Original Article

The Effect of Perceived Social Support on Pregnancy Stress: A Descriptive and Cross-Sectional Study

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Abstract

Background: It's known that receiving social support by pregnant women reduces the stress experienced during pregnancy. However, knowledge of potential underlying mechanisms is limited. Special person family and friend are expected to play a role in social support in pregnancy stress.

Aim: This study was conducted to determine the effect of perceived social support on pregnancy-related stress of pregnant women.

Methods: The descriptive and cross-sectional study was conducted with 460 pregnant women. Data were collected using a questionnaire form, Pregnancy Stress Rating Scale-36 (PSRS-36) and the Multidimensional Scale of Perceived Social Support (MSPSS).

Results: The PSRS-36 mean point was 55.01 ± 24.33 and MSPSS mean point was 65.63 ± 16.75 in this study. There were statistically significant differences determined between the mean PSRS-36 points according to the age group, educational status, province of residence, partner occupation, years of marriage, relationship with the partner, number of pregnancies, number of children, and week of pregnancy. There were statistically significant differences in MSPSS points according to educational status, occupation, partner educational status, family type, income level and partner relationship, pregnancy number, number of children, receiving pregnancy with birth education, and pregnancy support. While there was no relationship between PSRS-36 and total MSPSS, only a negative significant relationship was found between PSRS-36 total score and the "significant other" subscale of MSPSS. It was found that the essential predictors of PSRS-36 were the week of gestation, the relationship level of the pregnant woman with her partner, and the age of the pregnant woman.

Conclusion: The results of the study found that pregnancy stress decreased as significant other support increased. In addition, the pregnancy week, the relationship with the partner, and the age of the pregnant woman were important predictors of pregnancy stress.

Keywords: Pregnancy stress, perceived social support, pregnant women, nursing

Introduction

Pregnancy is a time of significant physiological, psychological, and social changes that can increase a woman's vulnerability. Anxiety and lack of social support can cause distress during this time (Celik & Atasever, 2020).

Stress is an individual's response to being threatened by exposure to uncontrollable and difficult situations. Perceived stress is a person's inability to cope with stressful situations (Norhayati et al., 2015). Stress in pregnancy may increase due to causes such as physiological changes in a woman's body, situations threatening the health of an unborn baby, undertaking a new role, expectations of the mother, society's expectations that the pregnant woman will be a perfect mother, previous personal experience, interfamily

relationships, an attitude of the woman's partner and family toward pregnancy, cultural level, maternal age, extended family, unintended pregnancy and low levels of social support (Donmez et al., 2014).

Social support perception can have positive effects on health by changing threat perceptions about stressful situations, reducing anxiety, and increasing coping ability. In stressful periods of life, social support may ensure access to necessary resources, especially during pregnancy, labor, and postnatal periods (Tani & Castagna, 2016; Zamani et al., 2019).

The presence of social support in pregnancy was reported to reduce anxiety and fear among pregnant cases, and increase communication, emotional control, satisfaction, and self-esteem (Simsek et al., 2018). Shitu et al. (2019), found that women with low social support entered depression 3.3 times more compared to women with high social support and that women with partner support in the postnatal period coped better with domestic responsibilities.

Perceived social support is a mental and measurable concept which provides an idea about the social support provided to individuals. In health-developing behaviors, perceived social support is more important than receiving support because if the source of support is not perceived by an individual it may not become viable (Sadeghiaval et al., 2014). Perceived social support has a positive effect on a variety of physical behaviors and mental health factors and is important for the physical and mental health of women newly experiencing motherhood.

This study's aim was to determine the effect of perceived social support on stress during pregnancy.

Methods

Study design: This descriptive and cross-sectional study was completed in university hospitals in two provinces in the Black Sea region of Turkey. Pregnancy Stress Rating Scale-36 (PSRS-36) and the Multidimensional Scale of Perceived Social Support (MSPSS) between 17.02.2020 and 17.08.2020. The questionnaire form and scales were completed by the pregnant cases themselves. The population of the study

comprised pregnant cases attending the pregnancy clinic. Sample selection was not performed with 460 pregnant cases abiding by the inclusion criteria and volunteering to participate in the research included within the scope of the sample with the "full count" technique. Inclusion criteria for the research were age of at least 18 years, graduating from at least primary school, being married, living with a partner, being able to communicate verbally, and agreeing to participate in the research. For the research, an exclusion criterion was a history of chronic disease and a history of psychiatric disease.

Data collection tools: Data were collected with the personal information form developed in line with literature information related to the topic (Chen, 2015; Capik & Pasinlioglu, 2015). PSRS-36 and the MSPSS between 17.02.2020 and 17.08.2020. The questionnaire form and scales were completed by the pregnant cases themselves. The study was conducted in university hospitals of two provinces in the Black Sea Region of Turkey.

Questionnaire Form: The form includes questions about age, number of children, education level, occupation, week of pregnancy, partner education level, partner occupation, years of marriage, family type, and family income levels (Chen, 2015; Capik & Pasinlioglu, 2015).

The Pregnancy Stress Rating Scale-36 Turkish Version: The PSRS-36 definition will help define the stress factors associated with pregnancy was developed by Chen (2015) and adapted into Turkish by Akin and Erbil (2022) and its validity and reliability study was conducted. PSRS-36 is a 5-point Likert-type response scale consisting of 5 sub-dimensions and 36 items used to determine pregnancy-related stress factors in pregnant women. The lowest score that can be obtained from PSRS-36 is 0, and the highest score is 144, which is interpreted as increasing stress as the score increases. The Cronbach alpha coefficient of PSRS-36 is 0.923 (Akin & Erbil, 2022). In the study, the Cronbach alpha coefficient is 0.922.

Multidimensional Scale of Perceived Social Support: MSPSS which aims to determine the social support factors perceived by individuals was developed by Zimet et al. (1988) Validity and reliability studies have been carried out by Eker and Arkar (1995) by adapting it to Turkish. The MSPSS is a self-

report questionnaire with 12 items assessing perceived social support from family, friends, and special person. Items are scored on a 7-point rating scale ranging from 1 to 7 with possible scores ranging from 12 to 84. In the original Turkish version of the MSPSS, the Cronbach alpha coefficient was 0.89 (Eker & Arkar, 1995). In the study, the Cronbach alpha coefficient is 0.889.

Data Analysis: Descriptive statistical methods, student t-test, one-way ANOVA, Kruskal Wallis test, Mann Whitney U test, correlation analysis, and linear regression analysis were used to assess data. The reliability of the scales was assessed with the Cronbach alpha coefficient. The significance level was given to be $p<0.05$.

Results

The mean age of pregnant women was 28.23±5.04 years and the mean years of marriage were 5.64±4.87. Of pregnant women, 37.2% were in the 23-27-year age interval, 30.4% were high school graduates, 34.8% had partners who were high school graduates, and 54.6% of partners were self-employed. Of pregnant cases, 71.7% lived in Giresun province, 45.7% lived in the city center, 82.2% lived in nuclear families, 90.7% had 'moderate' income levels, 75% were housewives and 93% stated their relationship with their partner was "good".

The mean number of pregnancies per woman was 2.27±1.20, the mean week of pregnancy was 28.95±10.02, and the mean number of pregnancy check-ups was 10.11±5. he mean number of children was 1.56±0.73 and mean number of miscarriages was 5.87±0.82. Of pregnant women, 31.3% were first pregnancy, 26.7% had one miscarriage, 33.7% had one child, 71.5% were in pregnancy week 25 and above, 95.9% wanted to get pregnant, 2.8% were multiple pregnancies and 31.3% had less than 24 months between pregnancies. Of women, 49.1% had received education related to pregnancy and birth, 91.1% had received information about infant care and 84.3% received support in pregnancy.

The minimum and maximum points that can be obtained on the PSRS-36 are 1 to 124, with mean scale points of 55.01±24.33 obtained in the study. The mean points for PSRS-36 subdimensions were 21.36±7.87 for "*Stress from search for safe process for mother and*

baby during pregnancy, labor and birth", 11.40±8.48 for "*Stress from baby care and changing family relationships*", 65.63±16.7 for "*Stress from maternal role identification*", 2.50±3.66 for "*Stress from the search for social support*" and 8.51±6.09 for "*Stress from altered physical appearance and function*" (Table 1). While the minimum and maximum points that can be obtained from the MSPSS are 12 and 44, respectively, mean points obtained on the scale were 65.63±16.75 in this study. The mean points for MSPSS subdimensions were 19.56±8.53 for the friend subdimension, 24.25±5.48 for the family support subdimension, and 21.81±6.81 for the special person support subdimension (Table 1).

Of pregnant women included those in the 18-22 year age group, who were university graduates, who had partners who were laborers, with marriage duration of 5 years or less and with "moderate" relationships with partners had higher PSRS-36 points compared to other pregnant women. There were statistically significant differences between the mean PSRS-36 points according to the age group (p=0.003), educational status (p=0.009), province of residence (p=0.001), partner occupation (p=0.007), years of marriage (p=0.027) and relationship with partner (p=0.014) (Table 2). The MSPSS points of those who were university graduates, civil servants, partners who were university graduates, living with the nuclear family, with high-income level and with good relationships with partners were higher compared to other women. There were statistically significant differences in MSPSS points according to educational status (p=0.000), occupation (p=0.003), partner educational status (p=0.000), family type (p=0.039), income level (p=0.035), and partner relationship (p=0.004) (Table 2).

When mean PSRS-36 and MSPSS points are investigated according to the obstetric features of pregnant cases participating in the research, those in their first pregnancy, with no surviving children, and from 13-24 weeks of pregnancy had higher mean PSRS-36 points compared to other women. The differences were statistically significant for number of pregnancies (p=0.043), number of surviving children (p=0.048) and week of pregnancy (p= 0.001) (Table 3). In this study,

the mean MSPSS points were higher for those with first pregnancy, no children, receiving pregnancy and birth education and receiving support in pregnancy compared to other women. The differences were statistically significant for pregnancy number (p=0.026), number of surviving children (p=0.003), receiving pregnancy and birth education (p=0.015) and support in pregnancy (p=0.000) (Table 3).

Correlations between PSRS-36 and MSPSS with subscales: There was a negative significant correlation between the PSRS-36 total points with MSPSS "significant other" support subdimension (r=-0.110, p<0.05), while there were no correlations with MSPSS total points (r=-0.045) and the subdimensions of "friends" support (r=0.017) and "family" support (r=-0.029). There was a positive significant correlation between the MSPSS "family" support subdimension with the PSRS-36 "*stress from search for safe process for mother and baby during pregnancy, labor and birth*" subdimension (r=0.092) and a negative significant correlation with the "*stress due to the search for social support*" subdimension (r=-0.093). There were negative significant correlations between the MSPSS "special person" support subdimension with PSRS-36 total points and "*stress due to baby care and changing family relationships*" (r=-0.158), "*stress due to the search for social support*" (r=-0.119) and "*stress due to changing physical appearance and function*" (r=-0.155) (Table 4).

Predictors of pregnancy stressors: There were significant correlations between pregnancy stress and pregnant women's characteristics (R = 0.378, R^2 = 0.143, $F_{10, 460}$ = 4,476, p <.001), (Table 5). These variables explained 37.8% of the variance in pregnancy stressors. According to the standardized regression coefficient (β), the relative importance of the predictive variables on pregnancy stressors were found as the pregnant woman's age (β = 0.14), duration of marriage (β =0.108), number of pregnancies (β = 0.004), number of children (β = 0.11), week of pregnancy (β = 0.18), significant another support subscale of MSPSS (β = 0.11), an education level (β = 0.11), place of residence (β =0.06), spouse profession (β = 0.11), relationship level with spouse (β =0.15). Pregnant woman's age (p=0.044), week of pregnancy (p=0.002) and relationship level with spouse were significant predictors (p=0.009), (Table 5).

Table 1: PSRS-36 / MSPSS and its Sub-dimensions' Mean, Standard Deviation, Minimum and Maximum Values that can be taken and Marked, and Cronbach Alpha Values

PSRS-36 and Sub-dimensions	Mean ± SD	Min-Max	Cronbach's Alpha
Stress from seeking safe passage for mother and child through pregnancy, labor, and delivery	21.36±7.87	0-36	0.831
Stress from baby care and changing family relationships	11.40±8.48	0-36	0.866
Stress from maternal role identification	65.63±16.7	12-84	0.782
Stress from social support seeking	2.50±3.66	0-16	0.831
Stress from altered physical appearance and function	8.51±6.09	0-24	0.855
Total PSRS-36	55.01±24.33	1-124	0.922
MSPSS and Sub-dimensions	**Mean ± SD**	**Min-Max**	**Cronbach's Alpha**
Friend support	19.56±8.53	4-28	0.936

Family support	24.25±5.48	4-28	0.850
Special person support	21.81±6.81	4-28	0.845
Total Social Support	65.63±16.75	12-84	0.898

Table 2: Comparison of PSRS-36 and MSPSS scores according to sociodemographic feature of Pregnant Women (n = 460)

Characteristics	n	%	PSRS-36	MSPSS
Age groups				
18-22 age [a]	57	12.4	64.61±25.51	61.14±18.91
23-27 age [b]	171	37.2	54.65±24.20	65.88±16.53
28-32 age [c]	126	27.4	55.65±24.41	65.84±16.45
33 years and older [d]	106	23.0	49.68±22.46	67.39±16.05
Test and p values			*F=4.806 p=0.003* *The difference is between a-d*	*F=1.785 p=0.149*
Educational status				
Primary school [a]	79	17.2	47.10±20.07	61.29±17.30
Secondary school [b]	132	28.7	55.68±24.26	62.58±18.00
High school [c]	140	30.4	55.70±25.80	67.30±15.31
University [d]	109	23.7	59.06±24.32	70.33±15.19
Test and p values			*F=3.935 p=0.009* *The difference is between a-d*	*F=6.800 p=0.000* *The difference is between a-d, b-d*
Occupation				
Housewife [a]	345	75.0	54.21±23.72	64.26±17.25
Officier [b]	33	7.2	62.33±26.31	73.36±13.39
Worker [c]	82	17.8	55.46±25.82	68.26±14.71
Test and p values			*F=1.698 p=0.184*	*F=5.784 p=0.003* *The difference is between a-b*
City of residence				
Giresun	330	71.7	57.41 ±24.67	64.87±17.21
Ordu	130	28.3	48.94±22.42	67.55±15.42
Test and p values			*t=3.398 p=0.001*	*t=-1.544 p=0.123*
Partner's education				
Primary school [a]	71	15.4	49.60±22.79	58.94±19.04
Secondary school [b]	116	25.2	56.34±24.64	64.45±16.95
High school [c]	160	34.8	57.81±24.99	66.52±15.89
University [d]	113	24.6	53.10±23.60	69.78±14.90
Test and p values			*F=2.239 p=0.083*	*F=6.664 p=0.000* *The difference is between a-c, a-d*
Partner's occupation				
Officier [a]	65	14.1	55.24±24.04	68.95±16.11
Worker [b]	144	31.3	60.02±26.29	65.64±16.06
Self employment [c]	251	54.6	52.08±22.82	64.76±17.26
Test and p values			*F=4.957 p=0.007* *The difference is between b-c*	*F=1.614 p=0.200*
Duration of marriage				
5 years and below [a]	286	62.2	56.74±25.50	66.62±15.94
6-10 years [b]	102	22.2	55.05±24.22	63.15±18.48
11 years and above [c]	72	15.7	48.12±17.99	65.19±17.19
Test and p values			*F=3.646 p=0.027* *The difference is between a-c*	*F=1.648 p=0.194*
Family type				
Nuclear family	378	82.2	55.15±24.34	66.38±16.95

Extended family	82	17.8	54.41±24.44	62.17±15.44
Test and p values			*t=0.248 p=0.804*	*t=2.072 **p=0.039***
Family income level				
Low	35	7.6	58.25±27.53	57.88±19.98
Medium	417	90.7	54.59±24.11	66.19±16.35
High	8	1.7	63.12±21.73	70.50±15.17
Test and p values			*KW=1.700 p=0.427*	*KW=6.726 **p=0.035***
Partner relationship				
Good	428	93.0	54.25±24.43	66.24±16.72
Medium	32	7.0	65.21±20.81	57.46±15.25
Test and p values			*t=-2.471 **p=0.014***	*t=2.280 **p=0.004***

Table 3: Distribution of Pregnant Women by Obstetric Characteristics (n = 460)

Variables	n	%	PSRS-36	MSPSS
Number of pregnancy				
1 pregnancy [a]	144	31.3	58.09±25.18	68.29±15.24
2 pregnancy [b]	145	31.5	56.15±26.32	65.87±15.66
3 pregnancies and more [c]	171	37.2	51.46±21.37	63.19±18.51
Test and p values			*F=3.167 **p=0.043***	*F=3.682 **p=0.026** The difference is between a-c*
Number of children				
None [a]	181	39.3	57.54±25.28	68.38±15.59
One child [b]	155	33.7	55.57±25.76	65.53±16.01
Two children and more [c]	124	27.0	50.63±20.36	61.74±18.56
Test and p values			*F=3.053 **p=0.048***	*F=5.912 **p=0.003** The difference is between a-c*
Number of miscarriages				
No	337	73.3	55.21±24.71	65.81±16.22
Yes	123	26.7	54.49±23.35	65.13±18.21
Test and p values			*t=0.278 p=0.781*	*t=0.390 p=0.697*
Between pregnancies (n=336)*				
Less than 24 months	105	31.3	58.10±27.17	63.79±18.94
More than 24 months	231	68.7	53.32±22.66	64.19±16.46
Test and p values			*t= 1.571 p=0.118*	*t= -.197 p=0.844*
Week of pregnancy	50	10.9	58.76±25.32	67.88±18.49
12 weeks and below	81	17.6	63.44±24.52	65.19±16.23
13-24 week	329	71.5	52.37±23.65	65.40±16.63
Test and p values			*F=7.595 **p= 0.001***	*F= .507 p=0.603*
Status of wanting pregnancy				
Wanting	441	95.9	54.93±24.40	65.60±16.85
Not wanting	19	4.1	57.05±23.29	66.42±14.71
Test and p values			*MWU=3995.000 p=0.732*	*MWU=4180.500 p=0.987*
Pregnancy and birth education				
Yes	226	49.1	54.67±24.25	67.57±16.29
No	234	50.9	55.35±24.46	63.76±17.02
Test and p values			*t= -.296 p=0.767*	*t=2.448 **p=0.015***

İnformation about infant care				
Yes	419	91.1	54.47±24.45	65.39±16.81
No	41	8.9	60.56±22.63	68.09±16.16
Test and p values			*t= -1.530 p=0.127*	*t= -.986 p=0.325*
Support in pregnancy				
Yes	386	84.3	55.72±24.00	68.14±15.02
No	74	15.7	51.35±25.89	52.55±19.22
Test and p values			*t=1.417 p=0.157*	*t=7.792 **p <0.001***

Percentages are based on the specified "n"

Table 4: Correlations Between PSRS-36 and Sub-Dimensions and MSPSS Scores of Pregnant Women

	PSRS-36	1. subdimension	2. subdimension	3. subdimension	4. subdimension	5. subdimension	MSPSS	Friend support	Family support	Special person support
	r	r	r	r	r	r	r	r	r	r
PSRS-36	1									
1. subdimension	0.631**	1								
2. subdimension	0.840**	0.347**	1							
3. subdimension	0.848**	0.433**	0.642**	1						
4. subdimension	0.662**	0.133**	0.539**	0.576**	1					
5. subdimension	0.716**	0.210**	0.515**	0.534**	0.514**	1				
MSPSS	-0.045	0.039	-0.072	-0.012	-0.067	-0.079	1			
Friend support	0.017	-0.019	0.024	0.029	0.023	0.016	0.837**	1		
Family support	-0.029	0.092*	-0.061	-0.018	-0.093*	-0.073	0.753**	0.434**	1	
Special person support	-0.110*	0.047	-0.158**	-.050	-0.119*	-0.155**	0.805**	0.458**	0.505**	1

*Significant of level p<0.05 **Significant of level p<0.01*

Table 5: Predictors of PSRS-36 among pregnant women

	B	SE	β	t	p value
Age	-.732	.362	-.147	-2.024	**.044**
Marriage duration	.532	.432	.108	1.233	.219
Number of pregnancies	.097	1.965	.004	.049	.961
Number of children	-3.516	3.122	-.110	-1.126	.261
Pregnancy week	-.460	.145	-.183	-3.176	**.002**
Support of special person subscale scores	-.362	.193	-.110	-1.871	.062
Education level	2.642	1.512	.113	1.747	.082
Place of residence	-2.061	1.923	-.065	-1.072	.285
Spouse profession	-3.790	2.011	-.113	-1.885	.061
Relationship level with spouse	12.495	4.726	.154	2.644	**.009**

($R = 0.378$, $R^2 = 0.143$, $F_{(10, 460)} = 4.476$, $p < .001$)

Discussion

In this study, according to mean PSRS-36 points for pregnant women, we found low levels of pregnancy stress (55.01±24.33). Considering the highest points that can be obtained from the PSRS-36 are 144, it can be said that stress in pregnancy was at low levels in this study. Similar to the findings of this study, Taiwanese pregnant women had PSRS-36 of 53.96±21.04 (Chen, 2015). Another study by Tsai et al. (2018) found primipara women had PSRS-36 scores that were higher by a significant degree compared to multipara women, while employed pregnant people had higher PSRS-36 stress scores by a significant level compared to those who were not working. Celik and Atasever (2020) determined that pregnant cases had high prenatal perceived stress levels. Pregnant women aged 24 years and younger, where both pregnant case and partner were primary school graduates, partners were laborers, living with extended family, with poor economic status, in the 39th week of pregnancy, who were primigravida, nullipara, who did not want the pregnancy, experienced problems during pregnancy and had no one to assist with postnatal baby care had higher prenatal perceived stress levels. A study determined that pregnant women with partners who worked had higher psychosocial health status. They stated that this situation was assessed as related to the low-income levels and lack of social security among pregnant women whose partners were unemployed (Boybay et al., 2015).

In this study, mean MSPSS points were 65.63±16.75, with highest points for the social support in the "family" subdimension and lowest points for the "friend" subdimension. Additionally, mean MSPSS points were higher for those who were university graduates, civil servants, had partners who were university graduates, lived with nuclear family, had high income levels, good relationship with partner, were primipara, nullipara, had received education about birth and had social support and the differences were statistically significant. There was no correlation between PSRS-36 and MSPSS scores, with the only correlation found for the MSPSS "special person" support subdimension (r=-0.110). Another study using the same scale found a statistically significant difference between primigravida and multigravida women for MSPSS total points and the special person subdimension. Additionally, primigravida women were determined to have higher MSPSS total points and special person subdimension points compared to multigravida (Turan et al., 2020). Another study by Kaning and Eroglu (2019) investigated the distribution of mean MSPSS

total points and subdimension points and stated points were highest for the "family" support subdimension and lowest for the "special person" support subdimension.

In the literature, Toptas et al. (2019), identified mean perceived social support points as 59.60±15.9 for pregnant cases and found mean points for the family subdimension of the social support scale were higher than friend or special person mean points. However, Nazari et al. (2015), stated that the highest and lowest points for perceived social support were for social support perceived from a partner and social support perceived from friends, respectively.

Pregnant women may require social support given by partners, friends, family members and health professionals (Sadeghiaval et al., 2014). In this study identified that mean PSRS-36 points increased as the educational level of women increased (Table 2). In the literature, Toptas et al. (2019), identified correlations between the educational level of pregnant women with the social support subdimensions. Similarly, in this study, there was a significant correlation between the educational level of pregnant women and MSPSS points, with pregnant women who were university graduates identified to have higher perceived social support (Table 2). Kaning and Eroglu (2019) found that as the educational level of pregnant women increased, special person support, family support and friend support points increased. As the educational level of pregnant women increased, they associated this with self-expression, socialization, ability to use social support systems, the development of socialization skills with education and increased social sharing. Supporting the data in this study, Turan et al. (2020) found that as the educational level of women increased, there was higher probability of experiencing anxiety or stress. These findings are similar to the results of this study.

In this study identified a significant correlation between living in the provincial center with mean PSRS-36 points (Table 2). Erdemoglu et al. (2018), identified that pregnant women who live in provincial centers and receive information about pregnancy had higher psychosocial health levels and additionally, they identified a

significant difference when place of residence, receiving information about pregnancy and mean subdimension points for "anxiety and stress features" were compared. In this study, women receiving pregnancy and labor education were found to have higher mean MSPSS points compared to other women (Table 3). Additionally, while there was no significant correlation between family income level and mean PSRS-36 points, the difference in mean MSPSS points was significant according to family income level. We identified that pregnant women with good income levels had increased perceived social support levels (Table 2). Similarly, Kaning and Eroglu (2019), stated that with the increase in income levels for pregnant women, the perceived social support increased. The findings may be interpreted as showing that women with low-income experience health inequality and poor pregnancy outcomes and have lower perceived social support levels.

Partner employment status may increase social environment level and family income and affect psychosocial health of pregnant women (Cheng et al., 2016). In this study, pregnant women with partners who were laborers had higher mean PSRS-36 points, while women with partners who were civil servants had higher mean MSPSS points. However, there was no statistically significant correlation between MSPSS and partner occupation (p>0.05) (Table 2). Similarly, Turan and Kurt (2020), identified statistically significant differences between MSPSS total points with economic status and partner employment status, with pregnant cases with poor economic status having lower social support perceptions.

In this study, those on their first pregnancy, without living children, receiving pregnancy and birth education, and receiving support in pregnancy had higher MSPSS points compared to other women and the difference between the groups was statistically significant (p<0.05). Different to these study findings, Goletzke et al. (2017), identified that women during their first pregnancy had lower perceived stress points compared to women with one or more children. Demir Alkin and Beydag (2020), stated that women with higher pregnancy numbers had higher perceived stress points, while Degirmenci and

VefikuluCay Yilmaz (2019) stated that as the number of children increased, it negatively affected psychosocial health status. According to findings, as the number of children increases, it may be considered that the responsibilities of pregnant women increase, support becomes inadequate, and they feel more exhausted.

In this study, there was a negative significant correlation between the PSRS-36 total points with MSPSS "special person" support subdimension, with no correlation with MSPSS total points, and the subdimensions of "friend" support and "family" support (Table 4). Supporting this study, Zamani et al. (2019), researched the effect of perceived social support on birth experience of pregnant women and identified that social support perceived from partners during pregnancy had significant effect on a woman's birth experience. Among all dimensions of perceived social support, they identified high points for "special person" support and low points for "friend" support. The same study found that special person support, pregnancy age and form of birth were predictive variables for birth experience according to logistic regression results. Supporting this study, a study by Yanik and Ozcanarslan (2019), identified a significant negative correlation between mean age of pregnant women with the MSPSS subdimension of "special person" support ($p<0.05$). However, Basharpoor et al. (2017), showed negative correlations between pregnancy anxiety with social support general points and friend and family support. Additionally, regression analysis results revealed that family support among social support components negatively predicted pregnancy anxiety. In this study, there was a positive significant correlation between the MSPSS "family" support subdimension with PSRS-36 *"stress due to the search for secure process in terms of mother and baby during labor and birth"* subdimension and a negative significant correlation with the *"stress due to the search for social support"* subdimension (Table 4). In the literature, there is no study which investigates the correlation between PSRS-36 and MSPSS among pregnant women. Aktas and Yesilcicek Calik (2015), found high significant correlation between MSPSS points with mean Beck Depression Inventory (BDI)

points ($p<0.001$). As MSPSS points increased, mean BDI points reduced; in other words, it may be stated that as social support increased, psychological problems caused by stressful life events reduced.

When test results related to significance of regression coefficients are investigated in this study, significant predictors of pregnancy stress appeared to be pregnancy week ($p<0.01$), relationship with partner ($p<0.01$), and age of pregnant women ($p<0.05$) (Table 5). Additionally, those in pregnancy weeks 13-24 had high PSRS-36 points and the difference between the groups was identified to be statistically significant ($p<0.05$). However, Yuksel et al. (2020), stated stress levels were higher in the first trimester, while Effati-Deryani et al. (2018), stated that the incidence of depression and anxiety in pregnant cases increased in the last trimester compared to the first trimester. In this study, there was no significant correlation found between pregnancy week and perceived social support ($p>0.05$).

In this study, those with a marriage duration of 5 years or less and with moderate relationships with partners had high PSRS-36 points and the difference between the groups was statistically significant ($p<0.05$). A study by Jonsdottir et al. (2017), found that women who were not satisfied with partner relationships had four times higher chance of experiencing perinatal distress. Dastan et al. (2015) identified that those with poor partner relationships had higher depression levels, while those with higher educational levels and longer marriage duration had higher anxiety levels. Nazari et al. (2015), observed that the partner education level and occupation and the educational level and occupation of the pregnant woman didn't predict the social support perceived from a partner.

Conclusion: For pregnant cases participating in the study, only the "special person" subdimension of multidimensional perceived social support was correlated. When the test results related to the significance of regression coefficients were investigated, it was identified that significant predictors were pregnancy week, relationship level between a pregnant woman and partner, and age of the pregnant woman.

Identifying social support needs and levels during pregnancy is crucial. Encouraging women to build their social network can help preserve psychosocial health. Nurses can help by ensuring women express their feelings, organizing coping strategies, and strengthening social support systems.

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