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## Life Satisfaction and Social Support Received by Women in the Perinatal Period

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A – research concept and design; B – collection and/or assembly of data; C – data analysis and interpretation; D – writing the article; E – critical revision of the article; F – final approval of article; G – other

### Abstract

**Background.** Birth of a baby has a big impact on women's lives. The presence and help of loved ones favours well-being, health, coping with difficult situations. The aim of this study was to determine whether women's satisfaction with life changes during pregnancy and after delivery, and to identify correlates of life satisfaction.

**Material and Methods.** Life satisfaction was measured using The Satisfaction with Life Scale – SWLS and received social support was assessed using the Berlin Social Support Scales – BSSS. The study was conducted in the third trimester of pregnancy and during the postpartum period, before discharge from the hospital. The research sample included a total of 199 women in the third trimester of pregnancy and 188 of initially participating women, who had physiological births or caesarean sections.

**Results.** The results clearly show a significant increase in life satisfaction in the postpartum period ( $p < 0.0001$ ). An important correlate of life satisfaction in the third trimester of pregnancy is social support received ( $p < 0.0001$ ). During pregnancy such a correlate is emotional support received, and in the postnatal period – instrumental support received. An increase in instrumental support received ( $p = 0.031$ ) and informational ( $p = 0.013$ ) has been observed in the postpartum period.

**Conclusions.** The assessment of life satisfaction and received social support seem to be needed to gain a full picture of women's situation during birth, which will allow for planning and implementing maternity care appropriate to the needs of women (Adv Clin Exp Med 2014, 23, 4, 611–619).

**Key words:** life satisfaction, social support, pregnancy, postpartum period.

Childbirth is a joyful and unique period in the lives of women that will remain in their memory forever. It is a period of many changes that affect the body, emotions, and perceptions of others. For a long time, women have taken on the main responsibility for childcare, not only because of their ability to breast-feed, but also because of the intuition and sensitivity which women are endowed with. These are the reasons why women are mainly responsible for the quality of childcare; therefore, a challenge of being a mother is not easy. In view of such circumstances, it becomes extremely important to receive support from loved ones. It is well known that the presence of other people, their

help and kindness promotes well-being, health and the ability to cope with difficult situations [1]. Research has shown that the birth of a baby and changes taking place in the perinatal period have a big impact on the lives of women.

The aim of this study was to determine whether women's satisfaction with life changes during pregnancy and after giving birth and to identify the correlates of life satisfaction.

In this study, life satisfaction is considered as life contentedness expressed with the general evaluation referred to own chosen criteria – women compare their own situation with the standards they previously set. The variable indicator was

assessed by the use of the Questionnaire of the Satisfaction with Life Scale – SWLS by E. Diener, RA Emmons, RJ Larson, S. Griffin and in Polish adaptation by Z. Juczyński [2]. The test results indicated the overall sense of life satisfaction. The results ranged from 5 to 35 points. The higher the score, the greater the satisfaction with life. Results of 1–4 in scale of Sten were accepted as low and in the range of 7–10 in Scale of Sten as high, results between 5 and 6 in Scale of Sten were treated as average. Life satisfaction was tested twice, in the third trimester of pregnancy and in the postpartum period, before women were discharged from the hospital.

Life satisfaction was compared in the third trimester of pregnancy and in the postpartum period to evaluate the type of changes that occurred during pregnancy and in childbirth.

By the term social support this research relates to the type and amount of social support that women received from partners. In this context, attention is paid to social support given to women who are under the influence of the problematic situation – awaiting the birth of a baby and who are worried about their own and the baby's health. According to a research tool used in the study, social support was divided into three types: emotional, instrumental and informational. The women's social support networks during pregnancy and postpartum period can include many supporting people: partners and immediate family, as well as medical personnel. In this research study, the support received by women refers to the one coming from loved ones – partners/husbands. The variable indicator was assessed by the use of the Berlin Social Support Scale (BSSS) by A. Łuszczynska, M. Kowalska, M. Mazurkiewicz, R. Schwarzer, U. Schulz [3]. The received support was examined using the scale of emotional, instrumental and information support received, where the score of 0 meant the lack of support and a score of 1 meant maximum support.

The Berlin Social Support Scale (BSSS) is a set of tools to assess cognitive and behavioural dimensions of social support. The Polish version of BSSS is available on the website and can be downloaded free of charge for the research purposes on Berlin Social Support Scales (BSSS) – Polish Version [http://userpage.fu-berlin.de/~health/soc\\_pol.htm](http://userpage.fu-berlin.de/~health/soc_pol.htm). The scale of emotional support received contains statements relating to the subjective assessment of the person receiving the support, referring to her feelings, acceptance, comforting, understanding of the situation, complaints, evaluation and care of the emotional state and trust. The scale of instrumental support received refers to care and settling issues which could not be possible to deal

by the person receiving support. The scale of the informational support received relates to the perception of a situation as positive and manageable. The results of the support emotional received can be a maximum of 36 points, instrumental support – 12, information support – 8, satisfaction with the support received – 4 points. In view of the fact that items included in evaluation of the social support provided by the BSSS scale have different limits “min-max”, the value of the individual i-items were normalized to the scale of 0–1.

## Material and Methods

The study was conducted from July 2010 to April 2011. Ethical approval for the study was granted by the Bioethics Committee at the Nicolaus Copernicus University in Torun, Medical College in Bydgoszcz, No. 270/10.

The study was conducted in two parts, in the third trimester of pregnancy and in the postnatal period, at discharge from the hospital. The same participants took part at each stage of the study. The first stage of the research was carried out on the antenatal ward and in the Clinic “K” in the hospital of Dr Jan Biziela in Bydgoszcz, at the private gynaecological practice of M. Bułatowicz and at the birth school of Ms Anna Appelt; women were asked to complete the Fear of Childbirth Questionnaire. The second stage of the research was conducted on the postnatal ward at the University Hospital of Dr Jan Biziela in Bydgoszcz.

199 (100%) women in the third trimester of pregnancy were included in the statistical analysis. In the second stage of the study – after giving birth, 182 (91.45%) of the initial participating women were included in the analysis. The respondents completed the questionnaires on a specially prepared table in the doctor's office, patient's room, at the birth school. Questionnaires were prepared in envelopes.

The vast majority of women [ $n = 174$ , (87.44%)] were married, others were single or lived with a partner [ $n = 25$ , (12.56%)]. Most of the women [ $n = 101$ , (50.75%)] had a university degree, secondary education [ $n = 64$ , (32.16%)], primary and vocational education [ $n = 34$ , (17.09%)]. The age of patients ranged from 17–44 years, average age was  $29.1 \pm 5.2$  years. The studied population of women were in the third trimester of pregnancy, the lowest gestational age was 27 weeks, the highest 42 weeks, on average the questionnaire was completed at 34 weeks of gestation (SD-4.24). In the postpartum period, the women completed questionnaires at discharge from the hospital; on average pregnancy ended at 38 weeks of gestation (SD 2.84).

199 women participated in the study, 96 of which (48.24%) were primiparae, 72 (36.18%) gave 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%) of newborns were born in good condition (8–10 Apgar score), 17 (8.99%) in the average state (4–7 Apgar score). Two babies in poor health were not taken into account. 164 (84.10%) newborns were born with normal weight (more than 2500 g) and 31 (15.89%) weighed 2500 g or less. On average, birth took place in the 38th week of pregnancy. The vast majority of women described their relationship with a partner as very good 153 (77.27%) and good 44 (22.22%), one person found their relationship with her partner as bad (0.51%). In the opinion of 29 (14.57%) women their financial situation was very good, good – 165 (82.91%). However, 4 (2.01%) women described it as poor and 1 (0.50%) as very poor. During the previous year, social benefits were taken by 8 (4.04%) women. 12 (6.09%) women had recently used the help of a psychologist. Most of the women were employed 125 (63.78%), 71 (36.22%) unemployed. The pregnancy was planned for 156 (78.39%) women, unplanned for 43 (21.61%). 26 (13.07%) women attended antenatal classes during pregnancy, 3 (1.51%) participants attended classes with their husband/partner, representing a total of 29 (14.58%). 58 (34.31%) women had problems with breastfeeding.

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. We used Student's *t*-test for dependent variables (paired data) and Student's *t*-test to verify the hypothesis about the significance of Pearson's product-moment correlation coefficients. The level of significance of  $p = 0.05$ , for which the critical values were given, has been accepted as reliable when verifying hypotheses.

## Results

According to the aims of this research, the analysis of levels of life satisfaction in each period was undertaken. In the third trimester of pregnancy, the highest result belongs to high sten, which equals to over half of the observation (59.29%). Similarly, in the postpartum period, the results belonging to the high sten was observed in (71.82%) women. The low level of life satisfaction was declared by 10% of women during pregnancy and about 5% in the postnatal period. The results of average life satisfaction were declared by about 30% of pregnant women and 23% in the postnatal period.

The mean values of the variable 'life satisfaction' indicate that in the third trimester of pregnancy women participating in the study had an average satisfaction with life (24.51) and in the postpartum period (25.71). The results are in the high range according to the scale of sten (7).

Based the analysis of life satisfaction, it can be inferred that in the perinatal period the participant women felt a high level of satisfaction with life, with an upward trend after the baby has been born (Table 1, 2).

**Table 1.** The average and standard deviation of the variable life satisfaction in the sample of women

The life satisfaction (SWLS) according to points	Third trimester of pregnancy	Postpartum period
N	199	182
Min	10	9
Max	35	35
Median	25	26
Mean	24.43	25.76
SD	5.30	4.72

**Table 2.** Distribution of life satisfaction in the third trimester of pregnancy and the postpartum period in the sample of women

Parameters	Life satisfaction (SWLS) according to the scale of sten	
	third trimester of pregnancy	postpartum period
Sten	199 (100%)	181 (100%)
1–4 (low)	20 (10.05%)	9 (4.97%)
5 and 6 (average)	61 (30.05%)	42 (23.20%)
7–10 (high)	118 (59.29%)	130 (71.82%)

In order to determine whether women's life satisfaction changes over the period of time (from the third trimester of pregnancy to the postnatal period), differences (changes) of evaluation of life satisfaction were calculated for each of the women by subtracting the postnatal period values from the values of the third trimester and followed by Student's *t*-test used for dependent samples. The hypothesis 'the mean of change in life satisfaction is positive and significant' was verified. The analysis included 181 women (181 relevant pairs) who took part in each stage research (Table 3).

With the help of the Student's *t*-test, it has been found that the average rate of change in life satisfaction ratings is significantly different from zero.

**Table 3.** Comparison of satisfaction with life during pregnancy and postpartum

The women's life satisfaction in SWLS scale	Third trimester of pregnancy	Postpartum period	Difference
n	181	181	181
Min	10	9	-12.00
Max	35	35	15.00
Median	25.00	26.00	1.00
Mean	24.51	25.76	1.24
SD	5.11	4.72	3.66
Student's <i>t</i> -test ( $t_{kr} = 1.97$ )		t	4.55
		p	< 0.0001

**Table 4.** The average and standard deviation of the variable support received in sample women

Support received by women according to BSSS	Emotional Support		Instrumental support		Informational support	
	third trimester of pregnancy	postpartum period	third trimester of pregnancy	postpartum period	third trimester of pregnancy	postpartum period
n	199	182	199	182	199	182
min	0.33	0.19	0.22	0.11	0.00	0.00
max	1.00	1.00	1.00	1.00	1.00	1.00
median	0.96	0.96	1.00	1.00	0.83	0.83
mean	0.88	0.91	0.89	0.92	0.79	0.83
SD	0.15	0.14	0.16	0.14	0.21	0.21

**Table 5.** Distribution of the support received by women according to BSSS

Support received by women according to BSSS	Emotional support		Instrumental support		Informational support	
	third trimester of pregnancy	postpartum period	third trimester of pregnancy	postpartum period	third trimester of pregnancy	postpartum period
n/%	199 (100%)	182 (100%)	199 (100%)	182 (100%)	199 (100%)	182 (100%)
Low	2 (1.00)	2 (1.09)	2 (2.02)	2 (1.09)	11 (5.52)	6 (3.29)
Average	26 (13.01)	12 (6.59)	33 (16.58)	18 (9.89)	67 (33.66)	56 (30.76)
High	171 (85.92)	168 (92.30)	164 (82.41)	162 (89.01)	121 (60.80)	120 (65.93)

This means that after childbirth the life satisfaction of women significantly increases ( $p < 0.0001$ ) (Table 3).

According to the research aims, the analysis of the various types of support received by women was undertaken. The assessment of social support received is based on the evaluation of the amount of the support. The women declared how much and what type of support was received from partners. The final result concluded the support and it ranged from 0 to 1. It was divided into groups on the basis of the received results: low level of support range ( $0.00 \leq x < 0.33$ ), average level of

support ( $0.34 \leq x < 0.66$ ), and high level of support ( $0.67 \leq x < 1.00$ ).

The lowest value of the variable 'emotional support received' in the sample in the third trimester of pregnancy was 0.33, the highest-1.00, the mean was 0.88. In the postnatal period the lowest value was 0.19, and the highest 1.00, the mean of 0.91 (Table 4). During pregnancy, the highest results ranged in the group of 'high level of support', which consisted of 85% of the observations and in the postpartum period 92% of the results. This means that women in our sample were surrounded by care, protection, empathy experienced from their partners/husbands (Table 4, 5).

**Table 6.** Comparison of mean value changes in the social support received by women in the third trimester of pregnancy and the postpartum period

Support received according to BSSS		Emotional support	Instrumental support	Infomational support
n		182	182	182
Min		-0.704	-0.778	-0.667
Max		0.630	0.556	0.833
Median		0.000	0.000	0.000
Mean		0.018	0.023	0.038
SD		0.140	0.142	0.204
Student's <i>t</i> -test	t	1.73	2.18	2.51
	p	0.09	0.031	0.013

The lowest value of the variable 'instrumental support received' in the sample in the third trimester of pregnancy was 0.22, the highest-1.00, the mean was 0.89. In the postnatal period the lowest value of instrumental support was 0.11, the highest-1.00, while the average was 0.92 (Table 4). In pregnancy, the highest results ranged in the group of high level of support, which consisted of 82% of the observations and the postpartum period – 89% of the results. This means that the surveyed women were provided with support from partners/husbands with daily tasks and responsibilities.

The lowest value of the variable information support received in the sample in the third trimester of pregnancy was 0.00, the highest 1.00, the mean was 0.79. In the postnatal period, the lowest value of information support was 0.00, and the highest-1.00, the mean was 0.83 (Table 4). In pregnancy, the highest results ranged in the group of high level of support, which consisted 60% of the observations and in the postpartum period – 65% of the observations. This means that in our sample partners provided women with information on the solution in a particular situation.

The mean of variable 'the social support received' indicate that the women in the study received high levels of social support in each study period. This means that women in the perinatal period were not left without help, but they could count on the support from close partner/husband.

When studying the support received during the perinatal period, it is important to determine the changes that occurred from the first assessment to another. In order to determine the changes which have occurred in different types of support, the Student's *t*-test was used for dependent samples. The difference (change) between the values associated with the support of the studied parameters in the third trimester of pregnancy and the postpartum period was calculated for each woman. A positive

difference indicated an increase in that parameter in the postpartum period, while the negative testified to its decline. Then, the mean of the differences was calculated for the entire sample.

The following table lists the basic statistical parameters referring to the change trends over time studied. As a result of statistical calculations, it has been found that the average variations in the parameters were positive, while in the case of instrumental and informational support (in bold), the mean changes (the rises) were found to be significant, which was significantly different from zero (Student's *t*-test for dependent samples,  $t_{kr} = 1.97$ ) (Table 6).

In the postpartum, period the use of the Student's *t*-test for related pairs (dependent samples) showed that the received emotional, instrumental and information support increased for women. Significant changes were observed in the instrumental ( $p = 0.031$ ) and information support ( $p = 0.013$ ).

In the postpartum period, the increase of the value in different types of social support was probably related to the support, care and understanding experienced by women, and greater involvement of partners in the care of a woman and a child.

The presented study attempted to determine which of the three types of social support received is the most associated with life satisfaction of women during pregnancy and postpartum. For this purpose, the Pearson correlation coefficients were calculated and verified, which evaluates the strength of the relationship of individual types of social support with life satisfaction. Table 7 shows the calculated Pearson product – moment correlation coefficients assessing the relationship between life satisfaction and various types of social support received in each stage of the research. We also give the results of the verification of the hypothesis about the significance of the correlation obtained with the help of Student's *t*-test (Table 7).



**Table 7.** Life satisfaction and social support correlation coefficients in the perinatal period

Support received – life satisfaction according to SWLS		$R_{xy}$	Student's <i>t</i> -test		Significant relationship
			t	p	
Third trimester of pregnancy (n = 199)	emotional	0.42	6.49	< 0.0001	Yes
	instrumental	0.38	5.77	< 0.0001	Yes
	informational	0.29	4.25	< 0.0001	Yes
Postpartum period (n = 181)	emotional	0.30	4.21	< 0.0001	Yes
	instrumental	0.35	5.00	< 0.0001	Yes
	informational	0.33	4.68	< 0.0001	Yes

All the relationships in the third trimester of pregnancy and the postpartum period between the social support and the women's life satisfaction by the SWLS are important. In the third trimester of pregnancy, the greatest strength of the relationship between support received and life satisfaction were found in emotional support, and postnatally – instrumental support (Table 7).

## Discussion

The study provided an opportunity to draw attention to the life satisfaction of women while awaiting the birth of a child and immediately afterwards, and the importance of social support during this period. It is a primary responsibility of the woman already in the prenatal period to ensure the best conditions for the fetal development and after giving birth to look after children. However, not all women are able to meet their assigned duties. In the postpartum period, wounds heal, there are complications associated with complicated deliveries; there are often problems with breastfeeding, women are sleepy, tired, have significant deficits in self-care, feel pain and, therefore, it is difficult for them to care for their own children [4]. Due to these changes in the women's lives, significant deficits in self-care and initial difficulties with child care [5], the satisfaction with life may be reduced in the postpartum period. Therefore, in postnatal period, the social support received seems to be necessary for the normal functioning of women after childbirth.

According to the researchers, the level of satisfaction with life can change, and the respondents assessing the life satisfaction often use information which is relevant at the time. [6] In this study, women could have based their assessment of life satisfaction during pregnancy and after delivery on the recent positive outcome (birth of a child), although this is not indicated in the study. The data showed that the respondents have achieved impressive high level of satisfaction with life during

pregnancy – 24.51 (7 in scale of sten) and during postpartum period – 25.76 (7 in scale of sten), where the maximum achievable value was 35. Thus, the results for this group are impressive. Noteworthy is the fact that in the postpartum period there was a significant increase in life satisfaction of the women (Table 1). 60% of the respondents achieved such a level in the first assessment and over 70% in the second. According to Czapiński, about 80% of the Polish population is evaluated as being highly satisfied with their lives [7]. Many factors undoubtedly influenced such a high level of life satisfaction by the women. Having a baby born at term of normal weight and in good health are the most important for women. In this study, 91% of children were born in good condition and 84% with body weight above 2500 grams. On average, birth took place in the 38th week of pregnancy, and the vast majority of women reported feeling good after birth. The lower level of life satisfaction in the sample was represented by pregnant women in high-risk pregnancy (mean 21.34 – 7 in scale of sten) [2] and by the nurses (20.08) [8], as well as by students of the University of the Third Age (20.86) [9].

According to the researchers, having children has a rather small effect on life satisfaction and marital happiness. According to many researchers, generally the impact is negative [10], the best is to have two or three children, and the effect is associated with the stages of the life cycle of the family. The honeymoon period and when the children are grown up are the best; the periods when children are under five years of age and teenagers are the worst in terms of the life satisfaction. However, children are the source of enjoyment, but also the source of stress for their own parents [6, 7, 11].

In studies of Angeles, the increase in life satisfaction occurs immediately after the birth and up to 6 months of age, following a steady decline until the third year of the child's life. It should be noted that the decrease in life satisfaction was commonly associated with single motherhood. However, people in relationship showed a positive experience of

having children [12]. According to Preis (2010), having more children than desired may be associated with the decreased quality of the marriage. These results were obtained by studying the pregnant women with single and multiple pregnancies. Lower satisfaction often was indicated by women with multiple pregnancies [13]. Childbirth undoubtedly changes the women's lives, but not always necessarily lowers life satisfaction. However, there are many studies which show that with the passage of time from the birth of the child, life satisfaction decreases [14–20].

In these studies, social support received by women was significantly related to their life satisfaction, both during pregnancy and in the postpartum period (Table 7). This data is consistent with the results of Dyrdał, Young and Xie [20–22]. Our results indicate that during pregnancy the most important factor for life satisfaction was emotional support, which undoubtedly has got great importance due to the well-being of women, concerns about childbirth and child. However, in the postnatal period, the most important type of support for women's satisfaction with life proved to be instrumental support, which probably was related to practical help and partner's commitment to the care of the child and the mother. Our findings are consistent with results obtained by other researchers [21–27]. However, it appears that women do not always receive social support, which is important due to fatigue after childbirth, postoperative wound pain after a caesarean section, and pain due to the injury to the perineum. Worrying and contradictory results to the analysed above were obtained by the other researchers [28, 29]. The American women particularly of Spanish origins pointed numerous problems in obtaining emotional and instrumental support during the postpartum period. The lack of instrumental support was the main cause of postpartum depression. According to the researchers, the received instrumental support influenced the women's physical and emotional well-being [28].

According to Argyle, the main sources of well-being are social relationships and social support, which positively influence the mental and physical health [19, 7]. In this study, women received a high level of social support during pregnancy and postpartum period. Noteworthy is the fact that the women's assessment of instrumental and informational support significantly increased in the postpartum period compared to the third trimester of pregnancy (Table 4). The high level of support received by women is related to the strong commitment of partners and current transformations of the role of the father in Poland. Until recently, men rarely participated in childbirth because

there was no such possibility. Since the mid-90s of the last century, there has been a significant increase in the father's participation during childbirth. Men are involved in caring activities during labour, participate in antenatal education and help with childcare after birth. Nowadays, many fathers are involved in the care of the child, which helps to establish bonds and good relations with a partner. However, it should be noted that these results do not apply to the whole population of Polish women, because most of the surveyed women had a university degree 50.75%, 82.91% of women were in good financial situation, and these cannot be found in the whole of Polish society. The high economic status of the surveyed women also demonstrated the preparation and maturity to parenthood of the participants. Similar values of social support received have also been found in women studied by other researchers [26, 30–32]. After childbirth, from women's point of view, the increase in the level of support received was important for them due to the exceptional circumstances in which they have received the support. This is confirmed by the increase in the level of satisfaction with life in the postpartum period. During their stay in the postnatal ward, the partners' help was needed because in this time women could relax, take a bath, sleep. Therefore, it can be concluded that the support which the respondent received from their partners, particularly the instrumental support, has a positive impact on women's experience of motherhood. Results of these studies on the men's role are contrary to reports in the literature, in which there is a tendency to diminish the man's role and blame him for the main cause of depression in the postpartum period. These results are contrary to the results of study by Gjerdingen and Negron. Satisfaction with partner's care and concern significantly decreased in the postpartum period [33, 28]. Inadequate support in early pregnancy was received by 5% of Swedish women, most of them were multiparous [34]. Similar results were obtained by Waldenström's study [35]. Interesting research results were presented by Rivières-Pigeon. Women after the birth of their second child received little support from the partners. The author suggests that inadequate support may have been received by women after the third and subsequent birth. But despite of the lack of support, we found that multiparous women had lower levels of depression than primiparae [36].

The arrival of a baby is a time of joy and excitement as well as a time of major changes in the personal lives of women. In this study, we observed a positive change in life satisfaction of the women. Undoubtedly, the cause of these positive changes was received social support, both during pregnancy

and the postpartum period. The received social support experienced by women helps to adapt and fulfill the social role and determines the women's life satisfaction in the perinatal period.

The knowledge of the type of social support received from partners, which determines the women's life satisfaction during pregnancy and in the postpartum period should be widespread.

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