

# **SUPPORT NEEDS OF PREGNANT WOMEN: IS SOCIAL MEDIA OR SOCIAL ENVIRONMENT MORE EFFECTIVE?**

Esra SARI

Van Yüzüncü Yıl University, Turkey

esrasari@yyu.edu.tr

<https://orcid.org/0000-0002-7990-9844>

Gülen SÖNMEZ

Gümüşhane University, Turkey

gsonmez@gumushane.edu.tr

<https://orcid.org/0000-0002-2313-8702>

<i>Atıf</i>	SARI, E.; SÖNMEZ, G. (2025). SUPPORT NEEDS OF PREGNANT WOMEN:IS SOCIAL MEDIA OR SOCIAL ENVIRONMENT MORE EFFECTIVE. <i>İstanbul Aydın Üniversitesi Sosyal Bilimler Dergisi</i> , 17(1),1-21
-------------	--

## **ABSTRACT**

The study was conducted to determine whether the social environment or social media is more effective in terms of the support needs of pregnant women in the prenatal period. The study was conducted using phenomenological design, one of the qualitative research designs, between April and June 2022. The study focuses on the effectiveness of social media and the social environment on the social support needs of pregnant women. The criterion sampling type was determined for the sample. The criteria include individuals voluntarily participating in the study, being between the ages of 18 and 49, being primiparous, being able to communicate in Turkish, and following or sharing content about fertility and birth on social media. Subjects who met the determined criteria were included in the study. Thirteen pregnant women were interviewed within the scope of the study, but three pregnant women were excluded from the study as they could not provide sufficient data. The study was continued with ten pregnant women in line with the phenomenological design. The study data were collected through in-depth interviews using a semi-structured interview form. In the analysis of the data, the thematic analysis technique was employed, and by moving from the meaning that emerged from the readings of the researchers to the themes, the phenomena were made more comprehensible. The data obtained were gathered under the themes of situations in which social support is needed, social support sources, getting

Geliş Tarihi: 16.08.2024 / Kabul Tarihi: 22.10.2024, DOI: 10.17932/IAU.IAUSBD.2021.021/iausbd\_v17i1001

*Araştırma Makalesi-Bu makale iThenticate programıyla kontrol edilmiştir.*

*Copyright © İstanbul Aydın Üniversitesi Sosyal Bilimler Dergisi*

information from the social environment and social media in meeting the need for social support, pregnant women's status of being affected by information sources, the use of the social environment and social media in combination, and changes in thought, attitude, and behavior according to the source of information. Pregnant women need social support in their pregnancy period. They use both the social environment and social media for these needs. However, they move forward by comparing both sources with each other. As a result, it was determined that pregnant women use both types of sources and progress by making comparisons between them. It is recommended that future studies examine the impact of social media on the social support needs of pregnant women, the extent to which pregnant women are affected by information pollution from social media, and the relationship between the social media literacy levels of pregnant women and the support they receive from social media.

**Keywords:** *Midwifery, Pregnant, Support, Social Environment, Social Media.*

## **GEBELERİN DESTEK GEREKSİNİMLERİ: SOSYAL MEDYA MI SOSYAL ÇEVRE Mİ DAHA ETKİLİ?**

### **ÖZ**

Çalışma, gebe kadınların doğum öncesi dönemdeki destek gereksinimleri açısından sosyal çevrenin mi yoksa sosyal medyanın mı daha etkili olduğunu belirlemek amacıyla yürütülmüştür. Nitel araştırma desenlerinden biri olan Fenomenolojik araştırma tasarımı kullanılarak Nisan ve Haziran 2022 tarihleri arasında yapılmıştır. Çalışma, gebe kadınların sosyal destek ihtiyaçları konusunda sosyal medya ve sosyal çevrenin etkinliğini konu edinmektedir. Örneklem için ölçüt örnekleme tipi belirlenmiştir. Ölçüt kriterleri arasında bireylerin çalışmaya gönüllü olarak katılmaları, 18 ve 49 yaş aralığında olma, primipar olma, Türkçe iletişim kurabilme ve sosyal medyada doğurganlık ve doğumla ilgili içerikleri takip etme veya paylaşma yer almaktadır. Belirlenen ölçütlere uygun olan denekler çalışmaya dahil edilmiştir. Çalışmada on üç gebe ile görüşülmüş üç gebe görüşmelerde yeterli veri sunamadığı için çalışmanın kapsamı dışında bırakılmıştır. Fenomolojik araştırma desenine uygun olarak on gebe ile çalışmaya devam edilmiştir. Araştırma verileri, yarı yapılandırılmış görüşme formu ile derinlemesine görüşme yapılarak kaydedilmiştir. Verilerin analizinde tematik analiz tekniği kullanılmış, araştırmacıların okumaları sonrasında ortaya çıkan kavramalardan temalara gidilerek, olgular daha anlaşılır hale getirilmiştir. Elde edilen veriler sosyal desteğe ihtiyaç duyulan durumlar, sosyal destek kaynakları, sosyal destek ihtiyacını karşılamada sosyal çevre ve sosyal medyadan bilgi edinme, gebelerin bilgi edinme kaynaklarından etkilenme durumları, sosyal çevre ve sosyal medyanın birlikte kullanımı, bilgi kaynağına göre düşünce, tutum ve davranış değişikliği temaları altında toplanmıştır. Gebeler, gebelik dönemlerinde

sosyal destek gereksinimlerine ihtiyaç duymaktadır. Bu gereksinimler için hem sosyal çevreyi hem de sosyal medyayı kullanmaktadır. Sonuç olarak gebelerin her iki kaynak türünü de kullandığı ve birbirleri arasında karşılaştırma yaparak ilerlediği belirlenmiştir. Gelecek araştırmalarda sosyal medyanın gebelerin sosyal destek ihtiyaçları konusunda etkisi, gebelerin sosyal medya kaynaklı bilgi kirliliğinden etkilenme durumlarının belirlenmesi ve gebelerin sosyal medya okuryazarlık düzeyleri ile sosyal medyadan aldıkları destek arasındaki ilişkinin incelenmesi önerilmektedir

**Anahtar Kelimeler:** *Ebe, Gebe, Destek, Sosyal Çevre, Sosyal Medya.*

## INTRODUCTION

The prenatal period is a period in which not only physiological changes take place in the body, but the woman also experiences a psychological transition by which she gains competence and trust in terms of the role of a mother. As becoming a mother involves transitioning from a known reality to an uncharted reality, many factors, including the mother's health and social support, contribute to the development of the motherhood role and have an impact on it (Baker and Yang, 2018). One type of social support is the social environment. The physical, mental states and behavioral responses of pregnant women are largely influenced by the social environment they are in. The pregnancy experience is determined by family, culture, religion, social, economic, political, and intellectual factors within the social environment (Beydag, 2007). Women in pregnancy need encouragement and support from family members, friends, healthcare professionals, and especially from their spouses to maintain a mental and psychological balance (Zamani et al., 2019; Gul et al., 2018). Perceived social support significantly affects psychosocial health in pregnancy (Degirmenci and Vefikuluçay Yılmaz, 2020). Women who receive support from their spouses or family members are affected less by problems such as stress, depression, and anxiety disorders (Gul et al., 2018). On the other hand, in pregnant women who do not receive social support at an adequate level, especially postpartum depression develops, depressive symptoms are observed at a high level and quality of life (Degirmenci and Vefikuluçay Yılmaz, 2020; Agostini, et al., 2015). In addition, social support received in pregnancy facilitates adaptation to pregnancy and coping with the problems experienced in the process (Kanig and Eroglu, 2020).

Among the social support sources that develop and are commonly accepted today are various social media platforms (Facebook, Twitter/X, Instagram, TikTok, YouTube, Pinterest, LinkedIn, Tumblr, Blogger, et al.) (Baker and Yang, 2018). When we look at the types of social media, we see that there is a structure where different channels such as blogs, microblogs, instant messaging programs, forums, chat sites, social networks, etc. come together, where information and content can be shared and information can be received instantly, which provides

convenience to users and brings together individuals with the same interests without any time and space limitations (Akar, 2010). Pregnant women also use social media as a source of information due to the widespread use of technology and easy access (Degirmenci and Vefikuluçay Yılmaz, 2020). The use of social media as a form of social support by the present mother candidates in the prenatal period is due to its significant characteristics, such as easy and 24/7 access to the source of information, the regular transmission of information, the information being detailed, containing information specific to a person, being practical and easy, being interactive, and receiving an instant response (Baker and Yang, 2018; Gerçek Oter and Kocademir, 2020; Ahn, 2013). In the study conducted by Baker and Yang (2018), it was determined that 89% of women used social media to ask questions and receive recommendations about pregnancy and parenthood, while 84% perceived friends on social media as a form of social support (Baker and Yang, 2018).

As society rapidly adopts social media and begins to communicate through these platforms, the benefits and effects of internet-based communication are also receiving increasing attention. Information search processes, management of health platforms, and individuals' need to verify the information they obtain using these platforms have become important research topics (Baker and Yang, 2018). However, the impact of social media on these processes and the reliability of the information individuals obtain from these platforms, especially on health-related issues, have still not been fully investigated. This situation further increases the importance of studies focusing on the relationship between social media and health communication. The aim of the current study is to determine whether social support or social media is more effective in providing the support pregnant women need during the prenatal period. In this context, the research questions of the study are as follows:

1. What is the impact of social media on providing the information and support pregnant women need during the prenatal period?
2. How do pregnant women use social media platforms to seek and share health information?

## **MATERIAL AND METHOD**

### **Study design**

This study aimed to identify how pregnant women's preferences were shaped between social media and the social environment, which are included among the sources they use in meeting their social support needs. Phenomenological design, which is one of the qualitative research methods, was used in the study. Phenomenology deals with the individual's subjective life experiences related to the event or situation, and the main purpose is to describe the basic structure of the experience or the truth (Lester, 1999; Creswell, 2003; Merriam, 2018: 24-

25). In this context, it can be said that it focuses on the meanings reached from the experience (van Manen, 2014). A phenomenological study focuses on how the individual perceives, describes, and feels the phenomenon, and the subject it focuses on can be an emotion (love, anger, betrayal), relationship, culture, or organization (Patton, 2007, p. 104; Merriam, 2018, p. 25).

The phenomenon focused in the study was the resources pregnant women use to meet their social support needs and their experiences related to how they prefer these sources. Based on the purpose of the study, the experiences of pregnant women who experienced their first pregnancy were investigated. The COREQ checklist was taken into consideration in the design of the study. The criteria included in COREQ were developed to assist researchers in reporting their study methods, context, findings, analyses, and interpretations (COREQ, 2024; Tong, Sainsbury, Craig, 2007). The interviews for data collection in the study were conducted by the first author. Both researchers in the study have the title of Dr. Lecturer. The researchers were working with the same title during the period the study was conducted. Both researchers are women. Both researchers have doctoral degrees and are familiar with field research.

### **The study group**

In determining the participants, criterion sampling, which is one of the purposive sampling methods, was used. The criteria used to determine the participants of the study were: volunteering to participate in the study; being between the ages of 18-49, i.e., being of legal age and of childbearing age, not having any experience with childbirth, i.e., being primiparous; being able to communicate in Turkish so that experiences can be better analyzed; following or sharing content about pregnancy and childbirth in social media. 13 pregnant women who met the inclusion criteria were randomly selected, and the study group was formed.

### **Data collection**

The research questions were asked to the 13 pregnant women chosen in line with the criterion sampling method over the Internet, and their responses were recorded. However, as the responses of three pregnant women were found insufficient, they were excluded from the study. The data obtained were deciphered and transcribed into a text. A semi-structured interview form was used as the data collection tool. For the content validity of the interview form, it was submitted to a few colleagues who were not related to the study for control. After their opinions were received, the form was finalized. Data was obtained using WhatsApp conversations over the internet. During the interviews, both recordings were made, and notes were taken by the researcher. In this way, the views of the pregnant women could be presented completely. The recordings took an average of 20 minutes. The first author reached out to the pregnant women and conducted the interviews.

### **Studying Validity-Reliability**

To ensure the validity and reliability of the study, various strategies deemed

appropriate for qualitative studies (Brink, 1993; Healy and Perry, 2000; Golafshani, 2003; Yıldırım and Simsek, 2018, p. 277) were used. To ensure internal validity, i.e., credibility, the participation of more than one researcher in the data collection and analysis process, participant confirmation, reaching satisfaction in the data collection processes, and researchers explaining their stances were used. Accordingly, the first author conducted field research in the study. The data obtained were analyzed by the second author, and the first author checked the appropriateness of the analyses. The analyses of the study were sent to one of the subjects participating in the study, and their appropriateness was approved. The fact that the subjects in the sample determined during the data collection period gave similar statements and those repetitions occurred was accepted as a reaching satisfaction. Although the researchers had predictions on the subject, they carried out the data collection and analyses in an objective manner. To ensure external validity (generalizability), that is, transferability, care was taken to ensure maximum diversity in the sample and to use the detailed description strategy in the analysis and to make direct quotations. All applications made in the method section of the study were tried to be described in detail. To ensure internal reliability of the study, how the themes were created and how the analysis was done were explained in detail using the auditing technique in the data analysis title. To ensure external reliability, an expert was given information about the study in general and was asked to examine the research result in terms of consistency.

### **Data analysis**

Participants were asked 10 questions in a semi-structured interview form. The first question is about the situations in which social support is needed. The following questions focus on how the need is met through the social environment and social media. The last three questions were asked to determine the reflection of the information obtained from the social environment and social media on behavioral change. Themes were developed using a thematic analysis approach in analyzing the data and were interpreted. While using thematic analysis technique, the steps of coding, theming, organizing the data according to codes and themes, and interpreting the findings were followed (Yıldırım and Şimşek, 2018). The concepts that emerged after the researchers read were coded. The data was organized according to codes and themes. The themes, subthemes, and codes that emerged were presented in tables. Thus, the text was made more understandable for the reader. While interpreting the themes in the tables, the text was supported by direct quotes and explanations of the themes were made. The participants were coded as P1, P2, ...P10. Two researchers coded the data, and they compared their codes afterward.

### **Ethical considerations**

Ethical approval for the research was obtained from the Non-Interventional Clinical Research Ethics Committee at Van Yuzuncu Yil University and written

and verbal approval was obtained (approval decision number:2022/03-10) from the women who participated in the research. During reporting, each participant was informed that they would be given a code to protect their privacy.

## FINDINGS

The findings obtained from the interviews held with the pregnant women were put under headings within the framework of research questions. The statements of the participants were analyzed under five themes. No personal data about the participants were given, and their statements were presented as P1, P2, and P3.

Based on the statements of the pregnant women on the situations where they needed social support, themes were developed. The situations where social support included the themes of physical, psychological, and information situations. For the physical situations where social support was needed, the pregnant women used statements that involved physical qualities such as “regular diet”, “baby health”, and “excessive weight gain”

**Table 1.**

*Situations where social support is needed.*

Situations Where Social Support is Needed		
<i>Physical</i>	<i>Emotional</i>	<i>Information</i>
-Regular diet	-Not feeling lonely	-Lack of information
-Baby's health	-Feeling relieved	-Learning
-Excessive weight gain	-Sharing	-Being informed
	-Feeling safe and comfortable	-A better idea
	-Being understood	
	-Being congratulated	
	-Spiritual need	
	-Emotional relief upon sharing	

In this context, it can be claimed that some of the participants resorted to social support for their physical needs. For example, by stating "I needed social support in the first trimester of my pregnancy. The reason for this was the health problems I experienced and the growth of another body within my own body. It did not take long for me to adapt to this. After I started to see and understand what my body did for me and my baby, my need for social support decreased over time", (P1) expressed the need she felt related to the physical change she experienced. Similarly, by stating "I usually need social support in terms of regular diet because of the health of my baby and preventing excessive weight gain ", (P9) expressed that she needed social support for her physical needs.

The pregnant women who psychologically needed social support mostly made statements that indicated the individual's emotional aspects such as getting rid of the feeling of loneliness, feeling relieved, relaxing, and feeling safe, which showed that they needed social support in an emotional sense. For example, while (P2)



expressed "I feel the need for social support when I feel lonely. This is because feeling lonely feels like desperation", (P6) stated "I may need support in all different situations experienced emotionally in the pregnancy process. Although I am informed, the fact that others experienced what I am experiencing makes me feel safe and relaxed. Or when I am provided with support in the situation I am in and when they try to understand me, I feel relieved", thus expressing the social support need she felt. In a similar vein, (P13) clearly emphasized the psychological aspect of the social support she needed by stating "We feel the need for social support psychologically and emotionally. The reason is emotional relief when it is shared".

When the need for social support is evaluated over the theme of information, it is clearly seen that discourses such as lack of information, learning, and being informed come to the forefront. In this context, it can be stated that the social support needs of pregnant women emerge in the domain of information. For instance, P8 stated, "I seek social support regarding issues that I would like to be informed about". Similarly, (P10) stated "I need social support in all stages of my life. This is because I believe that there is always a better idea that would refute my opinion...", thus emphasized the importance of social support in terms of societal balance.

In the study, social support sources were divided into the themes of experts, environment, and the Internet. It can be stated that pregnant women mostly preferred their environment and the Internet to receive social support. Under the theme of expert, it is seen that physicians and nurses were described as the sources of social support. Under the theme of the environment, the social support sources are spouses, family, immediate environment, friends, the elderly, pregnancy groups, and individuals trusted for their knowledge. For example, while P13 stated her social support sources by expressing "My sources are my mother, my elder sister, my spouse, and close friends,", P11 similarly expressed her social support sources as "family, friends, and group meetings." Under the theme of the Internet, P9 expressed her source of social support as the Internet by stating, "Usually on the Internet, and in an application during pregnancy."

It should be noted here that although the themes were grouped as experts, environment, and the Internet, the pregnant women participating in the study frequently used the three themes together as their sources. Therefore, there can be sources classified under three themes according to the social support needs of the majority of the participating pregnant women, and the use of sources classified under one theme should also be evaluated.

Based on the statements of the pregnant women, it was determined in the study that social environment and social media were used as the sources for social support needs (Table 2). For example, P1 stated "Yes. I receive information



from my environment for my social support need," while P8 similarly expressed "Of course, I receive support from my environment." When the statements of the participants are evaluated, it is seen that the social environment is one of the sources used when social support is needed. However, one participant, P3 expressed that she did not use her social environment for social support by stating "I do not receive [support from my social environment] because I think that misinformation is widespread."

Among the pregnant women who used social media for support, P9 stated that she found social media more explanatory compared to the other sources by expressing "I receive support over social media because it provides answers to the questions in my mind as it is more explanatory." Similarly, another participant, P10 stated that she used both sources by saying "I obtain more information from social media than the information I receive from my social environment. But this may change depending on some issues." In this context, it can be inferred that the majority of the pregnant women participating in the study met their need for social support by using both their social environment and social media. P3, one of the participants who stated that she did not receive social support over social media, emphasized that she did not find social media reliable by expressing that "I do not receive [support] as I do not trust social media." As a result, the pregnant women who participated in the study met their need for social support from their social environment and social media. While their social environment is at the forefront for some pregnant women, social media can be more prominent for some others.

The pregnant women stated that they were both positively and negatively affected by the social environment and social media. To exemplify, regarding the social environment, while P1 stated "The information I received from my social environment affected me both positively and negatively from time to time", P2 responded, "The information I obtain sometimes affects me positively and sometimes leads to a feeling of regret." Another pregnant woman (P5) stated that the bad aspects of issues were generally mentioned in her social environment, but that the good aspects were also shared, and that as such situations created contradictions, they led to worries, because of which she was inclined towards doing research. Some of the pregnant women expressed that the information they received from their social environments had a positive effect on them. For example, P6 expressed her way of being affected by the information she received from her social environment, "*It relieved me and made me feel safe. It helps me experience a calm and peaceful pregnancy.*" The pregnant women who expressed that they did not receive any information from their social environment stated that there was no change in their status as they did not obtain any information.

**Tablo 2.**

*Meeting the need for social support: receiving information from social environment and social media*

Need for Social Support	
<i>Social Environment</i>	<i>Social Media</i>
Those Receiving Support	Those Receiving Support
- From the environment	Explanatory
- From the family	More information
Those Not Receiving Support	Those Not Receiving Support
- Widespread misinformation	- Not reliable

While expressing their status of being affected by the information they obtained from social media, the pregnant women mentioned sometimes positive and sometimes negative effects (Table 3). P1, among the participants who made such statements, expressed "The information I received from social media affected me sometimes positively and sometimes negatively", while P5 stated "It is similar to the social environment. There is both intimidating and relieving information. This led me to look for a reliable source." Thus, it can be inferred that when social media is used as a source of information, it has content that can cause both positive and negative effects.

P8, who stated that she was positively affected by social media, responded, "It made me feel more conscious." Another pregnant woman, who similarly stated that she was positively affected (P9), expressed that thanks to the information she obtained from social media, she gained the habit of regular and healthy dieting and did not put on unnecessary weight. P10, who displayed conscious behavior regarding the content and source of the information obtained from social media, stated "I can say that the information I obtain from social media varies depending on the way I obtain it. When I research the information considering that social media is both a source of information pollution and a library for correct information, I can say that I am positively affected, of course", indicating that when social media is used as a source, it would yield positive results on the condition that a conscious learning and evaluation process is followed.

On the other hand, the participants who stated that they were negatively affected by the use of social media as a source of information (P2 and P6)<sup>1</sup> expressed that the information received from social media could be misleading and overly exaggerated, or that it created a feeling of being lost rather than solving problems.

When the social environment and social media are considered as the source of information, it can be claimed that they have qualities that can create both positive

<sup>1</sup> P2: The information I get from social media can sometimes be misleading or exaggerated. This has a negative impact.

P6: Often felt lost rather than problem-solving

and negative effects, that a positive effect emerges when the pregnant woman has a conscious approach in this regard, but when an unconscious approach is displayed, they may yield negative results. Accordingly, based on the discourses of the pregnant women, it can be stated that pregnant women choosing their method of obtaining information during the prenatal, pregnancy, and postnatal periods consciously is important in terms of their management of the process correctly and experiencing a pregnancy that is both physically and mentally relieving.

**Table 3.**

*The status of pregnant women in terms of being affected by the social environment and social media*

The Status of Pregnant Women in Terms of Being Affected by Sources of Information	
Social Environment	Social Media
<i>Negative Effect</i>	<i>Negative Effect</i>
- Sometimes positive, sometimes negative	- Sometimes positive, sometimes negative
- Sometimes regret	- Sometimes misleading or exaggerated
- Sometimes good, sometimes bad	- Intimidating information
- Negative as well as positive aspects	- Feeling of being lost rather than solving problems
<i>Positive Effect</i>	- Sometimes worry, sometimes stress, and sometimes happiness
- Relief, feeling safe	<i>Positive Effect</i>
<i>No Effect</i>	- Relieving information
- No change due to not receiving any information	- Effect in a good way
	- Being more conscious
	- Guiding toward a regular and healthy diet

The theme that emerged out of the use of social media and social environment in combination for social support was a comparison of the information. It was determined that regarding social support, the pregnant women used their social environment and social media together to make comparisons of the information they obtained. The pregnant women compared the information they obtained from their social environment by researching it over social media, and likewise compared the information they obtained from social media by inquiring about it in their social environment (Table 4). One of the pregnant women (P1), who stated that she used both sources together, reported that she researched the information she obtained from her social environment that walking facilitates normal delivery on social media. Similarly, another pregnant woman (P9) explained her fact-checking and applying the information she obtained from her environment: "I heard from my environment that the more I ate, the more weight the baby would gain, but when I searched it over social media, I learned that it was totally unnecessary... and thus, I did not heed people in my social environment and did not put on unnecessary weight."

P11, one of the participants who tried to check the information she obtained from social media by consulting their environment, expressed, "Yes, I consulted a few people in my social environment whose knowledge and experience I trusted about an issue I found positive on social media, and I received positive feedback as well." Thus, it can be stated that the information obtained from social media was compared.

It can be claimed that social media contributes more to meeting social support needs.

**Table 4.**

*The use of social environment and social media for social support purposes*

<i>The Use of Social Environment and Social Media in Combination</i>	
<i>Comparing Information and Fact-Checking</i>	
<i>-Checking the information obtained from the social environment by researching it over social media</i>	<i>-Checking the information obtained from social media by inquiring about it in the social environment</i>
<i>Use in Combination</i>	
<i>Social Environment</i>	<i>Social Media</i>
<i>-More effective due to immediacy</i>	<i>-More effectiveness to obtaining more information</i>

Based on the discourses of pregnant women, more contributions of social media can be associated withit being the source of more information. More contribution to the social environment, on the other hand, can be associated with it being more effective due to being immediacy-based. While one out of the ten participants remained neutral, 5 participants found social media to be more contributory. The remaining four participants saw the social environment as a source that makes more contributions. P1, who stated that social media contributed more, expressed her thoughts, "My social environment insisently recommended normal delivery, while social media argued that my body and baby should decide on it; social media contributed more to me." Similarly, by stating "The information I obtained from my social environment is not completely incorrect, but you hear something different from your mother and another thing from your aunt. Therefore, the information I obtained from social media was clear and responded to my questions...", P9 expressed the contribution made by social media regarding social support.

One of the participants who found the social environment more contributory, P2 stated, "The social environment makes more contribution. This is because the support that you receive from your immediate environment is more beneficial", while P11 expressed, "I think the social environment is more effective and therefore contributes more", thus revealing that the social environment makes more contribution in terms of social support.

One participant who remained neutral (P10) stated, "I believe that it varies depending on the individuals' personality and character. While those who have a high level of social relations and the ability to observe their social environment and whose perceptions are more open than most individuals can benefit more from their social environment, those who are good at technology and know how to handle it will benefit more from social media. So, the comparison of the two sources varies." In this context, based on the discourses of the participating pregnant women and the participant who preferred to remain neutral in this regard, it can be claimed that the social relations of the pregnant women and their relations with the technology guide their preference for information sources and are effective in terms of determining the source that provides more contribution.

Based on the statements of the pregnant women, it was determined that some pregnant women experienced attitude and behavior changes, that some of them did not experience any change, and that some of them occasionally experienced some changes (Table 5).

**Table 5.**

*Social support: Attitude and behavior change according to the source of information.*

<i>Source of Information</i>	
<i>Social Environment</i>	<i>Social Media</i>
<p><i>Those Who Experience Change</i></p> <ul style="list-style-type: none"> <li>- External eye quality</li> <li>- Learning lessons from what is experienced</li> <li>- Plausible explanation on issues known to be correct</li> </ul> <p><i>Those Who Do Not Experience Change</i></p> <ul style="list-style-type: none"> <li>- Ignoring the social environment</li> <li>-Receiving information from different sources</li> </ul> <p><i>Those Who Are Undecided</i></p> <ul style="list-style-type: none"> <li>- Sometimes relieving, sometimes worrying</li> </ul>	<p><i>Those Who Experience Change</i></p> <ul style="list-style-type: none"> <li>-Regular and healthy diet</li> <li>- Baby health</li> <li>-Correcting the incorrect information known as correct</li> <li>- Obtaining information about issues not known</li> </ul> <p><i>Those Who Do Not Experience Change</i></p> <ul style="list-style-type: none"> <li>- Exaggeration of everything</li> <li>- Creating fear and panic</li> </ul>

One of the participants, P2, who experienced attitude and behavior change due to the social support obtained from the social environment, expressed that "The information received from the social environment has the quality of being an external eye for an individual. It naturally affects my attitude, behavior, and thoughts." P5 stated "Yes, you learn something that you do not know or learn a lesson from what is experienced. And this inevitably leads to a change in thoughts and attitudes", thus expressing that she experienced changes as a result of her being affected by the social environment. P11 stated that she experienced change as she found a reasonable explanation for some issues that she knew.

The pregnant women who stated that they did not experience any change in their attitude and behavior expressed that no change was experienced due to ignoring

the social environment and receiving information from various sources. The pregnant women who reported to have experienced occasional changes were undecided about whether there was a change in attitude and behavior as a result of the information obtained from the social environment since the experiences heard from the social environment were sometimes relieving and sometimes worrying.

While some of the pregnant women reported no change in their attitudes and behaviors as a result of the information they obtained from social media, others stated that they experienced changes in several ways. For instance, P3, one of the participants who stated to have experienced no change, expressed, "I think that everything is exaggerated. It is an environment where the truth is not reflected much. Therefore, I do not care much about it"; thus, she attributed the reason for her not experiencing any change to the quality of the social media content. Similarly, P6 expressed the problem with social media content by stating, "It created fear and panic and always led to a question mark; therefore, I did not find the support from social media healthy.

P9, one of the participants who stated that she experienced a change, expressed this change by stating "Of course, there have been changes in my thoughts as a result of the information I obtained from social media; I understood that it was not important how much I ate, but how regular and healthy my diet was for the healthy development of the baby."

## **DISCUSSION**

The participants needed social support in physical, psychological, and informative terms. The needs for a regular diet, weight gain, and healthy development of the baby underlie the physical need for social support. It was determined that the need for psychological social support was related to feeling lonely and the needs such as relieving, sharing, feeling safe and comfortable, and being understood. In terms of information, it was seen that the desire to learn and thoughts that there may be a better idea were effective. When the significant relationship between social support and the pregnant women's quality of life (Gul, et al., 2018) is considered, it can be evaluated that the participants' need for social support was aimed at increasing their quality of life. In addition, a study conducted during the COVID-19 period focused on evidence-based practices and the preparation of official guidelines so that pregnant women can access safe information (Aydın et al., 2020). This situation coincides with the findings of our study regarding the desire to learn and to gain a better idea. In a different study, it was reported that the components of social support consist of emotional, informational, physical, similar group support and advocacy support (Simsek, Demirci, and Bolsoy, 2018, p. 98-99). It coincides with the physical, psychological, and informational support found in our study.

It was also determined that healthcare professionals, the environment, and the Internet were among the social support sources for pregnant women. The



determination that the physician, nurse, family, and friends are effective social support sources in the field study conducted by Kanig and Eroglu (2020) supports the results of the present study. In addition, it was determined in the present study that the Internet environment was also used as a social support source. It was observed that the healthcare professionals used as a source of social support included the pregnant women's own physicians or the midwives and nurses. "Healthcare professionals are the key individuals for a healthy prenatal and postnatal experience in physical, psychological, and social terms" (Gercek Oter and Kocademir, 2020; Gao et al. 2020). In the study conducted by Yue et al. (2021), it was concluded that social support could directly or indirectly affect anxiety through risk perception. It was also found that social support had a direct or indirect effect on the application of good health behaviors through perceived health status and optimism (Cannella, 2006). Accordingly, it can be stated that healthcare professionals, who are considered a source of social support, should show efforts to strengthen the social support for the pregnant woman and alleviate her anxiety. Regarding the environment used as a source, it is seen that the immediate environment is generally preferred, that individuals whose knowledge is found reliable are chosen, and that pregnancy groups are beneficial. In the study conducted by Friedman et al. (2020), it was observed that social support provided in early pregnancy was related to the decrease in the probability of antepartum depression. It was determined that strengthened social support during pregnancy, especially the support coming from non-family members, could heal the mother's mental health during and after pregnancy. In addition, it was found in the study that the social support received from non-family individuals was more protective than the social support received from family members (Cannella, 2006). This situation accounts for and supports the reasons for choosing individuals whose knowledge is found reliable in the immediate environment, which is included in the theme of environment determined as a social support source for pregnant women in the present study.

Regarding the use of the Internet as a source, it was determined that the Internet pages and social media platforms whose information was believed to be reliable were preferred, and digital applications were used. In the study conducted by Gercek Oter and Kocademir (2020), it was found that digital media was intensively used by pregnant women in recent years and that it became a popular source of information (Gercek Oter and Kocademir, 2020). In different studies, it has been determined that the Internet and social media are frequently used to obtain information and adapt to pregnancy (Sayakhot and Carolan-Olah, 2016; Bjelke et al., 2016; Baker and Yang, 2018).

It was determined that pregnant women used both the social environment and social media in meeting their need for social support. While those who received support from their social environment used their family and immediate



environment as they found them to be more reliable, those who did not prefer to receive support from their social environment attributed this situation to the widespread existence of incorrect information. Those who received support from social media prefer it due to obtaining more information and high explanatory quality of the information. A similar finding obtained in the study conducted by Gerçek Oter and Kocademir (2020) that pregnant women used digital media to meet their need for information and to receive and give support (Gerçek Oter and Kocademir, 2020). supports the findings obtained in the present study. Those who did not receive social media support attributed this to not finding it reliable. When field studies are examined, it has been determined that 89% of pregnant women use social media to find answers to their questions and get suggestions (Baker and Yang, 2018), and when adequate communication with health professionals cannot be established, social media is used to get answers and false information is exposed (Payton and Woo, 2021). The high rate of use of social media to obtain information about pregnancy indicates that sufficient information cannot be obtained from the right sources. Although social media is considered one of the social support tools, the accuracy of the information is a controversial issue (Zhu et al., 2019). When field studies and our findings are evaluated together, it can be said that social media is a social support tool, but it carries risks in accessing the right information. This situation explains why the pregnant women who participated in the study tried to access information by using both the social environment and social media. When the status of the pregnant women being affected by the sources of information was examined, it was determined that those who received social support from their social environment were exposed to both positive and negative effects. The pregnant women who obtained support from social media similarly mentioned both positive and negative effects of social media. The positive and negative effects of the social environment and social media as sources of social support can be attributed to the existence of various experiences and the type of information preferred. The situation that emerged from the use of both the social environment and social media as sources of social support is that the information obtained from the sources is compared. The information obtained from the social environment is compared by researching it over social media, and similarly, the information obtained from social media is compared by inquiring about it in the social environment.

When the social environment and social media as sources of social support are evaluated in terms of effectiveness, it can be stated that the social environment is more effective based on immediacy. In a field study conducted, it was observed that among the pregnant women's perceived social support dimensions, the highest score was related to the support provided by the spouse/significant others (Zamani, 2019; Gul, et al., 2018; Toptas, et al., 2019). This situation supports and explains why the social environment is more effective based on immediacy. It was found that social media was used more effectively as it provided more information. In

a similar field study, it was determined that the need for information increases during pregnancy and that internet sources are used more than consulting health professionals (Degirmenciler, Sercekus and Ozkan, 2022) which supports the findings obtained in our study.

The reflections on the attitude and behavior change vary according to the source of information used for social support. Among those who used the social environment as the source of information, there were participants who stated that they experienced change and those who did not experience any change. Those who stated that they experienced change shared that they received support in terms of providing reasonable explanations for what is known to be correct and thus they experienced change, while those who did not experience any change attributed this situation to ignoring the social environment and using different sources of information. Those who used social media as the source of information who experienced change stated that they experienced these changes in issues such as obtaining information about what is not known, correcting the incorrect information they had, and healthy diet for the mother and baby health. It can be claimed that the fact that social media networks have the potential to provide pregnant women with the interest and care that make them feel respected and valued and provide the pregnant women with emotional support to improve their strengths and abilities (Baker and Yang, 2018) supports both the preference of social media as the source and its effectiveness on behavior changes. Field studies on behavioral change report that the pregnancy period is a period open to learning, developing healthy behaviors, and making behavioral changes. Digital applications related to behavioral change contribute to the choice of a healthy lifestyle (diet and physical activity, etc.) during pregnancy (Overdijkink et al., 2018). However, our study shows that there are also those who do not experience behavioral change based on the information they receive from social media. Those who do not experience any change attribute this to the fact that they find the information on social media exaggerated and create fear and panic.

## **CONCLUSION**

The woman, who is faced with numerous physiological and psychological changes in the prenatal period, wishes to be informed and have access to this information to be able to adjust to these changes. Pregnant women try to have access to such information both in their social environment and on social media. Pregnant women mostly turn to social media and the social environment to meet their physical, emotional, and informational needs. However, when both social media and social environment are considered as sources of information, both include several positive and negative effects. With a conscious and informed approach, positive impacts can be derived from both social media and social networks; however, an uncritical approach may lead to negative outcomes. In this context, midwives serve a vital role by guiding pregnant women toward

reliable information sources and helping them discern beneficial content from potentially harmful information, particularly on social media. Pregnant women should compare the information they obtain while using social media and their social environment to meet their social support needs. It is recommended to create a platform where they can make this comparison and seek expert opinion. Pregnancy counseling services can be provided to every pregnant woman to receive instant information. Social media applications that are supported by health professionals and could confirm information can be developed. Future studies should determine the extent to which social media is effective in social support and the extent to which pregnant women are affected by information pollution in accessing accurate information. In addition, the relationship between pregnant women's social media literacy levels and the support they receive from social media should be examined.

## REFERENCES

- Agostini, F., Neri, E., Salvatori, P., Dellabartola, S., Bozicevic, L., Monti, F. (2015). Antenatal depressive symptoms associated with specific life events and sources of social support among Italian women. *Maternal and Child Health Journal*, 19(5), 1131-1141.
- Ahn, J. (2013). What can we learn from Facebook activity? Using social learning analytics to observe new media literacy skills. *Proceedings of the Third International Conference on Learning Analytics and Knowledge*, Belgium, 135-144. <https://doi.org/10.1145/2460296.2460323>
- Akar, E. (2010). *Sosyal medya pazarlaması: Sosyal Webde pazarlama stratejileri*. Ankara: Elif Yayınevi.
- Aydın, R., Kızılkaya, T., Aytaç, S. H., & Taşlar, N. (2020). In COVID-19 Pandemic; Social Support Requirements and Midwifery Approaches to Women during Pregnancy, Childbirth and the Postpartum Period. *Electronic Turkish Studies*, 15(4).
- Baker, B., Yang, I. (2018). Social media as social support in pregnancy and the postpartum. *Sexual & Reproductive Healthcare*, (17), 31-34.
- Beydağ, K. D. (2007). Adaptation to Motherhood in the Postpartum Period and the Nurse's Role. *TSK Koruyucu Hekimlik Bülteni*.
- Bjelke M, Martinsson AK, Lendahls L, Oscarsson M. (2016). Using the Internet as a source of information during pregnancy-A descriptive cross-sectional study in Sweden. *Midwifery*, 40, 187-191.
- Brink, H. I. (1993). Validity and reliability in qualitative research. *Curationis*, 16(2), 35-38.
- Cannella, B.L. (2006). Mediators of the relationship between social support and positive health practices in pregnant women. *Nursing Research*, 55(6), 440-448
- COREQ (2024). [https://legacyfileshare.elsevier.com/promis\\_misc/ISSM\\_COREQ\\_Checklist.pdf](https://legacyfileshare.elsevier.com/promis_misc/ISSM_COREQ_Checklist.pdf)
- Creswell, J. W. (2003). *Research Design: Qualitative, quantitative and mixed methods approaches*. London: Sage Publications.
- Degirmenci, F., Vefikuluçay Yılmaz, D. (2020). The relationship between psychosocial health status and social support of pregnant women. *Journal of Psychosomatic Obstetrics & Gynecology*, 41(4), 290-297.
- Degirmenciler, B., Sercekus, P., Ozkan, S. (2022). How Does the Use of the Internet and Social Media Affect Pregnant Women? *Ordu University J Nurs Stud*, 5(3), 453-458.

Friedman, L.E., Gelaye, B., Sanchez, S.E., Williams, M.A. (2020). Association of social support and antepartum depression among pregnant women. *Journal of Affective Disorders*, (264), 201–205.

Gao, L., Qu, J., Wang, A.Y. (2020). Anxiety, depression and social support in pregnant women with a history of recurrent miscarriage: a cross-sectional study. *Journal of Reproductive and Infant Psychology*, 38(5), 497-508.

Gercek Oter, E., Kocademir, L. (2020). Use of Digital Media in Prenatal and Postnatal Period. *JOWHN Journal of Women's Health Nursing*, 6(1), 30-44.

Golafshani, N. (2003). Understanding reliability and validity in qualitative research. *The qualitative report*, 8(4), 597-607.

Gul, B., Riaz, M.A., Batool, N., Yasmin, H., Riaz, M.N. (2018). Social support and health related quality of life among pregnant women. *JPak Med Assoc*, 68(6), 872-5.

Healy, M., Perry, C. (2000). Comprehensive criteria to judge validity and reliability of qualitative research within the realism paradigm. *Qualitative market research: An international journal*, 3(3), 118-126.

Kanig, M., Eroglu, K. (2020). Investigation of the relationship between the level of perceived social support and healthy lifestyle behaviors pf pregnant women. *J Psy Nurs*, 11(4), 333-340.

Lester, S. (1999). An introduction to phenomenological research. Access link [https://www.researchgate.net/profile/Stan\\_Lester/publication/255647619\\_An\\_introduction\\_to\\_phenomenological\\_research/links/545a05e30cf2cf5164840df6.pdf](https://www.researchgate.net/profile/Stan_Lester/publication/255647619_An_introduction_to_phenomenological_research/links/545a05e30cf2cf5164840df6.pdf)

Merriam, S. B. (2018). *Nitel Araştırma Desen ve Uygulama İçin Bir Rehber*, (Çev. S. Turan), Ankara: Nobel Yayıncılık.

Overdijkink, S.B., Velu, A.V., Rosman, A.N., Beukering, M.D., Kok, M., Steegers-Theunissen, R.P. (2018). The usability and effectiveness of mobile health technology-based lifestyle and medical intervention apps supporting health care during pregnancy: Systematic review. *JMIR Mhealth Uhealth*, 6(4), 109.

Patton, C. W. (2007). *Nitel araştırma ve değerlendirme yöntemleri*. M. Bütün ve S. B. Demir (Edt.) Ankara: Pegem Akademi.

Payton A, Woo BKP. (2021). Instagram content addressing pruritic urticarial papules and plaques of pregnancy: observational study. *Journal of Medical Internet Research Dermatol*, 4(1), e26200.

van Manen, M. (2014). *Phenomenology of practice: Meaning-giving methods in phenomenological research and writing*. Walnut Creek: Left Coast Press.

Sayakhot P, Carolan-Olah M. (2016). Internet use by pregnant women seeking pregnancy-related information: a systematic review. *BMC Pregnancy Childbirth*, 16, 65.

Simsek, H. N., Demirci, H., Bolsoy, N. (2018). Sosyal destek sistemleri ve ebelik. *Düzce Üniversitesi Sağlık Bilimleri Enstitüsü Dergisi*, 8(2), 97-103.

Tong, A., Sainsbury, P., Craig, J., (2007). Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups, *International Journal for Quality in Health Care*, 19 (6), 349–357, <https://doi.org/10.1093/intqhc/mzm042>

Toptas, B., Aksu, H., Ozsoy, S., Dundar, T. (2019). Social support status and the affecting factors in pregnant women. *Journal of Human Sciences*, 16(3), 736-745. doi:10.14687/jhs.v16i3.5618.

Yıldırım, A, Şimşek H. (2018). *Sosyal bilimlerde nitel araştırma yöntemleri*. İstanbul: Seçkin yayıncılık.

Yue, C., Liu, C., Wang, J., Zhang, M., Wu, H., Li, C., Yang, X. (2021). Association between social support and anxiety among pregnant women in the third trimester during the coronavirus disease 2019 (COVID-19) epidemic in Qingdao, China: The mediating effect of risk perception. *International Journal of Social Psychiatry*, 67(2), 120-127.

Zamani, P., Ziaie, T., Lakeh, N.M., Leili, E.K. (2019). The correlation between perceived social support and childbirth experience in pregnant women. *Midwifery*, (75), 146-151.

Zhu C, Zeng R, Zhang W, Evans R, He R. (2019).Pregnancy-related information seeking and sharing in the social media era among expectant mothers: qualitative study. *Journal of Medical Internet Research*, 21(12), e13694.