



Original Article

Perceived Social Support and Self-Esteem among Pregnant Women

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Abstract

This study aimed at studying the association between self-esteem and perceived social support among the pregnant women. This research was based on a correlational research design along with quantitative approach. Survey method was used to collect the data from the targeted population, including pregnant women in public and private hospitals and clinics within Islamabad and Rawalpindi, and the sample was designed using convenient sampling. was used. Self-reported measures including Rosenberg Self-esteem Scale (RSES) and Multidimensional Scale of Perceived Social Support (MSPSS) were used. The gathered data was analysed statistically and the findings indicate that there is a significant positive association exists between perceived social support and self-esteem. In studying the demographic differences, it was demonstrated that educational and age group differences were mildly found in different groups. Middle adults showed higher level of perceived social support as compare to the young ones. Beside the limitations of the study, these findings could assist health care practitioners and lawmakers build stronger networks of support for pregnant women, which in turn can boost their mental health and self-esteem.

Keywords: Health care practitioners, Perceived social support, Pregnant women, Social support and self-esteem

INTRODUCTION

A time of great physical, emotional, and psychological transformation can occur during pregnancy. This is an exciting and stressful time in life, filled with a range of feelings and experiences. The need of social support is increasing as women go through these transformations. The goal of this study is to better understand how social dynamics impact mothers' mental health by investigating the relationship between pregnant women's self-esteem and their perceived social support (Calpbini, et al., 2023). The idea of social support is complex and includes informational, practical, and emotional support from social networks. Sympathy, affection, trust, and care are examples of emotional support that can improve someone's emotional well-being. While practical support refers to actual aid and services to help with everyday duties, information support comprises counsel, direction, and knowledge to help people overcome obstacles (Zamani, et al., 2019).

Social support during pregnancy can come from a range of people, such as spouses, family members, friends, medical professionals, and neighborhoods organizations. Just as significant as the actual support is the perceived of social support, or the knowledge that help is available when required. Reduced stress, better mental and physical health outcomes during pregnancy have been associated to a perceived significant level of social support (Lee & Way, 2019). A fundamental component of mental health for individuals is self-esteem, which includes an overall assessment of one's own value and worth. It has an impact on how individuals view their beliefs, skills, and self. Due to the many changes and uncertainty that come with being pregnant, self-esteem can be especially brittle at this time. These alterations include modifications to the body, adjustments to hormones, and anticipations of additional duties related to motherhood.

Positive mental health outcomes during pregnancy, such as reduced anxiety and sadness, enhanced life satisfaction, and improved coping strategies, are linked to high self-esteem. Conversely, poor self-esteem can have negative impacts on mental health, such as an increase in stress, anxiety, and depressive symptoms, which can harm both the mother and the growing baby. Perceived social support and self-esteem have a dynamic and complicated connection. By giving people an emotional identity, a feeling of community, and useful assistance all of which contribute to the development of a positive self-image social support can raise self-esteem. Pregnant women who have social network support are more likely to feel confident in their abilities to overcome pregnancy-related obstacles (Ayamolowo & Olajubu, 2019). Conversely, self-esteem influences how social support is viewed and applied. While women with low self-esteem can believe that they are undeserving of assistance or that the help that is offered to them is insufficient, women with high self-esteem are more likely to actively seek out and make use of the options for support that are readily available. For the purpose of creating therapies meant to enhance the mental health of mothers, it is important to comprehend this connection (Mitchell, et al., 2022).

The significance of perceived social support and self-esteem during pregnancy has been highlighted in several research. Research has indicated that social support is associated with several favorable outcomes, such as less stress and fewer dangers. It is crucial to comprehend the connection between self-esteem and perceived social support in order to create pregnancy support networks and therapies that work. This study intends to improve maternal and child health, healthier pregnancies, and better delivery outcomes by targeting this crucial area of maternal health. Improving one's sense of self-worth and social support can boost one's mental well-being and foster a happier pregnancy and motherhood experience (Yan & Xu, 2023).

According to the analysis, there is a continuous correlation between higher levels of perceived social support and improved mental health outcomes, lower levels of stress and anxiety, and a decreased risk of postpartum depression. It was shown that social support from spouses and family members was especially helpful. The study stressed the need of treatments to improve social support for expectant mothers and came to the conclusion that social support is essential for encouraging favorable pregnancy outcomes. This study laid the groundwork for future research into the link between social support and self-esteem by highlighting the critical role that social support plays in enhancing mental health outcomes during pregnancy (Raghuveer & Haleema, 2023).

Another cross-sectional study looked at the relationship between a samples of 250 Turkish pregnant women's self-esteem and perceived of social support. The factors in the study were measured using the Rosenberg Self-esteem Scale (RSES) and the Perceived Social Support Multidimensional Scale (MSPSS). The findings indicate a strong positive relationship between self-esteem and perceived social support. Women with higher self-esteem were also those who reported having more social support from friends, family, and partners. The study also discovered that the strongest correlation between self-esteem and social support from a spouse. The authors come to the conclusion that one important tactic to raise pregnant women's self-esteem may be to increase their social support. This study offers empirical support for your research area by explicitly examining the relationship between self-esteem and perceived social support (Çiçek, et al, 2023).

The longitudinal research looked at the effects of social support and esteem on the health of 300 French pregnant women. The Social Support Questionnaire and the Rosenberg Self-Esteem Scale were used in the study to measure social support and self-esteem, respectively. The findings showed that positive pregnancy health outcomes, such as reduced rates of prenatal stress and anxiety, improved adherence to prenatal treatment, and greater contentment with the pregnant experience, were linked to both high self-esteem and strong social support. The relationship between social support and self-esteem was especially significant; women who had high self-esteem were more likely to recognize and make good use of social assistance. This study emphasizes how social support and self-esteem interact to improve pregnant health outcomes, which emphasizes the importance of your research area (Yue, et al., 2021).

All of these research point to the importance of social support and self-worth in fostering favorable mental health outcomes in expectant mothers. They offer a strong starting point for you to investigate in your research the relationship between pregnant women's subjective self-esteem and perceived social support. This research can aid in the creation of efficient treatments and support networks targeted at improving the mental health of mothers by closely examining these factors.

Rationale

The time of physical, psychological, and social changes that accompany pregnancy have a profound effect on the health of women. The idea of self-esteem, which encompasses women's subjective assessments of their own values and talents at this crucial juncture in life, is at the heart of this experience. Positive maternal health outcomes, such as lower stress levels, improved coping strategies, and improved psychological regulation overall, are linked to high levels of self-esteem. Conversely, poor self-esteem during pregnancy may increase a person's vulnerability to mental health issues including depression and anxiety, which will impact not just the mother but also the development of the fetus and the mother-

child bond after delivery. Therefore, developing successful treatments to assist pregnant women's mental health requires an awareness of the factors influencing pregnant women's self-esteem, particularly the significance of perceived social support.

Pregnancy-related well-being of the mother is significantly influenced by perceived social support, or the mother's subjective perception of other people's ability to assist and care for her. According to social support theory, having enough social support can help people cope with stress and become more resilient to obstacles in life. Perceived social support for expectant mothers can come from a range of people, such as spouses, family members, friends, and medical professionals. Pregnant women who feel confused and emotionally vulnerable might find solace and acknowledgment in emotional support such as encouragement and understanding. Women can gain confidence in their abilities to manage their own and their unborn child's health when they get information assistance, which includes advice on health care options and pregnancy-related matters. When women get instrumental support, such practical assistance with housekeeping or child care, the everyday duties they bear are lessened, allowing them to give priority to their own health and well-being.

Research on the effects of social support on pregnant women's self-esteem is still lacking, despite the relevance of social support in maternal health having been acknowledged. Previous studies have predominantly concentrated on clinical outcomes or certain demographic segments, with insufficient investigation into the nuanced interplay between self-esteem and social support dynamics in the perinatal period. Furthermore, cultural variables might influence how social support is perceived and made available, therefore comprehending and addressing the psychological experience of expectant mothers requires a culturally sensitive approach. By bridging this gap, the study hopes to offer insightful information on how various forms and sources of social support impact expectant mothers' self-esteem in various sociocultural contexts. The study's findings might ultimately drive evidence-based treatments and policy efforts targeted at boosting resilience, optimizing maternal mental health outcomes, and increasing pregnant women's general well-being both during and after pregnancy.

Objectives

- To study the relationship between Perceived social support, self-esteem among pregnant women
- Examine the association between perceived social support, and self-esteem in pregnant women
- To examine the associations between perceived social support, and self-esteem among pregnant women, considering demographic factors such as age, family structure, and education level
- To compare the findings with existing research on these variables in Pakistan

Hypotheses

H₁: There will be positive relation between Perceived Social support and self-esteem among pregnant women.

H₂: There is difference of age groups in relationship between perceived social support and self-esteem among pregnant women

LITERATURE REVIEW

Research has demonstrated that expressing compassion, love, trust, and sympathy are examples of emotional support. It offers stability and a sense of belonging, all of which are crucial throughout an emotionally charged pregnancy. Research has indicated that expectant mothers' stress and anxiety levels can be considerably lowered by the emotional support of their spouses, families, and friends. A meta-analysis by (Gu, et al., 2024) revealed a correlation between improved mental health outcomes and lower levels of stress during pregnancy when it comes to perceived emotional support. Information support encompasses counsel, direction, and data that helps people in overcoming obstacles and arriving at well-informed choices. Informational support for expectant mothers can come from medical professionals, friends, and family. Dealing with pregnancy-related concerns and getting ready for childbirth and

motherhood need this. According to research, expectant mothers who had enough information assistance from social media platforms expressed increased self-efficacy and decreased anxiety (Luan, et al., 2023).

Practical support, another name for instrumental or perceived support, is actual help with daily duties and obligations. Financial aid, assistance with domestic duties, and transportation to doctor's visits are examples of instrumental support during pregnancy. A comprehensive study shown that instrumental assistance, by relieving pregnant women of their practical difficulties, considerably lowers the incidence of prenatal depression (Sufredini, et al., 2022). Self-esteem a person's whole subjective emotional assessment of their own value is known as their self-esteem. It has a significant impact on how people view themselves and their talents and is essential to mental wellness. There are several reasons why pregnancy might lower one's self-esteem. Changes in the Body: A woman's body image and self-esteem may be affected by the substantial changes in her body that come with pregnancy. Stretch marks, weight increase, and other physical changes can cause feelings of inadequacy and unworthiness.

The perceived social support component was measured using the Multidimensional Scale of Perceived Social Support (MSPSS), while the psychological well-being and self-esteem components were evaluated using the Edinburgh Postnatal Depression Scale (EPDS) and Rosenberg Self-Esteem Scale (RSES), respectively. The research conducted by Calpbini, et al., (2023) revealed that pregnant women who received both types of assistance saw notable improvements in their psychological health and self-esteem. In particular, emotional support from family and partners was essential for reducing stress and boosting self-esteem. Sources of Support: It was shown that the strongest predictor of psychological well-being was support from partners, with support from family and friends coming in second. Anxiety and sadness were less common among women who expressed a high degree of relationship support. Cultural Context: The study also emphasized how critical it is to take cultural context into account when assessing perceived social support. Within the Irish cultural setting, pregnant women's well-being was greatly influenced by the support of their extended families. The study came to the conclusion that pregnant women need extensive perceived social support from their partners, families, and friends in order to foster their psychological health and sense of self. In order to improve maternal health outcomes, it was advised that healthcare practitioners promote the engagement of supporting networks (Calpbini, et al., 2023).

Another research initiative examined the correlation among Turkish pregnant women's stress levels, self-esteem, and perceived social support. 400 expectant mothers who attended prenatal clinics in a large metropolis were included in the research. The Perceived Stress Scale (PSS) was used to gauge stress levels, the Rosenberg Self-Esteem Scale (RSES) to evaluate social support, and the Perceived Social Support Multidimensional Scale (MSPSS) to gauge social support. A survey was given to the participants. The results of the study Al-Mutawtah, et al., (2023) showed a strong positive relationship between self-esteem and perceived social support better levels of social support were correlated with lower stress levels and better levels of self-esteem among women. Kind of assistance: The two most powerful tools for lowering stress and raising self-esteem are informational assistance from a healthcare professional and emotional support from a spouse. A key bulwark against stress is perceived social support. Pregnant women who have a solid support system experience far less stress. The study's findings highlight the critical role that social support plays in preserving mental health during pregnancy. The study highlights how important it is for medical professionals to provide a robust support system for expectant mothers, with an emphasis on informational and emotional assistance in particular (Al-Mutawtah, et al., 2023).

Theoretical Framework

According to the Social Support Theory, which was first put out by Cobb in 1976 (Laschinger, 1984) and then developed by researchers like House in 1981 (House, et al., 1988) and Cohen and Wills in 1985 (Cohen & Wills, 1985), social support is a crucial factor in determining one's health and well-being. It includes the range of help that people receive from their social networks, such as instrumental, emotional, and informational support. Because pregnant women go through major physical, mental, and social changes, the significance of Social Support Theory is especially clear for them. A sense of self-worth and

belonging is fostered by emotional support, which includes empathy and reassurance from partners and family. This immediately leads to increased levels of self-esteem. Pregnant women can better negotiate the intricacies of pregnancy with the assistance of knowledgeable family members and healthcare professionals, which boosts their confidence and sense of self-efficacy. The practical responsibilities of pregnancy are lessened when women get instrumental support, such as physical help with daily duties and doctor's visits. This enables them to concentrate on their own health as well as the health of their unborn child. The combination of these support mechanisms strengthens the theory's claim that strong social support networks are necessary to reduce stress and foster psychologically beneficial consequences like increased self-esteem.

One of the stress-buffering effect is one of the main principles of social support theory, and it is especially important to comprehend how social support and pregnant women's self-esteem are related. Cohen and Wills (1985) claim that social support can lessen the harmful consequences of stress by giving people the tools they need to deal with difficult circumstances. There are two main ways that this buffering effect works. Initially, social support directly boosts self-esteem by increasing sentiments of worth, competence, and connectivity. Pregnant women who receive regular emotional support from their spouses and family feel more cared for and cherished, which improves their self-esteem. Second, social support provides both practical help and emotional comfort during difficult times, functioning as a stress-reduction barrier. For example, pregnant women with strong support networks are better able to handle stress and preserve their self-esteem amid pregnancy issues or financial challenges. This safeguarding role of social support is especially important during pregnancy, a time of increased susceptibility and possible stress. Social support is essential for maintaining pregnant women's psychological well-being since it reduces stress and fosters a positive self-concept. As such, it is a fundamental component of therapies meant to improve maternal mental health.

METHODOLOGY

This study was based on a correlational research design and quantitative approach was used throughout the study to statistically examine the association between the variables.

Phase 1: Pilot Study

Purpose of the pilot study was to evaluate the suggested research plan for the primary investigation and to determine the instrument reliability. Instrument item total correlation was investigated. Data was gathered by giving the tests to a sample of 70 pregnant women. Age ranges from 20-35.

Phase 2: Main study

The main study's goals were to examine the aims and hypotheses given and investigate the relation between perceived social support, self-esteem and perceived stress. By administering the instruments to samples of 230 pregnant women (N=230), data were gathered.

Sample

The sample was selected by using convenient sampling technique. The sample of the study consisted of 230 pregnant women. Participants of the study were from different public and private hospitals and clinics within Islamabad and Rawalpindi. The age range of the participants were from 20-35. Convenient sampling technique was employed.

Inclusion Criteria

- Only pregnant women were invited to participate in this research study
- The women aged between 20 35 were invited
- The women included from Rawalpindi and Islamabad only

Exclusion Criteria

- Women having history of substance abuse or actively using substance were excluded
- Pregnant women having comorbidity with psychological illness were excluded

Instrumentation

Rosenberg Self-Esteem Scale (RSES), developed by Rosenberg (1965) was used. A 10-item scale that measures global self-worth by measuring both positive and negative feelings about the self. The scale is believed to be unidimensional. All items are answered using a 4-point Likert scale format ranging from strongly agree to strongly disagree. This scale consists of 10 items on 4 likert scale where 1 = strongly disagree and 4 = strongly agree (Rosenberg, 1965). The Rosenberg Self-Esteem Scale, a widely used self-report instrument for evaluating individual self-esteem.

The Multidimensional Scale of Perceived Social Support (MSPSS) was also used to measure perceived social support, the MSPSS was used which a short instrument is designed to measure an individual's perception of support from 3 sources: family, friends and a significant other (Zimet, et al., 2016). MSPSS is a short instrument designed to measure an individual's perception of support from 3 sources: family, friends and a significant other. This instrument is 12 item long and has been widely used and well validated. Some research has identified high levels of perceived social support as being associated with low levels of depression and anxiety symptomatology.

Operational Definitions

Perceived Social Support

Perceived Social support refers to the perceived emotional, instrumental, and informational assistance that individual receive from their family, friends, and partner. To measure perceived social support, the MSPSS was used which a short instrument is designed to measure an individual's perception of support from 3 sources: family, friends and a significant other. High scores on this scale showed higher level of perceived social support (Zimet, et al., 2016).

Self Esteem

Self-esteem refers to an individual's overall evaluation and perception of their self-worth and self-acceptance. To measure Self-esteem, Rosenberg self-esteem scale was used and developed by Rosenberg in 1965. A 10-item scale that measures global self-worth by measuring both positive and negative feelings about the self. Higher level of stress indicates high level of self-esteem (Rosenberg, 1965).

Ethical Considerations

The participants were asked for their informed consent and given assurances respecting their privacy and confidentiality. Participants were informed that they could withdraw from the study at any time without any consequences. The research used no copyrighted materials. Only with the authors' consent were scales and other materials used, and other authors' contributions were acknowledged with APA style citations.

Procedure

This research sample is chosen using a convenient sampling technique. The participants were given questionnaires to complete. The survey took about 15 minutes to complete, and respondents were free to stop at any point. The survey participant replies were anonymous and unrelated to any personally identifying details. Since several different tests were given, the tests were given to each participant in a different order at random to account for the impact of something like the order of administration. However, the participants were picked from many private and public hospitals within Islamabad and Rawalpindi.

RESULTS & FINDINGS

Table 1

Descriptive Statistics of the Participants (N=230)

Categories	Subcategories	f	%
Family system	Nuclear	28	12.2
	Joint	176	76.5
Age of Participants	18 - 25	108	47.0
	26 - 32	122	53.0
Education	Intermediate	26	8.6%
	Undergraduate	176	58.1%
	Graduate	26	8.6%

Table 1 is showing the results of the frequency analysis of demographic variables. 99 participants (32.7%) came from nuclear families, and 131 participants (43.2%) came from joint families. The age of the participants ranged from 18 to 32 years. The participant range from 18 – 22 years are 14.5%, the age range of the participant between, 21-23 are 15.5%, 24-26 are 12.5%, 27 – 29 years are 14.9% and 30 – 32 are 18.5%. The education of the participants was of second year (8.6%), undergraduate (58.1%), and graduate (8.6%).

Table 2

Descriptive Statistics of the Responses (N=230)

Variables	M	SD	k	α	Range		Skewness	Kurtosis
					Actual	Potential		
RSES	21.94	5.65	10	.81	14 – 40	10 – 40	.89	.58
MSPSS	35.86	10.71	12	.84	20 – 84	1 – 12	1.29	3.66
SigO	3.32	1.23	04	.77	1 – 7	1 – 4	1.16	.82
FamS	2.64	1.16	04	.60	2 – 7	1 – 4	1.72	3.89
FriS	3.20	1.22	04	.67	1.5 – 7	1 – 4	.82	.92

Note. RSES = Rosenberg Self-Esteem Scale, MSPSS = Multidimensional Scale of Perceived Social Support, SigO = Significant Others, FamS = Family subscale, FriS = Friends subscale

Table 2 demonstrates the psychometric characteristics of the study variables. Rosenberg Self-esteem Scale showed good internal consistency of .81. Multidimensional Scale of Perceived Social Support showed good internal consistency of .84 and its subscales showed good internal consistency for Significant other subscale ($\alpha = .77$), Family subscale ($\alpha = .60$), and Friend subscale ($\alpha = .67$).

Table 3

Pearson correlation of the study variables (N=230)

Variables	N	M	SD	1	2	3	4	5
RSES	230	21.94	5.65	-				
MSPSS	230	35.86	10.71	.17*	-			
SigO	230	2.64	1.16	.09	.77**	-		
FamS	230	3.32	1.23	.06	.79**	.84**	-	
FriS	230	3.20	1.22	.15*	.63**	.49**	.42**	-

Note. * $p < 0.05$, ** $p < 0.01$, RSES = Rosenberg Self-Esteem Scale, MSPSS = Multidimensional Scale of Perceived Social Support, SigO = Significant Others, FamS = Family subscale, FriS = Friends subscale

Table 3 is showing the results of Pearson moment correlation among the study variables. There is positive association exists between the self-esteem (RSES) and Perceived social support scale. Both total social support and self-esteem were positively correlated ($r = .17$, $p < .05$), as was the support of friends ($r = .15$, $p < .05$). There was a high and substantial association between the perceived social support (MSPSS) and all of its sub-scales, including important people ($r = .77$, $p < .01$), family ($r = .79$, $p < .01$), and friends ($r = .63$, $p < .01$). Additionally, the different component tables show a robust association, particularly between

the family and the support of significant people ($r = .84, p < .01$).

Table 4

Showing the difference of variable among age groups (N = 230)

Variables	18 – 25 (N = 108)		26 – 32 (N = 122)		t(228)	95% CI		Cohen's d	p
	M	SD	M	SD		LL	UL		
RSES	21.96	5.71	21.92	5.63	.06	-1.43	1.52	-	.95
MSPSS	36.02	12.39	35.72	9.01	.21	-2.49	3.09	-	.83
SigO	2.76	1.29	2.54	1.01	1.47	-.08	.52	-	.14
FamS	3.48	1.31	3.17	1.14	1.94	-.00	.63	.25	.05
FriS	2.98	1.17	3.39	1.24	-2.56	-.72	-.09	.34	.01

Note. * $p < 0.05$, ** $p < 0.01$, RSES = Rosenberg Self-Esteem Scale, MSPSS = Multidimensional Scale of Perceived Social Support, SigO = Significant Others, FamS = Family subscale, FriS = Friends subscale

There were no statistically significant variations in self-esteem or total perceived social support between the 18–25 and 26–32 age groups. On the other hand, groups 26–32 reported much more support from friends ($p = .01$), and groups 18–25 reported somewhat higher support from family ($p = .05$). The support of significant others, no significant differences were found.

Table 5

Educational Differences

Variables	Intermediate (N=28)		Under-grade (N=176)		Graduate (N=26)		f	p	μ^2
	M	SD	M	SD	M	SD			
RSES	23.64	6.34	21.57	5.44	22.58	6.11	1.82	.16	
MSPSS	35.25	11.15	36.23	11.06	34.00	7.35	.54	.58	
SigO	2.74	1.41	2.69	1.16	2.20	.67	2.18	.12	
FamS	3.22	1.21	3.41	1.27	2.75	.70	3.49	.03	.20
FriS	3.36	1.32	3.12	1.20	3.54	1.20	1.64	.19	

Note. * $p < 0.05$, ** $p < 0.01$, M = Mean, SD = Standard Deviation, I = 1st group, J = 2nd group, MD = Mean difference, FamS = Family Subscale, FriS = friend subscale

Table 5 is showing the educational difference of self-esteem and social support in the table indicates that individuals with intermediate, undergraduate, and postgraduate educational backgrounds did not exhibit notable disparities in terms of self-esteem (RSES) or overall perceived social support (MSPSS). Nevertheless, there were notable disparities in the family support component table ($p = .03$), with students reporting greater levels of family support compared to graduates. There were no notable disparities in the degree of assistance provided by important people or friends with varying educational backgrounds.

Table 6

Post hoc analysis of significant results of ANOVA (N=230)

Dependent Variable	Groups		MD(I-J)	SE	95% CI	
	1 st group	2 nd group			LB	UB
FamS	Under graduate	Graduate	.67*	.25	.06	1.26
	Graduate	Under graduate	-.67*	.25	-1.26	-.06

Note. * $p < 0.05$, ** $p < 0.01$, M = Mean, SD = Standard Deviation, MD = Mean difference, SE = Standardized Error, LB = lower boundary, UB = Upper boundary, FamS = Family Subscale, FriS = friend subscale

Table 7

Regression analysis of association social support and perceived stress among pregnant women (N=230)

Predictor	95% CI				Beta	P
	B	SE	LL	UL		
(constant)	18.74	1.34	16.09	21.37		.00
Social support	.15	.06	.01	.28	.28	.02
Significant others	.12	.62	-1.11	1.36	.02	.84
Family subscale	-.95	.63	-2.20	.28	-.21	.13
Friends subscale	.18	.40	-.60	.97	.40	.64
R	.21					
R2	.04					
f	2.61*					

Note. * $p < 0.05$, ** $p < 0.01$; DV: Self esteem, beta = standardized coefficient, B = unstandardized coefficient, LL = lower limit, UL = Upper limit

The results of the regression analysis indicate that there is a significant relationship between total social support and the felt stress levels of pregnant women ($\beta = .28$, $p = .02$). This relationship explains 4% of the variability in perceived stress ($R^2 = .04$). Contrary to common results, there is a positive correlation between more social support and increased felt stress. Nevertheless, the influence of significant individuals such as family and friends on one's perceived stress level is not statistically significant, and all findings fail to reach a level of significance ($p > .05$). This demonstrates that although overall social support has an impact on stress, individual sources of support do not have an independent effect on the stress level of the sample.

Discussion

The objective of this study was investigate the relationship between perceived stress, perceived social support and self-esteem. The first hypothesis of this study was that perceived Social support will be positively correlated with self-esteem among pregnant women. Pearson correlation analysis was conducted using IBM SPSS, and as a result of running the analysis this hypothesis is accepted. The results of the analysis indicates that there is significant and positive association exists between perceived social support and self-esteem ($r = .17$, $p < .05$). The subscale of social support which is friend subscale ($r = .15$, $p < .05$) and the other two subscale showed positive but insignificant association. Previous available literature also aligns with this study and one of a research has shown a positive and highly significant relationship between the perceived social support of pregnant women and their mental well-being. Increased levels of social support have been linked to enhanced self-esteem and mental well-being (Yüksel, et al., 2019), as well as decreased fear of delivery (Calpbincici, et al., 2023).

Other existing studies also indicated that social support has a role in controlling the connection between depression symptoms and self-esteem in pregnant women. There is a correlation between poor social support and increased levels of stress, depressive symptoms, and reduced self-esteem (Al-Amer, et al., 2022). Moreover, there is a positive correlation between an individual's perception of social support and their adherence to self-care activities during pregnancy. Conversely, a greater level of perceived stress is linked to a decline in self-care behaviors (Naghizadeh, 2019). The second hypothesis of this study was that young adults' scores will be higher on perceived stress, self-esteem and perceived social support, as compare to middle adulthood. As a result of running the analysis, this hypothesis was rejected. The results of the analysis showed that there were no statistically significant variations in self-esteem, and perceived stress between the 18–25 and 26–32 age groups. On the other hand, social support domains appeared to have some significant differences among the groups. The age group 26 – 32 reported much more support from friends ($p = .01$), and groups 18–25 reported somewhat higher support from family ($p = .05$). The support of significant others, no significant differences were found.

The previous available literature gives justification for the rejection of the hypothesis. Young individuals often exhibit elevated levels of perceived stress and overall daily stress in comparison to

older adults and this can be the reason that they perceived social support low as compare to the middle adulthood (Stefaniak, et al., 2022). Ioannou, et al. (2019) found that self-esteem plays a crucial role in moderating the connection between family support and depression symptoms in young individuals. A notable correlation between perceived stress and self-esteem was found among young individuals, with no substantial disparity based on gender. Self-esteem, self-efficacy, and social support have a regulatory role in the association between exercise proficiency and internalization issues in young people aged 18-30 (Medeiros, et al., 2023; Corno, et al., 2023). Young individuals have greater levels of stress in relation to familial, marital, financial, and occupational aspects as compared to older age cohorts and that's why they perceived social support as less than others which in return impact on their mental health (Stefaniak, et al., 2022).

The other findings of the study shows that individuals with intermediate, undergraduate, and postgraduate educational backgrounds did not exhibit notable disparities in terms of self-esteem (RSES) or overall perceived social support (MSPSS). Nevertheless, there were notable disparities in the family support component table ($p = .03$), with students reporting greater levels of family support compared to graduates. There were no notable disparities in the degree of assistance provided by significant others or friends with varying educational backgrounds.

CONCLUSION

This study aimed at studying the association between self-esteem and perceived social support among the pregnant women. The results of the study indicates that there is significant and positive association exists between perceived social support and self-esteem ($r = .17$, $p < .05$). The subscale of social support which is friend subscale ($r = .15$, $p < .05$) and the other two subscale showed positive but insignificant association. Also educational and age group differences were mildly found in different groups. Middle adults showed higher level of perceived social support as compare to the young ones.

Implications

The findings of this study have significant practical implications, particularly within the cultural framework of Pakistan. Within a culture where social support systems are often interconnected with family and community networks, comprehending the beneficial correlation between pregnant women's perceived social support and self-esteem might provide insights for treatments focused on enhancing maternal well-being. For instance, implementing initiatives aimed at enhancing familial bonds and fostering community assistance during pregnancy may assist pregnant women in enhancing their self-confidence and diminishing stress, eventually resulting in improved mental well-being outcomes. Considering Pakistan's long-standing focus on family and social organization, these study findings underscore the importance of fostering a supportive atmosphere for expectant mothers. This may significantly enhance their psychological and emotional well-being. This is particularly crucial in rural or low-income regions, where access to professional mental health services may be restricted, but social connections remain robust.

Limitations and Future Suggestions

While this study has provided helpful insights, it is important to acknowledge its limits. The cross-sectional design restricts the capacity to establish causal relationships between perceived social support, self-esteem, and felt pressure. Longitudinal studies are necessary to have a more comprehensive understanding of the directionality and causation of these interactions as they evolve over time. Furthermore, the research is dependent on self-reported metrics, which might potentially introduce bias as a result of societal expectations or faulty self-assessments. Subsequent investigations may use more objective metrics or a combination of methodologies to get a more profound comprehension of these factors.

The study's sample size was restricted to pregnant women residing in specified regions, perhaps limiting its ability to accurately reflect the larger population of pregnant women in Pakistan. Future

study should strive to include more heterogeneous samples and take into account various socio-economic, cultural, and geographical contexts in order to increase the generalizability of the research findings. Examining other intermediate or regulatory elements, such as cultural beliefs, family dynamics, or economic considerations, might enhance our knowledge of the influences on the self-esteem and perceived stress of the population. Future study might explore therapies focused on bolstering social support during pregnancy and assess their efficacy in improving self-esteem and alleviating stress in diverse cultural settings.

Competing Interest

The authors had no competing interests.

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