

IMPACT OF PERINATAL DISTRESS ON SOCIAL SUPPORT AND DYADIC COPING IN COUPLES

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ABSTRACT: The study investigates how perinatal distress (depression and anxiety) interact to influence maternal wellness during the perinatal period in couples using a cross-sectional correlational design. Purposive sampling was applied to select a sample of 100 couples (100 males and 100 females) from three hospitals. Three standardized scales in Urdu of Perinatal Distress Inventory (Shafiq, 2023), a Dyadic Coping Inventory (Shujja et al., 2020), and a Multidimensional Scale of Perceived Social Support (Jibeen & Khalid, 2010) in the Urdu version were employed for gathering information. Participants were predominantly aged between 25-35 years, with an equal distribution of males and females. The results showed that no correlation exists between perinatal distress and dyadic coping. Also, perinatal distress did not predict dyadic coping means the level of distress during the perinatal period was not related to changes in dyadic coping strategies. Additionally, a weak negative correlation with social support was found, higher overall distress is linked to lower social support. Furthermore, perinatal distress negatively predicted social support in perinatal couples.

Keywords: Coping Strategies, Couples, Perinatal Anxiety, Perinatal Depression, Social Support.

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INTRODUCTION

Perinatal distress includes anxiety and depression which are prevalent during pregnancy and the postpartum phase (Matthey, 2011). According to Bodenmann (2005) partner coping corresponds to how couples comfort each other through hard times, which has an enormous effect on how happy they are, and the relationship they have. Mother's psychological state greatly benefits from societal assistance which is defined as help given by relatives, close companions and those around her. It implied to clarify the complicated aspects of parental mental health and connections with others by thoroughly examining these factors establishing a basis thorough comprehension of elements determining the maternity experience (Leahy-Warren et al., 2012).

The mental challenges that pregnant females can encounter are known as perinatal distress and they are expressed by anxiousness, depression and stress that might show up singly as well as combined. It may appear challenging for women to manage the bodily modifications and requirements of pregnancy especially if they are experiencing psychological issues that affect their interpersonal relationships, mental state overall happiness. Couples may suffer from thoughts of guilt, humiliation incompetence as a result of perinatal distress which may additionally impact their capacity to look after themselves and the newborn they are expecting. To promote a safe and nurturing birth experience, it is

critical to identify the symptoms of perinatal depression and anxiety and get help from family, friends and healthcare specialists. (Jonsdottir et al., 2019)

Many couples thus, suffer from worse signs of anxiety and sadness throughout this crucial time which puts emotional wellbeing in serious danger (Rallis et al., 2014). They may experience overwhelming, depressing and dismal sentiments as a result it will be harder for them to handle the responsibilities of parenthood. These indicators can affect maternal condition, capacity for providing care for a child and ability to keep up positive relations with loved ones if they remain untreated. It may get worse with time. Their physical condition may be impacted by mental stress, which may result in weakness of the immune system insomnia along with exhaustion. Recognizing the gravity of the situation and providing enough support and care are important, to ensure mother and father's mental health.

Depression during or after pregnancy is a prevalent illness that impact parents especially mothers throughout maternity and after childbirth involving between 10% and 20% of women in the USA. This underscores the necessity for more awareness and assistance (Kleiman & Waller, 2023). Approximately one mother out of every ten will experience devastating feelings of anxiety, sadness and psychological discomfort which will make navigating the pregnancy, delivery and parenting journeys difficult. Each female experiences postpartum depression and anxiety in a unique way

varying from moderate to severe. For the whole family to have a good beginning and a seamless journey to motherhood hearty identification, comfort and therapies are essential (Antoniou et al., 2021).

Significant hormonal and psychological changes occur during one's adjustment to being a parent (Yilmaz et al., 2021). The spectrum of mental experiences might also include exhaustion, lack of appetite, fluctuating moods, and irritation. Fathers and mothers also experience anxiety, contemplation and disruptive and distracting ideas (Button et al., 2017). Pregnancy-related chronic stress has a significant impact on the growing fetus, mother's overall health and infant's future wellness into adulthood. This may result in issues with fetal growth, negative birth results and a higher chance of mental and physical issues in the later life of a child (O'Hara & Wisner, 2014).

Dyadic coping refers to evaluating particular actions and approaches that both spouses use to deal with stress which develops during pregnancy, the delivery stage and the initial phases of parenthood. According to Bodenmann (2005) it can entail measuring the efficacy of a cooperative coping strategies used by spouses to manage the challenges of this time of shift in their personal and familial life. According to another definition, dyadic coping is cooperative strategy by which couples help one another cope with difficulties and adjust to the responsibilities that come with pregnancy and delivery stage and the newborn (Liu et al., 2024). In addition to fostering adaptable readjustment to parenting and improving marital happiness, strong ways of coping can also protect against the negative impacts of stressful situations on the psychological state of mothers and fathers along with the normal functioning of families (Falconier et al., 2023).

Social support is referred to as the combination of resources, mental assistance and other types of help that one receive from the people one knows. It outlines the functions of loved ones and neighbors in providing both material assistance and support like understanding and encouraging people to manage pressures and improve their general health. Social support is a kind of emotional help that one receives from people who are close to them, emphasizing the importance of social support in reducing distress and fostering resilience (Cohen & Wills, 1985).

Significance of the Study: Enhancing the overall health of expecting and first-time parents requires knowledge of the perinatal discomfort, interactions with others and dyadic coping by clarifying the relationships among these elements. By giving medical practitioners knowledge about the variables affecting perinatal psychological conditions, the conclusion of the investigation helps in the guidance of medical treatment. To improve the results for patients and their satisfaction with support, therapists can customize interventions to deal with particular

requirements among the perinatal population by determining the links between social support and dyadic coping on perinatal depression and anxiety. An understanding of patterns of relationships throughout the journey from pregnancy to parenthood can be gained by examining the relation of perinatal distress with social support and dyadic coping. The study contributes to the understanding of this concept and establishes the foundation for further investigation in this area. By emphasizing the significance of managing perinatal distress and encouraging coping and support, governments can direct resources and programs that improve the well-being of parents and infants.

Objectives of the study:

- To understand how dyadic coping, perinatal discomfort and perceived social support are related.
- To investigate how couples' distress during the perinatal period predicts their coping and social support aspects.

Hypotheses of the study

1. There is a significant relationship between perinatal distress and dyadic coping.
2. There is a relationship between perinatal distress and social support.
3. Perinatal distress negatively predicts social support in perinatal couples.
4. Perinatal distress negatively predicts dyadic coping in perinatal distress couples.

MATERIALS AND METHODS

The study uses a cross-sectional correlational research design (Spector, 2019) to find the relations among these three variables.

Sample: The sample for the present study was gathered from three hospitals in Gujrat. Through the purposive sampling technique, 100 couples (200 participants) who were expecting a child were selected to participate in the research study. Participation was voluntary and both partners gave truthful answers. The mean age of wives is 31.28 ($SD = \pm 5.65$) while the husband's mean age is 33.20 ($SD = \pm 5.60$).

Measurement Tools: The informed consent form was prepared for participants. The demographic section aims to gather essential information including participant's social status.

1. **Multidimensional Scale of Perceived Social Support (MSPSS):** The MPSS which was first created by (Zimet et al., 1988) was utilized in its Urdu version by Jibeen and Khalid (2010). It consists of 12 measures designed to gauge the level of perceived social support.

The test instrument has shown excellent reliability and internal coherence.

2. The Dyadic Coping Inventory (DCI): To evaluate how couples interact and manage stressors together the Dyadic Coping Inventory was developed by Bodenmann (2008). It consists of 37 items and it carefully assesses how spouses communicate and cope with pressures. DCI has shown strong validity with Cronbach's alpha coefficients ranging from 0.70 to 0.90 indicating its dependability (Shujja et al., 2020).

3. Perinatal Distress Inventory (PDI): Perinatal Distress Inventory is developed by Shafiq (2023). This scale comprises 42 items divided into 4 subscales with the present study focusing on two subscales: Major Depressive Disorder consisting of 14 items and Generalized Anxiety Disorder consisting of 8 items. The instrument has a Cronbach's alpha coefficient of 0.90, indicating excellent reliability.

Procedure: Purposive sampling was used to choose participants for this study from expecting couples who were between the ages of 19 and 58. The values of honesty, responsibility, decency and respect for people's rights and autonomy served as the foundation for ethical considerations. With the consent of the corresponding authors, appropriate scales were found to assess these factors and used in research. Subjects' choice to participate was ensured by a carefully crafted written

consent form that detailed the study's goals, methods and privacy guarantees. Both father and mother gave their consent, and filled demographic form for data purposes. Participants received sincere appreciation for their time and important contribution to the research after completing the forms.

RESULTS

The results in Table 1 indicate that perinatal distress has a weak negative correlation with social support ($r = -.229$, $p < .01$), showing that higher distress is linked to lower social support. Dyadic coping has no significant relationship with the perinatal distress in the couples, indicating the absence of adaptive coping in the presence of the distress during the perinatal period in the couples.

Table 1. Descriptive Statistics and Correlations for Study Variables (N=100 couples)

Variables	n	M	SD	2	3
1. Perinatal Distress	200	17.28	12.56	.00	-.23**
2. Dyadic Coping	200	129.56	24.20	-	.44**
3. Social Support	200	62.94	15.62	-	-

** $p < 0.01$

Table 2. Linear Regression Analysis for Perinatal Distress as Predictor of Social Support (N=100 couples)

Variables	B	β	SE	T	P
Constant	67.863***		1.837	36.934	.000
Perinatal Distress	-.285**	-.229	.086	-3.306	.001
R ²	.052				

*** $p < 0.001$.

Table 2 shows the impact of perinatal distress on social support among perinatal couples. The value of R² is .05 which means that predictor variable describes a

.05% variance in outcome with $F (1, 198) = 10.93$, $p < .001$. The findings revealed that perinatal distress negatively predicts social support ($\beta = -.23$, $p < .001$).

Table 3. Linear Regression Analysis for Perinatal Distress as Predictor of Dyadic Coping (N=100 couples)

Variables	B	β	SE	t	P
Constant	129.576***		2.923	44.332	.000
Perinatal Distress	-.001	.000	.137	-.007	.994
R ²	.000				

*** $p < 0.001$

Table 3 shows the impact of perinatal distress on dyadic coping among perinatal couples. The value of R² is .000 which means that predictor variable describes .000% variance in outcome with $F (1, 198) = .000$, $p < .001$. The analysis revealed that perinatal distress did not significantly predict dyadic coping ($\beta = .000$, $p < .05$).

DISCUSSION

The present study investigated the impact of perinatal distress on dyadic coping and social support among couples aiming to understand how overall social support and dyadic coping can impact the life of

expectant or new parents. The first hypothesis of the study states that there is a significant relationship between perinatal distress and dyadic coping. However, the results of the correlation analysis from Table 1 showed that there is no correlation between perinatal distress and dyadic coping, thus, opposing the proposed hypothesis. The results of our study are consistent with those conducted by (Stapleton et al., 2012). The study focuses on the relationship between partner support, a dyadic factor and perinatal distress with personality characteristics as moderators. By longitudinal prospective design 272 adult women who were expecting a child were selected for the study. Findings showed that the correlation between perinatal distress and perceived support was decreased by personality factors such as neuroticism. Dyadic satisfaction did not significantly affect levels of distress with high neuroticism.

Folkman and Lazarus (1985) researched to examine whether any kind of relationship exists between distress and coping. Through the study, it was revealed that participants faced different kinds of challenging emotions at different stages. Thus coping (also involving strategies focusing on emotions) might be ineffective or badly aligned with the kind of distress (depression or anxiety) experienced resulting in weak or no correlation between the two. The relationship between these two variables is not linear and depends on other elements such as the particular coping mechanisms employed, individual differences and stage of the stress.

The second hypothesis of the study is that there is a relationship between perinatal distress and social support. Correlation analysis from Table 1 showed that a weak negative relationship exists between perinatal distress and social support meaning as social support increases, perinatal distress reduces. A study by Huang et al. (2022) is consistent with our study whose aim was to show the relation that exists between pregnancy-related anxiety and social support. Using convenient sampling, 579 pregnant females from China completed the required questionnaires to find the relationship between study variables. Through correlational analysis, it was identified that perceived social support was negatively associated with pregnancy-related anxiety.

Another study by Duman and Kocak (2013) is consistent with our findings. The purpose of the study was to find the effect of expecting women's perception of social support during pregnancy stage on their anxiety level. 160 expecting women were recruited for the study. After analysis, it was found that increased social support during pregnancy is related to decreased levels of perinatal anxiety in pregnant women which means that with more support from family, husband or friends, anxiety can be reduced.

Webster et al. (2011) performed a study to assess the influence of social support on depression after childbirth. This study also supports our proposed

hypothesis. Data was collected from 320 women after giving birth at the beginning and six weeks after getting discharged through the postal survey. Edinburgh postnatal depression scale and social support scale were used. The results showed that mothers having low support had significantly higher scores on the depression scale in comparison to those who had support means more postnatal depression.

The third hypothesis of the research study is that perinatal distress negatively predicts social support in perinatal couples. Research performed by Kearns et al., (1997) on the influence of support from spouses, family and friends in predicting distress before and after giving birth supports our results. Data collection was done from 80 women from New Zealand. It was found that an adverse correlation existed between social support and maternal distress. Those women who suffered from higher perinatal distress have weaker social support stating better social support can reduce distress.

Zefanya and Suryadi (2021) were aware that at the time of pregnancy, females often experience different kinds of changes such as emotional and physical which can affect their mental health. So they performed a study to determine whether social support has an influence on pregnancy-related anxiety in females who were expecting a baby in their first trimester. The results of the study were consistent with our findings and supported our hypothesis. Using the snowball sampling technique, 184 subjects were selected of 18-30 years of age living in Jakarta. Linear regression analysis showed that social support has a negative effect on anxiety related to perinatal distress.

Another study by Gao et al. (2020) supports our findings. The goal of the research was to analyze the frequency of anxiety and depression symptoms and the association between these two variables. 278 pregnant women from China with a history of miscarriage filled the self-rating anxiety scale, Edinburgh postnatal depression scale, and perceived social support scale. Results showed that females reported lower as well as moderate social support. Also, low social support was the predictor of depression and anxiety symptoms.

The last hypothesis of the study was perinatal distress negatively predicts dyadic coping in perinatal couples. Whereas regression analysis from Table 3 showed that perinatal distress does not predict dyadic coping and no prediction exists between the two variables which again oppose the hypothesis proposed for the study. The study conducted by (Falconier et al., 2015) aligns with our current findings. The main aim of the study was to conduct a meta-analysis on dyadic coping and satisfaction with relationships. Findings showed that coping increases relationship satisfaction whereas certain stressors like perinatal distress do not lead to shared coping as a person's mental difficulties, societal norms and dependence on external resources for support can

affect how the couple reacts. In our culture as well both men and women favor personal or external ways of coping over shared efforts due to which perinatal distress is not a predictor of dyadic coping. Falconier & Kuhn (2019) performed another study whose results also support our findings. The result of their systematic dyadic coping frameworks shows the complications of how partners cope with stress together but doesn't establish that perinatal distress predicts dyadic coping behavioral changes. Rather this association is heavily mediated by characteristics like interpersonal, cultural and demographic aspects. Thus, the absence of any association between coping and distress indicates naive couples about the effective coping strategies that could be used to reduce their depression and anxiety during the perinatal period.

Conclusion: Based on the findings of this research, it was found that no correlation exist between perinatal distress and dyadic coping as well as perinatal distress does not predict dyadic coping meaning the level of distress during the perinatal period was not related to changes in dyadic coping. It was also found that a negative correlation existed between perinatal distress and social support and perinatal distress negatively predicts social support in perinatal couples. Healthcare providers should prioritize interventions that enhance dyadic coping skills and bolster social support structures for expectant and new parents. By addressing these factors, healthcare professionals can potentially improve overall mental health outcomes and well-being among families during the transition to parenthood.

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