

Influence of Social Media on Pregnant Women's Stress, Attitude and Fear toward Choice of Delivery Mode

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Abstract

Background: Pregnant women utilize the social networking sites and internet to complete some of pregnancy-related chores and to aid in making decisions about their pregnancy and delivery. **Aim:** current study is designed to evaluate the influence of social media on pregnant women's stress, attitude, and fear toward choice of delivery mode. **Research design:** descriptive cross-sectional research design was used. **Setting:** participants completed a one-time survey via Google Forms. **Sample:** 250 expectant mothers of varied gestational ages participated in the study. **Tools:** includes structured interviewing questionnaire, social media questionnaire, pregnancy worries and stress questionnaire, attitude towards mode of delivery, and fear of childbirth questionnaire. **Results:** fifty percent of the participants often utilized Facebook, whereas more than two-thirds turned to alternative techniques, such as a medical specialist. Overall social media score was positively associated with pregnancy worries and stress, childbirth fear, as well as attitude towards delivery mode. **Conclusion:** More than half of the participants reported moderate pregnancy worries and stress as well as moderate childbirth fear. However, more over three-quarters had a fair attitude towards delivery mode. **Recommendations:** Techniques for overcoming labor and childbirth fear, as well as birthing counseling on the fundamentals of labor and delivery preparation were suggested.

Keywords: social media, pregnant women's stress, attitude, fear of childbirth, mode of delivery.

Introduction:

The most crucial and difficult time for women who want to have children is during pregnancy. The pregnant women go through physical changes as which occur in body appearance, hormonal changes, and weight gain, also, psychological changes like stress, anxiety, and depression. Keeping a healthy lifestyle, take care of mental health, and retaining calmness can assist to have a happy and fulfilling pregnancy (Downe et al., 2018, and Zeeni et al., 2021).

In fact, social media significantly affects how many women experience their critical lifetimes, both positively and negatively. Social media is becoming a more important source of health knowledge and services for expecting mothers, particularly for self and infant care (Borge et al., 2017). Women are using digital technology and internet media to access formal and informal sources of health information including medical websites, Facebook groups, and special designed apps (Hayman et al., 2017).

The social media platforms' channels and prenatal groups appear to offer expecting

mothers the important graphical and written data regarding pregnancy, parenthood, humor, and social support (Chan and Chen, 2019). It can be challenging for people to determine the veracity of some information, though, because it may be anonymous, incomplete, informal, or unreferenced (Gagnon and Sabus, 2015).

Stress is the body's response to challenging situations and circumstances with a complicated pattern through a process of recognizing and responding to dangers and difficulties in the surrounding environment. Despite many people viewing pregnancy as a wonderful stage, in fact, it is a stressful and hard trip that requires a significant emotional adjustment in a reproductive women's life (Engidaw et al., 2019, Camacho-Morell, and Esparcia, 2020).

Worldwide, woman who is pregnant often experience stress as a mental health issue. Stress during pregnancy is linked to a number of undesirable adverse health and behavioral effects, including risk of gestational hypertension, low-birth-weight babies, which can finally result in neonatal mortality, cerebral palsy, developmental delays, visual and

auditory abnormalities, and blindness (**Sanli and Akbağ, 2022**).

International maternity health policy places a lot of emphasis on comprehending and addressing views and behaviors of women during pregnancy stage (**Moasheri et al., 2016**). A woman's ideas and opinions are tightly influenced by cultural and system-specific factors. The degree of intervention that the woman actively selects or passively accepts may depend on her views and ideas about giving birth (**Nasir and Amir, 2017**).

Social media information significantly affects how women perceive and react to labor pain, develop coping mechanisms, and engage in related behaviors. (**Faremi et al., 2014**). Women's perceptions and views about caesarean sections influence their choice of delivery method, which sometimes depends on cultural norms, social support, women's knowledge, and their attitudes rather than the state of their pregnancies (**Al Sulamy et al., 2019**).

For each pregnant woman, childbirth is multivariate and individual event. Phobia of childbirth known as "fear of childbirth" (FOC) results in extraordinarily high levels of anxiety. Due to concerns for the wellbeing of their unborn child, discomfort, feeling powerless, therapeutic complications, hospital setting, inexperienced health professionals throughout labor, and a lack of moral support, pregnant women frequently suffer fear of childbirth (**Nasr et al., 2020**).

Elective Caesareans, more labor analgesia usage, bad birth experiences, and emotional instability (e.g., post-traumatic stress symptoms) are all linked to severe FOC (**Stoll et al., 2015, Nilsson et al., 2018**). Prior research has identified several FOC risk variables in expectant mothers, such as maternal age, poor educational attainment, gestational age, parity, depression, social isolation, and lack of self-appreciation (**Rouhe et al., 2009, and Raisanen et al., 2014**).

Significance of the study

According to studies on the frequency of psychological stress in expectant mothers, clinically severe episodes of mental distress were seen in 13-25% of the women. (**Sanli and**

Akbağ, 2022). Today, there are more than 3.96 billion active users of social media globally. Women make up 77.5% of social media users (**Bouchrika, 2022**).

Pregnancy is a time of strong information searching and decision-making activities. Previously, these details were acquired via literature, family, peers, and healthcare professionals, but now, many pregnant women are turning to internet resources for a variety of healthy pregnancy tasks, like information searching, experience sharing, and decision-making, this turning is due to the innovation of smartphone applications and technology besides their frustration with the antenatal care scheduled appointments (**Oviatt and Reich, 2019**).

Social support is one advantage of social media that may be especially useful for reducing stress associated with pregnancy and having a happy outlook during it. Yet, social media may be harmful to a pregnant woman's physical and emotional health, especially if the material is provided by unreliable sources and not a healthcare provider (**Hayman et al., 2017**). This study was carried out because there is a lack of data on how social media affects pregnant women's stress levels, attitudes, and fear towards delivery mode.

Aim of the study

The present research aims at assessing the influence of social media on pregnant women's stress, attitude, and fear toward choice of delivery mode.

Research Questions:

- What are the levels of pregnant women's stress, attitude, and fear toward choice of delivery mode?
- Is there a relationship between pregnant women's stress, attitude, and fear toward choice of delivery mode?
- Is there an association between social media and pregnant women's stress, attitude, as well as fear toward choice of delivery mode?

Operational definitions:

Social media: may be roughly described as any platform for electronic communication where users can exchange knowledge,

concepts, opinions, and other types of content like pictures or videos.

Pregnancy stress: is described as an expectant mothers' imbalance brought on by her inability to manage expectations and concerns.

Attitude: Persons' thoughts, emotions, and reaction preparedness to a certain thing which might be either good or bad.

Childbirth fear: is a condition that affects uterine hormone levels rising and the emergence of obstetric problems. It is also described as unfavorable perceptions beginning in the prenatal period and continuing through delivery and the postnatal period.

Subjects and method

Setting of the study:

A cross-sectional questionnaire survey was employed in which individuals completed once one-time survey via the Google Form through this link [https:// forms. gle/ P4v9z6VbwVHTvosA7](https://forms.gle/P4v9z6VbwVHTvosA7). To recruit participants, researchers found some author pages who were willing to share study-related content on their social media profiles. These websites have been chosen because they have public pages, cover a variety of pregnancy-related topics, and have many followers.

Research design:

A descriptive cross-sectional research design was used in the present study. Cross-sectional designs are mostly used for population-based surveys and to assess the prevalence of diseases in clinic-based samples. They may also be useful for public health planning, monitoring, and evaluation. These studies can usually be conducted relatively faster and are inexpensive (Zangirolami-Raimundo et al., 2018).

Study subject:

An online survey tools were made available to a purposive sample. Women of various gestational ages were allowed taking part in the study. A sample for the study was selected according to some inclusion criteria which include a) 18 - 40 years of age or older, b) Having a mobile android device with Wi-Fi

accessibility, c) Using WhatsApp and Facebook applications, d) Having no psychological or medical health problems. Firstly, 500 women agreed to share in the study, but only 250 of them finally filled out the questionnaire (resulting in a final sample of 250).

Tools for Data Collection:

In the present research, five tools were utilized:

Tool (I): structured interviewing questionnaires:

A predesigned, validated questionnaire created by the researcher was used to analyze the study women's personal and pregnancy and labor history. It is divided into two sections: section I includes demographic data of women like; (age, educational level of the woman and her husband, residence, occupation, and family income). Section II includes pregnancy and labor history like; (parity, gravidity, current pregnancy stage, previous technique of childbirth, and complications of current pregnancy).

Tool (II): Social media questionnaire:

This tool was created by (Lupton et al., 2016, and Haslam et al., 2017) to evaluate the usage of social media during pregnancy. It comprises of 8 statements that discussed the respondent's perceptions, social comparisons, and subjective encounters made on social media. These questions included response options that ranged from "1" = never to "5" = always. The responses were added together to provide social media utilization scores that varied from 8 to 40. A higher score suggests the greater use of social media to support and learn about pregnancy. Scores below 21 indicate minimal use, 21 to 25 indicate moderate use, while scores over 25 indicate higher use.

Tool III: Pregnancy Worries and Stress Questionnaire (PWSQ):

This Questionnaire was adopted from (Navidpour et al., 2016); and used to examine the stressors associated with pregnancy. The PWSQ is 25 items that comprise six subcategories: six items for the mother's health, four items for childbirth, five items for the mother's experience of newborns'

health, five items for personal family, three items for personal-occupational, and two items for mother–newborn bonding. Each item was scored using a 5-point Likert scale, with 0 representing never and 4 representing always. Overall PWSQ score ranges from 0-100, with higher values reflecting more stress during pregnancy. The PWSQ score is displayed as follows: Low stress was designated as a score of 0–32, moderate stress as a score of 33–65, and high stress was decided when the score was 66 to 100.

Tool IV: Attitude towards mode of delivery:

Twenty questions were asked regarding the mother's attitude about the birth method in this tool created by **Ghotbi et al., (2014)**. Eight of the questions related to vaginal delivery and 12 to cesarean section. It was with a five-point Likert rating scale with the options; severely disagree (1), disagree (2), neutral (3), agree (4), and strongly agree (5). A total attitude score could be between 20 and 95, scores that are higher indicate a more negative attitude. The following attitude level was displayed: scores between 57 and 68 are regarded neutral, scores above 68 are considered negative, while scores below 57 are considered positive attitudes.

Tool V: Fear of Childbirth Questionnaire (FCQ):

FCQ was designed by **(Slade et al., 2021)**; to measure how much anxiety and terror women are experiencing regarding the upcoming birth introducing new 20-items; the prior pool of 49 items was replaced by the new 20-item one. Three more elements were added to the scale's tail to determine the FCQ's frequency and intensity. Firstly, "Have any of the points mentioned above really bothered you over the past 2 weeks". If 'yes' women are questioned, 'how often and how much have they bothered you?' next women are questioned "whether they would like support?"

Instead of utilizing a sliding scale, the measure was created using a "point" scale, where greater sentiments are expressed by a larger number. A 4-point Likert scale was used to score the questionnaire: severely disagree (zero), somewhat disagree (1 point), somewhat agree (2 points), and strongly agree (3 points). A total score was calculated, and a higher

number denoted a higher degree of fear. Scores can vary from 0 to 60; a score below 30 indicates low fear, 30 to 39 as moderate fear, and more than 39 as severe fear.

- The study tools were translated into Arabic by a qualified expert translator and retranslated by a skilled independent multilingual member of the population.

Study tools' Validity:

The face validity of the currently available research instruments was assessed by five experts from the nursing faculty at Minia University who specialize in obstetric and mental nursing. Each expert panel was requested to evaluate the resources and assess them based on their organization, coverage, and overall presentation as well as their clarity, content, and language. The jury panel made no changes since they unanimously recognized that the available study tools were trustworthy and applicable to the study's objective.

Study tools' Reliability:

The researcher tested the study instruments' reliability by assessing internal consistency utilizing the test-retest approach. "Cronbach's alpha-coefficient" test has been used to compare repetitive test responses. "Cronbach's alpha" value of social media use was 0.901, for pregnancy worries and stress was 0.898, for the attitude towards the delivery mode was 0.902, and for the childbirth fear it was 0.903.

Procedure:

- Participants from the pages (New Mothers), (Pregnant Women), (Super Mama - pregnancy and delivery), (Psychiatrists of family counseling, marital relations, and children), and more were sought out to participate as study subjects. To acquire data from their followers that satisfy the study's inclusion criteria, the researchers conducted discussions with the bloggers on these pages before performing the study.
- The study information and the survey link were offered on these pages. The goal of the study was made clear to encourage participation. Readers were encouraged to "share" or "like" the post with their friends, which helped the study's news spread like

wildfire on social media. When participants clicked the survey link at <https://forms.gle/P4v9z6VbwVHTvosA7>, they were sent to the Google Form.

- After receiving the participant information sheet, the studied sample was given the permission form. Participants checked the "I accept" box at the consent form bottom to demonstrate their free and informed agreement. The questionnaire was optional and non-commercial, and there were no questions that had to be obligatory answered. Participants were made aware that they could complete the survey on their phone, tablet, or computer at any time that was convenient for them and may skip any questions and end the survey whenever they pleased. Survey completion took approximately 5-10 minutes for those who consented to participate.
- Google Forms has a function that permits the researchers to block submitting numerous responses from the same computer. Every participant was only required to complete one survey as a result. A total of 250 users responded to the survey. Cross-sectional research was carried out during the two months from July 2022 to September 2022.

Pilot study:

To evaluate the research tools in a pilot study, 50 expectant moms were chosen as a sample (representing 10% of the whole population). The study instruments were evaluated for their clarity, thoroughness, application, and amount of time required to complete them, as well as for their viability as a method of research. The sample chosen for the pilot research was used because the evaluation has not changed.

Ethical considerations:

Following a description of the study's objectives to the ethics committee in the faculty of nursing at Minia University, it granted the official approval to carry out the research. The participants in the study were acknowledged the research purpose and nature. The research sample had the choice of participation acceptance or refusal in the study without providing a reason; all participants were volunteers, and informed permission was acquired. Participants were given assurances

about the privacy of their data, that it would only be used for research, and that there was no danger in taking part. The researcher established and maintained code numbers for each participant.

Statistical design:

Version 20.0 of SPSS for Windows was used to conduct all types of statistical analyses (SPSS, Chicago, IL). Continuous data were distributed normally and were reported in mean $\pm$ standard deviation (SD). For categorical data, numbers and percentages were utilized. Categorical data and variables were compared using the Chi-square test. The reliability test (internal consistency) was computed. The cutoff's statistical significance was $p < 0.05$.

Limitations of the study:

- This research could have neglected pregnant women's other online seeking and sharing activities, which could be crucial, such as their emotions with their spouses, mothers-in-law, and others.
- Many of the studied women complained that it took a very long time to complete the study tools. The researchers disapproved of several page bloggers' requests for cash in exchange for posting the study on their websites.

Results:

Table (1) shows that with a mean age of 29.1 ± 5.4 years, fewer than half (47.6%) of the sample under study was between the ages of 26 – 30 years. In addition, (81.2% and 78.4%, respectively) of them and their spouse had secondary education. Even though more than half (58.4%) were working and residing in cities. Furthermore, 66.8% of them reported that their income was fair.

As shown in Table (2), less than two-thirds (63.6, 65.6%) of the examined sample were multigravida and multipara, respectively. On the other hand, 76% and 72.4% of them, respectively, had no difficulties during their current pregnancies and knew about painless cesarean sections. While more than two-thirds (68%) of them consulted the internet and social media for information about cesarean sections without pain.

Figure (1) demonstrates that less than half (40.4%) of the studied sample claimed that they utilized social media sites primarily because they occasionally felt more at ease asking queries or disclosing information about their pregnancy online. Also, they are skilled at determining the veracity of material found on social networking platforms.

Figure (2) reveals that over than one-third (37.2 %) of the examined sample's usage of social media was high, compared to less than one-third of them (30.4%) whose usage was moderate.

Figure (3) demonstrates that over half of the sample (56.8 %) experienced moderate pregnancy worries and stress, whereas more than one-third of them (35.2%) experienced high pregnancy worries and stress.

Figure (4) demonstrates that greater than three-quarters of the studied sample (77.2 %) had a neutral attitude about the mode of delivery. While (14.8%) of them showed a negative attitude towards mode of delivery.

Figure (5) illustrates that over half of the studied sample (52 %) had moderate childbirth fear. On the other hand (27.2% and 20.8% respectively) of them experienced high and low childbirth fear.

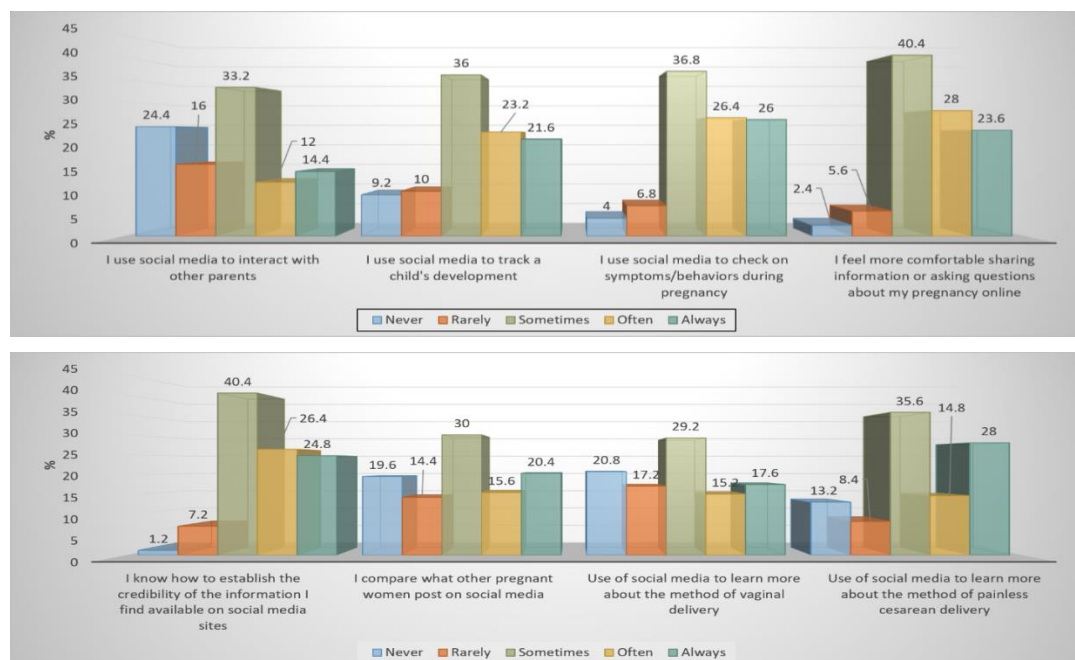
Table (3). summarizes that, there was 'a statistically significant positive correlation' between total social media score with pregnancy worries and stress, fear of childbirth and attitudes to delivery mode at $r = (0.373)$ P - value ($< 0.001^{**}$), $r = (0.345)$ P - value ($< 0.001^{**}$), $r = (0.351)$ P - value ($< 0.001^{**}$) respectively. 'A statistically significant positive correlation' was further presented between total pregnancy worries and stress with fear of childbirth and attitude towards mode of delivery at $r = (0.158)$ P - value (0.013^{*}), $r = (0.312)$ P - value (0.007^{*}) respectively. Also, 'a statistically significant positive correlation' was detected between total childbirth fear and attitude towards delivery mode at $r = (0.193)$ P - value (0.002^{*}).

Table (1): Frequency distribution of demographic characteristics among the studied sample (n=250)

Items	N	%
Age (years)		
18 –< 26	51	20.4
26 –< 31	119	47.6
31 – < 40	75	30.0
> 40	5	2.0
Mean ±SD	29.1 ±5.4	
Education		
Primary	3	1.2
Secondary education	203	81.2
Higher education	44	17.6
Husband Education		
Primary	5	2.0
Secondary education	196	78.4
Higher education	49	19.6
Occupation		
Housewife	104	41.6
Employed	146	58.4
Residence		
Urban	146	58.4
Rural	104	41.6
Income		
Poor	15	6.0
Fair	167	66.8
Good	68	27.2

Table (2): Frequency distribution of the obstetric data among the studied sample (n=250)

Items	N	%
Gravidity		
Primigravida	91	36.4
Multigravida	159	63.6
Parity		
Primipara	86	34.4
Multipara	164	65.6
Current pregnancy Stage		
First trimester (less than or equal to 12 weeks)	38	15.2
Second trimester (13 to 27 weeks)	76	30.4
Third trimester (more than 27 weeks)	136	54.4
Do you have any complications in your current pregnancy?		
Yes	60	24.0
No	190	76.0
Previous Childbirth Mode (Multiparous) (n=164)		
Vaginal Delivery (one or more)	62	24.8
Instrumental Vaginal (one or more)	40	16.0
Caesarean section (one or more)	62	24.8
Did the post cesarean section pain affect your daily life care? (n=62)		
High degree	17	27.4
Moderate degree	32	51.6
No effect	13	21.0
Do you know about Cesarean section without pain?		
Yes	181	72.4
No	69	27.6
If yes, which source was used to find out about this type of birth? (n=181)		
TV and Radio	13	7.2
Internet and social media	123	68.0
Others (Book, Family and friends, Doctor, and midwife)	45	24.9

**Figure (1):** Frequency distribution of the studied sample main reasons for using social media during pregnancy (n= 250)

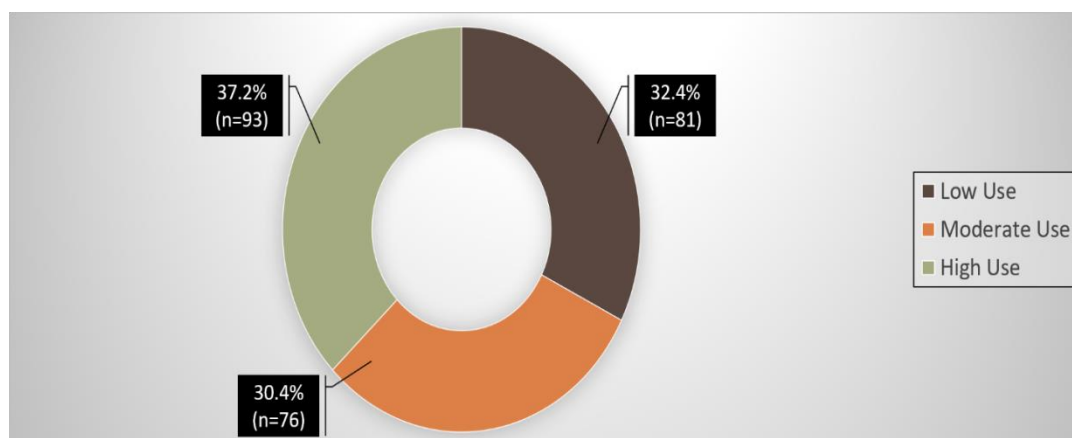


Figure (2) : Percentage distribution of social media use score among the studied sample (n=250).

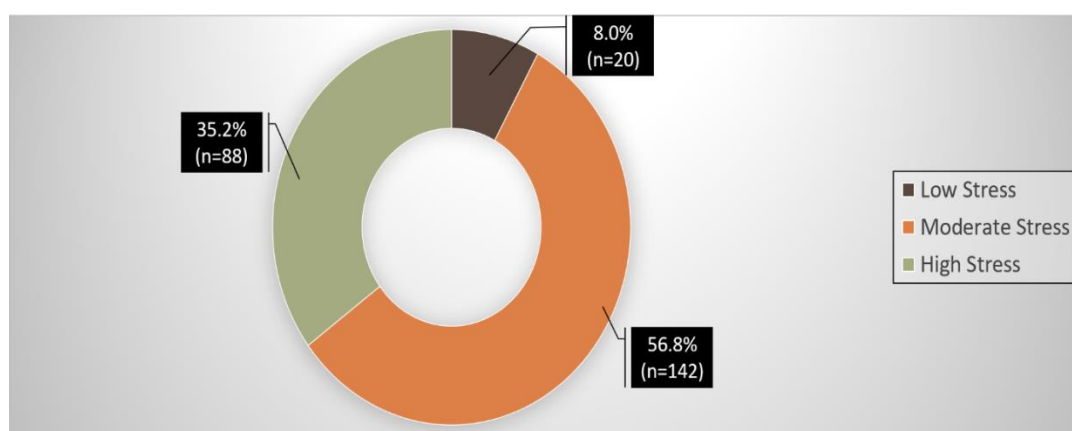


Figure (3): Pregnancy worries and stress levels among the studied sample (n=250).

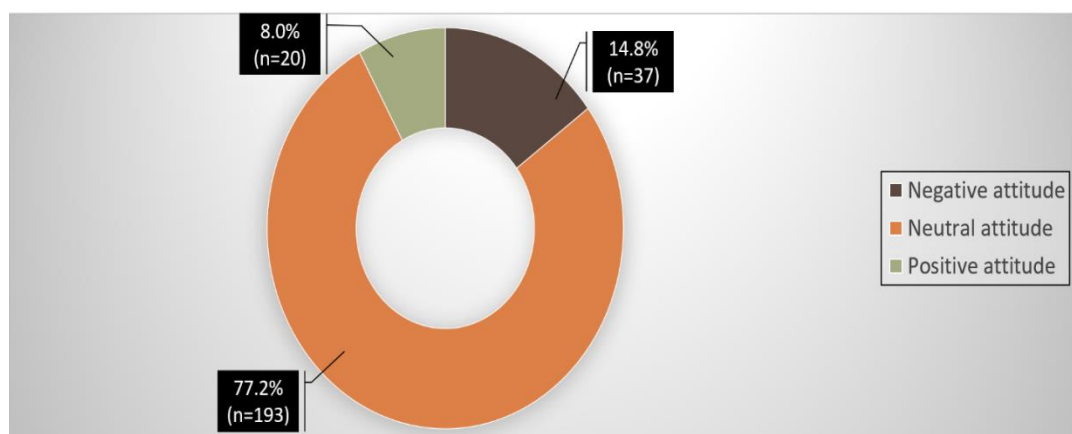


Figure (4): Levels of attitude towards mode of delivery among the studied sample (n=250).

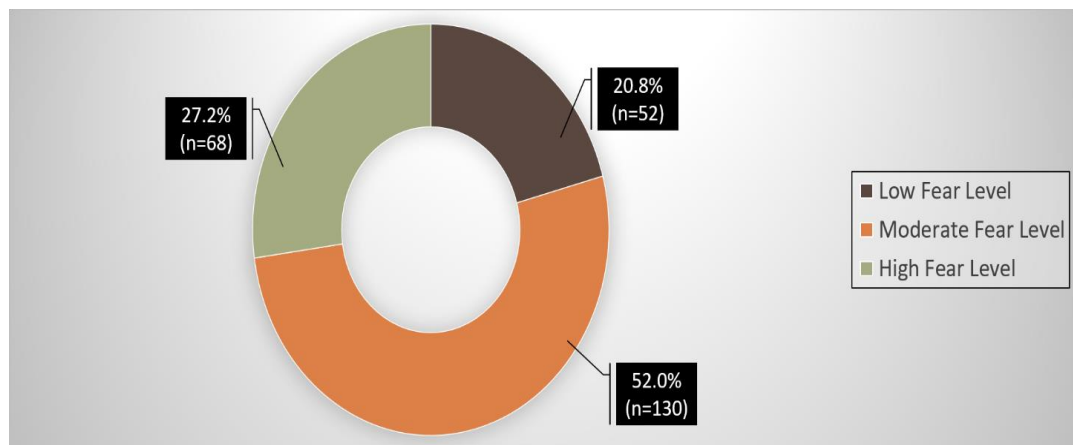


Figure (5): Fear of childbirth levels among the studied sample (n=250).

Table (3): Correlation between social media, pregnancy worries and stress, attitude towards delivery mode, and fear of childbirth among the studied sample (n=250)

Variable		Social Media	Pregnancy worries and stress	Fear of childbirth	Attitude towards mode of delivery
Social Media	r	1	0.373 < 0.001**	0.345 < 0.001**	0.351 < 0.001**
	P				
Pregnancy worries and stress	r		1	0.158 0.013*	0.312 0.007*
	P				
Fear of childbirth	r			1	0.193 0.002*
	P				
Attitude towards mode of delivery		P			1

Discussion

Many chances exist for women to freely look for pregnancy-related information on the internet as well as social and emotional support needed throughout the prenatal period (**Baker and Yang, 2018**). Examining social media usage in the context of how women feel about themselves and their unborn children is crucial given the psychological sensitivity of prenatal time (**Sanli and Akba, 2022**). The current study emerged aiming to assess social media influence on pregnant women's stress, attitude, and fear toward choice of delivery mode.

The current study's findings on demographic features indicate that fewer than half of the studied sample aged from 26 – 30 years by mean age 29.1 ± 5.4 . In addition, more than seventy percent of them and their husband had a secondary education. These findings may be a result of young moms' frequent use of social media to access and interact with health-related information. The utilization of technology devices

and health literacy both depend on the education level.

This finding is compatible with **Zhu et al., (2019)** who mentioned that the bulk of participants were between the ages of 20 and 40, with a mean age of (28.5 ± 4.3) , two-thirds of them holding jobs, and fifty percent earning a reasonable salary. Also, this result was confirmed by **Zedan and El-Nemer (2020)** who claimed that the studied women mean age was (26.2 ± 2.7) year, a larger percentage of them were employed, from urban regions, and having secondary education. In contrast, **Al Ghadeer et al., (2021)** mentioned that total sample of 382 pregnant women who filled out the study questionnaire were ranged in age from 18 - 46 years old, with a mean age of (26.1 ± 10.9) years. Nearly, over than half of them were graduated from university or postgraduates and the majority were housewives.

The present study's results on obstetric information evidenced that about two-thirds of

the sample under study was multigravida and multipara. On the other hand, about three quarters of them had no difficulties with their current pregnancy and were aware of painless caesarean sections. Although more than two-thirds of them used the internet and social media to research caesarean procedures without experiencing any discomfort. This finding was supported by **Alshahrani (2019)**, who noted that women had access to a wealth of information online in addition to hearing from family members and/or friends who frequently described caesarean procedures as painless and pleasant.

In contradiction with these findings **Serçekuş et al., (2021)** stated that less than one-quarter of the participants were primigravida. Additionally, nearly a quarter was in their first trimester, and one-third was in their last trimester. The majority said they always kept their antenatal clinic (ANC) appointments. Furthermore, some participants reported having past problems with pregnancy or delivery as well as a history of stillbirth or miscarriage and giving birth to children with congenital defects.

Regarding the existing study's outcomes, less than half of the studied sample claimed that they utilized social media sites primarily because they occasionally felt more at ease asking queries or disclosing information about their pregnancy online. Also, they are skilled at determining the veracity of material found on social networking platforms. These outcomes may be clarified by the fact that women at these periods of life are accustomed to using mobile media and universal internet connections to access online information rapidly and easily at all minutes of the day or night.

The previous finding is in harmony with **Chan and Chen (2019)**, and **Lupton and Maslen (2019)** who reported additional proof that social networking can assist in pregnancy-related stress reduction. Expecting mothers and their partners were utilizing it more regularly to learn about health, identify risk behaviors, and spot warning signals, which resulted in linked stress and despair. Similarly, to this, **Smith et al. (2020)** pointed out that most participants claimed to have used network media to follow

the updates of their pregnancy. Just a tiny portion of them claimed they wouldn't utilize online resources to research issues before a prenatal visit.

Regarding the present study's results on social media use, more than one-third of the researched sample used social media heavily, while fewer than one third used it moderately. This result comes in agreement with **Runkle et al., (2019)** who reported that usage of social media was high among pregnant women. Also, this result was confirmed by **Serçekuş et al., (2021)** who revealed that expectant mothers used the networks at a high rate and viewed it as their main source of knowledge during pregnancy. In addition, this result was supported by **Sinclair et al., (2018)** who revealed that pregnant women were highly using the internet to access drug information as it is a convenient and easily accessible resource.

The present study shows that while over one third of the studied participants experienced high pregnancy worries and stress, more than half of them experienced moderate pregnancy worries and stress. This result may be clarified by that pregnancy in fact is the most sensitive time in the woman's life, also pregnant women are more susceptible to psychological changes like stress and worry.

This finding was supported by **Alqahtani et al., (2018)** who indicated that anxiety, depression, and stress are respectively the most common psychiatric illnesses during pregnancy in Saudi Arabia, and confirmed the conclusion that pregnant women who are unemployed, had an unintended pregnancy, or had a history of miscarriage are more probably to experience despair and anxiety.

Al Ghadeer et al. (2021) noted that anxiety levels among pregnant women were typically average, with childbirth-related concerns accounting for most of the stress and worry. Some ladies were anxious about labor pains and giving birth. Nevertheless, the present result was not confirmed by **Effati-Daryani et al., (2018)** who showed that the participants experienced anxiety symptoms, stress, and depression, respectively with varied degrees from mild to extremely severe.

Over three-quarters of the studied participants had a neutral attitude of the delivery mode. The remaining ladies, however, had different attitudes on how to give birth to babies. This could be related to the fact that knowledge about pregnancy is acquired from several sources, such as media or mutual personal experiences. Also, a pregnant woman's attitude to the delivery manner is affected by a variety of factors, such as fear of pain, humiliation, and the support of family and physicians.

In contrast to this conclusion, **Phursang and Taniya (2021)** mentioned that more than half of respondents had good attitudes regarding delivery methods and the others had negative attitudes in this regard. Similarly, **Larssone et al., (2019)** revealed that individuals from urban areas, with just secondary education and those working had considerably more unfavorable sentiments concerning cesarean procedures.

Concerning fears of childbirth, over than half of the studied participants was reported to have a moderate fear of delivery. Less than one-third of them, however, experienced a severe fear of childbirth. The fear of pregnant women over the health of the fetus and their future parenting duties may account for this result. In more detail, characteristics that have been connected to the fear of childbirth include low socioeconomic class, status of pregnancy, the chosen delivery mode, bad health, and a lack of social support.

These findings are in the same line with those of **Sercekuş and Başkale (2016)**, who found that most pregnant women experienced a moderate level of childbirth dread. While **Hosseini et al. (2018)** indicated that the percentages of expectant mothers with birthing anxieties were judged to be 12.5% mild, 38.6% moderate, and 48.9% severe/clinical levels, the results from the prior study were different. A further finding from the study by **Gao et al. (2015)** was that 27% of the 922 women reported having a severe or moderate anxiety of delivery.

According to the findings of this current study, a statistically significant positive correlation between the overall social media score and pregnancy worries and stress, and

attitude towards delivery method was found. Also, there was “a statistically significant positive correlation” between the overall amount of pregnancy worries and stress and the attitude towards the manner of delivery as well as the fear of childbirth. This finding suggests that social media use during pregnancy might affect pregnant women significantly, either favorably or adversely, which can be highly advantageous for lowering stress and delivery anxiety. On the other hand, a pregnant woman's stress, and fear of giving birth can affect the method of delivery that woman chose.

This finding was in direct opposition to that of **Sinaei et al. (2018)**, who found no relation between felt stress and attitudes to delivery ($p=0.22$) or delivery manner ($p=0.49$). In the same way, the study by **Hall et al. (2012)** presented that among nulliparous women, stress and worry related to birth did not substantially indicate the need for a caesarean section. Nevertheless, no correlation between social media involvement and stress levels among pregnant women was shown to be significant.

Conclusion:

The present study's findings led to the conclusion that over one-third of the sample under investigation used social media heavily. At the same time, more than half of them had moderate pregnancy worries and stress, and moderate childbirth fear. Also, more than three-quarters had a neutral attitude toward the delivery mode. As opposed to that, a statistically significant positive correlation between the total social media score and pregnancy stress, fear of childbirth, as well as attitude towards delivery mode was found. Finally, there was a statistically significant positive correlation between total pregnancy stress, childbirth fear, and attitude toward the delivery mode.

Recommendations:

The following recommendations were put out considering the findings of the present study:

- Pregnancy-related stress must be identified, evaluated, prevented, and managed early to help women to cope with the challenges and changes that it brings about.

- A necessity for prenatal counseling on essential labor and delivery readiness, pain control, as well as techniques for overcoming labor and birth fears.
- Further research is required to learn more about how online resources affect pregnant people's psychological wellbeing, whether they provide information, support it, or threaten it.
- Further studies are required to draw firm conclusions on the association between perceived stress, anxiety, and childbirth-related attitudes.

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Conflict of Interests

No conflicts of interest exist with this study as mentioned by the authors.

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