

Perception of Spousal Support during Pregnancy, Nausea-Vomiting Experienced during Early Pregnancy and Related Factors: A Cross-Sectional Study

Gebelikte Eş Desteği Algısı, Erken Gebelik Döneminde Yaşanan Bulantı-Kusma ve İlgili Faktörler: Kesitsel Bir Araştırma

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ABSTRACT Objective: In this study, the effect of the perception of spousal support during pregnancy on nausea-vomiting experienced during early pregnancy was investigated. In addition, some factors that may be related to the perception of spousal support during pregnancy and nausea-vomiting experienced during early pregnancy were examined. **Material and Methods:** The study was cross-sectional. The study was conducted in the outpatient clinic of the gynecology and obstetrics department of a university hospital located in the Central Anatolia region of Türkiye. The sample of the study consisted of 308 pregnant women who came to the gynecology and obstetrics department of the hospital where the study was carried out for examination, were between the 4th-16th gestational weeks, were 19 years of age or older, married and living with their spouses. Data were collected using the Personal Information Form, Pregnancy-Unique Quantification of Emesis (PUQE-24) Scale and Perception of Spousal Support in Pregnancy Scale (PSSPS). **Results:** The mean age of pregnant women was 27.0±4.2 years. PSSPS total and subscale scores did not differ statistically among PUQE-24 Scale groups ($p>0.05$). There was a statistically significant difference between income status, duration of marriage, number of living children, pregnancy with assisted reproductive techniques and PSSPS total scores ($p<0.05$). According to the PUQE-24 Scale groups, no difference was found between the distributions of age, educational background, occupation, income status, duration of marriage, number of living children, planned pregnancy and pregnancy with assisted reproductive techniques ($p>0.05$). **Conclusion:** It was found that the perception of spousal support during pregnancy had no effect on mild, moderate or severe nausea-vomiting experienced during early pregnancy. In addition, it was determined whether some factors were related to the perception of spousal support during pregnancy and the nausea-vomiting experienced during early pregnancy. In line with the results obtained from this research, it is important for nurses to inform, provide counseling and plan appropriate interventions on the subject.

Keywords: Spouses; nausea; vomiting; pregnant women; nursing

ÖZET Amaç: Bu çalışmada, gebelikte eş desteği algısının erken gebelik döneminde yaşanan bulantı-kusma üzerine etkisi araştırıldı. Ayrıca gebelikte eş desteği algısı ve erken gebelik döneminde yaşanan bulantı-kusmayı ilgilendirebilecek bazı faktörler incelendi. **Gereç ve Yöntemler:** Araştırma kesitsel tipte yapıldı. Araştırma, Türkiye’de İç Anadolu Bölgesi’nde yer alan bir üniversite hastanesinin kadın hastalıkları ve doğum bölümü polikliniğinde yürütüldü. Araştırmanın örneklemini araştırmanın yapıldığı hastanenin kadın hastalıkları ve doğum bölümü polikliniğine muayene için gelen, 4-16. gebelik haftaları arasında olan, 19 yaş ve üzeri, evli ve eşi ile birlikte yaşayan 308 gebe oluşturdu. Veriler Kişisel Bilgi Formu, Gebeliğe Özgü Bulantı ve Kusma Şiddetinin Belirlenmesi [Pregnancy-Unique Quantification of Emesis (PUQE-24)] Ölçeği ve Gebelikte Eş Desteği Algısı Ölçeği (GEDAÖ) ile toplandı. **Bulgular:** Gebelerin yaş ortalaması 27,0±4,2 yıldı. GEDAÖ toplam ve alt boyut puanları PUQE-24 Ölçeği gruplarına göre istatistiksel olarak farklılık göstermedi ($p>0,05$). Gelir durumu, evlilik süresi, yaşayan çocuk sayısı, yardımcı üreme teknikleri ile gebe olma durumu ile GEDAÖ toplam puanları arasında istatistiksel olarak fark bulundu ($p<0,05$). PUQE-24 Ölçeği gruplarına göre yaş, öğrenim durumu, meslek, gelir durumu, evlilik süresi, yaşayan çocuk sayısı, planlı gebelik olma durumu ve yardımcı üreme teknikleri ile gebe olma durumu dağılımları arasında bir fark bulunmadı ($p>0,05$). **Sonuç:** Gebelikte eş desteği algısının erken gebelik döneminde yaşanan bulantı-kusma üzerinde bazı faktörlerin ilgili olup olmadığı tespit edildi. Bu çalışmadan elde edilen sonuçlar doğrultusunda hemşirelerin konu hakkında bilgilendirme yapması, danışmanlık vermesi ve uygun müdahaleleri planlaması önemlidir.

Anahtar Kelimeler: Eşler; bulantı; kusma; gebe kadınlar; hemşirelik

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Pregnancy is a significant process in which anatomical, physiological, psychological and biochemical changes occur.¹ These changes experienced with pregnancy can lead to some complaints in pregnant women.² One of these changes and complaints of unknown etiology that occur during pregnancy is nausea-vomiting (NV), which is common in early pregnancy.³⁻⁵ Symptoms occur predominantly in the first trimester. However, there is a wide range of severity in terms of duration and acuteness of symptoms throughout pregnancy.^{6,7} NV throughout early pregnancy significantly reduces the quality of life of pregnant women and has negative effects on their mental state.⁸⁻¹⁰

It is known that there are many coping methods for NV during pregnancy.^{7,11} In this process, the presence and adequacy of social support is also important in enabling pregnant women to cope with the problems experienced during pregnancy and for their well-being.^{12,13} In this respect, it is thought that partner or spouse support remains the top source of social support and is more effective.¹⁴ Although many conditions that affect, cause or are risk factors for experiencing NV during early pregnancy have been identified in the literature, no research has been found to address the effect of the perception of spousal support during pregnancy.^{15,16} Therefore, in this study, the effect of the perception of spousal support during pregnancy on NV experienced during early pregnancy was investigated. In addition, some factors that may be related to the perception of spousal support during pregnancy and NV experienced during early pregnancy were examined.

MATERIAL AND METHODS

RESEARCH DESIGN AND SAMPLE SIZE

The research was cross-sectional. The research was carried out in the outpatient clinic of the gynecology and obstetrics department of a university hospital located in the Central Anatolia region of Türkiye between 15 January-15 May 2023. The study sample consisted of pregnant women who came for examination, were between the 4th-16th gestational weeks, were 19 years of age or older, married and living with their spouses. Pregnant women with psychiatric/psy-

chological illnesses/problems, systemic or chronic diseases, conditions other than pregnancy that cause NV (gastritis, etc.), visual/hearing problems, as well as those of foreign nationality, on medication for NV, included in risky pregnancy category (risk of miscarriage, etc.), with risky condition in the fetus (congenital anomaly, etc.) were excluded from research. The inclusion and exclusion criteria for this study were created by taking into account the factors deemed appropriate for the purpose of the relevant research.

Since there is no research in the literature with a similar research design and purpose as this study, the sample size of the study was calculated using G*Power (Version 3.1.9.2, Heinrich-Heine-University Düsseldorf, Germany) software. In calculating the sample size, the effect sizes suggested by Cohen were taken into account.¹⁷ Accordingly, the sample size was calculated as 252 in order to determine the difference between the Pregnancy-Unique Quantification of Emesis (PUQE-24) Scale groups in the Perception of Spousal Support in Pregnancy Scale (PSSPS) scores with an effect size of 0.25, 5% Type I error, and 95% power. It was anticipated that approximately 20% of data would be lost in the study, and 308 pregnant women were studied in the study.

DATA COLLECTION TOOLS

Personal Information Form, PUQE-24 Scale and PSSPS were used for data collection.

Personal Information Form

The form prepared by the researchers in line with the literature included questions regarding descriptive characteristics.^{18,19}

Pregnancy-Unique Quantification of Emesis (PUQE-24) Scale

This scale was developed by Koren et al. to assess pregnancy-specific NV within last 12 hours. It was subsequently updated by Ebrahimi et al. to cover a period of last 24 hours. The scale consists of 3 questions. In the PUQE-24 Scale, the total score is defined as mild if 3-6, moderate if 7-12, and severe if 13-15. It has a single factor structure. Its Turkish validity and reliability research was carried out by Yilmaz et al. In the Turkish version, the Cronbach's alpha co-

efficient is 0.75.²⁰⁻²² In the current research, the Cronbach's alpha coefficient is 0.780.

Perception of Spousal Support in Pregnancy Scale (PSSPS)

The scale was developed by Yurdakul et al. PSSPS consists of three subscales: cognitive, emotional, and material. There are 16 items in the scale. The scale is scored between 16 and 80. Higher scores indicate higher level of perceived spousal support during pregnancy, whereas lower scores indicate lower level of perceived spousal support. Cronbach's alpha coefficient was 0.911 for the Cognitive subscale, 0.729 for the Emotional subscale, 0.678 for the Material subscale and 0.893 for the whole scale.¹⁴ In the present research, the Cronbach's alpha coefficient is 0.948 for the Cognitive subscale, 0.893 for the Emotional subscale, 0.917 for the Material subscale, and 0.966 for the whole scale.

DATA COLLECTION

Data were collected during a time period when pregnant women were available. Face-to-face interview was used while collecting the data. Personal information form, PSSPS and PUQE-24 Scale were applied to the pregnant women.

DATA ANALYSIS

IBM SPSS Statistics Standard Concurrent User V 26 statistical package program (IBM Corp., Armonk, New York, USA) was used in the analysis of the data. Shapiro-Wilk test of normality was used. Descriptive statistics, Mann-Whitney U test, Kruskal-Wallis test, Dunn-Bonferroni test, Spearman correlation analysis and Fisher exact test were used in the analysis of the data. $p < 0.05$ was accepted statistically significant.

ETHICAL APPROVAL

Ethical approval was obtained from the Ethics Commission of Yozgat Bozok University (date: June 24, 2022; no: 34/02) and institutional permission was obtained to conduct the study. The purpose of the study was explained to the pregnant women and an Informed Voluntary Consent Form was signed. The research was done following the principles of the Declaration of Helsinki.

RESULTS

The mean age of pregnant women was 27.0 ± 4.2 years. Of the pregnant women, 48.1% had a bachelor's degree, 64.0% were housewives, and 61.3% had an income equal to their expenses. The duration of marriage was 0-2 years in 52.6% of the pregnant women, 61.4% had no children, 82.5% had planned pregnancies, and 4.9% were pregnant with assisted reproductive techniques (Table 1).

While the score of the PUQE-24 Scale was 6.3 ± 2.9 , the PSSPS total score was 62.1 ± 28.7 . The

TABLE 1: Descriptive characteristics of pregnant women (n=308).

Variables	Test statistics	
	Mean±SD	Minimum-Maximum
Age (years)	27.0±4.2	19-41
	n	%
Educational background		
Primary school	25	8.1
High school	101	32.8
Associate degree	18	5.8
Bachelor's degree	148	48.1
Postgraduate degree	16	5.2
Profession		
Housewife	197	64.0
Laborer	66	21.4
Civil servant	45	14.6
Income status		
Income more than expenditure	56	18.2
Income equal to expenditure	189	61.3
Income less than expenditure	63	20.5
Duration of marriage		
0-2 years	162	52.6
3-5 years	91	29.5
6-8 years	36	11.7
9 years and above	19	6.2
Number of living children		
No	189	61.4
1	91	29.5
2 and above	28	9.1
Planned pregnancy		
Yes	254	82.5
No	54	17.5
Pregnancy with assisted reproductive techniques		
Yes	15	4.9
No	293	95.1

SD: Standard deviation.

TABLE 2: Statistics of the scales used in the research.

	Mean±SD	Median (Minimum-Maximum)
PUQE-24	6.3±2.9	6.0 (3.0-15.0)
PSSPS		
Total	62.1±28.7	68.0 (16-80)
Cognitive	22.1±7.7	24.0 (6.0-30.0)
Emotional	19.3±5.6	21.0 (5.0-25.0)
Material	20.6±5.5	23.0 (5.0-25.0)

SD: Standard deviation; PUQE-24: Pregnancy-Unique Quantification of Emesis; PSSPS: Perception of Spousal Support in Pregnancy Scale.

score of the PSSPS sub-dimensions was 22.1±7.7 for the cognitive sub-dimension, 19.3±5.6 for the emotional sub-dimension, and 20.6±5.5 for the material sub-dimension (Table 2).

Age was not correlated with the PSSPS total scale and subscale scores of the pregnant women. The total scale and subscale scores from PSSPS did not differ in terms of educational background and planned pregnancy status of the pregnant women ($p>0.05$). While the Material subscale scores of the pregnant women whose occupation was laborer were higher than those of the pregnant women whose occupation was housewife, the PSSPS total and Cognitive and Material subscale scores of the pregnant women whose income was higher than their expenses were higher. Pregnant women who had been married for 0-2 years had higher PSSPS total scores than those who had been married for 6-8 years and higher scores in Emotional subscale than those who had been married for 3-5 years. Pregnant women without living children had higher PSSPS total and subscale scores than those with 1 child or 2 and more children. The PSSPS total score of those who were pregnant with assisted reproductive techniques was higher than those who were not ($p<0.05$) (Table 3).

Among the PUQE-24 Scale groups, there was no difference with regard to age, educational background, occupation, income status, duration of marriage, number of living children, planned pregnancy and pregnancy with assisted reproductive techniques ($p>0.05$) (Table 4).

PSSPS total and subscale scores did not differ statistically among PUQE-24 Scale groups ($p>0.05$) (Table 5).

DISCUSSION

In this study, findings were obtained regarding the effect of the perception of spousal support during pregnancy on NV experienced during early pregnancy. Additionally, findings were found regarding some factors that may or may not be related to the perception of spousal support during pregnancy or NV experienced during early pregnancy. These findings were discussed in light of the limited literature.

In the study sample of the present research, there was no statistically significant correlation between age and PSSPS total and subscale scores of the pregnant women. Besides, there is no statistically significant difference in terms of educational background and planned pregnancy status. This result shows that pregnant women's perception of spousal support is not related to age, educational background and planned pregnancy status in this study. However, in contrast to this study, in another study conducted by Yüksesal and Yurdakul, it was reported that the spousal support scores of pregnant women different depending on age, educational background and planned pregnancy status.²³ In a study conducted by Özbek and Beydağ on high-risk pregnant women, it was reported that the spousal support score of pregnant women with higher education level and planned pregnancy was higher.²⁴

In this study, the Material subscale score of the pregnant women whose occupation was laborer was statistically higher than that of those whose occupation was housewife, while the PSSPS total and Cognitive and Material subscale scores of the pregnant women whose income was higher than their expenses were statistically higher. This result may suggest that pregnant women who are employed in a job with a financial income and who have better economic conditions have a higher level of perceived spousal support. In support of this research, Özbek and Beydağ reported that high-risk pregnant women who were employed and whose income was higher than their expenses had higher spousal support scores.²⁴

In this research, the PSSPS total score of the pregnant women who had been married for 0-2 years was statistically higher than those who had been mar-

TABLE 3: Comparison of characteristics of the pregnant women by PSSPS scores.

Variables	PSSPS							
	Total		Cognitive		Emotional		Material	
Age (years)								
<i>rho; p</i>	-0.063; 0.269		-0.065; 0.258		-0.071; 0.308		-0.056; 0.328	
Educational background								
Primary school	61.0	(33.5)	20.0	(16.5)	19.0	(8.5)	22.0	(13.5)
High school	68.0	(24.0)	24.0	(12.5)	21.0	(7.5)	23.0	(6.0)
Associate degree	74.0	(14.5)	28.5	(10.3)	22.5	(5.8)	24.0	(2.5)
Bachelor's degree	69.0	(25.0)	25.0	(12.5)	21.0	(7.0)	23.0	(6.8)
Postgraduate degree	65.0	(19.3)	23.5	(10.0)	19.5	(8.0)	22.0	(7.5)
<i>H; p</i>	6.843; 0.144		8.068; 0.089		6.510; 0.164		3.557; 0.469	
Profession								
Housewife	68.0	(25.5)	23.0	(13.5)	20.0	(8.0)	23.0	(8.0) ^a
Laborer	70.0	(18.5)	25.0	(11.0)	22.0	(7.0)	24.0	(4.0) ^b
Civil servant	68.0	(27.0)	25.0	(12.0)	21.0	(10.0)	23.5	(7.0) ^{ab}
<i>H; p</i>	3.452; 0.178		1.368; 0.505		3.128; 0.209		8.307; 0.016	
Income status								
Income more than expenditure	74.0	(21.7) ^a	28.0	(11.0) ^a	22.0	(7.7)	24.0	(4.0) ^a
Income equal to expenditure	68.0	(25.0) ^b	23.0	(13.0) ^b	21.0	(8.0)	23.0	(7.0) ^{ab}
Income less than expenditure	68.0	(27.0) ^b	24.0	(13.0) ^b	20.0	(8.0)	22.0	(8.0) ^b
<i>H; p</i>	6.987; 0.030		7.023; 0.030		3.483; 0.175		6.622; 0.036	
Duration of marriage								
0-2 years	71.0	(18.2) ^a	26.0	(11.0)	22.0	(6.0) ^a	23.0	(5.0)
3-5 years	64.0	(31.0) ^{ab}	23.0	(14.0)	19.0	(11.0) ^b	22.0	(9.0)
6-8 years	61.5	(25.5) ^b	22.0	(9.7)	19.5	(7.7) ^{ab}	21.0	(10.2)
9 years and above	70.0	(38.0) ^a	26.0	(20.0)	23.0	(9.0) ^a	24.0	(8.0)
<i>H; p</i>	10.185; 0.017		7.332; 0.062		12.466; 0.006		4.050; 0.129	
Number of living children								
No	71.0	(17.5) ^a	26.0	(11.0) ^a	22.0	(6.0) ^a	24.0	(4.5) ^a
1	62.0	(33.0) ^b	22.0	(15.0) ^b	19.0	(10.0) ^b	21.0	(12.0) ^b
2 and above	56.5	(35.0) ^b	19.5	(19.2) ^b	17.5	(9.5) ^b	20.5	(11.7) ^b
<i>H; p</i>	16.116; <0.001		14.492; 0.001		14.369; 0.001		16.069; <0.001	
Planned pregnancy								
Yes	70.0	(24.2)	25.0	(12.0)	21.0	(8.0)	23.0	(6.0)
No	60.4	(24.2)	21.0	(13.0)	19.5	(7.2)	21.0	(8.2)
<i>z; p</i>	1.786; 0.074		1.662; 0.097		1.399; 0.162		1.901; 0.057	
Pregnancy with assisted reproductive techniques								
Yes	74.0	(17.0)	28.0	(4.0)	24.0	(8.0)	25.0	(5.0)
No	68.0	(25.0)	24.0	(13.5)	21.0	(8.0)	23.0	(7.0)
<i>z; p</i>	2.020; 0.043		1.887; 0.059		1.877; 0.061		1.396; 0.163	

Statistics for variables (excluding age) are given as median (interquartile range) values. rho: Spearman correlation analysis, z: Mann-Whitney U test, H: Kruskal-Wallis test, superscripts a and b indicate differences between categories in the same column. There is no statistical difference between categories with the same superscripts; PSSPS: Perception of Spousal Support in Pregnancy Scale.

ried for 6-8 years, and the emotional subscale scores were statistically higher than those who had been married for 3-5 years. PSSPS total and subscale scores of the pregnant women without living children were statistically higher than those with living chil-

dren. It is reported that newly married individuals meet their needs for intimacy, loving/being loved, belonging, support, trust and social approval by getting married.²⁵ In this respect, the results of this research may be attributed to the fact that in the first years of

TABLE 4: Comparison of characteristics of the pregnant women by PUQE-24 Scale group.

Variables	Mild		PUQE-24 Moderate		Severe	
	n	%	n	%	n	%
Age (years)	27.0	(5.0)	27.0	(5.0)	24.0	(7.0)
H; p	2.165; 0.339					
Educational background						
Primary school	14	(56.0)	11	(44.0)	0	(0.0)
High school	57	(56.4)	41	(40.6)	3	(3.0)
Associate degree	12	(66.7)	5	(27.8)	1	(5.5)
Bachelor's degree	79	(53.4)	64	(43.2)	5	(3.4)
Postgraduate degree	7	(43.8)	7	(43.7)	2	(12.5)
χ^2 ; p	6.129; 0.571					
Profession						
Housewife	106	(53.8)	83	(42.1)	8	(4.1)
Laborer	39	(59.1)	25	(37.9)	2	(3.0)
Civil servant	24	(53.3)	20	(44.5)	1	(2.2)
χ^2 ; p	0.819; 0.944					
Income status						
Income more than expenditure	37	(66.1)	19	(33.9)	0	(0.0)
Income equal to expenditure	97	(51.3)	83	(43.9)	9	(4.8)
Income less than expenditure	35	(55.6)	26	(41.3)	2	(3.1)
χ^2 ; p	5.165; 0.255					
Duration of marriage						
0-2 years	89	(54.9)	65	(40.1)	8	(5.0)
3-5 years	53	(58.2)	35	(38.5)	3	(3.3)
6-8 years	18	(50.0)	18	(50.0)	0	(0.0)
9 years and above	9	(47.4)	10	(52.6)	0	(0.0)
χ^2 ; p	3.590; 0.712					
Number of living children						
No	103	(54.5)	79	(41.8)	7	(3.7)
1	51	(56.0)	36	(39.6)	4	(4.4)
2 and above	15	(53.6)	13	(46.4)	0	(0.0)
χ^2 ; p	0.991; 0.919					
Planned pregnancy						
Yes	139	(54.8)	107	(42.1)	8	(3.1)
No	30	(55.6)	21	(38.9)	3	(5.5)
χ^2 ; p	1.105; 0.599					
Pregnancy with assisted reproductive techniques						
Yes	7	(46.7)	7	(46.7)	1	(6.6)
No	162	(55.3)	121	(41.3)	10	(3.4)
χ^2 ; p	1.374; 0.455					

Statistics for age are given as median (interquartile range) values. χ^2 ; Fisher exact test, H: Kruskal-Wallis test; PUQE-24: Pregnancy-Unique Quantification of Emesis.

marriage, the number of people in the family and the responsibilities that may arise within the family may be less and the spouses may share more with each other.

In this study, the PSSPS total score of those who were pregnant with assisted reproductive tech-

niques was statistically higher than those who were not. Infertility is a challenging process that negatively affects both sexes psychologically, physiologically and socially.²⁶ In this respect, the result of this study may suggest that the spouses experience the pregnancy treatment process with assisted re-

TABLE 5: Comparison of PSSPS scores by PUQE-24 Scale group.

Variables	PUQE-24			Test statistics	
	Mild	Moderate	Severe	H value	p value
PSSPS					
Total	69.0 (23.5)	67.5 (28.5)	74.0 (56.0)	2.435	0.296
Cognitive	25.0 (12.0)	23.0 (12.0)	28.0 (21.0)	2.747	0.253
Emotional	21.0 (7.0)	20.5 (8.0)	23.0 (16.0)	1.420	0.492
Material	23.0 (5.0)	23.0 (8.0)	23.0 (17.0)	1.124	0.570

Statistics of variables are given as median (interquartile range) values. H: Kruskal-Wallis test; PSSPS: Perception of Spousal Support in Pregnancy Scale; PUQE-24: Pregnancy-Unique Quantification of Emesis.

productive techniques together and that they share in this process.

In this study, among the PUQE-24 Scale groups, there was no statistical difference with regard to age, educational background, occupation, income status, duration of marriage, number of living children, planned pregnancy and pregnancy with assisted reproductive techniques. This result suggests that these factors have no effect on mild, moderate and severe NV in early pregnancy. In support of this study, Kirathlı and Yavan reported that there was no difference between employment status and nausea, and between pregnancy with assisted reproductive techniques and presence of NV.¹⁸ However, Zhu et al. reported that there was no difference between pregnant women who did not have NV and those who had mild, moderate and severe NV in early pregnancy in terms of age, educational background and income level.²⁷

Pregnancy is an important experience for every woman. Along with the positive feelings that pregnancy brings, there are also discomforts caused by the physiological burden and psychological changes it brings. Adaptation to pregnancy and the changes it brings can be different for every woman. Social support systems are considered significant among the factors affecting women's adaptation to pregnancy.²⁸ In this study, PSSPS total and subscale scores did not differ statistically among PUQE-24 Scale groups. This result shows that the perception of spousal support during pregnancy does not have a positive or negative effect on NV experienced during early pregnancy. In this respect, it can be thought that the NV experienced by pregnant women during early pregnancy is not related to perceived spousal support.

CONCLUSION

In this study, PSSPS total and subscale scores did not differ statistically among PUQE-24 Scale groups. There was a statistically significant difference between income status, duration of marriage, number of living children, pregnancy with assisted reproductive techniques and PSSPS total scores. There was no statistical difference between the PUQE-24 Scale groups in terms of the personal characteristics of the pregnant women.

As a result of the findings obtained from this study, it can be thought that it will make a significant contribution to the literature in terms of determining whether the perception of spousal support during pregnancy is a factor on NV experienced during early pregnancy. It is also thought to be important in terms of identifying factors that may concern the perception of spousal support during pregnancy or NV experienced during early pregnancy. It is also thought that the results obtained from this research can constitute an important resource for nurses when providing information and consultancy on the subject. In addition, the results obtained from this research are also important for nurses to plan appropriate interventions on the subject.

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Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

Idea/Concept: Yeter Şener; **Design:** Yeter Şener, Yurdagül Günaydın; **Control/Supervision:** Yeter Şener, Yurdagül Günaydın; **Data Collection and/or Processing:** Yeter Şener, Yurdagül Günaydın; **Analysis and/or Interpretation:** Yeter Şener, Yurdagül Günaydın; **Literature Review:** Yeter Şener, Yurdagül Günaydın; **Writing the Article:** Yeter Şener, Yurdagül Günaydın; **Critical Review:** Yeter Şener, Yurdagül Günaydın; **References and Fundings:** Yeter Şener, Yurdagül Günaydın; **Materials:** Yeter Şener, Yurdagül Günaydın; **Diğer:** Yeter Şener, Yurdagül Günaydın.

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