Perceived Social Support, Quality of Life, and Anxiety of Child Birth among Primigravida Women

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Abstract

Background: Anxiety about childbirth among primigravida women has a negative effect on the quality of life of pregnant women. Perceived social support plays a vital role in improving the psychological well-being of pregnant women by enhancing women's ability to cope with stressful situations. **Purpose**: To assess perceived social support, quality of life, and anxiety about childbirth among primigravida women. **Design**: cross-sectional research **Sample**: A purposeful sample consisting of 74 pregnant women **Setting**: Outpatient maternity clinics at El-Manial Hospital, Cairo University. **Tools**: Sociodemographic Data Sheet, Multidimensional Scale of Perceived Social Support (MSPSS), Pregnant Women's Anxiety of Childbirth Questionnaire, Quality of Life Questionnaire **Results**: The mean age of the study sample was M±SD=21.9±3.7 years, less than half (48.6%) had secondary education, while few (5.4%) of them were illiterate. The majority were housewives (73.0%), reported a low income (81.1%(and living in rural areas (55.4 %). Regarding the correlation matrix of the studied variables, there are highly negative significant correlations between perceived social support and anxiety of childbirth among the primigravida women at (r = -0.41 and p= 0.00*) and there is a highly significant correlation between perceived social support and quality of life at (r= 0.34 and p= 0.002*). While there is no significant correlation between anxiety about childbirth and quality of life among primigravida women. **Conclusion**: The majority of the studied sample had a moderate level of perceived social support and quality of life. All of the studied samples had a high level of anxiety about childbirth. There were highly negative and significant correlations between perceived social support and anxiety about childbirth among primigravida women, and there is a highly significant correlation between perceived social support and quality of life. **Recommendation**: Establish educational centers and hotlines for increasing family awareness about the importance of social support and quality of life for pregnant women.

Keywords: primigravida, perceived social support, quality of life, and anxiety of childbirth.

Introduction

There is no doubt that pregnancy and childbirth are major events in a woman's life. She daydreams about pregnancy, childbirth, and motherhood, but when faced with reality, many question her ability to cope with these big events. Pregnancy is a very important time for a woman and her family, and it is an unforgettable moment in a woman's life. Additionally, they often feel tired and suffer from physical ailments. Furthermore, childbirth affects every aspect of a woman's life; it is viewed as a multidimensional experience that includes physical, emotional, psychological, developmental, social, cultural, and spiritual components. Strong anxiety during childbirth can make it a traumatic experience, especially for primigravida women **(Osman, El-Adham & Elrefaey,2021).**

One of the crises that pregnant women face is primigravidity. Primigravida women frequently experience anxiety during delivery

because they have never given birth before. Anxiety surrounding childbirth can have negative effects on both the mother and the fetus. The mother may experience increased stress hormone secretion, which may necessitate vaginal delivery, an emergency or elective cesarean delivery, or poor mental health following the birth. The fetus may experience preterm birth, low birth weight, or fetal hypoxia.**(Lalchungnungi & Nongkynrih,2021; Gaini., Sotoudeh, Moazedian, & Hosseini, 2022).**

To guarantee a successful pregnancy, attention must be paid to the mother's quality of life during the pregnancy. Quality of life is the main indicator for assessing prenatal health status. According to the World Health Organization, quality of life is "a person's perspective on their position in life about their goals, standards, expectations, and concerns, as well as the culture and value systems they live in, is defined as their quality of life". Anxiety over giving birth and a lack of social support were two reasons why pregnant women, particularly in the third trimester, reported a poor quality of life **(Daglar, Bilgic & Ozkan, 2020).** Pregnant women require social support from their spouses, family, friends, medical experts, and other significant individuals to enhance their quality of life and achieve mental equilibrium. Pregnant women who lack social support may be more likely to experience anxiety during childbirth and have a lower quality of life **(Abdi, Faramarzi, Bouzari, Chehrazi, & Esfandyari, 2022).**

The concept of perceived social support refers to an individual's subjective belief that the people who are important to them are by their side and offer various forms of assistance, including emotional empathy, informational advice, and tangible like practical help. One can get this support from a range of people, such as their spouse, family, friends, and medical professionals. Pregnant women's quality of life is enhanced, and anxiety during childbirth is significantly reduced when they perceive social support **(Vakilian, Zarin,& Zaraj,2018).**

The World Health Organization's recommendations for the role of a nurse in promoting a positive pregnancy experience and lowering anxiety levels in expectant mothers facing the delivery process include counseling during pregnancy, check-ups to increase understanding and change mothers' perceptions about childbirth, identifying pregnant women's needs, providing individualized, continuous, standardized, and quality of care, ensuring privacy and confidentiality, finding alternatives to solve their problems and using problem-solving strategies, encouraging positive adaptation with stressors, implementing stress management and coping strategies, encouraging them to express their fears and concerns about the childbirth process, and educating them on certain things they should know during pregnancy**(Souto, Albuquerque, Silva, Guerra& Prata, 2020).**

Few studies have been done to evaluate the stress level and quality of life in primigravida women, despite the detrimental effects of stress and the reduction in social support during pregnancy on women's quality of life and pregnancy outcomes. So, the aim of is study is to assess the perceived social support, quality of life, and anxiety of childbirth among primigravida women.

Significance of the study:

Worldwide, there are over 140 million births annually, with over 4 million taking place in the United States and close to 120 million in less developed nations. In Egypt, there are 29 births for every 1,000 people each year. Consequently, each pregnant woman should get particular care and attention during her pregnancy and childbirth to lessen anxiety, which can cause several problems during these times. Childbirth-related anxiety is common in the early and late stages of pregnancy, particularly in primigravida, because the delivery of the first child is highly psychosocially traumatic. Approximately 80% of pregnant women still experience childbirth anxiety **(Osman et al.,2021).**

About 6% to 10% of women have severe anxiety related to delivery that interferes with their everyday lives. Anxiety related to childbirth among primigravida women may

arise from a variety of factors, including fear of pain, obstetric injuries, loneliness, losing control, fear of the mother's life being taken away, fear of being left alone during labor, and fear of having a premature birth, low birth weight, fetal hypoxia, or a child with mental retardation or congenital malformation **(Khosravi, Keiran and, Keiran and & Khalesi,2022).** According to World Health Organization (WHO) guidelines, pregnant women should have social support to enhance their capacity to give birth, lessen their anxiety related to the process, and generally improve their quality of life. This is especially true for primigravida mothers **(Osman et al.,2021).**

It is expected that this study will improve practice and broaden the knowledge base of nurse specialists in the obstetric and mental nursing departments on the themes included in the study. Furthermore, because there is currently insufficient knowledge on the effects of perceived social support, both positive and negative, on primigravida women's anxiety related to childbirth and their quality of life, the study's findings may be included in future high-risk pregnancy care protocols. By examining the relationships between each other, the current study will close the gaps in the literature that currently exist in this neglected field. Additionally, to provide complete nursing care for pregnant women and address their mental health issues, obstetric nurses and nurse specialists must be employed in these fields.

Aim of the study

The purpose of this study is to assess perceived social support, quality of life, and anxiety about childbirth among primigravida women.

Research questions

1. What are the levels of perceived social support, quality of life, and anxiety about childbirth among primigravida women?

2. Is there a relationship between perceived social support, quality of life, and anxiety about childbirth among primigravida women

Operational definitions

Quality of life: It is the satisfaction of primigravida women with their physical health, psychological state, level of independence, and social relationships. In addition, primigravida women can satisfy their needs and adapt to their psychological stressors, such as anxiety during childbirth. It will be measured by a quality-of-life scale.

Anxiety of childbirth: It is anxiety regarding maternal and neonatal outcomes during childbirth, which is accompanied by some psychological and physical symptoms. It will be measured by the Pregnant Women's Anxiety of Childbirth scale.

Perceived social support: It is her perception of primigravida that the people who matter to her are alongside her, and provide support, such as emotional empathy or informational advice, and she can count on their help when in need. This support can be drawn from a variety of sources, including one's partner, family, friends, and healthcare providers. It will be measured by the Multidimensional Scale of Perceived Social Support (MSPSS).

Primigravida: it is a woman who is pregnant for the first time.

Subjects and Methods

Research Design

A cross-sectional research design was utilized to conduct the current study to describe the variables and examine the relationship among the study variables.

Setting

The setting of data collection will be "outpatient maternity clinics at El-Manial Hospital, Cairo University, Egypt.

Sample

A purposeful sample consisting of 74 pregnant women was selected from the above-

mentioned setting. Pregnant women were selected according to the following criteria: Inclusion criteria: primigravida, singleton pregnancy, normal pregnancy, third trimester, can read and write. Exclusion criteria: no past or present history of a medical disorder.

Tools for Data Collection

Four tools were used by the researcher to obtain the necessary data, including the following:

1. Sociodemographic Data Sheet (Appendix A): This tool was developed by the researcher. It included personal characteristics such as age, marital status, occupation of pregnant women, occupation of her husband, residence, educational level, and income.

2. Multidimensional Scale of Perceived Social Support (MSPSS) (Appendix B): This tool was developed by Mary and Kazarian (2012). It includes 12 items (Arabic version). It was designed to measure perceived social support. The questionnaire was divided into three domains (family, friends, and significant others). The family domain includes (4 items: 3, 4, 8, 11), the friends domain includes (4 items: 6, 7, 9, 12), and the significant other domain includes (4 items: 1, 2, 5, 10). This tool is scored based on a seven-point Likert scale from 1 to 7 (Very Strongly Disagree = 1, Strongly Disagree = 2, disagree = 3, Neutral = 4, agree = 5, strongly agree = 6, very strongly agree = 7). The total scores were divided as follows

• 1-28 = low level of Perceived Social Support
• 29-56 = moderate level of Perceived Social Support
• 57-84= high level of Perceived Social Support
• This scale has high validity (validity of translation, validity of internal consistency, and validity of the structure by using the confirmatory factor analysis) and reliability (the method of reapplication, Cronbach's alpha = 0, 87).

3. Pregnant Women's Anxiety of Childbirth Questionnaire: (Appendix C): This tool was developed by Al Aargy (2017). It includes 16 items (Arabic version). It was designed to measure pregnant women's anxiety about childbirth. This tool is scored based on a four-point Likert scale from 0 to 3 (never = zero, rarely = 1, sometimes = 2, always = 3). The total score for pregnant women's anxiety about childbirth questionnaire was calculated as follows:

0-16=low level of anxiety
17–32 = moderate level of anxiety
33-48 = high level of anxiety

This scale has high validity (validity of the internal consistency, face validity by offering this scale on experts and specialists in psychology, construct validity) and reliability (the method of reapplication, Cronbach's alpha, and the split-half); Cronbach's alpha = 0.88.

4. Quality of life questionnaire: (Appendix D): This tool was developed by Hamza (2018). It consisted of 25 items (the Arabic version). It was designed to measure the quality of life. This tool is divided into six domains(self-esteem, psychological balance, social integration, sociality, self-control, events, and happiness). The self-esteem-esteem includes (4 items: 1, 2, 3, 4), the psychological balance domain includes (4 items: 5, 6, 7, 8), the social integration domain includes (4 items: 9, 10, 11, 12), the sociality domain includes (4 items: 13, 14, 15, 16), the self-control and events domain includes (4 items: 17, 18, 19, 20), and the happiness domain includes (5 items: 21, 22, 23, 24, 25). This tool is scored based on a five-point Likert scale from 0 to 4 (never = 0, rarely = 1, sometimes = 2, often = 3, always =4).

The total score for pregnant women's anxiety about childbirth questionnaire was calculated as follows:

0-33 =low level of quality of life
34–66 =moderate level of quality of life
67-100 = high level of quality of life

This scale has high validity (validity of translation, validity of internal consistency, and validity of the structure by using the

confirmatory factor analysis) and reliability (the method of reapplication, Cronbach's alpha, and the split-half), with Cronbach's alpha = 0.91.

Pilot study

A pilot study was conducted on 10 % of the sample to clarify the questionnaire and to test the clarity, feasibility, and applicability of the different items of the study tools. Data obtained from the pilot study were excluded from the current study data. Based on the results of the pilot study, the necessary modifications were done by the researcher before the conduct of the actual study.

Ethical considerations

Official permission to conduct was obtained from the ethical committee, from the faculty of nursing at Cairo University. Official permission was granted from the director of the setting. The researcher introduced herself to the women who met the inclusion criteria and informed them about the aim of the study to obtain their acceptance. All pregnant women were informed that participation in this study is voluntary, and they can withdraw at any time during the study without giving reasons and their withdrawal did not affect the care they will receive. An informed written consent was obtained by the researcher's presence and place of signature.

Procedure

Once permission was granted to proceed with the proposed study and upon receiving formal approval from the Ethics and Research Committee at the Faculty of Nursing, Cairo University, the researcher proceeded with the four data collection tools in the following phases:

1. **Interviewing phase:**

During this phase, the researcher met the study participants in the outpatient clinic to explain the purpose of the study, and written informed consent was obtained. A face-to-face interview was conducted for each pregnant woman.

2. **Implementing phase:**

During this phase, the researcher asked each pregnant woman to fill out the tools of the study. The duration of the participant's completion of all tools ranges from 20 to 30 minutes. At that time, the purpose and nature of the study were explained to them to gain their acceptance and cooperation.

Statistical Analysis

The collected data was analyzed using descriptive (mean, median, prevalence distribution, and percentage) and analytical statistics (Pearson coefficient and regression) at a 95% confidence interval in Statistical Package for the Social Sciences (SPSS) software. The level of significance was set at < 0.05%.

Results:

Table 1 reveals that 54.1% of primigravida women's age ranged from 20-< 25 years old, while 13.5% of primigravida women's age ranged from 25 to 30 years old. About their place of residence, 55.4% of pregnant women lived in rural areas, while 44.6% of them lived in urban areas. According to their level of education, 48.6% of pregnant women had secondary education, whereas 5.4% of pregnant women were illiterate. About their marital status, 85.1% of pregnant women were married, whereas 14.9% of pregnant women were divorced. According to their jobs, 73% of pregnant women were housewives, 13.5% of them were employees, and 13.5% of pregnant women had free work. According to their spouse's job, 56.8% of pregnant women's spouses have free work, 24.3% of them are employees, and 18.9% of pregnant women's spouses do not work. Regarding their income, 81.1% of pregnant women's income is not enough, while 18.9% of pregnant women's income is enough.

Figure 1 shows that 51.40% of primigravida women perceived a moderate level of social support, 37.80% of them perceived a low level of social support, and 10.80% of primigravida women perceived a high level of social support.

Figure (2) shows that 52.70% of primigravida women have a moderate level of quality of life, 31.10% of them have a low level of quality of life, and 16.20% of primigravida women have a high level of quality of life.

Figure (3) shows that 100.0% of primigravida women suffered from high levels of Anxiety during childbirth.

Table (2) reveals that there was a statistically significant difference between the age of primigravida women and perceived social support (F = 1.9 and P = 0.04*); there was a highly significant difference between the age of primigravida women and anxiety about childbirth among them (F = 2.4 and P = 0.01*); and there was no statistically significant difference between the age of primigravida women and their quality of life.

Table (3) reveals that there were no statistically significant differences between the residence of primigravida women and all studied variables (perceived social support, quality of life, and anxiety about childbirth) among them.

Table (4) reveals that there were no statistically significant differences between the education of primigravida women and the studied variables (perceived social support and quality of life) among them. While there was a highly statistically significant difference between education and anxiety about childbirth among primigravida women (F = 3.7 and P = 0.002.

Table (5) reveals that there were highly significant differences in the relation between the marital status of primigravida women and the studied variables, perceived social support (F = 13.4 and P = 0.00*), quality of life (F = 13.7 and P = 0.00*), and anxiety about childbirth (F = 7.7 and P = 0.00*).

Table (6) reveals that there were no statistically significant differences between the job of primigravida women and the studied variables (perceived social support, anxiety about childbirth, and quality of life) among them.

Table (7) reveals that there were no statistically significant differences between the job of a primigravida woman's spouse and the studied variables (perceived social support, anxiety about childbirth, and quality of life) among them.

Table (8) reveals that there were no statistically significant differences between the income of primigravida women and all studied variables (perceived social support, anxiety about childbirth, and quality of life).

Table (9) shows the correlation matrix of the studied variables (perceived social support, anxiety about childbirth, and quality of life scales). The table demonstrates highly negative and significant correlations between perceived social support and anxiety about childbirth among primigravida women (r = -0.41 and p = 0.00*), and there is a highly significant correlation between perceived social support and quality of life (r = 0.34 and p = 0.002*). While there is no significant correlation between anxiety about childbirth and quality of life among primigravida women,

Part I: This part represents the personal characteristics of the primigravida women (table: 1).

Table (1). Frequency distribution of the primigravida women, according to personal characteristics (n=74).

Personal Characteristics	No.	%
Age		
15-<20	24	32.4
20-<25	40	54.1
25-30	10	13.5
M±SD=21.9±3.7		
Residence		
Rural	41	55.4
Urban	33	44.6
Education		
Illiterate	4	5.4
Can read and write	6	8.1
Primary school	11	14.5
Preschool	7	9.5
Diplom/secondary school	36	48.6
University	8	10.8
Marital status		
Divorced	11	14.9
Married	63	85.1
Job		
Employee	10	13.5
Free work	10	13.5
Housewife	54	73.0
Spouse Job		
Employee	18	24.3
Free work	42	56.8
None	14	18.9
Income		
Enough	14	18.9
Not enough	60	81.1

*Significant at p-value<0.05

Part II: This Part Displays the Levels of Studied Variables (Perceived Social Support, Quality of Life, and Anxiety of childbirth Scales) among Primigravida Women (Figures: 1,2 & 3)

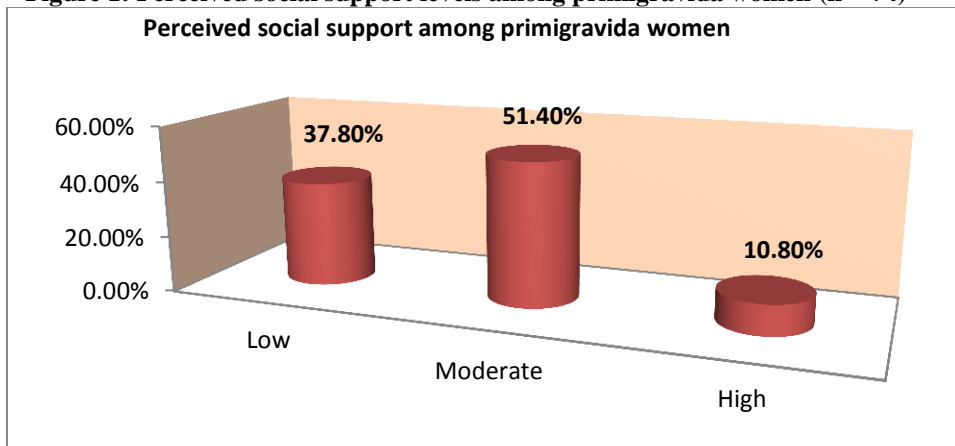**Figure 1: Perceived social support levels among primigravida women (n = 74)**

Perceived social support among primigravida women

Figure 2: Quality of life levels among primigravida women (n = 74)

Quality of life levels among primigravida women

Figure (3): Anxiety of childbirth levels among primigravida women (n=74).

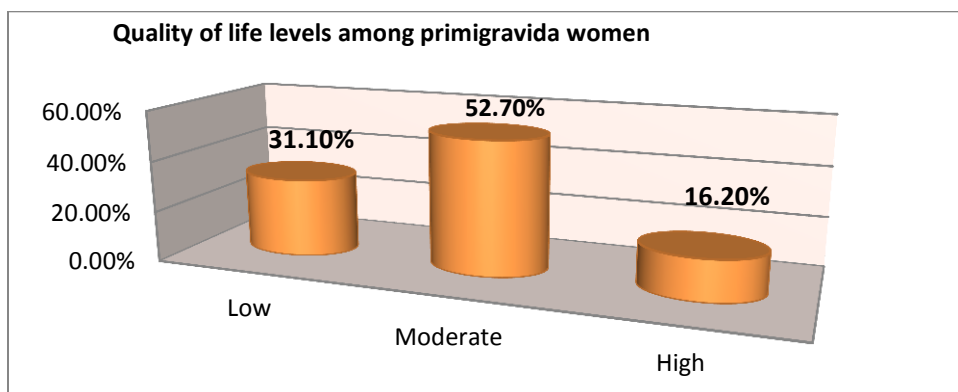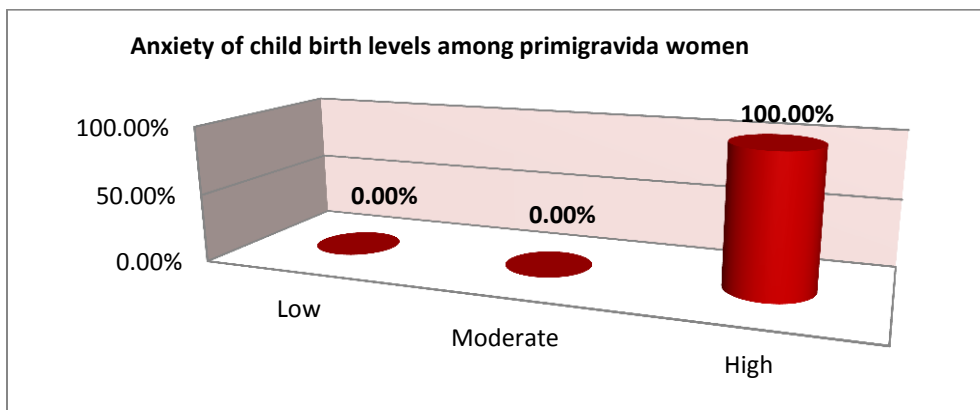**Anxiety of child birth levels among primigravida women**

Part III: The correlation between Personal Characteristics of the Primigravida Women Regarding Studied Variables (Perceived Social Support, Quality of Life, and Anxiety of childbirth Scales) (Tables: 2, 3, …..to Table 9).

Table (2): correlation between Personal Characteristics (Age) of Primigravida Women and Studied Variables (Perceived Social Support, Quality of Life, and Anxiety of Childbirth) among the Primigravida Women (n= 74).

Age	Perceived Social Support	F	P-value	Quality of Life	F	p-value	Anxiety of childbirth	F	p-value
	M±SD			M±SD			M±SD		
15-<20	51.33±8.16			57.66±8.23			46.50±1.64		
20-<25	50.00±2.00	1.9	0.04*	52.00±6.08	1.6	0.09	43.33±.57	2.4	0.01*
25-30	46.66±12.24			46.83±15.01			46.83±1.83		

*Significant at p-value <0.05

Table (3): correlation between Personal Characteristics (Residence) of Primigravida Women and Studied Variables (Perceived Social Support, Quality of Life, and Anxiety of Childbirth) among the Primigravida Women (n= 74).

Residence	Perceived Social Support	F	P-value	Quality of Life	F	p-value	Anxiety of Childbirth	F	p-value
	M±SD			M±SD			M±SD		
Rural	40.85±12.42	0.82	0.44	50.02±13.25	1.5	0.22	46.75±2.14	1.1	0.3
Urban	46.00±0.01			69.00±0.01			48.00±0.01		

*Significant at p-value <0.05

Table 4: Correlation between Personal Characteristics (Education) of Primigravida Women and Studied Variables (Perceived Social Support, Quality of Life, and Anxiety of Childbirth) among Primigravida Women (n = 74)

Education	Perceived Social Support	F	P-value	Quality of Life	F	p-value	Anxiety of Child Birth	F	p-value
	M±SD			M±SD			M±SD		
illiterate	33.66±8.43			43.00±13.20			48.00±.0000		
Can read and write	31.00±11.37			62.00±11.37			48.00±.0000		
Primary school	43.00±7.18	1.4	0.2	44.85±4.63	1.6	0.13	45.14±3.67	3.7	0.002*
Prep school	44.22±10.67			49.30±8.31			46.22±1.70		
Diplom/Secondary	45.00±7.07			47.00±5.65			45.50±.7071		
University	43.81±15.34			55.45±19.29			48.00±.0000		

*Significant at p-value <0.05

Table 5: Correlation between Personal Characteristics (Marital Status) of Primigravida Women and Studied Variables (Perceived Social Support, Quality of Life, and Anxiety of Childbirth) among Primigravida Women (n = 74)

Marital Status	Perceived Social Support M±SD	F	P-value	Quality of Life M±SD	F	p-value	Anxiety of Child Birth M±SD	F	p-value
Married	44.23±10.83	13.4	0.00*	51.73±11.18	13.7	0.00*	46.25±.2.07	7.7	0.007*
Divorced	31.63±8.09			38.90±5.52			8.09±.48.00		

*Significant at p-value <0.05

Table 6: Correlation between Personal Characteristics (Job) of Primigravida Women and Studied Variables (Perceived Social Support, Quality of Life, and Anxiety of Childbirth) among Primigravida Women (n = 74)

Job	Perceived Social Support M±SD	F	P-value	Quality of Life M±SD	F	p-value	The Anxiety of Child Birth M±SD	F	p-value
Employee	40.40±13.15	0.95	0.3	43.90±10.49	2.7	0.06	46.90±1.66.	0.3	0.7
Free work	46.80±10.20			45.80±8.44			46.20±.2.09		
Housewife	41.90±11.22			51.66±11.71			46.50±.2.07		

*Significant at p-value <0.05

Table 7: Correlation between Personal Characteristics (Spouse Job) of Primigravida Women and Studied Variables (Perceived Social Support, Quality of Life, and Anxiety of Childbirth) among Primigravida Women (n = 74)

Spouse Job	Perceived Social Support M±SD	F	P-value	Quality of Life M±SD	F	p-value	The Anxiety of Child Birth M±SD	F	p-value
Employee	46.00±4.00	1.1	0.3	52.50±5.44	2.2	0.07	44.50±1.29	1.4	0.2
Free work	39.57±11.01			44.14±7.08			46.64±.2.16		
No work	24.00±0.01			45.00±0.01			48.00±.0.01		

*Significant at p-value <0.05

Table 8: Correlation between Personal Characteristics (Income) of Primigravida Women and Studied Variables (Perceived Social Support, Quality of Life, and Anxiety of Childbirth) among Primigravida Women (n = 74)

Income	Perceived Social Support M±SD	F	P-value	Quality of Life M±SD	F	p-value	The Anxiety of Child Birth M±SD	F	p-value
Enough	38.42±11.23	2.1	0.15	45.00±9.83	3.1	0.08	46.50±1.65	0.001	0.9
Not enough	43.28±11.28			50.95±11.59			46.51±2.09		

*Significant at p-value <0.05.

Part IV: It Demonstrates the Correlation Matrix of the Studied Variables (Perceived Social Support, Anxiety of childbirth, and Quality of Life) among Primigravida Women

Table 9: Correlation Matrix of the Studied Variables (Perceived Social Support, Anxiety of Childbirth, and Quality of Life) among Primigravida Women (n = 74)

Scores	Perceived social support		Anxiety of childbirth		Quality of life	
	r	P	r	p	R	P
Perceived Social support	1					
Anxiety of childbirth	-0.41	0.00*	1			
Quality of life	0.34	0.002*	-0.01	0.9	1	

* Significant at p-value<0.05
** Highly statistically significant correlations (P< 0.001)

Discussion

The current study aimed to assess perceived social support, quality of life, and anxiety about childbirth among primigravida women. The results of this study include the personal characteristics of the primigravida women, the levels of studied variables (perceived social support, quality of life, and anxiety about childbirth) among primigravida women, the relationships between personal characteristics of the primigravida women and studied variables (perceived social support, quality of life, and anxiety about childbirth) among them, and finally the correlation matrix of the studied variables presented in this chapter.

The research questions of the current study are:

What are the levels of perceived social support, quality of life, and anxiety about childbirth among primigravida women?

Is there a relationship between perceived social support, quality of life, and anxiety about childbirth among primigravida women?

Part I: Personal Characteristics of the Studied Sample (Table 1)

Table (1) discusses the distribution of primigravida women by age, place of residence, education, marital status, employment, spouse's employment, and income. The results of the current study about the characteristics of primigravida women showed that over two-fifths of them were between the ages of twenty and less than twenty-five. This result may reflect a greater understanding of the Egyptian community and the proper age for females to marry through family counseling services and educational initiatives via various media. Our findings agree with those of **Khwepeya, Lee, Chen, and Kuo (2018),** who highlighted that the majority of primigravida women were young (less than 25 years old). On the other hand, **Daglar, Bilgic, and Ozkan (2020)** showed that most women were between the ages of 25 and under 30.

Regarding education and occupation, around half of them had secondary (diploma) education, and the majority of primigravida women were housewives. These results might be due to a lack of family awareness of the importance of education for girls and its positive effect on all aspects of her life, such as socially, psychologically, and financially).In addition, a higher woman's educational level leads to increased opportunities for employment, and vice versa.

The findings of this study corresponded with those of **Al Abedi, Arar, and Radhi (2019),** who found that over 75% of the primigravida women in their sample were housewives. Furthermore, the research conducted by **Sangin and Phonkusol (2021)** demonstrated that the majority of primigravida women completed secondary education, and over two-thirds of them were housewives. These findings are in contrast to a study by **Khwepeya et al. (2018),** which found that almost two-thirds of the women in the study had only completed primary school. Furthermore, according to the research by **Nasr Eldein,**

Hassan, Hemida, and Saadoon (2022), almost two-thirds of the women were highly educated, and most of them were employed.

According to the current study, the majority of the women under study were married and resided in rural areas. This result indicated the low socioeconomic status of pregnant women, which makes them go to government hospitals to follow up on their pregnancy. These findings were consistent with research conducted in 2022 by **Abegaz, Muche, and Aynalem,** which found that the majority of participants were married and resided in rural areas. In contrast, research by Nasr Eldein, **Hassan, Hemida, and Saadoon (2022)** and **Aljoher et al. (2018)** found that over half of the participants were from urban areas, and over 25% of them had experienced divorce.

About 25% of primigravida women's spouses were employed, less than 1% of them were unemployed, and over half of them had free employment. Also, the majority of pregnant women stated that their income is insufficient, while fewer than one-fifth said that their income is sufficient, according to the data about income. Spouses of pregnant women may be unemployed for a variety of reasons, including lack of education, incapacity to work, or unemployment. Additionally, unemployment has been linked to several issues, including inadequate money, which raises stress levels in daily life.

The findings of this study matched those of a study conducted **in 2021 by Osman et al.,** which found that the majority of pregnant women's spouses did not work or had inadequate income. In **contrast, Zamani, Ziaie, Lakeh, and Leili's 2019** study showed that the spouses of two-thirds of primigravida women worked in jobs with a medium income.

Part II: This Part Displays the Levels of Studied Variables (Perceived Social Support, Quality of Life, and Anxiety of Childbirth Scales) among Primigravida Women (Figures 1, 2, and 3).

Regarding the perceived social support, the results of the current study showed that more than half of the primigravida women

perceived a moderate level of social support; near to two-fifths of them perceived a low level of social support; and more than one-tenth of primigravida women perceived a high level of social support. This outcome may be the consequence of families recognizing how important social support is for primigravida women during this specific time in their lives. Additionally, ongoing social support from a partner or family member helps pregnant women cope with stressors better, improves their emotional and physical well-being, boosts their self-esteem, supports mental health, promotes the health of the mother and unborn child during pregnancy, and generally improves their quality of life.

These findings are consistent with a study by **Rashan, Sharifi, Kazemi, Golnazari, and Taheri (2021),** which showed that pregnant women's perceptions of social support were moderate. In contrast to studies by **Moshki & Cheravi (2016)** and **Nazari, Ghasemi, Vafaei, and Fararouei (2015),** which found that husband support was the primary source of strong support for pregnant women.

Regarding the degree of anxiety associated with childbirth, the present study's findings showed that all primigravida study participants experienced a high level of anxiety. This outcome might be the result of the mother's lack of previous delivery experience. Fear of pain, fear of losing control during delivery, fear of uterine rupture, fear of an emergency delivery, fear of complications for the mother or child during childbirth, fear of having a premature child, fear of the child being underweight at birth, fear of fetal hypoxia, fear of having a child with mental retardation or congenital malformation, and fear of having an impaired or stillborn infant are just a few of the factors that can affect primigravida women's anxiety during childbirth.

This finding is consistent with a study by **Onchonga, Hosseini, Keraka, and Várnagy (2020),** which found that primigravida women were more likely than multigravida women to have high levels of anxiety related to childbirth. Also, **Devi, Shinde & Khole (2018), Benyian & Ali (2021),** and **Mishra, Bara, Priyamabada, Pattojoshi & Bakhla (2021)**

supported our findings and found that primigravida women experience more anxiety during childbirth due to fear of painful contractions, episiotomy, tears, vaginal examination, and complications. Our findings contradict research conducted in 2021 by Benyian and Ali, which indicated that pregnant women who were multiparous experienced higher levels of worry than those who were primigravida.

The results of the current study showed that, in terms of quality of life, less than one-third of primigravida women have a low quality of life, less than one-fifth have a high quality of life, and more than half have moderate quality of life. This outcome may be attributable to the social support that pregnant women receive from a range of sources, including their partners, families, and friends. This support improves mental health and improves coping mechanisms, both of which increase the quality of life for pregnant women.

The results are consistent with North Jordan's research on factors affecting the quality of life of healthy pregnant women, which reveals that the women's quality of life was moderate **(Alzboon & Vural, 2019).** In contrast to **Jafaru, Musa, and Sani's (2022)** findings, the majority of pregnant women reported a low quality of life. The quality of life of relatively few pregnant women was deemed to be good, very good, or exceptional.

Part III: The Correlations between Personal Characteristics of the Primigravida Women Regarding Studied Variables (Perceived Social Support, Quality of Life, and Anxiety of Childbirth) (Tables 2, 3, 4,... to Table 8).

The correlations between the personal characteristics of Primigravida women and perceived social support

The findings of the current study revealed that there was a statistically significant difference between the age of primigravida women and perceived social support. This finding may be explained by the significance of social support from a variety of sources in helping pregnant women at this age adjust to

life's challenges, lessen their fear of giving birth, and enhance their quality of life. This finding is consistent with research by **Abdollahpour et al. (2015)** that was conducted in Iran and found a significant relationship between the age of primigravida women in their third trimester and their perception of social support. In contrast, research by **Kim et al. (2014), Nazari et al. (2015),** and **Jafaru, Musa, and Sani (2022)** revealed that there was no significant relationship found between total perceived social support and a pregnant woman's age.

The results of this study showed a highly statistically significant relationship between primigravida women's marital status and their perception of social support. This finding clarified the critical role that social support—particularly from a pregnant woman's spouse—plays in helping pregnant women cope with life's challenges, enhance their mental health, and generally improve their quality of life. The findings of this study concurred with those of a study conducted in **2018** by **Vakilian, Zarin, and Zaraj,** which found a significantly significant relationship between primigravida women's marital status and their perception of social support. In contrast, there was no significant correlation found in the study by **Abdi, Faramarzi, Bouzari, Chehrazi, & Esfandyari (2022)** between primigravida women's marital status and their perception of social support.

The correlations between the personal characteristics of Primigravida women and anxiety about childbirth

The results of this study showed a statistically significant relationship between primigravida women's age and anxiety about childbirth. This finding may be explained by a rise in maternal anxiety related to the increased awareness of complications during pregnancy and childbirth for both the mother and the child, including pain, loss of control during delivery, uterine rupture, operative delivery, premature birth, low birth weight, fetal hypoxia, or having a child with mental retardation or congenital malformation. Similar findings from a study conducted in **(2020) by Fitriasnani and Nikmah** showed a correlation between

primigravida pregnant women's age and their third trimester's fear of giving birth. Conversely, the study by **Kabukçu et al. (2019)** and **Abdi, Faramarzi, Bouzari, Chehrazi, and Esfandyari (2022)** reported that no significant relationship was found between anxiety about childbirth and a pregnant woman's age.

The results of this study showed that among primigravida women, there was a highly statistically significant relationship between education and anxiety related to childbirth. The mother's education may have contributed to this outcome by making her more likely to be able to learn more, raising awareness of pregnant women who face complications during pregnancy and childbirth for both the mother and the child, and raising pregnant women's anxiety about giving birth. The findings of the studies by F**airbrother et al. (2018), Benyian & Ali (2021),** and **Abegaz, Muche & Aynalem (2022)** supported the findings of this study, which showed a very significant relationship between primigravida women's anxiety about childbirth and their education.

The findings of the current study revealed that there were highly significant relationships between the marital status of primigravida women and anxiety about childbirth. This result may be due to the roles and responsibilities of mothers in the house and daily life stressors. These findings aligned with the research conducted by **Lalchungnungi and Nongkynrih (2021)**. The findings showed a significant relationship between primigravida women's marital status and their anxiety related to childbirth. On the other hand, **Osman, El-Adham, and Elrefaey's results (2021)** showed that there was no significant relationship between primigravida women's marital status and their anxiety about childbirth.

The correlations between the personal characteristics of Primigravida women and quality of life

The current study's findings showed a highly significant relationship between primigravida women's marital status and their quality of life. This outcome might be attributed to the emotional support a pregnant woman receives from her partner during her pregnancy, which can boost mental health, self-esteem, and stress-coping skills and ultimately lead to a higher quality of life. The results of the study by **Castro, Castrall, Correa, and Blanco (2023)** support our study and show a highly significant relationship between pregnant women's marital status and their quality of life. On the other hand, the study by **Legadec et al. (2018)** found no statistically significant relationship between pregnant women's marital status and their quality of life.

Part IV: It Demonstrates the Correlation Matrix of the Studied Variables (Perceived Social Support, Anxiety of childbirth, and Quality of Life) among Primigravida Women (Table 10).

The current study's findings show that among primigravida women, there was a highly negative relationship between perceived social support and anxiety related to childbirth. These findings might be a result of pregnant women's mental health being positively impacted by perceived social support, which is a significant protective factor against delivery anxiety and promotes a healthy response to stress and life crises. According to comparable findings by **Yuksel, Bayrakci, & Yilmaz (2019) and Zakeri & Bozorgi (2018),** there was a negative relationship between primigravida women's anxiety over childbirth and their perception of social support. On the other hand, **Yu, Qiu, Liu, Cui, and Wu (2020),** in their study found no significant relationship between pregnant women's worry over giving birth and their perception of social support.

The study's findings revealed a strong relationship between quality of life and perceived social support. The result might be caused by the fact that pregnant women's perceived social support has a significant impact on their psychological wellness and mental health, which in turn improves their quality of life. The current study's findings match those of **Jafaru and Musa (2021),** who found a highly significant relationship between quality of life and perceived social support. However, **Shishehgar et al. (2013)** concluded that there is no meaningful relationship between pregnant women's quality of life and their perception of social support.

The study's findings showed no significant correlation between the anxiety of childbirth and quality of life among primigravida women. These findings showed that even though continuous support—social, psychological, medical, or informational—can improve the quality of life for expectant mothers, particularly for primigravida women. Pregnant women are more likely to experience anxiety related to childbirth because of biological and psychological factors that increase stress levels in the body.

The present study's findings concurred with those of **Samer (2017),** who reported that pregnant women's quality of life and anxiety about childbirth did not significantly correlate. Conversely, the study's findings from **Sayed et al. (2022)** showed a strong relationship between pregnant women's quality of life and their anxiety about giving birth.

Conclusions:

The study concluded that the majority of the studied sample had a moderate level of perceived social support and quality of life. All of the studied samples had a high level of anxiety about childbirth. There were highly negative and significant correlations between perceived social support and anxiety about childbirth among primigravida women, and there is a highly significant correlation between perceived social support and quality of life. While there is no significant correlation between anxiety about childbirth and quality of life among primigravida women,

Recommendation

Based on the study findings, the following recommendations were formulated

1.Educational programs and family counseling programs will increase awareness in our Egyptian community about the appropriate age for marriage among girls.

2.Psychiatric nurses should be integrated into obstetric hospitals to assess the psychosocial problems of pregnant women and provide psychological care for them.

3.Establish educational centers and hotlines for increasing family awareness about the importance of social support and quality of life for pregnant women.

4.Further research studies should be done to detect therapeutic interventions and strategies to reduce anxiety about childbirth among primigravida women and improve their quality of life and social support.

5.Educational programs should be provided for pregnant women to teach them stress management, effective coping strategies, and effective problem-solving skills.

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