

Spiritual Well-Being and Life Satisfaction in Pregnant Women: The Mediating Role of Social Support

Abstract

Introduction: Life satisfaction is considered one of the basic concepts related to health, which is influenced by various factors including spiritual well-being. The purpose of this study was to investigate the relationship between spiritual well-being and life satisfaction in relation to the mediating role of social support in pregnant women referred to Qazvin health-care centers, Iran. **Methods:** This cross-sectional study was conducted in 2018. Participants were 160 pregnant women referred to Qazvin health-care centers to receive prenatal care. Two-step sampling was performed considering the health-care centers as clusters. Questionnaires of demographic characteristics, Diener Life Satisfaction scale, Vaux Social Protection scale, and Dehshiri Spiritual Well-being scale were used to gather data. Data were analyzed using the Pearson's correlation coefficient test and mediation analysis via the SPSS software. **Results:** Life satisfaction was significantly correlated with spiritual well-being ($r = 0.38$) and social support ($r = 0.39$). In addition, there was a positive and significant relationship between spiritual well-being ($r = 0.43$) and social support ($P < 0.01$). Given the significant relationship between life satisfaction, social support, and spiritual well-being, and taking into account the mediating role of social support, spiritual well-being ($b = 0.035$) had an indirect effect on life satisfaction ($P = 0.01$). **Conclusion:** Social support can positively and meaningfully improve the relationship between spiritual well-being and life satisfaction in pregnant women. Therefore, interventions for the promotion of spiritual well-being and life satisfaction in pregnant women should take into account the role of social support.

Keywords: Life satisfaction, pregnancy, social support, spiritual well-being

Introduction

Pregnancy is one of the most important, critical, and yet valuable periods in every woman's life. The physical, mental, and psychological health of the woman during pregnancy can have significant effects on fetus health and success in childbirth and lactation.^[1] Pregnant women is one of the most sensitive groups in the society who can create many physiological and biological changes during pregnancy. They are subject to physical, psychological, and social changes, and their physical and emotional needs can increase. In addition, during pregnancy, physical, psychological, and social health and overall quality and life satisfaction of pregnant women are subject to many changes.^[2]

In other words, the mental health of pregnant women has a great impact on the health of the fetus. A lack of attention

to the pregnant women's mental state can have serious consequences. For example, depression in a pregnant mother can cause stillbirth, suicidal ideation, and probability of low weight. In addition, mental health disorders prevent pregnant mothers from taking full care of themselves and the fetus, which can disrupt women's ability to play their daily life roles, as well as their satisfaction, quality of life, and mental health.^[3]

Life satisfaction is believed to associate with social, economic, family, and personal factors. Any discrepancy between goals, desires, and needs, often due to certain issues and problems, leads to dissatisfaction. Nowadays, more than ever, tensions endanger mental health and life satisfaction. In such a situation, some factors can prevent such injuries to the human being.^[4] One of the basic concepts associated with health, quality of life, and satisfaction is spirituality, which has been studied by researchers as spiritual

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well-being.^[5] Spiritual well-being is a reflection of three dimensions of emotion, behavior, and perception of being related to oneself, others, nature, and to a superior being. It includes two aspects of religious spirituality (religious expression of sacred existence or ultimate reality) and spirituality of existence (psychological experiences without communication with the sacred or the ultimate reality). These two dimensions interact in both ways with spiritual well-being, life satisfaction, purposefulness, happiness, respect, positive attitude, inner peace, and integrated identity in one's own.^[5] The importance of spiritual well-being is defined as an essential part of health-related quality of life. Spiritual well-being beyond other dimensions of health, such as physical, mental, and social health, is the most important aspect of health. Without spiritual well-being, other dimensions of health are not necessary, and the achievement of a decent quality of life is impossible.^[6] It is emphasized that increasing the level of meaning and life spirituality not only helps with overcoming incompatibilities, but also improves life satisfaction.^[7] A study by Jess *et al.* showed that a higher level of spiritual and religious well-being in pregnant women had a significant relationship with increasing the satisfaction and reduction of high-risk behaviors such as smoking.^[8] Considering that life satisfaction is considered an aspect of mental well-being, spiritual well-being can create positive psychological experiences, inner calm, happiness, hope, and purpose, or increase life satisfaction. This can be very important for all people.^[5] In a research by Lim and Putnam, it has been suggested that spiritual well-being and life satisfaction are associated together.^[9]

Social support has a close relationship with life satisfaction. It consists of a functional content of relationships that can be grouped into the following four categories of supportive behaviors: emotional support including empathy, love, trust, and attention that have strong relationships with health; material support that includes material and service support to the person who needs help; information support includes advice, suggestions, and information that a person uses in dealing with problems; and evaluation support, which is the availability of useful information for self-assessment.^[10]

Motherhood is a phenomenon with physical, psychological, and social changes in women. Social support has a positive impact on the experience of this event in women, as it is a protective factor for the prevention of postpartum depression. It has been shown that social support during pregnancy is associated with higher mental health and a reduction of the probability of postpartum depression.^[11]

It is crucial to maintain the highest physical health of women during pregnancy. Facilitating mental adaptation is also an important goal of midwifery care. Many factors, such as social status, social support, type of care, and personal characteristics of a woman, can affect women's abilities to adapt to pregnancy and accept motherhood role.^[12]

The support from the family is a significant predictor of life satisfaction.^[13] Social support can affect life satisfaction in two ways: the direct effect is an overall effect of social support on life satisfaction without considering the amount of distress experienced by the individual, and it affects life's satisfaction. The second way is the indirect effect or mediator effect that protects individuals against negative incidences in stressful situations.^[14]

Lau and Wong in a study on pregnant women showed that social support had a moderating role in pregnancy depression and postpartum depression in Chinese women.^[15] Researchers believe that social support has a beneficial effect on physical and mental health, efficiency, and human well-being, and is considered a predictive variable for all aspects of human health, well-being, quality of life, and life satisfaction.^[16]

Considering the importance of spiritual well-being and life satisfaction and the role of social support on both of these variables, and a lack of research on the relationship between spiritual well-being and life satisfaction in pregnant women, the present study aimed to investigate the relationship between spiritual well-being given the mediating role of social support in pregnant women referred to Qazvin health-care centers, Iran.

Methods

Participants and settings

This cross-sectional study was conducted from May to October 2018. Pregnant women referred to health-care centers in Qazvin city were selected based on the following inclusion criteria: being Iranian, ability to read and write in Farsi, and willingness to take part in the study. Presence of cognitive and chronic illnesses, smoking, and drug use were considered the exclusion criteria.

The sample size was estimated to be 160 people based on the study by Gebuza *et al.*, given 30% probability of dropout.^[17] For sampling, health-care centers were considered clusters. Using a table of random numbers, five centers were selected out of 12 health-care service centers. Accordingly, 32 pregnant women should be included from each center. The researcher invited the pregnant women to attend selected health-care centers and participate in the study.

Measures

Demographic data, pregnancy data, life satisfaction status, spiritual well-being, and social support were studied. The demographic data questionnaire included questions of age, education level, employment status, family income status, duration of marriage, spouse's occupation, consumption or nonconsumption of cigarettes and narcotics, presence or absence of known psychological or chronic illnesses, desirable or unwanted pregnancy, gestational age, number of pregnancy, number of abortions, type of insurance, and

history of referral to psychiatrist and psychologist. The questionnaire was reviewed by experts that led to some modifications.

Life Satisfaction Scale

It was developed in 1985 by Diener *et al.* It has five items on a 7-option Likert scale from one (completely disagree) to seven (completely agree), with a range of 7–35.^[18] A higher score indicates higher life satisfaction.^[19] The original version of the questionnaire was assessed by a test–retest method, and the coefficient was reported as 0.82. Furthermore, its reliability by the calculation of the Cronbach's alpha coefficient was 0.87.^[18] The validity and reliability of the Farsi version of the Life Satisfaction Scale was assessed by Bayani *et al.* using the test–retest method. The Cronbach's alpha coefficient was reported as 0.69.^[20] Tagharrobi *et al.* reported a coefficient of 0.9 using a test–retest method.^[21]

Spiritual Well-being Questionnaire

The Spiritual Well-being Questionnaire was developed by Dehshiry *et al.* in 2013. It has forty questions with a 5-point Likert scale from completely disagree to completely agree. The questionnaire has four subscales of communication with God, communication with oneself, communication with others, and communication with nature.^[22] Dehshiry *et al.* (2013) assessed the reliability of this tool and reported an alpha Cronbach's coefficient of 0.84 for the whole questionnaire and 0.85–0.93 for subscales. Validity of the questionnaire was assessed using divergent validity (mental disorder or general health questionnaire) and convergent validity (the Spiritual Well-being Questionnaire, religious beliefs, and Life Satisfaction Scale). Accordingly, the correlation of this tool with the Spiritual Well-being Questionnaire was reported as 0.65, with the questionnaire of religious beliefs was 0.52, with the Life Satisfaction Scale was 0.53, and with the Psychological Disorder Questionnaire was 0.72. All of them were statistically significant at $P < 0.01$.^[22]

Social Support Questionnaire

It was developed by Vaux *et al.* (1986). It has 23 questions in three areas of the family (eight questions); friends (eight questions); and others (seven questions), with a 4-option Likert scale from completely agree to completely disagree. Questions 3, 10, 21, and 22 had an inverse scoring. A higher score indicates more social support.^[23] Vaux *et al.* reported the internal consistency of the scale to be 0.90. In addition, the Cronbach's alpha coefficients for the whole scale and its components were from 0.83 to 0.90.^[24] The Farsi version of this questionnaire was assessed by Ebrahimi Ghavam (1992).^[25] Reliability of the Farsi version of the questionnaire using the calculation of the Cronbach's alpha coefficient was reported to be 0.90. The test–retest method showed Cronbach's alpha coefficient of 0.81.^[26]

Statistical analysis

Descriptive statistics including percentage and frequency for qualitative variables and mean and standard deviation for quantitative variables were used. The Pearson's correlation coefficient test was used to examine the relationship between spiritual well-being, life satisfaction, and social support. The Pearson's correlation coefficient test was applied after ensuring of the normal distribution of data. The mediation effect of social support was analyzed using Hayes' PROCESS macro (model 4; 5,000 bootstrap resamples controlling sociodemographic variables). The SPSS version 24 (IBM, Armonk, NY, USA) and Amos (IBM SPSS Corp., Armonk, NY, USA) were used for data analysis. The statistical significance level was set as $P < 0.05$.

Ethical consideration

The research was performed by the Research Council and the Ethics Committee of Qazvin University of Medical Sciences under the code of IR.QUMS.REC.1397.013. After obtaining necessary permissions from the relevant authorities, potential research participants at the health-care centers were identified. The participants were informed of the study aim and method, privacy and confidentiality of data, and willingness to withdraw from the study. The informed consent form was signed by them. Next, they were asked to fill out the questionnaires.

Results

In this study, 160 pregnant women with an average age of 28.3 years participated. The average duration of marriage was 6.6 years, with a gestational age of 21.3 weeks. The majority of them (91.3%) were homemakers with a diploma education level (37.5%). Their husbands were mostly self-employed (50%), and more than half of them had a diploma and below diploma education degree. Their demographic and pregnancy variables are shown in Table 1.

The mean \pm standard deviation of spiritual well-being score was reported as 175.17 ± 3.2 , social support as 23.3 ± 9.04 , and life satisfaction as 26.4 ± 9.9 [Table 2].

The relationship between social support, spiritual well-being, and life satisfaction of pregnant women using the Pearson's correlation coefficient test [Table 3] showed statistically significant relationships between them ($P < 0.05$). On the other hand, social support had a significant relationship with spiritual well-being and life satisfaction. Therefore, the mediating role of social support in the relationship between spiritual well-being and life satisfaction was examined. The results of mediation analysis [Table 4] showed that spiritual well-being had a positive and significant effect on social support of pregnant women ($P = 0.001$, $b = 0.19$). There was also a positive and significant relationship between social support and life satisfaction. Using mediation analysis, it was found

Table 1: Demographic and midwifery characteristics of the participants

Variable	n (%)
Women's education level	
Under diploma	31 (19.4)
Diploma	60 (37.5)
Associate degree	18 (11.3)
Academic	51 (31.9)
Women's job	
Under diploma	42 (26.3)
Diploma	44 (27.5)
Associate degree	29 (18.1)
Academic	45 (28.1)
Husband's job	
Self-employed	80 (50)
Employee	36 (22.5)
Other	11 (6.9)
Income	
<1	44 (27.5)
1-3	108 (67.5)
>3	8 (5)
Total	160 (100)
Age (mean±SD)	28.5±3.3
Gestational age	21.10±3
Marriage duration	6.5±6.2

SD: Standard deviation

Table 2: Mean and standard deviation of spiritual well-being, social support, and life satisfaction

Variable	Mean±SD
Spiritual well-being	
Communication with God	46.04±4.4
Communication with self	42.7±7.04
Communication with others	43.2±2.2
Communication with nature	43.4±4.4
Total	175.3±18.04
Social support	
Family	23.9±4.6
Friends	20.2±2.9
Others	25.2±2.8
Total	69.4±7.6
Life satisfaction, total	26.4±9.9

SD: Standard deviation

Table 3: Correlation between spiritual well-being, social support, and life satisfaction

Variable	r/P		
	Life satisfaction	Social support	Spiritual well-being
Spiritual well-being	0.38/<0.001	0.43/<0.001	1/-
Social support	0.39/<0.001	1/-	
Life satisfaction	1/-		

that social support had a positive and significant effect on the women's satisfaction of life ($P = 0.005$, $b = 0.18$).

Therefore, considering social support as a mediator, spiritual well-being had a positive and significant effect on women's life satisfaction ($P = 0.01$, $b = 0.035$). In addition, spiritual well-being had a positive and significant direct effect on women's life satisfaction ($P = 0.001$, $b = 0.076$).

Discussion

The purpose of this study was to investigate the correlation between spiritual well-being and life satisfaction given the mediating role of social support in pregnant women referred to health-care centers in Qazvin.

This study showed a significant and direct association between spiritual well-being and life satisfaction ($r = 0.38$). This finding was consistent with the results of Hooman *et al.* ($r = 0.4$)^[27] and Yaghobi *et al.* ($r = 0.64$).^[28] A study by Bodaghi *et al.* on pregnant women showed that spirituality had a positive effect on stress reduction,^[29] which was consistent with the results of the current study. Therefore, spiritual well-being is a factor influencing life satisfaction. It seems that spirituality creates the sense of meaning and purpose, which improves satisfaction.^[30] A person with an integrated identity has satisfaction, happiness, love, respect, positive attitudes, inner peace and purpose, and direction in life. These positive attitudes have a significant impact on life satisfaction.^[5] Spiritual well-being through the increase of self-awareness leads to more communication with others and getting more social support from others, increase sense of confidence, meaning and purpose in life, coping and adapting with life events, and consequently life satisfaction.^[31]

Findings of other studies showed a significant relationship between social support and life satisfaction ($r = 0.04$). Our finding was not consistent with the results of Karimi *et al.* ($r = -0.22$),^[32] but was consistent with those of Babapour *et al.* ($r = 0.56$)^[33] and Gebuza *et al.* ($r = 0.42$).^[17] As an explanation, social support is essential for the survival of community, especially life satisfaction. Through social support, individuals can withstand psychological stress and receive help from others. Therefore, social support is an important factor that can help with life satisfaction.^[34] Social support is the strongest coping force that facilitates successful and easy confrontation between people at the times of stress and conflict to endure problems.^[35] Social support as a mediator of life stress and physical and psychological problems, as well as individual empowerment, can reduce individuals' tension and improve their life satisfaction.^[36] The more the social protection, the more the positive and constructive role in social situations and a higher level of satisfaction because of support by others.^[37] In the discussion of social support, social protection by the family and friends was investigated. Social protection of the family with a correlation coefficient of 38% and social support of friends with a correlation coefficient of 26% were reported in this study. In fact, having social support is one of the most

Table 4: Relationship between spiritual well-being and satisfaction with life using the mediating role of social support

Variable	B coefficient	SE	95% CI	P
Spiritual well-being → life satisfaction - direct effect	0.076	0.022	0.03-0.12	0.001
Spiritual well-being → social support	0.19	0.02	0.12-0.25	<0.001
Social support → life satisfaction	0.18	0.05	0.08-0.28	0.005
Spiritual well-being → life satisfaction - indirect effect	0.035	0.11	0.01-0.059	0.01

SE: Standard error, CI: Confidence interval

important factors influencing people's mental health and their life satisfaction. People are more pleased when they are supported by their family, friends, and relatives, and more logically deal with life problems. Elsenbruch *et al.* conducted a study on social support during pregnancy and its effects on maternal depression and pregnancy outcomes in 2007. They showed that having social protection during pregnancy caused a greater sense of well-being and a better outcome of pregnancy in women,^[38] which was consistent with the results of the current study.

In a study by Lai and Ma, the mediating role of social support in the relationship between psychological well-being and high-risk behaviors of Chinese students was studied. They showed that the mediating role of social support was significantly influenced by family and friends and decreased risks of harmful drinking. It also increased the psychological well-being of students.^[39]

In a closer examination of the relationship between spiritual well-being and life satisfaction, social support acts as a mediator. Therefore, spiritual well-being, in addition to a direct impact on life satisfaction, can indirectly affect the social support of pregnant women through influencing social support. The mediation analysis model showed that spiritual well-being improved the quality of life of pregnant women through increasing social support.

Limitations

The self-report method for gathering data and a cross-sectional design were the main constraints of the present study. Therefore, longitudinal studies are suggested for a more accurate analysis of causal relationships between the variables.

Conclusion

Social support can positively and significantly improve the relationship between spiritual well-being and life satisfaction in pregnant women. Therefore, interventions on the promotion of spiritual well-being and life satisfaction in pregnant women should take into account the role of social support.

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Conflicts of interest

There are no conflicts of interest.

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