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ABSTRACT A STUDY TO ASSESS VARIOUS FORMS OF SOCIAL SUPPORT (FAMILY, FRIENDS, AND COMMUNITY) INFLUENCE THE PHYSICAL AND MENTAL WELL-BEING OF PREGNANT WOMEN.

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Abstract

Introduction: Being pregnant is a big life shift, and expectant moms' well-being can be greatly impacted by the support they receive from their social network. The research aimed to evaluate the impact of several types of social support, such as family, friends, and the community, on the emotional and physical health of expectant mothers who were undergoing outpatient treatment at a tertiary care centre.

Methods: A descriptive cross-sectional research design was used after getting approval from the Ethical Committee.

Result: Physical support for antenatal care is perceived as low to moderate, with means between 2.62 and 3.08. Mixed mental support, with significant percentages feeling unsupported by family (35% strongly disagree) and partners (39% strongly disagree). Both highlight the need for improved support systems for pregnant individuals. The chi-square test results show no significant association between age and well-being (chi-square = 1.349, $p > 0.05$). In contrast, education (chi-square = 14.656, $p < 0.05$), occupation (chi-square = 19.410, $p < 0.05$), and family monthly income (chi-square = 17.803, $p < 0.05$) are significantly associated with well-being, indicating that higher education, certain occupations, and higher income levels are linked to better physical and mental health.

Keywords: Social support, physical well-being, mental well-being, pregnant women

INTRODUCTION:

Pregnancy is a major life event, and the support and impact of one's social network can significantly affect the health and well-being of expectant mothers. Examining how family, friends, and the community engage with pregnant women can shed light on various aspects of maternal health, prenatal care, and pregnancy outcomes.

NEED OF STUDY:

Global research conducted in 2021 found that 7.1% of pregnant women reported receiving fewer social assistance, with lower socioeconomic position, stress, mental health conditions, and single status all playing a role¹. In India, a 2023 study by Pracheth Raghuvver and colleagues found that 67.6% of pregnant women attending a tertiary care hospital reported high social support². Research from 2017 highlighted that strong familial support in India is associated with reduced maternal stress and anxiety, thereby improving overall well-being³. Specifically, by 2015, Indian women who received robust familial support showed a 25% reduction in antenatal depression rates compared to those without such support⁴. Additionally, sufficient social support from friends in urban Indian settings was linked to a 30% decrease in pregnancy-related anxiety. This emphasizes how important social support is for enhancing pregnant mothers' mental health⁵.

STATEMENT OF THE PROBLEM:

A study to assess the various forms of social support (family, friends, and community) influence the physical and mental well-being of pregnant women attending antenatal OPD at Tertiary Care Centre, Tamil Nadu.

AIM & OBJECTIVES:

Aim:

To investigate and understand the extent to which family, friends, and communities impact the physical and mental well-being of pregnant women.

Objectives:

- To assess the various forms of social support (family, friends, and community) that influence the physical and mental well-being of pregnant women

- To find an association between the various forms of social support that influence the physical and mental well-being of pregnant women and the demographic variables.

METHODOLOGY:

Study design: A descriptive cross-sectional research design, the ethics committee gave its clearance.

Sample: In a tertiary care centre, the study was carried out, a sample was selected using a non-probability purposive, and 100 women participants aged between 20-50 years were selected. This study includes samples from those who are willing to participate. Before beginning the data collection process, informed consent was sought.

Ethical Consideration:

All the study material and procedures were reviewed & approved by The Institution Human Ethics Committee (CARE IHEC-I) ethical approval code (Ref No: IHEC-I/2585/24).

Main instruments:

TOOL - 1

Section A: Demographic variables. It includes age, education, occupation, and income.

Section B: It comprises information on obstetrical data such as previous pregnancies, complications during previous pregnancies, current medical conditions and complications, family history of genetic disorders or birth defects, and postpartum depression symptoms and support resources.

TOOL – 2 -Multidimensional scale

Multidimensional scaling (MDS) is a statistical tool that visualizes similarities or dissimilarities among data points in multiple dimensions. It helps depict how closely related or distinct individual cases are within a dataset, offering insights into patterns of similarity across complex data sets.

INTERPRETATION:

MENTAL AND PHYSICAL WELL-BEING	SCORING	PERCENTAGE
Good Mental And Physical Well-Being	0-49	<50%
Average Mental And Physical Well-Being	50-75	50-75%
Poor Mental And Physical Well-Being	76-100	>75%

FINDINGS OF STUDY:**Objective – 1**

Frequency and percentage distribution of pregnant women based on demographic variables.

Table 1: Frequency and percentage of pregnant women based on demographic variables

N=100

Characteristics	Category	Frequency	Percentage %
Demographic variables			
Age in year	20-30	54	54
	31-40	38	38
	41-50	8	8
Education	No formal education	14	14
	Primary school	42	42
	Above high school	44	44
Occupation	unemployed	30	30
	Skill labour	45	45
	professional	25	25
Family monthly Income	>Rs.5000	12	12
	Rs.5000-Rs.10000	38	38
	>Rs.10000	50	50

Above table shows that, age the majority (54%) of respondents are between 20 to 30 years old, followed by 38% aged 31 to 40 and 8% aged 41 to 50. Regarding education levels, 14% have no formal education, 42% have completed primary school, and 44% have education levels above high school. In terms of occupation, 30% are unemployed, 45% are engaged in skilled labour, and 25% are in professional roles. Lastly, concerning family monthly income, 12% earn over 5000 units (currency), 38% earn between 5001 to 10000 units, and 50% earn less than 10000 units monthly. Overall, the table provides a snapshot of a diverse demographic profile \ encompassing age, education, occupation, and income levels within the surveyed population.

AGE

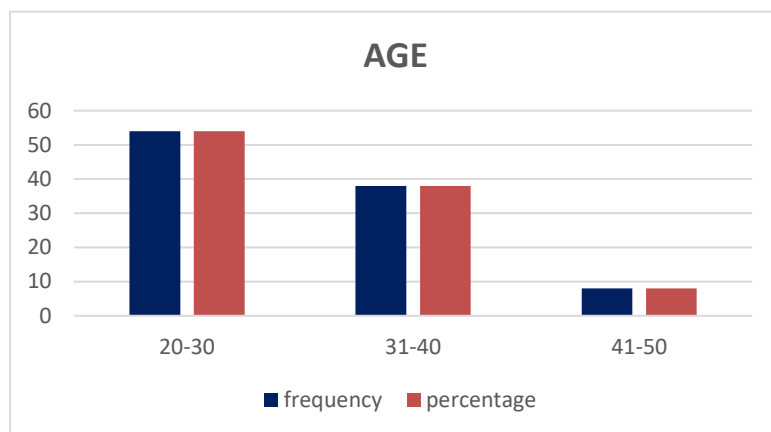


Figure 1: Frequency and percentage of pregnant women based on age

EDUCATION

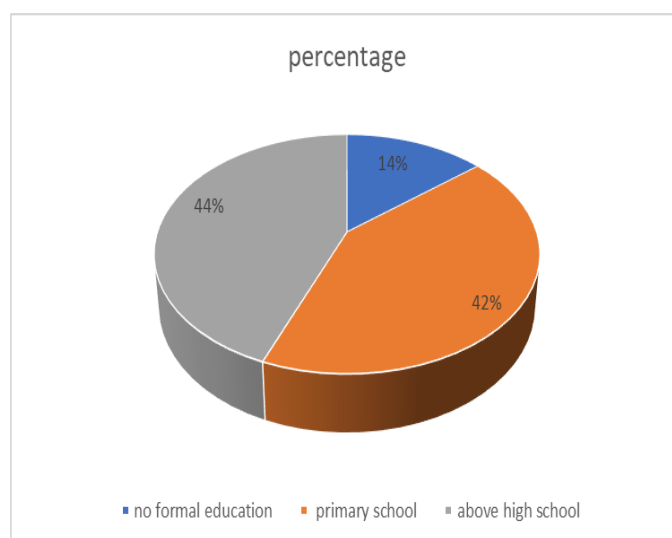


Figure 2: Frequency and percentage of pregnant women based on education

OCCUPATION

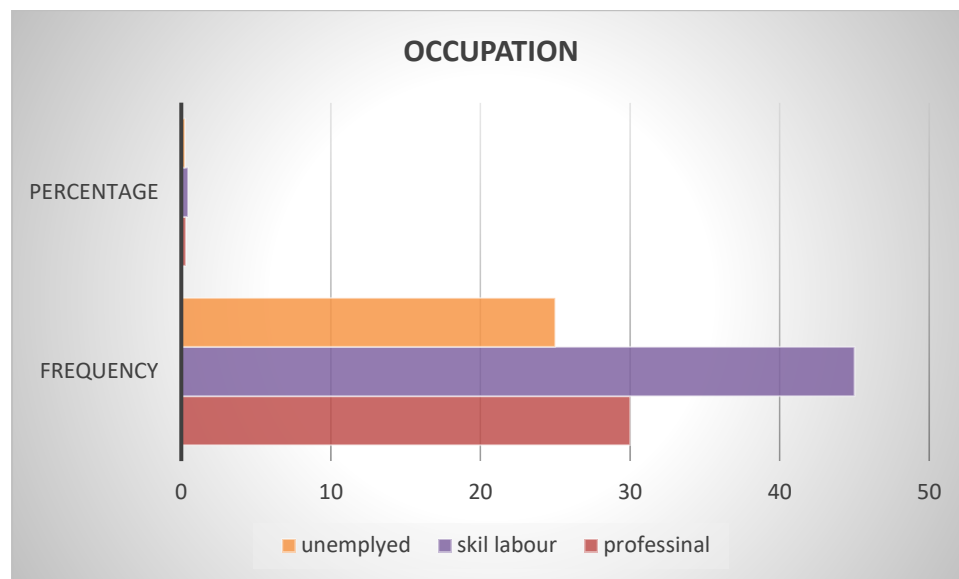


Figure 3: Frequency and percentage of pregnant women based on occupation

Objective – 2

Assess the various form of social support influence the physical Well-being of pregnant women

Table 2: Assess the various forms of social support influence the physical well-being of pregnant women.

N=100

S.no	Physical factors	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Mean± standard deviation
1	P1. Family/friends support antenatal care	36(36.0%)	16(16.0%)	12(12.0%)	19(19.0%)	17(17.0%)	2.62 ± 1.540
2	P2. Family assists with task	24(24.0%)	28(28.0%)	20(20.0%)	16(16.0%)	12(12.0%)	2.64 ± 1.330

3	P3. Partner support my work out	23(23.0%)	25(25.0%)	22(22.0%)	21(21.0%)	9(9.0%)	2.68 ± 1.286
4	P4. Family/friends provide transportation	17(17.0%)	29(29.0%)	22(22.0%)	23(23.0%)	9(9.0%)	$2.78 + 1.236$
5	P5. Safe and comfortable community	24(24.0%)	24(24.0%)	26(26.0%)	18(18.0%)	8(8.0%)	2.62 ± 1.254
6	P6. Family prioritizes hygiene	17(17.0%)	24(24.0%)	29(29.0%)	23(23.0%)	7 (7.0%)	2.79 ± 1.183
7	P7. Family frequently assists	9(9.0%)	30(30.0%)	29(29.0%)	22(22.0%)	10(22.0%)	$2.94 + 1.135$
8	P8. Neighbour helps me with household chores	7(7.0%)	24(24.0%)	35(36.0%)	26(26.0%)	8(8.0%)	3.04 ± 1.053
9	P9. Community offers prenatal nutrition classes	8(8.0%)	27(27.0%)	40(40.0%)	18(18.0%)	9(9.0%)	2.91 ± 1.055
10	P10. Community support antenatal groups	8(8.0%)	21(21.0%)	35(35.0%)	27(27.0%)	9(9.0%)	3.08 ± 1.079

Table 2 presents data from 100 participants on their perceptions of physical factors influencing antenatal care. Overall, the responses indicate varying levels of agreement regarding support and resources. Participants generally reported low to moderate levels of agreement on several

factors. Overall, the table highlights a generally neutral to slightly negative perception of the physical support factors related to antenatal care.

Objective – 3

Assess the various forms of social support influence the mental well-being of pregnant women

Table 3: Assess the various forms of social support influence the mental well-being of pregnant women

N=100

S N o	Mental Factors	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean + Standard Deviation
1	M1. My family supports me morally.	35(35.0%)	18(18.0%)	16(16.0%)	21(21.0%)	10(21.0%)	2.53 ± 1.410
2	M2. Can confide fears to partner	39(39.0%)	13(13.0%)	17(17.0%)	22(22.0%)	9(9.0%)	2.49 ± 1.425
3	M3. I depend on family/friends for emotional support.	18(18.0%)	27(27.0%)	27(27.0%)	16(16.0%)	12(12.0%)	2.77 ± 1.262
4	M4. I share my pregnancy journey with friends/community comfortably.	17(18.0%)	23(23.0%)	28(28.0%)	20(20.0%)	12(12.0%)	2.87 ± 1.261
5	M5. My friends support me emotionally during pregnancy.	7(7.0%)	31(31.0%)	41(41.0%)	14(14.0%)	7(7.0%)	2.91 ± 1.026
6	M6. Family/friends show affection through hugs and holding hands.	8(8.0%)	26(26.0%)	40(40.0%)	19(19.0%)	7(7.0%)	2.91 ± 1.026

7	M7. Family, friends, and community support me emotionally during pregnancy.	10(10.0%)	24(24.0%)	38(38.0%)	24(24.0%)	4(4.0%)	2.88 ± 1.018
8	M8. Community programs support pregnant women's mental wellbeing.	8(8.0%)	15(15.0%)	48(48.0%)	22(22.0%)	7(7.0%)	$3.05 \pm .989$
9	M9. My community offers counselling for pregnancy and postnatal care.	6(6.0%)	20(20.0%)	45(45.0%)	20(45.0%)	9(9.0%)	3.06 ± 1.003
10	M10. My community keeps me positive with constant support.	6(6.0%)	23(23.0%)	43(43.0%)	21(21.0%)	7(7.0%)	$3.00 \pm .985$

The above table reveals that a significant portion of respondents feel their family morally supports them (35% strongly disagree, 18% disagree), but there is notable agreement as well (21% agree, 21% strongly agree). Confidence in confiding fears to partners shows a similar trend, with a high percentage feeling unable to do so (39% strongly disagree). Emotional support from friends is reported as somewhat lacking, with 38% feeling neutral. Overall, the data highlights varied levels of support and suggests areas where support systems could be strengthened for pregnant individuals.

Objectives – 4**Association of the social support, influence the physical and mental well-being of the pregnant women**

Table 4: association of the social support, influence the physical and mental well-being of pregnant women

N=100

S.no	Variables	Category	Physical and mental well being			X ²	df	P Value
			Good wellbeing	Average wellbeing	Poor wellbeing			
1	Age	20-30	12	15	27	1.349	4	greater than 0.05
		31-40	9	14	15			
		41-50	2	3	3			
2	Education	No formal education	3	8	3	14.656	4	Less than 0.05
		Primary school	12	15	12			
		Above high school	8	19	30			
3	occupation	Unemployment	2	8	3	19.410	4	Less than 0.05
		Skill labour	15	13	11			
		Professional	6	11	31			
4	Family monthly income	<5000	3	7	2	17.803	4	Less than 0.05
		5000-10000	14	13	11			
		<15000 and <	23	12	32			

The chi-square test findings analysing the relationship between the categories of physical and mental well-being (Good, Average, Poor) and the variables (Age, Education, Occupation, and Family Monthly Income) are summarized in Table 4. The age test result was non-significant (chi-square = 1.349, df = 4, $p > 0.05$), indicating that for the age groups 20–30, 31–40, and 41–

50, there was no significant association between age and any of the wellbeing categories. Conversely, significant associations were found between Education (chi-square = 14.656, df = 4, $p < 0.05$), Occupation (chi-square = 19.410, df = 4, $p < 0.05$), and Family Monthly Income (chi-square = 17.803, df = 4, $p < 0.05$) and Physical and Mental Wellbeing.

RESULT:

Physical support for antenatal care is perceived as low to moderate, with means between 2.62 and 3.08. Mixed mental support, with significant percentages feeling unsupported by family (35% strongly disagree) and partners (39% strongly disagree). Both are highlight the need for improved support systems for pregnant individuals. The chi-square test results show no significant association between age and wellbeing (chi-square = 1.349, $p > 0.05$). In contrast, education (chi-square = 14.656, $p < 0.05$), occupation (chi-square = 19.410, $p < 0.05$), and family monthly income (chi-square = 17.803, $p < 0.05$) are significantly associated with wellbeing, indicating that higher education, certain occupations, and higher income levels are linked to better physical and mental health.

DISCUSSION:

The findings show that, from a study of 100 participants, investigating relationships between age, education, occupation, family monthly income, and reported levels of physical and mental well-being. Age did not show a significant association with well-being ($X^2 = 1.349$, df = 4, $p > 0.05$). However, an education level ($X^2 = 14.656$, df = 4, $p < 0.05$), occupation type ($X^2 = 19.410$, df = 4, $p < 0.05$), and family monthly income ($X^2 = 17.803$, df = 4, $p < 0.05$) demonstrated significant associations, indicating that higher education, professional occupations, and higher income levels may be correlated with better perceived well-being among the participants.

The results are similar to the research done in "Social Support and Health Status of Pregnant Women: A Study in Delhi" by M. M. Singh and R. Raghu Nathan, which found statistically significant correlations between different types of social support and the health outcomes of expectant mothers in urban Delhi. It was discovered that improved maternal mental health scores ($\beta = 0.45$, $p < 0.01$) and lower reported stress levels ($r = -0.60$, $p < 0.05$) were highly connected with higher levels of felt emotional support from family members. These results

suggest that supportive networks—especially those derived from family—are essential for reducing stress and fostering mental health in this population during pregnancy. To enhance overall maternal health outcomes, the study makes recommendations for healthcare policies and interventions targeted at strengthening social support networks for expectant mothers.

CONCLUSION:

This study aimed to assess how well a systematic training program at CHRI, Kelambakkam, Tamil Nadu, shaped prenatal moms' attitudes about the physical and mental health of expectant mothers. The study used a descriptive-type research design and an evaluative research approach. To select one hundred individuals for the sample size, convenient sampling was utilized. The research tools included questions related to demographic and obstetric data and a self-structured questionnaire for assessing attitude-related questions. Data collected was compiled and analyzed by the study objectives, utilizing inferential statistics for interpretation. Demographic profile: 54% of respondents are aged 20-30, 42% have education beyond high school, 45% are engaged in skilled labor, and 50% earn less than 10,000 units monthly. This numerical distribution highlights the varied backgrounds within the surveyed population. Table 2 reveals that physical support for antenatal care is perceived as low to moderate, with means between 2.62 and 3.08. Table 3 shows mixed mental support, with significant percentages feeling unsupported by family (35% strongly disagree) and partners (39% strongly disagree). Both tables highlight the need for improved support systems for pregnant individuals.

The chi-square test results show no significant association between age and well-being (chi-square = 1.349, $p > 0.05$). In contrast, education (chi-square = 14.656, $p < 0.05$), occupation (chi-square = 19.410, $p < 0.05$), and family monthly income (chi-square = 17.803, $p < 0.05$) are significantly associated with well-being, indicating that higher education, certain occupations, and higher income levels are linked to better physical and mental health. The study concludes that the structured teaching program effectively enhances antenatal mothers' attitudes toward physical and mental health, highlighting significant associations between education, occupation, and income with improved well-being. Pregnant women's perceived levels of physical and mental assistance, however, differ substantially, underscoring the need for improved support network.

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