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Adequacy of social support and satisfaction with life during childbirth



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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

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