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Research Paper –Araştırma Makalesi

SPOUSAL SUPPORT AND AFFECTING FACTORS IN PREGNANT WOMEN WITH HYPEREMESIS GRAVIDARUM: THE CASE OF SOUTH EASTERN ANATOLIA REGION

HİPEREMEZİS GRAVİDARUMLU GEBELERDE EŞ DESTEĞİ VE ETKİLEYEN FAKTÖRLER: GÜNEYDOĞU ANADOLU BÖLGESİ ÖRNEĞİ

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Özet

Bu araştırmanın amacı hiperemesis gravidarum tanısı alan gebelerde eş desteği ve etkileyen faktörlerin incelenmesidir. Tanımlayıcı tipteki bu çalışma, 1 Ekim - 30 Aralık 2022 tarihleri arasında Güneydoğu Anadolu Bölgesi'ndeki bir ilde bulunan eğitim ve araştırma hastanesinin septik ünitesinde yatan 125 gebe kadın ile yürütüldü. Veriler, tanımlayıcı bilgi formu ve Eş Destek Ölçeği kullanılarak yüz yüze görüşme yoluyla toplandı. Katılımcıların Eş Destek Ölçeği puan ortalaması 58,87±12,06 olarak orta seviyedeydi. Katılımcılardan ileri yaş grubunda olanların, eğitim düzeyi düşük olanların, çalışmayanların, gelir düzeyi düşük olanların, evde en çok Kürtçe dilini konuşanların, eşi ileri yaş grubunda olanların, eşin eğitim düzeyi düşük olanların ve eşi çalışmayanların eş destek düzeylerinin daha düşük olduğu bulunmuştur (p<0,005). Katılımcılardan ilk evlilik yaşı 24 ve üzeri olanların, uzun süredir evli olanların, eşiyle görüşme usulü ile evlenenlerin, toplam gebelik sayısı fazla olanların, yaşayan çocuk sayısı fazla olanların, mevcut gebeliği planlı olmayanların ve hiperemesis gravidarum nedeniyle evliliğinin olumsuz etkilendiğini belirtenlerin eş destek düzeylerinin daha düşük olduğu bulunmuştur (p<0,005). Hiperemesis gravidarum tanısı alan gebelere sağlık hizmetleri sunulurken eş desteği düzeyinin artırılması için belirlenen özelliklere sahip gebelere ve eşlerine risk yaklaşımı doğrultusunda önem ve öncelik verilmelidir.

Anahtar Kelimeler: Hiperemesis Gravidarum, Gebelik, Eş Desteği

Abstract

The objective of this study was to examine the level of spousal support and identify the factors that influence it among pregnant women who have been diagnosed with hyperemesis gravidarum. This descriptive study was conducted with a sample of 125 pregnant women who were hospitalized in the septic unit of a training and research hospital in a province in the Southeastern Anatolia Region between October 1, and December 30, 2022. The data were collected through face-to-face interviews using a descriptive information form and the Spousal Support Scale. The participants' mean score on the Spousal Support Scale was 58.87±12.06 at a moderate level. It was found that the levels of spousal support were lower among the participants who were in the older age group, those with low education level, those who were not working, those with low-income status, those who spoke Kurdish language at home the most, those whose spouses were in the older age group, those whose spouses had low education level and those whose spouses were not working (p<0.05). It was found that the levels of spousal support were lower among the participants whose age at first marriage was 24 years and above, who had been married for a long time, who had an arranged marriage, who had a high total number of pregnancies, who had an increased number of living children, whose current pregnancy was not planned, and who stated that their marriage was negatively affected by hyperemesis gravidarum (p<0.05). To increase the level of spousal support while providing health services to pregnant women diagnosed with hyperemesis gravidarum, importance and priority should be given to pregnant women with the determined characteristics and their spouses in line with the risk approach.

Keywords: Hyperemesis Gravidarum, Pregnancy, Spousal Support

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1. INTRODUCTION

Nausea and vomiting are common symptoms experienced by a significant percentage of pregnant women, ranging from 70% to 85%. Hyperemesis Gravidarum (HG), in which nausea and vomiting become severe, affects 0.5-2.0% of pregnant women (Dean, 2014, p. 847-852; Dean et al., 2016, p. 109-119; Türkmen, 2020, p. 282-289). HG is a condition that manifests as severe nausea, vomiting, excessive weight loss, and electrolyte disturbance. In mild cases, this disease can be easily treated with diet, rest changes, and antacids. More severe cases usually require hospitalization. This allows the mother to receive nutrition and fluids intravenously (Fezjo et al., 2019, p. 62; Özbek and Beydağ, 2022, p. 144-155).

HG is a major cause of hospitalization during pregnancy and demands significant attention. Combining HG and hospitalization factors can lead to severe psychosocial problems in pregnant women. Hospitalized pregnant women with HG need support, especially adequate support from their spouses. It is crucial to note that spousal support encompasses an array of support the spouse should provide to the pregnant woman. The support can take various forms, such as physical, emotional, psychological, spiritual, and financial, and the spouse must fulfill this obligation (Yüksekal and Yurdakul, 2021, p. 800-808; Özbek and Beydağ, 2022, p. 144-155; Nacar et al., 2023, p. 323-338).

It is a proven fact that pregnant women who receive support from their husbands have better pregnancy outcomes compared to those who do not (Emelonye et al., 2017, p. 128-132; Yüksekakal and Yurdakul, 2021, p. 800-808; Özbek and Beydağ, 2022, p. 144-155). It is known that spousal support during pregnancy and postnatal periods prevents isolation and withdrawal between spouses during stressful times, establishes a solid bond with the emotional closeness received with support, avoids situations that create a conflict environment, and prevents increased negativity (Aarnio et al., 2018, p. 61-66; Arisukwu et al., 2021, p. 772; Jia et al., 2023, p. 51-57). According to a recent study, expecting mothers who receive adequate support during pregnancy experience reduced stress and anxiety levels as they transition into motherhood. The study revealed that as the level of support from their partners increased, pregnant women exhibited greater resilience in dealing with the various challenges that come with the process (Arisukwu et al., 2021, p. 772). It is essential to understand the type of support pregnant women receive from their spouses when diagnosed with HG. Several factors, including socio-demographic and cultural factors like occupation, education level, ethnic origin, and age, may influence the level of support the spouse gives. Identifying these factors and determining the extent of spousal support received is crucial for delivering comprehensive and efficient healthcare services to pregnant women diagnosed with HG (Dean, 2014, p. 847-852; Türkmen, 2020, p. 282-289; Nacar et al., 2023, p. 323-338). In addition, although significant progress has been made on the need for spousal support during pregnancy, there is a lack of literature on the support received by pregnant women with HG from their spouses during hospitalization. The objective of this study was to identify the extent of spousal support and the factors that influence it for pregnant women diagnosed with HG. The findings of this study are expected to offer valuable insights into future clinical care for women with HG. In line with this aim, answers to the following specific questions were sought:

1. What is the level of support provided by the spouses of pregnant women with HG?
2. What factors affect the support received by pregnant women with HG from their spouses?

2. METHODS

2.1. Study Design and Place

The study was descriptively conducted in a province situated in Southeastern Anatolia, Turkey, from October 1 to December 30 2022.

2.2. Study Sample

The universe of the study consisted of 200 pregnant women diagnosed with HG who were hospitalized in the septic department of a training and research hospital in the province where the study was conducted between October 1, and December 30 2022. The sample of the study consisted of 125 participants who met the inclusion criteria. Inclusion criteria were having a diagnosis of HG, having a single fetus, not having any high-risk pregnancy criteria other than HG (such as pregnancy complications, not having chronic diseases), being able to communicate in Turkish, and volunteering to participate in the study. Participants who did not live together with their spouses were excluded from the study. In this study, which adopted the convenience sampling method, all participants who met the inclusion criteria were included in the study. The post hoc power analysis of the research was calculated using G* Power 3.1.9.7 programme (Faul et al., 2007, p.175-191). As a result of the calculation performed using the research data with a total sample size of 125, the effect size of the research was calculated as medium ($d = 0.76$), and the power of the research ($1-\beta$) was calculated as 0.96 with a 5% margin of error ($\alpha = 0.05$) for the t test in independent groups (variable: affecting marriage).

2.3. Data Collection Tools

The study gathered data using a Descriptive Information Form and a Spousal Support Scale (SSS).

Descriptive Information Form: The researchers created a form based on the literature they reviewed (Fezjo et al., 2019, p. 62; Türkmen, 2020, p. 282-289; Nacar et al., 2023, p. 323-338). The form consists of 20 questions that cover socio-demographic characteristics, such as age, education, employment status, perceived economic status, family type, most spoken language at home, spouse's age, education, and employment status. It also includes questions about the characteristics of marriage, such as age at first marriage, duration of the marriage, and marriage type. Additionally, it covers fertility characteristics, such as gravity, number of children living, current gestational week, pregnancy planning of the current pregnancy, gender of the fetus (if known), and satisfaction of the fetus's gender. Finally, the form includes questions about the characteristics of HG, such as the timing of when nausea/vomiting occurred.

Spousal Support Scale: Yıldırım (2004) developed four sub-dimensions to measure perceived spousal support. These dimensions are emotional support, financial aid and information support, appreciation support, and social interest support. The scale comprises 27 questions and is measured using a three-point Likert-type scale. The highest score is 81, and the lowest is 27. A higher score indicates higher perceived spousal support (Yıldırım, 2004, p. 19-25). In Yıldırım's study, the Cronbach Alpha coefficient of the scale was 0.95, while in this study, the Cronbach Alpha value was 0.93.



2.4. Data Collection

Firstly, to assess the clarification and usability of the questions, a pre-test was carried out with 10 participants. After the pre-test, the questions were straightforward, and no corrections were made. The data from the pre-test respondents were not recorded for the research. The first researcher collected the data through face-to-face interviews with participants in a particular room in the hospital where privacy was ensured. Interviews had a duration of approximately 25 minutes on approximately.

2.5. Ethical Issues

The present study adhered to the principles outlined in the Declaration of Helsinki. It was conducted with ethical approval from the Non-Interventional Clinical Research Ethics Committee at Siirt University (The approval was granted on 19/09/2022, with an application date of 3/08/2022, and assigned number 2233). Participants received a clear understanding of the study's objectives and provided verbal and written consent.

2.6. Statistical Analysis

The Statistical Package for Social Science (SPSS) 22 was used to analyze the data (IBM, Armonk, NY, USA). Normality control of the data was performed with the Shapiro-Wilk test. Number, percentage, mean, standard deviation, minimum, and maximum values were used as descriptive statistics. For the SSS mean scores, the Student's t-test was used to compare two independent groups, One-Way Analysis of Variance (ANOVA) was used for comparisons of more than two groups, and the Tukey test was used as a post-hoc test. Cronbach's Alpha coefficients analyzed the scale reliability. 95% confidence interval and statistical significance were taken as $p < 0.05$.

3. RESULTS

When the sociodemographic data of the participants were examined, the mean age was 28.79 ± 3.73 years, 50.4% were primary school graduates, 77.6% were not employed in any income-generating job, and 70.4% were perceived medium income level. 60.0% of the participants had a nuclear family, and the most spoken language at home was Turkish (42.4%). The mean age of the spouses of the participants was 33.71 ± 4.64 ; 52.8% were primary school graduates, and 20.8% were not employed in any income-generating job (Table 1).

The average age of the participants' first marriage was 22.03 ± 3.23 , the average duration of marriage was 6.86 ± 4.54 years, and 48.8% of the participants had an arranged marriage (Table 1).

Table 1: Distribution of the characteristics of the participants (n=125)

Characteristics	n	%
Education level		
Literate and ↓	30	24.0
Primary school	63	50.4
High school and	32	25.6
Working status		
Working	28	22.4
Not working	97	77.6
Income level		
Medium	88	70.4
Low	37	29.6
Family type		
Nuclear	75	60.0
Extended	50	40.0
Most spoken language		
Turkish	53	42.4
Kurdish	44	35.2
Arabic	28	22.4
Spouse's education		
Literate	2	1.6
Primary school	66	52.8
High school and	57	45.6
Spouse's working status		
Working	99	79.2
Not working	26	20.8
Type of marriage		
Arranged marriage	61	48.8
Dating marriage	64	51.2
Planning the current pregnancy		
Yes	81	64.8
No	44	35.2
Satisfied with the gender of the fetus*		
Yes	24	77.4
No	7	22.6
Complained of nausea/vomiting		
Throughout the day	98	78.4
Morning	27	21.6
The effect of marital relationship		
Not affected	32	25.6
Negatively	93	74.4
	Mean±SD	
Mean age	28.79±3.73	
Mean spouse's age	33.71±4.64	
Mean of first marriage age	22.03±3.23	
Mean of duration of marriage (years)	6.86±4.54	
Mean of total pregnancy	3.23±1.58	
Mean of total living children	1.97±1.38	
Mean of total gestational week	9.88±2.55	

*n=31; SD: Standard deviation

The mean number of total pregnancies was 3.23±1.58, the number of living children was 1.97±1.38, and the mean gestational week was 9.8±2.55. The pregnancy was not planned

in 35.2% of the participants. 24.8% of the participants knew the gender of the fetus, and 51.6% were female. Of the participants who knew the gender, 22.6% were not satisfied with the gender of the fetus (Table 1).

78.4% of the participants complained of nausea/vomiting throughout the day, and 74.4% stated that their marital relationship was negatively affected by HG (Table 1).

The mean SSS total score of the participants was 58.87±12.06. When analyzing mean scores of the sub-dimension, the emotional support was 19.25 ± 4.41, the financial aid-information support was 16.23 ± 3.15, the appreciation support was 17.30 ± 4.32, and the social interest support was 6.08 ± 1.45 (Table 2).

Table 2: The distribution of total and sub-dimension scores of participants’ the SSS

Scale and sub-dimensions	Number of items	Score range	Mean±SD	Min. – Max.
Total SSS	27	27-81	58.87±12.06	29-80
Emotional support	9	9-27	19.25 ± 4.41	10-27
Financial aid-information	7	7-21	16.23 ± 3.15	7-21
Appreciation support	8	8-24	17.30 ± 4.32	8-24
Social interest support	3	3-9	6.08 ± 1.45	3-9

SSS: Spousal Support Scale, SD: Standard deviation, Min: Minimum, Max: Maximum

The level of spousal support was lower in participants aged between 20-26 and 31-39 years, those with lower education level, those who were not working, those with lower income level, and those whose most spoken language at home was Kurdish, and the difference was found to be statistically significant ($p<0.05$). When the characteristics of the spouse were analyzed; the spousal support level of those aged 31 and over, those with low education level and those who were not working was lower and the difference was found to be statistically significant ($p<0.05$) (Table 3).

Table 3: Comparison of the mean SSS scores according to the socio-characteristics of participants

Characteristics	Total SSS and sub-dimensions (Mean±SD)				
	Emotional support	Financial aid-information	Appreciation support	Social interest support	Total SSS
Age group					
20-26 ^a	18.81±4.50	16.29±3.34	17.13±4.40	6.0±1.47	58.24±12.76
27-30 ^b	20.42±3.58	17.10±2.00	18.38±3.31	6.36±1.17	62.26±8.17
31-39 ^a	18.15±5.02	15.06±3.83	16.05±5.09	5.78±1.71	55.02±14.48
<i>Test and Statistical Significance</i>	F= 3.216 p=0.044 a<b	F= 3.287 p=0.008 a<b	F= 3.287 p=0.041 a<b	F= 1.770 p=0.175	F=4.152 p=0.018 a<b
Education level					
Literate and ↓ ^a	13.70±3.36	12.66±4.05	11.26±2.59	4.16±0.59	41.80±9.51
Primary school ^b	19.80±2.73	16.65±1.10	17.7±1.76	6.14±0.59	60.33±3.33
High school and ↑ ^c	23.37±2.07	18.75±1.68	22.1±1.60	7.75±0.98	72.0±3.34
<i>Test and Statistical Significance</i>	F= 98.092 p=0.000 a<b<c	F= 56.651 p=0.000 a<b<c	F= 241.07 p=0.001 a<b<c	F= 196.48 p=0.000 a<b<c	F=239.83 p=0.000 a<b<c
Working status					
Working	22.25±3.30	18.10±1.96	20.60±2.62	7.10±1.19	68.07±6.87
Not working	18.39±4.32	15.69±3.23	16.35±4.25	5.78±1.38	56.21±11.9



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<i>Test and Statistical Significance</i>	t=5.052 p=0.000	t=4.868 p=0.000	t=6.466 p=0.000	t=4.969 p=0.000	t=6.665 p=0.000
Income level					
Medium	20.60±3.99	16.96±2.50	18.46±3.68	6.38±1.93	62.42±10.07
Low	1605±3.68	14.48±3.84	14.54±4.30	5.35±1.33	50.43±12.33
<i>Test and Statistical Significance</i>	t=-6.147 p=0.000	t=-3.617 p=0.000	t=-4.818 p=0.000	t=-3.900 p=0.000	t=-5.224 p=0.000
Family type					
Nuclear	19.48±4.39	16.45±2.98	18.13±4.17	6.25±1.37	60.32±11.63
Extended	18.92±4.46	15.90±3.40	16.06±4.27	5.82±1.53	56.70±12.49
<i>Test and Statistical Significance</i>	t=0.694 p=0.491	t=0.960 p=0.339	t=2.693 p=0.09	t=1.647 p=0.102	t=1.655 p=0.101
Most spoken language					
Turkish ^a	20.33±3.79	16.94±2.71	18.05±3.60	6.47±1.23	61.81±10.01
Kurdish ^b	18.56±4.62	15.59±2.87	16.63±4.73	5.65±1.42	56.45±11.96
Arabic	18.28±4.85	15.89±4.07	16.92±4.81	6.00±1.69	57.10±14.75
<i>Test and Statistical Significance</i>	F=2.896 p=0.059	F=2.471 p=0.089	F=1.444 p=0.240	F=4.009 p=0.021 b<a	F=2.837 p=0.042 b<a
Spouse's age					
25-30 ^a	20.00±4.30	17.03±2.69	17.98±4.14	6.30±1.40	61.09±11.16
31-36 ^b	19.70±3.96	16.65±2.69	17.75±3.75	6.21±1.31	60.55±10.34
37-46 ^b	17.65±5.02	14.62±3.85	15.56±5.08	5.59±1.66	53.43±14.46
<i>Test and Statistical Significance</i>	F=2.968 p=0.055	F=6.205 p=0.003 b<a	F=3.672 p=0.028 b<a	F=2.511 p=0.085	F=4.611 p=0.011 b<a
Spouse's education					
Literate ^a	12.00±0.00	12.00±5.65	10.50±2.12	4.50±0.70	39.00±7.07
Primary school ^b	17.42±4.19	15.27±3.36	15.78±4.29	5.68±1.40	54.16±12.15
High school and ↑ ^c	21.63±3.33	17.49±2.23	19.29±3.39	6.59±1.34	65.01±8.44
<i>Test and Statistical Significance</i>	F=22.405 p=0.000 a<b, b<c	F=10.867 p=0.000 a<b, b<c	F=15.568 p=0.000 a<b, b<c	F=8.113 p=0.000 b<c	F=19.680 p=0.000 a<b, b<c
Spouse's working status					
Working	19.79±4.12	16.63±2.88	17.90±3.93	6.20±1.38	60.54±10.93
Not working	17.19±4.91	14.69±3.70	15.00±5.00	5.61±1.62	52.50±14.15
<i>Test and Statistical Significance</i>	t=2.483 p=0.018	t=2.875 p=0.05	t=2.750 p=0.010	t=1.852 p=0.066	t=2.695 p=0.011

SSS: Spousal Support Scale, SD: Standard deviation, p: p value, p< 0.05, F: Anova test, t: t-test

Examining the marital and fertility characteristics of the participants, it was found that the level of spousal support was lower in those whose age at first marriage was 24 years or more, those whose marriage duration was more prolonged, those who had arranged marriages with their spouses, those who had more total pregnancies, those who had more living children, those whose current pregnancy was not planned and those who stated that their marriage was negatively affected due to HG. The difference was statistically significant (p<0.05) (Table 4).

Table 4: Comparison of the mean SSS scores according to the marital and fertility characteristics of participants

Characteristics	Total SSS and sub-dimensions (Mean±SD)				
	Emotional support	Financial aid-information	Appreciation support	Social interest support	Total SSS
First marriage age					
16-20 ^a	20.00±4.30	17.03±2.69	17.75±4.14	6.30±1.40	61.09±11.16
21-23 ^a	19.70±3.96	16.65±2.69	17.98±3.75	6.21±1.31	60.55±10.34
24-30 ^b	17.65±5.02	14.62±3.85	15.56±5.08	5.59±1.66	53.43±14.46



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<i>Test and Statistical Significance</i>	F=2.968 p=0.055	F=6.205 p=0.003 b<a	F=3.672 p=0.028 b<a	F=2.511 p=0.085	F=4.64 p=0.011 b<a
Duration of marriage (years)					
1-4 ^a	20.97±3.78	17.65±2.23	19.36±3.30	6.95±1.28	64.95±9.39
5-7 ^a	20.19±3.64	16.39±1.96	18.51±3.56	6.14±1.27	61.24±8.39
Eight and ↑ ^b	16.72±4.56	14.72±4.08	14.18±4.13	5.18±1.23	50.81±13.06
<i>Test and Statistical Significance</i>	F=13.362 p=0.000 b<a	F=10.574 p=0.000 b<a	F=23.904 p=0.000 b<a	F=20.485 p=0.000 b<a	F=20.481 p=0.000 b<a
Type of marriage					
Arranged marriage	17.72±5.07	15.05±1.88	14.96±4.25	5.34±1.31	53.08±13.17
Dating marriage	20.71±3.05	17.35±3.75	19.53±3.02	6.78±1.21	64.39±7.60
<i>Test and Statistical Significance</i>	t=3.977 p=0.000	t=4.315 p=0.000	t=6.876 p=0.000	t= 6.338 p=0.000	t=5.840 p=0.000
Total pregnancy					
1-2 ^a	20.72±3.53	17.45±2.25	19.40±3.36	6.79±1.37	64.38±9.17
3 ^b	20.68±4.13	16.78±2.62	18.13±3.59	6.18±1.31	61.78±10.17
Four and ↑ ^c	16.48±4.20	14.48±3.25	14.41±4.28	5.25±1.23	50.65±11.98
<i>Test and Statistical Significance</i>	F=16.022 p=0.000 b<a,c<b	F=12.361 p=0.000 b<a,c<b	F=20.328 p=0.000 b<a,c<b	F=15.215 p=0.000 b<a,c<b	F=20.659 p=0.000 b<a,c<b
Total living children					
0-1 ^a	20.87±3.60	17.43±2.19	19.52±3.35	6.83±1.43	64.66±9.21
2 ^b	19.84±4.40	16.42±2.95	17.52±3.76	5.97±1.19	59.77±10.87
3 and ↑ ^c	16.69±4.26	14.56±3.65	14.35±4.24	5.25±1.22	50.87±12.08
<i>Test and Statistical Significance</i>	F=11.942 p=0.000 b<a,c<b	F=10.368 p=0.000 c<b<a	F=20.189 p=0.000 c<b<a	F=15.944 p=0.000 b<a,c<b	F=18.139 p=0.000 b<a,c<b
Total gestational week					
6-8	19.78±4.68	16.85±3.13	17.78±4.49	6.54±1.64	60.97±12.94
9-11	19.52±4.43	16.10±3.19	17.60±4.22	6.00±1.13	59.23±11.66
12-15	18.32±4.02	15.67±3.09	16.37±4.20	5.64±1.45	56.02±11.26
<i>Test and Statistical Significance</i>	F=1.215 p=0.300	F=1.443 p=0.240	F=1.228 p=0.296	F=4.077 p=0.198	F=1.708 p=0.186
Planning the current pregnancy					
Yes	20.43±4.10	16.83±2.54	18.39±3.70	6.35±1.39	62.02±10.24
No	17.09±4.17	15.11±3.84	15.29±4.69	5.56±1.42	53.06±10.39
<i>Test and Statistical Significance</i>	t=4.299 p=0.000	t=2.679 p=0.000	t=3.788 p=0.000	t= 2.984 p=0.004	t=3.931 p<0.001
Satisfied with the gender of the fetus					
Yes	16.95±3.80	14.83±3.48	15.25±4.41	5.12±1.22	52.16±11.71
No	20.28±3.09	16.42±0.78	18.00±2.70	6.57±1.27	61.28±5.40
<i>Test and Statistical Significance</i>	t=-2.370 p=0.036	t=-1.189 p=0.244	t=-1.153 p=0.131	t=-2.668 p=0.025	t=-1.980 p=0.057
Complained of nausea/vomiting					
Throughout the day	19.56±4.26	16.40±3.06	17.42±4.23	6.20±1.44	59.60±11.64
Morning	18.14±4.81	15.59±3.45	16.85±4.69	5.62±1.39	56.22±13.38
<i>Test and Statistical Significance</i>	t=1.181 p=0.141	t=1.190 p=0.236	t=0.612 p=0.541	t=1.838 p=0.068	t=1.292 p=0.199
The effect of marital relationship					
Not affected	20.20±4.18	16.54±2.98	18.06±4.23	6.31±1.45	61.12±11.54
Negatively	16.50±3.92	15.31±3.49	15.09±3.83	5.40±1.24	52.31±11.26
<i>Test and Statistical Significance</i>	t=4.526 p=0.000	t=1.788 p=0.080	t=3.676 p=0.001	t= 3.404 p=0.001	t=3.794 p=0.000

SSS: Spousal Support Scale, SD: Standard deviation, p: p value, p< 0.05, F: Anova test, t: t-test

4. DISCUSSION

This study conducted to determine spousal support and the factors affecting it in pregnant women diagnosed with HG. In addition to the physiological changes in pregnant women, HG brings along a psychosocially challenging process (Dean, 2014, p.847-852). While many pregnant women have difficulty in adapting to HG, especially spousal support is an effective psychosocial variable in symptom management. Inadequate perception of spousal support may have negative consequences not only for the pregnant woman but also for the whole family (Emelonye et al., 2017, p. 128-132; Yüksekakal and Yurdakul, 2021, p. 800-808).

In this present study, it was determined that spousal support including emotional support, financial and information support, appreciation, and social interest support, was not at an adequate level. International and national researchers have revealed that spousal support perceived by pregnant women diagnosed with HG is a variable that should not be ignored. Sokoya et al. (2014, p. 45-50) reported decreased pregnancy distress with increased spousal support during pregnancy. Azlan et al. (2020, p. e12416) found that pregnant women with HG experienced more symptoms of depression and were more in need of emotional support. Özbek and Beydağ (2022, p. 144-155) and Yüksekakal and Yurdakul (2021, p. 800-808) reported that both emotional support, financial assistance and information support, appreciation and social interest support provided by spouses in coping with pregnancy symptoms in the antenatal period and the total mean scores of spousal support were at a moderate level. This shows that the need for partner support for symptom management in pregnant women with HG in the high-risk group should be taken into consideration.

There are many socio-economic and cultural factors affecting the perception of spousal support in pregnant women with HG in the high-risk group (Emelonye et al., 2017, p. 128-132; Yüksekakal and Yurdakul, 2021, p. 800-808). In this study, it was found that the mean scores of spousal support were lower in pregnant women who were older, literate or less literate, unemployed, had a low income level, spoke Kurdish the most at home, and whose husbands were older, literate and unemployed. Arisukwu et al. (2021, p. 772) reported that pregnant women whose spouses did not work received more spousal support. Özbek and Beydağ (2022, pp. 144-155) reported that spousal support was higher in pregnant women who were university graduates, employed and had a good income level. Kaniğ and Eroğlu (2019, pp. 125-133) reported that literate, extended family, low-income, non-working, illiterate spouses and pregnant women with low educational level had lower levels of support from a person specific to themselves and their families. Although the findings of this study are similar to the literature, the fact that the pregnant woman diagnosed with HG and her partner are especially socioeconomically disadvantaged shows that spousal support is negatively affected. In addition, this study is important in terms of emphasising the importance of the language variable, which was found to have a significant effect on perceived spousal support and which points to the diversity of ethno-cultural structure.

In the study, it was determined that spousal support was lower in pregnant women whose age at first marriage was 24 years and over, marriage duration was eight years and over, arranged marriage, number of pregnancies was four or more, number of living children was



three or more, gestational age was 12 weeks and over, pregnancy was not planned, and marital relationship was negatively affected. Similarly, Moseson et al. (2018, p. 275-280) and Barton et al. (2017, p. 44) reported that pregnant women with planned pregnancies received higher levels of support. Özbek and Beydağ (2022, p. 144-155) reported that the level of spousal support was higher in pregnant women who conceived for the first time, whose pregnancy was planned, who had a good relationship with their spouse, and who married by agreement with their spouse. Yüksekakal and Yurdakul (2021, p. 800-808) also reported that the level of spousal support was higher in pregnant women who experienced pregnancy for the first time and whose pregnancy was planned. Kanığ and Eroğlu (2019, p. 125-133) reported that pregnant women in the third trimester of pregnancy and whose pregnancies were unplanned had lower social support. Zakaria et al. (2021, p. 473) reported that the spouses of pregnant women with a good level of relationship between couples positively affected participation in antenatal care. Küçükkaya et al. (2020, p. 102-110) reported that marital adjustment was lower in pregnant women who had arranged marriages, whose pregnancy was unplanned, and who did not receive emotional and physical support during pregnancy (Zakaria et al. 2021, p. 473). It is thought that low marital adjustment between couples may also negatively affect spousal support during pregnancy. Although the findings of this study are in parallel with the literature, being socioeconomically disadvantaged negatively affected the fertility characteristics of the pregnant women who participated in the study. This situation may cause inadequate spousal support in coping with pregnancy-related problems in pregnant women. Therefore, the importance of health professionals to ensure the active participation of spouses in antenatal care and follow-up by considering the fertility characteristics of all healthy and risky pregnant women has emerged.

4.1. Limitations

This study has limitations, such as being conducted in a single center at a specific time and based on self-report measurements. However, the fact that the study was conducted in a region with low socioeconomic levels and high fertility characteristics constitutes the study's strength.

5. CONCLUSION

The level of spousal support received by pregnant women with HG in our study group was average. The level of spousal support of the participants differed according to their socio-demographic, marital, and fertility characteristics. Our study results showed that those with low educational levels, low and high age, not employed, low income, and those who primarily speak Kurdish at home have low levels of spousal support. Similarly, it was observed that those with a spouse with a low level of education, whose spouse was in the older age group, and whose spouse was unemployed had low levels of spousal support. In addition, those who married at an advanced age had a long marriage duration, had arranged marriages, had a high total number of pregnancies and children, had unplanned pregnancies, and whose marriages were adversely affected by HG had low levels of spousal support. In line with these results, it is recommended to give importance and priority to pregnant women with these characteristics and their spouses in line with the risk approach to increase the level of spousal support while providing health



care services to pregnant women diagnosed with HG and to plan studies in which spouses participate together with a holistic approach.

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