

ORIGINAL ARTICLE / ORJİNAL MAKALE

## The Identification of Relationships of the Quality of Lives of Puerperal Women, Who are Registered to Certain Family Health Centers in Tokat Province of Türkiye, With Their Support Needs and The Support Received by Them in the Postpartum Period

Tokat İlindeki Bazı Aile Sağlığı Merkezlerine Kayıtlı Lohusaların Doğum Sonrası Dönemde Destek Gereksinimleri ve Aldıkları Destek ile Yaşam Kaliteleri Arasındaki İlişkinin Belirlenmesi



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### Abstract

**Background:** The postpartum period is of critical importance to the health of the mother and newborn. It is presumed that the social support given during this period is likely to provide numerous benefits for the health of the mother, newborn, family, and accordingly the society.

**Objectives:** This research was conducted to evaluate puerperal women's needs for support, the support received by them, and the quality of their lives and identify the relationships between these variables.

**Methods:** This descriptive and correlational research included a sample of 270 puerperal women registered at nine family health centers in Tokat province of Türkiye. The research data were collected by using the Introductory Information Form, the Postpartum Support Questionnaire, and the Maternal Postpartum Quality of Life Questionnaire. In the evaluation of the data; descriptive statistics, independent samples t-test, Mann Whitney U test, one-way ANOVA, Kruskal-Wallis H test, LSD Post Hoc test and Pearson correlation analysis were used.

**Results:** In this research, the mean scores obtained by puerperal women from the "importance of the need" scale and the "received support" scale of the Postpartum Support Questionnaire were found respectively as 122.24±49.51 and 140.54±43.57 whilst the mean of puerperal women's Maternal Postpartum Quality of Life Questionnaire scores was 23.51±3.25. Also, in the research, it was found that puerperal women's Maternal Postpartum Quality of Life Questionnaire scores had statistically significant negative relationships with scores obtained by them from the "importance of the need" scale of the Postpartum Support Questionnaire ( $r=-.30$ ,  $p=.000$ ) and its material support sub-scale ( $r=-.30$ ,  $p=.000$ ), emotional support sub-scale ( $r=-.30$ ,  $p=.000$ ), and informational support sub-scale ( $r=-.25$ ,  $p=.000$ ). Besides, it was identified that puerperal women's Maternal Postpartum Quality of Life Questionnaire scores had statistically significant positive relationships with scores obtained by them from the material support sub-scale ( $r=.24$ ,  $p=.000$ ) and emotional support sub-scale ( $r=.12$ ,  $p=.000$ ) of the "received support" scale of the Postpartum Support Questionnaire.

**Conclusion:** In this research, it was found that the need for support felt by puerperal women was not at a significant level whilst the support received by puerperal women for this need was excessive. There was a relationship between the support needs of the postpartum women in the postpartum period and the support they receive and their quality of life. In order to improve the quality of life of puerperal women, health professionals working in primary health care, especially midwives and nurses, should inform the woman and her family about the importance of postpartum social support and help plan the social support program in line with the needs of puerperal women.

**Keywords:** Postpartum Period, Puerperal Woman, Social Support, Quality of Life

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**Öz**

**Giriş:** Doğum sonrası dönem, anne ve yenidoğan sağlığı açısından kritik bir öneme sahiptir. Bu dönemde sağlanan sosyal desteğin anne, yenidoğan, aile ve dolayısıyla toplum sağlığı için çok sayıda fayda sağlayabileceği varsayılmaktadır.

**Amaç:** Bu araştırma, lohusaların destek ihtiyaçları ve aldıkları destek ile yaşam kalitelerini değerlendirmek ve aralarındaki ilişkiyi belirlemek amacıyla yapılmıştır.

**Yöntem:** Tanımlayıcı-ilişki arayıcı araştırmanın örneklemi, Tokat iline bağlı dokuz merkez ASM'ye kayıtlı 270 lohusa oluşturmıştır. Çalışmanın verileri, Tanıtıcı Bilgi Formu, Doğum Sonrası Destek Ölçeği ve Doğum Sonu Yaşam Kalitesi Ölçeği kullanılarak toplanmıştır. Verilerin değerlendirilmesinde; tanımlayıcı istatistikler, independent samples t-testi, Mann-Whitney U testi, one-way ANOVA, Kruskal-Wallis H testi, LSD Post Hoc testi ve Pearson korelasyon analizi kullanılmıştır.

**Bulgular:** Bu çalışmada lohusaların Doğum Sonrası Destek Ölçeği ihtiyacın önemi alt boyutu puan ortalaması  $122.24 \pm 49.51$ , alınan destek boyutu toplam puan ortalaması  $140.54 \pm 43.57$  olarak bulunmuştur. Lohusaların aldıkları Doğum Sonu Yaşam Kalitesi Ölçeği puan ortalaması  $23.51 \pm 3.25$ 'tir. Araştırmada lohusaların Doğum Sonu Yaşam Kalitesi Ölçeği puan ortalaması ile Doğum Sonu Destek Ölçeği' nin ihtiyacın önemi boyutunun maddi destek ( $r = -.30, p = .000$ ), duygusal destek ( $r = -.30, p = .000$ ), bilgi desteği alt boyut ( $r = -.25, p = .000$ ) ve toplam puan ortalamaları ( $r = -.30, p = .000$ ) arasında istatistiksel olarak anlamlı negatif yönde bir ilişki olduğu; Doğum Sonu Yaşam Kalitesi Ölçeği puan ortalaması ile Doğum Sonrası Destek Ölçeği' nin alınan destek boyutunun maddi destek ( $r = .24, p = .000$ ) ve duygusal destek alt boyutu ( $r = .12, p = .000$ ) arasında ise istatistiksel olarak anlamlı pozitif yönde ilişki olduğu belirlenmiştir.

**Sonuç:** Bu çalışmada lohusaların hissettikleri destek ihtiyacının önemli düzeyde olmadığı ve ihtiyaca yönelik alınan desteğin çok fazla olduğu bulunmuştur. Lohusaların doğum sonrası dönemde destek ihtiyaçları ve aldıkları destek ile yaşam kaliteleri arasında ilişki bulunmaktadır. Lohusaların yaşam kalitesinin iyileştirilmesinde birinci basamak sağlık hizmetlerinde çalışan sağlık profesyonelleri, özellikle ebeler ve hemşireler kadını ve ailesini doğum sonrası sosyal desteğin önemi konusunda bilgilendirmeli ve lohusaların ihtiyaçları doğrultusunda sosyal destek programının planlanmasına yardımcı olmalıdır.

**Anahtar Kelimeler:** Doğum Sonrası Dönem, Lohusa Kadın, Sosyal Destek, Yaşam Kalitesi

**INTRODUCTION**

The postpartum period is the first six weeks following childbirth when maternal physiology and anatomy that changed during pregnancy were restored to their former conditions in the pre-pregnancy period (Chauhan & Tadi, 2020). Even if the postpartum period that is accepted as a physiological transition process lays the groundwork for long-term healthiness and well-being, it is a period when the line between being healthy and being sick narrows down due to rapid and large-scale changes (Taşkın, 2016; The American College of Obstetricians and Gynecologists, 2018). Therefore, this period is of critical importance to the health of the mother and newborn (World Health Organization, 2014). In fact, 60% of maternal deaths occur in the postpartum period, and also, 62% of infant deaths occur in the neonatal period (Clarke-

Deelder et al., 2023; The World Bank, 2021).

The postpartum period that is characterized by several physiological, emotional, psychological, and social changes is also accompanied by new circumstances and needs (Bal, Kantar & Uçar, 2021; Dodou et al., 2016). The postpartum period is a stressful process for the mother and her family that are obliged to adapt to new roles and responsibilities besides physical health problems (Slomian et al., 2017). On the other hand, this period is quite important to the woman due to her needs for information about infant care and her own self-care (Taşkın, 2016). Therefore, more than ever, women need the presence of social support, which meets their physiological, psychological, emotional, and spiritual needs, during the postpartum period (Hajipoor, Pakseresht, Niknami, Atrkar Roshan, & Nikandish, 2021; Taşkın, 2016; Yaşar & Alp,

2022).

Postpartum social support extended to the mother covers the support offered for the assumption of responsibility for infant's care, the support given for housework, and social and emotional support (Yörük, Açıkgöz, Türkmen & Karlidere, 2020). Family members, friends, neighbors, co-workers, relatives, and health professionals are the most common sources of social support for mothers in the postpartum period (Eslahi, Bahrami, Allen & Alimoradi, 2021). Ameliorating the person's physical and mental health and alleviating the negative effects of stressors, the social support that is one of the social determinants of health is directly associated with health (Baheiraei, Mirghafourvand, Mohammadi, Charandabi & Nedjat, 2012; Hajipoor et al., 2021; Khademi, Kaveh, Ghahremani, Nazari & Karimi, 2023). Social support is a significant component of the mothers' postpartum physical and emotional well-being (Negron, Martin, Almog, Balbierz, & Howell, 2013). The protective role of social support particularly against postpartum depression is well-documented in previous studies (Cho et al., 2022; Eslahi et al., 2021; Hajipoor et al., 2021; Vaezi, Soojoodi, Banihashemi & Nojomi, 2019). In a study, it is stated that, as the satisfaction with social support increased, mothers' anxiety levels and depressive symptoms decreased and parental self-efficacy increased (Razurel & Kaiser, 2015). In another study, the social support in the breastfeeding period is reported as a determining factor that supports breastfeeding and promotes its continuation (Prates, Schmalfluss & Lipinski, 2015). The study by Baker, McGrath, Pickler, Jallo & Cohen (2013) identifies social support as the most significant factor for the development of maternal competence. It is stated that, as women's perceived social support increased in the postpartum period, their baby care

responsibilities as well as their functional status related to self-care activities increased (Kaya & Aksoy, 2021).

The quality of life, as a health indicator, is an increasingly important parameter in the field of maternal and child health. Women's subjective perceptions about the health-related quality of their lives serve as a primary measure of the quality and effectiveness of an intervention intended for the enhancement of the health of mother and child (Mogos, August, Salinas-Miranda, Sultan & Salihu, 2013). It was identified that the mother in the postpartum period was confronted with numerous problems about her self-care and the infant's care, and these problems affected the quality of her postpartum life negatively (Bağcı & Altuntuğ, 2016). At the same time, the feelings of stress, loss of inner control, and inadequacy of performance experienced by the mother in the process of adaptation to her new roles and responsibilities affect her functional state and the quality of her life negatively (Altuntuğ & Ege, 2012). The quality of the woman's life can be negatively affected in the postpartum period by the shortage of support besides physical and psychological problems experienced by her (Akday & Taşçı-Duran, 2018).

In the relevant literature, even if there are studies analyzing the relationship between postpartum support and the quality of life (Akday & Taşçı-Duran, 2018; Emmanuel, St John & Sun, 2012; Rahayuningsih & Zulaicha, 2014) there is a quite limited number of studies examining the relationship between the support need and quality of life (Altınayak & Özkan, 2017). This research was conducted to identify relationships of the quality of puerperal women's lives with their support needs and the support received by them in the postpartum period. The research is of importance as it uses scales specifically designed

for the postpartum period and explores the relationship of the quality of life with the support need as well as its relationship with the received support.

### Research Questions

How are puerperal women's need for support and the level of support received by them?

What is the level of the quality of puerperal women's lives?

What are the socio-demographic and obstetric characteristics that affect puerperal women's need for support and the support received by them?

What are the socio-demographic and obstetric characteristics that affect the quality of puerperal women's lives?

Is there a relationship between puerperal women's need for support, the support received by them, and the quality of their lives, and if yes, how is this relationship?

## METHODS

### Type of the Research

The research was conducted as a descriptive and correlational study to evaluate puerperal women's need for support, the support received by them, and the quality of their lives and identify the relationships between these variables.

### Place of the Research

The research was conducted in nine family health centers in a city of Türkiye located in the Central Black Sea Region of Türkiye.

### Universe/Sample of the Research

The research population comprises puerperal women registered to downtown family health centers in Tokat Province of Türkiye. By taking independent variables and the study by Altınayak and Özkan (2017) as a reference point, the sample

size for the current research was found as 270 participants with a power of 80%, a margin of error of 5%, and an effect size of 0.15 on a one-sample basis. The sample size was calculated with the G\*Power 3.1.9. The research was conducted on nine family health centers selected by lot from among 21 downtown family health centers in Tokat province. Puerperal women who were registered to the above nine family health centers and applied to them from 15 November 2020 to 30 April 2021, were in 4-6 weeks of the postpartum period, were aged 18-49 years, could speak, understand, and have written/verbal communication in Turkish, and agreed to participate in the research were included in the research until sample size reached the above figure. Puerperal women who had a systemic disease or mental disorder and had a baby with a chromosomal or congenital abnormality were excluded from the research.

### Data Collection Instrument-Validity and Reliability Information

The research data were collected by using the Introductory Information Form, the Postpartum Support Questionnaire, and the Maternal Postpartum Quality of Life Questionnaire.

The Introductory Information Form that was prepared by researchers in light of the review of the relevant literature had nine questions about puerperal women's socio-demographic characteristics and three questions about their obstetric characteristics (Altınayak & Özkan, 2017; Bağcı & Altuntuğ, 2012; Ertürk, 2007)

The Postpartum Support Questionnaire (PSQ) was developed by Longsdon et al. (1996), and in 2007, Ertürk performed the validity and reliability study for the PSQ in Turkish (Ertürk, 2007). The PSQ is comprised of two scales, that is, the "importance of the need" and the "received support" for this need. Designed as an eight-



point Likert-type measure, the PSQ has 34 items prepared in a manner to ensure that the PSQ will be easily read and comprehended by the respondent. The PSQ that is often applied in 4-8 weeks of the postpartum period can be used in any period during the postpartum period or pregnancy. The PSQ items are scored as “not important” – “very important” and “no support” – “a lot of support”, and the PSQ has four sub-scales, that is, material support, emotional support, informational support, and comparison. The questions are directed to the respondent separately for each PSQ scale, and hence, a separate score is obtained by the respondent from each PSQ scale. In the evaluation of the final score, the higher the score obtained by a respondent from the PSQ is, the higher the need for support is, the higher the importance attributed to this support is, and the higher the received support is. The minimum and maximum scores to be obtained from each PSQ scale are respectively 0 and 238 points. The score obtained from the “importance of the need” scale of the PSQ is evaluated in three categories, that is, “Not important” (130 points or below), “Important” (131-150 points), and “Very important” (151 points or above). Likewise, the score obtained from the “received support” scale of the PSQ is evaluated in three categories, that is, “there is no support” (99 points or below), “there is support” (100-134 points), and “there is a very high amount of support” (135 points or above). Cronbach’s alpha coefficient was found as 0.90 and 0.94 successively for the “importance of the need” and the “received support” scales of the original version of the PSQ that was developed by Longsdon (1996), and in the study by Ertürk (2007), Cronbach’s alpha coefficient was calculated as 0.88 and 0.95 respectively for the “importance of the need” and the “received support” scales of the PSQ. In the current research, Cronbach’s alpha coefficient

was found as 0.94, 0.93, and 0.92 consecutively for the PSQ and its “importance of the need” and “received support” scales.

The Maternal Postpartum Quality of Life Questionnaire (MAPP-QOL) was developed by Hill et al. (2006), and Altuntuğ and Ege (2012) performed the validity and reliability study for the MAPP-QOL in Turkish. Comprised of 40 items, two parts, and five sub-scales, the MAPP-QOL relies on the mother’s perception level. The MAPP-QOL has relational-family-friends, socioeconomic, spouse, health, and psychological sub-scales. The MAPP-QOL evaluates to what degree the mother in 4-6 weeks of the postpartum period feels satisfied and important. The first part of the MAPP-QOL addresses the satisfaction whilst its second part evaluates the importance, and the items in both parts are rated on the basis of a six-point Likert scale. In this respect, the “Satisfaction” part of the MAPP-QOL is rated from 1 point (Very dissatisfied) to 6 points (Very satisfied), and in a similar vein, its “Importance” part is rated from 1 point (Very unimportant) to 6 points (Very important). To calculate a respondent’s total MAPP-QOL score, 3.5 is subtracted from the point obtained by the respondent from each satisfaction item, later, the points obtained from satisfaction items after the subtraction operation are multiplied with the points obtained from the same items of the MAPP-QOL importance part and all points obtained from the multiplication operation are added, next, the resulting sum is divided by the total number of MAPP-QOL items, and in the end, to avoid obtaining any negative total score, 15 is added to the result of the division operation. In this context, the total quality of life score ranges between 0-30 points. A high MAPP-QOL score shows that the respondent has a high-level postpartum quality of life while a low MAPP-

QOL score indicates the opposite. In the study by Hill et al. (2006), Cronbach's alpha coefficient was found as 0.96 for the MAPP-QOL, and it was calculated as 0.95 for the MAPP-QOL in the study by Altuntuğ and Ege (2012). In the current research, Cronbach's alpha coefficient was found as 0.90 for the MAPP-QOL.

In the study, the researcher used the face-to-face interview method to collect the research data. As the study was performed during the COVID-19 pandemic, the data collection forms were applied to puerperal women on a one-on-one basis in a convenient room in full compliance with social distancing rules considering the COVID-19-related risks. Hand sanitizer was available in the interview room, and also, before and after each interview, the contacted surfaces were sanitized and the air in the room was ventilated. The researcher used personal protective equipment during the interview. Whether the interviewee had a mask was controlled, and the interviewee without a mask was reminded of the obligation to put on a mask. Applying the data collection forms took 25-30 minutes on average.

### *Evaluation of the Data*

In the evaluation of research data, besides descriptive statistical methods, the independent samples t-test or the Mann-Whitney U test, one-way analysis of variance (ANOVA) or the Kruskal-Wallis H test, the Least Significant Difference (LSD) Post Hoc test, and Pearson correlation analysis were used in the comparison of quantitative data depending on the distribution of data. The Shapiro-Wilk test was utilized to determine whether the research data were normally distributed. The obtained results were evaluated at a confidence interval of 95% and a significance level of 5% ( $p < 0.05$ ) by using the Statistical Package for Social Science (SPSS) 22.0.

### *Variables of the Research*

Independent Variables: Puerperal women's socio-demographic and obstetric characteristics

Dependent Variables: Puerperal women's need for support, the support received by puerperal women, and the quality of puerperal women's lives

### *Ethical Aspect of the Research*

The permission to perform the study was received from the Health Directorate of a province of Türkiye, and ethical endorsement for the research was obtained from the Clinical Research Ethics Committee of a university (Date: November 5, 2020; Endorsement no. 20-KAEK-232). Additionally, the permissions to use the Maternal Postpartum Quality of Life Questionnaire and the Postpartum Support Questionnaire in the research were received by e-mail from authors who performed the validity and reliability studies to adapt these two scales to Turkish society. The research was conducted in compliance with the principles of the Declaration of Helsinki. Puerperal women were required to consent to participate in the research in written format before they started to fill in the data collection tools.

## **RESULTS**

Table 1 displays the breakdown of puerperal women's mean PSQ and MAPP-QOL scores. The mean scores obtained by puerperal women from the "importance of the need" and "received support" scales of the PSQ were successively  $122.2 \pm 49.5$  and  $140.5 \pm 43.5$  points. Besides, the mean of puerperal women's MAPP-QOL scores was  $23.5 \pm 3.2$  points.

**Table 1.** The Breakdown of Mean PSQ and MAPP-QOL Scores

	PSQ	
	Importance of the Need $\bar{X} \pm SD$	Received Support $\bar{X} \pm SD$
<b>Sub-Scales</b>		
Material support	36.2 $\pm$ 13.3	36.1 $\pm$ 14.1
Emotional support	37.1 $\pm$ 15.5	40.6 $\pm$ 13.9
Informational support	35.7 $\pm$ 19.8	42.0 $\pm$ 16.7
Comparison	13.2 $\pm$ 9.9	21.8 $\pm$ 9.1
<b>Total</b>	<b>122.2<math>\pm</math>49.5</b>	<b>140.5<math>\pm</math>43.5</b>
<b>MAPP-QOL</b>		
	<b>Min-Max</b>	<b><math>\bar{X} \pm SD</math></b>
<b>Total</b>	0-30	23.5 $\pm$ 3.2

Table 2 shows the comparison of puerperal women's mean PSQ and MAPP-QOL scores as per their socio-demographic characteristics. First, as per the marriage duration, education level, employment status, and spouse's education level,

there were statistically significant differences in mean scores obtained by puerperal women from both the "importance of the need" and "received support" scales of the PSQ ( $p < .05$ ). Second, as per spouse's profession and income level, there were statistically significant differences in mean scores obtained by puerperal women from the "importance of the need" scale of the PSQ, and third, as per the state of having social security, there was a statistically significant difference in mean scores obtained by puerperal women from the "received support" scale of the PSQ ( $p < .05$ ).

Next, upon the review of puerperal women's mean MAPP-QOL scores as per their socio-demographic characteristics, it was discerned that, as per income level and the state of having social security, there were statistically significant differences in puerperal women's mean MAPP-QOL scores ( $p < .05$ ).

**Table 2.** The Comparison of Mean PSQ And MAPP-QOL Scores as per Their Socio-Demographic Characteristics

Socio-demographic characteristics	n	PSQ		MAPP-QOL $\bar{X} \pm SD$
		Importance of the Need $\bar{X} \pm SD$	Received Support $\bar{X} \pm SD$	
<b>Age</b>				
18-29 years	152	123.7 $\pm$ 51.3	139.6 $\pm$ 44.4	23.5 $\pm$ 3.3
30 years or above	118	122.0 $\pm$ 46.5	142.8 $\pm$ 40.2	23.4 $\pm$ 3.1
		$f=2.907$	$f=1.584$	$f=0.338$
		$p=.056$	$p=.207$	$p=.735$
<b>Marriage duration</b>				
1-5 years <sup>a</sup>	147	133.8 $\pm$ 49.8	148.0 $\pm$ 41.9	23.7 $\pm$ 2.9
6-10 years <sup>b</sup>	78	108.5 $\pm$ 47.8	132.3 $\pm$ 44.9	23.3 $\pm$ 3.4
11 years or above <sup>c</sup>	45	108.1 $\pm$ 42.1	130.2 $\pm$ 42.5	23.0 $\pm$ 3.6
		KW=19.365	KW=9.971	KW=1.922
		$p=.000 (a>b,c)$	$p=.007(a>b,c)$	$p=.382$
<b>Education level</b>				
Elementary school or below <sup>a</sup>	40	97.1 $\pm$ 45.7	116.2 $\pm$ 41.1	23.1 $\pm$ 3.3
Middle school <sup>b</sup>	60	112.3 $\pm$ 48.7	136.2 $\pm$ 42.4	22.9 $\pm$ 3.4
High school <sup>c</sup>	62	122.4 $\pm$ 50.1	141.1 $\pm$ 43.8	23.6 $\pm$ 3.0
University or higher education <sup>d</sup>	108	136.8 $\pm$ 46.3	151.5 $\pm$ 41.4	23.8 $\pm$ 3.2
		$f=7.943$	$f=7.132$	$f=1.079$
		$p=.000(a<c,d;b<d)$	$p=.000(a<b,c,d;b<d)$	$p=.358$
<b>Employment status</b>				
Working	94	135.3 $\pm$ 46.6	151.7 $\pm$ 39.1	23.7 $\pm$ 3.2
Housewife	176	115.2 $\pm$ 49.7	134.5 $\pm$ 44.7	23.3 $\pm$ 3.2
		W-U=6465.00	W-U=6480.00	M-U=7632.00
		$p=.003$	$p=.003$	$p=.295$

**Table 2. (Continued)** The Comparison of Mean PSQ And MAPP-QOL Scores as per Their Socio-Demographic Characteristics

<b>Spouse's education level</b>				
Elementary school or below <sup>a</sup>	27	105.4±50.8	125.4±39.8	23.3±3.5
Middle school <sup>b</sup>	43	112.4±52.8	130.5±44.5	22.9±3.6
High school <sup>c</sup>	80	117.0±47.3	139.1±40.3	23.2±3.0
University or higher education <sup>d</sup>	120	133.0±47.6	148.4±44.8	23.9±3.1
		f=3.908	f=3.270	f=1.221
		<b>p=.009(a,b,c&lt;d)</b>	<b>p=.022(a,b&lt;d)</b>	p=.303
<b>Spouse's profession</b>				
Worker <sup>a</sup>	108	118.0±48.4	134.9±41.6	23.1±3.4
Civil servant <sup>b</sup>	89	136.8±49.0	147.4±45.0	23.8±2.9
Small business owner <sup>c</sup>	50	111.7±47.7	141.5±45.0	23.8±3.3
Farmer	12	123.5±53.4	141.0±29.9	22.7±3.7
Unemployed <sup>d</sup>	11	91.5±41.2	134.3±54.0	23.6±2.2
		f=3.928	f=1.060	f=0.894
		<b>p=.004(a,c,d&lt;b)</b>	p=.377	p=.468
<b>Income level</b>				
Income below expenses <sup>a</sup>	80	113.3±47.0	130.6±43.3	22.4±3.6
Income equaling expenses <sup>b</sup>	147	130.4±48.4	144.6±41.3	23.9±2.9
Income above expenses <sup>c</sup>	43	110.7±53.5	144.7±49.2	23.9±3.1
		f=4.542	f=2.946	KW=11.082
		<b>p=.0118(a,c&lt;b)</b>	p=.054	<b>p=.004(a&lt;b,c)</b>
<b>Having social security</b>				
Yes	213	125.0±48.5	144.4±41.6	23.7±3.1
No	57	111.7±52.0	126.0±47.8	22.7±3.4
		t=1.810	t=2.867	t=2.122
		p=.071	<b>p=.004</b>	<b>p=.035</b>
<b>Family type</b>				
Nuclear family	218	123.9±48.6	142.1±44.3	23.5±3.2
Extended family	52	115.0±52.6	133.6±39.7	23.3±3.2
		t=1.168	t=1.276	t=0.327
		p=.244	p=.203	p=.744

Table 3 shows the comparison of puerperal women's mean PSQ and MAPP-QOL scores as per their obstetric characteristics. As per the number of living children, there was a statistically significant difference in mean scores obtained by puerperal women from both "importance of the need" and "received support" scales of the PSQ ( $p<.05$ ).

Additionally, upon the examination of puerperal women's mean MAPP-QOL scores as per their obstetric characteristics, it was identified that, as per the state of having a wanted pregnancy, there was a statistically significant difference in puerperal women's mean MAPP-QOL scores ( $p<.05$ ).



**Table 3.** The Comparison of Mean PSQ and MAPP-QOL Scores as per Their Obstetric Characteristics

Obstetric characteristics	n	PSQ		MAPP-QOL
		Importance of the Need	Received Support	
		$\bar{X} \pm SD$	$\bar{X} \pm SD$	
Number of living children				
1 <sup>a</sup>	95	139.8±48.8	150.1±44.8	23.6±3.1
2 <sup>b</sup>	101	115.0±47.6	139.2±42.1	23.6±3.0
3 <sup>c</sup>	55	116.8±46.9	131.4±43.1	23.2±3.7
4 <sup>d</sup>	19	87.9±41.0	125.7±38.5	22.8±3.4
		f=8.643	f=3.172	f=0.508
		p=.000(a>b,c,d;b,c>d)	p=.025(a>c,d)	p=.677
Having a wanted pregnancy				
Yes <sup>a</sup>	208	120.8±49.9	143.9±44.6	23.7±3.2
No	19	123.6±46.5	134.1±27.5	22.6±2.6
Not wanting the pregnancy initially but wanting it later <sup>c</sup>	43	128.1±49.3	126.9±41.7	22.5±3.5
		f=0.392	f=2.980	f=3.339
		p=.676	p=.052	p=.037(a>c)
Mode of the last delivery				
Vaginal delivery	133	117.6±49.6	136.4±42.9	23.6±3.1
Planned cesarean delivery	102	123.1±48.6	139.6±44.2	23.5±3.4
Unplanned cesarean delivery/	35	136.9±49.7	158.4±40.8	23.1±3.2
Interventional labor		f=2.148	f=2.544	KW=0.605
		p=.119	p=.057	p=.739

Table 4 shows the relationships of puerperal women's PSQ and MAPP-QOL scores. In this regard, it was found that puerperal women's MAPP-QOL scores had statistically significant negative relationships with scores obtained by them from the "importance of the need" scale of the PSQ ( $r=-.30$ ,  $p=.000$ ) and its material support sub-scale ( $r=-.30$ ,  $p=.000$ ), emotional support sub-scale ( $r=-.30$ ,  $p=.000$ ), and informational support sub-scale ( $r=-.25$ ,  $p=.000$ ).

Moreover, it was identified that puerperal women's MAPP-QOL scores had statistically significant positive relationships with scores obtained by them from the material support sub-scale ( $r=.24$ ,  $p=.000$ ) and emotional support sub-scale ( $r=.12$ ,  $p=.000$ ) of the "received support" scale of the PSQ.

**Table 4.** Relationships of PSQ and MAPP-QOL Scores Scales and sub-scales

			MAPP-QOL	
			Total	
PSQ	Importance of the Need	Material support	r	-.30
			p	.000
		Emotional support	r	-.30
			p	.000
		Informational support	r	-.25
			p	.000
	Received Support	Comparison	r	-.11
			p	.072
		Total	r	-.30
			p	.000
		Material support	r	.24
			p	.000
	Received Support	Emotional support	r	.12
			p	.000
		Informational support	r	-.01
			p	.808
		Comparison	r	-.06
			p	.285
	Total		r	.09
			p	.110

## DISCUSSION

In this research, it was found that the need felt by puerperal women for support was not at a significantly high level, however, a very high amount of support was received by puerperal women for the satisfaction of the need. Unlike the results of the current research, three previous studies found that the puerperal women

significantly felt the need for support, however, a very high amount of support was not received by puerperal women for the satisfaction of this need (Aksakallı, Çapık, Ejder Apay, Pasinlioğlu & Bayram, 2012; Altınayak & Özkan, 2017; Türkoğlu, Çelik & Pasinlioğlu, 2014). This difference in results can be explained by the fact that the current research was conducted during the COVID-19 pandemic. The vital role played by the social isolation in reducing the number of COVID-19 cases and putting the pandemic under control may have affected puerperal women's support needs in the postpartum period. Besides, a very high amount of support received for the satisfaction of the need can be explained by the presence of people who provide support at home due to lockdowns and flexible methods of working such as teleworking and shift working in the context of pandemic measures. The finding on levels of the quality of puerperal women's lives in the current research is in a similar vein to findings of the study by Çolak, Akın & Turfan (2019). On the other hand, various studies reported lower quality of life scores for puerperal women (Çelik, Türkoğlu & Pasinlioğlu, 2014; Demir & Taşpınar, 2021; Dikmen & Topuz, 2021). Differences detected in levels of postpartum quality of mothers' lives across different studies may have stemmed from socioeconomic and cultural characteristics of regions where each study was performed.

According to the findings of the current research, it was discerned that age was not a significant variable determining the support need, received support, and the quality of life. Unlike the finding of the current research, previous studies stated that the postpartum support need and/or the received support (Aksakallı et al., 2012; Altınayak & Özkan, 2017; Türkoğlu et al., 2014) and the quality of life (Akbay & Taşçı-Duran, 2018; Jeong, Nho, Kim & Kim, 2021) decreased

as age increased. In contrast to these studies, the study by Tola et al. (2021) reported that the low maternal age was a factor associated with the low quality of life in the postpartum period. On the other hand, in parallel with the findings of the current research, a study found that the maternal age was not a factor affecting the quality of life in the postpartum period (Martínez-Galiano, Hernández-Martínez, Rodríguez-Almagro & Delgado-Rodríguez, 2019) and another study identified that the maternal age was not a factor affecting the social support in the postpartum period (Eslahi et al., 2021). The differences in research findings may have arisen from the fact that the studies were carried out at different periods and in regions with different cultural characteristics.

In the current research, it was discerned that the puerperal women who had a marriage duration of 1-5 years felt the need for support more and they received a higher amount of support in the postpartum period than other relevant groups of puerperal women. The findings of the study by Altınayak and Özkan (2017) are in support of the findings of the current research. It is considered that, as the experience increases along with the increase in the marriage duration, the need felt by puerperal women for support and the amount of support received by them for the satisfaction of this need decrease. In the study by Altınayak and Özkan (2017) and the study by Akbay and Taşçı-Duran (2018), it is put forward that the marriage duration was a significant factor determining the quality of life in the postpartum period, and as the marriage duration increased, the quality of life decreased. On the other hand, in the current research, it was found that, as per the marriage duration, there was no statistically significant difference in the quality of puerperal women's lives.

In the current research, it was discerned that, as puerperal women's and their spouses' education levels increased, puerperal women's support needs and the amount of support received by them increased. In a similar vein to the findings of the current research, previous studies also found that the mother who had high levels of education were more in need of support and received a higher amount of support (Aksakallı et al., 2012; Altınayak & Özkan, 2017; Türkoğlu et al., 2014). Furthermore, as the education level increases, mothers' awareness about postpartum needs, their expectations from health services, and their social support needs also increase. Besides, as the education level increases, the ability of couples to express themselves and the amount of their sharing increase (Akbay & Taşçı-Duran, 2018). Additionally, in the current study, it was found that there was no statistically significant difference in the quality of puerperal women's lives as per their education levels and their spouses' education levels. This result is not consistent with findings of studies indicating that having a higher level of education meant a better health perception (Borgonovi & Pokropek, 2016).

In the current research, it was discerned that the puerperal women who worked, whose spouse was a civil servant, and who had income equaling expenses were more in need of support than other relevant groups of puerperal women whilst the puerperal women who worked and had social security received a higher amount of support than other relevant groups of puerperal women. In the study by Türkoğlu et al.(2019), it was identified that the working mothers were more in need of support and received a higher amount of support. In the study by Baheiraei et al.(2012), it was discerned that the women who thought of having adequate income for their expenses had the highest mean of perceived social support scores,

and the women whose spouses were workers had the lowest mean of perceived social support scores. Profession and income are two main components of socioeconomic status. Along with the enhancement of socioeconomic status, the size of a person's social networks expands because the rise in the status is accompanied by more resources to build and maintain social network connections (Baheiraei et al., 2012). In parallel to the current research, the study by Kaya and Aksoy (2021) found that the participants who had social security had a higher mean of postpartum social support scores than those who had no social security. It can be considered that, as having social security indicates that the individual has a regular job and income, it has a positive effect on social support levels. Unlike the result of the current research, the finding of the study by Jeong et al.(2021) indicates that the profession had a significant effect on the quality of life, on the other hand, in a similar vein to the finding of the current research, the finding of the same study shows that the women who had higher levels of income had higher quality of life scores.

In the current research, it was found that the puerperal women who were a member of a nuclear family were more in need of postpartum support and received a higher amount of support than those who were a member of an extended family, however, these differences were not statistically significant. A previous study also reported similar results (Aksakallı et al., 2012). In the study by Kaya and Aksoy (2021) and the study by Türkoğlu et al.(2014), it was identified that participants who were a member of a nuclear family had a higher mean of postpartum social support scores than those who were a member of an extended family and this difference was statistically significant. Besides, in the current research, the family type is not a factor affecting

the quality of life. This finding of the current research is in a similar vein to the results of the study by Çelik et al.(2014).

In the current research, it was identified that, as the number of puerperal women's living children increased, their needs for support and the support received by them decreased. In previous studies in the relevant literature, similar findings were obtained (Akbay & Taşçı-Duran, 2018; Aksakallı et al., 2012; Hajipoor et al., 2021; Türkoğlu et al., 2014). This result can be explained by the fact that, as the number of living children increase, the woman's experience increases, and hence, her need for support and the support received by her decrease. Moreover, in the current research, it was identified that the number of living children was not a significant variable affecting the quality of puerperal women's lives. This result is in parallel to the result of a study that states that the number of children was not a factor affecting the quality of women's lives following preterm labor (Jeong et al., 2021).

In the current research, it was discerned that, as per the state of having a wanted pregnancy, there was no statistically significant difference in puerperal women's support needs and the amount of support received by them. In certain studies, it was identified that the mothers who had a planned pregnancy obtained a higher mean of social support scores (Altınayak & Özkan, 2017; Aşçı & Gökdemir, 2019). In a similar vein to the findings of the study by Aksakallı et al. (2012) and the study by Türkoğlu et al. (2014), the current research showed that, as per the state of having a wanted pregnancy, there was no statistically significant difference in puerperal women's support needs and the amount of support received by them. It is considered that this situation may have stemmed from the fact that the current research had a small number of

women who had an unwanted pregnancy and women who initially did not want the pregnancy but later wanted it. Furthermore, in the current research, it was identified that having a wanted pregnancy affected the quality of life. In a similar vein to the finding of the current research, the study by Akbay and Taşçı-Duran (2018) also found that having a planned pregnancy affected the quality of life in the postpartum period. On the other hand, in contrast to the finding of the current research, the study by Çelik et al. (2014) put forward that this factor did not affect the quality of life in the postpartum period.

In the current research, it was discerned that the puerperal women who had an unplanned cesarean delivery/interventional labor were more in need of support and received a higher amount of support than those who had a planned cesarean delivery, and the puerperal women who had a planned cesarean delivery were more in need of support and received a higher amount of support than those who had a vaginal delivery, however, these differences were not statistically significant. This finding of the current research is in parallel to the findings of three previous studies (Aksakallı et al., 2012; Altınayak & Özkan, 2017; Türkoğlu et al., 2014). In the study by Akbay and Taşçı-Duran (2018), it was identified that the participants who had a cesarean delivery received more support from their spouses than those who had a vaginal delivery. It is considered that the puerperal women who had a cesarean delivery or interventional labor needed and received more support as they had a higher number of physical problems and had trouble in satisfying their needs. In the study by Baghirzade et al.(2019), it is asserted that vaginal delivery was more likely to lead to a better quality of life than cesarean delivery. Moreover, in a similar vein to the current research, the study by Jeong et al.(2021) found that there was no relationship



between the mode of delivery and the quality of life.

Lastly, in the current research, it is discerned that puerperal women's quality of life scores decrease as their needs for material support, emotional support, informational support, and support in general increase, on the other hand, their quality of life scores increase along with the increase in the material support and emotional support received by them. In a study, social support was identified as a significant and consistent indicator of the quality of a mother's life in the perinatal period (Emmanuel et al, 2012). In the study by Akbay and Taşçı-Duran (2018), it was found that there was a moderately positive relationship between the spouse's support and the quality of life after childbirth. In the study by Rahayuningsih and Zulaicha (2014), it was discerned that the spouse's support increased the quality of the mother's life in the postpartum period. Moreover, in the current research, the relationship of the quality of puerperal women's lives with their support needs is stronger than the relationship of the quality of their lives with the support received by them. In the study by Gülşen and Merih (2018), it is asserted that nearly one in ten women could not take care of their babies as they wanted, and also, the support providers offered the support, which they were savvy about, rather than the one demanded by the mother. Alongside this result, it is considered that identifying the support needed by women as well as the support received by them is important to the improvement of the quality of life, and social support should be provided in this framework.

### Limitations

This research covered solely the puerperal women who applied to certain family health centers in downtown Tokat, Türkiye, during the period of the COVID-19 pandemic. Thus, the

research results are valid only for the research sample and the research period and cannot be generalized to all puerperal women.

### IMPLICATIONS FOR PRACTICE

In this research that was conducted during the COVID-19 pandemic, it was found that the need for support felt by puerperal women was not at a significant level whilst the support received by puerperal women for this need was excessive. There was a relationship between the support needs of the postpartum women in the postpartum period and the support they receive and their quality of life. The relationship of the quality of life with the support need is stronger than the relationship of the quality of life with the received support. These results draw attention to the importance of social support to the improvement of the quality of puerperal women's lives in the postpartum period. In the improvement of the quality of life in the postpartum period, the focus should be placed not only on the enhancement of the social support given to puerperal women but also on the configuration and development of the social support in line with their needs. Therefore, identifying puerperal women's needs and expectations should be targeted besides devising interventions likely to mobilize postpartum social support systems. To this end, as of the start of the pregnancy, primary healthcare professionals, in particular, midwives and nurses, should inform the woman and her family about the importance of postpartum social support and help to plan the social support program. Health professionals should give support to puerperal women who need a lot of support but do not have enough support.

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