



## PERCEIVED MENTAL HEALTH AND SOCIAL SUPPORT DURING PREGNANCY AMONG PRIMIGRAVIDA AND MULTIPARA MOTHERS: A COMPARATIVE STUDY

Mehwish Naz

M.Sc Nursing Student- Department of Psychiatric Nursing, Saraswati Nursing Institute, Kurali, Punjab

Harpreet Kaur\*

Vice Principal Cum Professor- Department of Psychiatric Nursing, Maharishi Markandeshwar College of Nursing, MMU, Solan, Himachal Pradesh \*Corresponding Author

### ABSTRACT

Pregnant mothers with mental health problems are less likely to care adequately for their personal needs, to seek and receive antenatal or postnatal care, or adhere to prescribed health regimens. Social support influences health-related behaviors and can play an important role in adaptation to pregnancy. This study aimed to assess and compare the perceived mental health and social support during pregnancy among primigravida and multipara mothers. **Materials:** This was a comparative study. The accessible sample was recruited from pregnant mothers attending OPD at community health centre in Kurali, Punjab. Total 300 pregnant mothers were selected. Out of these, 150 mothers were primigravida and 150 were multipara mothers who met the inclusion criteria. Perceived mental health was assessed using the Kessler Distress Scale (k-10) and perceived social support was assessed by multidimensional scale. **Results:** Comparing the perceived mental health and social support scores between pregnant mothers in primigravida and multipara group, it was found that multiparas had more psychological distress and less social support as compared to primigravidas. There was a negative statistically significant correlation observed between perceived mental health and perceived social support of primigravida and multipara mothers ( $r = -.454$  and  $p = 0.00^*$  and  $r = -.526$  and  $0.00^*$ ) respectively. **Conclusion:** The findings from this study suggested that multipara mothers during pregnancy are vulnerable for mental illness and perceiving scarcity of social support as compared to primigravida mothers. Hence, it was suggested that high social support lowers the risk of mental illness. Therefore, there is a need to conduct various programs by health professionals related to social support with a view to helping reduce mental health problems among pregnant mothers.

**KEYWORDS :** Perceived mental health, Perceived social support, Primigravida, Multipara mothers.

### INTRODUCTION

Pregnancy is an important but emotionally sensitive time for most women and it is also accompanied by changes in physical appearance, role and lifestyles. Such changes may have an impact on the attitude, decision making, mental health and behaviour of the pregnant mothers in undertaking the social responsibility that comes with pregnancy and motherhood. These changes during pregnancy may be exacerbated by financial problems, relationship issues and lack of social support. Thus, to tackle these challenges the need for social support during pregnancy is vital<sup>1</sup>.

Pregnancy is usually considered a time of positive feelings for pregnant mothers. There may be physiological discomforts as backache, edema, sleep disturbance, vomiting, nausea, etc., psychosocial discomforts as anxiousness, mood swing, lack of family support, etc. hormonal changes that offset an increase in mental and emotional changes which can result in psychological distress in pregnant mothers<sup>2</sup>. However, these mothers are at increased risk of developing mental illnesses during this time, whether or not they have had experienced such mental illnesses before. About 20% of pregnant mothers experience anxiety, stress, and depression<sup>1,2</sup> during pregnancy. Anxiety, depression and self-harm<sup>3</sup> are the common mental health problems experienced during pregnancy and have been associated to a variety of unfavourable outcomes for mother and child health, including stillbirth, early birth, low birth weight, and so on<sup>4</sup>.

Psychosocial factors are associated with fear of child birth and previous studies have revealed that depression is strongly linked to fear of child birth<sup>5,6</sup>. Mental health problems were often present in pregnant mothers who were lacking in social support and psychosocial resources<sup>7</sup>. The prevalence of antenatal anxiety ranges between 8 to 30% and depression was ranged from 9.18 to 36.7% in pregnant mothers<sup>8,9,10</sup>. Individual studies have reported that 78% of mothers had moderate psychosocial stress and 6% with high psychosocial stress during pregnancy<sup>11</sup>.

The key component to achieve healthy pregnancy outcomes, handle psychological challenges and to adapt to the new or stressful circumstance is to provide strong social support for pregnant mother<sup>2,12</sup>.

Many studies have revealed that low social support is significantly associated with mental health problems during pregnancy. However, no comparative study has been conducted to assess the impact of social support in relation to gravida/para on the mental health during pregnancy. It is important to confirm the differences in social support and mental health states in the antenatal period between primigravidas and multiparas. In direct response to this significant research gap, this comparative study aimed to assess and compare the impact of social support in relation to gravida/para on the mental health of the pregnant mothers.

### MATERIALS AND METHODS

The study employed a non-experimental comparative design. The research took place in community health centre (CHC), Kurali, Punjab. The subjects were primigravida and multipara mothers.

#### Sample Size

Power analysis was used to estimate in advance how big a sample is needed. To estimate the sample size for the present study, the confidence interval at 95% and 5% precision rate. The calculated sample size was 278. To consider the attrition rate, researcher decided to take 300 sample in the present study. To make equal proportion of primigravida and multipara mothers, researcher took  $n=150$  in each group. Purposive sampling technique was used to select the sample for data collection.

#### Measures

Two standardized tools were used for data collection i.e., Kessler psychological distress scale (k-10) and Multidimensional Scale of Perceived Social Support.

(a) Kessler Psychological Distress scale (k - 10) by Kessler RC,

Barker PR. et al: It was used to measure the perceived mental health of pregnant mothers. Permission was taken from the concerned authority for using their scale. It is a Likert scale with ten items answered on five-point scale- ranging from 1 – 5, where All the time (5), Most of the time (4), Some of the time (3), A little of the time (2), None of the time (1). Maximum score was 50 and minimum was 10. High score means likely to have severe disorder and less score means likely to be well.

(b) Multidimensional Scale of Perceived Social Support by Zimet GD, Dehlem NW. et al: This scale was used to measure the perceived social support of pregnant mothers. It is a likert scale with twelve items related to family and friends, answered on seven-point scale ranging from 1 – 7, where very strongly disagree (1), Strongly disagree (2), Mildly disagree (3), Neutral (4), Mildly agree (5), Strongly agree (6), Very strongly agree (7). To calculate mean scores: Sum across all 12 items, then divide by 12. Maximum score was 7 and minimum was 1. High score means high social support whereas low score means less social support. The internal consistency of both the scales were  $r = 0.8$ , which is indicating good reliability.

**Ethical Consideration**

Review board of University's ethical committee given approval for the study with letter no: 07-BFUHS/Exam/2532 dated: 03/03/23. Written permission was obtained from the Senior Medical Officer of Community Health Centre, Kuruli for data collection. All the participants were explained that they can withdraw their participation from the study at any point. Additionally, written consent was obtained from each participant, accompanied by an assurance that the information they provided would be treated with confidentiality and utilized exclusively for research purpose.

Data collected were processed and analyzed using (SPSS 16.0). Independent t-test was used to compare perceived mental health and social support among primigravida and multipara mothers. Coefficient correlation was used to determine correlation between perceived mental health and social support among primigravidas and multiparas at statistical significance  $p < 0.05$ .

**RESULTS**

**Table 1: Frequency And Percentage Distribution Of Subjects As Per Their Perceived Mental Health Among Primigravida And Multipara Mothers. N=300**

Perceived Mental Health	Pregnant Mothers	
	Primigravida n=150 f(%)	Multipara n=150 f(%)
Likely to be well (10 – 19)	57 (38.0)	30(20.0)
Likely to have a mild disorder (20 – 24)	43(28.7)	45(30.0)
Likely to have a moderate disorder (25 – 29)	30(20.0)	50(33.3)
Likely to have a severe disorder (30 – 50)	20(13.3)	25(16.7)

Table 1 depicts the majority 57(38.0%) primigravida mothers and one fifth 30(20.0%) from multipara mothers perceived themselves as likely to be well. Nearly one third 43(28.7%) and 45(30.0%) from primigravida mothers and multipara mothers respectively perceived themselves as likely to have mild disorder. One fifth 30(20.0%) primigravida mothers and majority 50(33.3%) multipara mothers perceived themselves as likely to have moderate disorder and very few 20(13.3%) primigravida mothers and 25(16.7%) multipara mothers perceived themselves as likely to have severe disorder.

**Table 2: Comparison of Perceived Mental Health During Pregnancy Among Primigravida and Multipara Mothers. N=300**

Perceived Mental Health
-------------------------

Pregnant mothers	N	Mean±SD	Std Mean error	t-value	df	p-value
Primigravida	150	22.10±6.47	.528	-2.814	298	.005*
Multipara	150	23.93±4.66	.380			

\*=Statistically Significant Maximum score= 50 Minimum score= 10

Table 2 depicts the mean±SD scores of perceived mental health among primigravida and multipara mothers were 22.10±6.47 and 23.93±4.66 respectively. Whereas, the calculated 't' value was - 2.814, statistically significant difference was observed related to perceived mental health among the subjects ( $p = 0.005$ ). It was concluded that multipara mothers have more psychological distress as compared to primigravida mothers.

**Table 3: Frequency And Percentage Distribution Of Subjects As Per Their Perceived Social Support During Pregnancy Among Primigravida And Multipara Mothers. N=300**

Perceived social support	Primigravida mothers (n=150) f (%)	Multipara mothers (n=150) f(%)
Low support (1–2.9)	12(8.0)	17(11.3)
Moderate support (3–5)	112(74.7)	118(78.7)
High support (5.1–7)	26(17.3)	15(10.0)

Table 3 depicts the majority 112(74.7%) primigravida and 118(78.7%) multipara mothers were perceived themselves with moderate social support. Where 26(17.3%) primigravida and 15(10.0%) multipara mothers were perceived themselves with high social support. Very few 12(8.0%) primigravida and 17(11.3%) multipara mothers were perceived themselves with low social support.

**Table 4: Comparison Of Perceived Social Support During Pregnancy Among Primigravida And Multipara Mothers.**

Perceived Social Support						
Pregnant mothers	N	Mean±SD	Std Mean Error	t-value	df	p-value
Primigravida	150	4.34±1.11	0.913	4.530	298	.001*
Multipara	150	3.78±1.02	0.838			

\*=Statistically Significant Maximum score= 7 Minimum Score = 1

Table 4 depicts the mean ± SD scores of perceived social support among primigravida and multipara mothers were 4.34±1.11 and 3.78±1.02 respectively. Whereas the calculated 't' value was 4.530, statistically significant difference was observed related to perceived social support among the subjects ( $p = 0.001$ ). It was concluded that multipara mothers perceived less social support as compared to primigravida mothers.

**Table 5: Correlation Between Perceived Mental Health And Social Support During Pregnancy Among Primigravida And Multipara Mothers. N=300**

Variables	Primigravida mothers r(p value)	Multipara mothers r(p value)
Perceived mental health	-.454 (0.001)*	-.526 (0.001)*
Perceived social support		

Table 5 depicts the negative correlation between the perceived mental health and perceived social support among primigravida and multipara mothers. The calculated value of correlation coefficient among primigravidas,  $r = -.454$ ,  $p = 0.001*$  and among multiparas,  $r = -.526$ ,  $p = 0.001*$ , which were found to be highly statistically significant. Hence, it was revealed that higher the level of perceived social support would lower the perceived mental health problems.

**DISCUSSION**

In this study the significant difference of perceived mental

health and social support among primigravida and multipara mothers ( $p < 0.05$ ) and it was concluded that multiparas are more likely to have mental disorder and have less social support as compared to primigravidas. These findings are consistent with study conducted by Nasr ES, Elsherbeny EM, Ahmad MG et al (2019) where the majority of multigravida pregnant women have experienced severe anxiety and fear as compared to primigravida pregnant women<sup>13</sup>. Rehman B, Ahmad J, Kaur R. et al. (2017) reported in his study that the depression increases significantly with advancing pregnancy<sup>14</sup>.

Alzboon G and Vural G (2021) explained high parity women experienced multiple stressors, various discomforts, and lack of social support<sup>15</sup>. Anne H S, Hanna O and Marja K (2014) examined that multiparas received statistically significant less concrete support compared with primiparas<sup>16</sup>. Similarly, Saeieh SE, Rahimzadeh M, Yazdkhasti M et al (2017) supporting the present study, revealed that direct relationship was found between social support to primipara mothers<sup>17</sup>.

In the current study, negative correlation was observed between perceived mental health and social support in primigravida and multipara mothers with statistically significant value ( $p = 0.001$ ) which is similar with the study conducted by McLeish J, Redshaw M (2017) revealed that peer support during pregnancy and after birth can have a number of interrelated positive impacts on the emotional wellbeing of mothers<sup>18</sup>.

Shafaie FS, Mirghafourvand M, Rahmati M (2018) supports present study, reported that the levels of anxiety, depression, and stress decrease in pregnant women with increasing of social support<sup>19</sup>. Yuksel A, Bayrakci H and Yilmaz EB (2019) supporting present study, depicts that there was moderately positive correlation between perceived social support and psychological well-being scores<sup>20</sup>.

## CONCLUSION

The findings from this study suggested that multipara mothers during pregnancy are vulnerable for mental illness and perceiving scarcity of social support as compared to primigravida mothers. Hence, it was suggested that high social support lowers the risk of mental illness. Therefore, there is a need to conduct various programs by health professionals related to social support with a view to helping reduce mental health problems among pregnant mothers.

## REFERENCES

1. Bedaso A, Adams J, Peng W, Sibbritt D (2021). Prevalence and determinants of low social support during pregnancy among Australian women: a community-based cross-sectional study. *J Reprod Health*, 18(1):158.
2. Sahoo, Gill S, Gursahiba, Sikka, Nehra P and Ritu (2023). Antenatal depression and anxiety in Indian women: A systematic review. *Industrial Psychiatry Journal*, 32(2):222-233. DOI:10.4103/ipj.ipj\_156\_22.
3. Dunkel Schetter C, Tanner L (2012). Anxiety, depression and stress in pregnancy: implications for mothers, children, research, and practice. *J Curr Opin Psychiatry* 25(2):141-8.
4. Bakhla A, Priyambada K (2017). A comparative study of antenatal anxiety among primigravida and multigravida [internet]. *International J of Scientific Research* 6(4): 2277 - 8179.
5. Raisanen S, Lehto SM, Nielsen HS, et al (2014). Fear of childbirth in nulliparous and multiparous women: a population-based analysis of all singleton births in Finland in 1997 - 2010. *BJOG* 121:965-970.
6. Eberhard-Gran M, Slinning K, Eskild A (2008). Fear during labor: the impact of sexual abuse in adult life. *J Psychosom Obstet Gynaecol* 29:258-61.
7. Saisto T, Salmela-Aro K, Nurmi JE, et al (2001). Psychosocial characteristics of women and their partners fearing vaginal childbirth. *BJOG* 108:492-8.
8. Asres B, Jon A, Wenbo P and David S (2021). The relationship between social support and mental health problems during pregnancy: a systematic review and meta-analysis. *Reproductive Health* 18:162.
9. McLeish J, Redshaw M (2017). Mothers' accounts of the impact on emotional wellbeing of organised peer support in pregnancy and early parenthood: a qualitative study. *BMC Pregnancy Childbirth* 17(1):28.
10. Satyanarayana VA, Lukose A, Srinivasan K (2021). Maternal mental health in pregnancy and child behavior- PMC [Internet]. *Indian J Psychiatry* 53(4): 351 - 361.
11. Woods SM, Melville JL, Guo Y, Fan MY, Gavin A (2010). Psychosocial stress during pregnancy. *Am J Obstet Gynecol* 202(1):61.e1-61.e7.
12. Elsenbruch S, Benson S, Rucke M, Rose M, Dudenhausen J, Pincus-Knackstedt MK, et al (2007). Social support during pregnancy: effects on

- maternal depressive symptoms, smoking and pregnancy outcome. *J Hum Reprod* 22(3):869-77.
13. Nasr ES, Elsherbeny EM, Ahmed MG, Sarhan Eldesokey Genedy A (2019). Anxiety Level among Primigravida and Multigravida Regarding Minor Discomforts (Comparative Study). *Egypt J Health Care* 10(2):335-46.
14. Rehman B, Ahmad J, Kaur R (2017). An epidemiological study to assess the mental health status of pregnant women in a tertiary care hospital, Srinagar, Jammu and Kashmir, India. *Int J Reprod Contracept Obstet Gynecol* 6(6):2580-3.
15. Alzboon G and Vural G (2021). The Experience of Healthy Pregnancy in High Parity Women: A Phenomenological Study in North Jordan. *J Medicina (Mex)* 57(8):853.
16. Anne H S, Hanna O, and Marja K (2014). Primiparous and multiparous mothers' perceptions of social support from nursing professionals in postnatal wards. *J Midwifery* 30(4):476-85.
17. Saeieh SE, Rahimzadeh M, Yazdkhasti M, Torkashvand S (2017). Perceived Social Support and Maternal Competence in Primipara Women during Pregnancy and After Childbirth. *Int J Community Based Nurs Midwifery* 5(4):408.
18. McLeish J, Redshaw M (2017). Mothers' accounts of the impact on emotional wellbeing of organised peer support in pregnancy and early parenthood: a qualitative study. *BMC Pregnancy Childbirth* 17(1):28.
19. Shafaie FS, Mirghafourvand M, Rahmati M, Nouri P, Bagherinia M (2018). Association between psychological status with perceived social support in pregnant women referring to Tabriz health centers. *J Matern-Fetal Neonatal Med Off J Eur Assoc Perinat Med Fed Asia Ocean Perinat Soc Int Soc Perinat Obstet* 31(12):1554-60.
20. Yuksel A, Bayrakci H, Yilmaz EB (2019). Self-efficacy, Psychological Well-Being and Perceived Social Support Levels in Pregnant Women. *International Journal of Caring Sciences* 12(2): 1120.