Asian Women
September 2018, Vol. 34, No. 3, pp. 29-45, https://doi.org/10.14431/aw.2018.09.34.3.29

How Does Spousal Support Affect Women's Quality of Life in the Postpartum Period in Turkish Culture?

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Abstract

The purpose of this study is to determine the relationship between spousal support and postpartum women's quality of life. This is a descriptive study carried out between July 1, 2014 and October 31, 2014. Data were collected from the homes of 301 women who were in the postpartum period. A demographic questions form, the Maternal Postpartum Quality of Life Questionnaire (MPQLQ), and the Spouse Support Scale (SSS) were used to collect the data. According to the results, there was a moderate positive relationship between general spousal support and quality of life after birth. The age of the participating women, the educational status of the women and their spouses, the duration of their marriage, the type of delivery, whether the pregnancy was planned/unplanned, acceptance of the baby after learning of the pregnancy, the type of marriage, spouses' relationships, work hours of the spouse, and time spent at home were important variables for determining spousal support and quality of life. The relationship between general spousal support and postpartum quality of life in this study suggests that support of spouses is important in improving the maternal quality of life in the postpartum period. This study contributes to the importance of postpartum support of spouses and the importance of spousal awareness in this regard.

Key words

postpartum period, quality of postpartum life, spousal support, Turkish culture

Introduction

In the postpartum period, women may experience physical and psychological changes (Taşkın, 2014). Women may also experience physical symptoms that may affect their quality of life (Taşkın, 2014; Webb et al., 2008).

In addition, the woman's husband may experience physical and psychosocial changes owing to becoming a parent and having to perform new tasks in this period (Ribeiro et al., 2015). In short, the postpartum period is a very important stage in the life of the family because both the woman and her immediate surroundings can be affected physically and psychologically. Within Turkish culture, motherhood is considered a holy concept, and thus social support increases in this period (Alan & Ege, 2013). This period is also a time when there is a change in the need for social support and family relations (Huang, Tao, Liu, & Wu, 2012) because it brings new roles and responsibilities (Altuntuğ & Ege, 2013; Ribeiro et al., 2015). The term quality of life has a complex meaning that involves many aspects (Prick et al., 2015; Ribeiro et al., 2015). The quality of life of a woman can be adversely affected by lack of support as well as the physical and psychological problems experienced by the woman (Cacciatore, Schnebly, & Froen, 2009; Mermer, Bilge, Yücel, & Çeber, 2010; Webster, Nicholas, Velacott, Cridland, & Fawcett, 2011).

While the woman adapts to parenting in this period, the support that she receives from the family is important for coping with emerging problems and new tasks (Herguner, Çiçek, Annagur, Herguner, & Ors, 2014; Sampson, Villarreal, & Padilla, 2015). Social support that is provided by relatives, such as spouses and family members, in particular, plays a protective role. This support is also important in reducing the effects of stress on the physical and psychological health of women (Razurel, Bruchon-Schweitzer, Dupanloup, Irion, & Epiney, 2011), thereby significantly improving women's quality of life (Cacciatore et al., 2009). If women's support needs are adequately met, the support provided has been found to have a positive effect on their physical and mental well-being (Aksakallı, Çapık, Apay, Pasinlioğlu, & Bayram, 2012; Altuntuğ & Ege, 2013; Webster et al., 2011). However, low levels of support increase the stress and depression of the woman and this situation negatively affects the quality of life (Cacciatore et al., 2009; Herguner et al., 2014; Lee, Holditch-Davis, & Miles, 2007; Sampson et al., 2015; Xie, He, Koszycki, Walker, & Wen, 2009).

A sociocultural feature of Turkish society is that mothers attract significant interest and receive good support soon after giving birth, but as time goes by this diminishes (Danaci, Dinç, Deveci, Sen, & Içelli, 2002). In the literature it is stated that spouses are more likely to give support than other social support resources and that the spouse's support is more

important than others' (Don & Mickelson, 2012; Güven, Şener, & Yıldırım, 2011; Salmela-Aro, Nurmi, Saisto, & Halmesmaki, 2010).

However, in the postpartum period, the relationship between quality of life and social support, in particular the support of spouses, remains unclear. To the best of our knowledge, there is no study on the relationship between spousal support and postnatal quality of life in the literature. Therefore, there is a need for research that investigates the effect of spousal support on quality of life in the postpartum period.

In this study, the relationship between spousal support and postpartum quality of life is examined. It is particularly important that the study is conducted using a quality of life scale specific to the postpartum period. The relative contributions of family and spousal support to the quality of life in this period are unknown, but it is thought that spousal support plays a major role in the adaptation period after birth, improving the quality of life and dealing with problems the woman may face. The purpose of this study is to determine the relationship between spousal support and postpartum women's quality of life.

Method

Design

This is a descriptive study, carried out from July to October 2014 in 11 family health centers selected according to the cluster sampling method of probability sampling (Bhattacherjee, 2012) in the province of Isparta, Turkey. Family health centers are units that provide primary health services. Family physicians, midwives, and nurses work in these centers. The reasons for selecting family health centers are that all pregnant women are registered at these centers and women are more easily accessible from there. At these centers, each family and individual is registered with a family physician and the pregnancies are monitored during the pregnancy period and after the birth of the baby when the services received are recorded.

Sample

The study's universe consisted of 1,710 women who were registered in the postpartum period to 23 family health centers in Isparta City in 2013.

The size of the sample was calculated by formulating it according to a 95% confidence interval (Bhattacherjee, 2012); 314 pregnant women were identified, but only 301 were reached. Thirteen women did not agree to participate; thus the participation rate was 95.8%. The criteria for sampling were being registered in family health centers in central Isparta where the study was carried out, being in the 4–6-week period after birth, living with the spouse/partner, having no communication problem with the spouse/partner, having no postpartum risk condition, and, finally, volunteering to participate in the study. The exclusion criteria were not being in the 4–6-week period after birth, living alone, having communication problems, having a postpartum risk condition, or refusing to participate in the research. During the interview, the spouses of the women were not present and the women were interviewed by female researchers.

Data Collection

The study data were collected from women who agreed to participate in face-to-face interviews at home visits. Women's responses were marked on the interview form by the researcher, and interviews lasted between 20 and 35 minutes. The time of the home visit was arranged by contacting the 301 participants who were registered with these centers on the phone via the nurses/midwives working in the centers.

Ethical Considerations

Before starting the study, written permission was obtained from Süleyman Demirel University Ethics Committee for Clinical Investigations (the Ethics Committee number is 72867572-050-05, dated November 3, 2013) and the Public Health Directorate of Isparta Province. To use the Maternal Postpartum Quality of Life Questionnaire (MPQLQ) in our study, the necessary permits were obtained from Altuntuğ, who adapted the MPQLQ scale to Turkish and established its validity and reliability, and Yıldırım, who developed the Spousal Support Scale. In addition, verbal approval was obtained from the participants in the study.

Measures

Demographic questions form.

In this form, there were variables such as *age, working status, social insurance, family type, educational level, socioeconomic status, number of pregnancies, number of living children, age, education status of oneself and one's spouse, health insurance status*, and *expectancy of pregnancy/prenatal control*. The demographic questions form consisted of 31 questions.

Maternal postpartum quality of life questionnaire.

The postpartum quality of life scale is a six-point Likert scale assessed according to the perceptions of the pregnant woman. Items were rated between 1 (*not satisfied at all*) and 6 (*very satisfied*). The scale consists of 40 items on five subscales. The subscales of MPQLQ consist of kinship-family-friend (nine items), socioeconomic (nine items), spousal (five items), health (eight items), and psychological (nine items) dimensions. To calculate the quality of life scale scores, 3.5 was subtracted from the item points from the satisfaction dimension, which ranged from 1 to 6 (obtaining -2.5, -1.5, -0.5, 0.5, 1.5, and 2.5, respectively), and then multiplied by scores from the same items on the dimension of significance. The scores obtained after the procedure were summed and divided by the number of scale questions (40 items). To prevent negative results, a constant value (15) was added to the figure to obtain the final score. Thus, the final quality of life score is in the range of 0–30.

The scale evaluates how comfortable and significant women feel four to six weeks after birth. The higher the score on the scale is, the higher the quality of life of the respondent becomes. The development, validity, and reliability of MPQLQ were ascertained by Hill, Aldag, Hekel, Riner, and Bloomfield (2006). Cronbach's alpha value was 0.96, and the test-retest correlation value was 0.74. The scale was adapted to Turkish by Altuntuğ and Ege in 2012, and thus the validity of the scale has been established for Turkish women. In their study, the Cronbach's alpha coefficient was 0.95 and the item total score correlations were between 0.435 and 0.717 according to the scale's total score. The correlation between each item and the total score was statistically significant ($p < .001$). In our study, the Cronbach's alpha reliability coefficient was 0.94.

Spouse support scale.

The Spouse Support Scale (SSS) was developed by Yıldırım (2004). The SSS has a total of 27 items. The aim of this scale is to measure the support that spouses perceive from each other. The scale is a three-point Likert-type scale. Answers consisted of *appropriate for me*, *partially appropriate for me*, and *not appropriate for me*. The lowest score that can be obtained from the scale is 27 while the highest is 81. Except for the three reverse-scored items, higher scores mean more perceived spousal support. Yıldırım (2004) indicated that, according to the results of the analysis, SSS consisted of four factors: emotional support, material aid and information support, appreciation support, and social interest support. The Cronbach alpha's coefficient of the scale was found to be 0.95. As a result of these applications, it was concluded that the scale is reliable and can be used as a valid measuring tool to assess the support that spouses receive from each other (Yıldırım, 2004). In our study, the Cronbach alpha's coefficient was found to be 0.94, while the reliability coefficient of the test-retest was (r_{xx}) 0.89.

Data Analysis

The data were analyzed using the Statistical Package for Social Sciences (SPSS) 20.0. A Spearman's correlation analysis was performed to determine the relationship between spousal support and postpartum quality of life, and the results were evaluated at a 95% significance level ($p < .05$). Frequency and percentile were calculated in evaluating the data on the demographic questions form. The relationship between the quality of life score and spousal support was compared with one-way ANOVA and T tests, using the information from the demographic questions form. In addition, the correlations between the descriptive characteristics in the demographics form and the scores of the quality of life score and spousal support were compared with the Mann-Whitney U test. Nonparametric tests (Mann-Whitney U, Kruskal-Wallis H) were used because some data were not normally distributed, and the results were evaluated at a 95% significance level ($p < .05$).

Results

Distribution of Participants' General Characteristics

Many of the women (39.9%) were between the ages of 26 and 30. In terms of education, 28.9% of the women and 37.9% of their spouses had a high school degree. More than half (55.1%) of the women had had a cesarean section birth. Most of the women (81.1%) stated that they had planned their pregnancy. In terms of marriage, 45.2% of the women had been married for one to three years, with 69.1% of all couples stating that they married after a certain time into the relationship.

Comparison of Average Scores of SSS and MPQLQ in Terms of Characteristics of Women

In the analysis women with graduate degrees had a degree of spousal support of 77.25 ± 2.95 with an MPQLQ score average of 15.27 ± .07. Women also had average spousal support of 76.27 ± 5.75 and an MPQLQ score of 15.27 ± .07 in the group of spouses with graduate degrees (Table 1).

Table 1
Spouse Support and MPQLQ Score Averages According to Some Descriptive Characteristics of Women

Descriptive Characteristics		*N*	Total Score of Spouse Support X ± *SD*	MPQLQ X ± *SD*
Age	20 and under	20	73.85 ± 9.22	15.26 ± 0.09
	21–25	77	70.94 ± 9.39	15.20 ± 0.10
	26–30	120	73.00 ± 9.52	15.21 ± 0.11
	31–35	51	70.92 ± 9.76	15.19 ± 0.10
	36 and higher	33	63.36 ± 10.25	15.17 ± 0.09
			$F = 6.957$ $p = 0.000^{*}$	$F = 2.540$ $p = 0.040^{*}$
Education Level	Primary School	62	69.39 ± 10.13	15.19 ± 0.11
	Secondary School	57	68.74 ± 11.68	15.18 ± 0.12
	High School	87	69.61 ± 10.68	15.20 ± 0.09
	Collage	30	74.70 ± 6.92	15.23 ± 0.08
	Undergraduate Degree	53	74.77 ± 6.72	15.22 ± 0.09
	Graduate Degree	12	77.25 ± 2.95	15.27 ± 0.07
			$F = 4.817$ $p = 0.000^{*}$	$F = 2.379$ $p = 0.039^{*}$

Descriptive Characteristics		*N*	Total Score of Spouse Support X ± *SD*	MPQLQ X ± *SD*
Education Level of Spouse	Primary School	44	68.95 ± 9.66	15.18 ± 0.10
	Secondary School	37	66.86 ± 9.70	15.18 ± 0.11
	High School	114	70.12 ± 11.22	15.19 ± 0.10
	Collage	31	74.16 ± 7.46	15.24 ± 0.08
	Undergraduate	60	74.37 ± 7.97	15.22 ± 0.09
	Graduate	15	76.27 ± 5.75	15.28 ± 0.09
			$F = 4.944$ $p = 0.000^*$	$F = 4.041$ $p = 0.001^*$
Number of Living Children	1	151	74.07 ± 8.66	15.22 ± 0.09
	2	88	69.45 ± 9.24	15.19 ± 0.10
	3	46	67.89 ± 11.19	15.17 ± 0.12
	4 or more	15	61.13 ± 11.70	15.16 ± 0.09
			$F = 10.395$ $p = 0.000^*$	$F = 2.970$ $p = 0.020^*$

Note. $^*p < .05$, *N = Number, SD = Standard Deviation*

There was a statistically significant difference in the age groups of women in terms of spousal support and postpartum quality of life (MPQLQ) scores ($p < .05$).

When the spousal support scores according to the birth type were examined, it was determined that the mean scores of the deliveries by cesarean section were 166.00 ± 8.73 and the mean scores for vaginal delivery were 135.00 ± 11.20. However, when the MPQLQ scores were examined, it was found that the difference between the mean scores of the birth types was not significant ($p > .05$).

It was found that the spousal support score of women with planned pregnancies was 72.38 ± 9.10, while for those with unplanned pregnancies it was 65.72 ± 11.67 ($p < .05$). The former group had an average MPQLQ score of 15.21 ± 0.10 while the latter group had an average MPQLQ score of 15.17 ± .11; the difference was statistically significant ($p < .05$) (Table 2).

In our study, for women who had been married 1–3 years, the average spousal support was 72.90 ± 9.818 and the mean MPQLQ score was 15.22 ± 0.10 ($p < .05$). The average spousal support and MPQLQ scores were than among women married for more than 1–3 years (Table 2).

The mean score of spousal support for the "good" partner agreement

was 73.49 ± 7.41 and the MPQLQ average score was the highest (15.22 ± .09) in this group. In addition, the analysis found that for women who were happy in marriage the mean score of spousal support was 72.69 ± 7.98 and the mean score of the MPQLQ was 15.21 ± .09, which is the highest among the groups (Table 2). It was determined that the average spousal support score of spouses who spend enough time at home was 73.49 ± 7.93 and the average score on the MPQLQ was 15.23 ± .09 (Table 2).

Table 2
Spouse Support and MPQLQ Score Averages According to Some Descriptive Characteristics of Women

Descriptive Characteristics		*N*	Total Spouse Support Score X ± *SD*	MPQLQ X ± *SD*
Birth Type	Vaginal	135	135.00 ± 11.20	15.20 ± 0.10
	Cesarean Section	166	166.00 ± 8.73	15.20 ± 0.10
			t = -1.999 p = 0.046*	t = -0.062 p = 0.951
Wanted / Unwanted and Planned / Unplanned Pregnancy	Yes/ Planned	244	72.38 ± 9.10	15.21 ± 0.10
	Unwanted / Unplanned	57	65.72 ± 11.67	15.17 ± 0.11
			t = 4.698 p = 0.000*	t = 2.293 p = 0.023*
Marriage period	1–3 Years	136	72.90 ± 9.81	15.22 ± 0.10
	4–6 Years	73	70.99 ± 8.57	15.20 ± 0.09
	7–10 Years	47	70.79 ± 10.30	15.19 ± 0.10
	11 Years or more	45	66.29 ± 10.81	15.17 ± 0.10
			F = 5.205 p = 0.002*	F = 3.037 p =0.029*
Agreement with the spouse	Good	255	73.49 ± 7.41	15.22 ± 0.09
	Average	40	58.10 ± 11.74	15.12 ± 0.13
	Bad	6	57.17 ± 14.94	15.06 ± 0.09
			F = 68.374 p = 0.000*	F = 25.017 p = 0.000*
Happiness with the marriage	Yes	273	72.69 ± 7.98	15.21 ± 0.09
	Partly	21	55.48 ± 13.58	15.10 ± 0.13
	No	7	56.86 ± 16.17	15.08 ± 0.12
			F = 47.720 p = 0.000*	F = 6.467 p = 0.000*

Descriptive Characteristics		*N*	Total Spouse Support Score X ± *SD*	MPQLQ X ± *SD*
Spouse spending enough time at home	Yes	201	73.49 ± 7.93	15.23 ± 0.09
	No	100	66.35 ± 11.82	15.15 ± 0.10
			$t = 6.209$ $p = 0.000^{*}$	$t = 6.696$ $p = 0.000^{*}$
	TOTAL	301		

Note. $^{*}p < .05$, *N = Number, SD = Standard Deviation*

Relationship between Spousal Support and Postpartum Quality of Life

There was a moderate positive correlation between spousal support scores and the subscales concerning dimensions of emotional support, financial and information support, appreciation support, and social support, as well as on postpartum quality of life scores. The data are shown in Table 3.

Table 3

Investigation of the Relationship between Spousal Support and Postpartum Quality of Life

		Postpartum Quality of Life
Emotional Support	r_s	0.518^{**}
	p	*0*.000
	N	*3*01
Financial and Informational Support	r_s	0.505^{**}
	p	*0*.000
	N	*3*01
Appreciation	r_s	0.463^{**}
	p	*0*.000
	N	*3*01
Social Support	r_s	0.460^{**}
	p	*0*.000
	N	*3*01
Spouse Support Score	r_s	0.530^{**}
	p	*0*.000
	N	*3*01

Note. $^{**}p < .001$

Discussion

In our study, there was a positive relationship between general spousal support and quality of life after birth. As spousal support increases in the postpartum period, the quality of life after birth also increases. In some studies, it is reported that social support influences the overall quality of life after birth (Emmanuel & Sun, 2014; Irwin, Beeghly, Rosenblum, & Muzik, 2016; Webster et al., 2011).

When the relation of spousal support by age groups was examined, it was found that as age increases the spousal support scores and quality of life decrease. Aksakallı et al. (2012) also reported that postpartum support decreases with age. It is thought that with advanced age, motherhood and the decrease in spousal support may cause difficulties in baby care and this may effectively reduce the quality of life.

According to the results, it was thought that, as the level of education increases, couple's expressiveness and sharing increases. However, in a similar study, it was found that the mother's education status did not influence social support (Sampson et al., 2015). The difference in the results is thought to be due to marital or cultural differences in the sample groups. Similarly, as the education level of women and their spouses increased, the quality of life after birth also increased significantly. Similarly, Çelik, Türkoğlu, and Pasinlioğlu (2014) also found that women with graduate degrees had a higher quality of life than others, although Prick et al. (2015) found that the educational status of the woman had no effect on the quality of life. It can be assumed that the difference between the studies is due to the marital and cultural characteristics of the samples. As the level of mothers' education increases, their awareness of needs after birth will increase, as their expectations for both social support and health care will do; thus their quality of life will increase insofar as those needs are satisfied.

In our study, women's delivery method influenced the spousal support they perceived. It has been determined that spousal support provided to those with cesarean deliveries was greater than for those with vaginal deliveries. These results may be due to the fact that women who give birth through cesarean delivery are thought to need more help. However, there were no differences in postpartum quality of life scores between women who delivered vaginally or by cesarean section. The relationship between the delivery type and quality of life is not clear. While one study found

no difference between the quality of life of women who delivered vaginally and those who delivered by cesarean (Huang et al., 2012), some studies found that the health-related quality of life of women in the former group was higher than that of women who had elective and urgent cesarean sections (Emmanuel & Sun, 2014; Çelik et al., 2014; Prick et al., 2015). In cesarean births, it may be that there is a marked decrease in the comfort of the mother compared to vaginal deliveries, due to post-operative pain, fatigue, adverse effects of anesthesia, self-care, difficulty in meeting daily life activities, nursing care, breastfeeding problems, and so on.

Whether the pregnancy was planned also affected the spousal support that women perceived in our study. According to the results, planned pregnancy is usually a desired and expected situation and it is thought that the spousal support received may be higher because the baby is wanted. In a similar study, it was also shown that women with planned pregnancies perceived more postpartum spousal support (Hildingsson, Tingvall, & Rubertsson, 2008). Whether the pregnancy is planned has been found to affect the quality of life after birth, although in the study conducted by Çelik and colleagues, it was noted that this factor does not affect the quality of life of women after delivery (Çelik et al., 2014). Alternatively, it may be thought that having a planned pregnancy better prepares women for the postnatal period and thereby increases their quality of life.

The duration of marriage among women affected perceived spousal support in our study. According to marriage patterns, the scores of the spouses of the participants who got married while getting better acquainted with each other were higher than those of participants who married without knowing their spouse well because of a family request or a very short courtship. Güven et al. (2011) stated that the perceived spousal support of couples married after being better acquainted is higher than that of those married after very short courtships or those married to relatives. Accordingly, it can be assumed that spouses give greater support when they marry the partners they choose and they get along with each other. In our study, partners' dealings with each other affect the perceived spousal support. Similarly, our results show that the duration of marriage affects the quality of life after birth, and the quality of life decreases as the duration of the marriage increases. As the duration of the marriage affects spousal support, it can be assumed that the quality of life also decreases as spousal support decreases.

The scores of the women who have good agreement with their spouses and who are happy in their marriage are found to be higher than those of the other participants. Spouses with good marital relationships are reported to feel better and more comfortable at helping and supporting their partners (Don & Mickelson, 2012). Similarly, in the literature, it was found that the marital satisfaction of the individuals who received support from their spouses was also high (Çağ & Yıldırım, 2013). In our study, it was determined that the quality of life of postpartum women who were in agreement with their spouses and were happy in marriage was higher than that of the other participants. The literature states that women who have better relationships with their husbands have a higher functional status and that a good relationship may also contribute to the role of motherhood and quality of life (Uban, 2012).

Limitations

The study was carried out in the province of Isparta, Turkey. Because the sample is small and therefore cannot be generalized beyond Isparta. Participants consisted of women during the 4–6-week postpartum period, who had not had any complications at birth. So it can only represent this group

Conclusion

In our study, it was determined that there is a moderate relationship between spousal support and quality of life. This study shows how spousal support is important to women after birth.

It is important to raise the awareness of spouses about the importance of helping their partners improve the quality of life during the postpartum period. To raise awareness of the fathers about unsatisfied needs and their knowledge about other issues during this period, midwives and nurses working in family health centers should take the initiative to involve fathers. In-service training can be conducted to raise the awareness of health professionals about supporting fathers. Frequent checks can also be made during the postnatal period, and plans can be made to support women who do not have support for their housework or for child care.

Pre-conception and pregnancy training programs for women and their

spouses can be planned and opportunities can be created for fathers to be included in these trainings (with flexible working hours), because the regulation of the education classes can affect the quality of life of the mother in a positive manner. In this regard, midwives and nurses working in family health centers must take the initiative.

In Turkey, workers and civil servants are allowed five or ten days of paternal leave during the postpartum period, respectively. Mother and fathers may also work half time to share the care of their child; however, in that case monthly salaries would decrease. In the postpartum period, it is possible to extend the paid paternity leave period for all workers/civil servants and to re-arrange the fathers' working hours. We suggest that this study be repeated in different national and international populations to provide to increase its generalizability.

References

Aksakallı, M., Çapık, A., Apay, S. E., Pasinlioğlu, T., & Bayram, S. (2012). Determination of support needs and post-partum support levels of post-partum women. *Journal of Psychiatric Nursing, 3*(3), 129–135. (In Turkish)

Alan, H., & Ege, E. (2013). The influence of social support on maternal-infant attachment in Turkish society. *Journal of Anatolia Nursing and Health Sciences, 16*(4), 234–240. (In Turkish)

Altuntuğ, K., & Ege, E. (2013). Effects of health education on mothers' readiness for postpartum discharge from hospital, on postpartum complaints, and quality of life. *Journal of Research and Development in Nursing, 15*(2), 45–56. (In Turkish)

Altuntuğ, K., & Ege, E. (2012). Validity and reliability of Turkish version of maternal postpartum quality of life questionnaire. *Journal of Anatolia Nursing and Health Sciences*, *15*(3), 214–222. (In Turkish)

Bhattacherjee, A. (2012). *Social science research: Principles, methods, and practices*. USF Tampa Library Open Access Textbooks Collection. Book 3. University of South Florida. Retrieved from http://scholarcommons.usf.edu/oa_textbooks/3

Cacciatore, J., Schnebly, S., & Froen, J. F. (2009). The effects of social support on maternal anxiety and depression after stillbirth. *Health and Social Care in the Community, 17*, 167–176.

Çağ, P., & Yildirim, İ. (2013). Relational and personal predictors of marital satisfaction. *Turkish Psychological Counseling and Guidance Journal*, *4*(39), 13–23. (In Turkish)

Çelik, A. S., Türkoğlu, N., & Pasinlioğlu, T. (2014). Examination of the postpartum life quality of mothers. *Journal of Anatolia Nursing and Health Sciences*, *17*(3), 151–157. (In Turkish)

Danaci, A. E., Dinç, G., Deveci, A., Sen, F. S., & Içelli, I. (2002). Postnatal depression in Turkey: Epidemiological and cultural aspects. *Social Psychiatry and Psychiatric Epidemiology, 37*, 125–129.

Don, B. P., & Mickelson, K. D. (2012). Paternal postpartum depression: The role of maternal postpartum depression, spousal support, and relationship satisfaction. *Couple and Family Psychology: Research and Practice*, *1*(4), 323-334.

Emmanuel, E. N., & Sun, J. (2014). Health related quality of life across the perinatal period among Australian women. *Journal of Clinical Nursing*, *23*(11–12), 1611–1619.

Güven, S., Şener, A., & Yıldırım, B. (2011). Perception of social support by spouses for different variables. *Journal of Hacettepe University Sociological Research*, 1–15. Retrieved August 8, 2016, from http://www.sdergi.hacettepe.edu.tr/makaleler/arzuse-

nervdson.pdf (In Turkish)

Herguner, S., Çiçek, E., Annagur, A., Herguner, A., & Ors, R. (2014). Association of delivery type with postpartum depression, perceived social support and maternal attachment. *The Journal of Psychiatry and Neurological Sciences*, *27*(1), 15. (In Turkish)

Hildingsson, I., Tingvall, M., & Rubertsson, C. (2008). Partner support in the childbearing period—a follow up study. *Women and Birth*, *21*(4), 141–148.

Hill, P., Aldag, J. C., Hekel, B., Riner, G., & Bloomfield, P. (2006). Maternal postpartum quality of life questionnaire. *Journal of Nursing Measurement*, *14*(3), 205–220.

Huang, K., Tao, F., Liu, L., & Wu, X. (2012). Does delivery mode affect women's postpartum quality of life in rural China? *Journal of Clinical Nursing*, *21*(11/12), 1534–1543.

Irwin, J. L., Beeghly, M., Rosenblum, K. L., & Muzik, M. (2016). Positive predictors of quality of life for postpartum mothers with a history of childhood maltreatment. *Archives of Women's Mental Health*, *19*(6), 1041–1050.

Lee, T., Holditch-Davis, D., & Miles, M. S. (2007). The influence of maternal and child characteristics and paternal support on interactions of mother and their medically fragile infants. *Research in Nursing & Health, 30*, 17–30.

Mermer, G., Bilge, A., Yücel, U., & Çeber, E. (2010). Evaluation of perceived social support levels in pregnancy and postpartum periods. *Journal of Psychiatric Nursing*, *1*(2), 71–76. (In Turkish)

Prick, B. W., Bijlenga, D., Jansen, A. G., Boers, K. E., Scherjon, S. A., Koopmans, C. M., & et al. (2015). Determinants of health-related quality of life in the postpartum period after obstetric complications. *European Journal of Obstetrics & Gynecology and Reproductive Biology*, *185*, 88–95.

Razurel, C., Bruchon-Schweitzer, M., Dupanloup, A., Irion, O., & Epiney, M. (2011). Stressful events, social support and coping strategies of primiparous women during the postpartum period: A qualitative study. *Midwifery*, *27*(2), 237–242.

Ribeiro, S. G., Symon, A. G., Lessa, P. R. A., De Oliveira, M. F., De Souza Aquino, P., De Almeida, P. C., & et al. (2015). Translation and cultural adaptation of the mother-generated index into Brazilian Portuguese: A postnatal quality of life study. *Midwifery*, *31*(7), 735–741.

Salmela-Aro, K., Nurmi, J., Saisto, T., & Halmesmaki, E. (2010). Spousal support for personal goals and relationship satisfaction among women during the transition to parenthood. *International Journal of Behavioral Development*, *34*(3), 229–237.

Sampson, M., Villarreal, Y., & Padilla, Y. (2015). Association between support and maternal stress at one year postpartum: Does type matter? *Social Work Research*,

39(1), 49–60.

Taşkın, L. (2014). *Birth and women's health nursing* (12th ed.). Ankara: Akademisyen Kitabevi. (In Turkish)

Uban, N. M. (2012). Low income women's expectations, needs, and desires for social support in the postpartum period: A feasibility study (Unpublished doctoral dissertation). University of Minnesota, Minneapolis.

Webb, D. A., Bloch, J. R., Coyne, J. C., Chung, E. K., Bennett, I. M., & Culhane, J. F. (2008). Postpartum physical symptoms in new mothers: Their relationship to functional limitations and emotional well-being. *Birth*, *35*, 179–187.

Webster, J., Nicholas, C., Velacott, C., Cridland, N., & Fawcett, L. (2011). Quality of life and depression following childbirth: Impact of social support. *Midwifery*, *27*(5), 745–749.

Xie, R., He, G., Koszycki, D., Walker, M., & Wen, S. W. (2009). Prenatal social support, postnatal social support, and postpartum depression. *Annals of Epidemiology, 19*(9), 637–643.

Yıldırım, İ. (2004). Development of spousal support scale. *Turkish Psychological Counseling and Guidance Journal*, *22*(3), 19–26. (In Turkish)

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