Social support as perceived by women in puerperium and associated factors

Apoio social percebido por puérperas e seus fatores associados

Apoyo social percibido por puérperas y factores asociados

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ABSTRACT
Objective: to identify the types of social support perceived by puerperal women and examine their associations with socioeconomic, behavioral and life-experience characteristics. **Method**: this cross-sectional study with 330 postpartum women in a low-risk maternity hospital in a municipality of Espírito Santo State was conducted in 2017 using the scale of the Medical Outcomes Study Social Support Survey in Portuguese. The measure of association was the prevalence ratio and adjusted Poisson regression was applied. The study was approved by the research ethics committee. **Results**: social support scored highest in the affective, emotional and positive social interaction dimensions; lowest in the material support dimension. Socioeconomic and behavioral factors, and having experienced violence were associated with the social received ($p < 0.05$). **Conclusion**: professionals involved in providing care to puerperal women should be attentive to social support needs and should learn these women's social support networks.
Descriptors: Women's Health; Postpartum Period; Social Support; Social Perception.

RESUMO
Objetivo: identificar a prevalência dos tipos de apoio social percebido por puérperas e verificar a sua associação com as características socioeconômicas, comportamentais e experiência de vida. **Método**: estudo transversal realizado em uma maternidade de risco habitual de um município do Espírito Santo com 330 puérperas no ano de 2017. Foi aplicada a escala de Apoio Social Medical Outcomes Study em português. A medida de associação adotada foi a razão de prevalência e aplicado a regressão de Poisson ajustada. Estudo aprovado pelo comitê de ética. **Resultados**: o apoio social nas dimensões afetiva, emocional e de interação social positiva, foram os que apresentaram maiores escores, enquanto a dimensão de apoio material, o menor. Fatores socioeconômicos, comportamentais e experiência de violência estiveram associados ao apoio social recebido (p<0,05). **Conclusão**: profissionais envolvidos na assistência prestada a puérpera devem estar atentos às necessidades do apoio social como também conhecer a rede de apoio social da mulher.
Descritores: Saúde da mulher; Período Pós-Parto; Apoio Social; Percepção Social.

RESUMEN
Objetivo: identificar la prevalencia de los tipos de apoyo social recibido por puérperas y verificar su asociación con las características socioeconómicas, conductuales y experiencia de vida. **Método**: estudio transversal realizado en un hospital maternidad de riesgo habitual en un municipio de Espírito Santo junto a 330 puérperas, en 2017. Se aplicó la escala *Medical Outcomes Study Social Support Survey*. La medida de asociación adoptada fue la razón de prevalencia y se aplicó la regresión de Poisson ajustada. Estudio aprobado por el Comité de Ética en Investigación. **Resultados**: el apoyo social en las dimensiones afectiva, emocional y de interacción social positiva presentó las puntuaciones más altas, mientras que la dimensión apoyo material las más bajas. Factores socioeconómicos, conductuales y experiencia de violencia estuvieron asociados al apoyo recibido (p<0,05). **Conclusión**: los profesionales involucrados en la atención a la puérpera deben estar atentos a las necesidades del apoyo social, así como deben conocer la red de apoyo social de la mujer.
Descriptores: Salud de la Mujer; Periodo Posparto; Apoyo Social; Percepción Social.

INTRODUCTION

Pregnancy is a period of intense changes in a woman's life in biological, cognitive, emotional, relational, and social aspects. Such transformations are associated with the woman's relationship with her body and the community. Long before conception, during the first developments of the embryo and the discovery of pregnancy, the woman begins the construction of a new role in her life: the complexity of exercising the social role of Mother[1].
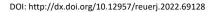
The puerperium is the chronologically variable period during which all the retrograde changes of the alterations triggered by pregnancy and childbirth take place. These changes occur in the body in general, lasting until the return to pre-pregnancy conditions[2].

In order to go through this period in a healthy way, both physically and emotionally, it is extremely important that a woman relies on wide network of social support[1]. This support consists of the related resources that a person has available to deal with different situations in life. This concept is based on the number of people with whom one is related, in the structure and quality of these relationships, in the concrete actions executed and in the perception that a person maintains on all these aspects[3].

Thus, social support in the puerperium aims at mitigating the impact of events that negatively affect women's health. Women who have greater social support during pregnancy have lower rates of postpartum depression, as well as lower scores of stress and anxiety symptoms in the puerperium[4]. Regarding gender, women are more likely to seek, receive and benefit from social support. However, the responsibilities culturally attributed to women, such as the care of children, the sick, and the elderly and household activities, often generate situations in which they need to activate more their support networks[5,6].

The way in which the family relationship is constituted, from before the moment of pregnancy, can directly influence the pregnancy-puerperal cycle. In the puerperium, the family tends to become the main support and assistance network[7]. It is important to highlight that when the family is a source of security, affection, protection, and well-being, it presents itself as a protective factor for the mother in the puerperium[8]. At the same time, family dynamics can also contribute to the occurrence of postpartum depression, difficulties in breastfeeding and in the mother-baby bonding, among other aspects, presenting itself as a risk factor for women[8-10].

Regarding the participation and involvement of the intimate partner in pregnancy, its importance is highlighted, not only regarding following up on consultations, but also about emotional involvement and the search for contact with the baby through conversations and stimuli in the belly. In developing more effective support, the partner can help prepare for the arrival of the new family member and provide emotional and instrumental support to the mother, as well as share with her the concerns and anxieties experienced during the pregnancy period[9].

It is important to consider, both in terms of research and assistance, the perception of social support as one of the indicators of mental health, especially among women. Taking that fact into account, considering the lack of studies about social support, it is necessary to delve into this issue, as the needs in the puerperium go beyond biological limits and the existence of a qualified social network have enormous relevance on health and well-being of the mother-baby binomial.

Thus, the present study aimed at identifying the prevalence of types of social support perceived by postpartum women and verifying their association with socioeconomic and behavioral characteristics and life experience.

METHOD

This is an analytical cross-sectional epidemiological study, which took place in a normal-risk level 1 public maternity hospital in the state of Espírito Santo (ES), in Brazil.

The maternity hospital mentioned is a reference in the care of low-risk pregnant women, managed by a philanthropic institution. In this maternity hospital, all care is provided by the public Unified Health System (*Sistema Único de Saúde* - SUS), offering 24-hour outpatient care for obstetric emergencies and hospitalization. The maternity hospital has 45 obstetric ward beds and four pre-delivery beds.

The municipality is in the metropolitan region of Vitória, ES, with 387,368 people as resident population and a human development index of 0.718[10].

The sample was defined by convenience, so that postpartum women with at least 24 hours postpartum, with a live fetus of more than 500 grams, regardless of age, and who have an intimate partner during gestation were invited to participate in the study. Intimate partners were characterized as either ex-partner or current partner, independent of a formal bond, and recent partners, as long as maintaining sexual relationships[11]. The post-partum period was defined thinking of a shorter possible time, still able to recover and restore after childbirth, regardless of the type of childbirth. Exclusion criteria were: postpartum women with hearing, language, or cognitive deficits, or dementia that in some way hinders from adequately understanding the study.

The interviews would take place face to face through a properly trained female interviewer, in a private place, being allowed only to the presence of the newborn child. Data were collected from August to October 2017.

To identify social support, the Medical Outcomes Study scale was used, validated for use in Brazil[12], which covers five dimensions of social support: material, affective, positive social interaction, emotional, and information. For each question presented by the instrument, there are five response options, each equivalent to a score: never (1), rarely (2), sometimes (3), almost always (4) and always (5).

To define the level of social support, the points corresponding to the responses obtained in each of the dimensions were added, with subsequent division by the maximum number of points possible to be achieved. Afterwards, this value was multiplied by 100, so that the score obtained could vary from 0 to 100, and the higher the value reached, the higher the level of social support. For the dichotomous categorization (high social support; low social support) the mean value of the score for each of the dimensions was taken as a basis. Thus, values below the average were considered as low social support and values equal to or above as high social support, in each dimension of social support: material (low; high); affective (low; high); emotional (low; high); information (low; high); and positive interaction (low; high).

The World Health Organization Violence Against Women instrument was applied to track lifetime physical violence by an intimate partner. This instrument, which has been validated in Portuguese for use in Brazil, aims to identify the types of violence against women (psychological, physical, or sexual), based on their answers to 13 questions, in different social contexts, being considered in the present study the 'experience of physical violence' when an affirmative response is obtained to any of the six items referring to this type of violence. This instrument shows high internal consistency, presented by Cronbach's coefficients (average of 0.88)[13].

To prevent the occurrence of the observer's bias, the study interviewers, all women, and undergraduate nursing students, participated in training sessions prior to data collection, with the aim of standardizing the interviews and the application of questionnaires. The interviewers' training was carried out in July 2017, in which 20 hours of training were accounted for, at the time the interviewers were trained to apply the instruments, and oriented regarding ethical aspects, neutrality, privacy and confidentiality during the interview process and data collection routine. The pilot test was performed before data collection with 50 postpartum women, and these results were not included in the study. It is worth mentioning that from the pilot test, some questions in the context of socioeconomic and behavioral variables were modified for the sake of better understanding by the participants and to avoid information bias. The interviewers were followed up by the senior researcher and evaluated regarding their approach and ability towards women and the correct application of the instruments.

To calculate the sample size, OpenEpi was used. A confidence level of 95%, power of 80%, sample size ratio, Exposed/Unexposed of 1.0, odds of 4.0 and risk difference of 12 were considered, reaching a sample size of 234 participants. Adding 10% for losses and 30% for confounding factors, a sample size of 330 postpartum women was established.

To identify social support, the outcome under study, the Medical Outcomes Study scale was used, validated in Portuguese for use in Brazil[12], which covers five dimensions of social support: material, affective, positive social interaction, emotional and information. For each question presented by the instrument, there are five response options: never, rarely, sometimes, almost always, and always. This variable was analyzed dichotomously in the five dimensions of social support: (low social support; high social support).

The variables (1) Socioeconomic were included as independent variables: age group (14 to 19 years old; 21 to 30 years old; 31 years old or more), Education (up to eight years; nine years or more), marital status (with a partner; without a partner), number of residents per household (up to four and five or more), receipt of benefit (no; yes), and income (in minimum wages: less than 1; between 1 and 2; 2 or more), being understood for receiving a benefit any amount received by the government through public policies of social assistance, health, education, employment and income; (2) Behavioral: use of alcohol during pregnancy (yes and no); (3) Life experience: desire to terminate the pregnancy (yes and no) and lifetime physical violence by an intimate partner (yes; no).

Data were entered into an Excel spreadsheet and analyzes were performed using the STATA 13.0 statistical package. In the descriptive analysis, relative and absolute frequencies of the variables and their respective 95% confidence intervals were calculated (CI 95%).

In the bivariate analysis, Pearson's chi-square test was used in order to identify the distribution of the five dimensions of social support according to socioeconomic and behavioral characteristics and violence experienced; independent variables that obtained p value <0.20 in this analysis were included in the multivariate analysis. The association between the variables was calculated using Poisson Regression, with robust variance, and estimation of Prevalence Ratios (PR); the permanence of the variables in the model respected the value of $p < 0.05$. The data were presented through the PR, raw and adjusted.

As this is a study that involves human beings, the research protocol was evaluated and approved by the institutional Research Ethics Committee, respecting all ethical aspects of research involving human beings, in accordance with resolution 466/ 2012 and complementary documents.

RESULTS

Data related to the prevalence of the five dimensions of social support perceived by the 330 postpartum women participating in the study are presented in Table 1.

TABLE 1: Prevalence of the types of social support of the participants (n=330). Espírito Santo, Brazil, 2017.

Social support dimensions	Support level	n	%	CI 95%
Material social support	Low social support	154	46.7	41.3-52.1
	High social support	176	53.3	47.9-58.7
Affective social support	Low social support	94	28.5	23.9-33.6
	High social support	236	71.5	66.4-76.2
Emotional social support	Low social support	151	45.8	40.4-51.2
	High social support	179	54.2	48.8-59.6
Information social support	Low social support	159	48.2	42.8-53.6
	High social support	171	51.8	46.4-57.2
Social support of positive social interaction	Low social support	151	45.8	40.4-51.2
	High social support	179	54.2	48.8-59.6

Affective social support was high for 71.5% of the interviewees; emotional social support and positive social interaction were high for 54.2% of women; material and information social support were high for 53.3% and 51.8%, respectively, of the participants.

Table 2 presents the results of the analyzes carried out, based on the independent variables, regarding material and information social support.

TABLE 2: Raw and adjusted analysis* of the effects of participant's characteristics on material and information social support. Espírito Santo, Brazil, 2017.

Variables	Material social support				Information social support			
	Raw Analysis		Adjusted Analysis		Raw Analysis		Adjusted Analysis	
	PR	p-value	PR	p-value	PR	p-value	PR	p-value
Age group								
14-19 years old	1.08	0.018	1.12	<0.001	-	-	-	-
20-29 years old	0.99		0.99		-		-	
30 years or older	1.0		1.0		-		-	
Education								
Up to 8 years	1.0	0.005	1.0	0.001	-	-	-	-
9 years or more	1.09		1.12		-		-	
Number of residents at home								
Up to 4	1.08	0.037	1.07	0.082	-	-	-	-
5 or more	1.0		1.0		-		-	
Receipt of benefit								
No	1.06	0.074	0.99	0.744	1.09	0.005	1.06	0.060
Yes	1.0		1.0		1.0		1.0	
Income (minimum wages)								
< 1	1.0	0.001	1.0	0.065	1.0	<0.001	1.0	<0.001
1 to 2	1.08		1.05		1.13		1.12	
2 or more	1.13		1.09		1.06		1.04	
Use of alcohol during pregnancy								
No	1.09	0.108	1.05	0.393	1.21	0.002	1.18	0.004
Yes	1.0		1.0		1.0		1.0	
Desire to terminate pregnancy								
No	1.09	0.030	1.11	0.009	1.15	0.001	1.10	0.014
Yes	1.0		1.0		1.0		1.0	
Physical violence from lifetime intimate partner								
No	1.10	0.018	1.04	0.346	1.10	0.005	1.05	0.121
Yes	1.0		1.0		1.0		1.0	

Source: data from research, 2017. PR: prevalence ratio.
*In the multivariate model, for each type of social support, only the variables that presented a value of $p < 0.20$ in the bivariate analysis were included.

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Regarding the bivariate analysis, there is a relationship between material and information support and the variables: income, use of alcohol during pregnancy and desire to terminate the pregnancy, as well as education and physical violence in life practiced by an intimate partner. ($p < 0.05$). Receiving a benefit was related to information and emotional support ($p < 0.05$).

Affective and emotional social support and positive social interaction were related to income, desire to terminate the pregnancy and physical violence in life practiced by an intimate partner. Education and the number of residents per household were related only to affective support. Furthermore, the use of alcohol during pregnancy was related to emotional social support and positive social interaction ($p < 0.05$).

In the adjusted analysis, it is noted that puerperal women aged between 14 and 19 years and with higher education had a 12% higher prevalence of material support, in the same sense, those who did not want to interrupt the pregnancy had 1.11 times more of this type of support. Another finding was the higher prevalence of information social support among puerperal women with an income of 1 to 2 minimum wages (PR: 1.12) when compared with those with an income of less than 1 minimum wage, in the same way, this information support was more frequent among postpartum women who did not use alcohol during pregnancy (PR: 1.18) and did not wish to terminate the pregnancy (PR: 1.10).

Table 3 presents the results of the analyzes carried out, based on the independent variables, regarding affective, emotional, and positive social interaction social support.

TABLE 3: Raw and adjusted analysis* of the effects of participants' characteristics on affective, emotional social support and positive social interaction of postpartum women. Espírito Santo, Brazil, 2017.

Variables	Affective social support				Emotional social support				Social support of positive social interaction			
	Raw Analysis		Adjusted Analysis		Raw Analysis		Adjusted Analysis		Raw Analysis		Adjusted Analysis	
	PR	*p-value*	PR	*p-value*	PR	*p-value*	PR	*p-value*	PR	*p-value*	PR	*p-value*
Age group												
14-19 years old	-	-	-	-	1.0	0.433	1.0	0.415	1.03	0.298	1.05	0.204
20-29 years old	-	-	-	-	1.02		1.01		1.05		1.06	
30 years or older	-	-	-	-	1.06		1.06		1.0		1.0	
Education												
Up to 8 years	1.0	0.002	1.0	0.062	1.0	0.090	1.0	0.940	-	-	-	-
9 years or more	1.06		1.04		1.06		1.0		-		-	
Marital status												
With partner	1.04	0.219	1.0	0.914	-	-	-	-	1.06	0.189	1.01	0.879
Without partner	1.0		1.0		-		-		1.0		1.0	
Number of residents at home												
Up to 4	1.04	0.075	1.01	0.604	-	-	-	-	-	-	-	-
5 or more	1.0		1.0		-		-		-		-	
Receipt of benefit												
No	1.04	0.062	1.0	0.949	1.09	0.014	1.05	0.178	-	-	-	-
Yes	1.0		1.0		1.0		1.0		-		-	
Income (minimum wages)												
< 1	1.0	<0.001	1.0	0.004	1.0	0.008	1.0	0.050	1.0	0.002	1.0	0.033
1 to 2	1.05		1.03		1.11		1.09		1.08		1.06	
2 or more	1.08		1.06		1.09		1.05		1.11		1.07	
Use of alcohol during pregnancy												
No	1.03	0.365	0.98	0.570	1.20	0.004	1.13	0.039	1.15	0.020	1.08	0.157
Yes	1.0		1.0		1.0		1.0		1.0		1.0	
Desire to terminate pregnancy												
No	1.10	0.001	1.08	0.011	1.19	<0.001	1.13	0.008	1.22	<0.001	1.19	<0.001
Yes	1.0		1.0		1.0		1.0		1.0		1.0	
Physical violence from lifetime intimate partner												
No	1.10	0.002	1.08	0.010	1.16	<0.001	1.12	0.007	1.12	0.003	1.07	0.041
Yes	1.0		1.0		1.0		1.0		1.0		1.0	

Source: data from research, 2017.
PR: prevalence ratio.
*In the multivariate model, for each type of social support, only the variables that presented a value of $p < 0.20$ in the bivariate analysis were included.

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Postpartum women with an income of two minimum wages or more had 6% higher affective social support compared to those with lower incomes, as well as those who did not want to interrupt the pregnancy and who did not suffer physical violence from an intimate partner throughout their lives, the prevalence was 8% higher. Emotional support was more frequent among puerperal women who did not use alcohol during pregnancy (PR: 1.13), who did not want to interrupt the pregnancy and who did not suffer physical violence from an intimate partner throughout their lives (PR: 1.12). Positive social interaction was 7% higher among postpartum women with an income of two or more minimum wages and who did not experience partner violence in their lifetime, and 19% more frequent among those who did not want to interrupt the pregnancy.

DISCUSSION

In the present study, it has been observed that affective social support, which includes physical demonstrations of love and affection, was elevated for most postpartum women (71.5%). Similar findings were evidenced by a cross-sectional study carried out in the city of Franca, São Paulo, Brazil, with 75 women[14], who showed scores above 80% for the affective dimension. Accordingly, emotional support, which measures the ability of the social network to meet the individual needs of the puerperal woman regarding emotional problems, was also elevated for most participants (54.2%), however, in a lower percentage than it has been observed regarding affective support. It is important to consider, moreover, that it is more difficult to rely on emotional social support, as shown in another similar study[14].

It is important to highlight that this finding refers to concern about postpartum women who have low affective and emotional social support, since these dimensions contribute to the reduction of women's stress, anxiety, tension, and sadness[15]. Emotional and affective social support can act as a protective factor against maternal depression symptoms[16], and low social support has been associated not only with the development of depression, but also with gestational anxiety[17].

As for the support of positive social interaction, these consist of having people with whom to relax and have fun, and it is possible to observe that for more than half of the participants (54.2%) this support was elevated. It is noteworthy that having a diversified social support network is considered beneficial to mental health. Friends can offer social support for positive social interaction in the face of family or marital problems, encouraging self-care and providing moments of leisure[18]. The social support given to women by their relatives, neighbors and friends during the pregnancy-puerperal period is essential, being considered a determinant protection factor in maternal mental health and in adherence to breastfeeding[19]. Information support measures the ability of the social network to advise, inform and guide. For about half of the interviewees, the information support is low; in this context, health professionals play a key role, since puerperium is a special moment and care can be exerted by a nurse in order to accompany both the mother as well as the baby and her family, providing educational and assistance subsidies, thus providing support in the face of the inherent difficulties of this phase[20].

Material social support consists of the provision of practical resources and material help, which was elevated for most participants, especially puerperal women aged between 14 and 19 years old and with higher education. Such results can be explained by the fact that, for the most part, middle-aged women carry issues that younger women still do not, such as a heavy life trajectory, which ends up weakening their physical and mental health. Moreover, factors such as inequality throughout life, lack of financial security, financial dependence on the partner, little guarantee of rights and obligation of family care end up influencing the quality of material social support that older women present[21].

Another finding was that postpartum women who did not want to interrupt the pregnancy had a higher prevalence of high material, affective, and emotional support, as well as greater information support. A study carried out in Kenya, with 769 women in 2012, showed that the main reasons for voluntary termination of pregnancy were socioeconomic stress and lack of support from the partner[22]. Women in the gestational period demand multidisciplinary assistance and follow-up, such as the creation of groups of pregnant women that favor the creation of a bond, producing emotional and affective support and facilitating the acceptance of pregnancy[23].

Postpartum women with higher income showed more prevalent high social support of information, affective and positive interaction when compared to those with lower income. A cohort study carried out in Canada, which evaluated 4,109 women in a context of psychosocial risk, showed that stable home environments, financial health and positive social relationships contribute to meeting the needs that postpartum women have in this very complex period and enable the mother/child relationship to develop in a healthier way[24].

Regarding alcohol use during pregnancy, emotional and informational social support are protective factors for postpartum women. Information social support was more prevalent in those women who did not use alcohol during pregnancy. Furthermore, there was a higher prevalence of high emotional social support among

postpartum women who did not use alcohol during pregnancy. Low-income and socially and economically vulnerable women are more prone to abusive use of alcohol, thus constituting a risk group for alcohol consumption during pregnancy[25].

Therefore, regarding the experience of physical violence by an intimate partner in life, puerperal women who did not suffer this type of aggravation presented a higher occurrence of high affective and emotional social support and positive social interaction. Low social support represents a greater risk for the occurrence of physical violence by an intimate partner, due to a tendency for women to submit to the perpetrator more often and the lack of opportunity to fight and face violence[26].

In a qualitative study carried out in Porto Alegre, RS, Brazil, interviewees mentioned the participation of their social networks in some important situations for leaving the abusive relationship. The support received presented itself as social company, being by their side and providing support at relevant moments, such as in the search for health services and in the face of the complaint against the partner in the police stations[27].

In view of the discussed context, health professionals, especially nurses, involved in the assistance provided to women, must be attentive to the needs of social support, getting to know the mother's social support network and including her in the health education process, enabling her to exercise her new functions as supporter, thus promoting an environment conducive to the motherhood experience.

In order to know the social network provided to the puerperal woman, it is necessary for the multidisciplinary team to go beyond the limits that the centered medical model imposes, taking the focus off the disease and expanding the care to this puerperal woman and her family.

The support weaknesses observed are worrying, starting from the point where the health-disease process is the result of numerous factors, not only physiological, but also psychological. A well-assisted mother, within a favorable economic and social context, can directly influence the care of the child, the health of the mother-baby binomial and the mother's passage through the puerperium in a healthy way.

Study limitations

Regarding the identified limitations, the potential selection bias is taken into account, considering convenience sampling, as well as the fact that the research was carried out in a public maternity hospital, limiting the inference of the findings for women hospitalized in private institutions.

However, despite the identified limitations, the lack of studies about the social network of postpartum women is highlighted, and the consistency of the findings with what is stated in the literature justifies the relevance of the findings.

CONCLUSION

Social support, in the affective, emotional, and positive social interaction dimensions, were the ones that presented the highest scores for postpartum women, while the material support dimension had the lowest score. Furthermore, the results demonstrate that socioeconomic, behavioral and life experience factors were associated with the social support received, indicating a group of women who are more susceptible to not receiving adequate social support.

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