

Full Length Research Paper

# Influencing Factors on Perceived Social Support Among First-Time Expectant Mothers

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Though a joyful event for most women, pregnancy is often a stressful period both physically and mentally, and pregnant women need social support from husband, family, friends, health professionals, and other important people in order to facilitate, adapt with, and obtain mental balance. Therefore, the present study aimed to determine the relationship between perceived social supports and some demographic characteristics in Primigravida women. This analytical, cross-sectional study was conducted on the Primigravida women referred to obstetrics and gynecology clinics of Shahid Ayatollah Motahari and Hafez hospitals affiliated to Shiraz University of Medical Sciences for receiving prenatal care in 2014. The data were gathered by demographic characteristics questionnaire and multidimensional scale of perceived social support (MSPSS). Then, the data were analyzed by the statistical package for the social sciences (SPSS), version 20 using Pearson's correlation coefficient and multivariate linear regression analysis. The results showed that the highest and lowest mean scores were related to perceived social support from husband and perceived social support from friends, respectively. Besides, the majority of the participants had high levels of perceived social support. However, no significant correlation was found between perceived social support from husband and total perceived social support and husband's age, pregnant woman's age, age at marriage, and gestational age. Moreover, the results showed that husband's education level, husband's occupation, pregnant woman's education level, pregnant woman's occupation, and socioeconomic class could not predict perceived social support from husband and total perceived social support. The results of the present study revealed no significant association between demographic variables and perceived social support. This might be attributed to the fact that perceived social support is more a subjective phenomenon, and depends on an individual's level of perception but not to the amount received.

**Key words:** Pregnancy, primiparity, social support, perception.

## INTRODUCTION

Although, pregnancy is a joyful event for most women, it is often considered a stressful period both physically and mentally. Physical and emotional changes can interfere

with women's ability to perform their usual roles even in normal pregnancies (McKee et al., 2001). In this period, many biochemical, physiological, and anatomical changes

occur in the body of pregnant women, and the image of the female character comes to motherhood mode (Rayegan et al., 2013).

Likewise, pregnancy and childbirth, as stressful events, are often associated with anxieties and concerns about fetal abnormalities, fear of labor, and acceptance of responsibilities and maternal roles (Shayeghian et al., 2009). The severity of these concerns is higher in Primigravida pregnant women and in the third trimester due to the lack of previous experience (Toosi et al., 2011). Therefore, the experience of pregnancy and childbirth can be considered a critical situation that is associated with many changes (Sadeghi et al., 2014). In order to facilitate, adapt with, and obtain mental balance, pregnant women need social support from their husbands, families, friends, health professionals, and other important people (Hodnett et al., 2011).

Under framework of the World Health Organization (WHO), social support affects individuals' mental states as a mediator (Solar and Irwin, 2007). Up to now, a large number of researches have investigated direct and indirect roles (buffer) of perceived social support on decreasing stress and improving mental status. Accordingly, social support could directly improve self-esteem, increase resistance against infections, and help conduct healthy behaviors. Besides, social support can indirectly lead to social adjustment, balance response to stressors, and decrease stresses, eventually resulting in physical and mental health (Mirabzadeh et al., 2013).

Social support refers to the resources provided by other people, especially spouse, family, friends and relatives (Harley and Eskenazi, 2006), and can be conceptualized as the function of one's network (McDowell, 2006). In other words, social support is the information, material assistances, emotional support, and plans or health advices from important others, and is considered as a part of the social network (Masoudnia, 2011). Social support consists of subjective support, objective support and support availability dimensions. Subjective support refers to individuals' level of satisfaction with being respected, supported, and understood by the important others in their interpersonal environment. Besides, objective support involves the extent of practical support, such as monetary or other living necessities, provided by the social network. Finally, support availability reflects the availability and effectiveness of social supports for dealing with life events (Xie et al., 2009).

The researchers found that in the case of health-related behaviors, subjective support is more important than objective support, because the supportive resources are not used by a person if they do not understand (Sadeghi et al., 2014). Adverse interpersonal factors, like low social support and high social contrast, may have deep impact

on mental and physical health of women during pregnancy (Westdahl et al., 2007). The association between social support and pregnancy outcomes is complex, involving psychological and biological response to life-events and stress (Edmonds et al., 2011). It is obvious that in case individuals have good social support and feel connected to their families, friends, and community, they will have a more desirable health status (Small et al., 2011). Evidence has also indicated that social and environmental conditions and social communication had a significant influence on pregnancy outcomes (Sadeghi et al., 2014). Indeed, lack of social support was higher among the women who chose cesarean delivery (Sharifirad et al., 2010).

The present study aims to examine perceived social support and its association with some demographic variables in Primigravida women.

## **METHODOLOGY**

This analytical, cross-sectional study was conducted on the Primigravida women referred to obstetrics and gynecology clinics of educational and remedial centers of Shahid Ayatollah Motahari and Hafez affiliated to Shiraz University of Medical Sciences for receiving prenatal care in 2014. These two centers were selected due to the large number of clientele. The sample size was estimated at 114 people using previous studies in this context and based on sample size formula. The study participants (N=114) were among the women who were 16 to 34 years old, their gestational age was 1 to 8 months, and were willing to participate in the study. The inclusion criteria were primiparity condition of pregnant women, and exclusion criteria were unwillingness of pregnant women to complete the questionnaires. The participants were selected using simple random sampling during a month. In order to observe and apply the principles and ethical standards as well as the protection of human subjects, the study was conducted with the approval of the Vice Chancellor for Research and Technology, and Ethics Committee of Shiraz University of Medical Sciences. Also informed consent for participation in the study was obtained from participants. The following instruments were used to collect the study data

### **Demographic characteristics questionnaire**

This researcher-made questionnaire included information on pregnant woman's age, husband's age, education level of pregnant woman and her husband, occupation of pregnant woman and her husband, age at marriage, gestational age, type of pregnancy (planned or unplanned), and socioeconomic class, and was completed through self-report.

### **Multidimensional scale of perceived social support (MSPSS)**

This questionnaire consisted of 12 questions that measured perceived social support in family, friends and significant others subscales. Each subscale consisted of 4 questions responded

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based on a 7-option Likert scale ranging from strongly disagree (1) to strongly agree (7).

In this scale, higher scores indicated greater perceived support. This questionnaire was developed by Zimet and colleagues in 2000. Accordingly, the reliability coefficient was 0.93 for the total scale and 0.91, 0.89, and 0.91 for family, friends, and significant others subscales, respectively (Mirabzadeh et al., 2013). In Iran, Sararoudi et al. (2011) reported that the Cronbach's alpha coefficient was 0.84 for the total scale and 0.85, 0.90, and 0.93 for family, friends, and significant others subscales, respectively (Sararoudi et al., 2011). Because this questionnaire lacked the subscale of perceived social support from husband and considering the similarity of the questions of other subscales, 4 extra questions were added under the subscale of perceived social support from husband. The validity of this subscale was assessed by experts and its Cronbach's alpha coefficient was estimated as 0.81.

Therefore, in this study, multidimensional scale of perceived social support (MSPSS) included 16 items in 4 subscales, namely husband, family, friends, and significant others, and was completed through self-report. The minimum and maximum scores of each subscale could range from 4 to 28, while those of the whole questionnaire ranged from 16 to 112. The total score of perceived social support was divided into three levels: low (16 TO 48), medium (49 to 81), and high (82 to 112). After all, the data were entered into the Statistical Package for the Social Sciences (SPSS), version 20 and were analyzed by descriptive statistics (mean, standard deviation, frequency, and percentage) and inferential statistics (Pearson's correlation coefficient and multiple linear regression analysis), at 0.05 significance level.

## RESULTS

The mean age of the pregnant women and their husbands was 25.28 (sd=4.320) and 29.40 (sd=4.275) years, respectively. Besides, mean age at marriage was 22.79 (sd=4.505) years, and mean and gestational age was 4.50 (sd=1.581) months. Considering women's education level, the lowest (5.3%) and highest percentages (51.8%) were related to primary school and academic degrees, respectively. Regarding husbands, the lowest (1.8%) and highest percentages (40.4%) were related to primary school and diploma degrees, respectively. With respect to occupation, most of the pregnant women (86.0%) were homemakers and 14.0% were employed. Also, most of the husbands (68.4%) were self-employed and 0.9% were unemployed. In terms of type of pregnancy, 11.4% of the participants reported unplanned pregnancies, while most of them (88.6%) reported planned pregnancies. With regards to socioeconomic class, 0.9% of the participants were in the low class, while most of them (64.9%) were in the medium class.

The mean of total perceived social support was 93.85 (sd=11.690). Besides, the means of perceived social support from husband, family, friends, and significant others were 25.44 (sd=3.092), 24.96 (sd=3.238), 19.96 (sd=4.971) and 23.50 (sd=5.360), respectively. Thus, the highest and lowest mean scores were related to perceived social support from husband and friends, respectively. Repeated measures (ANOVA) analysis showed that there are significant differences between the

mean scores of perceived social support from husband, family, friends and significant others ( $P<0.05$ ). Among the participants, 15.8% obtained average perceived social support scores and 84.2% received high scores and none of them showed low levels of perceived social support. It should be noted that the minimum and maximum scores were 50 and 112, respectively.

To determine the intensity and direction of the correlation among the variables, Pearson's correlation coefficient was used. The correlation matrix showed no significant relationship between perceived social support from husband and husband's age, age at marriage and gestational age. Also, no significant correlation was observed between total perceived social support and pregnant woman's age, age at marriage and gestational age ( $P>0.05$ ) (Table 1).

Then, the multivariate linear regression analysis was used to determine the role of each socio-demographic variable in predicting perceived social support from husband and total perceived social support. According to the results, husband's education level and occupation could not predict perceived social support from husband ( $P>0.05$ ) (Table 2). Also, pregnant woman's education level and occupation, type of pregnancy, and socioeconomic class could not predict the total perceived social support ( $P>0.05$ ) (Table 3).

## DISCUSSION

The results showed that the majority of the pregnant women participating in this study had high levels of perceived social support, and none of them showed low levels of perceived social support. This finding could be justified by the fact that during pregnancy, because of the specific features, changes, and needs of this period, pregnant women receive special attention from their acquaintances.

Moreover, evaluation of the subscales of perceived social support revealed that the highest and lowest scores were related to perceived social support from husband and perceived social support from friends, respectively. This could be due to the fact that the relationship between couples is different from that between family members, friends, and other people. This relationship is also much deeper because of their common benefits, including children, properties, sex, and interest, as well as their strong psychological dependence on each other (Russell and Taylor, 2009). These findings corresponded with those of the study by Sadeghi et al. (2014) on the relationship between perceived social support in the first pregnancy and childbirth satisfaction. In that study, most of the women (56%) reported high levels of perceived social support, and the highest and lowest scores were related to perceived social support from husband and friends, respectively.

**Table 1.** The correlation matrix of total perceived social support and perceived social support from husband and pregnant woman's age, husband's age, age at marriage, and gestational age.

Variable	Total perceived social support	Social support from husband	Pregnant women's age	Husband's age	Age at marriage	Gestational age
Total perceived social support	-	-	-	-	-	-
Social support form husband	0.634**	-	-	-	-	-
Pregnant women's age	0.145	0.094	-	-	-	-
Husband's age	0.121	0.119	0.646**	-	-	-
Age at marriage	0.128	0.089	0.917**	0.576**	-	-
Gestational age	-0.056	-0.063	-0.141	-0.213	-0.129	-

P<0.01\*\*, P<0.05\*.

**Table 2.** Regression coefficients of husband's education level and husband's occupation in prediction of perceived social support from husband.

Predictor	B	$\beta$	t	Sig
Constant	89.032	-	16.355	0.000
Husband's education Level	0.677	0.173	1.769	0.080
Husband's occupation	-0.387	-0.093	-0.950	-0.344

**Table 3.** Regression coefficients of pregnant woman's education level and occupation, type of pregnancy, and socioeconomic class in prediction of total perceived social support.

Predictor	B	$\beta$	t	Sig
Constant	89.023	-	9.136	0.000
Pregnant woman's education level	0.086	0.006	0.063	0.950
Pregnant woman's occupation	4.581	0.173	1.392	0.167
Type of pregnancy	-3.775	-0.103	-1.097	0.275
Socioeconomic class	1.593	0.098	1.028	0.306

The results of the present study showed no significant relationship between perceived social support from husband and husband's age, age at marriage, and gestational age. Also, no significant relationship was found between total perceived social support and pregnant woman's age, age at marriage, and gestational age. This might have resulted from the fact that the majority of the pregnant women and their husbands were young. It can also be attributed to the fact that perceived social support is a subjective issue and depends on the perceptions of received social support. In review of the literature, the researchers could find no similar studies on the relationship between perceived social support and husband's age, age at marriage, and gestational age. In a previous countercurrent study conducted by Ghodusi et al. (2013) on the correlation between perceived social support and some demographic factors in patients with multiple sclerosis (MS), a significant correlation was observed between age and perceived social support. On

the other hand, the findings of the study by Janowski et al. (2012) on patients with psoriasis were consistent with those of the present study, showing no significant correlation between age and perceived social support.

In this study, husband's education level and occupation could not predict perceived social support from husband. Additionally, pregnant woman's education level and occupation, type of pregnancy, and socioeconomic class could not predict the total perceived social support. This could be attributed to the fact that the majority of the husbands had diplomas and were self-employed and also the majority of the pregnant women had academic education and were homemakers. Besides, most of the participants had planned pregnancies and were from medium socioeconomic class.

This finding can also be justified considering the fact that perceived social support is a subjective issue and depends on individuals' level of perception. However, no similar studies were found concerning the relationship

between perceived social support, husband's education level, occupation and type of pregnancy.

In a similar study conducted by Reblin and Uchino (2008) on the relationship between social, emotional support and physical health, a significant correlation was observed between perceived social support and socioeconomic class. Besides, Sadeghi et al. (2014) reported a significant correlation between perceived social support and employment status. These results were not consistent with those of the present study. Moreover, Uchino (2009), performed a study on the relationship between social support and physical health, and concluded that there was a significant correlation between perceived social support and education level. This was also in contrast to the results of the current study.

## CONCLUSION

The results of the present study revealed no significant association between demographic variables and perceived social support. This might be attributed to the fact that perceived social support is more a subjective phenomenon, and depends on an individual's level of perception. Supportive resources will not be used by a person if they do not understand.

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## Conflict of interests

The authors declare that they have no conflict of interests.

## REFERENCES

Ghodusi M, Heidari M, Sharifi NN, Shahbazi S (2013). Correlation of perceived social support and some of the demographic factors in patients with Multiple Sclerosis. *JHPM* 2(1):24-31.  
Harley K, Eskenazi B (2006). Time in the United States, social support and health behaviors during pregnancy among women of Mexican

descent. *Soc. Sci. Med.* 62(12):3048-3061.  
Hodnett ED, Gates S, Hofmeyr GJ, Sakala C, Weston J (2011). Continuous support for women during childbirth. *Cochrane Database Syst. Rev.* (2):CD003766.  
Janowski K, Steuden S, Pietrzak A, Krasowska D, Kaczmarek L, Gradus I, Chodorowska G (2012). Social support and adaptation to the disease in men and women with psoriasis. *Arch. Dermatol. Res.* 304(6):421-432.  
Edmonds JK, Paul M, Sibley LM (2011). Type, Content, and Source of Social Support Perceived by Women during Pregnancy: Evidence from Matlab, Bangladesh. *J. Health Popul. Nutr.* 29(2):163-173.  
Masoudnia E (2011). Relationship between Perceived Social Support and Risk of Postpartum Depression Disorder. *Iran J. Nurs.* 24(70):8-18.  
McDowell I (2006). *Measuring health: a guide to rating scales and questionnaires*, Oxford University Press.  
McKee MD, Cunningham M, Jankowski KRB, Zayas L (2001). Health-related functional status in pregnancy: relationship to depression and social support in a multi-ethnic population. *Obstetr. Gynecol.* 97(6): 988-993.  
Mirabzadeh A, Dolatian M, Forouzan AS, Sajjadi H, Majd HA, Mahmoodi Z (2013). Path Analysis Associations Between Perceived Social Support, Stressful Life Events and Other Psychosocial Risk Factors During Pregnancy and Preterm Delivery. *Iran. Red. Crescent Med. J.* 15(6):507-514.  
Rayegan SR, Khodakarami N, Hassanzadeh KM, Akbarzadeh BAR (2013). Assessing the mental health of mothers with high and low risk pregnancy. *J. Med. Counc. Islam. Repub. Iran* 30(4):329-334.  
Reblin M, Uchino BN (2008). Social and emotional support and its implication for health. *Curr. Opin. Psychiatry* 21(2):201.  
Russell D, Taylor J (2009). Living alone and depressive symptoms: the influence of gender, physical disability, and social support among Hispanic and non-Hispanic older adults. *J. Gerontol. B Psychol. Sci. Soc. Sci.* 64B(1):95-104.  
Sadeghi Aval Shahr H, Moosavi Sahebalzamani SS, Jahdi F, Neisani Samani I, Haghani H (2014). Relationship between Perceived Social Support in First Pregnancy with Birth Satisfaction in Primigravid Women Referred to Shahid Akbar Abadi Hospital. *Prev. Care Nurs. Midwif. J.* 4(1):54-64.  
Saraoudi RB, Sanei H, Baghbanian A (2011). The relationship between type D personality and perceived social support in myocardial infarction patients. *J. Res. Med. Sci.* 16(5):627-633.  
Sharifirad G, Rezaeian M, Soltani R, Javaheri S, Mazaheri MA (2010). "A survey on the effects of husbands' education of pregnant women on knowledge, attitude and reducing elective cesarean section." *J. Res. Health Syst.* 6(1):7-13.  
Shayeghian Z, Rasolzadeh Tabatabaey SK, Seddighi looye E (2009). Effect of Maternal Anxiety during Third Trimester on Pregnancy Outcomes and Infants' Mental Health. *Hayat* 14(4):57-65.  
Small R, Taft AJ, Brown SJ (2011). The power of social connection and support in improving health: lessons from social support interventions with childbearing women. *BMC Public Health* 11(Suppl 5):S4.  
Solar O, Irwin A (2007). A conceptual framework for action on the social determinants of health. *Social Determinants of Health Discussion Paper 2 (Policy and Practice)*. Available at: [http://www.who.int/sdhconference/resources/ConceptualframeworkforactiononSDH\\_eng.pdf](http://www.who.int/sdhconference/resources/ConceptualframeworkforactiononSDH_eng.pdf)  
Toosi M, Akbarzadeh M, Zare N, Sharif F (2011). Effect of Attachment Training on Anxiety and Attachment Behaviors of first-time Mothers. *Hayat* 17(3):69-79.  
Uchino BN (2009). Understanding the links between social support and physical health: A life-span perspective with emphasis on the separability of perceived and received support. *Perspect. Psychol. Sci.* 4(3):236-255.  
Westdahl C, Milan S, Magriples U, Kershaw TS, Rising SS, Ickovics JR (2007). Social support and social conflict as predictors of prenatal depression. *Obstetr. Gynecol.* 110(1):134.  
Xie RH, He G, Koszycki D, Walker M, Wen SW (2009). Prenatal social support, postnatal social support, and postpartum depression. *Ann. Epidemiol.* 19(9):637-643.