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Perceived Social Support in Women with Low Risk Pregnancy

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Abstract

Introduction: Social support refers to behaviors of solidarity from different people including neighbors, family, friends or anyone else who is able to provide assistance. This occurs in the population with frequency from 42.0 to 87.0%.

Objective: Identify perceived social support in women with low risk pregnancy in a primary care medical center.

Materials and Methods: A longitudinal, prospective, cross-sectional study was conducted in low-risk pregnant women who came to control in a primary care medical center. To assess perceived social support Duke-UNC functional social support questionnaire was used, considering a score <32 to determine no support. Simple and chi square statistical frequency were estimated.

Results: A total of 92 pregnant women with an average age of 26.3 years old, a social support at 95.6% was observed. However, to evaluate trimester of pregnancy, this value was lower by 90.9% (p> 0.05).

Conclusion: Social support in this group is given in 9 of 10 women, however it is worth mentioning that authors report that the value varies according to socioeconomic status and education. As it suggested considering them as factors associated with the perception of social support.

Keywords: Social support; Family dysfunction; Pregnancy

Introduction

Pregnancy care is immersed in the historical evolution of epidemiological concepts, including the stages traveled, their successes and failures, that would allow to redirect optimal care for the mother and child with a purpose to reduce the mortality [1].

Social support can be conceptualized from two perspectives: a quantitative and qualitative-structural-functional. The first evaluates the amount of relationships that establishes the person with his social network, known as social support received. The second focuses on the existence and characteristics of a relation [2]. It is considered that the main factors to determinate the frequency and quality of social support, are the tendency to pay attention to people and participative style, emotional stability, extroversion, the ability of empathic listening, being active and assertive [3]. In fact social support originates by the need of healthy infants growing up in war conditions, working fields and factories. The first facts about pregnant women care goes back to the beginning of human history, and have evolved through time and often have been conceived in an environment full of myths and taboos [1].

Social support plays an important role in the quality of life, physical and mental health of pregnant women [4-6]. Actually different aspects to describe social support and direction (received or provided) have been described including availability, measurement form (described or evaluated), content (emotional, instrumental, informative or evaluative) and social network. In all the previous the role of family, friends, neighbors, co-workers, community and others are very important [5-8]. The type of care wanted to be received is the family right during pregnancy and child birth. The previous aspect must be discussed with nursing staff carefully to achieve the objectives and allow a healthy mother and child [9,10].

Reproductive health refers to the state of complete physical, mental and social well-being, and not only the absence of disease, in all aspects related to the reproductive systems, function and processes. Consequently reproductive health includes the ability to enjoy a satisfying sex life without reproductive risk and the freedom to choose when to have sexual intercourse or how often [11-13]. Maternal and child healthcare is a priority that includes: women health care during pregnancy, child birth and postpartum period; Integration and family well-being [14-17].

Low-risk pregnancy is defined as lack of mother medical background that would increase obstetric risk, or clinical evidence of complications during pregnancy. Women in this conditions would receive specialized prenatal care and follow up by gynecologist and nurse staff [18,19]. The interaction between which provide assistance to a person in crisis and this individual has been called social support [20,21]. The concept of perceived social support, referring to the true nature of social support as the perceptual process of the subjects involved, has recently gained strength [22,23].

One of the most cost-effective health sector include all the strategies to health promotion for safe motherhood interventions, particularly in primary care. In parallel, the support networks of women including families, neighbors and other community actors are part of this process, providing support, solidarity, respect and companionship [24]. Perceived social support is important in the

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Table 1: Popullation charachteristics.

	n	%	C.I. 95%
Scholarship			
Primary	6	6.5	1.5 -11.6
Secondary	20	21.7	13.3 – 30.2
High school	33	35.9	26.1 – 45.7
Technical career	2	2.2	0.08 – 5.2
University	31	33.7	24.5 – 43.4
Occupation			
Employed	67	72.8	63.7 -81.9
Housewife	25	27.2	18.1 – 36.3
Family Typology			
Nuclear	84	91.3	85.5 – 97.1
Monoparental	8	8.7	2.9 – 14.5

Table 2: Gynecological and obstetric background.

	n	%	C.I. 95%
Gestations			
First	47	51.1	40.9 – 61.3
Second	31	33.7	24.0 – 43.4
Third or more	14	15.2	7.9 – 22.6
Previous abortion			
Yes	6	6.5	1.5 -11.6
No	86	93.5	88.4 – 98.5
Previous Cesarean			
Yes	12	13.0	6.2 – 19.9
No	80	87.0	80.1 – 93.8

human psyche and, when a vulnerability, incapacity or a poor social support is present, it could produce a biopsychosocial imbalance with family and friends. Therefore, the purpose of this research project is to identify the perceived social support from family and friends in white population of pregnant women attended by children's maternal nurses in primary care.

Material and Methods

It was a descriptive and transversal study in pregnant woman that assist to prenatal control with a maternal-child nurse in a first level of attention Hospital in Cancun, Quintana Roo, Mexico.

Selection criteria include: pregnant woman, any gestational age, social security from Mexican Social Security Institute, 16 to 45 years-old, sign informed consent and don't have any communication problems. Patients who don't answer all questions or don't want to answer questionnaires were discarded.

Sample size was from the women population registered in this medical unit, with a formula to estimate finite populations with a confidence level (1-α) of 95%, a δ of 0.6 and an approximate population with low social support of 10.4% according to previous literature reference. Sample size was estimated in 92 pregnant women with a loss adjustment of 15%, with a total sample of 108 patients adjusted for losses. From April to December 2015 a consecutive sampling for pregnant women that assist to prenatal control with a maternal-child nurse was done.

Dependent variables

Perception variables were considered dependent, as social support, wishes satisfaction, personal development activities and comparison with other people. Solidarity from different people, from health system, familiars, friends or any person that are not conditioned to bring this support were considered to, and test results range from 32 to 55 (scale from 11 to 55)) points in Duke-UNC functional social support questionnaire.

Independent variables

Age, occupation, scholarship, family kind, weeks of gestation, gynecological and obstetric background were considered.

Definitions

Low risk pregnancy: Women without pathological background, without clinic evidence of complications during pregnancy, with complete physical, social and psychological well being.

Age: Years completed at birth date.

Occupation: Activities realized during the day habitually (housewife, employed, unemployed).

Scholarship level: Primary, High School, University.

Kind of family: Bio psychosocial unit integrated by a variable number of people ligated by blood, marriage or other relation and living at the same place.

Familiar typology: Monoparental, Reconstructed (Zurro1999).

Weeks of gestation: Weeks of the product in uterus.

Feat: Number of pregnancies.

Abortion: Loss of product before 20 weeks of gestation.

Delivery: Physiologic expulsion of fetus from uterus.

Caesarean: Fetus, placenta and membranes extraction surgically.

This protocol was developed in a first level medical unit, UMF N° 16 from Cancun, Quintana Roo, and authorized by the Local Ethics Committee and Health Research 2301, with sanitary risk protection No. 2015-2301-16. Data collection was done in two pages, the first for socio-demographic information and the second with the Duke-UNC functional social support questionnaire. Duke-UNC functional social support questionnaire is an auto-administrated test, with 11 items with punctuation from 1 to 5 each one. This scale size three aspects: affective, instrumental and confidential. Total punctuation range from 11 to 55 points. Result reflects perceived social support, not the real one. More than 32 points means a normal social support, <32 low social support. To avoid interpretation bias, the research team standardized data recollection. Patients were asked to enter the study in the consultation area and, after informed consent was signed, information was collected in a private area, and questionnaires completed in the same area.

According to the General Health Law about Health Research this study was classified as a "Minimal risk" one, because is not invasive, guarantee the confidentiality of data and respect to patients with an informed consent, and was approved by the IMSS ethics committee in Quintana Roo.

Statistics: Questionnaires were registered in a virtual data base using SPSS (Statistical Package for the Social Sciences) version 20.0 for Windows. Descriptive statistics were used for all variables, frequency and percentages for qualitative variables were used. Confidence intervals (95%) and average were used for the quantitative variables. Inferential statistics were applied, like Chi square test, considering a significant level if $p<0.05$.

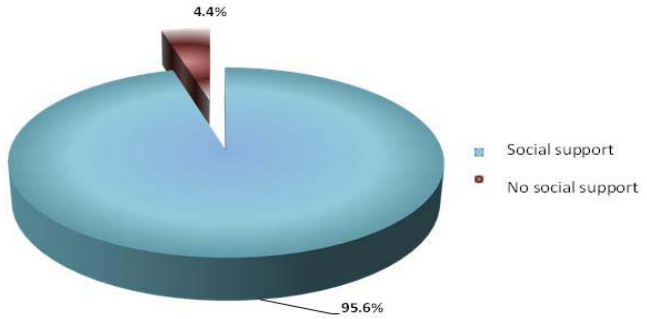

Figure 1: Perceived social support in pregnant women.

Results

Sample size was calculated in 108, but eight were excluded by incomplete questionnaires and 8 decide not to be included after answer the questionnaires. Total population were 92 pregnant woman with prenatal control in this medical unit.

Average age was 26.3 years (Standard Deviation (S.D.) ±3.9); with average scholarship in high school in 35.9%. In occupation 72.8 have actual work. In the familiar typology, 91.3% were nuclear families and 8.7% non-parental (Table 1).

Obstetric background included 57.6% woman in the third trimester; 51.1% were in the first pregnancy, 93.5% without previous abortion and 13% have previous delivery by caesarean (Table 2).

Evaluating the social support during pregnancy with the Duke UNC scale, it was determined that 95.6% have support and 4.35% didn't (Figure 1). Social support was present in the first trimester in 90.9%, in the second is 92.8% and 98.1% in the third ($p > 0.05$) (Figure 2).

Discussion

Social support is composed by physical, psychological and social well being, as perceived for each particular group and person [4]. The obtained score is a reflex of the perceived social support, not the real one, and the points obtained are directly related with the support.

Castellano report similar results of familiar and non-familiars perceived social support (87.2%). Although that, this results are different from the ones reported by Rivera, in 42.28%, may be related with populations and lifestyle [20].

It is suggested by this results that perceived social support is related with scholarship, with low social support perception if the scholarship is basic and higher perceived support if the scholarship is high school or university like in Cancun, with only 1 of 10 patients reporting basic scholarship. In our study 4 of 10 patients report high school level, different from other reports with about 1.5 of 10 patients with this scholarship. This support the theory that perceived social support is related with scholarship directly.

It can be observed that weeks of gestation are directly related with perceived social support, suggesting that in advanced gestations support networks give more care to pregnant woman, clinically it was observed but after data analysis was not significative (p>0.5).

Strengths of the study include that this is an incipient research line

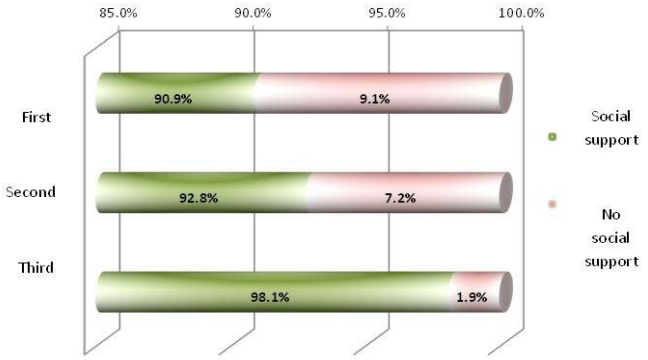

Figure 2: Social support distribution according to gestation trimester. *X^2>0.05.

developed by primary attention nurses, that significant differences in sociodemographic variables were founded and that Cancun allow us to include people with different scholarship and customs.

Weakness of the study include that this primary attention unit is located in a high income zone, factor that would influence a higher perceived social support in the results, but could offer us the opportunity to develop multicentric prospective studies with nurse personal orientated to social support factors.

This research let us to concluded that in pregnant women adequate perceived social support was present in 9 of 10 cases, and that it increase at the end of the pregnancy, however it is worth mentioning that authors report that the value varies according to socioeconomic status and education, as it is reflected in this study and documented previously by other authors.

References

1. Alfaro N, Villasenor M, Valadez I, Guzman A, Gonzalez Y. Algunos aspectos historicos de la atencion al embarazo. Investigacion en Salud. 2006; 8: 50-53.
2. Vivaldi F, Barra E. Psychological well – being, Perceived Social Support and Health Perception in Older Adults. Ter Psicol. 2012; 30: 23-29.
3. Biehl SA, Kahn JH. Causal Efeccts of Language on the Exchange of Social Support in an Online Community. Cyberpsychol Beahav Soc Netw. 2016; 19: 446-452.
4. Guarino L, Scremin F, Borras S. Level of information and social support as predictors of health and quality of life during pregnancy. Psychol av disciplin. 2013; 7: 13-21.
5. Castro R, Campero L, Hernandez B. Research on social support in health: current situation and new challenges Rev Saude Publica. 1997; 31; 425-435.
6. Andres M, Remesal R, Torrico E. Perceived in men's social support cancer operated larynx. Psycho-oncology. 2009; 6: 227-241.
7. Landeta O, Breva A. Historical Evolution on the Study of Social Support. Revista de historia de la psicología. 2000; 21: 589-596.
8. Gomez M, Lagoueyte M. Social support: strategy to face cervical cancer. Av Enferm. 2012; 30: 32-41.
9. Baily E, Loyd M, Clarie L. Manual de la enfermeria edicion original. J B Lippincott Company.
10. Dura S, Garces J. The theory of social support and its implications for adjustment psychosocial oncology patients. Journal of Social Psychology. 1991; 6: 257-271.
11. Norma Oficial Mexicana NOM 007-SSA2-2010, Para la Atencion de la Mujer Durante el Embarazo, Parto y Puerperio y Del ReciEn Nacido. 2016.

12. Andrews L. Family Nurse Partnership: why supervision matters. Nurs Times. 2016; 112: 12-14.

13. Broadhead WE, Gehlbach SH, de Gruy FV, Kaplan BH. The Duke-UNC Functional Social Support Questionnaire. Measurement of social support in family medicine patients. Med Care. 1988; 26: 709-723.

14. Reglamento de la Ley General de Salud en Materia de Investigacion para la Salud.

15. Radini D, Sola G, Zeriali N, Grande E, Humar F, Tarantini L, et al. Objetives, organization and activities of a nurse-led clinic for outpatient cardiology care. G Ital Cardiol (Rome). 2016; 17: 377-387.

16. Maldonado M, Sauceda J, Lartigue T. Physiological and emotional changes during normal pregnancy and fetal behavior. Perinatal Reprod Hum. 2008; 22: 5-14.

17. Borda P, Forero C, Ahcar N, Hinestrosa C, Polo S, Garavito M, et al. Depression and associated risk factors in pregnant women 18 to 45 years attending the Child Jesus Hospital in Barranquilla(Columbia). Scientific journal Health Uninorte. 2013; 39: 394-404.

18. Hernandez B, Trejo J, Ducoing D, Vazquez L, Tome P. Clinical guidelines for prenatal care. IMSS Medical Journal. 2003; 41: 59-69.

19. Purizaca M. Physiological changes in prgnancy. Rev Per Ginecol Obstet. 2010; 56: 57-69.

20. Castellano F, Carmen L. The influence of social support on the emotional state and attitudes toward aging and aging in a sample of elderly. International Journal of Psychology and PsychologicalTherapy. 2014; 14: 365-377.

21. Cienfuegos Y, Diaz-Loving R. Social network and perceived support of the couple and other significant: a psychometric validation. Teaching and Research in Psychology. 2011; 16: 27-39.

22. Vazquez E. Social Support of Inpatient Nursing. Universidad Veracruzana. 2008.

23. Pina J, Rivera B. Validation of the Functional Social Support Questionnaire in Persons to the HIV Seropositive from the Northwest of Mexico. Science and Nursing. 2007; 13: 53-63.

24. Salmon ME, Maeda A. Investing in nursing and midwifery enterprise to empower women and strengthen health services and systems: An emerging global body of work. Nurs Outlook. 2016; 64: 7-16.

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