

SOCIAL SUPPORT DURING THE POSTPARTUM PERIOD: MOTHERS' EXPERIENCES AND EXPECTATIONS – A MIXED METHODS STUDY IN A RURAL AREA OF SOUTH KARNATAKA.

Maria Archana¹, Twinkle Agrawal², Joanne Thoppil³, Noronha Mihika³, Shiny Tresha Alex³, Avita Johnson⁴.

¹ Post Graduate student ²Associate Professor ³Intern ⁴Assistant Professor, Department of Community Health, St. John's Medical College, Bangalore .

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***Author for correspondence:** Dr. Maria Archana, Post Graduate student, Department of Community Health, St. John's Medical College, Bangalore – 560034. E-mail: mariaarchana02@gmail.com

Abstract

Introduction: The postpartum period is a very vulnerable period, especially in terms of the psychosocial aspects of health. These women are prone to develop depression, psychosis or anxiety disorders. Social support, defined as the perception that one is cared for and has assistance from other people, thus plays a crucial role in the health of these women. **Objective:** This study was done with the aim of identifying the mainsource of social support in post partum women and to assess the most common type (emotional, informational, instrumental, appraisal and financial) of social support they received. **Methods:** A mixed methods study (both qualitative and quantitative methods) was conducted during January–March 2017 at a maternity hospital in a village in Ramanagaram district. A pretested interview schedule was administered to 172 post partum women and three focus group discussions (FGDs) were conducted. **Results:** 172 post partum women were interviewed. About 47% of the women were primipara and 97% were term pregnancies. The primary source of social support was the women's parents. Women reported receiving all types of social support- emotional and financial support mainly from the parents, followed by the spouse. Primary source of instrumental support (tangible aid/service) were the parents followed by the in-laws. In the FGDs the women perceived that support was very necessary in the post partum period. "If they love us they will support us"... "For the first baby, no one will know how to hold and carry the baby especially if the baby is small and we are scared", these were some of the verbatims in the FGDs. Cultural practice of staying in the parental home make women more dependent on their parents. **Conclusion:** Women's perceived social support though adequate, was mainly from their parents and was inadequate in the areas of family planning, keeping the child warm and in cord care.

Key-words: Post-partum period, Social support, mixed methods, Rural, Karnataka

Introduction

Postpartum period is the period immediately after delivery¹. It is a very vulnerable period in terms of the new mother's psycho-social health. This vulnerability can impact the parenting of her child, leading to long term consequences for the child².

Social support is defined as the perception that one is cared for and has assistance from other people³. It is the verbal and non verbal communication between recipients and providers that reduces the uncertainty about a situation, one's self or others⁴.

Women face a lot of anxiety and fear around early parenting and about the new role that they have to play after the birth of their child⁵. Perceived social support has shown to protect a woman's mental health against the physical and psychological disturbances⁶. The emotional and practical help in terms of household work and caring for the baby, provided by the husband and others is

directly related to the mother's mental health⁷. Poor support from the spouse results in psychological adjustment issues for the mother in the first five months after birth⁸. In post partum women who do not have adequate income or education, poor support from husbands and in laws has shown to worsen their anxiety⁹. There are a number of factors causing psychological stress in the post partum period⁸. New mothers are tired of the responsibility of looking after a child because of knowledge gaps and unpreparedness for motherhood⁷. They experience the physical stress of recovering from the delivery and difficulty in breastfeeding. They now have to care for themselves and also for their babies resulting in an increased need for support. Further, the support is also necessary for them to access medical care⁹. There are main 5 types of social support namely **Emotional** (Expressions of empathy, love, trust and caring), **Informational** (Advice, suggestions, and

information), **Instrumental** (Tangible aid and service), **Appraisal** (Information that is useful for self-evaluation) and **Financial** (Monetary support)⁶. Instrumental support is of utmost importance in the physical and emotional recovery of women in the post partum period¹⁰. Studies have shown that emotional, instrumental and informational support are positively associated with the postpartum women’s mental health⁷. Thus identifying the social needs and the expectations of a mother are important for a woman after child birth¹⁰. Little is known about the types and sources of social support available to women in rural India during the postpartum period. Therefore, this study was conducted with the objective to identify the primary source and types of social support for post partum women availing services at a maternity hospital in Ramanagaram district.

Materials and Methods

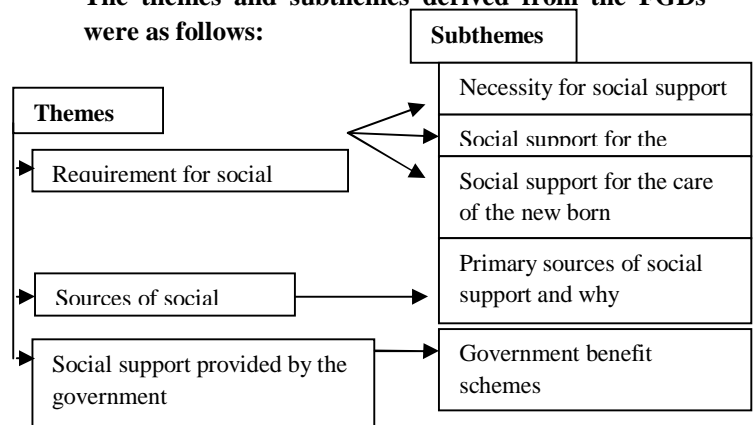
Institutional ethical clearance was obtained for this study. A mixed methods study i.e. a cross sectional study with 3 focus group discussions, was conducted at a private maternity hospital in Solor village of Ramanagaram district, which is a training centre for students, in the period between January to March 2017. Women in the late post partum period between 6 weeks and 6 months post partum were included in the study. Assuming a prevalence of social support as 50%, with a confidence interval of 99%, an absolute precision of 5% and a non-response rate of 10%, the sample size was calculated as 169. Consecutive sampling technique was employed. Written informed consent was obtained from the study subjects and they were administered an interview schedule which was previously pilot tested in a non- study area. This interview schedule assessed the experiences of the post partum women with regards to the social support that they had received after their recent delivery.

Qualitative data was collected with the help of three focus group discussions (FGDs) involving 6-8 post partum women each, to assess the expectations of the post partum women regarding social support. For the FGDs, a topic guide was developed. The interviewing team consisted of 3 members, a facilitator who asked the questions based on the developed topic guide and who led the FGD, a recorder who recorded all the conversations on a tape recorder and a third member who documented the verbal and non-verbal details of the FGD on paper, including sociogram. The FGDs were conducted in the local language (Kannada). The post partum women who availed post natal care or came for immunization services were explained about the study purpose and those who volunteered to be a part of the study were included and were assured of confidentiality of the information and were encouraged to express their ideas freely regarding the questions posed by the leader and also by the other members. Written informed consent was taken from the volunteers. Data saturation was attained with 3 FGDs.

Data Analysis: Quantitative data was entered in a Microsoft Excel sheet and analyzed using SPSS software,

v.16.0. Sociodemographic and obstetric data was described using frequencies and proportions. Associations between social support and various factors were looked for using Fishers association and Chi square test. A p value of less than 0.05 was considered as statistically significant. Qualitative analysis: The data was obtained from the FGD’s by transcribing the entire interview ad verbatim in Kannada and then translated into English. This raw data was then entered into a word document, and color-coded based on the emerging themes. These were then categorized into themes and subthemes based on key words.

Figure 1:
The themes and subthemes derived from the FGDs were as follows:



Results

Socio-demographic details:

A total number of 172 post partum women in the 6weeks to 6 months post partum period were interviewed. The mean age of the women was 23.69+/- 3.01 years and their husband’s mean age was 29.09+/- 3.85 years. Most of the post partum women (66%) were educated up to the 12th standard (Pre-university) and 95% of them were not gainfully employed at the time of the interview. There were 4 women who were salaried employees and had availed maternity leave, which ranged from 3 to 6 months. Median family income in the study population was Rs.10,000. According to the Modified BG Prasad socio-economic status scale, 42% belonged to class III, 26% to class IV and 13% to class V. Sixty two (36%) post partum women were BPL card holders. About 40% of the women lived in three generation families. This was followed by joint families constituting 31% and nuclear families constituting 26% of the study subjects. The remaining belonged to the extended families. Majority of them were Hindu by religion, constituting 86% of the participants.

Majority of the study subjects were primipara. This was followed by the confinement for their second child. About 5 women ever had an abortion and there were 10 women who had lost a child. In the present delivery, most of the women (97%) had a term gestation baby, with only 1 preterm baby and 4 post term gestations baby. Only 4 women gave history of complications in the present gestation and the post partum period. There was 1 woman with hypertension and 1 woman with anaemia in the

Table 1: Components of social support for the mother in the post natal period

| Sl.no | Component of postnatal care – Maternal | No. of post partum women | | Primary Source of Support | | |
|-------|--|--------------------------|-------------|---------------------------|------------|----------|
| | | N = 172 | Spouse | Parents | In-laws | Others |
| 1 | Assistance during your stay in the hospital immediately after delivery | 172 (100%) | 2 (1.2%) | 147 (85.4%) | 20 (11.6%) | 3 (1.8%) |
| 2 | Provision for your food in the hospital | 170 (98.8%) | 8 (4.7%) | 147 (86.4%) | 13 (7.6%) | 2 (1.3%) |
| 3 | Monetary support at the time of discharge from the hospital | 172 (100%) | 31 (18.4%) | 125 (72.6%) | 13 (7.5%) | 1 (0.5%) |
| 4 | Monetary support for your food and medicines during your hospital stay | 172 (100%) | 36 (20.9%) | 125 (72.6%) | 10 (5.8%) | 1 (0.5%) |
| 5 | Assistance during your visits to the hospital after delivery | 146 (85%) | 23 (15.7%) | 111 (76%) | 11 (7.5%) | 5 (3.4%) |
| 6 | Advice about the danger signs after delivery | 15 (8.7%) | 0 (0%) | 6 (40%) | 0 (0%) | 9 (60%) |
| 7 | Assistance during any illness after delivery (N = 14) | 14 (100%) | 0 (0%) | 14 (100%) | 0 (0%) | 0 (0%) |
| 8 | Advice about the diet to be consumed after delivery | 161 (93%) | 0 (0%) | 137 (85.3%) | 21 (13.1%) | 3 (1.6%) |
| 9 | Assistance to prepare such food items | 171 (99.4%) | 2 (1.2%) | 144 (83.7%) | 19 (11.1%) | 7 (4.1%) |
| 10 | Assistance by caring for the baby while eating, bathing, resting | 172 (100%) | 2 (1.7%) | 144 (83.7%) | 19 (11.1%) | 7 (4.2%) |
| 11 | Advice about rest after delivery | 171 (99.4%) | 2 (1.7%) | 144 (84.2%) | 19 (11.1%) | 3 (1.7%) |
| 12 | Assistance provided to enable her take rest by helping in household chores | 172 (100%) | 9 (5.2%) | 140 (81.4%) | 22 (12.7%) | 1 (0.5%) |
| 13 | Advice/ reminder about taking supplements like iron, calcium | 50 (29.06%) | 12 (24%) | 31 (62%) | 7 (14%) | 0 (0%) |
| 14 | Assistance provided to procure supplements | 157 (91.2%) | 6 (3.8%) | 123 (78.3%) | 0 (0%) | 1 (0.6%) |
| 15 | Advice about family planning | 31 (18.02%) | 19 (61.2%) | 12 (38.8%) | 0 (0%) | 0 (0%) |
| 16 | Assistance provided for family planning (accompanying) | 132 (76.7%) | 122 (92.4%) | 10 (7.6%) | 0 (0%) | 0(0%) |
| 17 | Advice on personal hygiene | 160 (93.02%) | 0 (0%) | 141 (88.1%) | 19 (11.9%) | 0 (0%) |
| 18 | Assistance provided to maintain personal hygiene | 166 (96.5%) | 5 (3.1%) | 139 (83.7%) | 18 (10.8%) | 4 (2.5%) |
| 19 | Advice on environmental hygiene | 158 (91.86%) | 2 (1.3%) | 133 (84.2%) | 20 (12.7%) | 3 (1.8%) |
| 20 | Assistance provided to maintain environmental hygiene | 168 (97.67%) | 8 (4.8%) | 137 (81.5%) | 19 (11.3%) | 4 (2.4%) |
| 21 | Assistance in case of any worry or sadness | 169 (98.25%) | 120 (71%) | 36 (21.3%) | 10 (5.9%) | 3 (1.8%) |
| 22 | Assistance to register birth | 172 (100%) | 160 (93%) | 10 (5.8%) | 0 (0%) | 2 (1.2%) |

antenatal period. There was 1 vacuum assisted delivery and 1 woman with episiotomy infection postnatally.

Social support for the mother:

In general, the primary source of social support for the mother were the parents of the post partum women. This was followed by their mothers-in-law and then the husband. Table 1 indicates the components of postnatal care for the mother. For most of the mothers, support was provided primarily by their parents, except for assistance for family planning, assistance in case of any worry or sadness and assistance for birth registration, where the primary source of social support was the spouse. Of the 172 women, only 6% i.e. 10 women availed the government schemes available for post partum women. The Bhagyalakshmi scheme was availed by 4 women, the Janani Shishu Suraksha Karyakarm (JSSK) was availed by 1 woman and the remaining 5 women availed the

Janani Suraksha Yojana (JSY). Eight out of 172 (4.65%) mothers were members of social organisations like the Mahila Mandal and Stree Shakti groups. Social support was lacking when it came to advice about danger signs in the postpartum period (postpartum haemorrhage, pregnancy induced hypertension, sepsis, mastitis, pain in the calf), where only 8% of the women had received this advice, either from a health provider or from parents. Also lacking was support for taking daily supplements like iron and calcium (26%) and for family planning (18%).

Social support for the care of the new born:

Support for care of the new born was primarily provided by the parents of the post partum mother and occasionally by the husband or the in-laws. Table 2 indicates the components of social support in the care of the newborn. The primary source of social support in all the

Table 2: Component of social support for the care of the new born

| Sl.no | Component of postnatal care – New born | No. of post partum women | | | | |
|-------|--|--------------------------|-----------|-------------|------------|----------|
| | | N = 172 | Spouse | Parents | In-laws | Others |
| 1 | Advice on avoiding pre-lacteal feeds | 172 (100%) | 2 (1.2%) | 169 (98.3%) | 1 (0.5%) | 0 (0%) |
| 2 | Advice about exclusive breast feeding | 169 (98.25%) | 0 (0%) | 163 (96.4%) | 0 (0%) | 6 (3.6%) |
| 3 | Assistance during breastfeeding of the new born | 169 (98.25%) | 1 (0.6%) | 143 (84.6%) | 16 (9.4%) | 9 (5.4%) |
| 4 | Advice about keeping the baby warm | 85 (49.4%) | 3 (3.5%) | 64 (75.3%) | 18 (21.2%) | 0 (0%) |
| 5 | Assistance provided to keep the baby warm | 172 (100%) | 3 (1.7%) | 146 (84.8%) | 18 (10.6%) | 5 (2.9%) |
| 6 | Advice on cord care | 168 (97.67%) | 0 (0%) | 161 (95.8%) | 7 (4.2%) | 0 (0%) |
| 7 | Assistance provided to care for the cord | 13 (7.5%) | 0 (0%) | 13 (100%) | 0 (0%) | 0 (0%) |
| 8 | Advice about care of the child during illness (N=1) | 1 (100%) | 0 (0%) | 1 (100%) | 0 (0%) | 0(0%) |
| 9 | Assistance provided when the child is ill (If child was never ill, write Not applicable/ Did not get help) (N=7) | 7 (100%) | 7 (100%) | 0 (0%) | 0 (0%) | 0 (0%) |
| 10 | Advice about neonatal checkups | 28 (16.27%) | 4 (14.3%) | 18 (64.3%) | 6 (21.4%) | 0 (0%) |
| 11 | Assistance during neonatal checkups | 168 (97.67%) | 13 (7.7%) | 146 (86.9%) | 8 (4.8%) | 1 (0.6%) |
| 12 | Assistance in bathing the new born | 170 (98.8%) | 2 (1.2%) | 148 (87.1%) | 16 (9.4%) | 4 (2.3%) |
| 13 | Assistance in changing baby’s clothes | 152 (88.37%) | 1 (0.6%) | 140 (92.1%) | 9 (5.9%) | 2 (1.4%) |
| 14 | Assistance in changing baby’s diapers | 146 (84.68%) | 2 (1.4%) | 132 (90.4%) | 9 (6.1%) | 3 (2.1%) |
| 15 | Advice about immunizing the child | 18 (10.4%) | 1 (5.6%) | 16 (88.8%) | 0 (0%) | 1 (5.6%) |
| 16 | Assistance provided when the child has to be immunized | 164 (95.34%) | 5 (3.1%) | 148 (90.2%) | 9 (5.5%) | 2 (1.2%) |

Table 3: Parity and social support

| | Total | Support for family planning N (%) | p value | Assistance provided in changing diapers N (%) | p value |
|-------------|-------|-----------------------------------|---------|---|---------|
| Primiparous | 92 | 63 (68.47%) | 0.035* | 88 (95.65%) | 0.027* |
| Multiparous | 80 | 67 (83.75%) | | 72 (90%) | |
| Total | 172 | 130 (75.58%) | | 160 (93.02%) | |

* p value < 0.05, statistically significant

components of newborn care was the parents of the post partum women. In addition to this, some of the post partum women also received a little support from the spouse and in-laws with regards to breastfeeding, keeping the baby warm, and bathing. Social support was lacking in the advice regarding keeping the baby warm (49.4%), cord care (7.5%), neonatal checkups (16.3%) and immunization of the newborn (10.4%).

Factors associated with social support:

Table 3 shows that primiparous women had less support for family planning as compared to multiparous women. This was found to be statistically significant (p value<0.05). However, as compared to multiparous women, primiparous women had significantly more assistance in changing the baby’s diapers. It may be seen from table 4, that women with higher education were significantly more likely to receive support for postnatal

visits and advice regarding daily supplements like calcium and iron tablets. There was no significant association between social support in the postnatal period and socio-economic status of the family, type of family the post natal woman lived in or the religion she followed.

Expectations of support in the post natal period (Figure 1)

Requirement for Social Support: Requirement for social support was divided into 3 subthemes to ascertain why post partum women thought it was necessary for them to receive support in the post partum period. In this theme the reasons why a post natal mother needed support and why a new born needed care were illustrated. Support was expected by the postnatal mothers. It was expressed as “Support is absolutely necessary”... “if they love us they will support us”...

“How we carefully take care of the baby, in the same way they should take care of us”.

Post partum women need support to cope with pain after delivery, for food, health issues, household chores, finances and to provide reassurance. The women mentioned...“if there is bleeding or other complications to tell us” ...“when we fall sick to take care of us”...“it will be difficult to get up, it becomes easy when they help” ...“to accompany us outside”.

The women felt that support is required to carry the baby, change and wash clothes, and take care when the baby is ill. Women said ...”For the first baby, no one will know how to hold and carry the baby if the baby is small and

Table 4: Education of the mother and social support (* p value < 0.05, statistically significant)

| Education of the mother (in years) | Total | Support provided for post natal visits N (%) | p value | Support provided in taking supplements N (%) | p value | Support provided in keeping the baby warm N (%) | p value |
|------------------------------------|-------|--|---------|--|---------|---|---------|
| <7 | 17 | 9 (60%) | 0.03* | 14 (60%) | 0.026* | 13 (73.4%) | 0.09 |
| 08-Dec | 114 | 101 (88.6%) | | 110 (96.49%) | | 111 (97.36%) | |
| 13-20 | 41 | 37 (90.2%) | | 41 (100%) | | 38 (92.68%) | |
| Total | 172 | 149 (86.6%) | | 165 (95.93%) | | 162 (94.2%) | |

we are scared”...“to help us give the baby a bath”...“to help in feeding the child properly”.

Sources of social support: The post natal women had social support mainly being provided by their own mother and next in line by the mother-in-law and husband. Others who provide support are “aunts”. Social organisations provide only financial support.

They mentioned...“in-laws don’t help, they help their own (children). Seeing the grandchild in the hospital is only a big thing for them”...“it will be good if husbands can care more for the child”...“Friends come to see the baby and make us happy” ...“whatever they (friends) know they will tell us” ...“sometimes they (friends) would have faced the same problems and can reassure us and help us”

Social support provided by the government: Women were asked about what government schemes were available for post natal mothers, how do they know about it and who have availed it. Govt schemes like “JSY, JSSK, Bhagyalakshmi” are available but were not used due to tedious effort involved. Of the 172 women, only 10 women (6%), availed these schemes i.e., four (2%) of them availed Bhagyalakshmi scheme, one (1%) availed JSSK and five (3%) of them availed JSY.

They said “people in the social groups like Mahila Mandali inform us about what all benefits are available for us.”

Discussion

Perceived social support is known to protect a woman’s mental health against physical and psychological disturbances associated with the postpartum period. This study was conducted with the intention of documenting the types and sources of social support available to women in rural India during the postpartum period. In the present study, the primary source of social support was the women’s parents. Women reported receiving all types of social support- emotional and financial, mainly from their parents, followed by their spouse. This could be because of the fact that in the Indian culture, women stay in the parents’ house in the postnatal period, and are dependent on them for their every need – emotional, financial and instrumental. It was found that the primary source of instrumental support (tangible aid/service) were

the parents followed by the in-laws. An extensive review of literature was not able to elicit findings from any similar studies, owing to a paucity of studies on the subject of social support for post partum mothers.

In the present study, higher parity of the mother was found to be significantly associated with support for family planning, whereas primiparous mothers were significantly more likely to have assistance to change the baby’s diapers. This could because multiparous women had completed their family leading to more support for family planning, but primiparous women had more support with changing diapers because of the fact that they were still not very good at handling the baby and the baby’s needs, as compared to multiparous women who had some past experience.

It was found that social support for the mother was lacking when it came to advice about danger signs in the postpartum period (postpartum haemorrhage, pregnancy induced hypertension, sepsis, mastitis, pain in the calf), where only 8% of the women had received this advice, either from a health provider or from parents. Also lacking was support for taking daily supplements like iron and calcium (26%) and for family planning (18%). Social support for the care of the baby was lacking in the advice regarding keeping the baby warm (49.4%), cord care (7.5%), neonatal checkups (16.3%) and immunization of the newborn (10.4%). These findings point to a lacuna in the knowledge regarding “essential postpartum and newborn care” among the families of these women. This indicates a need for educating the families of postpartum women, before their discharge from the health facility, regarding care of postpartum mothers and their newborns. The mothers’ educational status was significantly associated with support provided for postnatal visits and support provided for taking post natal supplements. This could be because the educated post partum mothers were better aware of the need for postnatal visits and also for the need to take supplements, and may have discussed these issues with their family members, resulting in better support. The proportion of mothers who availed government maternity benefit schemes was very low (6%). The lack of social support in availing these schemes indicate a need for better information dissemination to family members, in order for mothers to benefit from existing government programs.

In the focus group discussions the women felt that social support is absolutely necessary and that if their parents

love them, they will provide them with all the help and support they need. A study done in New York showed that support from family and spouse was expected and the women believed that their families and spouse should provide this support without asking¹⁰. A study done in post partum women to assess social support and its effect on post partum depression has shown that the varieties of social support that a woman receives is important in reducing her chances of developing post partum depression¹¹.

Overall, the parents of the women in this study, were the primary source of all types of social support during the postpartum period. This could be because post natal women stayed in their parents' house post-delivery and the parents were obliged to look after their children and the grandchild, and this limited the time spent with the husband and resulted in a perception of poorer social support from their own husband and in-laws.

Conclusion:

The primary source of social support for post partum mothers were their parents. Cultural practices of staying in the parental home make women more dependent on their parents. Women reported receiving all types of social support. Emotional and financial support was mainly from the parents, followed by the spouse. The primary source of instrumental support (tangible aid/service) was the parents followed by the in-laws. Social support for the mother was lacking in the areas of family planning, advice regarding danger signs, taking daily iron and calcium supplements, keeping the child warm, neonatal check-ups, cord care, immunisation, as well as in utilisation of government maternity benefit schemes. This indicates a need for better information dissemination regarding care of mother and baby, to all the family members and the accompanying care takers during the antenatal period and also before the mother is discharged from the health facility.

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