Original Article

Relationship Between Perceived Social Support and Stress before and after Cesarean in Pregnant Women

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Abstract

Background & Objective: Most pregnant women experience a degree of stress before and after cesarean. Stress can have unfavorable complications for the mother and the baby. Given the probable relationship of social support with the amount of stress, the present study aimed to determine the relationship between perceived social support and stress, before and after cesarean in pregnant women referring to Besat Hospital in Sanandaj in 2018.

Materials & methods: This study was a descriptive-correlational and cross-sectional study performed on 180 pregnant women under selective cesarean section surgery in 2018. Using the available sampling method, pregnant women referring to Besat Hospital in Sanandaj were selected with the criteria to enter the study. The data collection method in this study was a two-part questionnaire of demographic and midwifery information, perceived social support questionnaire and Dass 21 stress questionnaire. Data analysis was performed using SPSS software version 16, descriptive statistics, and the Pearson correlation test.

Results: Results indicated that the degree of the overall rate of stress, before cesarean was 36.1% and in the post operation stage 13.9% respectively. Besides, there was a negative significant difference between social support and stress, before the operation (p<0.05, r= -0.728), and stress, after cesarean (P<0.05, r= -0.658).

Conclusion: The results of the study showed that there is a negative and significant relationship between perceived social support and stress, before and after the cesarean section. Hence, it is recommended that interventions be designed to identify and improve the level of social support of pregnant women under cesarean section.

Keywords: Perceived social support, Stress, Cesarean, pregnancy

Introduction

Cesarean section means the exit of one or more newborns, or rarely, a dead fetus through the incision in the mother's abdominal wall and the uterus (1). Caesarean section is one of the most common gynecological surgeries around the world (2). However, it may cause mental and physical complications in the mother. Physical complications associated with cesarean section include intra- and postoperative bleeding, surgical site infections, intra-abdominal adhesions, deep vein thrombosis (DVT), and pulmonary embolism (3). Other physical complications of cesarean section include hysterectomy due to uncontrollable bleeding, increased hospital stay, and the risk of opening wounds and maternal death (4).

Anxiety and stress are also considered psychological complications affecting mothers

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undergoing cesarean section (5). Stress is the physical, mental and emotional reactions that are experienced as a result of the changes and needs of one's life. In other words, stress is a person's reaction to an environment that is a threat to their abilities and a threat to their health (6). Stress is manifested by symptoms such as headache, neck pain, suffocation, eyelid tremor, tachycardia, increased sweating, and sore throat (7). 10-30% of hospitalized patients experience stress even without the need for surgery, but this figure reaches 60-80% in patients in need of surgery (6). Causes of stress before surgery can be seen in unfamiliar environments, observing the operating bed and its high lights, different and unfamiliar devices, cold air, inadequate ventilation, and noise of operating room staff (8).

Stress is the most prominent symptom in the clinical behaviors and symptoms of pregnant women (9). Stress affects not only pregnant women but also the fetus (10). Maternal stress reduces blood supply to the placenta and fetus through epinephrine secretion and uterine contraction. Epinephrine also reduces the ability of fetal brain cells that are responsible for hypoxia, by increasing maternal and fetal blood glucose, and thus, fetal brain cells are damaged (11). Stress can increase postpartum hemorrhage by inhibiting the release of oxytocin (12). Stress can also reduce breastfeeding and increase the likelihood of depression in the mother (13). pharmacological and non-pharmacological methods can be used to reduce the stress and anxiety induced by surgery (14). Due to the sedative effects of pharmacological methods, the use of non- pharmacological interventions is recommended, especially in the cesarean section where close contact between the mother and the baby is important (5). On the other hand, mothers are often concerned about medical prescriptions because of their health or breastfeeding and thus seek alternative and complementary therapies (15). Non- pharmacological methods include heat and cold therapy, hypnosis, music therapy, relaxation, aromatherapy, electrical stimulation of the nerves (16), and social support. Social support can play a very important role in reducing maternal stress and anxiety, and its importance in protecting the mother's health during pregnancy has been emphasized (17).

Social protection protects people from stressful and traumatic situations by preventing them from occurring and helping them to assess stressful events in a way that makes them less threatening (18). Lack of social support makes a person vulnerable to psychological consequences such as stress. Social support as an important variable of the social system in critical situations helps reduce stress in such a way that the lack of social support in stressful situations puts a lot of psychological pressure on the person and can make the person vulnerable to stress (19).

Social support means receiving health information, material and psychological assistance from loved ones including a partner, a relative, a friend, or a social network such as health care providers (20). Social support is classified into two subcategories of perceived and received support (21). Perceived social support refers to the individual's estimation of the availability of support when it is needed. In fact, it refers to the perception that a person suffering from pain can have access to effective people who are able to potentially help him when needed (22). According to researchers, perceived social support is more important than received support for health behaviors. This conclusion is based on the argument that if sources of support are not perceived by a person, he/she will not use them (23).

The results of Bodaghi (2016) study suggested that anxiety, depression, and stress in pregnant women have a negative relationship with social support (24). In a study by Faramarzi and Pasha (2015), a negative and significant relationship was reported between social support and stress of pregnant women. (25). However, Shishehgar et al. (2014) did not report a significant relationship between social support and stress in pregnant women (26). In a study by Fayazi et al. (2016), no significant relationship was reported between social support and anxiety in pregnant women (27).

Therefore, considering the complications of stress, the contradictory results regarding the relationship between perceived social support and stress, inadequate attention to the psychological complications of cesarean section and due to lack of knowledge in women undergoing cesarean section, this study aimed to determine the relationship between perceived social support and stress before and after cesarean section in pregnant women who referred to Besat Hospital in Sanandaj.

Materials & Methods

This cross-sectional, descriptive-correlational study was conducted on 180 multiparous

pregnant women referring to Besat Hospital in Sanandaj to undergo cesarean section. The inclusion criteria included pregnant women aged 18 to 45 years, fully alert, planned pregnancy, having a natural course of pregnancy, being healthy in terms of hearing and speech, lack of mental retardation in the mother, lack of history of infertility, lack of education in medicine and paramedics, lack of history of known mental illness, and other illnesses affecting the psychological state and surgical outcomes, not taking anti-anxiety and anti-stress drugs in the preoperative period, having no significant event other than pregnancy in the past 9 months, not having a disabled spouse or child, no history of cesarean section and previous surgery (non-cephalic view of the fetus, llacenta previa, two or multiple pregnancies,…) non-use of tobacco and drugs, and for the post-cesarean section, in addition to the above, the birth of a seemingly healthy child was also an inclusion criterion. The exclusion criteria were the unwillingness to continue cooperation, tubectomy or hysterectomy during surgery, postpartum complications such as bleeding, eclampsia, fever and other postpartum complications, the death of the baby after birth, and the baby's hospitalization in the neonatal intensive care unit.

After obtaining permission from the Ethics Committee of Kurdistan University of Medical Sciences, the researcher recoursed for collecting information on consecutive days in the morning to the postpartum section of Besat Hospital and presented to pregnant women who were referred for preparation for cesarean section and had criteria for entering the study, provided an explanation of the purpose of the study. After signing the consent form, questionnaires for demographic and midwifery information, social support perception, and stress DASS 21 were completed by the participants in the pre-cesarean section 7 days after the cesarean.

The demographic information questionnaire including questions about age, level of education, and occupation of the women and their husband, family income level, and midwifery characteristics such as questions about marital satisfaction, the level of parity and satisfaction with the baby's gender. To measure social support in this study, the Social Support Survey Scale (MOS-SSS)[1] developed by Sherbourne

and Stewart (1991) for use in medical outcomes and administered to the respondents.

The scale measures the respondents' social support using 19 statements and 5 sub-scales. These sub-scales include tangible support including material and behavioral support (items 9 to 12), emotional support that evaluates positive emotions, sympathy, and encouragement to express feelings (items 1-8), Information support that measures guidance, information or feedback (items 1-8), kindness that measures love and affection (items 16 to 18), positive social interaction that measures the existence of individuals to engage in recreational activities (items 13, 14, 15, and 19).

This scale is a self-report questionnaire that asks the participants to express the degree of their opposition or agreement with each of the statements based on a five-point Likert scale (never = 1, rarely = 2, sometimes = 3 points, often = 4, and always = 5 points]. The lowest and the highest scores one may obtain on this scale are 19 and 95, respectively. To get the overall score, the sum of all scores is calculated. A higher score on this scale indicates that the person receives a higher level of social support. The reliability of this scale was reported using the Cronbach's alpha coefficient in the range of 74% to 93% (28). Temanaifar and Mansurinik (2014) confirmed the face and content validity of the scale from the point of view of psychologists and estimated its reliability through the Cronbach's alpha coefficient as 97% (29). Then, based on their perceived social support scores, the respondents were placed into three groups (low social support: scores 19 to 43), (average social support: scores 44 to 68), and (high social support: scores: 69 to 95: high social support) (30).

To assess the respondents' anxiety, the Depression, Anxiety, and Stress Scale (DASS 21) was administered. The scale consists of 21 items that measure depression, stress and anxiety, each having 7 items. The final score of each of the three scales is calculated as the sum of scores gained on that scale. The respondents' stress levels were assessed using items 1, 6, 8, 11, 12, 14 and 18. The questions in this questionnaire are based on Likert and have four chances at all (none = 0, low = 1, average = 2, and high =3). After calculating the sum of the scores of the seven items, the final score obtained on the stress

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[1] Social Support Survey Scale (MOS-SSS)

subscale was multiplied by 2 in order to match the 42-item scale. The final score obtained showed the severity of the symptoms (0-14: normal stress, 15-18: low stress, 19-25: average stress, 26-33: severe stress, and <33: very severe stress). The reliability and validity of the scale have been confirmed in various studies in Iran (31) and abroad (32). After completing the DASS 21 in the pre-cesarean phase, to check stress, researcher asked the participants to complete the questionnaire DASS 21 again 7 days after the cesarean section. The collected data were analyzed using descriptive statistics and Pearson correlation test using SPSS software (version 16).

The sample size was calculated to be 0.5 correlation, the first type error was 5% and the study strength was 90% equal to 160 people. Taking into account the 10% drop and using the following formula, the sample size was considered to be 180 people.

$$C = 0.5 * \ln[(1+r)/(1-r)]$$

$$\text{Total sample size} = N = [(Z_\alpha + Z_\beta)/C]^2 + 3$$

Results

The mean age of the respondents was 30.51 ± 6.32 and that of their husbands was 34.87 ± 6.78. Most of the respondents (85.6%) were housewives and 92.8% of their husbands were employed. 73.3% of them had a sufficient level of income and the majority of the respondents and their husbands held a high school diploma (37%). Most of the respondents (86.7%) were satisfied with their marital life. Besides, the majority of the respondents (83.9%) were satisfied with their baby's gender.

Table 1 shows the frequency and level of perceived social support in the respondents. As it can be seen, the percentage of perceived social support in the majority of respondents (63.3%) is within the score range of 44-69, indicating an average social support level. Also, 2.2% of the research units had a low level and 34.5% had a high level of social support.

Table 2 shows the respondents' levels of stress before and after cesarean section. As the table shows, the stress level in the majority of

Table 1. The frequency and level of perceived social support

Variable	Level	Frequency	Percentage
Perceived Social Support	19-43	4	2.2%
	44-68	114	63.3%
	69-95	62	34.5
	Total	180	100

Table 2. The respondents' levels of Stress before and after cesarean section

Variable	Level	Frequency	Percentage
Stress before cesarean section	0-14	115	63.9%
	15-18	30	16.7%
	19-25	26	14.4%
	26-33	9	5 %
	<33	0	0
	Total	180	100%
Stress after cesarean section	0-14	155	86.1%
	15-18	14	7.8%
	19-25	9	5 %
	26-33	2	1.1%
	<33	0	0
	Total	180	100%

respondents before the cesarean section (63.9%) and after cesarean section (86.1%) is within the ange of 0-14, indicating a normal level of stress. In the pre-cesarean section 16.7% of the units had mild stress, 14.4% had moderate stress and 5% had severe stress. The overall stress levels before and after the cesarean sections were 36.1% and 13.9%, respectively.

Table 3 shows the correlation between perceived social support and stress before and after cesarean section. The results of the Pearson correlation test showed a significant negative correlation between perceived social support and stress before and after cesarean section (p-value = 0.0001). The correlation coefficient values indicate the intensity and direction of this relationship. According to the obtained values, there was a negative and relatively strong correlation between the two variables, indicating that by increasing the level of perceived social support, the level of stress decreased before and after cesarean section.

study were primiparous women, and such women are more likely to be supported by their relatives.

Based on the results of this study, the stress level of the respondents before the cesarean section was 36.1% (16.7% low stress, 14.4% average stress, 5% severe stress) and after cesarean section it was 13.9% (7.8% low stress, 5% average stress, and 1.1% severe stress). The results are consistent with the results of a study by Faramarzi and Pasha (25), and it is not consistent with the study of Zareipour et al. (2017) who reported 49.1% of stress in pregnant women (33). The reason for the discrepancy between the study results of Zareipour et al. and the present study may be due to differences in the study location, sample size, and level of education of the studied units. The sample size in the study of Zareipour et al. included 350 people and the study was performed on rural pregnant women who mostly had primary education. Lack of knowledge and awareness on a particular

Table 3. Correlation between perceived social support and Stress before and after cesarean section

Variable	Statistics	Stress before cesarean section	Stress after cesarean section	Perceived social support
Perceived social support	Correlation	-0.728	-0.658	1
	P-value	0.0001	0.0001	--------
Stress before cesarean section	Correlation	1	0.704	-0.728
	P-value	------	0.0001	0.0001
Stress after cesarean section	Correlation	0.704	1	-0.658
	P-value	0.0001	--------	0.0001

Discussion

The results of the study showed that the majority of the respondents experienced an average level of perceived social support. These results are consistent with a study conducted by Faramarzi and Pasha (2015) who reported the average social support among pregnant women (25), but it was in contrast with the results of a study by Sadeghi Avalshahr et al. (2014), who reported high social support among mothers (23). The reason for the inconsistency between the two studies can be due to differences in the studied populations. The participants in Sadeghi et al.'s

subject may be stressful for the individual.

The findings of the present study showed a significant negative relationship between perceived social support and stress before and after cesarean section (p <0.05). This finding is consistent with the results of previous studies [24, 34]. Social support is important during pregnancy and postpartum (25) and can be effective in increasing the mental health of pregnant women (35). People's physiological responses to stress are affected by social support. This means that the intensity of a person's reaction to stressful events in the presence of

friends and acquaintances is lower than when the individual experiences stress alone (36). Social support has been identified as the strongest external source of stress neutralization that empowers individuals to cope with stressors (37).

When one believes there is someone who helps him when needed, their ability to cope with stress is increased. In fact, perceived social support has a moderating role on stressful life issues and a positive role in physical and psychological health of individuals (38). Perceived social support can provide effective psychological help to cope with the pressure and problems of life, as such a person has a clear impression in all moments of his life that there are those who need help in times of need (22).

People with social support have better mental health than those who do not, and recover faster when they have mental health problems (39). Understanding perceived social support increases people's sense of solidarity and improves their mental health (40).

Conclusions

Considering the prevalence of stress before and after cesarean section, special attention needs to be paid to maintaining and improving the mental health of pregnant women, along with their physical health. Given the multiple complications of stress on mothers and infants and the relationship between social support and stress in the pre- and post-cesarean section, health managers and health care practitioners are recommended to design some interventions to identify and promote the level of social support for pregnant women who are volunteers for cesarean section. Mental health and its related factors in pregnant women and patients undergoing surgical procedures should be placed on the top of the research list of the university.

Research Limitations

The limitations of this study are that this study was a cross-sectional study and there was the probability of not answering the research samples honestly to the questionnaire questions by the participants.

Acknowledgments

Conflict of Interests

The authors have not any conflict of interest.

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بررسی ارتباط حمایت اجتماعی ادراک شده و استرس قبل و بعد از سزارین در زنان باردار

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چکیده

زمینه و هدف: اغلب زنان باردار درجاتی از استرس را قبل و بعد از سزارین تجربه می کنند. استرس می تواند عوارض نامطلوبی را برای مادر و نوزاد ایجاد کنند. باتوجه به احتمال ارتباط حمایت اجتماعی ادراک شده با میزان استرس، این مطالعه با هدف تعیین ارتباط حمایت اجتماعی ادراک شده با استرس قبل و بعد از سزارین در زنان باردار مراجعه کننده به بیمارستان بعثت سنندج در سال ۱۳۹۷ انجام شد.

مواد و روش ها: این مطالعه از نوع توصیفی- همبستگی و مقطعی بود که بر روی ۱۸۰ زن باردار تحت عمل جراحی سزارین انتخابی در سال۱۳۹۷ انجام شد. با استفاده از روش نمونه گیری در دسترس زنان باردار مراجعه کننده به بیمارستان بعثت سنندج با داشتن معیارهای ورود به مطالعه انتخاب شدند. روش گردآوری اطلاعات در این مطالعه پرسشنامه دو قسمتی اطلاعات دموگرافیک و مامایی، پرسشنامه حمایت اجتماعی ادراک شده و پرسشنامه استرس Dass 21 بود. تجزیه و تحلیل داده ها با استفاده از نرم افزار Spss نسخه ۱۶، آمار توصیفی و آزمون همبستگی پیرسون انجام شد.

نتایج: بر اساس یافته های مطالعه میزان استرس در مرحله قبل از سزارین ۳۶/۱ درصد و در مرحله بعد از سزارین برابر ۱۳/۹ درصد بود. بین حمایت اجتماعی ادراک شده با استرس قبل از سزارین ($r=-۰/۷۲۸$ ، $p<۰/۰۵$) و استرس بعد از سزارین ($r=-۰/۶۵۸$ ، $p<۰/۰۵$) همبستگی منفی و معنی داری داری وجود داشت.

نتیجه گیری: نتایج مطالعه نشان داد ارتباط منفی و معنی داری بین حمایت اجتماعی ادراک شده و استرس قبل و بعد از سزارین وجود دارد. لذا توصیه می شود مداخلاتی در جهت شناسایی و ارتقاء سطح حمایت اجتماعی زنان باردار داوطلب سزارین طراحی گردد.

کلمات کلیدی: حمایت اجتماعی ادراک شده، استرس، سزارین، بارداری

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