



December 2021
Volume 11 • Issue 1

PRAMS Brief

Oklahoma Pregnancy Risk Assessment Monitoring System

OKLAHOMA FAST FACTS

SOCIAL SUPPORT AMONG OKLAHOMA MOTHERS: 2016-2019

IF THEY NEEDED IT:

90.0%

Of mothers had someone to help if they were tired & feeling frustrated with the new baby

89.6%

Had someone to talk with about their problems

89.2%

Had someone to help them if they were sick & needed to be in bed

88.2%

Had someone to take care of their baby

82.1%

Had someone to loan them \$50

MOTHERS

- With Higher Education
- With Higher Income
- Who Were Married

Reported higher rates of social supports available



Relationships can have a major impact on health and well-being. Healthy People 2030 highlights this within the Social Determinants of Health (SDOH) area of Social and Community Context.¹ SDOH are the non-medical factors that influence health outcomes.² One of these factors is social support.

The American Psychological Association defines social support as “the provision of assistance or comfort to others, typically to help them cope with biological, psychological, and social stressors”³ and notes that it is beneficial in several ways, including helping improve coping mechanisms, self-esteem, and sense of autonomy.⁴ Moreover, poor social support may have harmful consequences while strong social support has protective effects on both physical and psychological health.⁵

This is exceptionally significant among the maternal and child population since the physical and psychological health of the mother can affect the life course of both mother and child. This study uses PRAMS data to examine social support availability of new mothers.

Oklahoma PRAMS data from 2016-2019 were used for this analysis. Social support questions in PRAMS were examined across various demographics, including race and Hispanic origin, educational attainment, socioeconomic status, marital status, and area of residence. Mothers were asked *if they needed it*, did they have someone to: 1) loan them \$50; 2) help them if they were sick and needed to be in bed; 3) talk with about their problems; 4) take care of their baby; 5) help if they were tired and feeling frustrated with their new baby. Data weighting procedures and detailed methodology for PRAMS are described elsewhere.⁶ Of the 11,410 mothers surveyed, 6,182 responded yielding a weighted response rate of 56.1%.

Overall, 90% of mothers reported that they had someone to help them if they were tired and feeling frustrated; this was the highest among the areas of support examined (**Figure 1**). Nearly 90% of mothers said they had someone to talk with about their problems and just over 89% said they had someone to help them if they were sick and needed to be in bed (89.6% and 89.2%, respectively). Of the mothers surveyed, 88.2% stated they had someone to take care of their baby. The lowest amount of support was having someone to loan them \$50 at 82.1%.

Figure 1. Types of Support for Mothers after the Birth of Baby: Oklahoma PRAMS 2016-2019

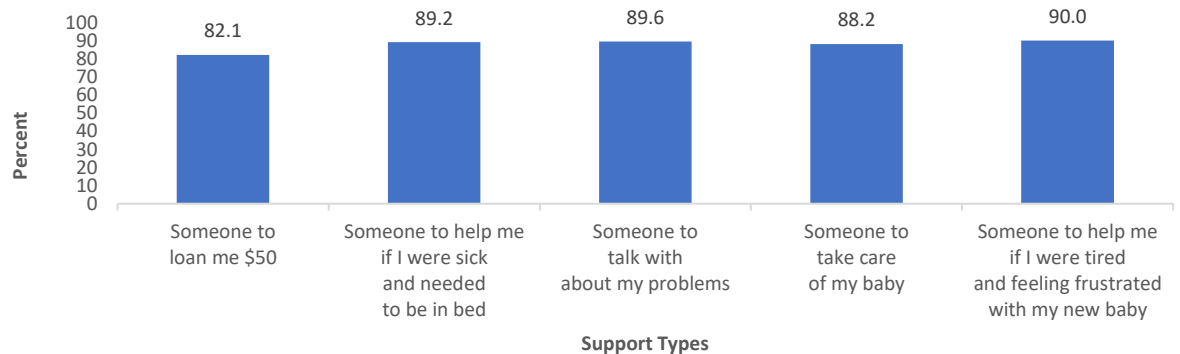
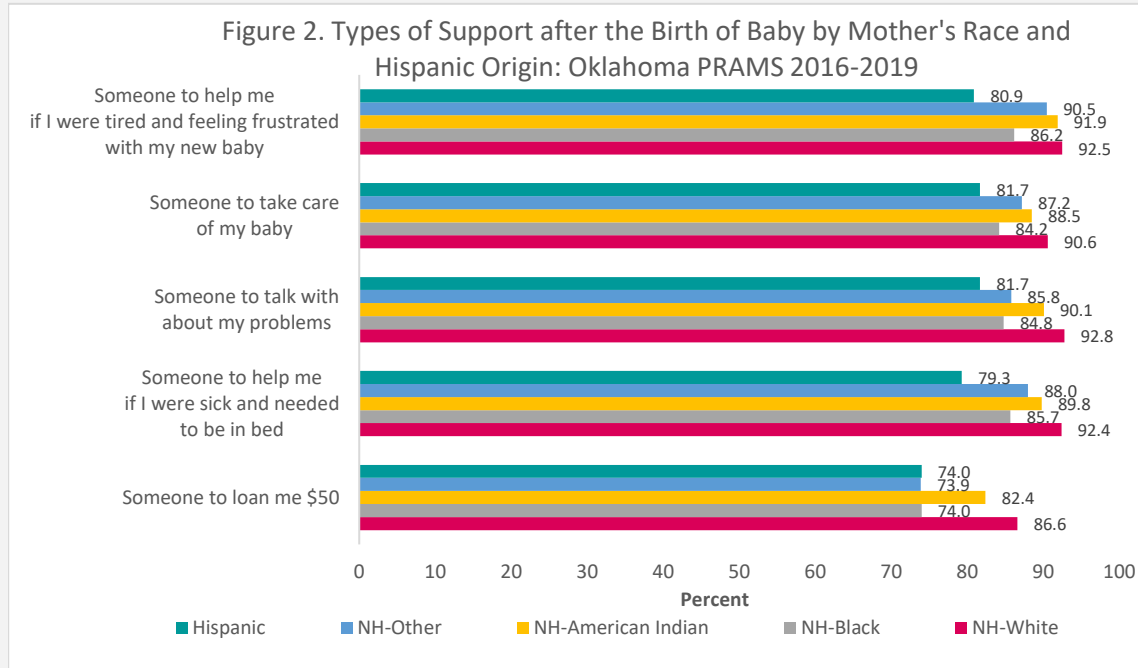


Figure 2 shows that Non-Hispanic (NH) White mothers reported the highest rates of support available across all racial and Hispanic origin groups. NH-American Indians reported the second highest rates of support. NH-Others also reported overall higher rates of support than did NH-Blacks and Hispanics.



Educational attainment

Mothers with more than a high school education reported higher rates of support available than did mothers with less educational attainment (*data not shown*).

Socioeconomic status

Mothers who were at or below 200% of the federal poverty level (FPL) were less likely to have supports available than those mothers above 200% FPL (*data not shown*).

Marital status

Mothers who were married reported higher rates of support available than those who were not married (*data not shown*).

Area of residence

Results based on rural or urban residence were mixed. While urban mothers reported higher rates of support available for having someone to talk to about their problems and someone to loan them \$50, rural mothers reported higher rates in the other support area types (*data not shown*).

There are limitations to this study. All responses were self-reported and subject to recall bias. High rates of overall social support may be due to an over-representation of certain types of responders (such as those mothers with higher levels of education). Additionally, PRAMS asks about specific types of support, which may not encompass other types to which mothers have access. Moreover, the PRAMS question focuses on types of support available and not necessarily if that support was or would be utilized. The study also only takes into account those mothers who would see these supports as a need.

This study showed that PRAMS social support indicators differ among demographic groups for new mothers in Oklahoma, especially racial and Hispanic origin groups. Because social support has relevance to both physical and psychological health, these disparities have implications across the life course for the MCH population. Identifying the types of social support that Oklahoma mothers have is important for tailoring SDOH-related interventions in order to influence health outcomes.

I've had two pregnancies without a support system & this one with support - it's like night & day. Look for support or don't be afraid to ask for help.
-PRAMS mom

PRAMS is a population-based surveillance system about maternal behaviors and experiences before, during, and after pregnancy. Approximately 250 mothers are selected to participate in Oklahoma each month. Mothers are sent up to three mail questionnaires in English or Spanish seeking their participation, with follow-up phone interviews for non-respondents.

Information included in the birth registry is used to develop analysis weights that adjust for probability of selection and non-response. Prevalence rates were calculated using SAS callable SUDAAN. PRAMS 2016-2019 had a response rate of 56.1%.

Special assistance for this Brief was provided by Ayesha Lampkins, MPH; Binitha Kunnel, MS; and James Craig, MSW, LCSW.

Funding was made possible by PRAMS, grant number U01DP006591, and by the Maternal and Child Health Bureau, Department of Health and Human Services, Maternal and Child Health Services Title V Block Grant.

This publication was issued by the Oklahoma State Department of Health (OSDH), an equal opportunity employer and provider. A digital file has been deposited with the Publications Clearinghouse of the Oklahoma Department of Libraries. Copies have not been printed but are available for download at www.health.ok.gov | Issued Dec 2021

REFERENCES

1. Healthy People 2030. (2020). *Social determinants of health: Social and community context*. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/social-and-community-context>
2. World Health Organization. (2019, May 30). *Social determinants of health*. https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1
3. American Psychological Association. (n.d.) APA dictionary of psychology: Social support. <https://dictionary.apa.org/social-support>
4. American Psychological Association. (2019, October 8). Manage stress: Strengthen your support network. <https://www.apa.org/topics/stress/manage-social-support>
5. Ozbay, F., Johnson, D. C., Dimoulas, E., Morgan, C. A., Charney, D., & Southwick, S. (2007). Social support and resilience to stress: from neurobiology to clinical practice. *Psychiatry (Edmont (Pa. : Township))*, 4(5), 35–40. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2921311/>
6. Shulman, H., D'Angelo, D., Harrison, L. Smith, R. & Warner, L. (2018, May 4). The Pregnancy Risk Assessment Monitoring System (PRAMS): Overview of design and methodology. *American Journal of Public Health Research and Practice*: e1-e9

For More Information

Visit PRAMS.health.ok.gov
 or email
Prams@health.ok.gov

To Receive Future PRAMS Briefs

Click on the link below
[Sign-up](#)