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RESEARCH ARTICLE

A Study to Assess the Women's Perception on Husband's Support During Antenatal, Intranatal and Postnatal in Kanchipuram

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Abstract: The support of a husband is vital for promoting the health and well-being of a mother throughout the Antenatal, Intranatal, and Postnatal stages. During pregnancy, a supportive husband encourages regular Antenatal visits, helps manage emotional stress, and promotes a healthy lifestyle. His involvement during labour and delivery can provide emotional reassurance, reduce anxiety, and contribute to smoother labour experiences. In the Postnatal phase, husband support is essential for the mother's recovery, successful breastfeeding, and newborn care. It also helps in preventing postpartum depression and strengthening the bond between family members. Encouraging husbands to actively participate during all stages of maternity care not only benefits the mother and child but also enhances overall family health. A descriptive study was conducted to assess a level of women's perception regarding husband's support during Antenatal, Intranatal and Postnatal in selected community area at Kanchipuram. The main objective of the study were, To assess the level of women's perception toward husband's support during Antenatal, Intranatal and Postnatal and To associate the level of women's perception on husband's support among the demographic variable. A quantitative evaluation was used for this study and their researcher adopted non-randomized sampling technique to select the sample. The sample size was 50 postnatal women from community area at Kanchipuram. the structured questionnaire was used to collect the demographic data. The semi-structured closed ended questionnaire was administered to assess the level of women's perception regarding husband support during Antenatal, Intranatal and Postnatal among Postnatal women's. The data were collected and analyzed using both the descriptive and inferential statistics. The study revealed that percentage distributions of women's perception regarding importance of the husband's support during pregnancy were 45 (90%) strongly agree and 5 (10%) were disagree. There was significant association between the levels of women's perception on husband's support at the selected demographic variables.

Keywords: Pregnancy, Depression, Antenatal, Intranatal, and Postnatal.

INTRODUCTION

Pregnancy is one of the most precious periods in a woman's life. During this time, women need a lot of care, love, and support from their husbands and family members. Among all, a husband's care and attention play a major role. No one can replace the presence and support of a husband. Nowadays, however, this care and attention are often lacking due to increased responsibilities and economic challenges. The lack of emotional support from husbands can lead to depression and complications during pregnancy and delivery1. Pregnancy is not a disease, but a psychologically challenging period during which a woman goes through several social, physical, and emotional changes. During this time, women need substantial support from healthcare services. However, in patriarchal societies such as Pakistan, many decisions related to access to healthcare are often made by the husband and in-laws, limiting women's autonomy2. Due to deeply rooted societal norms, women often have restricted power of expression, which can lead to depression and negatively impact both pregnancy and fetal development3. Globally, around 10% of pregnant women experience stress and depression due to the autocratic behavior of in-laws. Additionally, factors such as family values and beliefs, religion, and the level of education or awareness among family members can greatly influence the psychological, physical, and social wellbeing of pregnant women. India accounts for at least a quarter of maternal deaths worldwide and is striving to achieve the goal of reducing the national maternal mortality rate to less than 100 per 100,000 live births. Maternal health has traditionally been viewed as women's domain with inadequate participation from their male partners. In patriarchal societies like as reduce post-partum depression, improved utilization of health care services and improved rates of skilled birth attendance4.

Pregnant women who receive health education alongside their husbands benefit from more complete postnatal visits and improved birth preparedness. In recognition of this, Uganda has launched the National Male Involvement in Maternal Health Strategy to promote greater male participation in maternal healthcare5. A husband can involve himself in his partner's pregnancy by accompanying her to Antenatal visits, improving his knowledge of Antenatal and child care, providing financial support, getting himself tested for HIV, being present during delivery, and engaging in discussions about Antenatal care and family planning. However, a cultural shift toward male involvement in maternal

health may take considerable time. This delay is largely due to persistent gender inequalities in decision-making and the traditionally limited role of men in matters related to pregnancy and childbirth6. Male involvement in maternal care can have a significant impact on addressing the first two delays in maternal and child care: the delay in deciding to seek care and the delay in reaching care. By actively participating in the decision-making process, husbands can help overcome the initial hesitation or delay in seeking medical attention during pregnancy and childbirth. Additionally, their involvement in transportation and logistics can reduce delays in reaching healthcare facilities7. Factors such as the father's age, education level, income, and employment status have been identified as key determinants of male involvement in maternal and child health8. Older, more educated, and employed fathers are more likely to engage in their partner's pregnancy-related care, as they tend to have greater awareness of the importance of healthcare and better access to resources. However, traditional gender roles that limit male involvement can still pose a significant barrier. Challenging these norms and promoting the benefits of male participation in Antenatal care through public education and policy initiatives is crucial to improving maternal and child health outcomes9.

Since it has been documented that male involvement in maternal and child care can improve the health outcomes of both the mother and child, it is vital to understand the Antenatal mother's perspective on her husband's involvement in her Antenatal care. Gaining insight into this perspective will broaden our understanding of family dynamics in maternal health and help determine the extent of husbands' involvement. This knowledge can inform healthcare policies and programs, ensuring that interventions effectively engage both partners in the maternal care process10. With the paucity of evidence on male involvement in maternal health in India, this study aims to examine women's perspectives on their husband's involvement in Antenatal care, with the goal of improving support systems for pregnant women and thereby enhancing pregnancy outcomes11. The evidence generated from this study will contribute to the existing knowledge on the involvement of men in Antenatal care for rural women and the factors associated with it. This knowledge can then be used to inform future health education initiatives and messages related to maternal health, targeting both men and women12. Hence, the present study was aimed to assess the level of women's perception toward husband's support during Antenatal, Intranatal and Postnatal and to associate the level of women's perception on husband's support among the demographic variable.

MATERIALS AND METHODS

The methodology of the research study is defined as the way the data are gathered in order to answer the question to analyse the research problem. This chapter describe the research methodology involves a systematic procedure by which investigation starts from the initial identification of the problem to its final conclusion. The present study will be conducted to assess the level of women's perception regarding husband support during Antenatal, Intranatal and Postnatal. It involves research approach, setting, population, sample and sampling techniques, selected of the tools, content, validity, reliability, pilot study, data collection, procedure and plan for data analysis. The research design of a study spills out the basic strategies that the researcher adopt to develop accurate and interpretable evidence. Descriptive design was adopted for conducting this study to assess the level of women's perception about husband care during Antenatal, Intranatal and Postnatal.

Population

The physical location and condition in which data collection takes place in this study. The study will be conducted for postnatal women's in selected community area in Kanchipuram. Population is aggregate of totality of all subject that posses a set of specification (polit and Hunger 2004).Postnatal women's who are willing to participate and fulfils the inclusion criteria in community area at Kanchipuram. A sample is the group of people who have been selected from population to provide data to researcher. Postnatal women's and Sample size of the study was 50.

Sampling criteria

Inclusion criteria

- Postnatal women's between the age group of 20-35 who are willing to participate.
- A woman's who are able to read and write.

Exclusion criteria

- Antenatal and Intranatal women's
- A pregnant woman's who are not able to read and write.
- Section A: Demographic Variables, it deals with the demographic variables such as age of the women, education, occupation, socioeconomic status, parity, number of children, age at marriage.

Section B: Semi structured questionnaires, A semi-structured closed-ended Yes/No questionnaire is a research tool designed to assess women's perceptions of their husband's involvement and support during Antenatal (pregnancy), Intranatal (lab or and delivery), and Postnatal (after childbirth) periods. This questionnaire consists primarily of Yes/No questions; This Yes/No format ensures clarity and consistency in responses while allowing researchers to gather valuable data on women's perceptions of their husband's care during pregnancy, childbirth, and postpartum recovery.

Data collection

Formal permission is to be obtained in community area

at Kanchipuram. The study will be conducted for the determined period of time where the subject meets the inclusion criteria will be selected using random sampling techniques the researcher will explain the purpose of the study. After obtaining a consent from the study samples, the where selected by using non- probability random sampling technique. The researcher will collect the demographic data of the sample and administered the semi structured closed ended questionnaires to assess the women perception regarding husband support during Antenatal, Intranatal and Postnatal. The collected data was analysis by using descriptive and inferential statistics

Statistical analysis

Data analysis enables the researcher to organize, summarize, evaluate, interpret and communicate numerical information. Data analysis was done by using descriptive and inferential statistics.

RESULTS

The data was collected from Postnatal women's in selected community are in Kanchipuram to assess the level of women's perception regarding husband support during Antenatal, Intranatal and Postnatal in community area at Kanchipuram were analysed according to hypothesis of the study. The researcher used to inferential statistics for analysis. The data were analyzed, tabulated and interpreted using descriptive and inferential statistics.

Table 1. Frequency and Percentage distribution of Postnatal women's based on demographic variables (N=50)

S.NO	DEMOGRAPIC VARIABLES	FREQUENCY (F)	PERCENTAGE (%)
1	Age in year a) 18-24 years b) 25 -34 years c) 35 -44 years	 17 23 10	 34% 46% 10%
2	Education level a)primary education b)secondary education c)higher education (college\University)	 5 22 23	 10% 44% 46%
3	Employment status a)Housewife b)salaried employee (government\ private sector) c) self-employed	 27 14 9	 54% 28% 18%
4	Socio-economic status a)Low income b)Middle income c)High income	 16 28 6	 32% 56% 12%
5	No of children a)1 child b)2 children c)3or more children	 31 18 1	 62% 36% 2%

The above mention table 1 depicts the demographic variables of postnatal women's in community area showed that the percentage distribution of according to the age group, 17(34%) were in the age group of 18-22years, 23(46%) were in the age group of 25-34 years and 10(20%) were in the age group of 35-44 years. Respectively educational level, 5(10%) were primary education, 22(44%) were secondary educational level and 23(46%) were higher educational level. Remarks of Employment Status, 9(18%) Were Belongs to Self-Employed, 14(28%) were Salaried and 27(54%) were Housewife. Reveal the socio-economic status,, 28(56%) belongs to middle income and 6(12%) belongs to high income. According to the no. of children, 31(62%) were having 1 children, 18(36%) were having 2 children and 1 (2%) were having 3 or more children.

Table 2. Frequency and percentage distribution of women's perception regarding husband's support during Antenatal, Intranatal and Postnatal

S. NO.	STATEMENT	AGREE		DIAGREE	
		F	P (%)	F	P (%)
1.	Women's perception on Husband support during Antenatal, Intranatal and Postnatal is necessary.	45	90%	5	10%

The table 2 depicts showed 45(90%) were belongs to agree and 5(10%) were belongs to disagree.

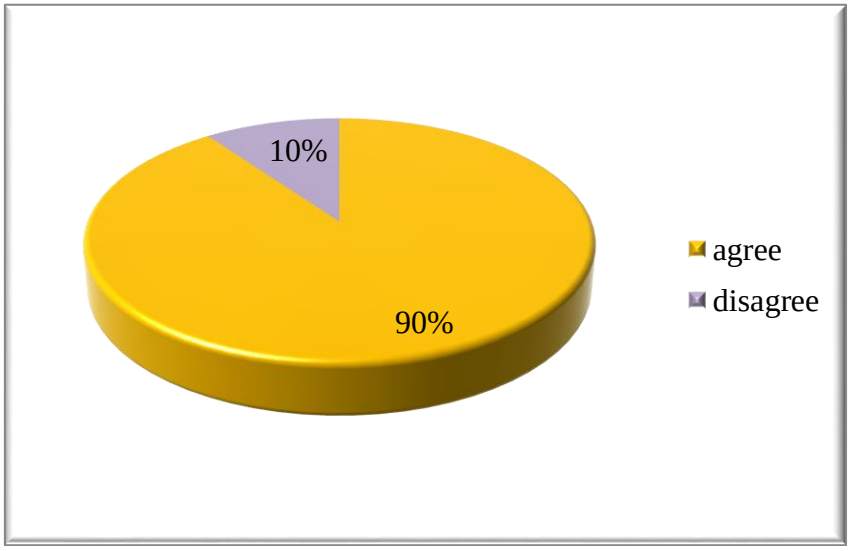

Fig 1. Percentage distribution of women's perception on husband support during antenatal, intranatal and postnatal is necessary

Table 3. Frequency and percentage distribution of women's perception regarding husband's support during antenatal (N=50)

S. No	Statement	Yes		No		Sometimes	
		F	P (%)	F	P (%)	F	P (%)
1.	Husband accompany you to Antenatal checkup	29	58%	7	14%	14	28%
2.	Husband encourage to take necessary medications	38	76%	6	12%	6	12%
3.	Provide emotional support during Antenatal	24	48%	15	30%	11	22%
4.	Assists with household chores	26	52%	9	18%	15	30%
5.	Ensure you to had proper nutrition	23	46%	12	24%	15	30%
6.	Husband attend prenatal education session	19	38%	14	28%	17	34%
7.	Provides financial needs	32	64%	6	12%	12	24%

The table reveals an overview of husbands' involvement in various aspects of antenatal care. A majority of husbands demonstrated active support, with 76% encouraging necessary medication intake and 64% providing financial support. Additionally, 58% accompanied their wives to antenatal checkups, and 52% assisted with household chores. Emotional support was noted in 48% of cases, while 46% ensured proper nutrition. However, attendance at prenatal education sessions was comparatively lower, with only 38% participation. These findings highlight that while many husbands are engaged in supporting their partners during pregnancy, there is still room for improvement, especially in areas such as emotional support, nutrition, and educational involvement.

Table 4. Frequency and percentage distribution of women's perception regarding husband's support during Intranatal (N=50)

S No.	Statement	YES		No		Sometimes	
		F	P (%)	F	P (%)	F	P (%)
1.	Husband present during labor and delivery	11	22%	39	78%	0	0%
2.	Husband provide emotional support during labor	32	64%	11	22%	7	14%
3.	Husband assist to make important decision during delivery	22	44%	13	26%	15	30%
4.	Husband co-ordinate with hospital staffs	28	56%	8	16%	14	28%
5.	Husband make arrangements for post-delivery needs	29	58%	8	16%	13	26%

The data highlights the role of husbands during labor, delivery, and the postnatal period. While only 22% were present during labor and delivery, a significantly larger proportion—64%—provided emotional support during labor. About 44% were involved in making key decisions during delivery, and 56% coordinated with hospital staff, reflecting moderate engagement in delivery-related responsibilities. Post-delivery support was relatively strong, with 58% of husbands making necessary arrangements. Overall, the findings indicate varying levels of involvement, with emotional and logistical support more common than physical presence during childbirth.

Table 5. Frequency and percentage distribution of women's perception regarding husband's support during Postnatal (N=50)

S.No	Statement	YES		No		Sometimes	
		F	P (%)	F	P (%)	F	P (%)
1	Husband assist in taking care of baby	28	56%	9	18%	13	26%
2	Provide emotional support during Postnatal recovery	30	60%	12	24%	8	16%
3	Husband assist with household chores during Postnatal	21	42%	12	24%	17	34%
4	Husband ensures proper nutrition and rest after delivery	26	52%	9	18%	15	30%
5.	Husband accompany you to Postnatal check-ups	20	40%	13	26%	17	34%
6.	Husband understanding during postpartum recovery	16	32%	13	26%	21	42%
7.	Husband helped in budgeting and planning for Postnatal expenses	29	58%	8	16%	13	26%
8.	Husband taking care of baby while you're sleeping	22	44%	14	28%	14	28%

The data reveals moderate to high levels of husband involvement during the postnatal period. Emotional support was the most commonly reported aspect, with 60% of women acknowledging their husbands' support during recovery. More than half (56%) reported help with baby care, while 52% noted efforts to ensure proper nutrition and rest. Budgeting and financial planning for postnatal needs were also supported by 58% of husbands. However, physical assistance such as household chores (42%), accompanying to postnatal checkups (40%), and night-time baby care (44%) was reported less frequently. Notably, only 32% felt their husbands showed understanding during postpartum recovery, highlighting an area needing greater awareness and empathy. Overall, while many husbands are engaged in key supportive roles, emotional sensitivity and consistent physical support remain areas for improvement.

Table 6. Associate the level of women's perception on husband's support among the demographic variable (N=50)

S. No	Demographic Variable	Women's Perception regarding Husband support during Antenatal, Intranatal and Postnatal is Necessary				X2 (df)	Table Value	Significant
		Agree		Disagree				
		F	%	F	%			
1	Age in year a)18-24 years b)25-34 years c)35-44 years	 14 22 9	 28% 44% 8%	 3 1 1	 6% 2% 2%	X2= 1.921 (df) = 2	5.99	S
2	Education level a)primary b)secondary c)Higher	 4 20 21	 8% 40% 42%	 1 2 2	 2% 4% 4%	X2= 0.619 (df) = 2	5.99	S
3	Employment status a)Housewife b)salaried c)Self-employed	 25 12 8	 50% 24% 16%	 2 2 1	 4% 4% 2%	X2= 0.499 (df) = 2	5.99	S
4	Socio economic status a)Low income					X2= 1.488	5.99	S

	b)middle income c)High income	15 24 6	30% 48% 12%	1 4 0	2% 8% 0%	(df) = 2		
5	No. of children a)1 child b)2 children c)3 children	27 17 1	54% 34% 2%	4 1 0	8% 2% 0%	X2= 0.797 (df) = 2	5.99	S

NS: Not-Significant, S: Significant P<0.05 = Significant, >0.05= Not significant

The above depicts showed that there was significant associated between the level of women's perception on husband's support and selected demographic variables.

DISCUSSION

This chapter deals with the discussion of results of the data analysis based on the objectives of the study. A descriptive study was to assess the level of women's perception regarding husband support during Antenatal, Intranatal and Postnatal. The study will be conducted for the determined period of time where the subject meets the inclusion criteria will be selected using random sampling techniques the researcher will explain the purpose of the study .After obtaining a consent from the study samples, the where selected by using non-probability random sampling technique. The researcher will collect the demographic data of the sample and administered the semi structured closed ended questionnaires to assess the women perception regarding husband support during Antenatal, Intranatal and Postnatal. The collected data was analysis by using descriptive and inferential statistics. Data analysis enables the researcher to organize, summarize, evaluate, interpret and communicate numerical information. Data analysis was done by using descriptive and inferential statistics.

Data analysis shows thatthe depicts the demographic variables of postnatal women's in community area according to age group, educational level, employment status, socio-economic status and no of children. The percentage distribution of Postnatal women's according to the age group, 17 (34%) were in the age group of 18-22 years, 23(46%) were in the age group of 25-34 years and 10 (20%) were in the age group of 35-44 years. Respectively the educational level,5(10%) were primary education, 22 (44%) were secondary educational level and 23 (46%) were higher educational level. Remark of the Employment Status, 9(18%) Were Belongs To Self-Employed, 14(28%) Were Salaried and 27 (54%) were Housewife. Revealed the socio-economic status, 28 (56%) belongs to middle income and 6 (12%) belongs to high income. Explore the no. of children, 31 (62%) were having 1 children, 18 (36%) were having 2 children and 1 (2%) were having 3 or more children. Percentage distribution of women's perception on Husband support during Antenatal, Intranatal and Postnatal is necessary is necessary. Showed that, were 45 (90%) agree and 5 (10%) were disagree. The finding showed that there was a significant association between the level of women's perception on husband's supports and demographic variables of age in years, education level, employment status, socioeconomic status, number of children at $p < 0.05$ level, hence the research hypothesis H2 was fully accepted.

CONCLUSION

The findings of this descriptive study highlight the crucial role of husband's support during the Antenatal, Intranatal, and Postnatal periods. The results showed that a significant majority of the participants (90%) strongly agreed on the importance of their husband's involvement, indicating a high level of positive perception toward husband's support during these critical stages. Additionally, the study established a significant association between women's perception and selected demographic variables, suggesting that factors such as age, education, or socioeconomic status may influence how support is perceived. These findings underscore the need to promote partner involvement in maternal care, which can contribute positively to maternal well-being and outcomes. Further research with larger and more diverse samples is recommended to deepen understanding and guide targeted interventions.

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