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A COMPARATIVE ANALYSIS OF MATERNAL PERCEPTIONS DURING PREGNANCY AND THE POSTPARTUM PERIOD

GEBELİK VE DOĞUM SONRASI DÖNEMDE ANNELİK ALGILARININ KARŞILAŞTIRMALI ANALİZİ

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ABSTRACT

Introduction: This study aimed to investigate and compare maternal self-efficacy and perceived social support between pregnant and postpartum women. Additionally, it sought to explore the relationship between maternal self-efficacy and perceived social support across these two critical stages of motherhood.

Methods: A descriptive, cross-sectional, and comparative research design was used. The study population consisted of 114 women, including 57 pregnant and 57 postpartum participants, aged between 18 and 40 years. Participants were recruited from the Obstetrics and Gynecology Department of a tertiary hospital. Data were collected through structured face-to-face interviews utilizing the Sociodemographic Data Form, the Perceived Maternal Self-Efficacy Scale (PMSES), and the Multidimensional Scale of Perceived Social Support (MSPSS).

Results: The findings revealed that postpartum women exhibited significantly higher maternal self-efficacy (68.1 ± 7.9 vs. 62.4 ± 8.5, $p < 0.001$) and perceived social support (68.9 ± 10.5 vs. 63.7 ± 11.2, $p = 0.003$) compared to pregnant women. A positive correlation was identified between perceived social support and maternal self-efficacy, indicating that women who perceived greater emotional and practical support also reported higher confidence in their maternal roles.

Conclusion: This study shows the pivotal role of social support in fostering maternal self-efficacy during the transition into motherhood. Strengthening family and community support networks could be an effective strategy to enhance maternal well-being during pregnancy and the postpartum period. Further longitudinal research is warranted to explore changes in maternal self-efficacy and support perceptions over time.

Keywords: Maternal self-efficacy, Perceived social support, Postpartum period, Pregnancy, Psychological adaptation

ÖZET

Giriş: Bu araştırma, gebelik ve doğum sonrası dönemlerinde kadınların algıladıkları annelik öz yeterliliği ile sosyal destek düzeylerini karşılaştırmalı olarak analiz etmeyi amaçlamaktadır. Ayrıca bu iki psikolojik kavram arasındaki ilişkiyi incelemek hedeflenmektedir.

Yöntemler: Çalışma, tanımlayıcı, kesitsel ve karşılaştırmalı bir yöntemle gerçekleştirilmiştir. Araştırmaya, 18-40 yaş aralığında bulunan, 57 gebeden ve 57 doğum sonrası kadından oluşan toplam 114 kişi katılmıştır. Katılımcılar, üçüncü basamak bir hastanenin Kadın Hastalıkları ve Doğum Polikliniği'nde gönüllü esasına göre belirlenmiştir. Veriler, Sosyodemografik Bilgi Formu, Algılanan Annelik Öz Yeterlik Ölçeği ve Algılanan Çok Boyutlu Sosyal Destek Ölçeği kullanılarak yüz yüze görüşme yöntemiyle toplanmıştır.

Bulgular: Araştırma bulguları, doğum sonrası dönemdeki kadınların gebelere kıyasla daha yüksek annelik öz yeterliliği (68.1 ± 7.9'a karşı 62.4 ± 8.5, $p < 0.001$) ve sosyal destek algısına (68.9 ± 10.5'e karşı 63.7 ± 11.2, $p = 0.003$) sahip olduklarını ortaya koymuştur. Özellikle aile desteğinin annelik öz yeterliliği ile güçlü bir ilişki sergilediği belirlenmiştir. Sosyal destek algısının artması ile annelik rolünde özgüvenin de yükseldiği tespit edilmiştir.

Sonuç: Çalışma, anneliğe geçiş sürecinde sosyal desteğin annelik öz yeterliliğini artırmada kritik bir rol üstlendiğini göstermektedir. Gebelik ve doğum sonrası süreçlerde anne sağlığını desteklemek adına aile ve toplum destek ağlarının güçlendirilmesi önemli bir strateji oluşturmaktadır. Bu alanda, zaman içindeki değişimleri incelemek amacıyla ileriye dönük uzunlamasına araştırmalara ihtiyaç duyulmaktadır.

Anahtar Kelimeler: Algılanan sosyal destek, Annelik öz yeterliliği, Gebelik, Doğum sonrası dönem, Psikolojik uyum

INTRODUCTION

The transition to motherhood represents a major developmental milestone, involving extensive physiological, psychological, and social transformations. Throughout pregnancy and the postpartum period, women experience significant adjustments as they prepare for and embrace their maternal roles. Although pregnancy is often accompanied by feelings of anticipation and joy, it can also provoke uncertainty, anxiety, and stress, all of which may impact maternal adaptation (1,2). Successful adjustment to motherhood necessitates not only physical changes but also psychological preparedness, including the cultivation of maternal self-efficacy and the availability of sufficient social support. Maternal self-efficacy defined as a mother's belief in her ability to effectively care for and nurture her child has emerged as a crucial determinant of maternal behaviors and

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child developmental outcomes (3,4). High levels of maternal self-efficacy are associated with more positive parenting practices, enhanced maternal well-being, stronger mother-infant bonds, and improved developmental progress in children (5,6). Conversely, diminished self-efficacy has been linked to increased parenting-related stress, a higher risk of postpartum depression, and challenges in forming a stable maternal identity (7).

Simultaneously, social support plays an essential role in influencing maternal experiences during the perinatal period. Encompassing emotional, instrumental, and informational aid from family, friends, and significant others, social support functions as a protective factor against psychological distress during pregnancy and the postpartum period (8,9). Evidence suggests that higher perceived social support enhances maternal confidence, mitigates stress, and lowers the likelihood of postpartum depression (10,11). Particularly, support from partners and extended family members has been shown to exert a strong influence on maternal adjustment and the development of positive caregiving practices (4).

Despite the well-documented individual importance of maternal self-efficacy and social support, relatively few studies have simultaneously explored these factors across different stages of motherhood. Most existing research tends to focus on either pregnancy or the postpartum period without directly comparing these key phases (6,12). Furthermore, the interaction between perceived social support and maternal self-efficacy across these stages remains underexplored, although emerging evidence indicates that strong social support may significantly enhance maternal confidence and facilitate psychological adjustment (1,5).

In an effort to bridge these gaps, the present study aims to perform a comparative analysis of maternal self-efficacy and perceived social support between pregnant and postpartum women. It also seeks to investigate the association between these two constructs, providing insights into how support systems may influence maternal psychological readiness and successful adaptation to motherhood. A clearer understanding of these dynamics is critical for designing targeted interventions aimed at improving maternal mental health and fostering optimal outcomes for both mothers and their infants.

MATERIALS AND METHODS

Ethics Committee Approval

The study was conducted in accordance with the ethical standards outlined in the Declaration of Helsinki. Ethical approval was obtained from the Kayseri University Ethics Committee (Approval No: 116/2023, Date: 09/12/2023). Prior to data collection, participants were informed about the study's objectives, procedures, and their rights, and written informed consent was obtained from each participant.

Study Design

This study employed a descriptive, cross-sectional, and comparative design to evaluate and contrast maternal self-efficacy and perceived social support among pregnant and postpartum women. The cross-sectional methodology enabled the researchers to collect data from participants at a single time point, facilitating a direct comparison between the two critical stages of the motherhood journey. The comparative component was intended to identify notable differences or potential similarities between the groups regarding the psychological dimensions assessed.

Participants

The study population comprised women aged between 18 and 40 years, recruited from the Department of Obstetrics and Gynecology at Kayseri City Hospital. A power analysis performed using G*Power 3.1 software determined that a minimum of 114 participants (57 pregnant women and 57 postpartum women) would be required to achieve a study power of at least 0.80, with an alpha level of 0.05. Inclusion criteria for the study were being between 18 and 40 years of age, being literate, and voluntarily agreeing to participate after being informed about the study. Pregnant participants were confirmed via a positive serum β-hCG test, while postpartum participants were defined as women who had given birth within the preceding eight weeks.

Exclusion criteria included the presence of high-risk pregnancies, significant complications during delivery, communication-impairing health conditions (such as severe psychiatric illness or cognitive impairments), or multiple pregnancies (e.g., twins or triplets). Participants who failed to complete the questionnaires properly were also excluded from the final analysis. The selection of participants ensured a homogeneous sample in terms of basic obstetric health, thereby reducing potential confounders related to medical complexity.

Instruments

Data collection in this study was carried out using three instruments: the Sociodemographic Data Form, the Perceived Maternal Self-Efficacy Scale (PMSES), and the Multidimensional Scale of Perceived Social Support (MSPSS).

The Sociodemographic Data Form was specifically designed by the researchers to collect fundamental background characteristics of participants. It included items related to age, educational attainment, employment status, marital status, number of children, birth order of the current child, perceived economic standing, primary sources of childcare support, and, for postpartum women, the mode of delivery.

Maternal self-efficacy was assessed using the PMSES, developed by Barnes and Adamson (2007) (13). The Turkish version of the PMSES, which demonstrated high reliability with a Cronbach's alpha coefficient of 0.91, comprises 20 items rated on a 4-point Likert scale ranging from "strongly disagree" to "strongly agree" (14). Total scores range from 20 to 80, with higher scores indicating greater levels of perceived maternal self-efficacy.

Perceived social support was evaluated through the MSPSS, originally created by Zimet et al. (1988) (15). This 12-item scale measures perceived support from three distinct sources: family, friends, and significant others, using a 7-point Likert response format. Higher scores reflect greater perceived support. The Turkish adaptation of the MSPSS has shown strong psychometric properties across various populations, including pregnant and postpartum women (16). For better comprehension of the instruments, a summary of the PMSES and MSPSS components has been provided in Supplementary Table S1 and S2.

Data Collection

Data collection was conducted via face-to-face interviews after obtaining informed consent from participants. Women who met the eligibility criteria were approached in the outpatient clinic of the Obstetrics and Gynecology Department. After being provided with information about the

Table 1. Sociodemographic Characteristics of Participants

Characteristic	Pregnant Women (n=57)	Postpartum Women (n=57)	Total (n=114)
Mean Age (years, Mean ± SD)	28.6 ± 4.7	29.2 ± 5.1	28.9 ± 4.9
Education Level (%)			
Primary/Secondary	40.4%	36.8%	38.6%
High School	36.8%	40.4%	38.6%
University	22.8%	22.8%	22.8%
Employment Status (%)			
Employed	29.8%	33.3%	31.6%
Unemployed	70.2%	66.7%	68.4%
Marital Status (%)			
Married	91.2%	94.7%	92.9%
Main Support Provider (%)			
Partner	56.1%	61.4%	58.7%
Family Members	36.8%	29.8%	33.3%
Others	7.1%	8.8%	7.9%
Delivery Mode (postpartum only)	-		
Vaginal Birth	-	61.4%	-
Cesarean Section	-	38.6%	-

*Descriptive statistics means, standard deviations, frequencies, and percentages) were used. SD: Standard Deviation.

study, participants completed the questionnaires in a private and comfortable setting to ensure confidentiality and minimize bias.

Statistical Analysis

Data analysis was performed using SPSS version 26.0 (IBM Corp., Armonk, NY, USA). Descriptive statistics, including mean values, standard deviations, medians (with minimum and maximum values), frequencies, and percentages, were calculated to summarize the sociodemographic characteristics and scale scores of the participants. The Kolmogorov-Smirnov test was employed to assess the normality of distribution for continuous variables.

For group comparisons, independent samples t-tests were applied when the data met normality assumptions, whereas the Mann-Whitney U test was utilized for variables that were not normally distributed. Relationships between PMSES and MSPSS scores were examined using Pearson's correlation analysis when assumptions of normality were satisfied, and Spearman's rank-order correlation analysis was used otherwise. Correlation strength was interpreted as weak (r = 0.2–0.4), moderate (r = 0.4–0.6), or strong (r = 0.6–0.8). A p-value of less than 0.05 was considered indicative of statistical significance throughout all analyses.

RESULTS

A total of 114 women participated in the study, including 57 pregnant women and 57 postpartum women. All participants completed the questionnaires without missing data. The sociodemographic characteristics of the sample are presented in Table 1.

Analysis of PMSES and MSPSS scores revealed notable differences between the two groups. Postpartum women exhibited significantly higher PMSES scores (68.1 ± 7.9) compared to pregnant women (62.4 ± 8.5), with a p-value of <0.001, indicating a statistically significant difference.

Table 2. Comparison of PMSES and MSPSS Scores Between Groups

Scale	Pregnant Women (Mean ± SD)	Postpartum Women (Mean ± SD)	p-value
PMSES Total Score	62.4 ± 8.5	68.1 ± 7.9	<0.001
MSPSS Total Score	63.7 ± 11.2	68.9 ± 10.5	0.003
MSPSS Family Subscale	22.1 ± 3.8	24.3 ± 3.5	0.002
MSPSS Friends Subscale	20.6 ± 4.0	22.1 ± 3.9	0.048
MSPSS Significant Others Subscale	21.0 ± 3.9	22.5 ± 3.7	0.040

*Independent samples t-tests. PMSES:Perceived Maternal Self-Efficacy Scale; MSPSS:Multidimensional Scale of Perceived Social Support; SD: Standard Deviation.

Similarly, postpartum women reported significantly greater total MSPSS scores ($p = 0.003$), as well as higher perceived support from family ($p = 0.002$), friends ($p = 0.048$), and significant others ($p = 0.040$). These findings suggest that the postpartum period may facilitate an increase in maternal self-efficacy and perceived social support, potentially reflecting the adaptations required for early caregiving responsibilities (Table 2).

Additionally, a moderate positive correlation was found between total PMSES and total MSPSS scores ($r = 0.41$, $p < 0.001$), indicating that higher perceived social support was associated with greater maternal self-efficacy. Among the MSPSS subscales, support from family showed the strongest positive correlation with maternal self-efficacy ($r = 0.38$, $p < 0.001$), followed by support from significant others ($r = 0.32$, $p = 0.001$) and friends ($r = 0.29$, $p = 0.002$) (Table 3).

Overall, these results emphasize that familial support plays the most significant role in strengthening maternal self-efficacy, with additional but lesser contributions from support provided by significant others and friends.

DISCUSSION

This study aimed to investigate differences in maternal self-efficacy and perceived social support between pregnant and postpartum women, and to assess the relationship between these two psychological constructs. Findings revealed that postpartum women exhibited significantly higher maternal self-efficacy and perceived greater social support compared to pregnant women. Moreover, a moderate positive correlation was observed between maternal self-efficacy and perceived social support across the overall sample.

These results are consistent with previous research emphasizing that hands-on caregiving experiences following childbirth enhance maternal self-efficacy (3,6). Direct interactions with the newborn allow mothers to develop caregiving competence and strengthen their maternal identity, moving beyond the anticipatory experiences of pregnancy (8).

Regarding perceived social support, our findings indicate that postpartum women receive significantly greater support from family, friends, and significant others than pregnant women. This aligns with existing literature suggesting that the early postpartum period typically triggers increased social and familial assistance as mothers adjust to their new caregiving roles (6,9). This heightened support likely reflects not only the newborn's immediate needs but also broader societal and cultural expectations surrounding care for new mothers (2,7).

The positive association identified between maternal self-efficacy and perceived social support mirrors trends observed in recent studies, where social support acts as a protective factor against psychological stress and strengthens maternal competence (1,17). In particular, familial support demonstrated the strongest association with maternal self-efficacy, highlighting the central role of family dynamics in facilitating maternal adaptation, as previously noted by Shorey and Chan (4).

Support from friends and significant others also showed a positive, albeit weaker, correlation with maternal self-efficacy. These findings suggest that while family support is primary, non-familial support networks provide valuable supplementary contributions to maternal confidence, consistent with evidence from recent longitudinal research (10,11).

Sociodemographic characteristics such as education level and employment status did not exhibit significant relationships with maternal self-efficacy or perceived social

Table 3. Correlation Between PMSES and MSPSS Scores

Variables	Pearson r	p-value
PMSES Total and MSPSS Total	0.41	<0.001
PMSES and MSPSS Family Subscale	0.38	<0.001
PMSES and MSPSS Friends Subscale	0.29	0.002
PMSES and MSPSS Significant Others Subscale	0.32	0.001

*Pearson's correlation analysis. PMSES:Perceived Maternal Self-Efficacy Scale; MSPSS:Multidimensional Scale of Perceived Social Support; SD: Standard Deviation.

Supplementary S1. Perceived Maternal Self-Efficacy Scale – Turkish Version

No	Madde (Türkçe)	1	2	3	4
1	Bebeğimin ihtiyaçlarını ne zaman hissettiğini kolayca anlayabilirim.	☐	☐	☐	☐
2	Bebeğimi ağladığında sakinleştirebileceğimden eminim.	☐	☐	☐	☐
3	Bebeğimin aç olup olmadığını kolayca anlayabilirim.	☐	☐	☐	☐
4	Bebeğimin altını ne zaman değiştirmem gerektiğini fark ederim.	☐	☐	☐	☐
5	Bebeğimi besleme konusunda kendime güvenirim.	☐	☐	☐	☐
6	Bebeğimi kucağımda tutarken kendimi rahat hissederim.	☐	☐	☐	☐
7	Bebeğimin sağlık sorunlarını fark edebilirim.	☐	☐	☐	☐
8	Bebeğimle iletişim kurmakta başarılıyım.	☐	☐	☐	☐
9	Bebeğimle ilgilenmek bana güven verir.	☐	☐	☐	☐
10	Bebeğimin uyku düzenini sağlayabilirim.	☐	☐	☐	☐
11	Bebeğimin ağlamasının nedenini tahmin edebilirim.	☐	☐	☐	☐
12	Bebeğimin bakımında ortaya çıkan sorunları çözebilirim.	☐	☐	☐	☐
13	Bebeğimin gelişim sürecinde neye ihtiyacı olduğunu anlayabilirim.	☐	☐	☐	☐
14	Bebeğim hastalandığında nasıl davranmam gerektiğini bilirim.	☐	☐	☐	☐
15	Bebeğimle fiziksel temas kurmaktan keyif alırım.	☐	☐	☐	☐
16	Anneliği başarılı bir şekilde sürdürebileceğime inanıyorum.	☐	☐	☐	☐
17	Bebeğimle bağ kurmada zorlanmam.	☐	☐	☐	☐
18	Bebeğimin davranışlarını anlamada başarılıyım.	☐	☐	☐	☐
19	Anneliğe dair zorlukların üstesinden gelebilirim.	☐	☐	☐	☐
20	Bebeğimin bana güvendiğini hissederim.	☐	☐	☐	☐

support in this study. This observation partially aligns with recent systematic reviews suggesting that psychosocial resources—such as emotional support and coping skills—may exert a stronger influence on maternal outcomes than traditional sociodemographic factors (18).

Nonetheless, several limitations should be acknowledged. The cross-sectional design restricts the ability to infer causal relationships between the variables. Additionally, the sample was recruited from a single urban hospital, potentially limiting the generalizability of the findings to women from rural or different cultural backgrounds. The reliance on self-reported data may also introduce bias, despite efforts to ensure participant anonymity and confidentiality. Future studies utilizing longitudinal designs and more diverse samples are necessary to better capture the dynamic changes in maternal self-efficacy and perceived social support over time. Further research incorporating additional psychosocial variables, such as postpartum depression, anxiety, and parenting stress, would provide a more comprehensive understanding of maternal adjustment processes. Studies examining the potential mediating or moderating effects of social support on maternal mental health outcomes could elucidate the pathways by which support systems enhance maternal well-being (19).

This study contributes to the expanding literature on maternal psychological adaptation by showing that postpartum women report greater maternal self-efficacy and perceived social support compared to pregnant women. The identified positive association between social support and self-efficacy underscores the crucial role of emotional and practical support networks in facilitating successful maternal adjustment.

Supplementary S2. Multidimensional Scale of Perceived Social Support – Turkish Version

No	Madde (Türkçe)	Alt Boyut	1	2	3	4	5	6	7
1	Ailem bana gerçekten yardımcı olmaya çalışır.	Aile	☐	☐	☐	☐	☐	☐	☐
2	Ailemden duygusal olarak destek alabilirim.	Aile	☐	☐	☐	☐	☐	☐	☐
3	Ailem benim kararlarıma saygı duyar.	Aile	☐	☐	☐	☐	☐	☐	☐
4	Ailemle sorunlarımı konuşmak kolaydır.	Aile	☐	☐	☐	☐	☐	☐	☐
5	Arkadaşlarım zor zamanlarımda yanımdadır.	Arkadaş	☐	☐	☐	☐	☐	☐	☐
6	Arkadaşlarıma kendimi açabilirim.	Arkadaş	☐	☐	☐	☐	☐	☐	☐
7	Arkadaşlarım bana değer verir.	Arkadaş	☐	☐	☐	☐	☐	☐	☐
8	Arkadaşlarım bana güven verir.	Arkadaş	☐	☐	☐	☐	☐	☐	☐
9	Bana destek olan özel biri vardır (örneğin eşim/partnerim).	Önemli Diğer	☐	☐	☐	☐	☐	☐	☐
10	Özel biri bana rehberlik eder.	Önemli Diğer	☐	☐	☐	☐	☐	☐	☐
11	Özel biri bana gerektiğinde yakınlık gösterir.	Önemli Diğer	☐	☐	☐	☐	☐	☐	☐
12	Özel biriyle hayatımdaki önemli şeyleri paylaşabilirim.	Önemli Diğer	☐	☐	☐	☐	☐	☐	☐

CONCLUSION

This study showed that postpartum women exhibited higher maternal self-efficacy and perceived greater social support compared to pregnant women. A moderate positive correlation between social support and self-efficacy was observed, highlighting the importance of emotional and practical support during the maternal transition. These findings suggest that enhancing social support networks may strengthen maternal confidence and adaptation. Early identification and targeted interventions for women with low perceived support, particularly during pregnancy, could promote better maternal well-being. Future longitudinal studies are recommended to explore these relationships over time.

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Ethics Committee Approval: This study was approved by the Kayseri University Ethics Committee (Approval number: 116/2023, Date: 09.12.2023). This study followed the principles of the Declaration of Helsinki. Written informed consent was obtained from the individuals who agreed to participate in the study at the beginning of the online form.

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