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The Relationship Between Quality of Life and Social Support Among Pregnant Women: A Cross-Sectional Study

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Abstract

Introduction: Pregnant women require social support and healthcare treatments that are specifically designed to address their quality of life (QoL) during this time, as this will help them get through this crucial stage with more resilience and comfort.

Objective: This study aimed to assess the relationship between the QoL of pregnant women and social support.

Methods: A cross-sectional study was conducted involving 423 pregnant women. Data were gathered through the SF-36 scale and the "Multidimensional Scale of Perceived Social Support" in the period of June 1 to September 1, 2023.

Results: The physical health level was moderate ($M = 46.22 \pm 16.1$), and the mental health level was also moderate ($M = 46.12 \pm 21.8$). Social support was rated high ($M = 5.3 \pm 1.0$), with the highest score in the significant other subscale ($M = 5.9 \pm 1.2$) and the lowest in the friend's subscale ($M = 4.4 \pm 1.6$). Furthermore, the analysis revealed a significant positive association between the QoL scores and social support ($p < .05$).

Conclusions: The study confirmed that Palestinian pregnant women had a moderate level of QoL and a high level of perceived social support. Additionally, it established a significant small positive relationship between the QoL scores and social support among pregnant women.

Keywords

quality of life, social support, pregnant women, physiological health, psychological health

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Introduction

Pregnancy represents a transformative phase in a woman's life, characterized by anticipation, excitement, and profound physiological changes, as noted by Calou et al. (2014). These changes encompass anatomical, biochemical, and hormonal adjustments that are integral to the process of gestation but can also render women emotionally and spiritually vulnerable (Soma-Pillay et al., 2016). Although these changes are natural, they can seriously impair a woman's capacity to carry out everyday activities, which could lower her quality of life (QoL) (Emokpae & Brown, 2021). Pregnant women require social support and healthcare treatments that are specifically designed to address their physical and mental well-being during this time, as this will help them get through this crucial stage with more resilience and comfort (Lagadec et al., 2018). Dambi et al. (2018) defined social support as the help provided by others through suitable interactions,

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which can be emotional (empathy), physical (practical assistance), or informational (advice). Studies have shown that mothers who receive substantial social support have improved mental health (Herbell & Zauszniewski, 2019; Qi et al., 2022). The changes pregnant women undergo affect their health in various ways, including their QoL (Boutib et al., 2022).

Maternal QoL is a complex concept that includes a woman's personal assessment of her physical, mental, emotional, and social well-being during pregnancy, childbirth, and the postpartum period (Aqtam et al., 2023; Rezaei et al., 2016). This perception is influenced by various factors that can profoundly affect a woman's overall health and QoL during pregnancy. Research, such as that by Saridi et al. (2022), highlights that women with lower QoL often experience heightened stress due to feelings of diminished control during childbirth. Studies, including those by Della Corte et al. (2020) and Dağlar et al. (2019), underscore the widespread decline in QoL among pregnant women, characterized by reduced social interaction, decreased physical activity, and compromised physiological functioning.

Factors associated with higher maternal QoL, as noted by Lagadec et al. (2018), include higher educational attainment, being a first-time mother, younger maternal age, strong social support from relatives and friends, Lack of financial and social difficulties, and engagement in physical activities. Conversely, complications before or during pregnancy, anxiety, stress, use of medically assisted reproduction techniques, back pain, obesity, sleep disturbances, nausea, vomiting, epigastralgia, preconception smoking, and depression during pregnancy are factors that often correlate with poorer QoL (Lagadec et al., 2018).

Literature Review

Mazúchová et al. (2018) focused on pregnant Slovak women and found high QoL scores overall, with partner satisfaction, physical limitations, and labor concerns being key factors affecting QoL. In Pakistan, Ishaq et al. (2022) identified education as a positive predictor of QoL, with the trimester showing a negative correlation, suggesting an overall excellent QoL among participants. Dağlar et al. (2019) in Turkey emphasized the multidimensional nature of QoL, noting the significance of physical, psychological, social, and environmental domains in contributing to pregnant women's well-being. They highlighted the prevalence of low QoL subdimensions in various areas. Alzboon and Vural (2019) in Jordan explored the influence of individual traits, perceived stress, and social support on QoL, noting significant variations among parity groups and gestational stages, with high-parity women and those in the third trimester exhibiting lower QoL scores.

High parity has been known as a risk factor for poor maternal outcomes in a Jordanian study by Alzboon and Vural (2021), which examined positive pregnancy experiences among women with high parity. Existing research consistently demonstrates the critical function of social support in influencing maternal mental health outcomes before and after childbirth. Studies by Basharpoor et al. (2017), Pires et al. (2014), Racine et al. (2019), and Yim et al. (2015) collectively suggest that increased support from partners and family members during pregnancy significantly reduces the incidence of postpartum mental illnesses. Conversely, insufficient social support has been associated with heightened risks of depression, anxiety, and self-harm (Bedaso et al., 2021).

Specific types of support, such as emotional support from close social networks and informational support from healthcare providers, play crucial roles in mitigating postpartum anxiety related to baby safety and overall welfare, as highlighted by Hijazi et al. (2021). These findings underscore the importance of fostering strong social networks and enhancing support mechanisms for pregnant women, both within their personal relationships and through professional healthcare settings. By addressing these factors, healthcare providers can potentially alleviate psychological distress during pregnancy and postpartum periods, ultimately promoting better maternal mental health outcomes and overall well-being.

The majority of studies reviewed affirmed the significance of social support in predicting QoL in the pregnancy period. A cross-sectional study in Portugal by Pires et al. (2014) indicated that social support might protect pregnant women by enhancing their QoL, lowering the likelihood of depressive symptoms, and improving treatment for these symptoms. Similar findings have been observed regarding the favorable influence of social support on pregnant women's QoL (Gul et al., 2018; Kazemi et al., 2016). Both social support and QoL were effective in reducing anxiety during pregnancy among primigravid women (Zakeri & DashtBozorgi, 2018). Insufficient social support is associated with unpleasant experiences and stress during the pregnancy period, with family being the most solid source of support, followed by friends (Faramarzi & Pasha, 2015).

The literature consistently highlights the beneficial impact of social support on various aspects of maternal well-being during pregnancy. Yuksel and Bayrakci (2019) identified a moderate positive correlation between social support and psychological well-being scores ($p < .05$), suggesting that higher levels of support contribute to better psychological outcomes for pregnant women. Qualitative insights from Kazemi et al. (2017) revealed that Iranian women found significant satisfaction in the support provided by their families and husbands, emphasizing the positive influence of familial support networks on maternal experience. Further supporting these findings, Gul et al. (2018) demonstrated that social support has a positive effect on the QoL of pregnant women, underscoring its role in enhancing overall well-being during pregnancy. Ababneh et al. (2024) observed that most Jordanian women received sufficient levels of support from their husbands, families, and friends during pregnancy, indicating a supportive social environment that potentially contributes to positive maternal health outcomes.

A pregnant woman's perception of social support can help reduce prenatal stress and psychological challenges, thereby improving her QoL and decreasing the risk of postnatal affective symptoms (Kim et al., 2023; Martín-Vázquez et al., 2024; Romero-Gonzalez et al., 2021). A recent meta-analysis further supports this, concluding that strong social support during pregnancy is closely linked to enhanced QoL (Alnuaimi et al., 2022; Lagadec et al., 2018). To date, no studies have investigated QoL and social support during pregnancy in Palestine. Therefore, the current study aims to assess the relationship between QoL of pregnant women and social support.

Method

Study Design

A descriptive cross-sectional study was conducted on pregnant women who attending antenatal care clinics in West Bank in the period of June 1 to September 1, 2023.

Research Question

What are the quality of life levels of pregnant women?

What are the social support levels of pregnant women?

What is the relationship between social support and the QOL among pregnant women?

Study Population and Sampling

According to the Annual Palestinian Health Report, 81,788 pregnant women were registered at PHC centers under the Ministry of Health in 2021 (Palestinian Ministry of Health, 2022). The sample size for this study was computed using the Raosoft program, with a 5% margin of error, 50% response rate, and 95% confidence level. A sample of 383 participants was required. To account for potential incomplete questionnaires and dropouts, an additional 15% of participants were added (58 participants). Finally, the sample consisted of 441 pregnant women who were selected through convenience sampling from multiple centers.

Inclusion criteria: All pregnant women with a gestational age of more than 8 weeks and healthy fetuses attending the targeted antenatal care clinics who could read and write Arabic.

Exclusion criteria: Pregnant women who refused to participate, those who were illiterate, and women using antenatal care at UNRWA clinics, which primarily serve the refugee population. Also, women with a personal history of anxiety, depression, or psychiatric illness were excluded.

Study Instruments

The questionnaire consisted of three parts:

Part 1: Socio-demographic and obstetric data, including maternal age, education level, total monthly income, employment, gestational age, parity (number of children), and pregnancy planning.

Part 2: "SF-36 was created by Ware and Sherbourne (1992) to assess perceived QOL in the physical and mental health domains. It is divided into eight domains: physical functioning, role limitations due to emotional problems, role limitations due to physical health problems, social functioning, general mental health (psychological distress and psychological well-being), vitality (energy/fatigue), bodily pain, and general health perception." "Domain scores range from 0 to 100, with 0 indicating poor health and 100 indicating excellent health" (Khader et al., 2011; Ware & Sherbourne, 1992). The total scores of subscales were classified as low (0–33), moderate (33.4–66.6), or high (66.7–100) (Alzboon & Vural, 2019). The alpha coefficients of the SF-36 ranged from 0.73 to 0.81 (Ware & Sherbourne, 1992). The scale has been used to assess the QoL of pregnant women in numerous studies (Abbaspoor et al., 2016; Tavoli et al., 2016). In the current study, Cronbach's alpha for the scale ranged from 0.78 to 0.86 and McDonald's omega coefficient ranged from 0.82 to 0.88.

Part 3: "The Multidimensional Scale of Perceived Social Support" (MSPSS), created by Zimet et al. (1988), evaluates "perceptions of social support from friends, family, and significant others." "It comprises 12 items scored on a 7-point Likert scale." The mean scores ranging from 1 to 2.9 considered low support, 3 to 5 considered moderate support, and 5.1 to 7 considered high support (Zimet et al., 1988). The MSPSS is widely recognized as a reliable and valid measure for assessing perceived social support across various populations, including women during the prenatal and postnatal periods (Gul et al., 2018; Moh'd Yehia et al., 2013). In the current study, Cronbach's alpha for the scale was 0.88 and McDonald's omega coefficient was 0.89.

Ethical Considerations

Ethical approval to apply the study was received from the institutional review board of Al-Quds University. The researcher notified the study's purpose to the participants, emphasizing that participation was voluntary. Data were collected anonymously and stored on a password-protected computer. Women who agreed to participate were notified to sign an informed consent form and complete the questionnaire.

Procedure

After receiving permission, the researcher visited the targeted antenatal clinics and met with the nurses and midwives working there. The researcher explained the study's purpose and reviewed the registered list of pregnant women. The researcher then contacted the pregnant women in the clinics, explained the study's purpose, and invited them to participate. The participants accomplished the questionnaire face-to-face in Arabic.

Data Analysis

The data were analyzed using the Statistical Package for the Social Sciences (SPSS, Version 26). Descriptive statistics, including frequency, percentages, means, and standard deviations, were utilized to describe the characteristics of the study variables. Furthermore, the Pearson correlation test was employed to assess the differences between the variables.

Results

Participants' Characteristics

A total of 423 pregnant women out of 441 took part in the study (response rate 95.9%). The findings indicated that the majority of participants, 390 (92.2%), were between the ages of 19 and 39. Additionally, 192 (45.4%) held a bachelor's degree. Most participants, 312 (73.8%), were housewives, and 206 (48.7%) had a monthly income between 2001 and 3500 NIS, as detailed in Table 1.

Regarding obstetric characteristics, 93 (22.0%) had no children, and 100 (23.6%) had one child. A significant portion, 263 (62.2%), had experienced two or more previous pregnancies. In terms of gestational age, 202 (47.8%) were in their third trimester, and 283 (66.9%) of the pregnancies were planned, as shown in Table 2.

The physical health level of participants was moderate ($M = 46.22 \pm 16.1$), and the mental health level was also moderate ($M = 46.12 \pm 21.8$). Among the QoL subscales, the lowest score was in the role limitations due to physical health subscale ($M = 23.9 \pm 33.9$), while the highest score was in the social function subscale ($M = 54.7 \pm 25.6$), followed by the pain subscale ($M = 54.6 \pm 21.2$), as presented in Table 3.

Concerning sources of social support, the overall social support was high ($M = 5.3 \pm 1.0$). The significant other subscale had the highest score ($M = 5.9 \pm 1.2$), while the friends subscale had the lowest score ($M = 4.4 \pm 1.6$), as shown in Table 4.

Table 1. Demographic Characteristics of the Participants.

Characteristics		*n*	%
Age	20 years and less	17	4.0
	21–39 years old	390	92.2
	40 years and more	16	3.8
Level of education	Primary school	11	2.6
	Secondary school	131	31.0
	College diploma	73	17.3
	Bachelor degree	192	45.4
	Master's or doctoral degree	16	3.8
Occupation	Housewife	312	73.8
	Part-time worker	34	8.0
	Full-time worker	77	18.2
Monthly income	< 2,000 NIS	89	21.0
	From 2,001 to 3,500 NIS	206	48.7
	> 3,500 NIS	128	30.3

Note. NIS = New Israel shekel.

The analysis revealed a statistically significant positive correlation between the domains of QoL (both physical and mental health) and social support ($p < .05$), as detailed in Table 5.

Discussion

The pregnant women in the current study exhibited moderate QoL scores in both physical and mental health domains. This

Table 2. Obstetric History of the Participants.

Item		*n*	%
Number of children	None	93	22.0
	1	100	23.6
	2	94	22.2
	3	67	15.8
	4 or more	69	16.3
What is the number of previous pregnancies?	None	71	16.8
	One	89	21.0
	Two or more	263	62.2
Gestational age	First trimester	52	12.3
	Second trimester	169	40.0
	Third trimester	202	47.8
Planning of pregnancy	Yes	283	66.9
	No	140	33.1

Table 3. Mean Scores for Quality of Life Among Pregnant Women.

Quality of life subscales	*M*	SD
Physical health (total)	**46.22**	**16.1**
Physical functioning	51.8	20.3
Role limitations due to physical health problems	23.9	33.9
Pain	54.6	21.2
General health	54.5	14.1
Mental health (total)	**46.12**	**21.8**
Energy/fatigue	41.9	19.2
Social functioning	54.7	25.6
Role limitations due to personal or emotional problems	36.2	44.8
Emotional wellbeing	51.7	19.2

M = mean; SD = standard deviation.

Table 4. The Mean Scores of the Perceived Social Support Among Pregnant Women.

Variable		*M*	SD
Social support		5.3	1.0
	Significant other	5.9	1.2
	Family support	5.6	1.3
	Friend support	4.4	1.6

M = mean; SD = standard deviation.

Table 5. The Relationship Between the Quality of Life of the Pregnant Women and the Social Support.

	Social support	
Quality of life subscales	Pearson correlation	*p* value
Physical health (total)	**0.215****	**.001**
Mental health (total)	**0.193****	**.001**

finding aligns with similar studies on pregnant women in the United States ($M = 49.37–51.14$) (Altazan et al., 2019) and Jordan ($M = 52$) (Alzboon & Vural, 2019). However, it contrasts with the systematic review by Boutib et al. (2022), which found that HRQoL in physiological pregnancies was generally good to excellent. Additionally, the current study's findings are higher than those from Nigeria, where the majority of pregnant women had poor QoL (Jafaru et al., 2022).

The study also found that social support among pregnant women was high. This finding is supported by Abdollahpour et al. (2015), who reported that 69% of participants had good social support. Similar findings were reported for Chinese (Yue et al., 2021) and Iranian (Shafaie et al., 2018) pregnant women, who also experienced high social support. However, these results contrast with Zhou et al. (2021), who found decreased social support among pregnant women.

The highest source of social support in the current study was significant others, while the lowest was friends. This finding aligns with Ahmed et al. (2017), who noted that most pregnant women received significant support from their mothers during stressful events.

The correlation between the QoL of pregnant women and their social support scores shows a significant positive relationship, aligning with previous research findings. Martín-Vázquez et al. (2024) also noted a significant association ($p < .001$) between social support and QoL among pregnant women, reinforcing the notion that supportive relationships can positively impact maternal well-being during pregnancy. Similarly, Gabbe et al. (2016) suggested that adequate social support enhances overall QoL during pregnancy. Conversely, insufficient support may exacerbate physical symptoms such as nausea, heartburn, shortness of breath, vomiting, and leg cramps, potentially compromising maternal comfort. These results underscore the importance of promoting and fostering social support for pregnant women. By enhancing social support and addressing the specific needs of mothers, healthcare providers can potentially alleviate discomfort and improve overall QoL during pregnancy. Recognizing and addressing these factors not only benefits maternal health outcomes but also contributes to a positive pregnancy experience and preparation for childbirth.

Limitations of the Study

There are several limitations to this study. First, its cross-sectional design reduces the ability to establish a temporal association between variables. Second, the use of a convenience sample may not produce representative results. Additionally, data were collected through "self-reported questionnaires," which rely on the impressions and opinions of pregnant women.

Recommendations of the Study

Pregnancy is often seen as a transformative and positive life consequence that strengthens family bonds, as suggested by these studies. Integrating social support interventions into maternal health promotion initiatives could be especially beneficial, particularly for women experiencing multiple pregnancies. By emphasizing and enhancing supportive relationships, healthcare providers can potentially improve maternal mental and physical health outcomes, promoting a more positive pregnancy experience and better preparing women for the challenges and joys of childbirth.

The study recommends several actions across nursing research, practice, education, and policy. Nurse researchers are encouraged to conduct longitudinal studies that track QoL across all pregnancy trimesters, particularly in gestational weeks, and comparing high and low-parity women. In nursing practice, acknowledging parity's impact on women's health and QoL is crucial; nurses should gather comprehensive histories and regularly assess QoL during antenatal visits to personalize care. Emphasis is placed on managing pregnancy-related discomforts, fostering social support networks, and implementing home visit programs for women with low QoL, focusing on support assessment and education. Nurses are also urged to take leadership roles in policy development to promote antenatal care attendance and interventions.

Conclusions

The current study confirmed that Palestinian pregnant women had a moderate level of QoL and a high level of social support. The most important source of support for Palestinian women during pregnancy was significant others. Furthermore, the study confirmed a significant positive correlation between the QoL of pregnant women and social support.

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Authors' Contributions

AA, AB, SN, MA, MA, and KZ designed the study; MA, AB, SN, and KZ collected the data; AA, MA, and AB analyzed the data; All authors prepared the manuscript. All authors approved the final version for submission.

Consent to Participate

Written informed consent was obtained from all subjects before the study.

Consent for Publication

I affirm that this work is original and has not been published elsewhere, except as noted in the manuscript.

Data Availability

The datasets generated during and/or analyzed during the current study are available from the corresponding author on reasonable request.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Ethical Approval

Ethical approval for this study was obtained from Al-Quds University (RESC/2023-42).

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Supplemental Material

Supplemental material for this article is available online.

Use of AI Software

I affirm that the integrity and originality of this work are entirely my own and are not influenced by any AI technology.

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