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O EFEITO DO APOIO SOCİAL PERCEBIDO NO CONFORTO PÓS-PARTO
THE EFFECT OF PERCEİVED SOCİAL SUPPORT ON POSTPARTUM COMFORT
EL EFECTO DE LA PERCEPİN DE APOYO SOCİAL EN EL CONFORT POSTPARTO

RESUMO

Objetivo: A pesquisa foi realizada para determinar o efeito da perceção de apoio social de mulheres no pós-parto sobre os níveis de conforto pós-parto. **Métodos:** A amostra do estudo descritivo foi constituída por 320 mulheres no período pós-parto. Para a recolha de dados foram utilizados o Formulário de Informação Descritiva, a Escala Multidimensional de Suporte Social Percebido (MSPSS) e a Escala de Conforto Pós-Parto (PCS). **Resultados:** O nível de MPSSS das mulheres foi considerado moderado (55,25 ± 16,70). O nível de PCS das mulheres foi considerado moderado (120,03 ± 19,18). Verificou-se que existia uma relação positiva significativa entre o apoio social percepcionado e o conforto pós-parto das mulheres (p<0,05).**Conclusões:** O estudo mostrou que à medida que o nível de suporte social percebido pelas mulheres aumentava, o seu nível de conforto pós-parto também aumentava.

ABSTRACT

Objective: the research was carried out to determine the effect of perceived social support of postpartum women on postpartum comfort levels. **Methods:** the sample of the descriptive study consisted of 320 women in the postpartum period. Descriptive Information Form, Multidimensional Scale of Perceived Social Support (MSPSS), Postpartum Comfort Scale (PCS) were used to collect data. **Results:** women's MPSSS level was found to be moderate (55.25 ± 16.70). Women's PCS level was found to be moderate (120.03 ± 19.18). It was determined that there was a significant positive relationship between the social support perceived and postpartum comfort by women (p<0.05). **Conclusions:** the study showed that as the level of social support perceived by women increased, their level of postnatal comfort also increased.

DESCRIPTORS: Perceived social support; Postpartum comfort; Postpartum period.

RESUMEN

Objetivo: la investigación se llevó a cabo para determinar el efecto del apoyo social percibido de las mujeres puérperas en los niveles de confort posparto. **Métodos:** la muestra del estudio descriptivo estuvo constituida por 320 mujeres en período de posparto. Para la recogida de datos se utilizaron el Formulario de Información Descriptiva, la Escala Multidimensional de Apoyo Social Percibido (MSPSS) y la Escala de Confort Postparto (PCS). **Resultados:** el nivel de MPSSS de las mujeres resultó ser moderado (55,25 ± 16,70). El nivel de PCS de las mujeres resultó ser moderado (120,03 ± 19,18). Se determinó que existía una relación positiva significativa entre el apoyo social percibido y el confort posparto de las mujeres (p<0,05). **Conclusiones:** el estudio demostró que a medida que aumentaba el nivel de apoyo social percibido por las mujeres, también aumentaba su nivel de confort postnatal.

DESCRIPTORES: Apoyo social percibido; Confort posparto; Período posparto.

INTRODUCTION

Delivery is a major process that affects a woman's health in many aspects including emotional, physical and social. The process of a delivery, which includes various different

mysteries, will affect the mother along with other members of the family.[1] A mother who gives birth needs to acquire certain knowledge and skills in order to adapt to the biological, psychological and social changes that will be experienced throughout the postpartum period, to accept and maintain her parenting role and to provide the necessary care for both the baby and herself. A woman needs a higher level of social support in order to meet these needs in the postpartum period.[2] The social support to be required by the mother throughout the postpartum period is defined as a moral, emotional, material support or informing resource to be provided by the family, friends or surroundings in order to eliminate the negative consequences to be experienced as a result of challenging situations and to relieve the mother morally.[3] Literature review revealed that women feel themselves inadequate and helpless and that they are more likely exposed to psychosocial and mental problems such as post-traumatic stress and postpartum depression after experiencing negative emotions more intensely in cases where the support needed by the mother during and after delivery cannot be provided at an adequate level.[4]

The adaptation process of women to the postpartum period also significantly affects their comfort levels. Comfort covers concepts such as "being able to cope with problems, feeling refreshed or feeling peaceful". Postpartum comfort stands out as a very effective tool in solving the problems encountered with regard to the quality of care to be provided to the mother and baby in the postpartum period and in maintaining the health and wellbeing of the mother and baby.[5] Comfort throughout the postpartum period may vary depending on many factors. Health status, perception of delivery, mode of delivery, duration of hospitalization, training received about the delivery process, the behavior of the caregivers, educational background and the level of satisfaction of the health problems or expectations experienced by the mother during the postpartum period are found to have a significant impact on the postpartum comfort of mothers.[5,6] Defining the needs of women in the postpartum period, reducing the risk factors that may be experienced and improving the comfort level will serve for increasing the satisfaction levels of mothers.[2] Literature review

indicated that there are a limited number of studies on perceived social support and comfort in the postpartum period.[6,7,8] This study aims to increase the number of healthier and happier women with a high level of comfort by emphasizing the importance of support to be provided to women throughout the postpartum period. Therefore, the study was conducted in order to reveal the effect of social support perceived by women in the postpartum period on their levels of postpartum comfort.

METHODS

Study design, setting, and participants

This research was conducted descriptively. The population of the study consisted of women who gave vaginal and cesarean delivery in Sivas Numune Hospital Gynecology and Obstetrics Clinic between 01 April and 30 September 2022. "G. Power-3.1.9.7" program was used in the sampling analysis of the study. According to the power analysis; 1-ß= 0.95 (95% power), α= 0.05 (5% margin of error) and a standardized effect size of 0.2, the sample size was calculated as 262. During the data collection process, 320 people were reached and the sample size was determined as 320.

Study Tools

The data of the study were collected using 'Descriptive Information Form, Multidimensional Scale of Perceived Social Support (MSPSS) and Postpartum Comfort Scale(PCS)'.

Descriptive Information Form: This form includes 7 questions about the socio-demographic characteristics of women in the postpartum period (age, age at marriage, year of marriage, family type, educational status, employment status, economic status), 2 questions about the socio-demographic characteristics of the husbands (educational status and employment status), 2 questions about the obstetric characteristics of women (number of pregnancies, pregnancy planning status, health status during pregnancy, pregnancy follow-up status, number of weeks of delivery, mode of delivery, person who delivered the baby) and 4 questions evaluating the woman's postpartum and support status (the way she

evaluated her delivery, her status of receiving postpartum support, the accessibility of her relatives to the woman, her discomfort with the people in the room); It consists of a total of 20 questions.

Multidimensional Scale of Perceived Social Support (MSPSS): Developed in 1988 by Zimmet et al. to measure the social support perceived by individuals in a multidimensional way, the SPSS was translated into Turkish by Eker, Arkar and Yaldız in 2001. The scale, which is organized as a 7-point Likert scale and has a scoring between "Absolutely no" and "Absolutely yes", consists of a total of 12 items. The scale consists of 3 sub-dimensions with 4 items in each sub-dimension under the names of friends, family and a special person. The family support subscale includes items 3, 4, 8, 11; the friend support subscale includes items 6, 7, 9, 12; and the support received from a special person subscale includes items 1, 2, 5, 10. While the subscale score of the MSPSS is obtained by summing the scores of the four items in each subscale, the total score of the scale can be obtained by summing the scores of all three subscale scales. The lowest sub-dimension scale score is 4 points, while the highest score is 28 points. When we look at the total scale score, the lowest score can be 12 points, while the highest score can be 84 points. A high total score obtained from the scale reveals that the social support perceived by the individual is high. The total score Cronbach's alpha coefficient of the scale was found to be 0.89 and the Cronbach's alpha coefficient of the sub-dimensions was found to be between 0.85 and 0.92.[9] In our study, Cronbach's alpha coefficients were 0.90 for the family subscale, 0.92 for the friends subscale, 0.88 for the special person subscale and 0.92 for the total score.

Postpartum Comfort Scale (PCS): Developed by Karakaplan and Yıldız in 2010 to measure women's postpartum comfort, the PCS consists of three sub-dimensions: physical, psychospiritual and sociocultural. The scale designed as a 5-point Likert scale consists of a total of 34 items. "Strongly agree" option is scored as 5 points and "Strongly disagree" option is scored as 1 point. In positive statements, "I completely agree" indicates that mothers have high comfort, while in negative statements, "I completely agree" indicates that mothers have

the lowest comfort. In this sense, the maximum score that can be obtained from the scale is 170 and the minimum score is 34High scores obtained from the scale indicate that the woman's postpartum comfort is good and low scores indicate that the comfort is poor. The Cronbach Alpha value of the scale is 0.78.[10] In our study, it was found to be 0.82 for the physical comfort subscale, 0.85 for the psychospiritual comfort subscale, 0.73 for the sociocultural comfort subscale and 0.91 for the total score.

Statistical analysis

SPSS 25 package program was used to analyze the data. Kolmogorov-Smirnov test was used to determine the suitability of the data for normal distribution. Number-percentage distribution, Mann-Whitney U test, Kruskal-Wallis test, Independent Sample T Test, ANOVA, Tukey or Games-Howell Post-Hoc tests and Spearman correlation analysis were used to evaluate the data. Statistical significance level was accepted as $p < 0.05$.

Ethical approval

Ethical approval (2022/3293) was obtained from XXX University Scientific Research and Publication Ethics Committee and institutional approval (2022/E-76728045-604.01.01) was obtained from XXX Provincial Health Directorate. After the women who would participate in the study were informed about the study, written informed consent was obtained and those who volunteered were included in the study.

RESULT

Table 1- Comparison of Women's Identifying Features with the Mean Scores of the MSPSS and PCS

Variables	n(%)	MSPSS (Mean±SD)	Test and p-value	PCS (Mean±SD)	Test and p-value
Marriage age					
18 years or below	79(24.7)	49.04 ± 16.73	U= -3.892	112.25 ± 22.98	t=-3.676
Above 18 years	241(75.3)	57.29 ± 16.22	p=<.001*	122.58 ± 17.06	p=<.001*
Family type					
Nuclear family	212(66.2)	59.04 ± 15.51	U=5.985	123.63 ± 16.89	t=4.508
Extended family	108(33.8)	47.81 ± 16.53	p=<.001*	112.97 ± 21.40	p=<.001*
Education level					
Primary school	183(57.2)	50.25 ± 16.34		116.89 ± 19.90	
High school	82(25.6)	59.88 ± 15.275	KW=23.674	124.18 ± 18.60	F=5.906
University	55(17.2)	65.00 ±1.74	p=<.001*	124.29 ±15.55	p=.003*
Spouse's education level					
Primary school	169(52.8)	48.97 ± 16.32	KW=33.891	114.87 ± 20.08	F=14.029
High school	93(29.1)	59.74 ± 13.88	p=<.001*	125.89 ± 16.53	p=<.001*
University	58(18.1)	66.34±13.80		125.67± 16.18	
Employment status					
Employed	29(9.1)	67.97 ± 11.23	U=6.072	130.17 ± 13.91	t=3.024

	n(%)	Mean ± SD (MSPSS)	Test / p	Mean ± SD (PCS)	Test / p
Unemployed	291(90.9)	53.98 ± 16.64	p=<.001*	119.02 ± 19.36	p=0.03*
Spouse's employment status					
Employed	303(94.7)	55.65 ± 16.57	U=1.816	120.71 ± 18.95	t=2.710
Unemployed	17(5.3)	48.12 ± 17.94	p=.070	107.88 ± 19.76	p=.007*
Household income level					
Income below expenses	144(45.0)	47.95 ± 15.91	KW=31.268	113.03 ± 20.88	F=21.129
Income equal to expenses	136(42.5)	60.13 ± 14.83	p=<.001*	124.47 ± 15.76	p=<.001*
Income above expenses	40(12.5)	64.95±14.75		130.13± 14.05	
Parity					
1birth	108(33.8)	58.50 ± 15.16	F=7.407	119.93 ± 17.80	F=.202
2 births	90(28.1)	57.39 ± 17.95	p=.001*	121.06 ± 18.68	p=.817
3 births or above	122(38.1)	50.82 ±16.20		119.37 ±20.78	
Planned stuation of pregnancy					
Planned	239(74.7)	56.20 ± 15.57	U=1.571	121.55 ± 17.89	t=2.209
Not planned	81(25.3)	52.44 ± 19.52	p=.119	115.56 ± 22.09	p=.029*
Pregnancy tracking					
Regular	268(83.8)	57.55 ± 15.79	U=5.874	122.73 ± 17.51	t=6.025
İrregular	52(16.2)	43.40 ± 16.43	p=.003*	106.12 ± 21.47	p=<.001*
Delivery week					
Before 37th Week of Pregnancy	39(12.2)	47.82 ± 17.70	U=-3.001 p=.003*	108.46 ± 23.91	t=-3.314 p=.002*
37th Week of Pregnancy and After	281(87.8)	56.28 ± 16.33		121.64 ± 17.90	
Mode of delivery					
Vaginal delivery	189(59.1)	56.16 ± 16.29	U=1.176	125.05 ± 17.04	t=5.918
Cesarean delivery	131(40.9)	53.93 ± 17.26	p=.240	112.79 ± 19.83	p=<.001*
Evaluation of delivery					
Very easy	50(15.6)	56.14 ± 18.01		129.48 ± 16.16	
Distressing.painful	148(46.3)	55.24 ± 16.77	KW=.098	119.86 ± 18.77	F=8.697
It's so hard	122(38.1)	54.89 ± 16.19	p=.906	116.37 ± 19.64	p=<.001*
Postpartum social support status					
Yes	300(93.8)	56.89 ± 15.62	U=7.345	121.61 ± 17.87	t=4.851
No	20(6.2)	30.65 ± 12.79	p=<.001*	96.35 ± 22.82	p=<.001*

	Mean ± SD.	Median (Lowest - Highest)
Age	26.59 ± 5.14	26.00 (16.00 - 42.00)
Marriage duration	5.69 ± 4.98	4.00 (1.00 - 23.00)

Source: Authors, 2024.*p<.05; U= Mann Whitney U test; KW=Kruskal-Wallis testi; t= Independent samples t-test, F= One-way ANOVA; SD: standard deviation, MSPSS: Multidimensional Perceived Social Support Scale, PCS: Postpartum Comfort Scale

When table 1 is examined; it was concluded that 75,3% of the women who participated in the study were 18 years of age or older, 66,2% had a nuclear family, 57,2% were primary school graduates, 52,8% of their husbands were primary school graduates, 90,9% were not working, 94,7% of their husbands were working, 45% of them had an income less than their expenses, 33,8% of the women had one pregnancy, 74,7% of them had a planned last pregnancy, 83,8% had regular pregnancy follow-up, 87,8% gave birth at or after 37 weeks of gestation, 59,1% had a normal mode of delivery, 46,3% considered delivery as distressing, painful and agonizing, and 93,8% received postpartum support, their mean age was 26,59 ± 5,14 and their mean duration of marriage was 5,69 ± 4,98.

While there was no statistically significant difference between the mean total scores of the mspss according to the spouse's employment status, planned stuation of pregnancy,

mode of delivery and evaluation of delivery (p>0.05); the difference between the mean total scores of the mspss according to women's age at marriage, family type, educational level, spouse's educational level, employment status, household income level, parity, pregnancy tracking, delivery week, postpartum social support status was found to be statistically significant (p<0.05).

While there was no statistically significant difference between parity, and the mean pcs total scores (p>0.05), the difference between the mean pcs total scores according to women's age at marriage, family type, educational level, spouse's educational level, employment status, spouse's employment status, household income level, parity, planned situation of pregnancy, pregnancy tracking, delivery week, mode of delivery, evaluation of delivery, postpartum social support status was found to be statistically significant (p<0.05).

Table 2 - Mean, Standard Deviation, Median, Minimum and Maximum Values of the Sub-dimensions of the MSPSS and PCS

MSPSS and subdimensions	Mean ± SD.	Median (Min.-Max.)
Family	23.84 ± 5.09	26.00 (6 - 28)
Friend	15.70 ± 7.59	16.00 (4 - 28)
A special person	15.72 ± 7.24	16.00 (4 - 28)
Total Score of MSPSS	55.25 ± 16.70	56.00 (14 - 84)
PCS and subdimensions		
Physical comfort	46.20 ± 9.09	47.00 (23 - 66)
Psychospiritual comfort	41.31 ± 6.20	42.00 (21 - 50)
Sociocultural comfort	32.52 ± 6.82	33.50 (15 - 50)
Total Score of PCS	**120.03 ± 19.18**	**122.50 (61 - 154)**

Source: Authors, 2024.SD: standard deviation, MSPSS: Multidimensional Perceived Social Support Scale, PCS: Postpartum Comfort Scale

When Table 2 was examined, it was determined that the mean score of the family sub-dimension of the MSPSS was 23,84 ± 5,09 the mean score of the friends sub-dimension was 15,70 ± 7,59 the mean score of the special person sub-dimension was 15,72 ± 7,24 and the total mean score of the scale was 55,25 ± 16,70.

It was found that the mean score of the physical comfort sub-dimension of the PCS was 46,20 ± 9,09 the mean score of the psychospiritual comfort sub-dimension was 41,31 ±

6,20 the mean score of the sociocultural comfort sub-dimension was 32,52 ± 6,82 and the total mean score of the scale was 120,03 ± 19,18.

Table 3 - Investigation of the Correlation Between Multidimensional Scale of Perceived Social Support and Total and Subscale Dimensions of Postpartum Comfort Scale

	Physical comfort		Psychospiritual comfort		Sociocultural comfort		Total Score of PCS	
	r	p	r	p	r	p	r	P
Family	.305	<.001*	.516	<.001*	.399	<.001*	.447	<.001*
Friend	.313	<.001*	.425	<.001*	.375	<.001*	.415	<.001*
A special person	.306	<.001*	.431	<.001*	.379	<.001*	.409	<.001*
Total Score of MSPSS	.368	<.001*	.514	<.001*	.450	<.001*	.628	<.001*

Source: Authors, 2024.* p<.001; r= Spearman correlation analysis, MSPSS: Multidimensional Perceived Social Support Scale, PCS: Postpartum Comfort Scale

When Table 3 is examined; the family sub-dimension of the multidimensional perceived social support scale was significantly positively correlated with physical comfort (p<.001), psychospiritual comfort (p<.001), sociocultural comfort (p<.001) and postpartum comfort scale total score (p<.001).

The friends sub-dimension of the multidimensional perceived social support scale was significantly positively correlated with physical comfort (p<.001), psychospiritual comfort (p<.001), sociocultural comfort (p<.001) and postpartum comfort scale total score (p<.001). A special person sub-dimension of the multidimensional perceived social support scale was significantly positively correlated with physical comfort (p<.001), psychospiritual comfort (p<.001), sociocultural comfort (p<.001) and postpartum comfort scale total score (p<.001). Multidimensional perceived social support scale total score was significantly positively correlated with physical comfort (p<.001), psychospiritual comfort (p<.001), sociocultural comfort (p<.001) and postpartum comfort scale total score (p<.001).

DISCUSSION

The results of our analysis, which aims to determine the effect of social support perceived by mothers giving birth on their postpartum comfort levels, are discussed together with the results of similar studies in the literature. Mean total Multidimensional Scale of Perceived Social Support (MSPSS) score obtained in this study was calculated as 55.25 ± 16.70

and it was concluded that women's perceived social support levels were moderate. There are other studies in the literature that concluded that the level of social support perceived by women is low[11], moderate[8] and high. [12,2,13] The difference in the results obtained in the studies in the literature is argued to be due to the fact that the perception of social support may vary from person to person.

In our study it was concluded that there is a statistically significant relationship (p<0.05) between the age at marriage, family type, education background, spouse's education background, employment status, income level (Table 1), number of pregnancies, pregnancy follow-up, week of birth and the level of provided postpartum support (Table 1) and mean total MSPSS score. It was further determined that the level of social support perceived by women with a nuclear family is higher compared to women with an extended family. The results obtained in this study were found to be in parallel with other studies in the literature.[12,13] It was further determined that the level of social support perceived by employed women is higher compared to unemployed women. In addition to the studies in the literature with similar results with this research which concluded that the social support perceived by employed women is higher[14], there are other studies which concluded that the employment status does not affect perceived social support.[15] Accordingly, it was argued that working life positively affects the perceived level of social support however the level of this effect may vary due to differences in personal characteristics. It was concluded at the end of this study that the perceived level of social support increases as the level of education increases. Other studies have also indicated that perceived social support increases as the educational background increases.[12,14,16]

The results we have reached in our study were found to be in parallel with other studies in the literature. It was further concluded in this study that the level of social support perceived by women increases as the level of income increases (p<0.05). Other studies have also indicated that perceived social support increases as the level of income increases.[13,17,18] The results we have reached in our study were found to be supporting other studies in the

literature. In our study, it was concluded that the MSPSS scores of women who experienced three and more pregnancies were significantly lower compared to those who had one and two pregnancies.

In different studies, however, no significant difference was found between the number of pregnancies experienced and the level of social support perceived.[13,14,19] It is argued that the social support perceived by women whose experience have increased with the increasing number of pregnancies may change along with sociocultural differences. It was concluded in this study that the level of social support perceived by women who received support throughout the postpartum period were higher. These results were found to be in parallel with other studies in the literature.[13,20]

Mean total Postpartum Comfort Scale (PCS) score obtained in this study was calculated as 120.03±19.18 and it was concluded that women had a moderate level of comfort (Table 2). It was concluded at the end of different studies conducted with women in the postpartum period that the women's postpartum comfort levels were moderate.[5,6] The results of this study were found to be supporting other studies in the literature. In our study it was concluded that there is a statistically significant relationship ($p < 0.05$) between the age at marriage, family type, education background, spouse's education background, employment status, spouse's employment status and income level (Table 1), pre-pregnancy planning, pregnancy follow-up, week of birth, the mode of delivery, evaluation of delivery options and the level of provided postpartum support (Table 1) and mean total PCS score. It was determined that the level of postpartum comfort of women with a nuclear family is higher compared to women with an extended family. However at the end of the study conducted by Birgili, no significant relationship was found between family type and total PCS score.[5] It was then argued that extra responsibilities imposed on women due to living in an extended family with the spouse and children as well as other family elders may adversely affect postpartum comfort.

It was suggested that the differences in the results can be attributed to cultural differences. For the purpose of this study, postpartum comfort levels of women who gave birth by vaginal delivery were found to be higher than women who had undergone a cesarean section. These results were found to be in parallel with other studies in the literature.[21,22] It is possible to argue that women who give birth by vaginal delivery experience less pain, hygiene problems and breastfeeding problems throughout the postpartum period and that they feel more easy and comfortable in meeting their newborn care and personal care needs as they are mobilized earlier.

It was determined in this study that the postpartum comfort levels of women with an educational background of high school or above were found to be higher than women with a secondary school level or lower education. Similarly, it was concluded by Alkaş and Taytan that women's postpartum comfort levels increased as their education level increased.[23,24] Accordingly it is possible to argue that women's awareness of positive health behaviors improves as their education level increases and that their postpartum comfort is positively affected considering that they are more willing to receive training on personal care and baby care. It was further determined in our study that women's postpartum comfort levels increased in line with their income level. Literature review revealed that there are studies that concluded that women's postpartum comfort levels increase as their income level increases[25] beside other studies arguing that there is no significant relationship between income level and women's postpartum comfort levels.[26] It was suggested that the differences in the results can be attributed to the variations in the women's sociocultural characteristics.

The correlation analysis performed to determine the relationship between social support perceived by women and their postpartum comfort revealed a positive significant relationship between these two variables (Table 3). Yaşar et al. determined that postpartum comfort increases as the level of social support perceived by puerperant women increase.[6] Similarly Aksoy et al. concluded in their study conducted with puerperant women that there

was a significant positive relationship between the social support received and the postpartum comfort level. In another study conducted by Gebuza et al. focusing on women who are followed from pregnancy and thereafter throughout the postpartum period, it was found that the satisfaction of women with their lives improved as the social support provided in the postpartum period increased.[27] Inekwe et al. determined in their study conducted with puerperant women that the mental health of women in the postpartum period was positively affected as their perceived social support increased.[8]

The results we have reached in our study were found to be in parallel with other studies in the literature. The results obtained in these studies suggested that women's physical and mental health are positively affected in line with the level of social support provided and that women who receive more support in the postpartum period meet their needs more easily, their satisfaction levels improve and they more easily adapt to their postpartum roles and responsibilities. It is argued that these positive effects cause a positive change in the postpartum comfort level.

CONCLUSION

It was concluded at the end of this study that the postpartum comfort levels of women improved as their level of perceived social support in the postpartum period increase. In order to increase the social support provided to puerperant women and therefore to improve their postpartum comfort level, it is important to determine their needs in the postpartum period and plan effective treatments in line with their needs. It is further suggested that health care professionals should raise women's awareness about strengthening their social support systems in the postpartum period by including the women's husband, family and friends.

Ethics Committee Approval: This study was conducted with the approval of XXX University Clinical Research Ethics Committee, numbered 2022/E-76728045-604.01.01

Informed Consent: All participants signed the free and informed consent form.

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