Original Article

Comparison of Perceived Social Support and Mental State of Women According to Their Pregnancy Wantedness

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Abstract

Aim: This study aims to compare perceived social support and mental states of women according to whether their pregnancy was wanted.

Material and Method: This is a descriptive and correlational study. The study was conducted in Obstetrics and Gynecology Outpatient Clinics of Ataturk University Yakutiye Research Hospital in Erzurum, Turkey. The study population consists of pregnant women who applied to the Obstetrics and Gynecology Outpatient Clinics of Ataturk University Yakutiye Research Hospital. The study sample consists of 405 pregnant women admitted to the related hospital between June and September of 2014, and who agreed to participate in the study. "Personal Information Form", "Brief Symptom Inventory" and "Multidimensional Scale of Perceived Social Support" (MSPSS) were used for data collection. Percentages, means, standard deviations, t-test, chi-square and Pearson correlation tests were used to evaluate the data.

Results: It was found that the total Brief Symptom Inventory mean scores of the women with wanted and unwanted pregnancies were 37.10±18.72 and 59.31±11.74 respectively, and the mean Multidimensional Scale of Perceived Social Support scores of the women with wanted and unwanted pregnancies were 65.77±16.55 and 50.61±21.27 respectively. According to these mean scores, it was determined that perceived social support and the mental states of pregnant women were at a good level in general, albeit better in women   whose pregnancy was wanted.

In the study, a statistically significant negative relationship was found between total mean scores taken in the Brief Symptom Inventory, and the Multidimensional Scale of Perceived Social Support.

Conclusion: Having a wanted pregnancy and perceived social support were found to affect the mental state of pregnant women positively.

Keywords: Mental State, Nursing, Pregnancy, Social Support

Introduction

Deciding whether or not to have a baby is one of the most important decisions in an individual's life. The desire to be a mother has a unique importance in women's lives. Having children helps ensure the continuity of generations (Özkan & Aslan, 2007; Begday, 2007).

Women may experience many physiological and psychological changes during pregnancy (Subaşı et al., 2013). The organism of the mother uses every means available to ensure the development of the fetus during the duration of the pregnancy (Sunal& Demiryay, 2009). As a result of the physiological and anatomical changes, many discomforts are

experienced during pregnancy (Taskin, 2009). The fact that each pregnancy poses a risk is associated with the fact that the physiological changes in pregnancy narrow the gap between health and disease (Aydemir & Hazal, 2014).

As a natural process, pregnancy is a source of stress for the organism of the mother. As the mental state and the lifestyle of a woman can affect the course of the pregnancy, it is emphasized that pregnancy can have an effect on the mother's mental and emotional life (Sunal & Demiryay, 2009; Virit et al., 2008; Matthey, 2005).

Pregnancy, which is regarded as a very important time in the life of the mother, is also a crisis that requires mothers to adapt to new responsibilities and roles (Taskin, 2009; Gozuyesil et al., 2008). This crisis can make adaptation difficult. Failure to adapt can be a source of anxiety and depression as emotional pressures increase (Taskin, 2009; Gozuyesil et al., 2008). It is believed that the factors affecting the occurrence of psychological disorders in pregnancy result from: a history of depression, communication with spouse, marriage-family life, career, economic situation, unplanned pregnancy and a history of miscarriage, problems occurring in pregnancy, and anxiety about the baby and parenthood. In addition, there are references available which state that low self-esteem, negative thoughts, inadequate social and emotional support and social isolation during pregnancy are also affecting factors. Moreover, variables such as domestic violence, smoking, and the use of alcohol and drugs also play a role (Virit et al., 2008; Matthey 2005; Kugu & Akyüz, 2001; Yıldız, 2011).

It is known that unplanned and unwanted pregnancies may negatively affect mental health and cause depression. It is also known that mothers who experience problems such as preterm delivery, and having an infant with low birth weight or nutrition problems are diagnosed with depression more frequently. Mothers can subsequently experience psychological, cognitive and behavioral disorders (The Psychiatric Association of Turkey, 2014).

Social support, which has been a research topic about how it is perceived for as long as 25 years,

draws attention in terms of maintaining good health and its importance when individuals are struggling with disease (Eker et al., 2001).

Sarason et al. (1983) defined social support as help which an individual can receive from other individuals in their immediate environment, when the individual encounters a problem.

Social support is a strong factor in the prevention, solution and treatment of an individual's mental and social problems during pregnancy and the postpartum period. These are the most critical periods in which social support is needed (Mermer et al., 2010).

Women especially need the support of their family members and friends in highly-stressful situations, such as being a new mother. The support of family and friends is important in helping a woman adapt to motherhood, and helping her have a healthy mental attitude (Sahin & Soypak, 2010). It is known that in pregnancy and postpartum periods, factors that affect the mental health of the mother may result from the scarcity of social support (Virit et al., 2008). Studies on pregnancy and delivery showed that pregnant women, who are supported by their families and particularly their spouses, experience an easier pregnancy, delivery and postpartum period (Mermer et al., 2010; Turan et al., 2001).

Material and Method

Type of the Study:

The study is descriptive and correlational.

Place and Time of the Study:

This study was conducted on pregnant women who applied to the Obstetrics and Gynecology Outpatient Clinics of Ataturk University Yakutiye Research Hospital in Erzurum between June and September 2014.

Population and Sample of the Study:

The population of the study consisted of pregnant women who applied to the Obstetrics and Gynecology Outpatient Clinics of Ataturk University Yakutiye Research Hospital in Erzurum. The number of pregnant women who applied to the relevant clinics for prenatal control

in 1 year / 1 month is not known. The sample selection formula which is used when the population number is not known was used to calculate the minimum sample size required to be included in the study.

The required number for participants for the study to adequately represent the population was found to be at least 233. Considering the potential of the sample to represent the population, the study was completed with 405 pregnant women (202 intentional and 203 unintentional pregnancies).

The Inclusion Criteria of the Study:

- Not having a high-risk pregnancy.
- Having a pregnancy that occurred naturally.
- Being cooperative and open to communication.

Data Collection:

"Personal Information Form", "Brief Symptom Inventory" and "Multidimensional Scale of Perceived Social Support" (MSPSS) were used for data collection.   The data of the study were collected between June and September 2014.

Data Collection Tools:

a) Introductory Identification Form: This form was developed by the researcher. It consisted of 20 question which identified the sociodemographic and pregnancy characteristics of the women.

b) Brief Symptom Inventory: Brief Symptom Inventory (BSI) is a likert-type inventory developed by Derogotis and Lazarus (1994). The adaptation of the BSI into Turkish was conducted by Sahin and Durak (1994). It consisted of nine subdimensions, additional items and three global indexes (Sahin et al., 2002).

In the present study, the Cronbach's alpha coefficient of BSI was found to be 0.96.

c) Multidimensional Scale of Perceived Social Support: The Multidimensional Scale of Perceived Social Support (MSPSS), which was developed by Zimet et al. (1990), is a scale consisting of 12 questions. The scale has three subdimensions and it includes the social support received from family, friends, and a significant

other. The high score obtained from the scale indicates that the level of perceived social support is high.

In the present study, the Cronbach's alpha coefficient of MSPSS was found to be α:0.94.

Data Analysis:

The data were analyzed in the SPSS 17.0 statistical package program. The percentage, mean, standard deviation, t-test, chi-square, and Pearson correlation test were used for the data analysis.

Ethical Dimensions of the Study:

Before starting the study, approval was obtained from the Ethics Committee of the Public Health Faculty at Ataturk University, and written permission was received from the institution where the study was conducted.

Prior to the data collection process, the ethical principles described in the "Informed Consent", "Confidentiality and Its Preservation" and "Respect for Autonomy" were followed. Thus, the aim and duration of the study was explained to the pregnant women. They were informed that their information would be kept confidential, participation was voluntary, and their rights would be protected.

Moreover, after the administration of the questionnaire, the questions of the pregnant women were answered, and additional relevant information was given to them.

Results

The results obtained from this study are presented in this section.

The distribution of the pregnant women's sociodemographic characteristics (**Table 1**) showed that of the women who wanted the pregnancy, 49.0% were aged between 19 and 26; 26.1% were primary school graduates; 65.8% were housewives; 57.4% were residing in the city; 62.9% had nuclear family and the income of 54.0% was equal to their expenses; the spouses of 46.0% were aged between 30 and 39; 36.1% were university graduates; the spouses of 30.2% were working as industrial workers and 50.5% were married for 1-5 years.

Of the women whose pregnancy was unwanted, 46.3% were aged between 19 and 26; 31.0% were primary school graduates; 71.9% were housewives; 52.7% were residing in the city; 60.1% had nuclear family and the income of 54.7% was equal to their expenses; the spouses of 47.3% were aged between 30 and 39; 43.3% were high school graduates; the spouses of 28.6% were working as industrial workers and 38.9% were married for 1-5 years.

The comparison of the sociodemographic characteristics of the women with wanted and unwanted pregnancies showed that there was no statistically significant difference between the two groups in terms of age, education level, profession, settlement location, family type, income level, the age, education level and professional status of spouse, or duration of marriage (p>0.05). In accordance with this result, it can be stated that the two groups were homogeneous in terms of socio-demographic characteristics.

The comparison of certain characteristics of the women's pregnancies was shown in **Table 2**. Of the women who wanted the pregnancy, 28.2% had their second or third pregnancy; 63.4% reported that there was no one to help them after delivery; 46.0% stated that their spouses supported them during their pregnancy; and 96.0% did not experience any mental disorder before or during their pregnancy. Of those who experienced mental disorders, 50.0% were found to have received treatment for them, and 93.1% did not have any family members with a mental disorder.

Of the women whose pregnancy was unwanted, 34.5% were experiencing their third pregnancy; 70.0% reported that there was no one to help them after delivery; and 41.9% stated that their families supported them during their pregnancy.

Also, 94.1% and 95.1% did not experience any mental disorder before and during their pregnancy, respectively.

Of those who experienced mental disorders, 90% were found to have received treatment for them and 96.1% had family members who did not have a mental disorder.

The comparison of characteristics between the women with wanted pregnancies, and those with unwanted pregnancies, showed that there was no statistically significant difference regarding: the duration of the pregnancy, the presence of an individual to help after delivery, the presence of an individual who helped during pregnancy, experiencing any mental disorder before and during pregnancy, receiving treatment for the mental disorder, and the presence of a family member who had a mental disorder, and the groups (p>0.05). In accordance with this result, it can be stated that the two groups were homogeneous.

The distribution and comparison of the Min-Max scores which the pregnant women obtained from BSI and MSPSS and their mean scores were shown in Table 3.

The correlation between the MSPSS mean scores and the Brief Symptom Inventory mean scores of pregnant women with an unwanted pregnancy was shown in **Table 4**.

A negative and statistically significant correlation was found between the Somatization, Obsessive-Compulsive Disorder, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic Anxiety, Paranoid Ideation, Psychoticism and Additional Items subdimensions of Brief Symptom Inventory and its total mean score, and between the Family and A Significant Other subdimensions of MSPSS and its total mean scores (**p<0.05**).

A negative and statistically significant correlation was found between the Friend subdimension of MSPSS and the Somatization and Psychoticism subdimensions of BSI (**p<0.05**).

Table 1. The comparison of sociodemographic characteristics of pregnant women

Characteristics	Wanted Pregnancy (n = 202)		Unwanted Pregnancy (n = 203)		Total (n = 405)		Test and p value
	n	%	n	%	n	%	
Age							
19-26 years	99	49.0	94	46.3	193	47.7	X^2=0.41
27-34 years	74	36.6	76	37.4	150	37.0	df=2
35 and ↑	29	14.4	33	16.3	62	15.3	p>0.05
Educational Level							
Illiterate	28	13.9	23	11.3	51	12.6	
Primary school graduate	53	26.1	63	31.0	116	28.6	X^2=8.50
Secondary school graduate	25	12.4	32	15.8	57	14.1	df=4
High school graduate	50	24.8	59	29.1	109	26.9	p>0.05
University	46	22.8	26	12.8	72	17.8	
Profession							X^2=3.86
Housewife	133	65.8	146	71.9	279	68.9	df=3
Office worker	24	11.9	20	9.9	44	10.9	p>0.05
Industrial worker	7	3.5	2	1.0	9	2.2	
Other (tailor, business manager, shopkeeper..)	38	18.8	35	17.2	73	18.0	
Settlement Location							
City	116	57.4	107	52.7	223	55.1	X^2=1.32
District	47	23.3	57	28.1	104	25.6	df=2
Village	39	19.3	39	19.2	78	19.3	p>0.05
Family Type							X^2=0.32
Nuclear family	127	62.9	122	60.1	249	61.5	df=1
Large family	75	37.1	81	39.9	156	38.5	p>0.05
Income Level Perception							
Income less than expense	54	26.7	66	32.5	120	29.6	X^2=3.81
Income equal to expense	109	54.0	111	54.7	220	54.7	df=2
Income more than expense	39	19.3	26	12.8	65	12.8	p>0.05
Age of Spouse							
20-29 years	80	39.6	73	36.0	153	37.8	X^2=0.76
30-39 years	93	46.0	96	47.3	189	46.7	df=2
40 and ↑	29	14.4	34	16.7	63	15.6	p>0.05
Educational Level of Spouse							
Illiterate	5	2.5	6	3.0	11	2.7	X^2=6.19
Primary school graduate	39	19.3	33	16.3	72	17.8	df=4
Secondary school graduate	18	8.9	21	10.3	39	9.6	p>0.05
High school graduate	67	33.2	88	43.3	155	38.3	
University	73	36.1	55	27.1	128	31.6	
Profession of Spouse							
Unemployed	-	-	2	1.0	2	0.5	X^2=8.06
Office worker	45	22.3	31	15.3	76	18.8	df=5
Industrial worker	61	30.2	58	28.6	119	29.4	p>0.05
Self-employed	37	18.3	34	16.7	71	17.5	
Shopkeeper	18	8.9	29	14.3	47	11.6	
Other (manager, retired..)	41	20.3	49	24.1	90	22.2	
Year of Marriage							
1-5 years	102	50.5	79	38.9	181	44.7	X^2=5.88
6-10 years	62	30.7	78	38.4	140	34.6	df=3
11-15 years	24	11.9	26	12.8	50	12.3	p>0.05
16 years ↑	14	6.9	20	9.9	34	8.4	

Table 2. The comparison of certain characteristics of the women's pregnancies

Characteristics	Wanted Pregnancy (n = 202)		Unwanted Pregnancy (n = 203)		Total (n = 405)		Test and p value
	n	**%**	**n**	**%**	**n**	**%**	
Number of pregnancy							X^2=7.63
1	45	22.3	27	13.3	72	17.8	df=3
2	57	28.2	51	25.1	108	26.7	p>0.05
3	57	28.2	70	34.5	127	31.4	
4 and ↑	43	21.3	55	27.1	98	24.1	
The Availability of Help After Delivery							X^2=1.97
Yes	74	36.6	61	30.0	135	33.3	df=1
No	128	63.4	142	70.0	270	66.7	p>0.05
Supportive Person During Pregnancy							X^2=8.51
Spouse	93	46.0	80	39.4	173	42.7	df=4
Family	59	29.2	85	41.9	144	35.6	p>0.05
Friend	16	7.9	16	7.9	32	7.9	
Health Care Worker	21	10.4	12	5.9	33	8.1	
Other (neighbor, relative)	13	6.4	10	4.9	23	5.7	
Experiencing Any Mental Disorder Before Pregnancy							X^2=0.82
Having experienced	8	4.0	12	5.9	20	4.9	df=1
Not having experienced	194	96.0	191	94.1	385	95.1	p>0.05
Experiencing Any Mental Disorder During Pregnancy							X^2=0.22
Having experienced	8	4.0	10	4.9	18	4.4	df=1
Not having experienced	194	96.0	193	95.1	387	95.6	p>0.05
Receiving Any Treatment for the Mental Dısorder							X^2=3.72
Having received	4	50.0	9	90.0	13	72.2	df=1
Not having received	4	50.0	1	10.0	5	27.8	p>0.05
The Presence of Family Member with Mental Disorder							X^2=1.76
Yes	14	6.9	8	3.9	22	5.4	df=1
No	188	93.1	195	96.1	383	94.6	p>0.05

Table 3. The Distribution and Comparison of Min-Max Scores Obtained by the Pregnant Women from Brief Symptom Inventory and Multidimensional Scale of Perceived Social Support and the Mean Scores of Pregnant Women

SCALES		SCORES	GROUPS		Test and p value
			Wanted Pregnancy	Unwanted Pregnancy	
BRIEF SYMPTOM INVENTORY	**Somatization**	Min-Max Scores	0-25	0-23	t=6.10 **p<0.05**
		Mean Scores	5.25±4.68	8.33±5.42	
	Obsessive-Compulsive Disorder	Min-Max Scores	0-24	0-24	t=5.80 **p<0.05**
		Mean Scores	4.95±2.20	7.70±5.28	
	Interpersonal Sensitivity	Min-Max Scores	0-14	0-16	t=6.30 **p<0.05**
		Mean Scores	3.03±2.92	5.20±3.91	
	Depression	Min-Max Scores	0-17	0-24	t=5.15 **p<0.05**
		Mean Scores	4.14±2.11	6.77±3.01	
	Anxiety Disorder	Min-Max Scores	0-19	0-24	t=5.56 **p<0.05**
		Mean Scores	4.07±3.95	6.74±3.56	
	Hostility	Min-Max Scores	0-20	0-20	t=2.47 **p<0.05**
		Mean Scores	3.90±2.80	4.95±2.67	
	Phobic Anxiety	Min-Max Scores	0-16	0-20	t=5.46 **p<0.05**
		Mean Scores	2.84±1.01	4.85±2.27	
	Paranoid Ideation	Min-Max Scores	0-15	0-20	t=5.51 **p<0.05**
		Mean Scores	3.37±1.19	5.62±2.84	
	Psychoticism	Min-Max Scores	0-16	0-16	t=5.68 **p<0.05**
		Mean Scores	2.32±1.90	4.29±2.97	
	Additional Items	Min-Max Scores	0-12	0-16	t=4.86 **p<0.05**
		Mean Scores	3.19±2.84	4.82±2.80	
	Scale Total	Min-Max Scores	0-141	0-179	t=6.23 **p<0.05**
		Mean Scores	37.10±18.72	59.31±11.74	
MSPSS	**Family**	Min-Max Scores	4-28	4-28	t=6.69 **p<0.05**
		Mean Scores	23.12±5.91	18.49±7.86	
	Friend	Min-Max Scores	4-28	4-28	t=6.39 **p<0.05**
		Mean Scores	19.90±7.82	14.76±8.33	
	A Significant Other	Min-Max Scores	4-28	4-28	t=7.42 **p<0.05**
		Mean Scores	22.75±6.07	17.35±8.37	
	Scale Total	Min-Max Scores	12-84	12-84	t=8.01 **p<0.05**
		Mean Scores	65.77±16.55	50.61±21.27	

Table 4. The Determination of the Correlation between the Multidimensional Scale of Perceived Social Support Mean Scores and the Brief Symptom Inventory Mean Scores of Pregnant Women with Unwanted Pregnancy

	SCALES		MSPSS			
			Family	Friend	A Significant Other	Total
BRIEF SYMPTOM INVENTORY	Somatization	r	-.365**	-.215**	-.294**	-.335**
		p	.000	.002	.000	.000
	Obsessive-Compulsive Disorder	r	-.285**	-.069	-.276**	-.241**
		p	.000	.331	.000	.001
	Interpersonal Sensitivity	r	-.165*	-.067	-.158*	-.149*
		p	.019	.339	.025	.033
	Depression	r	-.242**	-.019	-.226**	-.186**
		p	.000	.786	.001	.008
	Anxiety Disorder	r	-.192**	-.003	-.181**	-.143*
		p	.006	.968	.010	.042
	Hostility	r	-.167*	-.036	-.220**	-.163*
		p	.017	.608	.002	.021
	Phobic Anxiety	r	-.226**	-.090	-.185**	-.192**
		p	.001	.204	.008	.006
	Paranoid Ideation	r	-.238**	-.086	-.260**	-.224**
		p	.001	.220	.000	.001
	Psychoticism	r	-.267**	-.169*	-.247**	-.262**
		p	.000	.016	.000	.000
	Additional Items	r	-.223**	-.057	-.179*	-.175*
		p	.001	.423	.011	.013
	Scale Total	r	-.275**	-.091	-.258**	-.239**
		p	.000	.198	.000	.001

*p<0.05 **p<0.01

Table 5. The Determination of the Correlation between the Multidimensional Scale of Perceived Social Support Mean Scores and the Brief Symptom Inventory Mean Scores of Pregnant Women with Wanted Pregnancy

	SCALES		MSPSS			
			Family	Friend	A Significant Other	Total
BRIEF SYMPTOM INVENTORY	Somatization	r	-.051	-.166*	-.207**	-.173*
		p	.467	.018	.003	.014
	Obsessive-Compulsive Disorder	r	-.025	-.075	-.095	-.079
		p	.724	.291	.180	.264
	Interpersonal Sensitivity	r	.029	-.136	-.095	-.089
		p	.679	.053	.181	.210
	Depression	r	-.105	-.216**	-.100	-.176*
		p	.137	.002	.156	.012
	Anxiety Disorder	r	-.030	-.192**	-.074	-.129
		p	.672	.006	.293	.068
	Hostility	r	.079	-.045	-.009	.004
		p	.261	.522	.899	.959
	Phobic Anxiety	r	-.006	-.103	-.060	-.073
		p	.937	.146	.393	.304

Paranoid Ideation	r	-.085	-.215**	-.133	-.181*
	p	.228	.002	.059	.010
Psychoticism	r	-.057	-.209**	-.185**	-.187**
	p	.419	.003	.009	.008
Additional Items	r	-.034	-.127	-.149*	-.127
	p	.631	.072	.034	.072
Scale Total	r	-.037	-.184**	-.138	-.150*
	p	.602	.009	.051	.033

*p<0.05 **p<0.01

No statistically significant correlation was found between the Family subdimension of MSPSS and all subdimensions of Brief Symptom Inventory and the total scale mean scores (p>0.05). A negative and statistically significant correlation was found between the Family subdimension of MSPSS and the Somatization, Depression, Anxiety, Paranoid Ideation, Psychoticism subdimensions of BSI and the total mean score (**p<0.05**). Also, a negative and statistically significant correlation was found between the A Significant Other subdimension of MSPSS and the Somatization, Psychoticism and Additional Items subdimensions of BSI and the total mean score (**p<0.05**). A negative and statistically significant correlation was found between the scale total mean score of MSPSS and the Somatization, Depression, Paranoid Ideation and Psychoticism subdimensions of BSI and its total mean score (**p<0.05**).

Discussion

Pregnancy is one of the most important times of a woman's life. During pregnancy, women experience many physiological and psychological changes. A woman's mental state and her emotional life can significantly affect the course of pregnancy. The effect of social support on woman's mental state is significant. Therefore, there is a close relationship between pregnancy, the woman's mental state, and social support. The relationship between the woman's mental state and the amount of social support she receives during pregnancy is a subject that should be examined.

The results obtained from the present study - which aimed to compare the perceived social support and mental states of the women according to whether or not they wanted the pregnancy - were compared with the results in the literature. The number of studies whose subject was similar to that of this study was limited.

The BSI total mean scores of the women whose pregnancy was wanted were found to be 37.10±18.72, and those of the women whose pregnancy was unwanted were found to be 59.31±11.74. Given that the highest possible score obtained from the relevant scale was 212, and the scores were in direct proportion to the mental problems, it can be stated that both groups had good mental states, and the women whose pregnancy was wanted were healthier in terms of mental state.

In terms of the subdimensions of BSI, of the women whose pregnancy was wanted, the Somatization subdimension mean score was found to be 5.25±4.68; the Obsessive-Compulsive Disorder subdimension mean score to be 4.95±2.20, the Interpersonal Sensitivity subdimension mean score to be 3.03±2.92, the Depression subdimension mean score to be 4.14±2.11, the Anxiety subdimension mean score to be 4.07±3.95, the Hostility subdimension mean score to be 3.90±2.80, the Phobic Anxiety subdimension mean score to be 2.84±1.01, the Paranoid Ideation subdimension mean score to be 3.37±1.19, the Psychoticism subdimension mean score to be 2.32±1.90 and the Additional Items subdimension mean score was found to be 3.19±2.84. Of the women whose pregnancy was unwanted, the Somatization subdimension mean score of BSI was found to be 8.33±5.42; the Obsessive-Compulsive Disorder subdimension mean score to be 7.70±5.28, the Interpersonal Sensitivity subdimension mean score to be

5.20±3.91, the Depression subdimension mean score to be 6.77±3.01, the Anxiety subdimension mean score to be 6.74±3.56, the Hostility subdimension mean score to be 4.95±2.67, the Phobic Anxiety subdimension mean score to be 4.85±2.27, the Paranoid Ideation subdimension mean score to be 5.62±2.84, the Psychoticism subdimension mean score to be 4.29±2.97 and the Additional Items subdimension mean score was found to be 4.82±2.80. According to the comparison of these two groups in the light of these results, it can be stated that the mental state of the women whose pregnancy was wanted was at a better level compared to that of those whose pregnancy was unwanted. The women with a wanted pregnancy can be expected to have less risk in terms of mental disorders. The results of the present study show similarity with the results found by Gozuyesil et al., (2009) and Yusel et al., (2013). In a study conducted by Gozuyesil et al., (2009) that examined depression in pregnant women and factors affecting this situation, the depression mean score of the women with a wanted pregnancy was lower than that of the women with an unwanted pregnancy. In the present study, the depression mean scores of the women with a wanted pregnancy was found to be lower than that of those with an unwanted pregnancy. Also, according to the information conveyed from a study conducted by Yusel et al., (2013) that examined the depression and anxiety disorder in pregnant women, it was found in a study conducted in Turkey that of the pregnant women, 52.6% had depression and 34.2% had anxiety.

Factors such as not accepting the pregnancy, not feeling ready to be a parent, living in conditions that are inappropriate for a new pregnancy and not receiving care before delivery are thought to negatively affect the mental health of mothers in unwanted pregnancies.

In planned pregnancies, women and their families are generally ready for the news of a pregnancy, and this news makes them happy. It becomes easier for women to accept their pregnancy and their concerns decrease. They enter into a happy waiting period (Gumus et al., 2011).

Facing an unplanned or unwanted pregnancy causes trouble, fear, anxiety and complex feelings for women in reproductive age groups. Also, these women who experience uncertainty, guilt and regret are also anxious and nervous (Ozorhan et al., 2014).

In the present study, the MSPSS mean score of the women with a wanted pregnancy was found to be 65.77±16.55, and that of the women with an unwanted pregnancy to be 50.61±21.27. Given that the highest possible score obtained from the relevant scale was 84, it can be stated that the scale mean score of the pregnant women was at a good level, and that the level of social support perceived by the women with a wanted pregnancy was higher than that perceived by those with an unwanted pregnancy.

The examination of MSPSS subdimensions showed that the Family subdimension mean score of the women with a wanted pregnancy was 23.12±5.91; their Friends subdimension mean score was 19.90±7.82 and their A significant other subdimension mean score was 22.75±6.07. The MSPSS Family subdimension mean score of the women with an unwanted pregnancy was found to be 18.49±7.86; their Friend subdimension mean score to be 14.76±8.33 and their A Significant Other subdimension mean score to be 17.35±8.37. Given that the highest possible score obtained from the relevant scale was 28, it can be stated that the mean scores of all of its subdimensions were at a good level. The results of the present study show similarity with the results of a study conducted by Mermer et al., (2010) that examined social support perception levels in pregnancy and in the postpartum period. The level of perceived family support was also found higher in that study.

In the present study, the perceived social support from family and a significant other was found higher than that from friends. It is believed that pregnancy is supported because of the importance attached to pregnancy for the importance of woman and the continuity of generations because family and motherhood are regarded as blessed events in the society of Turkey. Also, in the present study, the level of social support perceived by the women with a wanted pregnancy was found to be higher than that perceived by the women with

an unwanted pregnancy. It is thought that these results may stem from feeling ready to be a parent, having a pregnancy desired by other family members, and being financially ready for a new baby.

Pregnancy and postpartum period is one of the most important period in which social support is required since it refers to the life of mother and infant pair. (Turkoglu et al., 2014). Receiving social support during pregnancy and the postpartum period is important for the mother and infant, and in fostering positive relationships within the family. It was reported that due to having adequate social support, women find pregnancy to be a more positive experience. They also adapt to the role of motherhood more easily, and have fewer problems after delivery (Mermer et al., 2010).

In the present study, the examination of the correlation between the MSPSS mean scores of the women with an unwanted pregnancy and their BSI mean scores showed that there was a negative and statistically significant correlation between the Somatization, Obsessive-Compulsive Disorder, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic Anxiety, Paranoid Ideation, Psychoticism and Additional Items subdimensions and its total mean score, and the Family and A Significant Other subdimensions of MSPSS and its total mean score. In accordance with these results, it can be stated that social support received from family and a significant other improves the woman's mental state, and decreases the occurrence and severity of mental disorders.

In literature, a study conducted by Dülgerler et al., (2005) that examined the distribution of mental symptoms of pregnant women found the somatization and anxiety mean score of pregnant women, who reported that their relationship with their spouses was affected during their pregnancy, was significantly high. Also, according to a study conducted by Cebeci et al., (2002) that examined the relationship of the prevalence of depression during the puerperal period with obstetric risk factors, anxiety level and social support; the perceived friend and family support scores of patients diagnosed with depressive disorder was found to be significantly lower compared to

normal individuals. Pregnancy, delivery and postpartum periods are times in which women are generally vulnerable, and need the support of their spouses in particular (Sahin & Soypak, 2010). The support provided by families and particularly spouses is believed to be very important for pregnant women to experience these periods with the least number of problems. The absence of social support, particularly family and spouse support, and lack of communication between the woman and her family and spouse are thought to have a strong negative correlation with mental problems, anxiety, somatization disorders, and more commonly with depression. A woman's unhappiness and lack of support during pregnancy is thought to affect the fetus. As a matter of fact, there are studies showing that the infants of mothers who experience anxiety during pregnancy may develop several complications (Sahin & Soypak 2010). Another factor may be an expectant father who does not know how to support his spouse. Pregnancy prepares women for motherhood, but fatherhood is a concept that men try to learn subsequent to the birth of the baby. Therefore, various training and courses on parenthood and caring for a newborn can be beneficial.

One of the factors that affects the perception of social support is having a wanted pregnancy. Although women with unwanted pregnancies can receive attention, love and support, they cannot perceive this support because they have conflicts in their inner world. They can scarcely tolerate the problems of pregnancy, and they deal with negative thoughts because they detach themselves from the outside world. For these reasons, they are thought to perceive social support inadequately. Pregnant women who receive inadequate social support become hopeless about the future. They are more anxious and worried. The mental state of mothers reflects on their infants, and these infants may experience an insecure childhood.

In the present study, the examination of the correlation between the MSPSS mean scores of the women with a wanted pregnancy and their BSI mean scores showed that there was a negative correlation between The Friend subdimension of MSPSS and the Somatization, Depression,

Anxiety, Paranoid Ideation and Psychoticism subdimensions of BSI and its total mean score. It can be stated that as the social support received from friends increases, the occurrence rate of somatization, depression, anxiety and other mental disorders decreases. A negative correlation was found between a significant other subdimension and Somatization and Psychoticism, and it was observed that the support received from a significant other decreases somatization and psychotic disorders. The results of the present study show similarity with the results of a study conducted by Okanlı et al., (2003) that examined the social support received by pregnant women from their families, and their problem-solving skills. In their study, Okanlı et al., (2003) found that the social support scores of the first pregnancies were higher, because these pregnancies were planned. It is thought that this results from the fact that couples plan for a pregnancy and welcome the news. Couples who communicate in happy and positive ways are thought to raise healthier generations. It becomes easier for pregnant women to cope with psychological problems if they receive support from their spouses, families and friends. Pregnant women who receive a high level of social support adapt to their pregnancies more easily, and adapt to the role of motherhood without difficulty. Their self-esteem improves and they experience their pregnancies in a more positive manner.

As the perceived social support increases, the mental state was found to be at good levels.

It is believed that wanting a pregnancy and a high level of perceived social support positively affect the mental state of pregnant women.

Conclusion and Recommendations

The following results were obtained from the present study which aimed to compare the perceived social support and mental states of the women according to whether their pregnancy was wanted or unwanted:

▪ The mental states of the women with a wanted pregnancy were at a healthier level compared to those with an unwanted pregnancy.

▪ The social support perceived by the women with a wanted pregnancy was higher compared to that perceived by those with an unwanted pregnancy.

▪ The social support received by the pregnant women from their family and a significant other (spouse) was high.

▪ As the perceived social support increases, the mental state was found to be healthier.

In accordance with the results of the present study, the following recommendations can be proposed:

✓ Pregnant women should be enabled to express themselves and social support sources should be realized.

✓ Pregnant women should be enabled to participate in courses which help them increase their knowledge level about pregnancy and provide training in methods to cope with prenatal and postpartum anxiety.

✓ Spouses should be encouraged to participate in training and courses which increase their knowledge about how they can support their pregnant wives.

✓ Pregnant women should be provided with the social support of medical staff and particularly of nurses.

✓ Women and their spouses should be educated about prevention of unwanted pregnancies.

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