International Journal of Nursing, Midwife and Health Related Cases
Vol.5, No.1, pp.14-26, April 2019
Published by European Centre for Research Training and Development UK (www.eajournals.org)

SOCIAL SUPPORT DURING PREGNANCY AMONG PREGNANT WOMEN IN IBADAN, NIGERIA

Margaret O. Akinwaare RN, RM, RPHN, MSc[1] ***Gbemisola B. Ogbeye** RN, RM, RPHN, MSc[2]
Nelly Ejimofor RN, BNSc[3]

[1,2]Department of Nursing, Faculty of Clinical Sciences, College of Medicine, University of Ibadan, Ibadan, Nigeria.

[3]Directorate of Health Services, Federal University of Technology, Akure, Ondo State, Nigeria.

**CorrespondingAuthor: Gbemisola Bolanle OGBEYE.* gbemisolaogbeye@gmail.com, *sungbems2005@yahoo.com.*

ABSTRACT: *Pregnant women with low social support were reported to have symptoms of depression during and after pregnancy, and it has been established that this has implication on complication during child birth. This study aimed at examining the knowledge, attitude and perception of pregnant women about social support during pregnancy. A descriptive cross sectional research design was adopted and questionnaire with reliability 0.82 was used to gather data from 208 pregnant women selected through simple random sampling technique. Data collected was analyzed using SPSS version 20.0. Findings revealed a good perception but negative attitude towards social support. There was a significant association between age and level of social support; marital status and level of social support; number of delivery and level of social support. Identified barriers to social support during pregnancy include poor family income, spouses' nature of job and hospital policy.*

KEYWORDS: Social support**,** Pregnancy, Maternal health, Antenatal care, Childbirth.

INTRODUCTION

Pregnancy, birth and postnatal period are times of major psychological and social change for women as they negotiate their roles as mothers. Supporting mothers' emotional wellbeing during the perinatal period is now recognised to be as important as the traditional focus on the physical health of the mother and child (Abman, 2011).

Social support refers to the emotional and material resources that are provided to an individual through interpersonal communications (Moak, Agrawal 2010). It can also be described as an exchange of resources between at least two individuals; resources perceived by the provider or the recipient to be intended to promote the health of the recipient (Chen, Kuo, Chou, Chen 2007). Perception of social support during times of stress may have a positive impact on health by helping alter perceptions of threat, lower anxiety, and increase coping ability. Additionally, cognitive

Print ISSN: 2397-0758, Online ISSN: 2397-0766

aspects of social support may serve as a buffer, which may attenuate physiological reactivity to stress (Hughes 2002).

Pregnancy, also known as gravidity or gestation, is the time during which one or more offspring develops inside a woman. It is usually a time of excitement and fulfilment, however, pregnant women and their partners may feel like they're expecting a bundle of anxiety along with the joy as a result of various symptoms that may accompany pregnancy (Abman, 2011). Symptoms of early pregnancy may include missed periods, tender breasts, nausea and vomiting, hunger, and frequent urination (Abman, 2011). According to Chambliss & Clark, (2014) a symptom may sometimes be considered as a discomfort which can further linger to a complication when it is more severe. Meanwhile, it is expected that pregnant women have to cope with the changes and unknowns that come with pregnancy and birth despite the physical and mental pressure associated with these symptoms.

Family and friends are two important sources of social support (Moafi,Dolatian,Keshavarz, Alavi Majd, Dejman 2013). Families are expected to provide pregnant women with support necessary for a successful delivery of the mother and post-delivery care. Such care would include provision of funds to meet health care needs, provision of a conducive environment for rest, demonstration of understanding and concern through-out the period of pregnancy (Whitcome, Shapiro, Lieberman. 2007). It has been noticed that pregnant women in our environment are most times allowed to go through the pregnancy phase alone without adequate social support from family especially spouses, they visit antenatal centres alone and go through the delivery alone with minimal support as needed and hence may affect their maternal health outcomes (Jang, Hsiao, Hsiao-Wecksler. 2008) Fulfilling relationships with family, friends or significant others are fundamental to a meaningful and happy life. Close ties benefit the individual through better health outcomes, improved coping mechanism and increased life satisfaction. Studies have shown that being loved or emotionally supported protects against physical illness and premature death (Berkman, Glass, Brisette, Seeman; 2005).

Providing resources for emotional, material and information support relieves pregnancy-related physical and mental changes and encourages mothers for healthy behaviors and lifestyle changes (Elsenbruch,Benson, Rücke,Rose,Dudenhausen, Pincus-Knackstedt 2007). Moreover, pregnant women who have higher Levels of support and positive relationships of their husbands experience lower levels of stress (Kamali Fard, Alizadeh, Sehati Shafaei,Gojazadeh 2010).

Pregnancy is majorly a period of intense physical and emotional change in a woman and the need for support cannot be over-emphasized. Thus, this study set out to examine the various perceptions of women about what support signifies during pregnancy and how this could influence the outcome of the pregnancy. Since the aim of antenatal care provided by nurses and midwives is to produce healthy mother and child after pregnancy, the findings from this study provides a way to improving maternal support. This work becomes more significant as it offers a framework for a clinical services model that integrates physical and psychological health assessment and interventions into primary care for pregnant women, thereby providing data relevant to both clinical and decision-making and patient outcomes research.

Print ISSN: 2397-0758, Online ISSN: 2397-0766

LITERATURE REVIEW

Pregnancy is a time of joy, excitement, and anticipation, but it can also be a time of concern, apprehension, and even fear for expectant mothers. The support a pregnant woman receives during pregnancy can have several impacts on her emotional and physical well-being, both of which in turn affect the health of the unborn baby.

Studies on prenatal relationships and health have discovered that one of the main causes of emotional turbulence for expecting mothers is a stressed relationship between her and her partner. According to Jang, Hsiao, Hsiao-Wecksler, 2008, pregnant mothers who feel supported have fewer instances of mental health issues, and are less likely to be negatively affected by things like work responsibilities and financial concerns as poor relationship with a significant other during pregnancy is the strongest predictor of stress during pregnancy.

Partners are expected to provide physical support such as going with the pregnant woman to doctor visits, accompanying her for necessary investigations at different stages of pregnancy and helping her make necessary decisions (Fadeyi, 2007). Emotional and psychological support during pregnancy is also very important. John Hopkins manual of gynaecology, 2012 documented some forms of emotional support to include necessary encouragement, showing affection such as a simple hug, taking walks together, encourage her to take needed rest and naps, assist her in making changes to herb lifestyle such as reduction in alcohol and caffeine intake, assist in house chores to help her conserve her energy, make necessary changes in sexual activities based on the woman's energy etc.

Berkman (2005) affirmed that social support for new parents has been connected with better maternal health, relationship satisfaction, child outcomes, and parent–child interactions. In addition, one way that new mother may receive support to navigate and deal with their new responsibilities is through social connection. Social support adjusts the effects of mental pressure on mental health symptoms caused by stress (Crockett, Iturbide, Torres Stone, McGinley, Raffaelli ,Carlo 2007) and predicts mental health status (Riahi, Aliverdinia, Pourhossein 2011, Strine , Kroenke , Dhingra, Balluz , Gonzalez , Berry 2009). A study conducted by Chou et al (2008) showed that nausea and vomiting associated with pregnancy, perceived stress, social support, and planned pregnancy explain 37.6% of the total variance of prenatal psychosocial adjustment. Furthermore, Gourounti, Anagnostopoulos, Sandall (2014) reported that low levels of social support and marital satisfaction are associated with elevated pregnancy anxiety (Gourounti, Anagnostopoulos,Sandall 2014). Overall, results of the existing studies suggest that prenatal stress and social support received by a mother during pregnancy is associated with pregnancy outcomes.

THEORETICAL FRAMEWORK

Cohen and Wills (1985) Stress, social support, and the buffering hypothesis provided the theoretical guide for this study, in which there are two dominant hypotheses addressing the link between social support and health: the buffering hypothesis and the direct effects hypothesis. The direct effects hypothesis predicts that social support is beneficial all the time, while the buffering hypothesis predicts that social support is mostly beneficial during stressful times. In the buffering hypothesis, social support protects (or "buffers") people from the bad effects of stressful life events (e.g., death

Print ISSN: 2397-0758, Online ISSN: 2397-0766

of a spouse, job loss) while in the direct effects (also called main effects) hypothesis, people with high social support are in better health than people with low social support, regardless of stress. In addition, the theory also explores that different cultures have their views of what support is and what it should entail

Social support is the perception and actuality that one is cared for, has assistance available from other people, and that one is part of a supportive social network. These supportive resources can be emotional (e.g., nurturance), tangible (e.g., financial assistance), informational (e.g., advice), or companionship (e.g., sense of belonging) and intangible (e.g. personal advice). Social support can be measured as the perception that one has assistance available, the actual received assistance, or the degree to which a person is integrated in a social network. Support can come from many sources, such as family, friends, pets, neighbor's, co-workers, organizations.

In applying this theory, Pregnancy is a stressful period that causes both physical and psychological changes in a woman and hence for better coping, there is need for optimum support. The social support theory emphasizes that people cope better and are able to adapt to changes when they feel or actually experience. The support could be physical presence during the different stages of pregnancy, emotional/empathetic feeling, tangible support through provision of funds and materials needed to cope with pregnancy and labour as well as informational support that helps the pregnant woman understand the various changes and demands of pregnancy. The sources of support could be from spouse whom most women consider most important, family, friends and the health care providers. The support could either be perceived that is when a woman actually feels that she is supported or could be received support when there are physical evidences of support such as visit to antenatal, assistance with house chores etc. it could also be financial support.
The direct effect hypothesis of support explains that the influence of support is evident such as better health outcomes while the buffering effect hypothesis explains that support is evident during the stressful phases such as first trimester stress or actual labour pain..

MATERIALS AND METHODS

Research design: it was a descriptive cross-sectional study conducted among pregnant women in selected antenatal clinics in Ibadan, Oyo state.
Setting of the Study: the study was carried out in three antenatal clinics in Ibadan North Local government which were antenatal clinics in University College Hospital, Ibadan, Adeoyo Maternity teaching Hospital, and Kola-Daisi Foundation (KDF).
Study population: comprised of pregnant women attending antenatal clinics of University College Hospital, Ibadan, 48; Adeoyo Maternity teaching Hospital, Ibadan, 119; and Kola-Daisi Foundation (KDF), Ibadan 41.
Subject Selection criteria: All pregnant women attending antenatal in selected institutions who consented to participate in the study.
Instrument for data collection: An interviewer-administered open-ended and close-ended questionnaire was used for data collection. The questionnaire has 6 sections; Section A: Socio-demographic data, Section B: explores the meaning of the term 'support', Section C: assess the perceived influence of physical support, Section D: assess the perceived influence of psychological support, Section E: explores the methods of improving support,Section F: identifies the barriers to adequate support
Sample size determination
The sample size for this study was determined using the Araoye (2004) sample size formula below:

Print ISSN: 2397-0758, Online ISSN: 2397-0766

$$n = \frac{N}{1+N(e)^2}$$

Where:

n= required sample size

N= estimated population of pregnant women who visit the selected healthcare facilities on weekly basis (350)

e= level of error tolerance 5%

$$n = \frac{350}{1+350(0.05)^2}$$

$$n = \frac{350}{1.875}$$

n = 187

Adjusting the sample size for 10% Non-response

$$nf = \frac{n}{1-n_r}$$

$$\frac{187}{1-10\%}$$

$$\frac{187}{0.9}$$

nf= 208

Print ISSN: 2397-0758, Online ISSN: 2397-0766

S/N	Hospital	Average population	Proportional Allocation	Sample size
1	UCH	80	$\frac{80 \times 208}{350}$	48
2	ADEOYO	200	$\frac{200 \times 208}{350}$	119
3	KOLA-DAISI	70	$\frac{70 \times 208}{350}$	41
	TOTAL	350		208

Table 1: Proportional Allocation of sample size to Facilities

Sampling strategy: The study population will be selected using random sampling method.
Ethical consideration: The study obtained ethical approval from University of Ibadan/University College Hospital Ethical Review Committee prior to the commencement of the study. The respondent's informed consent was sought and participation was on voluntary basis. Before responding to the research items, the purpose of the research was explained to the respondents and their confidentiality and anonymity was assured.

Data Analysis
Data collected was coded and analyzed using SPSS version 20.0. Descriptive statistics such as frequency counts,percentages, mean ± standard deviation will be used to summarize and present the results. Chi-square test will be used to investigate whether the relationship between knowledge and attitude towards social support during pregnancy is statistically significant at $P<0.05$.

RESULTS

Socio demographic characteristics of the respondents
Table 2 below revealed the socio demographic characteristics of the pregnant women who participated in the study. Majority of the respondents were between the ages of 20-30 years (75%), had tertiary education (72.6%) and they were unemployed housewives (27.7%).

Knowledge of pregnant women about social support during pregnancy
Table 3 below revealed knowledge of pregnant women about social support during pregnancy and the result indicated that majority of them have inadequate knowledge about social support during pregnancy.

Perception of pregnant women about social support during pregnancy
Table 4 below revealed Perception of pregnant women about social support during pregnancy in Ibadan metropolitan Area and the result showed that majority of them reported high/good perception about social support during pregnancy.

Print ISSN: 2397-0758, Online ISSN: 2397-0766

Barriers to social support during pregnancy

Table 5 below revealed the Barriers to social support during pregnancy and the result indicated that majority of the respondents reported that the following factors as barriers to social support during pregnancy; poor family income, Spouses nature of job, unsupportive extended family, Hospital policy which does not permit spousal presence in antenatal classes, unsupportive health care workers, Stress of in-laws, Pressures of work and the number of children already had.

DISCUSSION OF FINDINGS

The result of the findings revealed that majority of pregnant women in the selected hospital in Ibadan metropolitan area had inadequate knowledge about social support during pregnancy. This inadequate knowledge of pregnant women about social support can influence their attitude, perception and wellbeing during pregnancy as previous psychological studies has established that social support had significant influence on mental health. (Okhakhume and Aroniyiaso, 2017). The significant influence of inadequate knowledge about social support which can results to low or high level of social support cannot be underestimated among pregnant women. This can result into complication and many other health related issues during child birth. Page (2004) documented that more than 500,000 women died during child birth each year as a result of lack of social support, ignorance, illiteracy, lack of money, poverty, cultural belief, poor hygiene environment, food restriction amongst others which could have been prevented during maternal care. The Millennium Development Goals (MDGS), (2014) asserts that maternal health improvement through many functional aids such as high social support could set the pace for reducing 75% maternal mortality and achievement of reproduction health accessibility universally by 2020. But so far progress in reducing mortally rate in developing country and provision of family planning services has been too slow to meet its targets. Women with high stress level prior to pregnancy and low support had the highest rate of gestation, infant complications, complications of pregnancy and emotional disequilibrium. Individuals who receive more support from several sources experience different level of satisfaction and this more support originated from understanding and knowledge of what it entails.

Perception of pregnant women about social support during pregnancy in Ibadan metropolitan Area showed that majority of them reported high/good perception about social support during pregnancy. This perceived social support has being established to have significant influence on the pregnancy and pregnant women. However, there different perception about social support among the pregnant women, some view social support to be better or high when their husband following them to antenatal clinic and wait in the vehicle till the clinics over for the day while some view it to be better when they are given driver and househelp to help them with errands and house chores. These helps provided to the pregnant women selected from different angles are view as good social support is partially consistent with the findings of Cohen (1988) who views social support as a broad term incorporating various aspects of an individual's network of social resources. His underlying theory is based on the idea that social support, along with other factors (i.e., socioeconomic status, mental health, stress, and personality), has a significant impact on health (Cohen, Underwood, & Gottlieb, 2000). Cohen, Underwood and Gottlieb, (2000) referred to three main categories of social support

Print ISSN: 2397-0758, Online ISSN: 2397-0766

often referenced in the psychological literature (i.e.,emotional, informational, and tangible or instrumental support).

Attitude of pregnant women towards social support during pregnancy showed that majority of them reported inadequate social support. The study also found the following factors as barriers to social support during pregnancy; poor family income, Spouses nature of job, unsupportive extended family, Hospital policy which does not permit spousal presence in antenatal classes, unsupportive health care workers, Stress of in-laws, Pressures of work and the number of children already had. These barriers were in opposition to what constitute social support among pregnant women as studies have shown that pregnant women do not expect any barrier towards enjoying social support during pregnancy because their expectation is that social support will help improve their wellbeing and reduce complication during delivery. This is consistent with the findings of Koss, Rudnik and Bidzan (2014) who avers that many pregnant women need emotional, informational and material support which would let them assume the role of a mother and helps reduce feelings of stress or sense of concern. They further stated that the most important sources of social support for pregnant women include the people from their immediate surroundings. Koss, Rudnik and Bidzan (2014) opined that emotional support is manifested by: caring, understanding and empathy and generating positive feelings in the supported person. It helps create a sense of understanding, care, and hope in response to expressed concerns of the supported person, in form of anxiety, fear and the emerging states of mental tension. It was observed that pregnant women receiving appropriate support from relatives, medical personnel and the environment can better accept changes related to pregnancy and experience no complication during birth than those with experience of high observed barriers towards social support.

A significant association was found between age and level of social support among pregnant women attending antenatal clinics in selected hospitals in Ibadan metropolis ($P<0.05$ $X^2= 51.183$) The result also points to the fact that many pregnant women who are between age ranged of 20 to 30 years received inadequate social support among the selected pregnant women attending antenatal clinics in selected hospitals in Ibadan metropolis. It can be inferred from this finding that there is significant influence of age on social support received among selected pregnant women. Contrary to this finding, is the finding of Mahin, Sahar, Homeyra and Mohammad, (2015) who reported no significant influence of age on social support received among pregnant women attending antenatal clinics in selected hospitals in Ibadan metropolis.

A significant association between marital status and level of social support was also found among pregnant women attending antenatal clinics in selected hospitals in Ibadan metropolis. The result also points to the fact that many pregnant women who are who married and still remain with her husband received inadequate social support among the respondents. It can be deduced from the findings that there is significant influence of marital status on social support received among pregnant women attending antenatal clinics in selected hospitals in Ibadan metropolis. Previous studies have not delineated the direction of influence or association between marital status and social support received among the respondents.

Print ISSN: 2397-0758, Online ISSN: 2397-0766

Furthermore, a significant association was found between parity (number of children) and level of social support among the participants, the result also points to the fact that many pregnant women with 1 to 3 children received inadequate social support among pregnant women attending antenatal clinics in selected hospitals in Ibadan metropolis. It can be deduced that there is a significant influence of parity on social support received among pregnant women attending antenatal clinics. Previous studies have not delineated the direction of influence or association between parity and social support received among pregnant women attending antenatal clinics.

Research Implication

Some pregnant women face multiple lifestyle and psychosocial burdens that complicate effective delivery of health care, thereby contributing to their poor pregnancy outcome. This study has been able to assess pregnant women's understanding and what they perceive about social supported need during pregnancy to improve pregnancy outcome. Also, this work identified factors which could serve as barriers to social support needed by pregnant women. Therefore, the research findings could impact on primary care for pregnant women and the development of a program to integrate physical and psychological health services into antenatal care for pregnant women to improve pregnancy outcome.

Furthermore, this study has necessitated the need for policy makers and stakeholders in maternal health to provide social support education for men and women in the society to enable them understand the importance of social support for pregnant women and not just to them but even their unborn babies. Health professionals such as midwives and other health related professionals such as clinical psychologist should collaborate to provide psycho-educational intervention programme which will encompasses social support skills training for the immediate environment of pregnant women as this will empower them to exhibit adequate social support attitude towards their pregnant women. This invariably will boost the quality of life of the pregnant women and reduce cases of complication during birth.

CONCLUSION

Pregnancy is observed to be a stressful period that causes both physical and psychological changes in a woman and hence for better coping, there is need for optimum support. The social support theory emphasizes that people cope better and are able to adapt to changes when they feel or actually experience support. The support could be physical presence during the different stages of pregnancy, emotional/empathetic feeling, tangible support through provision of funds and materials needed to cope with pregnancy and labour as well as informational support that helps the pregnant woman understand the various changes and demands of pregnancy.

Recommendations

It is recommend that ministry of health and health stakeholders should organised public educative awareness programme on the implication of low or lack of social support on the wellbeing of

Print ISSN: 2397-0758, Online ISSN: 2397-0766

pregnant women. Doing this will invariably improve the social support received by pregnant women, reduce barrier to social support and improve the wellbeing of pregnant women.

REFERENCES

Abman, Steven H. (2011). Fetal and neonatal physiology (4th ed.). Philadelphia: Elsevier/Saunders. pp. 46–47. ISBN 9781416034797.

Berkman L.F Social Epidermiology: social determinants of health in United States: Are we losing ground? Annu Rev Public Health. 2009, 30(1): 27-41.

Chambliss LR, Clark SL (2014). "Paper gestational age wheels are generally inaccurate". Am. J. Obstet. Gynecol. **210** (2): 145.e1–4. doi:10.1016/j.ajog.2013.09.013. PMID 24036402.

Chen CM, Kuo SF, Chou YH, Chen HC. Postpartum Taiwanese women: their postpartum depression, social support and health-promoting life style profiles. J ClinNurs 2007; 16 (8): 1550–60.

Cohen, S. (1988). Psychosocial models of the role of social support in the etiology of physical disease. *Health Psychology, 7*(3), 269-297.

*Cohen, S; Wills, T.A. (1985). "Stress, social support, and the buffering hypothesis". Psychological Bulletin. **98** (2): 310–357.* doi:10.1037/0033-2909.98.2.310

Cohen, S., Underwood, L. G., & Gottlieb, B. H. (2000). *Social support measurement and intervention: A guide for health and social scientists*. New York: OxfordUniversity Press.

Crockett LJ, Iturbide MI, Torres Stone RA, McGinley M, Raffaelli M, Carlo G. Acculturative stress, social support, and coping: Relations to psychological adjustment among Mexican American college students. Cultural Diversity and Ethnic Minority Psychology. 2007; 13(4), 347.

Elsenbruch S, Benson S, Rücke M, Rose M, Dudenhausen J, Pincus-Knackstedt MK, et al. Social support during pregnancy: effects on maternal depressive symptoms, smoking and pregnancy outcome. Human reproduction. 2007; 22(3): 869-877.

Fadeyi A (2007). Determinants of maternal health care in Lagos, Nigeria. Ife social sciences review 22(1): 28-48

Gourounti K, Anagnostopoulos F, Sandall J. Poor marital support associate with anxiety and worries during pregnancy in Greek pregnant women. Midwifery. 2014; (30): 628–63.

Hughes BM. Research on psychometrically evaluated social support and cardiovascular reactivity to stress: Accumulated findings and implications. StudiaPsychologica 2002; 44 (4): 311–26.

Jang J., Hsiao, K.T., Hsiao-Wecksler, E., 2008. Balance (perceived and actual) and preferred stance width during pregnancy. Clinical Biomechanics. 23, 468-476.

KamaliFard M, Alizadeh R, SehatiShafaei F, Gojazadeh M. The Effect of Lifestyle on the Rate of Preterm Birth. Journal Ardabil University Medical Sciences. 2010; 10 (1):55-63. [In Persian].

Koss J, Rudnik A, Bidzan M (2014). Doświadczaniestresu a uzyskiwanewsparcie społeczneprzezkobiety w ciążywysokiegoryzyka. Doniesieniawstępne. Family Forum. ProblWspółczRodz. 2014;4: 183-202

Mahin Nazari1, Sahar Ghasemi1, HomeyraVafaei and Mohammad Fararouei, (2015). The perceived social support and its relationship with some of the demographic characteristics in Primigravida pregnant women. International Journal of Nursing and Midwifery Vol. 7(9), pp. 141-145

Print ISSN: 2397-0758, Online ISSN: 2397-0766

Moafi F, Dolatian M, Keshavarz Z, AlaviMajd H, Dejman M. Association between Social Support and Maternal Stress with Preeclampsia. Social Welfare. 2013; 13 (48): 151-170. [In Persian].

Moak ZB, Agrawal A. The association between perceived interpersonal social support and physical and mental health: results from the National Epidemiological Survey on Alcohol and Related Conditions. J Public Health (oxf) 2010; 32 (2):191–201.

Okhakhume Aide Sylvester,AroniyiasoOladipupoTosin (2017). Influence of Coping Strategies and Perceived Social Support on Depression among Elderly People in Kajola Local Government Area of Oyo State, Nigeria. International Journal of Clinical Psychiatry, 5(1): 1-13.

Page RL (2004), Positive Pregnancy Outcomes in Mexican Immigrants: What can we learn? Obstetric, Nov-Dec;33(6):783-90 Research, Nov; 24(1):23-30.

The Johns Hopkins Manual of Gynecology and Obstetrics (4 ed.). Lippincott Williams & Wilkins. 2012. p. 438. ISBN 9781451148015

Whitcome K.K., Shapiro L.J., Lieberman D.E. (2007). "Fetal load and the evolution of lumbar lordosis in bipedal hominins". Nature **450**: 1075–1078. doi:10.1038/nature06342. PMID 18075592.

Print ISSN: 2397-0758, Online ISSN: 2397-0766

TABLES

Table 2

Variables	Frequency(N=208)	Percentage (%)
Age		
20-30years	158	75.0
31-40years	50	25.0
Highest Level of Education		
Primary school certificate	20	9.6
Secondary school certificate	34	16.3
Tertiary school certificate	154	72.6
Employment status		
Unemployed house wife	75	27.7
Self-employed	76	26.4
Government employee	57	21.6
Marital status		
Single mother	4	1.9
Married	187	89.9
Divorced	11	5.3
Widowed	6	2.9
Parity (number of children)		
0	14	6.7
1-3	138	66.3
4-6	49	23.6
7 and above	7	3.4
Income per month		
100-50000	119	57.2
51000-100000	57	27.4
Above	32	15.4
Partner's employment status		
Unemployed	15	7.2
self-employed	77	37.0
government employed	116	55.8

Table 2: **Socio demographic characteristics of the respondents**

Print ISSN: 2397-0758, Online ISSN: 2397-0766

Table 3

Knowledge	**Frequency (N)**	**Percentage (%)**
Inadequate knowledge	147	70.7
adequate knowledge	61	29.3
Total	**208**	**100.0**

Table **3: knowledge of pregnant women about social support during pregnancy**

Table 4.

Perception	**Frequency**	**Percentage**
High/good perception	135	64.9
Low/wrong perception	73	35.1
Total	**208**	**100**

Table 4: Perception of pregnant women about social support during pregnancy

Table 5.

Items	**Yes**	**No**
Poor family income	109(52.4%)	99(47.6%)
Spouses nature of job does not give him enough time	140(67.3%)	68(32.7%)
My cultural beliefs does not permit spouses support during labour	94(45.2%)	114(54.8%)
I don't have a supportive extended family	113(54.3%)	95(45.7%)
Hospital policy does not permit spousal presence in antenatal classes	134(64.4%)	74(35.6%)
Health care workers are not supportive hence makes the pregnancy period stressful	134(64.4%)	74(35.6%)
Stress of in-laws	141(67.8%)	67(32.2%)
Pressures of work	129(62.0%)	79(38.0%)
The number of children I already have affects the level of support	141(95.3%)	67(32.2%)
First timer fathers are usually more supportive	165(79.3%)	38(18.3%)

Table 5: Barriers to social support during pregnancy

Print ISSN: 2397-0758, Online ISSN: 2397-0766