Socio–Demographic Determinants of Emotional and Spousal Support During Pregnancy: A Comparative Study of Hukkeri and Khanapur Talukas

Shobha Sidnal[1] & Manjula G.K[2]

[1]Assistant Professor, Department of Sociology, Govt.First Grade College, Nesaragi.

[2]Associate Professor, Department of Sociology, Rani Channamma University, Belagavi.

DOI: https://doi.org/10.5281/zenodo.17307866

ABSTRACT:

Pregnancy is a critical period in a woman's life, marked by profound physiological, psychological, and social changes. The quality of support received during this time—particularly emotional and spousal support—plays a pivotal role in shaping maternal health outcomes. This study employed a descriptive cross–sectional design to examine the socio–demographic determinants of emotional and spousal support among pregnant women in Hukkeri and Khanapur talukas of Karnataka. The present study focuses on Hukkeri and Khanapur talukas in Karnataka, two regions with distinct socio–cultural profiles. By examining the socio–demographic characteristics of women in these areas, the research aims to understand how factors such as age, religion, caste, education, occupation, income, and family type influence the support received during pregnancy. The study adopts a comparative approach, analyzing data from 80 respondents—40 from each taluka—to identify patterns and correlations that can inform targeted interventions. This study highlights the critical role of socio–demographic factors in shaping emotional and spousal support during pregnancy. The findings reveal that variables such as education, income, caste, and family structure significantly influence the quality and extent of support received by expectant mothers.

KEYWORDS:

Pregnancy, Emotional Support, Husband, Mother, Education, Toilet, Counselling

Introduction:

Pregnancy is a critical period in a woman's life, marked by profound physiological, psychological, and social changes. The quality of support received during this time—particularly emotional and spousal support—plays a pivotal role in shaping maternal health outcomes. Emotional support refers to expressions of empathy, care, and reassurance that help individuals cope with stress and uncertainty (House, 1981). Spousal support, a subset of social support, encompasses the involvement of a husband in prenatal care, household responsibilities, and emotional companionship (Cutrona, 1996). These forms of support are not uniformly distributed and are often influenced by socio-demographic factors such as education, income, caste, and family structure. In India, where familial and community ties are deeply embedded in everyday life, the nature and extent of support during pregnancy vary significantly across regions and social groups. Rural and semi-urban areas, in particular, present unique challenges due to limited access to healthcare, entrenched gender norms, and socio-economic disparities. Studies have shown that women from marginalized communities—especially Scheduled Castes (SC) and Other Backward Classes (OBC)—often face systemic barriers to receiving adequate emotional and spousal support (Jejeebhoy et al., 2012). These disparities can lead to increased maternal stress, reduced utilization of antenatal services, and poorer birth outcomes.

The present study focuses on Hukkeri and Khanapur talukas in Karnataka, two regions with distinct socio-cultural profiles. By examining the socio-demographic characteristics of women in these areas, the research aims to understand how factors such as age, religion, caste, education, occupation, income, and family type influence the support received during pregnancy. The study adopts a comparative approach, analyzing data from 80 respondents—40 from each taluka—to identify patterns and correlations that can inform targeted interventions. Socio-demographic variables are defined as characteristics that describe the social and economic conditions of individuals or populations. These include age, gender, education level, income, occupation, and family structure (Singh & Singh, 2020). Such variables are crucial in public health research as they help identify vulnerable groups and tailor health programs accordingly. For instance, women with higher educational attainment are more likely to receive spousal support due to increased awareness and communication

within the household (Bloom et al., 2001). Similarly, nuclear families may offer more personalized emotional support compared to joint families, where responsibilities are often diffused.

This study is grounded in the belief that maternal health must be viewed through a holistic lens—one that incorporates not just clinical care but also emotional and relational dimensions. By exploring the intersection of socio-demographic factors and support systems, the research contributes to a more nuanced understanding of maternal well-being. It also aligns with national health goals that emphasize equity, inclusion, and community-based care. In conclusion, the introduction sets the stage for a detailed investigation into the socio-demographic determinants of emotional and spousal support during pregnancy. It underscores the importance of context-sensitive research and advocates for policies that address the unique needs of women in diverse socio-cultural settings.

Review of Literature:

Maternal well-being during pregnancy is shaped not only by clinical care but also by the emotional and relational support systems surrounding the expectant mother. Emotional support—defined as expressions of empathy, reassurance, and psychological comfort—has been shown to reduce prenatal stress and improve maternal outcomes (House, 1981). Spousal support, which includes a husband's involvement in household tasks, emotional companionship, and participation in prenatal care, is particularly influential in patriarchal societies where male engagement in reproductive health is often limited (Cutrona, 1996).

Several studies have explored the socio-demographic determinants of maternal support. Bloom et al. (2001) found that women with higher educational attainment were more likely to receive spousal support, as education fosters better communication and shared decision-making. Similarly, Jejeebhoy et al. (2012) emphasized that caste and income levels significantly affect access to emotional support, with marginalized groups such as Scheduled Castes and Other Backward Classes facing systemic barriers. Family structure also plays a critical role. Women in nuclear families often report higher levels of personalized emotional support compared to those in joint families, where responsibilities are distributed and emotional needs may be overlooked (Singh & Singh, 2020). Moreover, access to basic amenities like sanitation and healthcare facilities has been

linked to improved psychological well-being during pregnancy (Patel & Desai, 2020).

Despite these insights, there remains a gap in region-specific studies that examine how these factors interact in semi-urban and rural settings. The present study addresses this gap by focusing on Hukkeri and Khanapur talukas in Karnataka, offering a comparative lens to understand how socio-demographic variables influence emotional and spousal support. By doing so, it contributes to a more inclusive and context-sensitive understanding of maternal care in India.

Data and Methodology:

This study employed a descriptive cross-sectional design to examine the socio-demographic determinants of emotional and spousal support among pregnant women in Hukkeri and Khanapur talukas of Karnataka. A total of 80 respondents were selected using purposive sampling, with 40 participants from each taluka to ensure balanced representation. Data were collected through a structured questionnaire that captured key socio-demographic variables such as age, religion, caste, education level (self and spouse), occupation, monthly income, family type, and access to sanitation facilities. In addition, the questionnaire included specific items to assess the presence and quality of emotional support from family members and the degree of spousal involvement during pregnancy. The responses were categorized and analyzed using frequency and percentage distributions to identify patterns and correlations between socio-demographic factors and support levels. The study prioritized ethical considerations by ensuring informed consent and maintaining respondent confidentiality throughout the data collection process. By focusing on two distinct talukas with varied socio-cultural contexts, the methodology enabled a comparative analysis that highlights regional disparities and social influences on maternal support systems. The findings from this approach provide a grounded understanding of how structural and interpersonal factors shape the pregnancy experience for women in semi-urban and rural Karnataka.

Table 1: Socio–Demographic Charactaristics of the Respondents

Taluka	N	Percent
Hukkeri	40	50.0
Khanapur	40	50.0
Age of the Respondents		
20–25	22	27.5
26–30	21	26.3
31–35	20	25.0
36–40	17	21.3
Religion of the Respondents		
Hindu	67	83.8
Muslims	9	11.3
Others	4	4.1
Caste of the Respondents		
Sheduled Caste	17	21.3
Sheduled Tribe	9	11.3
Other Backward Classes	32	40.0
Others	22	27.5
Educational Qualification		
Primary education	16	20.1
SSLC	35	43.8
PUC	13	16.3
Graduation and Above	16	20.0
Husband's Education		
1–9th	16	32.6
SSLC	20	25.0
PUC	8	10.0
Graduation and Above	26	32.5

Husband's Occupation		
Agricultural worker	12	15.0
Daily wage laborer	15	18.8
Govt	12	15.0
Private job	17	21.3
Self-employed	23	28.8
Total Income of the family		
Below 5000	1	1.3
5000-10000	12	15.0
11000-15000	12	15.0
16000-20000	12	15.0
Above 20000	43	53.8
Type of Family		
Joint Family	22	27.5
Nuclear Family	58	72.5
Access of Toiet Facility		
Yes	60	75.0
No	20	25.0
Total	**80**	**100.0**

Table 1 presents a detailed overview of the socio-demographic profile of 80 respondents, equally distributed between Hukkeri and Khanapur talukas, with each contributing 50% to the sample. The age distribution reveals a fairly balanced representation across reproductive age groups, with the highest proportion (27.5%) falling within the 20-25 age bracket, followed closely by those aged 26-30 (26.3%) and 31-35 (25%). A smaller segment (21.3%) belonged to the 36-40 age group, indicating that the study captured a wide range of maternal experiences. In terms of religious affiliation, the majority of respondents identified as Hindu (83.8%), while Muslims accounted for 11.3%, and the remaining 4.1% fell under the "Others" category. Caste-wise, Other Backward Classes (OBC) formed the largest group at 40%, followed by Scheduled Castes (21.3%), Scheduled Tribes (11.3%), and Others (27.5%). This distribution

highlights the diversity of social backgrounds among the participants and allows for analysis of caste–based disparities in support systems.

Educational attainment among the women showed that 43.8% had completed SSLC, while 20.1% had only primary education. Another 16.3% had studied up to PUC, and 20% had attained graduation or higher. Interestingly, the husbands' education levels were slightly more varied, with 32.5% having completed graduation and above, 25% SSLC, 10% PUC, and 32.6% below 9th standard. This contrast suggests potential differences in awareness and involvement in maternal care based on educational background. Occupational data revealed that husbands were predominantly self–employed (28.8%), followed by those in private jobs (21.3%), daily wage labor (18.8%), and government employment (15%). Agricultural workers made up 15% of the sample, reflecting the rural nature of the study areas. Family income levels showed that over half (53.8%) earned above ₹20,000 per month, while the rest were distributed fairly evenly across lower income brackets, with only 1.3% earning below ₹5,000. Family structure was another key variable, with 72.5% of respondents living in nuclear families and 27.5% in joint families. This suggests a shift toward smaller household units, which may influence the type and intensity of emotional support received. Lastly, access to toilet facilities was reported by 75% of the respondents, indicating relatively good sanitation coverage, though 25% still lacked this basic amenity. Overall, the socio–demographic data provides a comprehensive foundation for analyzing how factors such as education, income, caste, and family type influence emotional and spousal support during pregnancy. The diversity within the sample allows for meaningful comparisons and insights into maternal experiences across different social strata

Table 2: Mother recieving Emotional support from your family during pregnancy

Emotional Support	Hukkeri		Khanapur		Total	
	Freq.	Percent	Freq.	Percent	Freq.	Percent
Yes	23	28.8	30	37.5	53	66.3
No	17	21.3	10	12.5	27	33.8
Total	**40**	**50.0**	**40**	**50.0**	**80**	**100.0**

Table 2 presents data on the emotional support received by mothers from their families during pregnancy across two talukas—Hukkeri and Khanapur. Out of the total 80 respondents, 53 women (66.3%) reported receiving emotional support, while 27 (33.8%) indicated they did not. This suggests that a significant majority of women experienced some form of emotional care and reassurance from their families during this critical period. When broken down by region, Khanapur showed a slightly higher proportion of emotionally supported mothers, with 30 respondents (37.5%) affirming support compared to 23 (28.8%) in Hukkeri. Conversely, the number of women who did not receive emotional support was higher in Hukkeri (21.3%) than in Khanapur (12.5%). This regional variation may reflect differences in family dynamics, cultural norms, or awareness levels regarding maternal mental health.

The overall findings highlight the importance of familial involvement during pregnancy, particularly in rural and semi-urban settings where institutional support may be limited. Emotional support from family members—such as parents, in-laws, and siblings—can significantly reduce stress, improve maternal confidence, and encourage healthier prenatal behaviors. However, the fact that one-third of respondents did not receive such support points to a gap in awareness or capacity within households to provide adequate emotional care. These insights underscore the need for community-level interventions and counselling programs that promote emotional well-being during pregnancy. Encouraging open communication within families and educating them about the psychological needs of expectant mothers could help bridge this support gap, especially in regions like Hukkeri where the deficit appears more pronounced.

Table 3: Rate the level of support you receive from your husband during pregnancy

Rate	Hukkeri		Khanapur		Total	
	Freq.	Percent	Freq.	Percent	Freq.	Percent
Moderate	6	7.5	5	6.3	11	13.8
High	4	5.0	10	12.5	14	17.5
Very High	13	16.3	15	18.8	28	35.0
Low	17	21.3	10	12.5	27	33.8
Total	**40**	**50.0**	**40**	**50.0**	**80**	**100.0**

Table 3 provides insight into the level of support pregnant women received from their husbands across Hukkeri and Khanapur talukas. The data reveals a diverse range of experiences, with 35% of respondents re-

porting "Very High" support, making it the most frequently cited category. This suggests that over one-third of husbands were actively involved and emotionally present during their partner's pregnancy, which is a positive indicator of spousal engagement.

Breaking it down by region, Khanapur had a slightly higher proportion of women reporting "Very High" support (18.8%) compared to Hukkeri (16.3%). Similarly, "High" support was more common in Khanapur (12.5%) than in Hukkeri (5%), indicating that husbands in Khanapur may be more consistently involved in prenatal care and emotional support. On the other hand, Hukkeri showed a higher percentage of women experiencing "Low" support (21.3%) compared to Khanapur (12.5%), highlighting a potential gap in spousal involvement in that region. The "Moderate" support category was reported by 13.8% of respondents overall, with nearly equal distribution between the two talukas. These figures suggest that while some husbands are partially engaged, there remains room for improvement in fostering deeper emotional and practical involvement during pregnancy.

Overall, the data underscores the variability in spousal support and points to regional differences that may be influenced by education, cultural norms, or awareness levels. The relatively high percentage of women reporting "Low" support (33.8%) is concerning and calls for targeted interventions—such as community education and couple counseling—to promote more equitable and empathetic relationships during pregnancy. Encouraging husbands to take an active role not only benefits maternal health but also strengthens family bonds and improves outcomes for both mother and child.

Table 4: Level of support you receive from your husband according to their Education level

Level of Support	Low		Moderate		High		Very High		Total	
	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent
Below 9th Std	11	13.8	5	6.3	1	1.3	9	11.3	26	32.5
SSLC	6	7.5	2	2.5	6	7.5	6	7.5	20	25.0
PUC	0	0.0	2	2.5	3	3.8	3	3.8	8	10.0
Graduation and Above	10	12.5	2	2.5	4	5.0	10	12.5	26	32.5
Total	**27**	**33.8**	**11**	**13.8**	**14**	**17.5**	**28**	**35.0**	**80**	**100.0**

Table 4 explores the relationship between a husband's educational attainment and the level of support he provided to his wife during preg-

nancy. The data reveals a compelling pattern: higher education levels among husbands are generally associated with greater emotional and practical involvement. Among husbands who had completed graduation or higher, 12.5% were reported to provide "Very High" support, and another 5% offered "High" support. This group also had the lowest proportion of "Low" support (12.5%), suggesting that education may positively influence awareness, empathy, and engagement in maternal care. Similarly, husbands with SSLC qualifications showed a balanced distribution, with 7.5% each in the "High" and "Very High" categories, though 7.5% still fell under "Low" support.

In contrast, husbands with education below 9th standard had the highest percentage of "Low" support at 13.8%, and only 1.3% were reported to provide "High" support. Interestingly, 11.3% of this group still managed to offer "Very High" support, indicating that while education is influential, other factors such as personal values or family dynamics may also play a role. The PUC group showed a modest presence across all categories, with 3.8% each in "High" and "Very High" support, and 2.5% in "Moderate." Notably, none of the husbands in this group were reported to provide "Low" support, which may reflect a transitional level of awareness and involvement.

Overall, the table underscores a positive correlation between education and spousal support during pregnancy. Educated husbands appear more likely to understand the emotional and physical needs of their partners, contributing to healthier maternal experiences. These findings suggest that promoting male education and awareness about maternal health could be a strategic pathway to improving family-level support systems.

Conclusion and Policy Recommendations

This study highlights the critical role of socio-demographic factors in shaping emotional and spousal support during pregnancy. The findings reveal that variables such as education, income, caste, and family structure significantly influence the quality and extent of support received by expectant mothers. Women from nuclear families and those whose husbands had higher educational qualifications were more likely to report receiving "Very High" levels of spousal support. Similarly, emotional support from family members was more prevalent among respondents from Khanapur, suggesting regional variations in familial engagement.

Despite encouraging trends, the data also exposed concerning gaps particularly in Hukkeriwhere a higher proportion of women reported low or no emotional and spousal support. These disparities underscore the need for targeted interventions that address both structural and cultural barriers to maternal care. The study affirms that emotional well–being during pregnancy is not merely a personal concern but a public health priority that demands systemic attention.

To improve maternal support systems and promote equitable care, the following policy recommendations are proposed:

Policy Recommendations:

Integrate Emotional Health into Maternal Programs, Government and NGO–led maternal health initiatives should include modules on emotional well–being, stress management, and family counseling. This can be implemented through ASHA workers and primary health centers. Promote Male Involvement in Prenatal Care

Awareness campaigns targeting husbands should emphasize their role in supporting maternal health. Workshops and community sessions can help normalize male participation in pregnancy–related responsibilities. Strengthen Education–Based Interventions, Educational programs for both men and women—especially in rural areas—should highlight the importance of emotional and spousal support. Literacy and health education can be linked to maternal health outcomes. Caste–Sensitive Outreach Strategies Tailored outreach efforts should be designed for SC and OBC communities, ensuring that cultural sensitivities are respected while promoting inclusive support systems. Incentivize Family–Based Support Networks, Local governments can consider offering incentives or recognition to families that demonstrate strong support practices during pregnancy, encouraging community–wide behavioral change. Monitor and Evaluate Support Indicators, Emotional and spousal support should be included as indicators in Monitoring & Evaluation frameworks for maternal health programs. This will help track progress and identify areas needing intervention.

By implementing these recommendations, policymakers and practitioners can foster a more supportive environment for pregnant women one that values emotional care as much as clinical services. This approach not only improves maternal outcomes but also strengthens family and

community bonds, contributing to healthier generations ahead.

References:

1. Bloom, S. S., Wypij, D., & Das Gupta, M. (2001). Dimensions of women's autonomy and the influence on maternal health care utilization in a North Indian city. Demography, 38(1), 67–78.
2. Cutrona, C. E. (1996). Social support in couples: Marriage as a resource in times of stress. Sage Publications.
3. House, J. S. (1981). Work stress and social support. Addison–Wesley.
4. Jejeebhoy, S. J., Zavier, A. J. F., & Santhya, K. G. (2012). Meeting the health needs of young people in India: A review of policies and programmes. Population Council.
5. Singh, R., & Singh, S. (2020). Socio–demographic determinants of maternal health: A review. Indian Journal of Public Health Research & Development, 11(3), 234–239.

Funding:
This study was not funded by any grant.

Conflict of interest:

The Authors have no conflict of interest to declare that they are relevant to the content of this article.