

A comparison of social competence, perceived social support, psychological well-being and self-efficacy sense among women seeking abortion and women non-seeking abortion

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Abstract

This study is done in order to compare social competence, perceived social support, psychological well-being and sense of self-efficacy between women who seeking abortion and who are not. The method of this study is a comparison, so that 50 women of seeking abortion who went to Obstetrics and Gynecology Clinic in Tehran compared with 50 women who are not. They were selected in sampling for being available and purposive and we made a comparison between them. Data were analyzed using multiple variance analysis.

The tools using for this study was social competence, perceived social support, psychological well-being and self- efficacy questionnaire. Findings show that there is a meaningful relation between social competence, perceived social support, psychological well-being and self- efficacy of women seeking abortion and women who are not. The women seeking abortion have less perceived social support and self-efficacy in comparison with the ones who are not. Also, social competence and psychological well-being of women seeking abortion is higher than they are not.

Keywords: Social competence; perceived social support; psychological well-being; self-efficacy; abortion.

Introduction

Social competence is one of the fundamental structures of mental health that in studying it the individual-environment exchanges with the ecological order and arrangement of growth should be considered. Also, this construct is composed of four categories which are cognitive, behavioral, emotional and motivational skills. Each of these skills is a set of components or elements (Felner et al, 1990). Perceived social support considers the support in terms of cognitive evaluation of individual from environment and his relationship between with others. The theorist of perceived social support state that all relations of an individual with others is considered as social support. In other words, relationships aren't a source of social support, unless the individual perceives them as an available or suitable source to meet its own needs (Streeter et al., 1992; Ghaedi and Yaghubi, 2009). One of the consequences of perceived social support is mental health. The relationship between social support and mental health has been studied extensively. Several studies show that having optimal social support directs the individual toward physical and mental health (Cohen, Wales, 1985; Roberts, Gottlieb, 1997; Ryan, Deci, 2001). Personal well-being is composed of a number of signs that indicate the presence or absence of positive feeling toward life. Personal well-being can be assessed through three measures: the presence of positive emotions, absence of negative emotions and life's satisfaction measure (Keyes, 2002). Abortion is one of the most problematic and challenging issues of new communities. The abortion is referred to as the termination of pregnancy before the fetus have the ability to live outside the womb. Usually this occurs before the Despite the abortion is illegal, it is done frequently and unsafely. In other words, mothers sacrifice their own life and health following unwanted and unplanned pregnancies. This affects the family and community health (Milani, 2006). Making decision on abortion can have multiple causes: poverty, lack of social and family support are the most important factors of this decision. Nowadays, 66 percent of couples in Western countries consider the appropriate age for childbearing when they have the readiness of developing and a new baby emotionally and financially. Other group of women makes such decisions due to severe physical problems and diseases and the probability of bearing an abnormal baby. Also, about 13,000 women do abortion after rape and sexual abuse (WHO, 2005). In this study, we have tried to study social competence, perceived social support, self-efficacy and psychological well-being among women seeking abortion and women non-seeking abortion.

Research method:

The research design of this study is comparative-causal one. The statistical population of this study included all pregnant women attending Gynecology in one the Gynecology and Obstetrics clinics of Tehran's West Town, who were about 1,500 people in the first six months of the year. Sampling is done by Convenience method. In the present study, sample consisted of 100 pregnant women (50 women who wanted to do abortion and 50 women who didn't want to do abortion). Then the questionnaires of social competence, perceived social support (Mspss), Ryff psychological well-being (RSPWB-18) and Sherer's general self-efficacy was distributed between sample. Social competence questionnaire includes the four dimensions of behavioral,

cognitive, emotional and motivational skills. In addition, it is a measurement tool with 47 items. To estimate the reliability of the scale, Cronbach's alpha coefficient and correlation coefficient were used. (Prendin, 2006). The alpha coefficient obtained was equal to 0.88. Scale of Perceived Social Support is a tool with 12 phrases that has three domains of family, friends and important people. Alpha coefficient of whole test is equal to 0.91 and alpha coefficient of its subscales is in the range 0.90 to 0.95. The scale of psychological well-being includes 6 items and internal consistency of test is about 0.50. Scherer's self-efficacy questionnaire includes 17 questions.

Findings:

In this study, among 50 women who wanted to do abortion, 32 people were undergraduate, 8 people were graduate and 10 people were post graduate students. Among women non-seeking abortion, 28 people were undergraduate, 14 people were graduate and 8 people were post-graduate students. In terms of marital status, among women seeking abortion 37 people were married and 13 people were single. All those women non-seeking abortion were all married.

Table 1. The values of mean and standard deviation of perceived social support, self-efficacy and social competence, psychological well-being and its subscales based on women seeking and non-seeking abortion

Variable/Index	Number	women non-seeking abortion		Women seeking abortion	
		mean	standard deviation	mean	standard deviation
Perceived Social Support	50	73/50	8.1	35.24	9.07
Self-efficacy	50	45.46	5.87	29.80	6.55
Social competence	50	144.86	3.29	243.68	28.52
Psychological well-being	50	84.68	7	68	7.23
Self-acceptance	50	15.60	2.33	15.46	1.85
Positive relations with others	50	14.80	2.52	9.74	2.25
Autonomy	50	1130	3.24	14.80	2.75
Dominance	50	12.40	3.45	9.32	2.76
Goal-oriented life	50	13.34	2.37	4.10	2.33
Personal growth	50	14.18	3.64	8.84	2.75

Results of Table 1 shows that perceived social support and self-efficacy of women seeking abortion is lower than that of women non-seeking abortion and social competence and psychological well-being of women seeking abortions is higher than that of women non-seeking abortion.

Table 2. Results of multivariate analysis of variance

Effect	Value	F	D/f	Error of d/f	Significance level	Effect size
Wilks Lambada	0.421	98.75	4	46	0.0001	0.986

As it is shown in Table (2), there is difference between perceived social support, social competence, self-efficacy sense and psychological well-being of women seeking abortion and women non-seeking abortion

Table (3): multivariate F values related to perceived social support, social competence, self-efficacy sense and psychological well-being of women seeking abortion and women non-seeking abortion

Source of change	Dependent variable	d/f	Total average	F	Significance	Effect size
Group	Social support	1	5.120	0.050	0.825	0.001
	Self-efficacy	1	3.306	0.075	0.785	0.002
	Social competence	1	209.247	0.253	0.617	0.005
	Psychological well-being	1	330.612	7.112	0.10	0.129
Error	Social support	48	103.417			
	Self-efficacy	48	43.806			
	Social competence	48	827.034			
	Psychological well-being	48	46.487			

As it is shown in Table 3, two groups were different in terms of perceived social support, self-efficacy, social competence and psychological well-being in multivariate tests. Perceived social support, self-efficacy and social competence of women seeking abortion is higher than that of women non-seeking abortion, but psychological well-being of women seeking abortion is higher than that of women non-seeking abortion.

Discussion and Conclusion:

The first hypothesis: there is difference between perceived social competence of women seeking abortion and women non-seeking abortion. The results of study showed that there isn't significant difference between perceived social competence of women seeking abortion and women non-seeking abortion. In relation to social competence in women seeking abortion, no research was

found. In explaining this hypothesis, it can be stated that since in this study women seeking abortion are employed (considering that by social competence we mean social interaction i.e. getting skills, abilities and capacities that include cognitive, social, emotional and motivational skills) and since social competence includes those information and skills that makes the individual to do job duties and communication, it seems that the social competence of women seeking abortion to be higher than that of women non-seeking abortion. The second hypothesis: there is difference between perceived social support of women seeking abortion and women non-seeking abortion. The results of study showed that there isn't a significant difference between perceived social support of women seeking abortion and women non-seeking abortion. The researcher didn't find any relationship between perceived social support of women seeking abortion and women non-seeking abortion. In explaining this result, it can be stated that considering that perceived social support can be as financial support, emotional support, attachment support, information support, instrumental support and value support (Ahadi & Rabati, 2009). These types of perceived supports can be effective on the health of women through protecting individual against the negative effects of stress (pregnancy stresses).in this way, perceived social support can directly help a pregnant woman to keep her baby. The third hypothesis: there is difference between self-efficacy sense of women seeking abortion and women non-seeking abortion. There isn't a significant difference between self-efficacy sense of women seeking abortion and women non-seeking abortion. The researcher didn't find any study in relation to self-efficacy sense of women seeking abortion and women non-seeking abortion. However, by considering that self-efficacy has a fundamental role in accepting and maintaining the behaviors and it is the most important factor in changing the behavior (Bandura, 1997), and since pregnancy has many responsibilities for woman and self-efficacy sense brings more attempt, resistance and flexibility, the individuals with high self-efficacy believe that they can be affected by their own life events effectively and expect high success compared to those who have less self-efficacy (Fitzgerald, 1991). The fourth hypothesis: There is difference between psychological well-being of women seeking abortion and women non-seeking abortion. The results of study showed that there is a significant difference between psychological well-being of women seeking abortion and women non-seeking abortion and psychological well-being of women seeking abortion is higher than that of women non-seeking abortion. In explaining this hypothesis, the researcher didn't find any study related to women seeking abortion and women non-seeking abortion. However, by considering that one of the components of psychological well-being is compatibility and dominance on environment (Ryff, 1995), the attempts of individual should be in realizing the potential abilities and trying to promote the talents and personal capabilities.

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