

ORIGINAL ARTICLE / PRACA ORYGINALNA

Grażyna Gebuza, Marzena Kaźmierczak, Estera Mieczkowska, Małgorzata Gierszewska

**SOCIAL SUPPORT RECEIVED BY PRIMIPARAE AND MULTIPARAE
IN THE PERINATAL PERIOD****WSPARCIE OTRZYMANE PRZEZ PIERWORÓDKI I WIELORÓDKI
W OKRESIE OKOŁOPORODOWYM**

Nicolaus Copernicus University in Toruń, Faculty of Health Sciences, Poland

S u m m a r y

Objectives. The aim of the study was to establish if the social support received by primiparae in the 3rd trimester of pregnancy and in the postpartum period differs significantly from the social support received by multiparae, and if there are any differences in the satisfaction with life among the women involved in the study.

Methods. The Berlin Social Support Scales (BSSS) as well as the Satisfaction with Life Scale (SWLS) were used in the study. A total of 199 women in the third trimester of pregnancy and after physiological birth or caesarean section (only 188) took part in the study.

Results. In the 3rd trimester of pregnancy the primiparae received significantly more emotional and instrumental support than the multiparae. In the postpartum period no difference was found between the social support received by the primiparae and the one received by the multiparae. There is no difference in life satisfaction between primiparae and multiparae in the gestation and postpartum period.

Conclusions. Study of received social support and life satisfaction is necessary in order to define what assistance programmes should be created for women and their families while they are in the perinatal period.

S t r e s z c z e n i e

Wstęp. Wsparcie społeczne otrzymane jest ważne w okresie ciąży, porodu i poporodowym, a głównym źródłem wsparcia jest partner życiowy. Wspierające relacje społeczne mogą odgrywać istotną rolę w zadowoleniu z życia.

Celem pracy było ustalenie czy wsparcie społeczne otrzymane przez pierworódki w III trymestrze ciąży i okresie poporodowym różni się istotnie od wsparcia społecznego otrzymanego przez wieloródki oraz czy istnieje różnica w zadowoleniu z życia badanych kobiet.

Metody. W badaniu wykorzystano: Berlińskie Skale Wsparcia Społecznego (*Berlin Social Support Scales - BSSS*), Skalę Satysfakcji z Życia (*The Satisfaction with Life Scale - SWLS*). W badaniu uczestniczyło 199 kobiet w trzecim

trymestrze ciąży i po porodzie, ale tylko 188. Kobiety były po porodach fizjologicznych lub cięciu cesarskim.

Wyniki. W III trymestrze ciąży pierworódki otrzymywały istotnie więcej wsparcia emocjonalnego i instrumentalnego od wieloródek. W okresie poporodowym nie stwierdzono różnicy między otrzymanym wsparciem społecznym przez pierworódki i wieloródki. Nie istnieje różnica w zadowoleniu z życia między pierworódkami i wieloródkami w okresie ciąży i poporodowym.

Wnioski. Badanie otrzymanego wsparcia społecznego oraz zadowolenia z życia, są konieczne, aby określić, jakie programy pomocowe należy tworzyć dla kobiet i ich rodzin w okresie okołoporodowym.

Key words: Life Satisfaction, Social Support, Primiparae, Multiparae, Pregnancy, Postpartum Period

Słowa kluczowe: zadowolenie z życia, wsparcie społeczne, pierworódki, wieloródki, ciąża, okres poporodowy

INTRODUCTION

Satisfaction with life is more or less stable during a lifetime, but the level of satisfaction can change under the influence of life situations [1]. Few studies showed that the level of life satisfaction may increase after childbirth because young people want to have children [2]. Psychological aspects such as emotional satisfaction, social status and increase of social identity constitute important factors for parents [3, 4]. Researchers claim that the birth of a child temporarily increases life satisfaction during pregnancy and in the postnatal period, but later the life satisfaction level returns to the one experienced before pregnancy [5, 6, 7].

A vast majority of researchers claim that children do not increase the parents' satisfaction with life [8, 9]. Life satisfaction has been investigated by many researchers and problems with interpreting the results stem from different research methods and not taking into account many aspects of parenthood connected with raising children and professional work. Some researchers involved in the study of family stated that parenthood increases life satisfaction on a permanent basis, but having children brings advantages as well as sacrifices connected with child upbringing which neutralise each other [10, 11].

Motherhood is a natural part of woman's life and is often perceived as a distinction, joy and fulfilment. It is a life event, which, beside exciting impressions and sacrifice, brings some fears. One of the most effective methods used by people to cope with stressful events is social support, conditioning health and well-being [12, 13]. Women who had received a high-level of social support during pregnancy and in the postpartum period less frequently showed the symptoms of lowered mood and depression after the childbirth [14, 15]. They also handled childcare [16] and breastfeeding [17, 18] better.

In this study an attention was paid to the quality of support received by women giving birth to the first or subsequent child and to their satisfaction with life during that period. Birth of the first child is an exceptional event in a woman's life. Therefore, the studied quality of support received by primiparae constitutes an important factor of adjusting to a new role. Results of the studies of motherhood and parenthood suggest that birth of a child, in particular the first child, has a rather negative effect on the

functioning of majority of married couples and decreases their life satisfaction [9, 8].

The aim of this study was to establish if the social support received by primiparae in the 3rd trimester of pregnancy and in the postpartum period differs significantly from the social support received by multiparae, and if the life satisfaction of women involved in the study varies.

Received social support is defined in this study as a reported by women type and amount of social support received from their partners. In this context attention is paid to the social support given to the expecting and postpartum women. The value of the variable constitutes the result of study of received social support obtained by means of the Berlin Social Support Scales (BSSS) whose authors are: Łuszczynska A, Kowalska M, Mazurkiewicz M, Schwarzer R, Schulz U, [19]. According to the research tool used in this study, a division of social support into three types: emotional, instrumental and informative, was adopted. Satisfaction with the received support assumes values from 0 to 1, where 0 denotes lack of support and 1 – maximal support. BSSS is a set of tools to measure the cognitive and behavioural aspects of social support. The Polish version of BSSS is available at the website: http://userpage.fu-berlin.de/~health/soc_pol.htm.n.

Satisfaction with life is discussed in this study as one's contentment with life expressed in a general evaluation of one's selected criteria – women compare their own situation with the standards previously set by themselves. The value of the variable is the result of the study conducted by means of the Satisfaction with Life Scale (SWLS), whose authors are: E. Diener, R. A. Emmons, R. J. Larson, S. Griffin, Polish adaptation by Z. Juczyński. The result of the measurement is the general indicator of the sense of life satisfaction. The results range from 1 to 35 points. The higher the result, the bigger the life satisfaction is. Results ranging from 1 to 4 scores on sten scale are treated as low, from 7 to 10 sten scores – as high and from 5 to 6 sten scores as average [20].

MATERIALS AND METHODS

The study was conducted in the period from July 2010 to April 2011. Ethical approval for the study was granted by the Bioethics Committee at the Nicolaus

Copernicus University Collegium Medicum in Bydgoszcz, No. 270/10.

The study was conducted twice: in the 3rd trimester of pregnancy and in the postpartum period - on the day of discharge from the hospital. The same women took part in each stage of the study. The first stage of the study was conducted in the Pregnancy Pathology Ward, Gynaecological Outpatient Clinic in the Dr Jan Biziel University Hospital in Bydgoszcz, at the private gynaecological practice of M. Bułatowicz and at the school of birth (offering antenatal classes) run by Ms Anna Appelt. The second stage of the study was conducted on the Obstetrical Ward of the Dr Jan Biziel University Hospital in Bydgoszcz.

Statistical analysis concerned 199 (100%) women in the 3rd trimester of pregnancy. In the second stage of study – after the childbirth, the analysis included 182 (91.45%) women. Questionnaires were prepared in envelopes.

A vast majority of women i.e. 174 (87.44%) were married, the remaining ones were single or lived with a partner: 25 (12.56%). Most of the women involved in the study had higher education: 101 (50.75%), 64 women (32.16%) had secondary education and 34 (17.09%) - primary or vocational education. Age in the study group ranged from 17 to 44, on average 29.1 ± 5.2 years. The women were surveyed in the 3rd trimester of pregnancy, the youngest gestational age was 27 weeks and the oldest one was 42 weeks, on average the questionnaires were completed in the 34th week of pregnancy (SD-4.24). In the postpartum period the women completed the questionnaires on the day of discharge from the hospital, on average pregnancy was terminated in the 38th week (SD-2.84). Altogether 199 women took part in the study, including 96 (48.24%) primiparae, 72 (36.18%) women giving birth for the second time, 26 (13.06) for the third time, 3 (1.50%) for the fourth time and 2 (1.00%) for the fifth time. 172 (91.00%) neonates were born in good health (8-10 point Apgar score), 17 (8.99%) neonates were in average state of health (4-7 point Apgar score). Neonates who had a normal body weight >2500g were 164 (84.10%), while 31(15.89%) neonates had body weight <=2500g. Most of the women were professionally active: 125 (63.78%), while 71 (36.22%) were unemployed. For 156 (78.39%) women the pregnancy was planned, for 43 (21.61%) - it was not. During pregnancy 26 (13.07%) women attended antenatal classes and 3 (1.51%) women attended the classes with their husbands/ partners, which makes 29

(14.58%) women altogether. 58 (34.31%) women faced breastfeeding problems.

The obtained results were based on statistical methods using the software Microsoft Excel 2000 and a package of programs for statistical analysis - STATISTICA version 10. The significance level $p=0.05$ was assumed to be reliable to verify the hypotheses set.

RESULTS

According to the objectives of the study, particular types of support received by women have been analysed. The measurement of each type of received social support and satisfaction with received social support is based on the assessment of the amount of support. Women declared how much and what type of support they received from their partners. The final result shows the received support and assumes values from 0 to 1.

The tables below present mean values and standard deviations of the studied parameters in a normalized scale. Due to a great number of trials (>50), in order to compare mean values, z-test was used on the basis of normal distribution. In the study conducted in the 3rd trimester of pregnancy significant differences were found in 3 cases – primiparae received more support of every kind and had significantly higher satisfaction with the received social support.

Table I. Mean values of social support received in the 3rd trimester of pregnancy according to parity

Tabela I. Średnie wartości wsparcia społecznego ze względu na rodność w III trymestrze ciąży

Parity Rodność	The Berlin Social Support Scale – BSSS in the 3rd trimester of pregnancy Berlińska Skala Wsparcia Społecznego – BSSS w III trymestrze ciąży				
	Currently received support Aktualnie otrzymane wsparcie społeczne				Satisfaction with received support Zadowo- lenie z otrzymanego wsparcia
	Emotional Emocjonalne	Instrumental Instrumentalne	Informational Informacyjne		
Primiparae (96) Pierworódki	Mean	0.920	0.933	0.813	0.927
	SD	0.114	0.129	0.192	0.154
Multiparae (103) Wieloródki	Mean	0.852	0.849	0.767	0.851
	SD	0.171	0.178	0.222	0.213
Z-test	z	3.32	3.83	1.57	2.90
	p	0.0009	<0.0002	0.12	<0.004

Table 1 shows that primiparae receive significantly higher level of emotional and instrumental support and

have greater satisfaction with the received social support than multiparae.

Table II. Mean values of social support received in the postpartum period according to parity

Tabela II. Średnie wartości wsparcia społecznego ze względu na rodność w III trymestrze ciąży

Parity Rodność	Berlin Social Support Scale – BSSS in the postpartum period Berlińska Skala Wsparcia Społecznego – BSSS w okresie poporodowym				
	Support received Aktualnie otrzymane wsparcie społeczne				
	Emotional Emocjonalne	Instrumental Instrumentalne	Informational Informacyjne	Satisfaction with the received support Zadowo- lenie z otrzymanego wsparcia społecznego	
Primiparae (90) Pierworódki	Mean	0.926	0.928	0.852	0.952
	SD	0.127	0.137	0.205	0.155
Multiparae (92) Wieloródki	Mean	0.888	0.905	0.806	0.909
	SD	0.151	0.151	0.209	0.192
Z-test	Z	1.81	1.11	1.49	1.64
	P	0.06 (ns)	0.27 (ns)	0.14 (ns)	0.10 (ns)

In the analysed survey, in the postpartum period primiparae received higher level of each type of social support, but no significant differences were found between the groups of women according to parity.

Table 3 presents the comparison of life satisfaction according to the parity of women in the 3rd trimester of pregnancy. No difference was found between primiparae and multiparae regarding the compared parameters of life satisfaction.

Table III. Mean values of life satisfaction in women in the 3rd trimester of pregnancy according to parity

Tabela III. Średnie wartości zadowolenia z życia u kobiet w III trymestrze ciąży ze względu na rodność

Parity Rodność	Life satisfaction in the 3rd trimester of pregnancy according to the Satisfaction with Life Scale – SWLS Zadowolenie z życia wg SWLS w III trymestrze ciąży	
Primiparae (96) Pierworódki	Mean	24.79
	SD	5.03
Multiparae (103) Wieloródki	Mean	24.07
	SD	5.50
Z-test	z	0.96
	p	0.34

Satisfaction with life in the postpartum period was also analysed regarding parity. For each woman the difference between life satisfaction according to SWLS in the 3rd trimester of pregnancy and in the postnatal period was calculated. The values below 0 denoted decrease of the parameter of life satisfaction according

to SWLS, while the values above 0 denoted the increase of the parameter. Next, mean values of SWLS changes in the postpartum period were calculated. As the respondents in the groups were numerous, z-test was used to compare the mean values of the changes.

Table IV. Mean values of changes in life satisfaction according to parity

Tabela IV. Średnie wartości zmian w zadowoleniu z życia ze względu na rodność

Parameters Parametry	Parity Rodność		
	Primiparae Pierworódki	Multiparae Wieloródki	
Changes in life satisfaction SWLS in the postpartum period Zmiany w zadowoleniu z życia SWLS w okresie poporodowym	N	90	91
	Min	-7	-14
	Max	8	15
	Median	2	1
	Mean	1.69	0.78
	SD	3.21	4.10
Test z ($z_{\alpha}=1.96$)	Z	1.66	
	P	0.10 (ns)	

As the Table 4 presents, the positive mean values of changes indicate a general increase of life satisfaction according to SWLS in the postpartum women in each group. Comparing the mean values one can notice an over two-fold difference. However, the z-test did not find any significant difference. Undoubtedly, it is connected with high variability of data in the compared groups. It is proved by substantial differences between the minimum and maximum values and related large standard deviations.

However, at the significance level $p=0.10$ it could be stated that the average increase of life satisfaction after childbirth measured by SWLS is higher in the group of primiparae.

DISCUSSION

Birth of the first child is an exceptional event in the parents' life. Therefore, study of the quality of support received by primiparae is an important factor in their adjusting to the new role of a mother. According to this study, in the 3rd trimester of pregnancy primiparae received higher level of every type of social support from their partners than multiparae (Table 1). Significant differences regarded: emotional and instrumental support and satisfaction with the support received. In the postpartum period the primiparae also received higher level of every kind of social support than multiparae, but the differences were not statistically significant (Table 2). This tendency to give higher level of support to primiparae is observed in many studies [21, 18]. First of all, the relationship

between partners is of great importance in providing social support [21, 22]. Primiparae are more frequently in a relatively new relationships with their partners, which are full of positive emotions and free of family conflicts. Moreover, primiparae have no experience connected with labour and childcare. These circumstances can foster greater expression of emotions, and consequently providing primiparae with higher level of support. It is also important if, in the partner's opinion, the encountered problem is important and support justified [22]. Multiparae find themselves in a different situation as they have experience connected with giving birth to a child, child up-bringing and crisis in marriage, including lack of social support from the partner [18]. No wonder that in the presented study multiparae could feel that they had received less social support during pregnancy. Besides, in their partners' opinion, multiparae might have not needed as much support as primiparae due to their previous maternity experience. However, the lack of differences in the assessment of received support during the postpartum period between primiparae and multiparae changes the situation of multiparae positively after childbirth. It should be also emphasised that in critical situations social support is mobilised and it can be assumed that when women needed more support, men actively helped. This is the reason why no significant differences were observed in the social support received in the postpartum period between the compared groups. Nowadays, men in Poland are involved in their partners' pregnancy to a greater extent, accompany them during medical appointments and examinations, support women during delivery. In the postpartum period men help in everyday duties and engaged in childcare.

In the performed study, despite the differences in received social support between primiparae and multiparae, no significant differences were found in life satisfaction between primiparae and multiparae both during pregnancy and in the postpartum period (Table 3 and 4). It should be reminded here that women involved in the study showed high satisfaction with life during pregnancy: 24.51(7 sten score) and after labour: 25.76 (7 sten score) per maximum 35. Thus, results in this study group are impressive. One should also pay attention to the fact that in the postpartum period a significant increase of the women's life satisfaction was observed, which was presented in some other studies of the same author. According to many researchers satisfaction with life

increases during pregnancy and in the postpartum period [7, 5, 6] and the same results were obtained in this study. In the postpartum period the satisfaction with life increased in each group of the women involved in the study, regardless of their parity.

One should remember that the women were surveyed in the early postpartum period, when they were tired after labour and within puerperal period. At that time it is extremely important to receive adequate support, thanks to which it is possible to quickly return to normal functioning, to adapt to motherhood and to experience satisfaction with life.

CONCLUSIONS

In the 3rd trimester of pregnancy primiparae receive significantly more emotional and instrumental support than multiparae. In the postpartum period no difference in received social support was found between primiparae and multiparae. There is no difference in satisfaction with life between primiparae and multiparae both in the 3rd trimester of pregnancy and in the postpartum period.

Study of received social support and life satisfaction is necessary in order to define what assistance programmes should be created for women and their families while they are in the perinatal period.

REFERENCES

1. Diener E, Lucas RE, Oishi S. *Dobrostan psychiczny. The science of happiness and satisfaction with life*, W: Czapiński J. (ed.). *Positive Psychology*. PWN 2004 Warszawa, 33-5.
2. Hansen T, Slagsvold B, Moum T. Childlessness and Psychological Well-Being in Midlife and Old Age: An Examination of Parental Status Effects Across a Range of Outcomes. *Soc Indic Res.* 2009; 94(2):343-362. DOI:10.1007/s11205-008-9426-1
3. Fawcett JT. The value of children and the transition to parenthood. *Marriage & Family Review.* 1988; 12: 11 - 34. DOI:10.1300/J002v12n03_03
4. Nauck B. Value of children and the framing of fertility: Results from a cross-cultural comparative survey in 10 societies. *Eur Sociol Rev.* 2007; 23: 615 - 629. DOI: 10.1093/esr/jcm028
5. Clark AE, Diener E, Georgellis Y, Lucas RE. Lags and leads in life satisfaction: A test of the baseline hypothesis. *Economic Journal.* 2008; 118, F222-F243.
6. Myrskylä M, Margolis R. *Happiness: Before and after the kids (Working Paper WP2012-013)*. Rostock, Germany 2012; Max Planck Institute for Demographic Research.

- <http://www.demogr.mpg.de/papers/working/wp-2012-013.pdf>
7. Angeles L. Children and life satisfaction. *J Happiness Stud.* 2007; 11: 523-38. DOI:10.1007/s10902-009-9168-z
 8. Hansen T. Parenthood and happiness: A review of folk theories versus empirical evidence. *Soc Indic Res.* 2012; 108: 26 - 64. DOI:10.1007/s11205-011-9865-y
 9. Doss BD, Roades GK, Stanley SM, Markman HJ. The effect of transition to parenthood on relationship quality: An 8-year prospective study. *J Pers Soc Psychol.* 2009; 96(3): 601-619. DOI:10.1037/a0013969
 10. Vanassche S, Swicegood G, Matthijs K. Marriage and children as a key to happiness? Cross-national differences in the effects of marital status and children on well-being. *J Happiness Stud.* 2013; 14(2): 501-524. DOI:10.1007/s10902-012-9340-8
 11. Pollmann-Schult M. Parenthood and life satisfaction: Why don't children make people happy? Soc Sci Res. Center Berlin, Reichpietschufer 50, 10785 Berlin, Germany <http://paa2013.princeton.edu/papers/130973> (access 02.01.2014).
 12. Aktan NM. Functional Status After Childbirth and Related Concepts. *Clin Nurs Res.* 2010; 19(2): 165-180. DOI:10.1177/1054773810369372
 13. Stapleton LR, Schetter DC, Westling E, Rini C, Glynn LM, Hobel CJ. et al. Perceived partner support in pregnancy predicts lower maternal and infant distress. *J Fam Psychol.* 2012; 26(3):453-63. DOI:10.1037/a0028332
 14. Milgrom J, Gemmill AW, Bilszta JL, Hayes B, Barnett B, Books J, et al. Antenatal risk factors for postnatal depression: a large prospective study. *J Affect Disord.* 2008; 108 (1-2): 147-57.
 15. Sheng X, Le H, Perry D. Perceived satisfaction with social support and depressive symptoms in perinatal Latinas. *J Transcult Nurs.* 2010; 21(1): 35-44. DOI:10.1177/1043659609348619
 16. Rosand B, Slinning K, Eberhard-Gran M, Roysamb E, Tambs K. Partner relationship satisfaction and maternal emotional distress in early pregnancy. *BMC Public Health.* 2011; 11:161. DOI:10.1186/1471-2458-11-161
 17. Reeves CC, Close FT, Simmons MC, Hollis AL. Social Support Indicators that Influence Breastfeeding Decisions in Mothers of North Florida. *Florida Public Health Review.* 2006; 3: 1-7.
 18. Hildingsson I, Tinqvall M, Rubertsson C. Partner support in the childbearing period-a follow up study, *Women Birth.* 2008; 21(4): 141-8. DOI:10.1016/j.wombi.2008.07.003
 19. Łuszczynska A, Kowalska M, Mazurkiewicz M, Schwarzer R. Berlin Social Support Scales (BSSS): The results of preliminary studies on the adaptation of the scales and their psychometric properties. *Stud Psychol.* 2006. t. 44, z.3: 17-27.
 20. Juczyński Z. Measurement tool in the promotion and health psychology. Laboratory Tests Polish Psychological Association. Warszawa 2001. p.134-139.
 21. Tarkka MT, Paunonem M, Laippala P. First-time mothers and child care when the child is 8 months old. *J Adv Nurs.* 2000; 31 (1):20-26.
 22. Popiołek K. Social support in marriage. *Chowanna.* Wydawnictwo Uniwersytetu Śląskiego 2004; 2(23): 118-128. <http://www.chowanna.us.edu.pl/vol23/a9.pdf>

Address for correspondence:

Gebuza Grażyna, PhD
ul. Niesiołowskiego 2B/30
Toruń
Poland
e-mail: grazyna.gebuza@cm.umk.pl
Tel: +48 796061139

Received: 11.02.2016

Accepted for publication: 23.03.2016