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# Family Support During the Antenatal Period and Satisfaction Regarding It: A Correlational Study in Shimla, India

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**Abstract:** ***Background: Family support is a key determinant of well-being during pregnancy, yet few Indian studies have examined how satisfied women are with the support they receive. Objective: To assess family support received during the antenatal period and satisfaction regarding it, and to find the correlation between the two, among pregnant women admitted to Kamla Nehru State Hospital for Mother and Child, Shimla. Methods: A hospital-based, quantitative, non-experimental correlational design was used. One hundred pregnant women were selected by non-probability convenience sampling. Family support was assessed with a 30-item checklist and satisfaction with a three-item rating scale. Data were analysed using descriptive statistics, Karl Pearson's correlation and the chi-square test. Results: Ninety-five percent of women reported high family support (mean 27.45 ± 3.04 out of 30) and 84% reported high satisfaction (mean 8.15 ± 1.37 out of 9). Family support correlated positively with satisfaction ($r = 0.678$, $p < 0.001$). Family support was significantly associated with type of family ($p = 0.009$); satisfaction was significantly associated with type of pregnancy ($p = 0.024$) and gender of the previous child ($p = 0.032$). Conclusion: Higher family support is associated with higher satisfaction among pregnant women, supporting family-centred antenatal care.***

**Keywords:** Family support; Antenatal period; Satisfaction; Pregnant women; Correlation

## 1. Introduction

Pregnancy is a period of marked physical, emotional and social change, and the support a woman receives during this time influences how well she adapts to it. Social support has been linked to better psychological well-being in pregnancy, while its absence is associated with a higher risk of mental health problems [1,2]. Among the sources of support, the partner and family are particularly important: supportive partner behaviour is associated with better perinatal mental health and relationship satisfaction [3], and fathers' involvement during pregnancy has been linked to better outcomes for mother and infant [5].

In India, the joint family remains common, and family support is one of the factors that shape the lifestyle choices and health behaviours affecting pregnancy outcomes [4]. Even so, research on family support during pregnancy in India is limited and, to the author's knowledge, no earlier study has examined how satisfied pregnant women are with the family support they receive. In this study, satisfaction refers to the level of fulfilment a woman achieves regarding the support she receives. The study was therefore undertaken to assess family support received during the antenatal period, satisfaction regarding that support, and the relationship between the two among pregnant women at a state hospital for mother and child in Shimla, Himachal Pradesh.

## 2. Literature Survey

***Family support in pregnancy:*** Perceived spousal support has been shown to affect childbirth self-efficacy among 524 pregnant women in Turkey [6]. In a hospital-based study of 996 pregnant women in Chengdu, China, stronger family support was associated with better mental health [7], and a study of 817 postpartum women in China found that relationships with family members, including the mother-in-law, influenced postpartum depression and sleep quality through social support [8]. In rural south-western Nigeria, more than three quarters of 540 women said that maximum support from their husbands made pregnancy, labour and delivery easier [9]. In Nepal, 54.6% of 280 antenatal mothers reported high husband involvement in antenatal care [10]. The evidence is not uniform, however: a study of 250 mothers in Indonesia found no relationship between family support and interest in antenatal care visits ($p = 0.264$) [11], whereas a smaller study of 32 women found that family support was related to antenatal care compliance [12].

***Satisfaction:*** Most satisfaction research concerns antenatal care services rather than family support. Reported levels of satisfaction with antenatal care vary widely: 92.1% in north-west Ethiopia [13], 90% among postpartum women in Ibadan, Nigeria [14], 70.3% in eastern Ethiopia [15], 58.9% (fully satisfied) in Lusaka, Zambia [16] and 46.7% in central Ethiopia [17]. None of these studies examined satisfaction with family support or its relationship to the support actually received, which is the gap this study addresses.

## 3. Problem Definition

A correlational study to assess the family support received during the antenatal period and the level of satisfaction regarding family support among pregnant women admitted in Kamla Nehru State Hospital for Mother and Child, Shimla, Himachal Pradesh. Family support was defined as the physical, emotional and financial support given by the husband and/or in-laws.

***Objectives:*** (i) to assess the family support received during the antenatal period; (ii) to assess the level of satisfaction

regarding family support; (iii) to find the correlation between the two; and (iv) to find the association of family support and of satisfaction with socio-demographic variables.

***Hypothesis (H1):*** There will be a significant association between family support received during the antenatal period and the level of satisfaction regarding family support.

## 4. Methodology/ Approach

***Design and setting:*** A quantitative, non-experimental correlational design was used. The study was conducted at Kamla Nehru State Hospital for Mother and Child, Shimla, Himachal Pradesh. Family support was the independent variable and satisfaction the dependent variable; twelve socio-demographic variables were also recorded.

***Sample:*** One hundred pregnant women were selected by non-probability convenience sampling. Women of any trimester who were admitted to the hospital, willing to participate and present at the time of data collection were included. Women staying with their own parents were excluded.

***Tool:*** The tool, developed from a review of literature, expert opinion and clinical experience, had three sections: (A) socio-demographic variables; (B) a 30-item checklist on family support (10 physical, 10 emotional and 10 financial items; 18 positive and 12 negative statements), scored 0–30 and graded as high (21–30), moderate (11–20), low (1–10) or no support (0); and (C) a three-item rating scale on satisfaction, scored 0–9 and graded as high (7–9), moderate (4–6), low (1–3) or no satisfaction (0).

***Validity and reliability:*** Content validity was established through the opinions of more than ten experts, and the tool was modified accordingly. Reliability was tested in the pilot study by the split-half method (Karl Pearson's r = 0.763; reliability coefficient 0.865), and the tool was found reliable.

***Ethics, pilot study and data collection:*** Approval was obtained from the ethical and research committee of the nursing college and permission from the hospital authorities. Written informed consent was taken from every participant and confidentiality was maintained. A pilot study on 10 pregnant women at Deen Dayal Upadhyaya Zonal Hospital, Shimla (1–10 April 2025) confirmed feasibility. Main-study data were collected in June 2025.

***Analysis:*** Frequency, percentage, mean and standard deviation described the data. Karl Pearson's correlation coefficient tested the relationship between family support and satisfaction, and the chi-square test tested associations with socio-demographic variables. The level of significance was $p \leq 0.05$.

## 5. Results & Discussion

***Sample characteristics:*** Of the 100 women, 58% were aged 21–30 years, 85% were homemakers, 97% were Hindu, 81% lived in rural areas and 83% lived in joint families. Secondary education was the most common level (35%), 49% had a monthly family income below ₹20,000, 57% had an arranged marriage and 73% of pregnancies were planned.

***Family support and satisfaction:*** Table 1 shows that 95% of women reported high family support and 5% moderate support; none reported low or no support. Table 2 shows that 84% reported high satisfaction and 16% moderate satisfaction; none reported low or no satisfaction. The mean family support score was 27.45 (91.5% of the maximum) and the mean satisfaction score was 8.15 (90.6% of the maximum) (Table 3).

**Table 1:** Distribution of family support scores (N = 100)

| Support level | Score | f (%) |
|---|---|---|
| High | 21–30 | 95 (95.0) |
| Moderate | 11–20 | 5 (5.0) |
| Low | 1–10 | 0 (0.0) |
| No support | 0 | 0 (0.0) |

**Table 2:** Distribution of satisfaction scores (N = 100)

| Satisfaction level | Score | f (%) |
|---|---|---|
| High | 7–9 | 84 (84.0) |
| Moderate | 4–6 | 16 (16.0) |
| Low | 1–3 | 0 (0.0) |
| No satisfaction | 0 | 0 (0.0) |

**Table 3:** Descriptive statistics of scores (N = 100)

| Variable | Mean ± SD | Median | Range | Mean % |
|---|---|---|---|---|
| Family support (max 30) | 27.45 ± 3.04 | 28 | 13–30 | 91.5 |
| Satisfaction (max 9) | 8.15 ± 1.37 | 9 | 4–9 | 90.6 |

***Correlation:*** Karl Pearson's correlation showed a moderately strong positive relationship between family support and satisfaction ($r = 0.678$, $p < 0.001$): women who received more support were more satisfied with it. The research hypothesis (H1) was therefore accepted.

***Association with socio-demographic variables:*** Family support was significantly associated only with type of family. Satisfaction was significantly associated with type of pregnancy and gender of the previous child. No significant association was found for age, education, occupation, religion, place of residence, family income, type and duration of marriage, or number of live births (Table 4).

**Table 4:** Significant associations (chi-square test)

| Variables | $\chi^2$ | df | p |
|---|---|---|---|
| Support × type of family | 6.897 | 1 | 0.009 |
| Satisfaction × type of pregnancy | 5.112 | 1 | 0.024 |
| Satisfaction × gender of previous child | 4.583 | 1 | 0.032 |

***Discussion.*** The high level of family support (95%) is consistent with studies reporting high spousal support among rural Nigerian women [9] and high husband involvement in Nepal [10], although those studies measured support differently. Not all studies agree: no relationship between family support and interest in antenatal care visits was found in Indonesia [11], but that study examined a different outcome from the one used here. The high satisfaction found here (84%) is close to the 92.1% and 90% reported for satisfaction with antenatal care services [13,14] and higher than the 58.9% and 46.7% reported elsewhere [16,17]; these studies, however, measured satisfaction with services rather than with family support, so the comparison is indirect. No earlier study correlating family support with satisfaction regarding that support was found. The finding is, however, in line with

research showing that family support benefits the mental health of pregnant and postpartum women [7,8].

## 6. Conclusion

Most pregnant women in this study received high family support and were highly satisfied with it, and higher support was associated with higher satisfaction ($r = 0.678$, $p < 0.001$). Type of family was associated with family support, and type of pregnancy and gender of the previous child were associated with satisfaction. These findings indicate that nurses should routinely assess family support during antenatal care, involve family members in care planning and education, and pay particular attention to women with unplanned pregnancies and those living in nuclear families.

## 7. Future Scope

The study was limited to one hospital, a sample of 100 women selected by convenience sampling, and women who were admitted and willing to participate, so the findings cannot be generalised. Future studies could replicate this work in several settings with larger, randomly selected samples; compare primigravida and multigravida women, rural and urban women, and working and non-working women; follow women longitudinally to relate family support to maternal and child outcomes; test interventions that strengthen family support during pregnancy; and use qualitative methods to explore women's and families' experiences.

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