitates adaptation and the fulfilment of a given social role, as well as determines satisfaction with life. The quantity of support received by women and provided by men during the 3rd trimester of pregnancy and the postpartum period does not differ considerably with regard to emotional and informative support. By contrast, the quantity of support received by women and provided by men during the 3rd trimester of pregnancy and the postpartum period does differ considerably with regard to instrumental support.

It is vital to popularise among parents the knowledge of social support and its impact on satisfaction with life in the perinatal period.

Conflict of interest

None declared.

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