The Relationship between the Perceived Stress Levels and Spousal Support of Women Who Have Had Miscarriages

Düşük Yapan Kadınların Algıladıkları Stres ile Eş Desteği Arasındaki İlişki

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Abstract

This study was conducted to determine the relationship between the perceived stress levels and spousal support of women who had miscarriages. The sample of this descriptive, cross-sectional, and correlational study included 182 women who presented to an Obstetrics and Pediatrics Hospital in the Anatolian side of Istanbul, between 1 February and 1 May 2019. The data were obtained using a descriptive data form, the Perceived Stress Scale (PSS), and the Spousal Support Scale (SSS). The mean PSS and SSS scores of the participants were found as 26.25±6.92 and 70.76±11.44, respectively. There was a weak negative correlation between the mean PSS and SSS scores of the participants (p<0.01). As the spousal support levels of the participants decreased, the level of stress they perceived increased. As a result of this study, it is recommended that nurses and obstetricians prepare support programs about lowering and managing stress for women who have had miscarriages and inform and help their partners regarding how to comfort and give support to these women after they have had a miscarriage.

Keywords: Miscarriage, perceived stress, spousal support, nursing.

Özet

Bu araştırma, düşük yapan kadınların algıladıkları eş desteğinin kadınların algıladıkları stres düzeylerine etkisini belirlemek amacıyla yapılmıştır. Tanımlayıcı, kesitsel ve ilişki arayıcı nitelikteki çalışmanın evrenini, 1 Şubat-1 Mayıs 2019 tarihleri arasında İstanbul ili Anadolu yakasındaki bir doğum ve Çocuk Hastalıkları Hastanesine başvuran 182 kadın oluşturmuştur. Araştırma verileri, tanımlayıcı veri formu, Algılanan Stres Ölçeği (ASÖ) ve Eş Destek Ölçeği (EDÖ) ile elde edilmiştir. Kadınların ASÖ puan ortalaması 26,25±6,92 ve EDÖ puan ortalaması 70,76±11,44 olarak bulunmuştur. ASÖ ve EDÖ puan ortalaması arasında negatif yönde zayıf ilişki saptanmıştır (p<0,01). Kadınların eş destek düzeyleri azaldıkça, algıladıkları stres düzeyi artmaktadır. Çalışma sonucunda, düşük yapan kadınlara bakım veren ebe ve hemşirelerin stresi azaltma ve baş etme amaçlı destek programları oluşturması ve düşük riski nedeniyle tedavi altında gebelerin eşlerine yönelik stresi azaltmaya ve eşlerine destek olmaya yönelik bilgilendirmelerin yapılması önerilmektedir.

Anahtar Kelimeler: Düşük, algılanan stres, eş desteği, hemşirelik.

1. Introduction

Pregnancy is an important period in women's lives and is expected to be concluded with the health of both the mother and the baby. Although pregnancy is a normal physiologic event, some complications can develop. These complications can affect pregnancy outcomes, as well as the health and well-being of both the mother and the fetus (Alkın and Beydağ, 2020).

The full or partial expulsion of an embryo/fetus from the womb before the 20th week of pregnancy is called a "miscarriage". Miscarriages are seen in 10-15% of confirmed pregnancies. The prevalence of late miscarriage is around 15%. Chromosomal anomalies constitute 50% of the etiologies of spontaneous miscarriages (Taşkın, 2020; Deniz et al., 2016).

Miscarriages are important due to their physical, psychological, and social effects on women's lives. After having a miscarriage, psychological problems such as depression, anxiety, desperation, and guilt may be observed (Bucak et al., 2018). Studies have shown that in the pre-miscarriage period women show distinct anxiety and depressive symptoms, and these psychological effects decrease after miscarriage. Even though these psychological symptoms decrease, they remain after one month following miscarriage. In addition to this, pregnancy anxiety in women who have early-stage miscarriages has been found at higher levels than women who have late-term miscarriages (Coleman et al., 2017; Hunter et al., 2017; Rossen et al., 2017).

Women with a history of miscarriage were shown to consider miscarriage a threat during their following pregnancies. The perception of threat affects pregnancy-related anxiety significantly. Anxiety caused by a miscarriage in the past is associated with the gestational age and identity of the fetus (Moore and Côté-Arsenault, 2018). In another study, the researchers emphasized the importance of social support from the spouse, other family members, and caregivers (Hodgson and McClaren, 2018).

Studies have also shown that miscarriage may also cause psychological problems, but these problems may be neglected more in comparison to physical problems. The literature review that was conducted in this study did not reveal a sufficient number of studies about the relationship between the anxiety levels of women who have had miscarriages and their spouse support levels. In light of this issue, this study is focused on determining the anxiety and spousal support levels of women to implement spousal support systems.

2. Method

This study was conducted with a cross-sectional and correlational design.

2.1. Aim

In this research, it is aimed to determine the relationship between stress and spousal support among women who have had miscarriages.

2.2. Research Questions

- What are the perceived stress and perceived spousal support levels of women who have had miscarriages?

- Is there a relationship between the perceived spousal support and perceived stress levels of women?

2.3. Setting and Population

This Research took place in a maternity and children hospital in the Anatolian side of Istanbul between the dates of February 1 and May 1, 2019.

The population of the study covered 245 women who had had miscarriages during the last six months of the year 2018 in the hospital where the study would be performed. The required sample size of the study was calculated as at least 135 people with the Raosoft sample size calculation program based on 95% reliability and a 5% margin of error. Considering the possibility of data losses, the study was completed with 182 women, therefore including approximately 20% more participants than the calculated number. The inclusion criteria were being a woman who is older than 18 years old, being literate, being able to understand and speak Turkish, having had a miscarriage, having a baby at a weight of lower than or equal to 500 g, and agreeing to take a part in the study. Women who were illiterate, those who were unable to communicate in Turkish, those who had multiple pregnancies, and those who did not agree to participate in the study were excluded.

2.4. Data Collection and Data Collection Tools

The data were collected using a descriptive data form which was prepared by the researchers, the Perceived Stress Scale, and the Spouse Support Scale.

Perceived Stress Scale (PSS): PSS was developed by Cohen et al. (1983) and adapted to Turkish by Eskin et al. (2013), It consists of 14 items and was designed to measure the perceived stress levels of individuals regarding some events in their lives. Each item is rated by the respondent using a six-point Likert-type scoring system, in which the response options range from "Never (0)" to "Very often (5)". Seven items with positive statements are inversely scored. The score range of PSS is 0 to 56, and higher scores indicate the perception of high levels of stress by the respondent. Eskin et al. (2013) reported the Cronbach's alpha internal consistency coefficient of the scale as 0.87. In this study, the Cronbach's alpha coefficient of the scale was found as 0.76.

Spouse Support Scale (SSS): SSS was developed by Yıldırım (2004) to measure social support received by married individuals from their spouses. SSS is a three-point Likert-type measurement instrument that consists of 27 items, each of which has the response options of "3: Suitable", "2: Partially Suitable", and "1: Unsuitable". Items 10, 20, and 24 of the scale are inversely scored. The scale consists of 4 dimensions which are "emotional support", "instrumental and information support", "appraisal support", and "social companionship". The minimum and maximum scores on the scale are 24 and 81. High scores mean that the individual feels higher levels of support from their spouse.

Yıldırım (2004) reported the Cronbach's alpha coefficient of the scale as 0.95. In this study, the Cronbach's alpha value was also found as 0.95.

2.5. Ethics Committee Approval

Prior to the data collection process, the study was approved by the Ethics Committee of the Okan University (Date: 09.01.2019, No. 102/15). After the approval of the Ethics Committee, permission was taken from the hospital where the study would be performed. The women who were included in the study were informed about the purpose of the study. They were told that participation was voluntary, and their written informed consent was taken before the study. This article does not contain any studies with animals performed by any of the authors. All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Declaration of Helsinki and its later amendments or comparable ethical standards.

2.6. Limitations

The results of this study are limited to the responses given by the participants who presented to the hospital where the study was carried out. The fact that the study was carried out in a single hospital and was based on the women's self-reports was the limitation of the study.

2.7. Data Analysis

The data were analyzed using the SPSS 22.0 statistical analysis program. Mean, standard deviation, median, minimum, maximum, frequency, and percentage values were used as descriptive statistics. The relationship between the scale scores of the participants was investigated by Spearman's correlation analysis. The results were evaluated in a 95% confidence interval and at a 5% significance level.

3. Results

The mean age of the participants was 32.17±6.09 (min:19. max: 50). While 53.8% were between the ages of 19 and 32, 54.9% were primary-secondary school graduates, and 73.1% were unemployed. The rate of the participants who had only one miscarriage was 72.5%. It was found that 79.1% of the participants had planned pregnancies, and the percentage of those with unknown causes of miscarriage was 46.7% (Table 1).

Table 1. Distributions of the Participants Based on Their Demographic Characteristics

Variables		(n)	(%)
Mean age 32.17±6.09 (min:19, max: 50)			
Age group	19-32 ages	98	53.8
	33 ages or older	84	46.2
Education level	Primary-secondary school	100	54.9
	High school	46	25.3
	University	36	19.8
Employment status	Employed	49	26.9
	Unemployed	133	73.1
Income level	Low	26	14.3
	Average and above	156	85.7
Has another child	Yes	154	84.6
	No	28	15.4
Number of miscarriages	1	132	72.5
	2 or more	50	27.5
Cause of miscarriage	Cardiac arrest	84	46.2
	Genetic problems	13	7.1
	Unknown	85	46.7
	Yes	144	79.1
Having a planned pregnancy	No	38	20.9
	Total	**182**	**100.0**

The mean age of the spouses of the participants was found as 35.98±6.52 (min:23. max: 56), and 52.2% of the spouses were between the ages of 23 and 36. While 43.4% of the spouses were primary school graduates, 80.2% of the spouses of the participants were older than them. It was found that 18.7% of the participants were related to their spouses, and 82.4% had good relationships with their spouses. It was seen that 61% of the participants had marriages after dating. It was stated by 40.7% of the participants that they had been married for more than 11 years. While 15.4% of the participants said they had no support from their spouses, 22% reported that they needed professional psychological help (Table 2).

Table 2. Demographic Characteristics of Spouses and Distributions of their Characteristics Based on Their Relationships

Variables		(n)	(%)
Spouse mean age 35.98±6.2 (min:23. max: 56)			
Spouse age group	23-36	95	52.2
	37 or older	87	47.8
Education level	Primary-secondary school	79	43.4
	High school	65	35.7
	University	38	20.9
Age difference between spouses	Spouse same age or younger	22	19.8
	Spouse older	146	80.2
Blood relation between spouses	Yes	34	18.7
	No	148	81.3
Perceived spouse relationship	Good	150	82.4
	Average	32	17.6
Marriage type	Dating	111	61.0
	Arranged	71	39.0
Duration of marriage	0-5 years	53	29.1
	6-10 years	55	30.2
	11 years or longer	74	40.7
Spouse helps	Always	83	45.6
	Sometimes	71	39.0
	Never	28	15.4
Thinking that professional psychological support is needed	Yes	40	22.0
	No	142	78.0
	Total	**182**	**100.0**

The mean PSS and SSS scores of the participants were found as 26.25±6.92 and 70.76±11.44, respectively (Table 3).

Table 3. Mean Total Scale Scores of the Participants

Scale	Mean	SD	Min.	Max.
Perceived Stress Scale (PSS)	26.25	6.92	11	47
Spouse Support Scale (SSS)	70.76	11.44	27	81

A weak negative correlation was identified between the mean PSS and SSS scores of the participants ($p<0.01$). While the spouse support levels of the participants decreased, their perceived stress levels of increased (Table 4).

Table 4. Correlation between Scale Scores

Scales		Spouse Support Scale
Perceived Stress Scale	r_s	-0.362
	p	**0.001**

r_s=Spearman's Correlation; $p<0.05$ Spearman's Correlation

4. Discussion

The mean PSS and SSS scores of the women who participated in this study were found as 26.25±6.92 and 70.76±11.44, respectively (Table 3). According to these scores, the participants had moderate stress levels, and their spousal support levels were high. Having a miscarriage is a stressful situation leading to feelings of loss and crisis for women. Experiencing stress is expected for women who have faced miscarriage. Support from the family and spouse would be effective for the management of this stress and women's adjustment to daily life. In the literature, there are perceived stress level results similar to our results. Pınar et al. (2014) reported the mean perceived stress score of pregnant women as 25.30±5.04. Other studies in the literature have reported spousal support levels that similar to our results. Yuca and Beydağ (2021) reported a mean spousal support scale score of 61.96±12.71. The researchers described this result as a high level of spousal support (Yuca and Beydağ, 2021). Yedirir and Hamarta (2015) found a mean SSS score of 63.7 for married women, and Batık (2019) reported a mean score of 71.56±10.60. Taş and Batık (2019) performed a study on Turkish women who were living in Belgium. According to their results, they reported a mean SSS score of 65.55±12.25.

In this study, a weak negative correlation was identified between the mean PSS and SSS scores of the participants (p<0.01). While the spousal support levels of the participants decreased, their perceived stress levels increased (Table 4). This result indicated the importance of spousal support levels in crises in terms of reducing stress levels. In miscarriage cases, family elders' social support is given to meet the expectations of the pregnant woman and her husband. If this support is provided, the adaptation of the pregnant woman and her partner to pregnancy and coping with the problems she will encounter gets easier (Akbaş, 2006). Research also indicates that appropriate spousal support can be useful to prevent stress from turning into depression. Additionally, an increase in social support in marriage will have psychological benefits for the spouses. A supportive marriage relationship was found to be related to a decrease in disposition to stress and vulnerability to depression (Canbulat and Çankaya. 2014).

5. Conclusion

In this study, the perceived stress levels of the participants increased when their spousal support levels decreased. The participants' statuses of having a planned pregnancy, being related to their spouses, the relationship between the spouses, the support of the spouse, and status of thinking that they require professional psychological support significantly affected their perceived stress levels. In addition to this, the relationship between the spouses, support from the spouse, and status of thinking that they required professional psychological support were factors that affected the spouse support levels of the participants. As a result of this study, it is recommended that nurses and obstetricians prepare support programs about lowering and managing stress levels for women who have had miscarriages and inform and help spouses about how to comfort and give support to their wives after they have had miscarriages. In the process of loss, it is important for men to be encouraged to alleviate the emotional distress of their spouses, be with their spouses more, and get through this

process together. Furthermore, couples experiencing intense anxiety, guilt, and fear may be referred to a mental health professional for support.

Authors Contributions

Topic selection: KDB, EÖ; Design: KDB, EÖ; Planning: KDB, EÖ; Data collection: EÖ; Data Analysis: KDB, EÖ; Article writing: KDB, EÖ; Critical review: KDB.

Conflict of Interest

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article

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