Deanship of Graduate Studies

Al-Quds University

Quality of Life and Perceived Social Support among Palestinian Pregnant Women

Sukayna Mostafa Mohammad Nazzal

Master Thesis

Jerusalem- Palestine

1445\2024

Quality of Life and Perceived Social Support among Palestinian Pregnant Women

Prepared by:

Sukayna Mostafa Mohammad Nazzal

B.Sc in Ibn Sina National College For Medical Studies . Palestine

Supervisor: Dr. Ahmad Ayed

A Thesis Submitted in Partial Fulfillment of Requirements for the Degree of Master in MCH Nursing Deanship of Graduate studies - Al- Quds University.

Al-Quds University

1445/2024

Deanship of Graduate Studies

Al-Quds University

Program . Mother & Childhood Nurs.

Thesis Approval

Quality of Life and Perceived Social Support among Palestinian Pregnant Women

Prepared By: Sukayna Mostafa Mohammad Nazzal

Registration No: 22120132

Supervisor: Dr. Ahmad Ayed

Master thesis submitted and accepted, Date: 2/4/2024 The names and signatures of the examining committee members are as follows:

1- Head of Committee:	**Dr. Ahmad Ayed**	**Signature: .....**
2- Internal Examiner :	**Dr. Kefah Zaben**	**Signature: .....** Dr.kefah zaben
3- External Examiner:	**Dr. Ahmed Al-batran**	**Signature: .....**

Jerusalem- Palestine

1445/2024

Dedication

To everyone who believed in me and in my abilities to achieve my ambition.

Declaration

I certify that this thesis submitted for the degree of master in health policy and management, is the result of my own research, except where otherwise acknowledged, and that this thesis (or any part of the same material) has not been submitted for a higher degree to any other university or institution.

Signed.....

Sukayna Mostafa Mohammad Nazzal

Date: 2 / 4 /2024

Acknowledgements

I would like to express here, my warm thanks to the Assistant Professor Dr. Ahmad Ayed, who kindly directed this thesis and give us the benefit of the most judicious remarks and advice, for more than one year and to this day.

We also sincerely thank the professor, doctors, and members of the journey, who kindly did us the honor of participating.

Also, we would like to thank all the people who contributed directly or indirectly to the development of this work.Also my warm thanks to my husband and family for their continuous support .

Abstract

Background

Pregnancy is one of the most significant events in a woman's life, and it is frequently seen as a time of expectation, excitement, and change. Pregnancy, on the other hand, is a situation that frequently generates stress in women. Many changes occur in the bodies of mothers during pregnancy, such as anatomical, biochemical, and hormonal changes that are uncontrollable by the women, rendering them emotionally and spiritually vulnerable.

Aim of the study

The overall aim of this study was to assess the quality of life and perceived social support of pregnant women who attending antenatal care clinics of Palestinian Ministry of Health in North West Bank.

Methods

A descriptive cross sectional study was conducted on 423 pregnant women who attending antenatal care clinics of Palestinian Ministry of Health in North West Bank. Data was collected through self-administered questionnaire composed of the SF-36 scale to assess the quality of life and multi-dimintion social support scale.

Results

The participants' overall quality of life in the current study was moderate level (M=46.17 ±18.1). The physical health level was moderate (M=46.22 ±16.1) and the mental health was Moderate (M=46.12 ±21.8). The perceived social support was high support (M=5.3± 1.0). The highest score was in significant other subscale (M= 5.9±1.2) and the lowest score was demonstrated on the friend's subscale (M= 4.4±1.6). The analysis revealed that there were no statistically significant differences between the mean quality of life scores and the demographic characteristics of the pregnant women ($P > 0.05$). Also, the analysis revealed that there were no statistically significant differences between the mean quality of life scores and the obstetric characteristics of the pregnant women ($P > 0.05$). Furthermore, the analysis revealed that there was a significant small positive relationship between the quality of life scores of the pregnant women and the perceived social support ($P<0.01$).

Conclusions

The current study confirmed that Palestinian pregnant women had moderate level of quality of life and high level of perceived social support. Also, the current study indicated that there were no statistically significant differences between the mean quality of life scores and both of the demographic characteristics and obstetric characteristics of the pregnant women. Furthermore, the study confirmed a significant small positive relationship between the quality of life score of the pregnant women and the perceived social support.

Keywords: quality of life, social support, pregnant women, physiological health, psychological heal

Table of contents

المحتويات

FIGURES

TABLES

List of Abbreviation

HRQOL	Health Related Quality of Life
WHO	World Health Organization
QOL	Quality of life
WHOQOL	World Health Organization quality of life
MSPSS	Multidimensional Perceived Social Support
MoH	Ministry of Health
PHC	Primary Health Care
UNRWA	The united Nations Relief and work Agency
ANOVA	Analysis of Variance
CDC	centre for disease control and prevention

Chapter One

Introduction

1.1 Background

Pregnancy is one of the most significant events in a woman's life, and it is frequently seen as a time of expectation, excitement, and change (Calou, Pinheiro, Castro, Oliveira, Aquino, & Antezana, 2014). Pregnancy, on the other hand, is a situation that frequently generates stress in women. Many changes occur in the bodies of mothers during pregnancy, such as anatomical, biochemical, and hormonal changes that are uncontrollable by the women, rendering them emotionally and spiritually vulnerable (Mogos, August, Salinas-Miranda, Sultan, & Salihu, 2013). Even in a normal pregnancy, these changes can impair a woman's capacity to carry out her daily responsibilities, thus affecting her quality of life (QoL) and mental health (Casarin, Barboza, & de Siqueira, 2010).

Postpartum psychological distress is common and generally associated with stress experienced during pregnancy and parity (Lorén-Guerrero et al., 2018; Pires et al., 2014; Shishehgar et al., 2014). Anxiety and stress are typical throughout pregnancy and the postpartum period. Prenatal psychological distress was associated with an increased incidence of postpartum depression, stress, and anxiety in mothers (Obrochta et al., 2020). Furthermore, stress during pregnancy is associated with a variety of negative child health outcomes (Vehmeijer et al., 2019). Pregnant women typically require family and social support to adjust to their situations (Lagadec et al., 2018). Dambi et al. (2018) describe social support as the degree of help provided by others to an individual via suitable interactions. The support might be emotional, such as empathy; physical, such as practical assistance; or informative, such as advice (Mattson & Hall, 2011). Many studies have found that mothers who receive a lot of social support have improved mental health (Leahy-Warren et al., 2012). Many changes that pregnant women go through have an effect on their health in various ways, including their quality of life (QOL) (Wang et al., 2013).

The World Health Organization defines quality of life as "an individual's perception of multiple variables, such as position in life, cultural beliefs, system values, and the association between them and their goals, expectations, norms, and concerns". As a result, it is a broad, subjective concept that encompasses a person's physical health, psychological

state, level of independence, social relationships, personal beliefs and convictions, and relationship with aspects of the environment (Lagadec et al., 2018; Mogos et al., 2013). Adapting the later definition for maternity populations is difficult. Maternal quality of life is a multidimensional concept that refers to a woman's perception of the influence of her pregnancy, birth, and postpartum condition, as well as her care provision and any intervention or treatment, on her physical, mental, emotional, and social functioning (De Man et al., 2007).

The experience of pregnancy is individual and depends on various factors and situations that affect the general health and QoL of future mothers. Women with poor QoL may feel out of control of childbirth, increasing their stress levels (Saridi et al., 2022). Several studies have shown that pregnant women have a lower QoL, reporting poorer social functioning and reduced activity, as well as lower bodily function (Mckee et al., 2001; Otchet et al., 1999). Higher QoL was strongly linked with pregnant women's educational level (Shishehgar et al., 2014), maternal age, primiparity, early gestational age, the absence of social and economic problems, having family and friends, and doing physical exercise (Lagadec et al., 2018). Moreover, maternal characteristics indicate poor quality of life, such as complications before or during pregnancy, stress; anxiety; medically assisted reproduction, back pain, obesity, sleep difficulties; nausea, and vomiting; epigastralgia; smoking during the months prior to conception; and depression during pregnancy (Lagadec et al., 2018).

1.2 Problem statement

The normal physical and emotional changes of pregnancy may have an influence on women's health and well-being. Even if the pregnancy is uncomplicated and healthy, it can have a significant influence on women's QOL, including physical, psychological, and social health (Lagadec et al., 2018). In terms of physical health, the majority of women report pregnancy-related discomforts or symptoms such as nausea and vomiting throughout the gestational stages (Balková and Bugová, 2014). Pregnant women may experience greater stress and psychological discomfort (Pires et al., 2014; Shishehgar et al., 2014). Women who have had pregnancy symptoms may be socially and physically inactive when engaging in activities such as physical exercise (Atkinson & Teychenne, 2019). As a result, such encounters may result in low QOL and negative health effects. The negative impact will be felt not only on the health of mothers but also on the health of their babies. Several studies have found that women with low QOL during pregnancy are more likely to experience psychological distress, such as high perceived stress and prenatal depression (Pires et al., 2014; Shishehgar et al., 2014; Shishehgar et al., 2013; Lau & Yin, 2011). Assessing the quality of life in pregnancy is mainly important for prevention, treatment, and the development of maternal and newborn care planning policies (Mazúchová et al.,

2018). Counseling and support from an interdisciplinary team will detect the pregnant woman's needs and intervene to alleviate any difficulties that arise early.

To date, according to a literature search, no studies have investigated the QOL and perceived social support during pregnancy in Palestine. Therefore, the aim of this study will be to assess the QOL and perceived social support of pregnant women who attending antenatal care clinics of Palestinian Ministry of Health in North West Bank.

1.3 Significant of the study

The assessment might reveal disparities in pregnant women's QOL and so guide health care providers and decision-makers about appropriate care and measures. It may also play an important role in expanding our studies and knowledge of variables that impact pregnant women's QOL. The findings of this study allow nurses and midwives to better understand pregnant women's needs in pregnancy and improve nursing care. They can provide educational and counseling interventions during antenatal care. In addition, the findings inform nurse leaders about the critical issues that concern the QOL during pregnancy, taking into consideration the parity factor. Results can also encourage policy makers and administrators to plan services and should lead to an increase in the quality of care for pregnant women and their well-being.

1.4 Aim of the study

The overall aim of this study was to assess the QOL and perceived social support of pregnant women who attending antenatal care clinics of Palestinian Ministry of Health in North West Bank.

1.4.1 Secondary objectives

- To assess the QOL of pregnant women who attending antenatal care clinics of Palestinian Ministry of Health in North West Bank.
- To assess the perceived social support of pregnant women who attending antenatal care clinics of Palestinian Ministry of Health in North West Bank.
- To evaluate the effect of demographic- obstetric factors on the quality of life of pregnant women who attending antenatal care clinics of Palestinian Ministry of Health in North West Bank.
- To determine the relationship between perceived social support and quality of life of pregnant women who attending antenatal care clinics of Palestinian Ministry of Health in North West Bank.

1.5 Research Questions

The research questions that were answered are:

1. What is the QOL level of the pregnant women who attending antenatal care clinics of Palestinian Ministry of Health in North West Bank?

2. What is the perceived social support level of the pregnant women who attending antenatal care clinics of Palestinian Ministry of Health in North West Bank?

3. Are there differences between the quality of life scores and demographic /obstetric characteristics among pregnant women who attending antenatal care clinics of Palestinian Ministry of Health in North West Bank?

4. Are there differences between perceived social support and the quality of life scores among pregnant women who attending antenatal care clinics of Palestinian Ministry of Health in North West Bank?

1.6 Variables of the study

Dependent Variable in this study will be considered as Quality of life.

Independent variables will be considered in this study as demographic characteristics, obstetric characteristics, and perceived social support.

1.7 Conceptual and operational definitions

1.7.1 Conceptual definitions

Quality of life: The World Health Organization (WHO) defined QOL as "an individuals' perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns" (WHOQOL Group, 1997). Also, quality of life is the degree to which a person is healthy, comfortable, and capable of participating in or enjoying life events (Mc Bride et al., 2021).

Social support is the level of assistance given to an individual by other people through appropriate interactions (Dambi et al., 2018).

A pregnant woman is a female who is carrying a fetus or embryo in her uterus. Pregnancy usually lasts around 40 weeks, and a woman is typically considered pregnant after the first missed period and a positive pregnancy test. During pregnancy, a woman's body undergoes many changes to accommodate the growing fetus (Daniels, 2021)

Antenatal health care is a type of medical care that focuses on the health of an expectant mother and her unborn baby during pregnancy. It typically consists of pre-pregnancy counseling, prenatal care, postpartum care, and education about nutrition, exercise, and childbirth. Antenatal health care helps to ensure that mothers and babies stay healthy throughout their pregnancy and after delivery (Barbosa-Leiker et al., 2021).

1.7.2 Operational definitions

Quality of life was measured in the current study using of SF-36 scale to evaluate the perceived QOL in the areas of physical and mental health. The SF-36 includes eight domains: physical functioning, role limitations due to physical health problems, role limitations due to emotional problems, social functioning, general mental health (psychological distress and psychological well-being), bodily pain, vitality (energy/fatigue), and general health perception.

perceived Social support was measured in the current study using multidimensional social support scale. The MSPSS includes 12 items with a 7- point Likert scale ranging from 1 (very strongly disagree) to 7 (very strongly agree).

Chapter Two

Literature Review

2.1 Introduction

This chapter discussed the literature that assessed the QOL and perceived social support of pregnant women to find the knowledge gaps in the literature, identify the keys variables measured in previous studies, and provide conceptual foundations for this study.

This chapter is composed of pregnancy, quality of life and healthcare fields, previous studies regarding QOL, and perceived social support and QOL in pregnancy.

2.2 Search strategy

A comprehensive and systematic search process was conducted to retrieve related literature on QOL and perceived social support during pregnancy and similar populations. The search process targeted articles published in peer-reviewed journals in the English language from **2013 to 2023** on words that are relevant to the quality of life and perceived social support during pregnancy and other similar populations. Those articles focusing on populations not similar to quality of life and perceived social support during pregnancy and not published in the English language were excluded.

The search was conducted using the following online bibliographic databases: Cumulative Index to Nursing Allied Health Literature (CINAHL), Pro Quest, MEDLINE, Google Scholar, SAGE Journals, Wiley on Line Library, and Science Direct. Database search was conducted using the following keywords, quality of life, health related quality of life, social support, pregnancy, pregnant, pregnant women. Search process has been applied separately and in a combination of keywords to expand, combine, or exclude non similar results.

2.3 Previous studies

2.3.1 Pregnancy

Conception marks the beginning of pregnancy, a natural phase experienced by many women that culminates in the birth of a fetus. The standard duration of a pregnancy is around nine months, or 40 weeks. This period is divided into three trimesters, each characterized by distinct physiological and psychological changes. How a woman copes with these changes depends on her response to stress and her capacity to adjust her daily

habits accordingly. Numerous researches have elucidated that several females may exhibit inadequate coping mechanisms and adjustment to alterations during pregnancy in the presence of additional stressors like economic turmoil, abusive conduct, and an absence of communal backing (Alnuaimi et al., 2022). Psychological anguish and a dysfunctional response to pregnancy can lead to psychosomatic symptoms and behaviors like queasiness and retching in the initial three months of pregnancy, sleep disturbances, and overeating. Notwithstanding, many expectant mothers consider these symptoms as typical and endeavor to manage them efficiently without consulting a healthcare professional or seeking medical care (Edelman & Kudzma, 2021).

In general, females undergo diverse physiological and psychological impacts due to hormonal and hemodynamic alterations throughout their pregnancy. As a result, they may encounter certain symptoms or uneasiness related to pregnancy (such as sickness and retching, indigestion, and frequent urination), which may impact their well-being and quality of life (Ilska & Przybyla-Basista, 2017).

Tan et al. (2018) indicated that there is a correlation between heightened severity of nausea and vomiting and inferior quality of life. de Oliveira et al. (2013) reported that urinary incontinence while pregnant had an adverse impact on the quality of life of women. In the prior research, most females experiencing urinary incontinence were multiparous. Also, Demircan et al. (2016) indicated that expecting mothers with urinary incontinence had inadequate work efficiency, a reduced probability of completing their everyday household tasks, and were more anxious. The earlier investigation identified age and parity as potential indicators of urinary incontinence while pregnant.

With respect to the emotional transformations that occur during gestation, the encounter of regular uneasiness may cause tension for expecting mothers. Expectant mothers who experience queasiness and retching are more likely to experience pregnancy-specific tension, apprehension, and despondency compared to those who do not experience such symptoms (Faramarzi et al., 2015). Moreover, maternal anxiety was deemed a potential hazard for impaired slumber among expectant women in China (Li et al., 2016). This is because the physiological modifications during pregnancy may alter a woman's interpretation of stressful stimuli and her capacity to manage them efficiently (Edelman & Kudzma, 2021). Numerous researches have indicated that increased levels of stress during gestation can serve as a forecaster for maternal exhaustion (Yehia et al., 2020), prenatal despondency, hypertensive ailment, premature delivery, and underweight newborns. Furthermore, the results of Shishehgar et al. (2014) revealed that an inverse correlation existed between elevated perceived stress and quality of life (QOL). A low QOL throughout pregnancy may result in heightened levels of stress.

2.3.2 Quality of life and healthcare fields

Quality of life (QoL) is a concept that aims to capture the well-being, whether of a population or an individual, regarding both positive and negative elements within the entirety of their existence at a specific point in time. For example, common facets of QoL include personal health (physical, mental, and spiritual), relationships, education status, work environment, social status, wealth, a sense of security and safety, freedom, autonomy in decision-making, social belonging, and their physical surroundings (Salvador-Carulla et al., 2014).

Quality of life is described as "a broad multidimensional concept that incorporates subjective judgments of good and negative elements of life" (Center for Disease Control and Prevention [CDC] 2019). The World Health Organization (WHO) defines quality of life as "a person's view of their place in life in relation to their objectives, expectations, standards, and concerns in the context of the culture and value systems in which they live. It is a wide notion that is intricately influenced by a person's functional status, social relationships, personal views, and interactions with key elements of their environment" (World Health Organization [WHO], 2012). The Quality of Life Research Unit at the University of Toronto describes QoL as the extent to which a person can derive pleasure from the significant opportunities that life has to offer. It is crucial to distinguish QoL from other comparable concepts that are often misunderstood in the literature, such as living standards and quality of life related to health (Karimi & Brazier, 2016).

The major issue surrounding the notion of QoL is the absence of a uniform definition. In contrast to indicators that are monetary or can be measured quantitatively, like gross domestic product, QoL remains elusive in terms of precise measurement across diverse world cultures, regions, and demographics (Sinha, 2019). Numerous academic circles are advocating the division of QoL into smaller components to achieve a more accurate and meaningful assessment. One approach is to categorize the concept into domains (as proposed by engaged theory), while the other strategy involves dividing QoL into the concepts of personal well-being and life evaluation. This division continues to be a highly debated topic in the literature (Moons et al., 2006).

The expression of QoL and health condition came before the expression of health-related quality of life (HRQoL). The concept of quality of life (QoL) was already present in the medical literature during the 1960s. QoL became more important in healthcare as medical procedures advanced in their ability to prolong life, sometimes at the expense of QoL or to enhance QoL without prolonging life. Basic measures of mortality rates were no longer sufficient to assess changes in public health. Evaluation of QoL was also essential due to the aspiration to evaluate outcomes beyond sickness and physiological functioning (Moons, 2004).

Defining the quality of life has been a difficult task, and various methods to define it exist. These methods are based on human necessities, personal happiness, anticipations,

and experiential perspectives. Relevant literature on wellness differentiates between methods founded on factual checklists, contentment satisfaction, pleasure, thriving, and contentment with life. Examples of definitions of QoL are: "a conscious cognitive judgment of satisfaction with one's life" and "an individuals' perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns" (Kuyken, 1995).

While subjective evaluations are the main focus of several QoL definitions, a few experts contend that QoL must encompass objective elements as well. QoL has been defined as "an overall general well-being that comprises objective descriptors and subjective evaluations of physical, material, social, and emotional well-being together with the extent of personal development and purposeful activity, all weighted by a personal set of values" (Lagadec et al., 2018).

2.3.3 QOL during pregnancy

Socio-demographic status plays a key determinant of women's health and wellbeing during pregnancy. Women with low socio-economic status during pregnancy were more risk to low birth weight babies (Amhara, 2018). This may related to less antenatal care as evidenced by Okonofua et al. (2018).

Lagadec et al. (2018) reported in their systematic review, which enrolled 37 studies to depict the standard of living during a prospective pregnancy and evaluate the related socio-demographic, physical, and psychological elements in developed nations, that although the physical aspect of quality of life (QOL) declined during pregnancy, the psychological aspect remained steady and even demonstrated enhancement. The primary elements linked to enhanced QOL were average maternal age, first-time motherhood, initial gestational age, lack of social and financial difficulties, having a supportive network of family and friends, engaging in physical activity, experiencing joy in the pregnancy, and maintaining a positive outlook. The primary elements linked to lower quality of life were fertility treatments, issues prior to or during gestation, being overweight, queasiness and retching, upper abdominal pain, lower back discomfort, tobacco use in the months preceding conception, a past of alcohol addiction, problems sleeping, tension, nervousness, depression while pregnant, and physical or emotional abuse.

A cross-sectional study was conducted among 261 pregnant women who attended public and private health centers in the city of northern Brazil to assess the factors that impact the health-linked well-being of low-risk expectant mothers and to delineate the primary domains that get affected in the QOL of expectant mothers. The authors relied on the questionnaire to collect data from the women included in the study. The findings of the study revealed that the predictors that had a positive impact on the QOL of pregnant women were occupation, parity, partner support, marital status, and the persons with whom the women lived. The predictors that had a negative impact on QOL were gestational age, type

of housing, occupation, use of illicit drugs, non-receipt of partner support, and maternal age (Calou et al., 2018).

Similar, cross-sectional study was conducted by Mazúchová et al. (2018) to assess the QOL for pregnant women, identify the most vulnerable areas of quality of life, and evaluate the influence of age, parity, and gestational stage on the quality of life of expectant mothers. The study was carried out among 304 pregnant Slovak women. This study reported that the majority of females (55.60%) had an exceptionally fine quality of life, 33.89% were outstanding, 9.86% were satisfactory, and 0.65% had a subpar quality of life while pregnant. The most hazardous aspects of the QOL are reflected in the partner's satisfaction with her life, physical limitations caused by changes, restricted physical activity, and apprehensions about labor management. There were no notable variations in the QOL concerning age, childbirth, or gestational duration

Also, a cross-sectional study was conducted by Ishaq et al. (2022) on 403 pregnant women to characterize the QOL of expectant mothers throughout a normal pregnancy and pinpoint the factors that are linked to it among those who receive care from a public health facility in Quetta, Pakistan. The results of this study revealed that the average QoL score was 19.85 ± 4.89, suggesting excellent QoL among the present group. The Chi-Square analysis revealed a noteworthy correlation among age, education, occupation, income, marital status, and trimester. Education emerged as a favorable predictor for QoL ($p = 0.006$, $\beta = 2.157$). Conversely, QoL was found to have a negative correlation with trimester ($p = 0.013$, $\beta = -1.123$) as per the report.

In addition, a cross-sectional study was conducted among 742 pregnant women in Turkey (Central Anatolia) to identify the elements that impact the QOL among pregnant women in the final stage of their gestation period. The study found that the pregnant women's scores in the domains of physical, psychological, social, and environmental fields were 13.8 ± 2.5, 14.5 ± 2.3, 14.6 ± 2.8, and 14.8 ± 2.2, respectively. It was discovered that 13.1%, 15.9%, 10.4%, and 17.4% of the pregnant women had low quality of life sub-dimensions in the physical, psychological, social, and environmental domains, respectively. At the end of the study, the authors summarized that in the final stage of gestation, the well-being of expectant mothers is influenced by their interpretation of their health status, level of education, history of pregnancies and childbirths, financial situation, and readiness for parenting (Dağlar et al., 2019).

Moreover, Alzboon and Vural (2019) conducted a cross-sectional study at North Jordan using a survey among 218 pregnant women to ascertain how the QOL of participants is influenced by their individual traits, perceived stress levels, and perceived levels of social support and to detect any variations in QOL based on these factors. This study's findings showed that significant variations in the quality of life (QOL) scores were observed among the different parity groups ($F = 2.413$, $p = 0.05$), with high-parity females displaying noticeably poorer QOL than low-parity females. Females in the third phase of gestation demonstrated the lowest average QOL score ($M = 49.91$, $SD = 15.328$), whereas

those in the second phase exhibited the maximum mean QOL score (M = 53.37, SD = 13.7). In general, the study also reported that the factors that have an impact on QOL in pregnant women are as follows: physical functioning, general mental health, social functioning, perceived stress, perceived social support, total monthly family income, occupation, parity, and gestational age.

In a recent cross-sectional study conducted among 319 pregnant women to assess the QOL and perceived social backing of expectant Syrian refugee women in the Al-Zaatari Refugee Camp located in Jordan, the Arabic version of the Quality of Life questionnaire from the World Health Organization (WHOQOL-BREF) along with the Multidimensional Perceived Social Support (MSPSS) survey were employed, in addition to two other forms, to evaluate socio-demographic and obstetric factors. The findings of this study pointed out that expectant mothers among the Syrian migrant population expressed contentment with their general quality of life (M = 3.55, SD "0.73), health status (M = 3.64, SD "0.79), and communal backing (M = 56.45, SD "20.57"). A notable connection was established between the socioeconomic indicator and quality of life. Moreover, age, being in the final trimester, and the number of previous childbirths exhibited an adverse correlation with quality of life. Conversely, individuals who remained in Jordan as refugees for an extended period of time reported an improved quality of life (Alnuaimi et al., 2022).

Many studies reported that high parity considered as risk factor for some adverse maternal outcomes. In Jordanian study of Alzboon & Vural (2021) who conducted a descriptive phenomenological study to explore the lived experience of healthy pregnancy among high parity women in North Jordan on fourteen pregnant women. Results revealed that there were three main themes which emerged from participants significant statements: antenatal care and follow-up, new discomforts, and social issues. Each extracted theme was linked to some factors (subthemes), which had a positive or negative impact on the quality of life of high parity women during pregnancy.

Stages of pregnancy play an important role in quality of life of pregnant women. In a cross-sectional study was implemented on 908 Chinese expectant mothers to assess the health-related quality of life (HRQoL) of pregnant women at various stages of pregnancy. The HRQoL of pregnant women improved from the first trimester until the beginning of the second trimester but declined significantly towards the end of the third trimester because of certain physical and psychological alterations.

The planning status of pregnancy was widely investigated in maternal health research. As evidenced by Kazemi et al. (2022), HRQL in the women with unwanted pregnancy was lower than the women with planned pregnancy. As well documented, the unplanned pregnancy was associated with many adverse health outcomes. Women with unplanned pregnancy had more psychological distress (Barton et al., 2017), worse relationship with partners, and received less social support (Bahk et al., 2015) than planned pregnant women. Also, Khajehpour et al. (2013) reported that unintended pregnancy has been linked to poor QOL, less antenatal care, and risky behaviors. However, other studies

found that no differences between planned and unplanned pregnancy in term of QOL (Gariepy et al., 2017; Sarı et al., 2021).

2.3.4 Social Support and QOL

Social support is defined as the provision of emotional (e.g. caring), or informational (e.g. notifying someone of important information) support, instrumental (e.g. helping with housekeeping), tangible (e.g. practical support like financial aid), and/or psychological support for somebody by the social network of family members, friends, and community members (Battulga et al., 2021). Social support had a significant effect on Subjective well-being which has a protective role in mental health maintenance and is prone to change during short stressful moments, such as pregnancy (Cohen & Wills, 1985). Social support may have positive and negative effects on mental health (Lee et al., 2019). The literature has mostly focused on the positive aspects of social support (Chen et al., 2015; Yu et al., 2019). A study in China reported that social support could affect the health outcomes by facilitating stress management (Yu et al., 2019).

Most available data suggest that more social support from partner and family support for pregnant women may result in a reduction in mental disorders following delivery (Basharpoor et al., 2017, Pires et al., 2014; Racine et al., 2019; Yim et al., 2015). At the same time, low social support shows significant associations with the risk of anxiety, depression, and self-harm during pregnancy (Bedaso et al., 2021). It has been well-documented that providing pregnant women with high levels of emotional support from close social networks and perceiving informational support from health care providers were protective factors for reducing the levels of postpartum anxiety concerning infant safety and welfare (Hijazi et al., 2021).

The majority of the studies reviewed affirmed the importance of social support in predicting QOL during pregnancy. A cross-sectional study conducted in Portugal by Pires et al. (2014) indicated that social support may protect pregnant women by enhancing their QOL, lowering the likelihood of depressive symptoms, and improving treatment of these symptoms. Similar findings have been observed about the favorable influence of social support on the QOL of pregnant women (Gul et al., 2018; Kazemi et al., 2016; Shishehgar et al., 2013; Emmanuel et al., 2012). Also, both social support and quality of life were effective in reducing the anxiety during pregnancy among primi-gravid women (Zakeri & DashtBozorgi, 2018). It became apparent that social support had an adverse association with unpleasant experiences and stress during pregnancy and that family was the most solid source of support, followed by friends (Faramarzi & Pasha, 2015).

Summary

Pregnancy is divided into three trimesters, each characterized by distinct physiological and psychological changes. Quality of life (QoL) is a concept that aims to capture the well-being, whether of a population or an individual, regarding both positive and negative elements within the entirety of their existence at a specific point in time. In term of QOL, the studies varies between experiencing poor and fair quality of life among

pregnant women. Also, the studies showed that maternal age, educational level, employment status, and total family monthly income have direct effect on quality of life during pregnancy. The majority of the studies reviewed affirmed the importance of social support in predicting QOL during pregnancy. Despite all this evidence, no study has addressed the quality of life and its influencing factors during pregnancy among Palestinian women. Therefore, the present study will fill the gap in the literature, assessing the QOL and perceived social support of pregnant women who attending antenatal care clinics of Palestinian Ministry of Health in North West Bank.

Chapter Three

Methodology

3.1 Introduction

The purpose of this study is to assess the QOL and perceived social support of pregnant women who attending antenatal care clinics of Palestinian Ministry of Health in North West Bank. This chapter defines a detailed description of the research methodology: study design, setting, population, participant's eligibility criteria, study population, sampling, research instruments, data collection, data analysis plan, and ethical considerations.

3.2 Study design

A descriptive cross sectional study was conducted on pregnant women who attending antenatal care clinics of Palestinian Ministry of Health in North West Bank. Cross-sectional studies are used to assess the relationships or correlations among particular events at a single point in time, which facilitated the objective of this study. They are characterized by being an effective way of gathering large amounts of data related to the issue under investigation (Polit & Beck, 2018).

3.3 Study setting

The study was conducted in the governmental antenatal care clinics of Palestinian Ministry of Health in North West Bank (Nablus, Jenin, Tulkarem, Qalqelia, Salfit, Tubas). The targeted antenatal care clinics are suitable for the collected data because they are accessible for the researcher and contains suitable number of pregnant women for the achievement of quantitative research requirements.

3.4 Study period

The study was conducted in the period of February 1,2023 to January 1, 2024.

3.5 Study population and sampling

The population of the study was all pregnant women in the North West Bank. According to the Annual Palestinian health report, the total number of pregnant women

registered in the PHC centers of Palestinian Ministry of Health was 81,788 pregnant women in 2021 (Palestinian Ministry of Health, 2021).

The sample size was calculated using Raosoft program with a confidence level of 95%, a margin of error of 5%, and a response rate of 50%. A total sample of 383 participants is needed to conduct this study. An additional 40 participants was added to overcome participants' who may incomplete questionnaires and dropped out. So the final sample was 423 participants.

A convenience sample (423 participants) was recruited proportionally from the antenatal care clinics of Palestinian Ministry of Health in North West Bank.

3.6 Inclusion and exclusion criteria

3.6.1 Inclusion criteria:

All pregnant women attending the targeted antenatal care clinics.

3.6.2 Exclusion criteria:

pregnant women who refused to participate, the illiterate women who does not read or write, and women who use antenatal care in UNRWA clinics which primarily serve refugee women.also women use private sectors and complicated and risky pregnancy.

3.7 Study instruments

The questionnaire composed of three parts:

Part one: Socio-demographic and obstetric data containing items about: the maternal age, level of education, total monthly income, employment, parity (number of children), gestational age, and planning for pregnancy.

Part two: The SF-36 scale was developed by Ware and Sherbourne (1992) to evaluate the perceived QOL in the areas of physical and mental health. The SF-36 includes eight domains: physical functioning, role limitations due to physical health problems, role limitations due to emotional problems, social functioning, general mental health (psychological distress and psychological well-being), bodily pain, vitality (energy/fatigue), and general health perception. The subscale scores range from 0 to 100, with 0 representing the worst state of health and 100 indicating the best state of health (Khader et al. 2011; Ware & Sherbourne, 1992). The total scores were converted to percentiles and classified as low (0–33.3), moderate (33.4–66.6), or high (66.7–100) (Alzboon and Vural, 2019).

The alpha coefficients of the SF-36 ranged from 0.73 to 0.81 (Ware & Sherbourne, 1992). The scale is also used to assess the quality of life of pregnant women in many studies (Abbaspoor et al., 2016; Tavoli et al., 2016).

The SF-36 was translated to Arabic by Coons et al. (1998) among Saudi Arabian citizens. The reliability of the Arabic version was measured by the Pearson correlation coefficient ranged from 0.73 to 0.92 (Coons et al., 1998). The alpha coefficient in a study conducted among Jordanian nurses was 0.92 (Hamaideh, 2011).

Part three: The Multidimensional scale of perceived social support (MSPSS) was developed to measure individuals' perceptions of social support from family, friends, and significant others (Zimet et al., 1988). The MSPSS includes 12 items with a 7- point Likert scale ranging from 1 (very strongly disagree) to 7 (very strongly agree). The total score ranges from 12 to 84. It is widely accepted as a valid and reliable tool to assess the perceived social support among different population such as women in antenatal and postnatal period (Gul et al., 2018; Moh'd Yehia et al., 2013). The Arabic version of the MSPSS was used to assess the perceived social support among Jordanian parents (Al-Gamal & Long, 2013) and Jordanian women in the postpartum period (Moh'd Yehia et al., 2013); the reliability coefficient of the Arabic MSPSS was 0.87.

3.8 Validity and Reliability of the study

The questionnaire was sent to five experts with covering letter concerning instruction about the study, main aim, objectives, the field of the study, and other relevant information. The experts are experienced and expert in the field of Midwifery and public health. They were asked to estimate and revised the items in the questionnaire in terms of sufficiency to study, accuracy, and its relevancy. Feedback was obtained from experts and modification accordingly was done by the researcher and supervisor; their opinion was taken into consideration. Cronbach's Alpha of the quality of life and multidimensional of social support were 0.82, 0.94, respectively. Cronbach's Alpha coefficient is the most commonly used measure of reliability (Polit and Beck, 2018).

3.9 Pilot study

Pilot studies are often used to pre-test or try out a research instrument to resolve factors before the main study (Polit & Beck, 2018). The reason is to identify problems with the research design, clarify sampling techniques and representation of the population, check the reliability, as well as the validity of the instrument, and strengthen the major study design (Burns & Grove, 2017). Therefore, the pre-test was conducted before the main study on 30 pregnant women in antenatal clinics. The participants used in the pilot were excluded from the actual study

3.10 Ethical consideration

Ethical approval and permission was obtained from Al-Quds University – department of nursing and permission from Palestinian MoH to conduct the study. The researcher explained to the women the purpose of the study and participation is voluntary. Data collected anonymously and stored on a password protected computer. Women who agreed to participate in the study asked to assign the informed consent and to complete the questionnaire.

3.11 Data collection

After the researcher obtaining the permission from the ministry of health, the researcher visited the targeted antenatal care clinics and meet the nurses and midwives who work in the targeted settings. The researcher explained to them the purpose of study and asked them to take Look on the registered list of the pregnant women. The researcher contacted the pregnant women in the clinics and explained to them the purpose of the study. The researcher invited them to participate in the study. The participants completed the questionnaire face to face and in Arabic.

3.12 Data Analysis

The data analyzed by using the Statistical Package for Social Science (SPSS, 23) software. A *p*-value of 0.05 is considered statistically significant. Descriptive statistics, including frequencies, percentages, means, and standard deviations were used. Also, ANOVA were used to determine the differences between the quality of life scores and their demographic- obstetric characteristics. Also, Pearson correlation test was used to assess the correlation between the quality of life and the perceived social support.

CHAPTER FOUR

Results

4.1 Introduction

In this chapter, the results of the study are presented. The purpose of this study was to assess the QOL and perceived social support of pregnant women who attending antenatal care clinics of Palestinian Ministry of Health in North West Bank. The Statistical Package for Social Science (SPSS, version 23) was used to analyze the data. Descriptive and inferential statistics were used to test the study research questions. Descriptive statistics (mean, median, standard deviation) were used to describe the characteristics of the participants. The inferential statistics (ANOVA and Pearson correlation tests) were utilized to test the research questions.

The research questions of this study were:

1. What is level of the QOL of the pregnant women who attending antenatal care clinics of Palestinian Ministry of Health in North West Bank?
2. What is level of perceived social support of the pregnant women who attending antenatal care clinics of Palestinian Ministry of Health in North West Bank?
3. Are there differences between the quality of life scores and demographic /obstetric characteristics among pregnant women who attending antenatal care clinics of Palestinian Ministry of Health in North West Bank?
4. What is the relationship between the perceived social support and the quality of life among pregnant women who attending antenatal care clinics of Palestinian Ministry of Health in North West Bank?

4.2 Participants' Characteristics

Four hundred and twenty three participants participated in the current study. The findings revealed that most of the participants 390 (92.2%) were age between 19-39 years old. Also, 192 (45.4%) of them have bachelor degree. The majority of them 312 (73.8%) were house wives and 206 (48.7%) their monthly income were between 2001 and 3500 NIS, as seen in Table (4-1).

Table 4-1: Demographic characteristics of the participants (N=423)

Characteristics		N	%
Age	20 years and less	17	4.0
	21-39 years old	390	92.2
	40 years and more	16	3.8
Level of education	Primary school	11	2.6
	Secondary school	131	31.0
	College diploma	73	17.3
	Bachelor degree	192	45.4
	Master or doctoral degree	16	3.8
Occupation	House wife	312	73.8
	Part time worker	34	8.0
	Full time worker	77	18.2
Monthly income	Less than 2000 NIS	89	21.0
	From 2000 to 3500 NIS	206	48.7
	More than 3500 NIS	128	30.3

NIS (New Israel shekel)

The analysis revealed that 140 (33.1%) of the participants from Nablus centers, 73(17.3%) from Jenin centers, and 65 (15.4%) from Tulkarem centers, as seen in Figure 4-1.

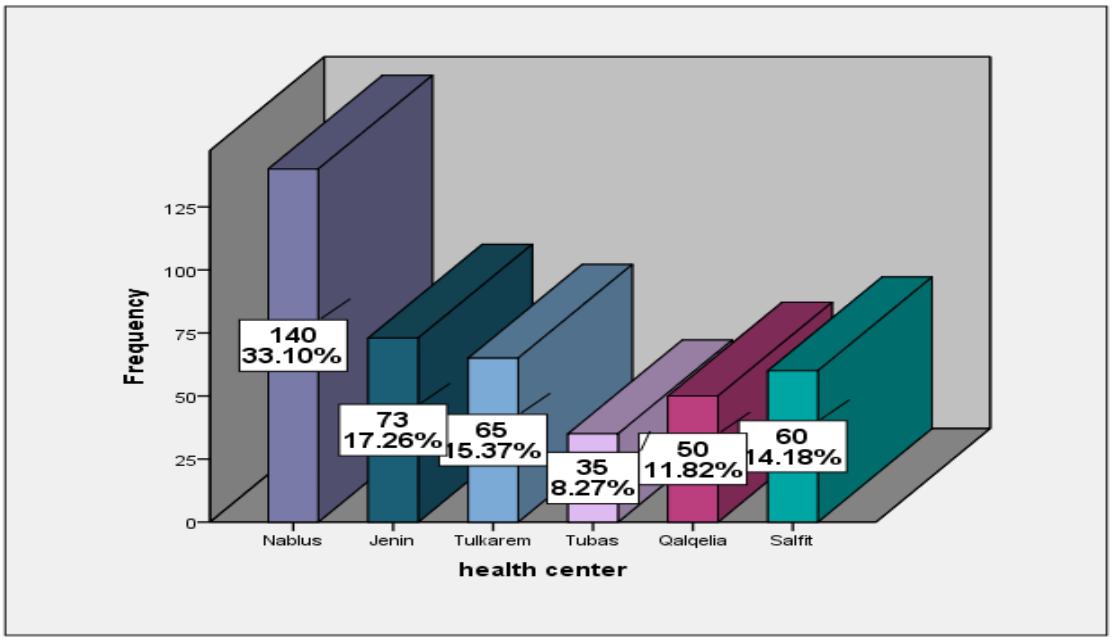

Figure 4-1: Distribution of the participants regarding antenatal clinics

The analysis revealed that 44(39.6%) of the worked women were teachers, and other occupation were 17 (15.3%), as seen in figure 4-2.

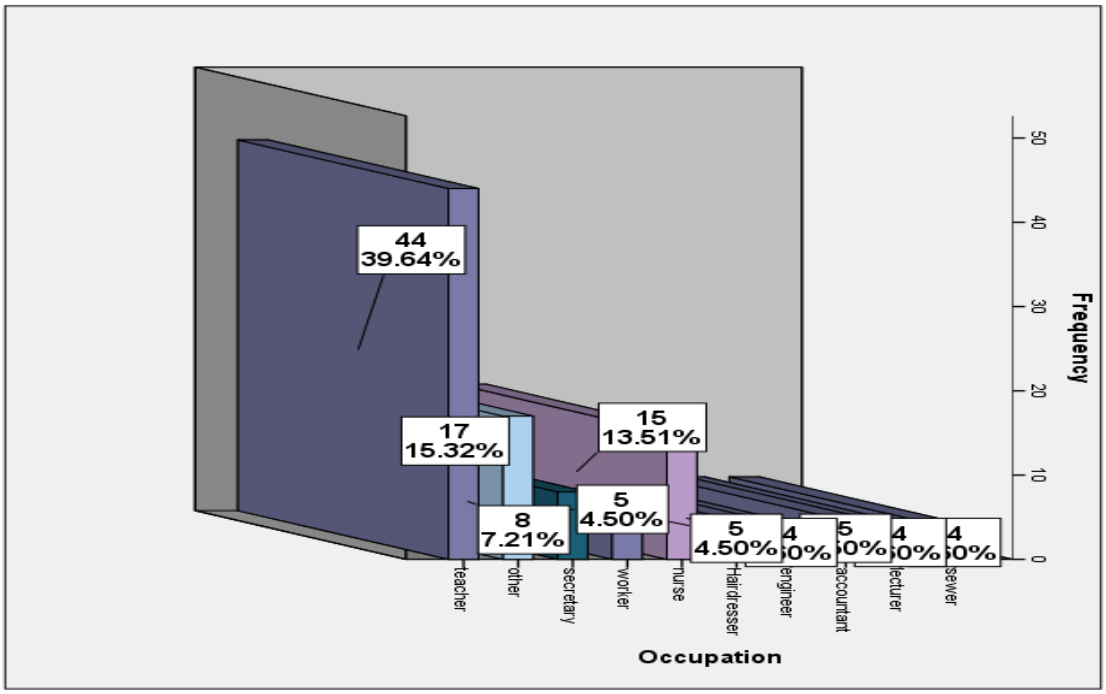

Figure 4-2: Distribution of the occupation of the participants

4.3 Obstetric history:

The obstetric characteristics of the participants, 93 (22.0%) hadn't children and 100 (23.6%) of them have one child. The majority of them 263 (62.2%) have two or more of previous pregnancies. According to gestational age, 202 (47.8%) of them were in third trimester. Also, 283(66.9%) of the women were planned for pregnancy, as seen in table 4-2.

Table 4-2: Obstetric history of the participants (N=423)

Item		N	%
Number of children	none	93	22.0
	1	100	23.6
	2	94	22.2
	3	67	15.8
	four or more	69	16.3
What is the number of previous pregnancies?	None	71	16.8
	One	89	21.0
	Two or more	263	62.2
Gestational age	first trimester	52	12.3
	second trimester	169	40.0
	third trimester	202	47.8
Planning of pregnancy	Yes	283	66.9
	No	140	33.1

M= Mean, SD= standard deviation

4.4 Testing research questions

Research question 1: What is level of the QOL of the pregnant women who attending antenatal care clinics of Palestinian Ministry of Health in North West Bank?

The possible mean scores range of the Quality of life from zero to 100. The participants' overall QoL in the current study was moderate level (M=46.17 ±18.1). The physical health

level was moderate (M=46.22 ±16.1) and the mental health was Moderate (M=46.12 ±21.8) also, as seen in Table 4–3. In the quality of life subscales, the lowest score was observed in the Role limitations due to physical health subscale (mean = 23.9±33.9) and the highest score was the social function (M = 54.7±25.6) followed by pain (M = 54.6±21.2), as seen in table4-3.

Table 4-3. Mean scores for quality of life among pregnant women

.

Quality of life subscales		**M**	**SD**
Quality of life (Total)		**46.17**	**18.1**
Physical health (total)		**46.22**	**16.1**
	Physical functioning	51.8	20.3
	Role limitations due to physical health problems	23.9	33.9
	Pain	54.6	21.2
	General health	54.5	14.1
Mental health (total)		**46.12**	**21.8**
	Energy/fatigue	41.9	19.2
	Social functioning	54.7	25.6
	Role limitations due to personal or emotional problems	36.2	44.8
	Emotional wellbeing	51.7	19.2

Research question 2: What is level of the perceived social support of the pregnant women who attending antenatal care clinics of Palestinian Ministry of Health in North West Bank?

Regarding the sources of social support, the percived social support was high support (M=5.3± 1.0). The highest score was in significant other subscale (M= 5.9±1.2) and the lowest score was demonstrated on the friend's subscale (M= 4.4±1.6), as seen in table 4-4.

Table 4-4. The Mean scores of the perceived social support among pregnant women (N=423).

Variable		M	SD
Perceived Social support		5.3	1.0
	Significant other	5.9	1.2
	Family support	5.6	1.3
	Friend support	4.4	1.6

Research question 3: Are there differences between the quality of life scores and demographic /obstetric characteristics among pregnant women who attending antenatal care clinics of Palestinian Ministry of Health in North West Bank?

The ANOVA test was performed to assess significant differences between the mean quality of life scores of the pregnant women and the demographic and obstetric characteristics.

The analysis revealed that there were no statistically significant differences between the mean quality of life scores and the demographic characteristics of the pregnant women ($P > 0.05$), as seen in table 4-5.

Table 4-5: The differences between the quality of life of the pregnant women and demographic characteristics (N=423)

Variable		M	SD	F	P-value
Age	20 years and less	47.5	23.5	.064	.938
	19-39 years old	46.1	18.0		
	40 years and more	46.9	17.4		
Level of education	Primary school	43.7	16.1	.279	.892
	Secondary school	46.0	19.1		
	College diploma	44.7	17.7		
	Bachelor degree	46.8	17.6		
	Master or doctoral degree	48.0	20.1		
Occupation	House wife	46.8	18.4	1.425	.242
	Part time worker	47.6	17.0		
	Full time worker	43.1	16.9		
Income monthly	Less than 2000 NIS	47.2	18.4	.461	.631
	From 2001 to 3500 NIS	46.5	18.2		
	More than 3500 NIS	44.9	17.7		

**P. value is significant at the 0.01 level (2-tailed).*

***P value is significant at the 0.05 level (2-tailed).*

Also, the analysis revealed that there were no statistically significant differences between the mean quality of life scores and the obstetric characteristics of the pregnant women ($P > 0.05$), as seen in table 4-6.

Table 4-6: The differences between the quality of life of the pregnant women and obstetric characteristics (N=423)

Variable		M	SD	F	P-value
Number of children	None	48.2162	17.53345	1.850	.118
	1	48.6315	18.45753		
	2	42.6024	17.49656		
	3	44.4204	17.91888		
	Four or more	46.4170	18.75846		
Number of pregnancies	None	47.8636	18.25251	1.106	.332
	One	47.8354	18.69336		
	Two or more	45.1526	17.82081		
Gestational age	First trimester	45.2696	17.34087	.091	.913
	Second trimester	46.4910	18.08022		
	Third trimester	46.1377	18.35074		
Pregnancy planning	Yes	46.1436	17.93890	.002	.963
	No	46.2299	18.43737		

**P. value is significant at the 0.01 level (2-tailed).*

***P value is significant at the 0.05 level (2-tailed).*

Research question 4: What is the relationship between the perceived social support and the quality of life among pregnant women who attending antenatal care clinics of Palestinian Ministry of Health in North West Bank?

The analysis of the Pearson Correlation test was performed to assess the relationship between the mean quality of life of the pregnant women and perceived social support. The analysis revealed that there was a significant small positive relationship between the quality of life score of the pregnant women and the perceived social support ($P<0.01$). Also, the analysis revealed that there was significant small positive relationship between the quality of life domains scores (physical and mental health) of the pregnant women and the social support ($P<0.01$), as seen in table 4-7.

Table 4-7: The relationship between the quality of life of the pregnant women and the perceived social support (N=423)

Quality of life subscales	**Perceived Social support**	
	Pearson Correlation	P. Value
Quality of life (Total)	**0.213****	**.001**
Physical health (total)	0.215**	0.001
Mental health (total)	**0.193****	**0.001**

**Correlation is significant at the 0.01 level (2-tailed).*

***Correlation is significant at the 0.05 level (2-tailed).*

Chapter Five

Discussion, Recommendations, and Conclusion

5.1 Introduction

In this chapter, discussion, conclusions, and recommendations will be explained. The conclusion will be formulated according to the purpose of the study. The purpose of this study was "to assess the QOL and perceived social support of pregnant women who attending antenatal care clinics of Palestinian Ministry of Health in North West Bank".

5.2 Discussion

In the literature, few studies reported the QOL and perceived social support of pregnant women. The main advantages of our study were that, to our knowledge, it was the first study describing the QOL and perceived social support of pregnant women in Palestine.

5.2.1 Quality of life

The pregnant women in the current study had moderate QOL scores (physical and mental health domains). This result is supported with the results for United States pregnant women (M = 49.37–51.14) (Altazan et al., 2019) and Jordanian women (M = 52) (Alzboon & Vural, 2019). Also, this result supported with Turkish pregnant women (mean = 44.6-59.9) (Taşdemir et al., 2010). However, these results was inconsistent with Boutib et al. (2022) systematic review which found that the HRQoL has been found to be good and excellent in physiological pregnancies. Also, the results of the current study was high than study conducted in Nigeria which found that the majority of the pregnant women had poor QOL (Jafaru et al., 2022).

5.2.2 perceived Social support

The current study indicated that perceived social support was high among pregnant women. This result was consistent with Abdollahpour et al. (2015) who found that n (69%) had good social support. Similar results revealed that the average of perceived social support score of the Chinese pregnant women was high (Yue et al., 2021). Also, Iranian pregnant women reported high perceived social support (Shafaie et al., 2018). However, this result

was inconsistent with Zhou et al. (2021) study which found that pregnant women reported decreased social support.

Also, the current study indicated that the highest source of the perceived social support was significant other and the lowest score was demonstrated on the friend's subscale. These results were consistent with Ahmed et al. (2017) who reported that most pregnant women were supported by their mother in all common stressful events.

5.2.3. Quality of life and demographic characteristics and obstetric history

The current study indicated that there were no statistically significant differences between the mean quality of life scores and the demographic characteristics of the pregnant women. Also, there were no statistically significant differences between the mean quality of life scores and the obstetric characteristics of the pregnant women.

These results were consistent with Mazúchová et al. (2018) who found that the quality of life in the first trimester was higher than the third trimester and the lowest in the second trimester, but no significant difference was found between the trimesters. Daglar et al. (2020) also confirmed that there was no significant differences in quality of life between trimesters.

However, these results were inconsistent with Estebsari et al. (2020) study which found that Physical dimension of quality of life was significantly correlated with maternal age, gestational age, body mass index before 12 weeks of pregnancy, women's education and job as well as spouse's level of education ($P < 0.05$). Furthermore, the psychological dimension of quality of life was significantly correlated with gestational age, women's education and occupation as well as spouse's level of education ($P < 0.05$). Also, these results were also inconsistent by other studies (Li et al., 2012; Oviedo-Caro et al., 2018). Some studies have correlated HRQoL with body mass index (Lawan et al., 2018; Zhu et al., 2015) as well as relationship with maternal age, education, and occupation (Kazemi et al., 2017). Mother's age is an important factor for quality of life. Women who experience pregnancy between the ages of 18 and 35 years are less likely to experience pregnancy problems, and when faced with pregnancy problems, they will be better able to adapt (YILMAZ et al., 2018). Young, educated, and working mothers, due to their better socioeconomic status, are likely to have a greater and better understanding of the importance of their health and their impact on fetal health and more on their appearance and weight control and body mass index (Alzboon & Vural, 2019; Jalili Bahabadi et al., 2020).

A systematic review conducted by Lagadec et al. in 2018 revealed that in 15 studies examining factors related to the quality of life of pregnant women, demographic-social factors such as mean maternal age and lower gestational age, lack of economics problems, higher education, employment, being married, and being with family and friends have a

strong and significant relationship with quality of life. It has been reported that lower quality of life is attributed to physical factors such as pregnancy complications, physician-assisted pregnancy, prepregnancy obesity, physical symptoms such as nausea and vomiting, sleep problems, or psychological factors such as anxiety and stress during pregnancy or depression. Quality of life during pregnancy is particularly important. Promoting mental health in order to improve the quality of life of pregnant women should also be considered as one of the public health priorities and that psychological interventions for pregnant women seem to be quintessential. What is certain is that the evaluation of quality of life in terms of timely and contextual preventive measures during pregnancy is important and should emphasize the health of pregnant women, leading to increased quality of care and well-being.

5.2.4 Relationship between quality of life and social support

In the current study there was a significant small positive relationship between the quality of life score of the pregnant women and the perceived social support. This result is supported with Shishehgar, et al. (2013) study which found a significant correlation between social support and quality of life among pregnant women ($P < 0.001$). Gabbe et al. (2012) believe social support can change quality of life of pregnant women, and if unfavorable, it leads to heartburn, nausea, vomiting, cramp in the legs, and shortness of breath. Similar, Yuksel & Bayrakci (2019) study indicated that a moderately positive correlation between perceived social support and psychological well-being scores ($p < .05$). Also, in a qualitative study in Iran, Kazemi et al., (2017) found that women satisfied with support that was received from their family members and husband. Gul et al., (2018) reported that social support was positively affect the QOL of pregnant women. During pregnancy, most Jordanian women received high level of social support from their husbands, families, and friends (Alyahya et al., 2019). The experience of pregnancy may strength the family relationship because it was viewed as a positive life event.

Social support interventions should be included in maternal health promotion programs particularly for high parity women.

5.3 limitations of the study

There were limitations. First, the study's cross-sectional design would restrict its capacity to demonstrate a temporal association between the variables. Second, a convenience sample may not yield a representative outcome. Furthermore, data were collected through a self-reported questionnaire based on pregnant women' impressions and opinions.

5.4 Recommendations of the study

The findings revealed some suggestions and recommendations on nursing research, practice, education and policy.

For nurse researchers, longitudinal study is recommended to investigate QOL in all trimesters of pregnancy and make comparison between high parity women and low parity women in term of QOL. In addition, it is required to investigate the prevalence of pregnancy related discomforts and daily life events and its impact on the QOL with consideration of parity factor. It's beneficial if nurse researcher identify the effective coping strategies that could be used by women during pregnancy and have a positive impact on their QOL. Nurse researcher can examine the potential effect some social support promotion program or intervention on woman QOL during pregnancy.

In nursing practice, nurses should be aware of the significant effect of parity factor on women health and QOL. Nurses should obtain complete history of high parity women; listen to her feelings, problems, and any challenges during this pregnancy. Furthermore, it is recommended to perform continual assessment of QOL for high parity women in each antenatal visit. This assessment could help the nurses to design appropriate interventions and care such as creating referral services and home visit follow up. These interventions may promote women's health and enhance their QOL during pregnancy.

Nurses should assess the pregnancy related discomforts during antenatal visit and provide the proper treatment accordingly. Nurses also should assess and manage women's stressors during pregnancy such as provide referral resources for women who have violence (such as mental and psychological clinic), and women who have low income (health organization that provide free treatment). It is recommended to assess the social sources and network for high parity women. Nurse and midwife should encourage the husband and family to participate in antenatal visits and activate their role in social support interventions.

Nurses can provide care for women with low QOL by developing home visit program. During home visit, it is recommended to assess the social sources and network for high parity women. Identifying high parity women with lack social support may help in designing early intervention, and provide suggestions for available social resources. Nurses can educate pregnant women about the benefits of strong social networks and support. Nurse can engage husband and other family members in all nursing interventions that may carried out during home visit.

Also, during home visit, nurses can increase women awareness about importance of performing antenatal care, especially for those who have late or no antenatal care utilization. In antenatal care settings, nurse should remind the pregnant women about the importance of coming to next visit and explained to them the required medical and nursing interventions that will received in that visit. Nurse as leader and advocate could develop policy in each antenatal care setting to remind pregnant women about her antenatal checkup by making phone call or message before the appointment of one day.

5.5 Conclusions

The current study confirmed that Palestinian pregnant women had moderate level of QOL and high level of perceived social support. The most source of support for

Palestinian women during pregnancy was significant others. Also, the current study indicated that there were no statistically significant differences between the mean quality of life scores and the demographic characteristics of the pregnant women. Also, there were no statistically significant differences between the mean quality of life scores and the obstetric characteristics of the pregnant women. Furthermore, the study confirmed a significant small positive relationship between the quality of life score of the pregnant women and the perceived social support.

References

Abbaspoor, Z., Razmju, P. S., & Hekmat, K. (2016). Relation between quality of life and mental health in pregnant women with prior pregnancy loss. Journal of Obstetrics and Gynaecology Research, 42(10), 1290-1296.

Abdollahpour, S., Ramezani, S., & Khosravi, A. (2015). Perceived social support among family in pregnant women. Int J Pediatr, 3(21), 879-888.

Ahmed, N. M., Fadel, E. A., & Khedr, N. F. H. (2017). Stressors and social support among pregnant women. J. Nurs. Health Sci, 6, 52-58.

Al-Gamal, E., & Long, T. (2013). Psychological distress and perceived support among Jordanian parents living with a child with cerebral palsy: A cross-sectional study. Scandinavian journal of caring sciences, 27(3), 624-631.

Alnuaimi, K., Alshraifeen, A., & Aljaraedah, H. (2022). Factors influencing quality of life among syrian refugees pregnant women in Jordan: A cross-sectional study. Heliyon, 8(9).

Altazan, A. D., Redman, L. M., Burton, J. H., Beyl, R. A., Cain, L. E., Sutton, E. F., & Martin, C. K. (2019). Mood and quality of life changes in pregnancy and postpartum and the effect of a behavioral intervention targeting excess gestational weight gain in women with overweight and obesity: a parallel-arm randomized controlled pilot trial. BMC pregnancy and childbirth, 19(1), 1-12.

Alzboon, G., & Vural, G. (2019). Factors influencing the quality of life of healthy pregnant women in North Jordan. Medicina, 55(6), 278.

Alzboon, G., & Vural, G. (2019). Factors influencing the quality of life of healthy pregnant women in North Jordan. Medicina, 55(6), 278.

Alzboon, G., & Vural, G. (2021). The experience of healthy pregnancy in high parity women: A phenomenological study in north jordan. Medicina, 57(8), 853.

Amhara, E. (2018). A review of low birth weight in Ethiopia: socio-demographic and obstetric risk factors. Global Journal of Research and Review, 5(1), 4.

Bahk, J., Yun, S. C., Kim, Y. M., & Khang, Y. H. (2015). Impact of unintended pregnancy on maternal mental health: a causal analysis using follow up data of the Panel Study on Korean Children (PSKC). BMC pregnancy and childbirth, 15(1), 1-12.

Balíková, M., & Bužgová, R. (2014). Quality of womens life with nausea and vomiting during pregnancy. Ošetvovatelství a Porodní Asistence, 5(1), 29-35.

Barbosa-Leiker, C., Smith, C. L., Crespi, E. J., Brooks, O., Burduli, E., Ranjo, S., ... & Gartstein, M. A. (2021). Stressors, coping, and resources needed during the COVID-19 pandemic in a sample of perinatal women. BMC pregnancy and childbirth, 21(1), 1-13.

Barton, K., Redshaw, M., Quigley, M. A., & Carson, C. (2017). Unplanned pregnancy and subsequent psychological distress in partnered women: a cross-sectional study of

the role of relationship quality and wider social support. BMC pregnancy and childbirth, 17, 1-9.

Basharpoor, S., Heydarirad, H., Daryadel, S. J., Heydari, F., Ghamari Givi, H., & Kishore, J. (2017). The role of perceived stress and social support among predicting anxiety in pregnant women. Journal of Holistic Nursing and Midwifery, 27(2), 9-16.

Battulga, B., Benjamin, M. R., Chen, H., & Bat-Enkh, E. (2021). The impact of social support and pregnancy on subjective well-being: A systematic review. Frontiers in psychology, 12, 710858.

Bedaso, A., Adams, J., Peng, W., & Sibbritt, D. (2021). The relationship between social support and mental health problems during pregnancy: a systematic review and meta-analysis. Reproductive health, 18(1), 1-23.

Boutib, A., Chergaoui, S., Marfak, A., Hilali, A., & Youlyouz-Marfak, I. (2022). Quality of life during pregnancy from 2011 to 2021: systematic review. International Journal of Women's Health, 975-1005.

Calou, C. G. P., Pinheiro, A. K. B., Castro, R. C. M. B., Oliveira, M. F. D., Aquino, P. D. S., & Antezana, F. J. (2014). Health related quality of life of pregnant women and associated factors: An integrative review. Health, 6(18):2375-2387.

Casarin, S. T., Barboza, M. C. N., & de Siqueira, H. C. H. (2010). QUALITY OF LIFE IN PREGNANCY: LITERATURE SYSTEMATIC REVIEW. Journal of Nursing UFPE/Revista de Enfermagem UFPE, 4.

Centers for Disease Control and Prevention. (2019). HRQOL Concepts. Retrieved from https://www.cdc.gov/hrqol/concept.htm

Chen, X., Wang, P., Wegner, R., Gong, J., Fang, X., & Kaljee, L. (2015). Measuring social capital investment: Scale development and examination of links to social capital and perceived stress. Social indicators research, 120, 669-687.

Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. Psychological bulletin, 98(2), 310.

Coons, S. J., Alabdulmohsin, S. A., Draugalis, J. R., & Hays, R. D. (1998). Reliability of an Arabic version of the RAND-36 Health Survey and its equivalence to the US-English version. Medical care, 428-432.

Daglar, G., Bilgic, D. İ. L. E. K., & Ozkan, S. A. (2020). Determinants of quality of life among pregnant women in the city centre of the Central Anatolia region of Turkey. Nigerian Journal of Clinical Practice, 23(3), 416-424.

Dağlar, G., Bilgiç, D., Özkan, S. A. (2019). Factors affecting the quality of life among pregnant women during third trimester of pregnancy. Cukurova Medical Journal 2019, 44, 1.

Dambi, J. M., Corten, L., Chiwaridzo, M., Jack, H., Mlambo, T., & Jelsma, J. (2018). A systematic review of the psychometric properties of the cross-cultural translations and adaptations of the Multidimensional Perceived Social Support Scale (MSPSS). Health and quality of life outcomes, 16(1), 1-19.

Daniels, C. R. (2021). At women's expense. In At Women's Expense. Harvard University Press.

de Oliveira, C., Seleme, M., Cansi, P. F., Consentino, R. F., Kumakura, F. Y., Moreira, G. A., & Berghmans, B. (2013). Urinary incontinence in pregnant women and its relation with socio-demographic variables and quality of life. Revista da Associação Médica Brasileira (English Edition), 59(5), 460-466.

Edelman, C., & Kudzma, E. C. (2021). Health promotion throughout the life span-e-book. Elsevier Health Sciences.

De Man, Y. A., Hazes, J. M. W., Van De Geijn, F. E., Krommenhoek, C. & Dolhain, R. J. E. M. Measuring disease activity and functionality during pregnancy in patients with rheumatoid arthritis. Arthritis Care Res. 57, 716–722 (2007).

Demircan, N., Özmen, Ü., Köktürk, F., Küçük, H., Ata, Ş., Harma, M., & Arıkan, İ. İ. (2016). What are the probable predictors of urinary incontinence during pregnancy?. PeerJ, 4, e2283.

Emmanuel, E., St John, W., & Sun, J. (2012). Relationship between social support and quality of life in childbearing women during the perinatal period. Journal of Obstetric, Gynecologic & Neonatal Nursing, 41(6), E62-E70.

Estebsari, F., Kandi, Z. R. K., Bahabadi, F. J., Filabadi, Z. R., Estebsari, K., & Mostafaei, D. (2020). Health-related quality of life and related factors among pregnant women. Journal of Education and Health Promotion, 9.

Faramarzi, M., & Pasha, H. (2015). The role of social support in prediction of stress during pregnancy. Journal of Babol University of Medical Sciences, 17(11), 52-60.

Gabbe, S. G., Niebyl, J. R., Simpson, J. L., Landon, M. B., Galan, H. L., Jauniaux, E. R., ... & Grobman, W. A. (2016). Obstetrics: normal and problem pregnancies e-book. Elsevier Health Sciences.

Gariepy, A., Lundsberg, L. S., Vilardo, N., Stanwood, N., Yonkers, K., & Schwarz, E. B. (2017). Pregnancy context and women's health-related quality of life. Contraception, 95(5), 491-499.

Gul, B., Riaz, M. A., Batool, N., Yasmin, H., & Riaz, M. N. (2018). Social support and health related quality of life among pregnant women. J Pak Med Assoc, 68(6), 872-5.

Hamaideh, S. H. (2011). Occupational stress, social support, and quality of life among Jordanian mental health nurses. Issues in mental health nursing, 33(1), 15-23.

Hijazi, H. H., Alyahya, M. S., Al Abdi, R. M., Alolayyan, M. N., Sindiani, A. M., Raffee, L. A., ... & Al Marzouqi, A. M. (2021). The impact of perceived social support during pregnancy on postpartum infant-focused anxieties: A prospective cohort study of mothers in Northern Jordan. International journal of women's health, 973-989.

Ilska, M., & Przybyła-Basista, H. (2017). Partner support as a mediator of the relationship between prenatal concerns and psychological well-being in pregnant women. Health Psychology Report, 5(4), 285-295.

Ishaq, R., Shoaib, M., Baloch, N. S., Sadiq, A., Raziq, A., Raza, S., ... & Khan, A. H. (2022). Profile and predictors of maternal quality of life during physiological pregnancy: a cross-sectional analysis. Frontiers in Public Health, 9, 801035.

Jafaru, Y., Musa, M. M., & Sani, G. W. (2022). Predictors of Perceived Social Support, Quality of Life, and Resilience in Pregnancy. International Journal of Nursing and Health Services (IJNHS), 5(5), 403-411.

Jalili Bahabadi, F., Estebsari, F., Rohani, C., Rahimi Khalifeh Kandi, Z., Sefidkar, R., & Mostafaei, D. (2020). Predictors of health-promoting lifestyle in pregnant women based on Pender's health promotion model. International journal of women's health, 71-77.

Karimi, M., & Brazier, J. (2016). Health, health-related quality of life, and quality of life: what is the difference?. Pharmacoeconomics, 34, 645-649.

Kazemi, A., Dadkhah, A., & Torabi, F. (2022). Changes of health related quality of life during pregnancy based on pregnancy context: a prospective study. Archives of Public Health, 80(1), 1-6.

Kazemi, F., Nahidi, F., & Kariman, N. (2016). Assessment scales, associated factors and the quality of life score in pregnant women in Iran. Global Journal of health science, 8(11), 127-139.

Kazemi, F., Nahidi, F., & Kariman, N. (2017). Exploring factors behind pregnant women's quality of life in Iran: a qualitative study. Electronic physician, 9(12), 5991.

Khader, S., Hourani, M. M., & Al-Akour, N. (2011). Normative data and psychometric properties of short form 36 health survey (SF-36, version 1.0) in the population of north Jordan. East Mediterr Health J, 17(5), 368-74.

Khajehpour, M., Simbar, M., Jannesari, S., Ramezani-Tehrani, F., & Majd, H. A. (2013). Health status of women with intended and unintended pregnancies. Public health, 127(1), 58-64.

Kuyken, W. (1995). The World Health Organisation quality of life assessment (WHOQOL): position paper from the World Health Organisation. Soc Sci Med, 41, 1409-1409.

Lagadec, N., Steinecker, M., Kapassi, A., Magnier, A. M., Chastang, J., Robert, S., ... & Ibanez, G. (2018). Factors influencing the quality of life of pregnant women: a systematic review. BMC pregnancy and childbirth, 18, 1-14.

Lau, Y. (2013). The effect of maternal stress and health-related quality of life on birth outcomes among Macao Chinese pregnant women. The Journal of perinatal & neonatal nursing, 27(1), 14-24.

Lawan, A., Awotidebe, A. W., Oyeyemi, A. L., Rufa, A. A., & Oyeyemi, A. Y. (2018). Relationship between physical activity and health related quality of life among pregnant women. African Journal of Reproductive Health, 22(3), 80-89.

Leahy-Warren, P., McCarthy, G., & Corcoran, P. (2012). First-time mothers: social support, maternal parental self-efficacy and postnatal depression. Journal of clinical nursing, 21(3-4), 388-397.

Lee, H. Y., Oh, J., Kawachi, I., Heo, J., Kim, S., Lee, J. K., & Kang, D. (2019). Positive and negative social support and depressive symptoms according to economic status among adults in Korea: cross-sectional results from the Health Examinees-Gem Study. BMJ open, 9(4), e023036.

Li, J., Mao, J., Du, Y., Morris, J. L., Gong, G., & Xiong, X. (2012). Health-related quality of life among pregnant women with and without depression in Hubei, China. Maternal and child health journal, 16, 1355-1363.

Li, G., Kong, L., Zhou, H., Kang, X., Fang, Y., & Li, P. (2016). Relationship between prenatal maternal stress and sleep quality in Chinese pregnant women: the mediation effect of resilience. Sleep medicine, 25, 8-12.

Lorén-Guerrero, L., Gascón-Catalán, A., Pasierb, D., & Romero-Cardiel, M. A. (2018). Assessment of significant psychological distress at the end of pregnancy and associated factors. Archives of Women's Mental Health, 21, 313-321.

Mattson, M., & Hall, J. G. (2011). Health as communication nexus: A service-learning approach. Kendall Hunt Publishing Company.

Mazúchová, L., Kelčíková, S., & Dubovická, Z. (2018). Measuring women's quality of life during pregnancy. Kontakt, 20(1), e31-e36.

Mc Bride, M., Crespo, I., Webb, S. M., & Valassi, E. (2021). Quality of life in Cushing's syndrome. Best Practice & Research Clinical Endocrinology & Metabolism, 35(1), 101505.

Mckee, M. D., Cunningham, M., Jankowski, K. R., & Zayas, L. (2001). Health-related functional status in pregnancy: relationship to depression and social support in a multi-ethnic population. Obstetrics & Gynecology, 97(6), 988-993.

Mogos, M. F., August, E. M., Salinas-Miranda, A. A., Sultan, D. H., & Salihu, H. M. (2013). A systematic review of quality of life measures in pregnant and postpartum mothers. Applied research in quality of life, 8, 219-250.

Moh'd Yehia, D. B., Callister, L. C., & Hamdan-Mansour, A. (2013). Prevalence and predictors of postpartum depression among Arabic Muslim Jordanian women serving in the military. The Journal of perinatal & neonatal nursing, 27(1), 25-33.

Moons, P., Budts, W., & De Geest, S. (2006). Critique on the conceptualisation of quality of life: a review and evaluation of different conceptual approaches. International journal of nursing studies, 43(7), 891-901.

Moons, P. (2004). Why call it health-related quality of life when you mean perceived health status?. European Journal of Cardiovascular Nursing, 3(4), 275-277.

Obrochta, C. A., Chambers, C., & Bandoli, G. (2020). Psychological distress in pregnancy and postpartum. Women and Birth, 33(6), 583-591.

Okonofua, F. E., Ntoimo, L. F. C., & Ogu, R. N. (2018). Women's perceptions of reasons for maternal deaths: Implications for policies and programs for preventing maternal deaths in low-income countries. Health Care for Women International, 39(1), 95-109.

Otchet, F., Carey, M. S., & Adam, L. (1999). General health and psychological symptom status in pregnancy and the puerperium: what is normal?. Obstetrics & Gynecology, 94(6), 935-941.

Oviedo-Caro, M. A., Bueno-Antequera, J., & Munguía-Izquierdo, D. (2018). Explanatory factors and levels of health-related quality of life among healthy pregnant women at midpregnancy: a cross-sectional study of the Pregnactive Project. Journal of advanced nursing, 74(12), 2766-2776.

Pires, R., Araújo-Pedrosa, A., & Canavarro, M. C. (2014). Examining the links between perceived impact of pregnancy, depressive symptoms, and quality of life during adolescent pregnancy: The buffering role of social support. Maternal and Child Health Journal, 18, 789-800.

PMoH (2022) Ministry of Health Annual report, 2021. The Palestinian Health Information Center-Ministry of Health, Palestine.

Polit, D.F. and Beck, C.T. (2018). Essentials of nursing research: appraising evidence for nursing practice. Ninth edition, Wolters Kluwer Health, Philadelphia.

Racine, N., Plamondon, A., Hentges, R., Tough, S., & Madigan, S. (2019). Dynamic and bidirectional associations between maternal stress, anxiety, and social support: The critical role of partner and family support. Journal of Affective Disorders, 252, 19-24.

Salvador-Carulla, L., Lucas, R., Ayuso-Mateos, J. L., & Miret, M. (2014). Use of the terms" Wellbeing" and" Quality of Life" in health sciences: a conceptual framework. The European Journal of Psychiatry, 28(1), 50-65.

Sarı, O., Dağcıoğlu, B. F., Akpak, Y. K., Yerebatmaz, N., & İleri, A. (2021). Planned and unplanned pregnancy and its association with coping styles and life quality. Health Care for Women International, 1-11.

Saridi, M., Toska, A., Latsou, D., Chondropoulou, M. A., Matsioula, A., & Sarafis, P. (2022). Assessment of quality of life and psycho-emotional burden in pregnant women in Greece. European Journal of Midwifery, 6.

Shafaie, F. S., Mirghafourvand, M., Rahmati, M., Nouri, P., & Bagherinia, M. (2018). Association between psychological status with perceived social support in pregnant women referring to Tabriz health centers. The Journal of Maternal-Fetal & Neonatal Medicine, 31(12), 1554-1560

Shishehgar, S., Dolatian, M., Majd, H. A., & Bakhtiary, M. (2014). Perceived pregnancy stress and quality of life amongst Iranian women. Global journal of health science, 6(4), 270.

Shishehgar, S., Mahmoodi, A., Dolatian, M., Mahmoodi, Z., Bakhtiary, M., & Majd, H. A. (2013). The relationship of social support and quality of life with the level of stress in pregnant women using the PATH model. Iranian Red Crescent Medical Journal, 15(7), 560-565.

Sinha, B. R. K. (Ed.). (2019). Multidimensional approach to quality of life issues: A spatial analysis. Springer Nature.

Tan, A., Lowe, S., & Henry, A. (2018). Nausea and vomiting of pregnancy: effects on quality of life and day-to-day function. Australian and New Zealand Journal of Obstetrics and Gynaecology, 58(3), 278-290.

Taşdemir, S., Balci, E., & Günay, O. (2010). Comparison of life quality of pregnant adolescents with that of pregnant adults in Turkey. Upsala Journal of Medical Sciences, 115(4), 275-281.

Tavoli, Z., Tavoli, A., Amirpour, R., Hosseini, R., & Montazeri, A. (2016). Quality of life in women who were exposed to domestic violence during pregnancy. BMC pregnancy and childbirth, 16(1), 1-7.

Vehmeijer, F. O., Guxens, M., Duijts, L., & El Marroun, H. (2019). Maternal psychological distress during pregnancy and childhood health outcomes: a narrative review. Journal of developmental origins of health and disease, 10(3), 274-285.

Wang, P., Liou, S. R., & Cheng, C. Y. (2013). Prediction of maternal quality of life on preterm birth and low birthweight: a longitudinal study. BMC pregnancy and childbirth, 13, 1-11.

Ware Jr, J. E., & Sherbourne, C. D. (1992). The MOS 36-item short-form health survey (SF-36): I. Conceptual framework and item selection. Medical care, 473-483.

WHOQOL Group (1997). Measuring quality of life. Geneva: The World Health Organization, 1-13.

World Health Organization. (2012). WHOQOL - Measuring Quality of Life. Retrieved from https://www.who.int/tools/whoqol

Yehia, D. B. M., Malak, M. Z., Al-Thwabih, N. N., Awad, R. R., Al-Ajouri, E. S., Darwish, S. S., & Hamad, A. S. (2020). Psychosocial factors correlate with fatigue among pregnant women in Jordan. Perspectives in Psychiatric Care, 56(1), 46-53.

YILMAZ, E., Tokgöz, B., Soysal, Ç., Aker, S. Ş., & Küçüközkan, T. (2018). Nausea and vomiting in pregnant adolescents: impact on health-related quality of life. The European Research Journal, 4(4), 390-398.

Yim, I. S., Tanner Stapleton, L. R., Guardino, C. M., Hahn-Holbrook, J., & Dunkel Schetter, C. (2015). Biological and psychosocial predictors of postpartum depression: systematic review and call for integration. Annual review of clinical psychology, 11, 99-137.

Yu, B., Chen, X., Elliott, A. L., Wang, Y., Li, F., & Gong, J. (2019). Social capital, migration stress, depression and sexual risk behaviors among rural-to-urban migrants in China: a moderated mediation modeling analysis. Anxiety, Stress, & Coping, 32(4), 362-375.

Yue, C., Liu, C., Wang, J., Zhang, M., Wu, H., Li, C., & Yang, X. (2021). Association between social support and anxiety among pregnant women in the third trimester during the coronavirus disease 2019 (COVID-19) epidemic in Qingdao, China: The mediating effect of risk perception. International Journal of Social Psychiatry, 67(2), 120-127.

Yuksel, A., & Bayrakci, H. (2019). Self-efficacy, psychological well-being and perceived social support levels in pregnant women. International Journal of Caring Sciences, 12(2), 1-10.

Zakeri, N., & DashtBozorgi, Z. (2018). The relationship between social support, quality of life and vitality with anxiety during pregnancy in primigravid women. Community Health (SALĀMAT-I IJTIMĀĪ), 5(4), 2018.

Zhou, J., Havens, K. L., Starnes, C. P., Pickering, T. A., Brito, N. H., Hendrix, C. L., ... & Smith, B. A. (2021). Changes in social support of pregnant and postnatal mothers during the COVID-19 pandemic. Midwifery, 103, 103162.

Zhu, Y., Wang, Q., Pang, G., Lin, L., Origasa, H., Wang, Y., ... & Shi, H. (2015). Association between body mass index and health-related quality of life: the" obesity paradox" in 21,218 adults of the Chinese general population. PloS one, 10(6), e0130613.

Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The multidimensional scale of perceived social support. Journal of personality assessment, 52(1), 30-41.

Appendix A

Questionnaire

Part One: Socio-demographic and Obstetric data

1. Age _____

2. Educational level Primary school Secondary school College diploma

Bachelor degree Master or doctoral degree

3. Occupation

House wife Part time worker Full time worker

4. If you work, what is your job? _____

5. Family total monthly income

-Less than 2000 NIS - From 2001 to 3500 NIS -More than 3500 NIS

Obstetric characteristics

6. How many living children you have?

-Non -1 -2 -3 -four or more

7. What is the number of previous pregnancies?

-Non -One - Two or more

8. Gestational age:

-The third month -the fourth month -The fifth month

-the sixth month The seventh month -The eighth month

-the ninth month

9. Did you plan this pregnancy - Yes. -No.

Part two

Choose one option for each questionnaire item.

1. In general, would you say your health is:
1 - Excellent
2 - Very good
3 - Good
4 - Fair
5 - Poor

2. Compared to one year ago, how would you rate your health in general now?
1 - Much better now than one year ago
2 - Somewhat better now than one year ago
3 - About the same
4 - Somewhat worse now than one year ago
5 - Much worse now than one year ago

The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

	Yes, limited a lot	Yes, limited a little	No, not limited at all
3. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports			
4. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf			
5. Lifting or carrying groceries			
6. Climbing several flights of stairs			
7. Climbing one flight of stairs			
8. Bending, kneeling, or stooping			
9. Walking more than a mile			
10. Walking several blocks			
11. Walking one block			
12. Bathing or dressing yourself			

During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health**?

	Yes	No
13. Cut down the **amount of time** you spent on work or other activities	○ 1	○ 2
14. **Accomplished less** than you would like	○ 1	○ 2
15. Were limited in the **kind** of work or other activities	○ 1	○ 2
16. Had **difficulty** performing the work or other activities (for example, it took extra effort)	○ 1	○ 2

During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?

	Yes	No
17. Cut down the **amount of time** you spent on work or other activities	○ 1	○ 2
18. **Accomplished less** than you would like	○ 1	○ 2
19. Didn't do work or other activities as **carefully** as usual	○ 1	○ 2

20. During the **past 4 weeks**, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

1 - Not at all

2 - Slightly

3 - Moderately

4 - Quite a bit

5 - Extremely

21. How much bodily pain have you had during the past 4 weeks?

1 - None

2 - Very mild

3 - Mild

4 - Moderate

5 - Severe

6 - Very severe

22. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

1 - Not at all

2 - A little bit

3 - Moderately

4 - Quite a bit

5 - Extremely

These questions are about how you feel and how things have been with you **during the past 4 weeks**. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the **past 4 weeks**...

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
23. Did you feel full of pep?	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6
24. Have you been a very nervous person?	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6
25. Have you felt so down in the dumps that nothing could cheer you up?	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6
26. Have you felt calm and peaceful?	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6
27. Did you have a lot of energy?	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6
28. Have you felt downhearted and blue?	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6
29. Did you feel worn out?	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6

30. Have you been a happy person?	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6
31. Did you feel tired?	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6

32. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

1 - All of the time

2 - Most of the time

3 - Some of the time

4 - A little of the time

5 - None of the time

How TRUE or FALSE is each of the following statements for you.

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false
33. I seem to get sick a little easier than other people	○ 1	○ 2	○ 3	○ 4	○ 5
34. I am as healthy as anybody I know	○ 1	○ 2	○ 3	○ 4	○ 5
35. I expect my health to get worse	○ 1	○ 2	○ 3	○ 4	○ 5
36. My health is excellent	○ 1	○ 2	○ 3	○ 4	○ 5

Part three: Multidimensional Scale of Perceived Social Support Instructions:

We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement. Circle the "1" if you Very Strongly Disagree Circle the "2" if you Strongly Disagree Circle the "3" if you Mildly Disagree Circle the "4" if you are Neutral Circle the "5" if you Mildly Agree Circle the "6" if you Strongly Agree Circle the "7" if you Very Strongly Agree

		1	2	3	4	5	6	7
1	There is a special person who is around when I am in need							

2	There is a special person with whom I can share joys and sorrows.							
3	My family really tries to help me							
4	I get the emotional help & support I need from my family.							
5	I have a special person who is a real source of comfort to me							
6	My friends really try to help me.							
7	I can count on my friends when things go wrong.							
8	I can talk about my problems with my family.							
9	I have friends with whom I can share my joys and sorrows.							
10	There is a special person in my life who cares about my feelings.							
11	My family is willing to help me make decisions.							
12	I can talk about my problems with my friends							

الجزء الأول: البيانات الاجتماعية والديموغرافية والتوليد

1- العمر _____

2- المستوى التعليمي المرحلة الابتدائية المدرسة الثانوية دبلوم الكلية درجة البكالوريوس درجة الماجستير أو الدكتوراه .

3- الوظيفة
ربة منزل عاملة بدوام جزئي عاملة بدوام كامل

4- إذا كنت تعمل ، ما هي وظيفتك؟ _____

5 - إجمالي الدخل الشهري للأسرة
أقل من 2000 شيكل - من 2000 إلى 3500 شيكل - أكثر من 3500 شيكل -

خصائص الولادة
6- كم عدد الأطفال الأحياء لديك؟
بدون -1 -2 -3 -أربعة أو أكثر

7- ما هو عدد حالات الحمل السابقة؟
ولا واحد - واحد – اثنين او اكثر

8- عمر الحمل
الشهر الثالث - الشهر الرابع - الشهر الخامس - الشهر السادس - الشهر السابع - الشهر الثامن - الشهر التاسع

9- هل خططتي لهذا الحمل ؟ نعم ام لا

الجزء الثاني

من فضلك، أجب على كل الأسئلة الموجودة في هذا الاستبيان. في حالة عدم وضوح أي سؤال، أرجو اختيار أقرب اجابة لمفهومك للسؤال

1- بصورة عامة، كيف ترى حالتك الصحية ؟

(اختر اجابة واحدة وضع علامة ✓ أمام الاجابة المناسبة)

□ ممتازة

□ جيد جدا

□جيد

□ لا باس بها

□ سيئة

2- مقارنة بما مضى، كيف تقيم حالتك الصحية الان بصورة عامة ؟

(اختر اجابة واحدة وضع علامة ✓ أمام الاجابة المناسبة)

□ أفضل بكثير مما كانت عليه قبل عام

□ أفضل نوعا ما من العام الماضى

□ تقريبا على ما هي عليه

□ أسوأ نوعا ما من العام الماضى

□ أسوأ بكثير مما كانت عليه قبل عام

- اختر اجابة واحدة وضع علامة ✓ تحت الاجابة المناسبة

3- تتعلق البنود التالية بأنشطة يمكن ان تقوم بها خلال يومك العادي في الوقت الحالي الى أي مدى تقيدك حالتك الصحية	نعم تقيدني كثيرا	نعم تقيدني قليلا	لا تقيدني اطلاقا
أ) من ممارسة الأنشطة الشاقة مثل: الجري، حمل الاشياء الثقيلة او مزاولة الأنشطة الرياضية المجهدة جدا ؟	□	□	□
ب) من ممارسة الأنشطة متوسطة الجهد، كتحريك الطاولة او التنظيف باستخدام المكنسة الكهربائية او تنظيف حديقة المنزل والعناية بها ؟	□	□	□
ج) من حمل المشتريات من البقالة او السوق المركزي (السوبرماركت) ؟	□	□	□
د) من صعود الدرج لعدة ادوار؟	□	□	□
هـ) من صعود الدرج لدور واحد فقط؟	□	□	□
و) من الانحناء او الركوع او السجود ؟	□	□	□
ز) من المشي لأكثر من كيلومتر ونصف؟	□	□	□
ح) من المشي مسافة نصف كيلومتر؟	□	□	□
ط) من المشي مسافة مئة متر؟	□	□	□
ي) من الاستحمام او ارتداء الملابس بنفسك؟	□	□	□

الصحة الجسمية

اختر اجابة واحدة وضع علامة ✓ تحت الاجابة المناسبة

تتعلق البنود التالية (أ,ب,ج,د) بالمشاكل التي يمكن ان تواجهك خلال تأديتك لعملك او للانشطة اليومية المعتادة نتيجة لحالتك الصحية الجسمية. خلال الاسابيع الاربعة الماضية ,هل تسببت حالتك الصحية الجسمية في:	نعم	لا
أ) التقليل من الوقت الذي تقضيه في العمل او اي انشطة اخرى؟	□	□
ب) التقليل مما تود انجازه من العمل أو أي أنشطة أخرى؟	□	□
ج) تقييدك في أداء نوع معين من الأعمال أو أي أنشطة أخرى؟	□	□
د) أن تجد صعوبة في تأدية العمل أو أي أنشطة أخرى؟ (على سبيل المثال، احتجت الى جهد اضافي لتاديتها)	□	□

الصحة النفسية

اختر اجابة واحدة وضع علا مة ✓ تحت الاجابة المناسبة

تتعلق البنود التالية (أ,ب,ج,د) بالمشاكل التي يمكن ان تواجهك خلال تأديتك لعملك او للانشطة اليومية المعتادة نتيجة لحالتك الصحية النفسية (مثلا الشعور بالاكتئاب او القلق) خلال الاسابيع الاربعة الماضية هل تسببت حالتك الصحية النفسية في :	نعم	لا
أ) التقليل من الوقت الذي تقضيه في العمل أو اي انشطة اخرى؟	□	□
ب) التقليل مما تود انجازه من العمل أو أي انشطة اخرى ؟	□	□
ج) عدم انجاز العمل أو أي انشطة أخرى بالحرص المعتاد؟	□	□

الصحة الجسمية او النفسية

خلال الاسابيع الاربعة الماضية، الى اي مدى تعارضت صحتك الجسمية او النفسية مع تأديتك لنشاطاتك الاجتماعية المعتادة مع عائلتك او اصدقائك او جيرانك او أي من المناسبات الاجتماعية الاخرى ؟

(اختر اجابة واحدة وضع علامة ✓ أمام الاجابة المناسبة)

- □ **لم يكن هناك أي تعارض اطلاقا**
- □ **كان هناك تعارض قليل**
- □ **كان هناك تعارض متوسط**
- □ **كان هناك تعارض كبير**
- □ **كان هناك تعارض كبير جدا**

شدة الألم

7- ما شدة الألم الجسمي الذي عانيت منه خلال الاسابيع الاربعة الماضية؟

(اختر اجابة واحدة وضع علامة ✓ أمام الاجابة المناسبة)

- □ **لم يكن هناك أي ألم**
- □ **كان هناك ألم خفيف جدا**
- □ **كان هناك ألم خفيف**
- □ **كان هناك ألم متوسط**
- □ **كان هناك ألم شديد**
- □ **كان هناك ألم شديد جدا**

8- خلال الاسابيع الاربعة الماضية، الى اي مدى ادى الألم الجسمي الى التعارض مع تأديتك لأعمالك المعتادة (سواء داخل المنزل او خارجه)؟

(اختر اجابة واحدة وضع علامة ✓ أمام الاجابة المناسبة)

□ **لم يكن هناك أي تعارض**

□ **كان هناك تعارض قليل جدا**

□ **كان هناك تعا رض متوسط**

□ **كان هنك تعارض كبير**

□ **كان هناك تعا رض كبير جدا**

(اختر اجابة واحدة وضع علامة ✓ أمام الاجابة المناسبة)

الأسئلة التالية تتعلق بكيفية شعورك وطبيعة سير الأمور معك خلال الأسابيع الأربعة الماضية، الرجاء اعطاء اجابة واحدة لكل سؤال بحيث تكون هذه الاجابة هي الأقرب الى الحالة التي كنت تشعر بها . خلال الأسابيع الأربعة الماضية، كم من الوقت :	في كل الاوقات	في معظم الاوقات	في كثير من الاوقات	في بعض الاوقات	في قليل من الاوقات	لم اشعر في أي وقت من الاوقات
أ) شعرت بأنك مليئ بالحيوية والنشاط؟	□	□	□	□	□	□
ب) كنت شخصا عصبيا جدا؟	□	□	□	□	□	□
ج) شعرت بأنك في حالة اكتئاب الى درجة لم يمكن معها ادخال السرور اليك؟	□	□	□	□	□	□
د) شعرت بالهدوء والطمأنينة؟	□	□	□	□	□	□
هـ) كانت لديك طاقة كبيرة؟	□	□	□	□	□	□
و) شعرت بالاحباط واليأس؟	□	□	□	□	□	□
ز) شعرت بأنك منهك (استنفذت قواك)؟	□	□	□	□	□	□
ح) شعرت بأنك شخص سعيد؟	□	□	□	□	□	□
ط) شعرت بأنك تعبان؟	□	□	□	□	□	□

10- خلال الاسابيع الأربعة الماضية، ما مقدار الوقت الذي تعارضت فيه صحتك الجسمية او مشاكلك النفسية مع نشاطاتك الاجتماعية (مثل زيارة الأصدقاء والأقارب وغير ذلك)؟

(اختر اجابة واحدة وضع علامة ✓ أمام الاجابة المناسبة)

- □ **كان التعارض في كل الأوقات**
- □ **كان التعارض في معظم الأوقات**
- □ **كان التعارض في بعض الأوقات**
- □ **كان التعا رض في قليل من الاوقات**
- □ **لم يكن هناك تعارض في أي وقت من الاوقات**

(اختر اجابة واحدة وضع علامة ✓ تحت الاجابة المناسبة

11- ما مدى صحة او خطا كل من العبارات التالية(أ ,ب ,ج ,د) بالنسبة الى حالتك الصحية ؟	**صحيحة بلا شك**	**صحيحة غالبا**	**لا اعلم**	**خطأ غالبا**	**خطأ بلا شك**
أ) يبدو انني اصاب بالمرض أسهل من الأخرين	□	□	□	□	□
ب) حالتي الصحية مساوية لأي شخص اعرفه	□	□	□	□	□
ج) اتوقع ان تسوء حالتي الصحية	□	□	□	□	□
د) حالتي الصحية ممتازة	□	□	□	□	□

الجزء الثالث :مقياس الدعم الاجتماعي

		أعارض بشدة	اعارض	اعارض نسبيا	محايد	اوافق نسبيا	اوافق	أوافق بشدة
1	ان هناك شخص معين يكون بجانبي عند الحاجه							
2	إن هناك شخص معين استطيع ان أشاركه أفراحي وأحزاني							
3	ان عائلتي تحاول ان تساعدني							
4	احصل على الدعم العاطفي والمساعدة التي احتاجها من عائلتي							
5	انا يوجد عندي شخص معين يعتبر المصدر الاساسي لتقديم الراحة لي							
6	اصدقائي يحاولو تقديم المساعدة لي							
7	انا ارتكز والجأ الى اصدقائي عند حدوث مشاكل							
8	استطيع التحدث عن مشاكلي مع عائلتي							
9	لدي اصدقاء استطيع ان اشاركهم افراحي واحزاني							
10	ان هناك شخص معين في حياتي يهتم بمشاعري							
11	عائلتي لديها الاستعداد لمساعدتي في اتخاذ قراراتي							
12	استطيع التحدث عن مشاكلي مع اصدقائي							

مع جزيل الشكر

State of Palestine
Ministry of Health
Education in Health and Scientific Research Unit

دولة فلسطين
وزارة الصحة
وحدة التعليم الصحي والبحث العلمي

Ref: الرقم: ٠٤/١٦٢٧/١٦
Date: التاريخ: ٠٤/٨/٢٠٢٣

عطوفة الوكيل المساعد لشؤون الصحة العامة وصحة الاسرة المحترم ،،،

تحية واحترام...

الموضـــوع: تسهيل مهمة بحث

يرجى تسهيل مهمة الطالبة: سكينة مصطفى محمد نزال – تخصص تمريض صحة الام والطفل / جامعة القدس، وباشراف د. ميساء الاسطة، في عمل بحث بعنوان:

"Quality of Life and perceived social support among Palestinian pregnant women"

من خلال السماح للطالبة بالحصول على بيانات من النساء الحوامل في :

-مراكز الرعاية الصحية في الضفة.

وذلك ابتداءا من 2023/7/25 – 2023/12/31.

على ان يتم الالتزام باساليب واخلاقيات البحث العلمي، وعدم التعرض للمعلومات الشخصية للمرضى.
على ان يتم تزويد الوزارة بنسخة PDF من نتائج البحث.

مع الاحترام...

د. عبد الله القواسمي
رئيس وحدة التعليم الصحي والبحث العلمي

نسخة: منسق برنامج الدراسات العليا/ دائرة التمريض المحترمة/ جامعة القدس

Telfax :09-233901

Al Quds University
Faculty of Health Professions
Jerusalem –Abu Dis

جامعة القدس
كلية المهن الصحية
القدس – أبو ديس

Research Ethics Subcommittee of Faculty of Health Professions
Letter of approval

June 20, 2023
Ref. No.: RESC/2023-42

Dear Applicants, (**Dr. Ahmad Ayed, Ms. Sukayna Nazzal**)

Program: **MSc Nursing Department**

The Research Ethics subcommittee of the Faculty of Health Professions has recently reviewed your proposal entitled (**Quality of Life and Social Support among Pregnant Women in The North West Bank**) submitted by (**Dr. Ahmad Ayed**). Your proposal is deemed to meet the requirements of research ethics at Al-Quds University, but further assessment is required by the Central Research Ethics Committee of Al-Quds University. We wish you all best for the conduct of the project.

Hussein ALMasri, PhD
Associate Professor of Medical Imaging
Research Ethics Subcommittee Chair
Faculty of Health Professions

Hussein ALMasri

CC: File
CC: Committee members

Tel. Fax: 02 2791243 **Email: dean@hpro.alquds.edu** **تلفاكس: 02 2791243**

جودة الحياة والدعم الاجتماعي المدرك لدى النساء الحوامل الفلسطينيات

اسم الطالب : سكينه مصطفى محمد نزال

المشرف : د. احمد عياد

الملخص

يعد الحمل أحد أهم الأحداث في حياة المرأة، وكثيرًا ما يُنظر إليه على أنه وقت التوقع والإثارة والتغيير. من ناحية أخرى، الحمل هو الوضع الذي يولد التوتر في كثير من الأحيان لدى النساء. تحدث العديد من التغيرات في أجساد الأمهات أثناء الحمل، مثل التغيرات التشريحية والكيميائية الحيوية والهرمونية التي لا يمكن السيطرة عليها من قبل المرأة، مما يجعلها ضعيفة عاطفيا وروحيا.

الهدف من الدراسة

كان الهدف العام من هذه الدراسة هو تقييم جودة الحياة والدعم الاجتماعي للنساء الحوامل اللاتي يحضرن عيادات رعاية ما قبل الولادة التابعة لوزارة الصحة الفلسطينية في شمال الضفة الغربية.

طُريقة الدراسة

أجريت الدراسة الوصفية المقطعية على 423 امرأة حامل يترددن على عيادات رعاية ما قبل الولادة التابعة لوزارة الصحة الفلسطينية في شمال الضفة الغربية. تم جمع البيانات من خلال استبيان ذاتي يتكون من مقياس-SF 36لتقييم جودة الحياة ومقياس الدعم الاجتماعي متعدد الاتجاهات.

نتائج الدراسة

كانت جودة الحياة الشاملة للمشاركين في الدراسة الحالية بمستوى معتدل (M = 46.17 ±18.1) وكان مستوى الصحة البدنية متوسطاً (M=46.22 ±16.1) والصحة النفسية متوسطة M=46.12) ±21.8).كان الدعم الاجتماعي عالي الدعم (M = 5.3 ± 1.0).

كانت أعلى الدرجات الدعم من خلال الناس المهمين والمؤثرين (M = 5.9 ± 1.2) وكانت أدنى درجة في الدعم المقدم من الاصدقاء (M = 4.4 ± 1.6) وكشف التحليل أنه لا توجد فروق ذات دلالة إحصائية بين متوسط درجات جودة الحياة والخصائص الديموغرافية للنساء الحوامل (P > 0.05).كما كشف التحليل أنه لا توجد فروق ذات دلالة إحصائية بين متوسط درجات جودة الحياة والخصائص التوليدية للنساء الحوامل .(P > 0.05) وعلاوة على ذلك، كشف التحليل أن هناك علاقة إيجابية صغيرة ذات دلالة إحصائية بين درجة جودة الحياة للنساء الحوامل والدعم الاجتماعي (P <0.01).

الاستنتاج

أكدت الدراسة الحالية أن النساء الحوامل الفلسطينيات لديهن مستوى معتدل من جودة الحياة ومستوى عال من الدعم الاجتماعي المتعدد الاتجاهات. كما أشارت الدراسة الحالية إلى عدم وجود فروق ذات دلالة إحصائية بين متوسط درجات جودة الحياة وكل من الخصائص الديموغرافية والخصائص

التوليدية للنساء الحوامل. علاوة على ذلك، أكدت الدراسة وجود علاقة إيجابية صغيرة ذات دلالة إحصائية بين درجة جودة حياة النساء الحوامل والدعم الاجتماعي.
الكلمات المفتاحية: جودة الحياة، الدعم الاجتماعي، المرأة الحامل، الصحة الفسيولوجية، الصحة النفسية.