

*Original Article***The relation between social support and postpartum physical health in mothers***Parvin Bahadoran**, *Arezo Azimi***, *Mahboubeh Valiyani**, *Sayed Ahmad Ahmadi******Abstract**

BACKGROUND: Women face many physical and emotional changes after childbirth and social support may be important for their health condition, especially because of postpartum special needs. This study aims to determine the relation between social support and postpartum physical health of women referred to the health centers of Isfahan.

METHODS: This is a descriptive-correlation study. Samples of 296 mothers were selected from women referred to the health centers of Isfahan, 6-7 weeks after delivery. Sampling method was simple. Received social support was measured by a researcher-made questionnaire and their physical health was evaluated by the physical health dimension of the quality of life questionnaire. Content validity and Cronbach's alpha were used for validity and reliability of the questionnaire assessment. Questionnaires were completed by interview. Descriptive and inferential statistics were used for data analysis via SPSS software.

RESULTS: The results showed a significant direct relation between the total social support and the postpartum physical health of women ($r = 0.194$, $p < 0.001$).

CONCLUSION: In this study, among various components of social support, just the support of health care personnel clearly improved the physical health of mothers and these findings showed the significance of health care personnel's role.

KEY WORDS: Social support, postpartum period, quality of life, physical health.

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Postpartum period, is known for significant changes in women's life which need various adjustments and sometimes may put mother's life in danger.¹ Many women after delivery face disorders such as malaise, bleeding, vaginal secretions, perineal pain, hemorrhoid, breast discomfort, dyspareunia, chronic headache, waist pain and incontinence.^{2,3} They may avoid intercourse due to lack of desire or fear of vaginal discomfort.² Another complain in this period is tiredness which have negative impact on the quality of life of both women and their families.⁴

Postpartum period creates many challenges for mothers and can greatly affect their abilities to enjoy taking care of their infants.⁵ Women's main concerns and anxiety in this period in-

clude: taking care of their babies, feeding them, feeling of inadequacy, lack of time for personal works, tiredness, breast wounds and negative image of their body, lack of sleep which can cause agitation and reduce their physical and emotional abilities.⁶ Therefore, mothers' quality of life can be influenced by these anxieties and this leads to their breakdown. Quality of life is a broad concept and every factor which negatively affects on feeling good and reduces the ability to do daily activities, decrease the quality of life.⁷

Women in this period need emotional help and support.⁸ Social support is important for women's health especially after childbirth, because of special postpartum needs and their role as a mother.¹ This support can be emotional,

* MSc, Department of Midwifery, School of Nursing and Midwifery, Isfahan University of Medical Sciences, Isfahan, Iran.

** MSc, School of Nursing and Midwifery, Azad University of Shahre Kord, Shahre Kord, Iran.

*** Phd, Associate Professor, Department of Psychology, Isfahan University, Isfahan, Iran.

Correspondence to: Parvin Bahadoran MSc.

E-mail: bahadoran@nm.mui.ac.ir

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financial, respect, improving self-confidence and educational help.⁹ Sufficient and appropriate social support in the first steps of parenthood leads to a more satisfactory marriage and a better interaction between mother and baby. It also decreases drinking and medications as well as child abuse and it lead to on time baby vaccination.¹⁰ Lack of enough family and society support for the women can have negative short term and long term effect on mother, baby and family.¹¹ The quality of social support is more important than its quantity and when the quality of social support meets the patients' need, it will have positive effects on health and physical function.¹² Heitman et al showed that the effects of social communications are not always positive. House et al reported that social communications can have both negative and positive effects, because when a member of family have unhealthy behavior, it can lead to such behavior in other members too.¹³ In Mohesni et al study, findings showed that mothers after childbirth like to spend more time with their husbands and child and they were not happy with the over-support of the relatives, which sometimes may interfere with their family life.¹⁴ Sometimes excessive family relations can be a source of stress for a new mother and can lead to conflicts and arguments.¹⁵ Some mothers are capable of managing everything and it hurts them when others frequently give them advice and offer help. While other mothers might be in problem if nobody is there to help them¹⁶. Social support after childbirth is usually provided by husbands, families, health care personnel, insurance companies and social service workers. Since the support by husband, family and health care personnel is more significant, this study investigates these supports and find the correlation between the received social support from these sources and the physical health of postpartum women.

Methods

This is a descriptive-correlation study carried out in 2006. The study population included all women referred to the health centers of Isfahan

at the end of 6-7 weeks after delivery. A sample size of 296 mothers was selected.

Inclusion criteria included Iranian nationality and living in Isfahan city, willing to participate in the study, give birth to a healthy mature baby, had a single birth, access to husband and family, having a medical record and being under the care of health center, no obvious mental or physical disease, no delivery complications, no history of infertility.

Health care centers selection was randomly stratified based on the city areas and the centers were selected equally from 10 health centers (4 under supervision of the health center number one, and 6 under supervision of the health center number 2 of the Isfahan city), and from the 4 geographical areas (north, south, east and west) and according to the families under each center's supervision. When the health centers were selected, research assistants went to these centers everyday and selected the samples from among women who referred there and met the inclusion criteria.

Data were collected by a researcher-made questionnaire, and the questions on social support was written based on reference books and articles. For the questions on physical health, the specified questionnaire of the quality of life¹⁷ was used. The questionnaire included both closed questions (yes/no questions) and open ended questions.

Content validity was used to determine the validity of the questionnaire and Cronbach's alpha was used to check the reliability of the Likert questions and it was 0.85, therefore, none of the questions were deleted.

After questionnaires were completed, because the answers were categorized based on Likert scale (very strong to very weak), social support and health questions which had 5 options were rated from 0-4 and those question with 3 options were rated 0-3 in a way that higher scores showed more social support and higher health.

Descriptive and inferential statistics (Pearson's correlation coefficient and independent t test) used for data analysis via SPSS software.

Results

The mean age of participants was 26.9 years and the mean age of their husbands was 31.9 (SD = 5.47). The participants' education was as follows: 1.4% illiterate, 11.8% primary school, 12.8% guidance school, 49.4% finished high school, 7.4% college degree, 16.9% bachelor and higher. The education of the husbands were: 1.4% illiterate, 12.5 % primary school, 22.6% guidance school, 40.2% finished high school, 3.4% college degree, 19.9% bachelor and higher. Actually, the educational level of most participants and their husbands was high school degree. 86.5% of participants were housewives, 11.5% were employed and 2% were working at home (hairdressing, sewing ...). Their husbands careers were as follows: 1.4% unemployed, 8.4% worker, 31.8% employed and most of them (about 58.4%) were business man.

Moreover, the results showed that 48% of participants had just one pregnancy, 31.4 had 2 pregnancies, 15.2% had 3 and 5.4% had 4 pregnancies or more and the mean of pregnancies was 1.81 (SD = 0.98). Number of deliveries was 1 for 54.4%, 2 for 32.4%, 3 or more for 13.2%. The mean of deliveries was 1.6 (SD = 0.76) and the maximum and minimum number of deliveries were 5 and 1 respectively. 71.6% of participants had c -section and 28.4% had vaginal delivery.

The mean of physical health scores of postpartum women was 80.15 (SD = 12.03) with a maximum of 100 and a minimum of 46.97. The health condition of participants in this period was average to high and 7.1% of them had average health, 36.1% had good health and 56.8% had very good health.

The results also showed a significant relation between total score of social support and physical health. In other words, mothers who had

higher social support had a better physical health ($r = 0.194$, $p < 0.001$) (Table 1).

Discussion

The physical health of participant in this study was reported average to high. Schytt et al showed that 2 month after childbirth 91% of women and one year after the delivery 86% of women reported their physical health is good or very good.¹⁸ These results agree with the findings of the present study. These findings can be related to a culture that promote pregnancies and childbirth as a happy event in life and define them as signs of health, while the delivery complications are considered natural. Or it may be due to appropriate health care during pregnancy, delivery and postpartum and it also can be related to the appropriate social support by families and health care personnel.

Ansara et al found that most women (a least 96%) had a physical problem within 2 month after delivery and more than 50% (about 62.5%) had 2 to 5 physical problems.¹⁹ The results of this study showed that postpartum mothers need social support and by increasing these supports, their problems can be reduced in many ways.

Regarding the relation between social support and physical health, we can say that healthy behavior especially accompanied by a healthy lifestyle can lead to a better health and improve function and the quality of life in all stages of life ²⁰ and social support is an important factor which affects the healthy behaviors.²¹ Hung et al in a descriptive survey on 526 postpartum women in Taiwan found a significant relation between social support and physical health.²² Haas et al in a study in San Fransisco on 1809 pregnant women in weeks 8-12, 24-28 and 32-34 of pregnancies and the first

Table 1. The relation between the total score of social support and physical health scores of women participated in the study.

variable	mean	SD	Pearson's correlation coefficient	pvalue
Total score of social support	66.49	12.02	0.194	0.001
Physical health	80.15	12.03		

week after delivery found that lack of appropriate social support is related to the low and inappropriate health conditions.²³ The results of Hass et al study are similar to the findings of our study, that higher social support is associated with better physical health and quality of life. Besides, these findings show the importance of health care personnel role in improving women's physical health.

It seems that husbands' support has a greater impact on psychological health of mothers rather than their physical health and it can explain that why there was no significant correlation between these two variables in the study.

Warren et al found that according to the participants' reports, official supporters such as public health nurses and personnel provided 77% educational support and 51% emotional support and in general, participants described educational support as follows: 85% average, 10% excellent and 5% low.²⁴ Comparison between the findings of this study and ours shows that the support provided by health care personnel in Iran is lower and probably it is related to non-standard ratio of nurse/patient, non-

standard health care centers, and unsatisfactory income which decreases the efficiency at work. Considering the significant role of health care personnel (based on the results of this study) in improving mothers' health and, health of families and society, there should be some strategies to create motivation for providing better support and care for mothers.

It is necessary to train responsible and knowledgeable personnel who are aware of the importance of social support for improving the health of the society. In this regard, it is recommended to plan in-service education on the importance of postpartum social support for midwives or other health care personnel who have a role in providing services for mothers. Further studies in this field can clarify the existed challenges in providing necessary supports for mothers' health improvement and help to plan for programmers which improve mothers' health.

The researchers declare that have no conflict of interest in this study and they have surveyed under the research ethics.

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