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Original Article

The Concept of Social Support from the Perspective of Pregnant Mothers: A Phenomenological Study

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Abstract

Introduction: Social support by family and community reduces maternal stress during pregnancy and enhances the process of delivery and thus improves maternal health. This study aimed to analyze the concept of social support for pregnant mothers.

Methods: This study was a qualitative phenomenological one. The data were collected through in-depth semi-structured in-person interviews with 40 pregnant mothers and health care providers. A total of 40 individual interviews were conducted. The participants were selected using purposive sampling, and the interviews continued until new and rich concepts did not emerge. Conceptual analysis in this study was performed using the Dikelman method.

Results: In the initial data analysis, 1017 codes were first extracted. After comparing the data, the number of codes was reduced to 105, and finally, three categories were extracted. The concept of social support for pregnant mothers from the participants' perspective was classified into three categories of "information support", "need satisfaction", and "spiritual support".

Conclusion: Policymaking and service delivery for pregnant women considering the dimensions of social support through increasing information, meeting needs, and providing spiritual support for mothers can be an effective step in improving the health of pregnant mothers.

Keywords: Social support, Pregnant mothers, Qualitative research, Phenomenology

Introduction

Social support is a complex and multi-dimensional concept that refers to a person's voluntary support for another that results in a positive response. This voluntary action may come from a variety of sources, such as one's family, friends, community or spouse, and in various physical, emotional [empathy, love, caring], verbal, and financial forms (10).

Pregnancy is a very natural and important phenomenon during a woman's life when the mother needs complete help and support (1). Social support for a pregnant mother often refers to interpersonal interactions and communication, and this type of support will fit the individual's needs and circumstances (2). The entry of a new member into

the family results in dynamic changes in the family and provides the context for the physical and emotional vulnerability (3). Studies show that, on average, 78% of mothers are worried about the pregnancy process and its outcomes. Besides, increased maternal fear and anxiety increase stress hormones and lead to a lack of delivery and fetal growth restriction. Therefore, providing extensive support for the mother will help to eliminate these complications (4).

Studies have shown that the mother's perceptions of social support are more important than what is in reality and the mother's perception of receiving adequate support is closely linked to her adaptive behavior with the environment (5). The dimensions of social support are numerous, and the mother's understanding of the received support is very closely related to her health (4).

According to the results of studies, the amount of social, information, and financial support that pregnant mothers receive from others in the social environment is significantly correlated with the frequency of postpartum depression (6). Some scholars see the lack of social support as a risk factor for postpartum depression, believing that strong social bonds and adequate maternal support during pregnancy are strong barriers to postpartum depression (7).

Increasing maternal awareness is one of the factors that play a crucial role in reducing maternal vulnerability and stress (8). Access to the required information and psychological support from people who are close to the mother and form part of the social network such as a spouse, close friends, and other family members is valuable (9).

Spouse support has been identified as the most important source of support in crises and stressful situations, and midwife support during pregnancy enhances the mother's self-esteem and affects infant care (10).

According to the results of a study by Ginja et al., maternal interactions with family members, service providers, and in general, community members, if accompanied by support, respect, and love, will lead to increased awareness, promotion of crisis intervention skills, reconstruction of elf-esteem, and the increased sense of control in individuals. Moreover, this kind of support allows individuals to express emotions and improve their relationships (11). Supporting pregnant mothers and providing an appropriate planning framework in the structure of service delivery to pregnant mothers by health care managers will be effective steps towards improving maternal health (12). The World Health Organization (WHO) considers the provision of reliable funds, the existence of care structures, and the delivery of appropriate services to pregnant women as one of the most important and effective elements affecting maternal and infant health (13).

Social support and its relationship with pregnancy health in Iran have been explored in different studies, including social support and healthy behaviors during pregnancy (14), the quality of life (15), depression during delivery (16, 17), and among young and vulnerable women (18). However, quantitative approaches cannot fundamentally identify the social processes underlying interactions, and thus qualitative research methods are often recommended to gain comprehensive and in-depth information (19). One of the priorities of health sector managers, especially in the area of maternal and child health is to plan and deliver purposeful services to improve the health of target groups. The main requirement for planning purposeful interventions is to identify mothers' needs and weaknesses in areas of concern. Therefore, to clarify the information gap in social protection dimensions and to help identify the priorities and goals of maternal health policymaking, the present study aimed to explain the concept of social support for pregnant women, since by identifying the dimensions of social support from the perspective of pregnant mothers and service providers and appropriate goal setting, it is possible to take effective measures to reform the structure of policymaking and planning for promoting maternal health.

Methods

The present study was a qualitative one with a phenomenological approach. The research setting included clinics, health care centers, and hospitals in Tehran, which were selected through convenience sampling. The participants were 15 pregnant mothers as the main participants and 9 gynecologists, 9 midwives, and 7 nurses as the secondary participants. Of 9 physicians, 3 were associate professors, 4 assistant professors, and 2 non-faculty members. Furthermore, of 9 midwives and 7 nurses participating in the study, 3 were assistant professors, 5 instructors, 3 non-faculty members, and 5 were experts who were selected using the purposive sampling and they had rich knowledge about the questions and were willing to participate in the study. The participants were midwives and nurses with bachelor's degrees and gynecologists who had experience in the field of maternal health. The participating mothers included 5 primiparous and 10 multiparous mothers who were interested in

participating in the interview with the ability to express their experiences, beliefs, and feelings. The interviews were semi-structured conducted after obtaining written consent from the participants and in a place where the participants felt safe and comfortable. The selection of participants, considering their lived experiences, continued until data saturation.

The face-to-face interviews were conducted by the researcher beginning with general questions about the participants' perception of the concept of social support for the pregnant mother as the interview guide and continued with open-ended questions: "*How did you feel when you realized you are pregnant?*", "*What changes did your pregnancy make in your day-to-day life and the life of those around you?*", "*What concerns did you have with starting pregnancy?*", and "*What experiences do you have about pregnancy and postpartum events?*". The participants were asked to explain their feelings and experiences in detail. Besides, the researcher asked questions such as "Can you explain more?" to encourage the participants to provide more accurate responses.

Each interview lasted 30 to 90 minutes, and the interviewer embraced the deeper concepts of the interview with a long continuous engagement and appropriate communication with the interviewees. All interviews were recorded and transcribed on paper immediately after the study and the transcripts were then reviewed and approved by the participants.

Dickman's 7-step method was used to analyze the data. In the first step, after the interviews were recorded and transcribed on paper, the interviewer reviewed the transcript several times to come up with a general understanding of it. In the second step, the transcripts of each interview were interpreted by the team members, and overt and covert concepts were detected. The existing transcripts were coded and analyzed by the team members in the third step. In the fourth step, the inconsistencies in the members' interpretations were discussed and resolved. In the next step, the underlying themes were extracted by comparing the transcripts. In the sixth, the findings, i.e., the extracted themes, were discussed by the group members and finally, in the seventh step, the main themes were extracted and categorized.

To validate the credibility of the data, some measures were taken, including the ongoing engagement of the research team with the data, the participants' confirmation, and the use of corrective opinions of 6 experts. The conformability of the data was checked by seven faculty members of the Department of Midwifery who were excluded from the study. The steps for data analysis were carefully recorded and the consistency was determined by guidance from the professors. Furthermore, the transferability of data was checked and confirmed through the revision and approval of 5 experts. To confirm the dependability of the data, field notes and the mixed data were used. Ethical considerations, including obtaining informed consent from the participants, privacy, and confidentiality of the data were taken into account. Given that this study addressed social support from the perspective of pregnant mothers, it is not possible to generalize the results to other groups.

Results

In this study, a total of 40 interviews were conducted with 9 gynecologists, 9 midwives, 7 nurses, and 15 pregnant mothers and their views were recorded (Table 1). The researcher then classified the themes in the data into the three main categories of "information support", "need satisfaction", and "spiritual support" (Table 2).

Table 1. Demographic characteristics of the Participants

	Participant mothers		Service providers	
Age	≤ 18	3 (20%)	≤ 25	-
	19- 24	4 (26/6%)	26- 35	10 (40%)
	25- 35	7 (46/6%)	35- 45	8 (32%)
	35 ≤	1 (1/4%)	45 ≤	7 (28%)
Job	Housewife	7 (46/6%)	Nurse	7 (28%)
	Employ	8 (53/4%)	Midwife	9 (36%)
	Retire	-	Physician	9 (36%)
Education	Illiterate	3 (20%)	Bachelor	9 (40/7%)
	Undergraduate	5 (33/3%)	Masters	5 (18/5%)
	Diploma and above	7 (46/7%)	PhD and above	11 (40/8%)
Gravida	1-2			≤3
	3-4		Experience (year)	3-10
	4			10 ≤

Table 2. Themes and categories of social support for pregnant mothers from the perspective of participants

	Theme	Category	Sub category	
Pregnant mothers Social Support	Information support	Lack of advice and counseling		
		Lack of purposeful training courses		
		The weakness of media education		
	Need satisfaction	Meeting medical needs	Access	financial access instrumental access
			Responsiveness	providing care as needed providing quality services
		Meeting living needs	Meeting the nutritional needs Meeting the physical activity Security	
		Meeting emotional needs	the religious dimension promoting the existential dimension	
	Spiritual support	Spiritual support in the religious dimension		
		Spiritual support in the existential dimension		

Information support

This category was divided into three subcategories: "Lack of advice and counseling", "Lack of purposeful training courses", and "The weakness of media education".

Lack of advice and counseling

Counseling and training during pregnancy on individual skills to promote pregnancy health, child nutrition, and care, and familiarity with the methods of termination of pregnancy are very important.

According to one of the participants, "*In principle, all important and effective aspects of promoting a pregnant mother's health should be taken into account, and experts qualified in various areas of health services are recommended to provide necessary instructions for pregnant mothers, because many mothers do not know what to do during pregnancy, and there is no useful mechanism in this regard*" (Participant 7, a 40-year-old physician).

Lack of purposeful training courses

The participants emphasized the necessity of training courses to be held during pregnancy to increase mothers' awareness. A midwife working in one of the medical centers stated: "*There are many training courses held for pregnant mothers, but most of these classes are stereotypical. If we want to get the right results, training classes must be localized because the problems faced by a pregnant mother are sometimes affected by the condition of a region where she lives*" (Participant 12, a 35-year-old expert).

The weakness of media education

Most interviewees believed that public access to media plays an important role in enhancing information and awareness. According to a participating pregnant mother, "*Having access to a large audience, the Iranian broadcasting can increase maternal awareness, but there are very few effective TV programs on pregnancy and they are sporadic (if any)*" (Participant 31, a 29-year-old pregnant mother visiting the midwifery clinic).

Need satisfaction

The "Need satisfaction" category included the subcategories "Meeting medical needs", "Meeting living needs", and "Meeting emotional needs". Meeting medical needs was further subdivided into "access" and "responsiveness". Moreover, access was subcategorized into "financial, physical, and instrumental access" and responsiveness was divided into subcategories of "providing care as needed" and "providing quality services".

Meeting living needs was subdivided into the subcategories of "Providing facilities for physical activities", and "Meeting psychological and security needs".

Meeting emotional needs during pregnancy includes the subcategories of "Need for attention and care" and "Need for empathy".

Meeting medical needs

Changes in pregnancy put the mother at risk for physical and psychological problems. Furthermore, the lack of adequate medical and treatment facilities exposes the mother with a crisis in the face of physical and psychological problems. A pregnant mother said: "*I am not insured, and I cannot afford the cost of care and screening*" (Participant 8, a 27-year-old pregnant mother visiting the care center).

Meeting living needs

Meeting the needs of a growing fetus is very closely

linked to meeting the nutritional needs and other physical needs of the mother. One participant said: "*They told me heart problem is probable for my fetus. And I have to refer to an equipped medical heart center. How can I afford it? I can't do it*" (Participant 9, a 30-year-old pregnant mother visiting the care center).

Another participant said: "*In the winter, most access roads to the city are blocked. There are some facilities for mothers' accommodation in the cold weather of the year, but the problems with a mother's accommodation in the city are so many that she prefers to stay in the village. No matter what would happen*" (Participant 17, a midwife working at the hospital). Another participant stated: "*If we seek good and quality care, we must seek different ways of providing services. We must consider the satisfaction of the clients, and we must be sensitive to the outcome of the work*" (Participant 13, a nurse working in the midwifery ward).

Meeting emotional needs

Emotional needs during pregnancy are much more pronounced due to changes made in this period. According to one participant, "*My husband is always beating me, as I am pregnant with a female fetus. I am very scared lest my fetus hurt*" (Participant 15, a 25-year-old mother under care at the hospital). Another participant stated: "*There are many mothers who just want to be understood. The need to love and be loved, but sometimes the family denies this to the mother. When this need is not met, there will be not favorable pregnancy outcomes*" (Participant 10, a 37-year-old midwife working at the hospital). One of the mothers in the delivery block commented: "*There are many notices on the walls about the Patient Rights Charter, stating that the patient has the right to choose her treatment process, so why I'm not allowed to choose the termination of pregnancy? Why can't I make a decision?*" (Participant 30, a 30-year-old delivery mother visiting the maternity center).

Category 3: Spiritual support

Spiritual support was divided into two subcategories of support in the "religious" and "existential" dimensions.

Spiritual support in the religious dimension

One of the participants stated: "*Prayer and supplication to God help me calm down and reduce my stress*" (Participant 14, a 27-year-old first-time pregnant mother visiting the midwifery clinic).

Spiritual support in the existential dimension

Spiritual support in the existential dimension can bring about peace of mind for the mother and prevent many problems. One of the mothers believed: "*The pregnancy outcome is unknown to me, and this hurts me a lot*" (Participant 23, a 28-year-old delivery mother visiting the maternity center).

Discussion

This study aimed to explain the concept of social support for pregnant mothers. In this study, the concept of social support from the perspective of the beneficiaries was classified into three categories of "information support", "need satisfaction", and "spiritual support".

Information support was divided into three subcategories: "Lack of advice and counseling", "Lack of purposeful training courses", and "The weakness of media education". Increasing information and awareness through improving one's attitude during pregnancy improves maternal functioning. Lack of sufficient awareness will lead to increased medical interventions.

Raising the mother's awareness increases information and familiarity with the unknowns of pregnancy and childbirth; this, in turn, leads to higher self-efficacy for childbirth (9). According to a study by Soma-Pillay et al., providing counseling services during pregnancy reduces maternal anxiety (8). The results of studies show that providing counseling support during pregnancy is crucial for promoting the health of pregnant mothers (10).

Lack of awareness and fear of the unknowns of pregnancy increase anxiety and preterm delivery. In some cases, anxiety can lead to preterm labor or delayed labor pain by reducing fetal-placental blood flow (13). Holding training courses during pregnancy, neuromuscular training, relaxation, and appropriate postpartum conditions cause the mother to experience fewer problems at various stages of pregnancy, delivery, and postpartum (9). The results of Hammarberg and Taylor study showed that information support for pregnant mothers of the first pregnancy can be considered as a fundamental principle in maternal health and well-being (15). Azami et al study showed that purposeful training classes during pregnancy reduce pain and severity of pain during childbirth (16).

With the expansion of today's societies and the rising medical and treatment costs, the need for continuous education of citizens to prevent disease and create a culture of self-care has become increasingly important (16). Media can play a vital

role as they are in charge of public education (17). In the meantime, due to the lack of physical space and the high costs of establishing physical platforms for health education and information, the role of technology and digital media is becoming bolder because it enables distance learning and self-care knowledge dissemination and prevention in a new, effective, and low-cost way (13).

According to the participants' views, meeting medical needs was subdivided into "access" and "responsiveness". The concept of *access* implies that conditions are provided so that a person in need of health services can use appropriate and needed services (18). From the perspective of the participants, access was classified into financial access and instrumental access. The results of this study are consistent with the results of a study by Navodani et al. They found that access is a key determinant of social support in pregnant mothers. Moreover, Homer et al. pointed out that financial access leads to pregnant mothers' optimal use of quality health services (21, 22). According to the results of studies, lack of instrumental access in times of need will lead to irreparable injuries to the mother and the baby (15).

The participants classified responsiveness into subcategories of "providing care as needed" and "providing quality services". Responsiveness refers to the ability of systems to respond to potential legal and rational expectations of consumers (16). Responsiveness includes interpersonal domains (human dignity, independence and autonomy, confidentiality and confidence, and patient relationship) and structural domains (quality of primary facilities required, access to social support during hospital stay and care, power of choosing a therapist, and immediate action and attention) (20)). The World Health Organization defines scientific responsiveness based on study and revision of the concept of patient satisfaction and quality of care and has selected dimensions that are comprehensive, testable, and comparable across different populations (16).

A study by Tabrizi et al. on the assessment of health system responsiveness in Iran, found 90 percent of respondents considered health service responsiveness an important issue. They believed that the health system should pay more attention to patients' non-clinical expectations and consumers of health care services (24).

It is not possible to provide the needed care and improve the quality of hospital services, regardless of the needs and expectations and non-clinical aspects of service delivery. This finding is consistent with the results of a study by Askari et al. who found that providing maternal care is an important dimension of social support to improve maternal health (25).

Providing quality services is one of the factors promoting the health of pregnant mothers (13). According to the results of the studies, the quality of prenatal care delivery is directly related to mothers' satisfaction with care and pregnancy outcomes (26). Based on the results of a study by Hoseini et al., the quality of service provision is one of the most important dimensions of social support for care groups (27).

Meeting living needs is one of the sub-categories of need satisfaction. Problems and lack of meeting living needs often affect pregnancy outcomes (9). Meeting the nutritional needs of pregnant women is one of the priorities of social support for them (8). Delavari et al. in a study on the dimensions of social support for low-birth-weight mothers, found that meeting the nutritional needs of mothers by family and community can prevent the birth of low weight babies (28). Studies in Iran show that more than 65% of mothers have less physical activity than needed during pregnancy, and lack of facilities and special spaces is the main reason for the inactivity of mothers. Therefore, providing mothers with private spaces can increase proper mobility during pregnancy in mothers (29).

Narenji et al. in explaining the dimensions of continuing midwifery care, considered continuing psychological support for the pregnant mother and psychological security as important aspects of support for pregnant mothers (30). A responsive health care system must be committed to meeting the psychological needs and expectations of the people who serve them (16). In a study, Hassanian et al. showed that patients' preference in choosing private hospitals over public hospitals is due to their comprehensive attention to meeting most of the patients' physical and mental needs. The results of another study by Hassanian et al. showed that attention and care, as well as sympathy during pregnancy with spouse and other close family members, would have an important role in maternal mental health (31).

Spiritual health is one of the four dimensions of human health that along with physical, mental, and social dimensions promote individuals' health (30). The results of the present study showed that spiritual support in the form of the two sub-categories of promoting the religious dimension and promoting

the existential dimension of mothers needs special attention. Religious belief refers to the relationship with a preferred power, God, and the existential belief is a socio-psychological concept that expresses one's feeling of self and of who he/she is, what he/she does, and where he/she belongs (25). Various studies have emphasized the relationship between spirituality and one's adjustment to physical, mental, and social conditions. In many references, existential health is defined as the sense of purposefulness and satisfaction with life and religious health as the satisfaction of being associated with a supreme power or God. The results of this study are in line with the findings of Powell et al. In their study, they concluded that the dimensions of spiritual health in multiple sclerosis patients could be presented in both religious and existential dimensions, and support in both dimensions would help participants develop spiritual health (32). limitation of the present study was research Participants, considering the access, only mothers referring to hospitals were studied.

Conclusion

The results of this study showed that the dimensions of social support for pregnant mothers include increasing maternal information and meeting their needs as well as providing spiritual support for them. Organizing purposeful counseling sessions and training courses during pregnancy, as well as presenting educational programs in media, will be a major step towards social support for pregnant mothers. Policymakers can better provide social support to pregnant mothers by monitoring and follow-up activities, providing financial resources, equipment, and medical centers, as well as promoting the health system responsiveness.

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Conflict of Interest

The authors declared no conflict of interest.

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