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Relational Support Pathways During First Pregnancy: A Qualitative Study with Implications for Couple-Based Maternal Health Promotion

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ABSTRACT

Introduction: A first pregnancy involves bodily changes, emotional concerns, and adjustment to an unfamiliar role. Although husband support is widely recognised as part of pregnancy care, it is often discussed as an individual resource or as a set of supportive behaviours. This study explored how support was experienced by couples and how it developed through their everyday interactions during first pregnancy.

Methods: An exploratory qualitative study was conducted with 12 married couples, involving 24 participants who were experiencing their first pregnancy. Participants were purposively recruited from semi-urban and rural communities. Husbands and wives took part in separate in-depth interviews. All interviews were audio-recorded and transcribed verbatim. Data were analysed using Braun and Clarke's thematic analysis. Member checking and peer debriefing were used to support the trustworthiness of the analysis.

Results: Five interconnected themes were developed from the participants' accounts. Physical discomfort and emotional changes created new needs within the couple relationship. Support emerged in everyday exchanges, including conversations, attention to changing needs, and efforts to adjust together. The meaning of a husband's response depended partly on how his wife understood that response. Participants also linked their adjustment to shared experiences within the relationship and, for some, to spiritual ways of understanding pregnancy. These accounts informed the proposed relational support pathways, which describe movement from pregnancy-related vulnerability towards adaptation. Discomfort and uncertainty often prompted a need for reassurance and understanding. Husbands described learning how to respond as pregnancy progressed, while wives interpreted those responses in light of their relationship. Similar actions were not necessarily experienced in the same way by every participant. Spiritual beliefs also helped some participants make sense of and accept pregnancy-related difficulties.

Conclusion: Participants described first pregnancy as a personal transition experienced within a couple relationship. Communication, emotional responsiveness, changing roles, and the meanings attached to pregnancy shaped how support was experienced. Husband support appeared to develop through repeated interaction between partners rather than remaining a fixed role. These findings may inform couple-based antenatal education that addresses communication, emotional responsiveness, and family involvement.

Keywords: First Pregnancy; Psychological Adaptation; Husband Support; Couple Interaction; Relational Support Pathways

INTRODUCTION

Pregnancy is often discussed in relation to physiological change. Women's experiences, however, also include worries, uncertainty, and emotional shifts that may not be easily expressed during routine antenatal care. Physical complaints can occur alongside concerns about the pregnancy, childbirth, or the changes that lie ahead. Maternal mental health during pregnancy has been associated with fetal health and perinatal outcomes (1,2). A purely biological account of pregnancy therefore captures only part of what women experience.

These concerns may become especially noticeable during a first pregnancy. Women are adapting to changes in their bodies while gradually taking on the prospect of motherhood. Excitement and worry may coexist. For some women, the adjustment involves several changes occurring at the same time. Previous research has reported greater emotional distress among primigravidas, whose experiences may also be influenced by their social surroundings, access to care, and relationships with those closest to them.

Within this context, husbands may provide an important source of support. Communication with a partner and emotional involvement have been associated with lower stress, better adherence to antenatal care, and greater preparation for childbirth (3–5). Support, however, is not always experienced in the way it is intended. A husband's effort to help may carry one meaning for him and another for his wife. What happens between them may therefore matter as much as the supportive act itself.

The quality of the couple relationship may shape this experience. Open communication, empathy, and emotional responsiveness can help women manage the demands of pregnancy, while a lack of responsiveness may add to existing concerns. Previous studies have linked relationship quality with emotional well-being during pregnancy (6,7). These interactions also occur within broader expectations about men's roles, family relationships, and pregnancy care (8–10).

Earlier studies have commonly described husband support in terms of emotional assistance, practical help, partner involvement, or relationship quality. These categories are useful, but they offer limited insight into how support develops in ordinary encounters between partners. A concern may be expressed, noticed, or left unspoken. One partner may respond, and the other may interpret that response in a particular way. Over time, such encounters can shape whether support is experienced as helpful, insufficient, or emotionally meaningful (11,12).

This perspective points to several gaps. Husband support is often treated as a resource or behaviour associated with an individual, leaving the relational process through which support acquires meaning less well understood. Research based primarily on mothers' accounts also offers limited opportunities to examine how both members of a couple describe pregnancy-related challenges and their responses to them. Less is known about how the same supportive action may be interpreted differently within a relationship. Evidence from semi-urban and rural Indonesian communities is also limited, particularly in settings where family relationships, religious beliefs, and gender expectations remain closely connected with everyday pregnancy experiences (8–10,13).

A first pregnancy offers a useful setting in which to explore these issues. Couples are entering unfamiliar roles while responding to physical changes, emotional concerns, and practical adjustments. A husband may offer direct assistance, but support can also develop through conversation, attention to changing needs, adjustments in household responsibilities, and the meanings attached to these experiences.

Three bodies of work informed the present interpretation. Social support theory draws attention to emotional and practical assistance during periods of stress. Attachment theory emphasises emotional availability and responsiveness within close relationships. Dyadic perspectives consider coping as something that may involve both partners and their interaction. Together, these perspectives provide a basis for examining pregnancy support as something that can develop within everyday couple relationships.

Relational Support Pathways (RSP) was not specified as an a priori analytic framework. Coding and theme development were predominantly inductive, and the preliminary RSP framework was developed after the themes had been established as an interpretive synthesis of the participants' accounts. Social support, attachment, and dyadic perspectives informed interpretation of the findings but were not used as a predefined coding scheme. RSP is not presented as a new theory or as a causal or temporal model; it organises the connections described by participants among pregnancy-related concerns, partner responses, maternal interpretation, and adaptation.

This study examined how husband support took shape within couple interactions and how participants related these experiences to psychological adaptation during first pregnancy. By interviewing wives and husbands separately in an Indonesian setting, we examined the processes through which couples described support in their daily lives. The findings may also contribute to maternal health promotion approaches that involve partners and families.

METHODS

Qualitative Design

We used an exploratory descriptive qualitative design to explore how primigravida women and their husbands experienced support in everyday life. The focus was on what participants experienced, how they understood those experiences, and how support was described within the couple relationship. A qualitative approach was therefore suited to the study because the aim was not to measure associations between predefined variables.

Maternal age, husband age, gestational age, education, occupation, duration of marriage, and household living arrangement were recorded to describe the participants. These characteristics provide context for the sample and allow readers to consider the transferability of the findings. They are presented in Table 1.

Research Setting

The study took place in community health centres serving semi-urban and rural communities in Indonesia. A reliable count and complete list of the participating centres were not retained in the study documentation and therefore cannot be reported without risking inaccuracy. This reporting limitation affects the description of the sampling frame and should be considered when assessing transferability.

The setting was relevant to the study because husbands were part of everyday household life, providing opportunities to examine how support was experienced between partners. Data were collected from April to July 2025. Interviews were conducted during home visits or visits to community health centres with primigravid women receiving antenatal care.

Participants

The participants were married couples experiencing their first pregnancy. A couple was eligible when the woman was in the second or third trimester, both partners lived in the same household, and both agreed to participate. Couples in which the woman experienced severe pregnancy complications requiring intensive care were excluded because such circumstances could substantially change the nature of support within the relationship. Twelve couples participated in the study, giving a total of 24 participants.

Sampling Technique

Purposive sampling was used to recruit couples through antenatal care services. The study required participants who could describe their experiences of pregnancy and support in some detail. Midwives identified couples who appeared to meet the eligibility criteria. The principal researcher then approached the couples, explained the study, and invited them to participate. Recruitment focused on the second and third trimesters. By these stages, participants had experienced a broader range of physical, emotional, and relational changes associated with pregnancy. The sample included variation in education, occupation, gestational age, and household arrangement where such variation was available. The purpose was to obtain information-rich accounts, not statistical representation or formal maximum variation. The number of eligible couples who declined participation and their reasons for non-participation were not systematically recorded in the recruitment documentation and therefore cannot be reported.

Both partners were recruited because the study concerned support within the couple relationship. Separate accounts from wives and husbands provided an opportunity to examine how partners described the same relationship, including points of agreement and difference.

Researcher Reflexivity

The principal researcher conducted the interviews and had a background in maternity nursing and qualitative research. The available study records do not document whether a pre-existing researcher-participant relationship existed, and they do not record what participants were told about the researcher's professional background. Accordingly, these details cannot be verified retrospectively and no unsupported statement is made. What is documented is that midwives identified eligible couples, the principal researcher approached them, explained the study aims and procedures, and obtained written informed consent before interview. The researcher's professional background and involvement in recruitment and interviewing were considered during reflexive analysis because they could influence rapport, questioning, and interpretation.

Reflexive notes were kept throughout the study. The researcher recorded initial assumptions and personal perspectives and returned to these notes during interpretation. Developing interpretations were also checked repeatedly against the participants' narratives.

Data Collection

Semi-structured in-depth interviews were conducted with the participants. Wives and husbands were interviewed separately. This arrangement gave each participant space to discuss emotional and relationship experiences without the partner present. The interview guide was informed by literature on psychological adaptation during pregnancy, husband support, and couple relationships. Questions were open-ended, and their order was not fixed. When participants raised an issue that required further exploration, the interviewer followed it rather than moving immediately to the next prepared question.

Interviews were conducted in Bahasa Indonesia and the audio recordings were transcribed verbatim. Selected participant quotations were translated into English for reporting in this manuscript. The available study documentation does not identify the individual who performed the translation and does not record a formal back-translation, bilingual review, or other translation-verification procedure. Consequently, the translator identity and translation-accuracy procedure cannot be reported reliably from the records, and no undocumented verification procedure is claimed. Participants chose whether to be interviewed at home or in a private room at a community health centre. Other family members were kept outside the interview space whenever possible. Before each interview, participants were reminded that they could decline to answer any question or stop the interview at any time without consequence.

Each interview lasted between 30 and 60 minutes. With participants' consent, interviews were audio-recorded and transcribed verbatim. Field notes were written during and after the interviews. These notes included contextual details, pauses, facial expressions, and other nonverbal responses that could not be fully conveyed through the transcripts.

Although the partners were interviewed separately, each wife and husband from the same household was assigned the same couple identification code. The code enabled comparison of the two narratives during analysis while maintaining participant anonymity in the reporting.

Data Saturation

Analysis began alongside data collection. This made it possible to review the material as interviews progressed and to consider whether later interviews were adding substantially different accounts.

After the tenth couple, the subsequent interviews largely repeated patterns that had already appeared in the earlier material. Two additional couples were then interviewed. Their accounts were used to examine whether the developing themes were adequately supported across the sample. The purpose was to strengthen the dataset for the study questions and add depth to the interpretation. We therefore do not present this process as evidence of complete thematic saturation.

Data Analysis

The interview data were analysed using Braun and Clarke's reflexive thematic analysis (14). Coding was predominantly inductive. At the beginning of the analysis, the researchers stayed close to the participants' own accounts. Broader interpretations were developed later as codes were examined in relation to one another and grouped into patterns. The initial coding focused mainly on what participants explicitly described. More interpretive work took place as themes were developed. The principal researcher read the transcripts repeatedly and moved between the original accounts, initial codes, and developing themes. Emerging interpretations were discussed with the research team during peer debriefing. These discussions provided opportunities to question assumptions and clarify the interpretation. They were not used to calculate inter-rater agreement.

The transcripts were first read several times to become familiar with each participant's account. Sections that appeared meaningful to the research questions were then coded. Early codes included “husband started asking more often,” “wife felt heard,” and “silent but present.”

Codes with related meanings were examined together. Some were retained as distinct codes, while others were grouped into broader patterns and subthemes. The developing patterns were repeatedly checked against accounts from different participants.

The couple structure of the dataset required attention to each participant's account as well as to the relationship between the two accounts. The husband's and wife's interviews were therefore coded separately at the first stage. Their narratives were then brought together according to couple identification code. This comparison showed where partners described an experience similarly, where their accounts differed, and where one partner provided information that added to the other account.

Differences between partners were retained during analysis, particularly when they concerned expectations about support. A husband might describe himself as actively involved while his wife continued to describe an unmet emotional need. Such differences were treated as part of the data rather than as inconsistencies that had to be resolved.

For example, the participant statement:

“Now my husband often asks about my condition, he didn’t before”

Was initially coded as “change in attention.” The statement was then considered alongside related codes, including “starting to get involved” and “becoming more responsive.” These codes contributed to the subtheme “support that grows through daily interactions.”

Theme development involved repeated movement between individual narratives, comparisons within couples, and the dataset as a whole. Preliminary themes were checked against the original transcripts. Accounts that did not fit comfortably within an emerging theme were revisited. This helped clarify the boundaries between themes and prevented the interpretation from being based only on the most common responses.

Coding and theme development were completed manually using transcript tables, coding matrices, and layered labels. No qualitative analysis software was used. Manual analysis was used so that the researcher remained closely engaged with the original interview material throughout the analytic process.

Trustworthiness

Four aspects of trustworthiness were considered: credibility, dependability, confirmability, and transferability.

For credibility, six couples participated in member checking. They reviewed summaries of the preliminary findings and provided responses to the interpretations. Their feedback generally supported the findings. Minor wording and contextual clarifications were made after this process, while the main themes remained unchanged.

Dependability was addressed by maintaining records of coding development and documenting changes made during theme refinement.

Confirmability was considered through repeated comparison of interpretations with the original participant narratives and through reflexive notes kept during the research process.

Transferability was addressed by providing information about the research setting, participant characteristics, and relevant contextual features. This information allows readers to judge the relevance of the findings to settings with similar characteristics.

Ethical Approval

Ethical approval was obtained from the Health Research Ethics Committee of RSUD Dr. Moewardi (293/II/HREC/2025) on 12 February 2025, before data collection began.

All participants received an explanation of the study and provided written informed consent. Confidentiality and anonymity were maintained throughout the research and reporting process. Participants were informed that they could withdraw from the study at any time without consequence.

RESULTS

Participant Characteristics

Twenty-four participants from 12 married couples were included. All couples were experiencing their first pregnancy, and the women were in the second or third trimester. Partners lived in the same household and therefore had regular opportunities for daily interaction.

Table 1. Characteristics of Participating Couples (N = 12 couples)

Characteristic	Category	n (%)
Maternal age (years)	20–24	3 (25.0)
	25–29	6 (50.0)
	30–34	3 (25.0)
Husband age (years)	20–24	2 (16.7)
	25–29	5 (41.7)
	30–34	5 (41.7)
Gestational age	Second trimester	7 (58.3)
	Third trimester	5 (41.7)
Maternal education	Junior high school	2 (16.7)
	Senior high school	7 (58.3)
	Diploma/Bachelor degree	3 (25.0)
Husband education	Junior high school	1 (8.3)
	Senior high school	8 (66.7)
	Diploma/Bachelor degree	3 (25.0)
Maternal occupation	Homemaker	7 (58.3)
	Private employee	3 (25.0)
	Self-employed	2 (16.7)
Husband occupation	Private employee	6 (50.0)
	Self-employed	4 (33.3)
	Government employee	2 (16.7)
Duration of marriage	<1 year	3 (25.0)
	1–2 years	6 (50.0)
	>2 years	3 (25.0)
Household living arrangement	Nuclear family	8 (66.7)
	Extended family	4 (33.3)

Of the 12 couples, half of the women were aged 25–29 years, and seven were in the second trimester. Most wives and husbands had completed senior high school. Six couples had been married for one to two years, and eight lived in nuclear households. The full distribution is shown in Table 1.

The interviews showed that first pregnancy was described as something experienced by the woman but also negotiated within the couple. Husbands did not necessarily know at the beginning how they should respond. In several accounts, their involvement changed as they became more familiar with their wives' physical and emotional needs.

Five themes were identified from the analysis. Together, they describe how changes during pregnancy were connected with support, interpretation, and adaptation within the couple.

Theme 1. Physical and Emotional Changes Created New Support Needs

Participants described fatigue, pain, sleep disturbance, and reduced physical capacity during their first pregnancy. These changes affected ordinary routines and, in some cases, made women more dependent on their husbands for help. The need was not always for a specific task. Several accounts also pointed to a need for reassurance and emotional understanding.

> *"I have constant back pain… cramps sometimes in my lower abdomen, thighs, and feet… and I've also experienced dizziness."*
> (W1, 26 years old, second trimester)

For some couples, physical discomfort changed the way household activities were divided. Tasks that women had previously handled on their own sometimes became shared tasks. This created more occasions for spouses to talk about what was needed and how the husband could help.

> *"When she started getting tired more easily, I realized I needed to help more at home because she could not do everything herself anymore."*
> (H1, 27 years old)

Women also described becoming more sensitive to uncertainty when bodily changes interfered with daily activities or raised concerns about the pregnancy and birth.

> *"I'm afraid I won't be able to have a natural birth."*
> (W2, 24 years old, third trimester)

For these participants, physical discomfort was therefore not separate from the relationship. It could lead to a request for help, a change in household activity, or a need for reassurance. Pregnancy-related difficulties became part of what the couple had to manage together.

Theme 2. Support Was Constructed Through Everyday Couple Interaction

Support was usually described in ordinary terms rather than as a major event. Participants talked about accompanying one another, asking questions, listening, and noticing changes in mood or comfort. Several husbands said that they became more attentive as pregnancy progressed.

> *"My husband often accompanies me and listens to my concerns."*
> (W4, 25 years old, second trimester)

Her husband described the same relationship from his perspective.

> *"At first I did not really know what to do. I thought being there was enough. Later I started asking how she felt and tried to listen more."*
> (H4, 30 years old)

These accounts point to support as something learned and adjusted through repeated interaction. It was not necessarily present in the form expected at the beginning of pregnancy.

Some wives valued their husbands' practical help but still felt that emotional conversation was limited.

> *"He was usually at home, but we rarely talked about what I was feeling. Sometimes I kept my worries to myself."*
> (W11, 24 years old, third trimester)

One husband also described uncertainty about how to respond to his wife's emotional needs.

> *"Sometimes I did not know what she needed. I just tried to ask more often and pay attention to what made her comfortable."*
> (H11, 32 years old)

The accounts suggest that being physically present did not automatically produce a feeling of support. Participants repeatedly referred to communication and emotional responsiveness as part of what made the husband's involvement meaningful.

Theme 3. The Meaning of Support Depended on Maternal Interpretation

Participants made a distinction between receiving an action and feeling supported by that action. The same behaviour could be understood differently depending on the relationship and the woman's interpretation of what her husband was doing.

For several women, small gestures were enough to provide reassurance.

> *"When he asks how I am doing after work, I feel calmer because it means he is paying attention."*
> (W7, 27 years old, third trimester)

Her husband described the same interaction from his own perspective.

> *"I always try to ask how she is feeling because sometimes she does not say it directly. I want her to know that I care."*
> (H7)

The two accounts referred to the same behaviour but highlighted different meanings. The wife focused on the sense of reassurance she received, while the husband described his intention to show attentiveness and care.

Theme 4. Psychological Adaptation Emerged Through Relational and Spiritual Meaning-Making

Participants did not describe psychological adaptation only as the management of symptoms or difficult emotions. They also talked about how they understood pregnancy, their relationships, and the meaning they gave to difficult experiences.

> *"Enjoyed it... especially since we're Muslims... maybe feeling pain is like expiating sins."*
> (W8, 29 years old, third trimester)

For some women, discomfort was understood as part of a meaningful transition. Religious belief sometimes provided a way of accepting uncertainty and physical discomfort.

Her husband also described using religious beliefs when encouraging his wife during pregnancy.

> *"I often reminded her that pregnancy is part of God's plan. We tried to face the difficulties together and be grateful."*
> (H8, 31 years old)

Relational experiences were part of this process as well. Women who described open communication and responsive husbands often said that they felt more confident or less overwhelmed. When communication was limited, some women continued to feel uncertain even though their husbands were physically present.

Taken together, the accounts indicate that participants understood adaptation through a combination of individual coping, relationship experiences, and spiritual meaning-making.

Theme 5. Relational Support Pathways: From Vulnerability to Adaptation

Across the findings, participants described a recurring connection between pregnancy-related changes, support from the husband, and the woman's interpretation of that support. We did not treat this connection as a fixed sequence. Rather, it was a way of organising how participants talked about their experiences.

Physical discomfort could create a need for practical help, reassurance, or someone to listen. Women sometimes stated these needs directly. At other times, husbands described noticing changes in mood, silence, or everyday behaviour and trying to respond. Responses included listening, accompanying the wife, helping with household activities, and offering reassurance. The wife then made sense of the response in the context of the relationship. For some, it felt caring. For others, an emotional need remained.

Comparing husbands' and wives' accounts helped us identify both shared and differing descriptions of support across couples. In one couple, both partners described a similar pattern of supportive communication. The wife said:

"When he asks how I am doing after work, I feel calmer because it means he is paying attention." (W7, 27 years old, third trimester)

Her husband described a similar intention.

"I always try to ask how she is feeling because sometimes she does not say it directly. I want her to know that I care." (H7)

The two accounts were not identical, but both pointed to ordinary conversation as a source of reassurance and closeness.

A different account showed that practical help did not always resolve emotional concerns. One wife explained:

"He helped with things at home, but sometimes I still felt he did not really understand what I was worried about." (W10, 25 years old, second trimester)

This account did not have a directly paired husband quotation in the analysis. However, several husbands described practical assistance as an important way of showing support. The comparison therefore suggested a difference between what a partner intended to provide and what the other partner experienced.

Across the interviews, similar behaviours could be given different meanings. During coding, statements about feeling calmer, understood, more accepting of pregnancy, or less overwhelmed after interaction with the husband were interpreted as accounts of psychological adaptation. These were participants' descriptions of their experiences, not clinical measures of mental health.

The findings were used to develop the preliminary Relational Support Pathways framework. The framework is an interpretive reconstruction of the accounts rather than a causal or temporal model. It describes how pregnancy-related concerns, partner responses, and maternal interpretation appeared to connect in the narratives. Longitudinal studies are needed to determine whether these patterns persist or change during pregnancy. Table 2 summarises the themes and subthemes, and Figure 1 presents the preliminary RSP framework.

Table 2. Themes and Subthemes of Relational Support Pathways During First Pregnancy

Main Theme	Subtheme
Physical and Emotional Changes Created New Support Needs	Physical discomfort and emotional vulnerability
Support Was Constructed Through Everyday Couple Interaction	Everyday communication and partner responsiveness
The Meaning of Support Depended on Maternal Interpretation	Feeling understood and emotionally supported
Psychological Adaptation Emerged Through Relational and Spiritual Meaning-Making	Relational reassurance and spiritual meaning-making
Relational Support Pathways: From Vulnerability to Adaptation	Shared and differing interpretations of supportive interactions

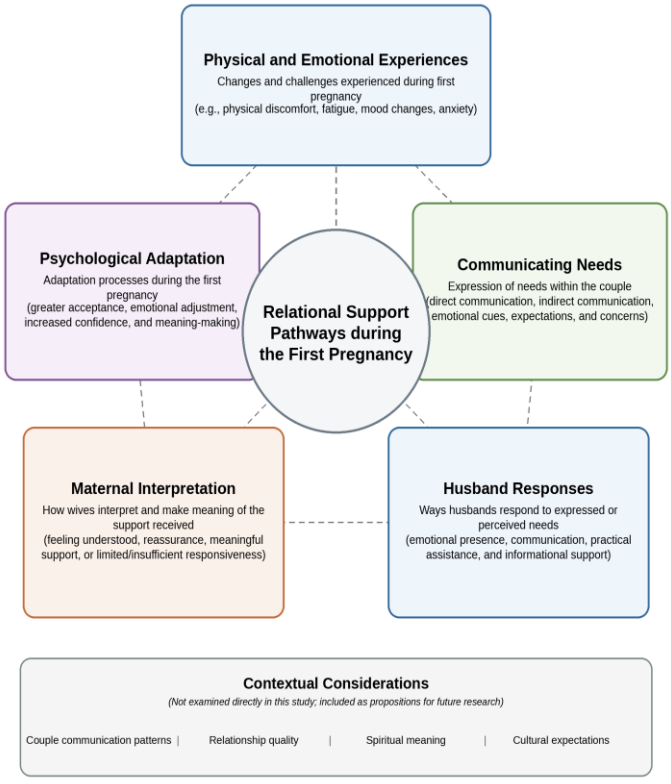

Figure 1. Preliminary Relational Support Pathways Framework

Note. This figure illustrates the five key themes and their conceptual linkages identified from participants' narratives. The dashed lines indicate conceptual linkage only and do not represent an observed sequence, direction of influence, causality, or temporal order. This framework is interpretive and exploratory in nature. Contextual considerations are included as propositions for future research and were not examined as independent analytical domains in the present study.

DISCUSSION

Relational Support Pathways as a Dynamic Process of Adaptation

For the couples in this study, first pregnancy involved physical discomfort, uncertainty, and changes in ordinary married life. These experiences sometimes left women wanting reassurance, practical help, or someone who would listen. The accounts from both partners suggest that pregnancy was experienced within the relationship, with changes in one partner often becoming part of the other partner's daily experience.

Earlier studies have linked partner support with maternal well-being during pregnancy (15–17). The present findings provide a closer examination of how couples described that support in everyday situations. Several husbands recalled being unsure at first about what their wives needed. As pregnancy progressed, they noticed changes in their wives and adjusted their responses. Their accounts suggest that involvement was learned through experience within the relationship. It was not always something they felt prepared to provide from the beginning.

The RSP framework helps bring these observations together. Physical discomfort or emotional uncertainty could create a need for support (18,19). Sometimes the need was expressed directly. At other times, husbands noticed changes in mood, behaviour, or daily activities without being told explicitly. Responses included listening, offering reassurance, helping with household tasks, or simply staying available. Wives then made sense of these responses in their own way. What followed was not necessarily the same from one couple to another. The accounts instead point to a continuing exchange between need, response, and interpretation.

The Importance of Interpretation in Making Support Meaningful

A recurring point in the interviews was the difference between what a husband did and how that action was experienced by his wife. The action itself mattered, but its meaning depended partly on the woman's interpretation of it.

Asking about a wife's condition, listening to her concerns, and paying attention to changes in her daily experience were described as forms of care. Practical assistance could also be useful. Yet several accounts showed that household help did not always address an emotional concern. A woman could appreciate the work her husband had done and still wish that he had talked with her about what was worrying her.

This observation is consistent with the view that supportive behaviour takes on meaning within an interpersonal context (20,21). Participants described support as more meaningful when they experienced their husbands as attentive and responsive (22).

The interviews also revealed situations in which a husband's intention and his wife's interpretation did not fully match. Some husbands considered their presence or practical help sufficient. Their wives sometimes continued to describe an emotional need. The opposite could also occur. A husband might not recognise the importance of a small gesture, while his wife remembered it as reassuring. Support, therefore, was shaped in the interaction between the two partners. The provider's intention was only one part of that experience.

Couple Interaction as a Process of Relational Adjustment During First Pregnancy

Pregnancy changed the content of everyday conversations for many of the couples. Discussions began to include bodily changes, worries, preparation for the baby, and expectations about becoming parents. Talking became one way of finding out what the other person needed. It also gave couples an opportunity to adjust responsibilities as circumstances changed.

Previous research has described communication as an important part of pregnancy experiences (23–25). In the present study, participants talked about communication as something they used in dealing with pregnancy as it unfolded. Through conversation, some couples worked out practical needs and expectations. Emotional reassurance could also emerge from these exchanges.

Participants who described their communication as open and responsive more often spoke about feeling understood or emotionally close to their husbands. A different pattern appeared in accounts where communication was limited. Some women said that they kept their worries to themselves even when their husbands were physically present.

These findings can be viewed in relation to attachment perspectives, which emphasise emotional availability and responsiveness in close relationships (26,27). The accounts in this study do not establish an attachment process. They do, however, show that participants associated a sense of security with repeated experiences of being listened to, noticed, and responded to in everyday life.

Cultural and Spiritual Contexts Shaping Psychological Adaptation

The social setting is important when considering these accounts. Most participants lived in Javanese semi-urban or rural communities where family responsibilities and marital roles form part of everyday life. Culture was not examined as a separate analytic category in this study. Even so, participants frequently described husband support through practical involvement. Accompanying antenatal visits, helping with household work, and taking responsibility for family needs were among the forms of involvement described. Emotional reassurance was also present, although it received less emphasis in some accounts. These patterns may be related to expectations surrounding family and partner roles in the local setting (28–31).

Such an interpretation should remain cautious because the study did not directly examine cultural norms or compare participants across cultural groups.

Religious beliefs also appeared in some interviews. Several women spoke about faith when describing how they dealt with physical discomfort and uncertainty during pregnancy. In some accounts, this way of understanding pregnancy was mentioned alongside reassurance from the husband. For these participants, spiritual meaning and relational experience

appeared to sit alongside one another. This was not reported by every couple, and spirituality was not analysed as a separate domain. The findings therefore point to a possible connection rather than a defined psychological mechanism (32).

Scientific Contribution

The principal contribution of this study lies in how husband support was described within the couple relationship. Participants did not describe support as a stable set of behaviours that remained the same throughout pregnancy. Their accounts showed changes in how husbands responded and how wives experienced those responses.

Communication, emotional responsiveness, and the meanings attached to pregnancy were closely woven into these experiences. A husband's action mattered, but so did the woman's understanding of what he had done. This distinction helps explain why the same form of assistance could be experienced differently by different women.

The accounts also bring physical changes, emotional vulnerability, spiritual meaning-making, and couple interaction into the same interpretive frame. These observations informed the preliminary RSP framework. The framework is intended to organise what participants described about their experiences. It should not be read as a tested model of how adaptation occurs.

Practical Implications

The findings point to a broader role for husbands in antenatal care. Attendance at appointments may provide an opportunity for involvement, but participants' accounts also drew attention to what happens between visits, particularly when women experience discomfort, worry, or changes in their emotional state.

Couple-based antenatal education could include discussion of emotional changes during pregnancy, ways of communicating needs, changes in household responsibilities, and preparation for parenthood. These topics are grounded in the experiences reported by participants. Their effectiveness, however, cannot be inferred from this qualitative study. Intervention studies would be needed before such content could be recommended as routine practice.

Health professionals may also have a role in helping husbands notice emotional needs that are not always stated directly. Simple guidance on listening, reassurance, and responding to changes in a partner's needs may help couples discuss these issues more openly.

Research Limitations

Several limitations affect how these findings should be interpreted.

The data were generated through interviews. They represent participants' accounts of their experiences and do not provide direct observation of what occurred in the home or during other everyday interactions.

Participants may also have presented their relationships in a favourable way. Marital harmony and supportive family relationships may be valued in the study setting, which could have influenced how husbands and wives talked about communication, support, and their respective roles.

Although both members of each couple were interviewed separately and their accounts were compared, the study did not employ a fully developed dyadic analytic method. The analysis could identify areas of agreement and difference between partners, but it was not designed to formally model couple interaction. For this reason, the RSP framework should remain an exploratory interpretation of the data.

The study was conducted in semi-urban and rural communities within a predominantly Javanese setting. Local values, religious beliefs, family expectations, and gender roles may have influenced the way support was expressed and understood. The findings should therefore be read in relation to this context rather than assumed to apply in the same way to other populations.

The participants also varied in age, education, occupation, household arrangement, and socioeconomic circumstances. These differences may have shaped pregnancy experiences and perceptions of support, but the study did not examine these factors in depth.

Further research could include couples from different social and cultural settings. Longitudinal studies would also be useful for examining how accounts of support change as pregnancy progresses and as couples enter parenthood.

The available study documentation also did not preserve information sufficient to verify whether the principal researcher had a pre-existing relationship with participants, what participants were told about the researcher's professional background, who translated selected quotations into English, or whether a formal translation-verification procedure was used. These are reporting limitations and should not be interpreted as evidence that a relationship or verification procedure did or did not occur.

Novelty Contribution

This study offers a relational account of husband support during a first pregnancy. The interviews show how listening, noticing concerns, responding to them, and adjusting to changing needs were described as part of ordinary interaction between partners.

Relational Support Pathways is proposed as a way to represent this pattern. The concept places the interaction between partners at the centre of the interpretation. A husband's behaviour remains important, but the experience of support also depended on how his wife understood and responded to that behaviour.

Previous studies have examined husband support, psychological adaptation, and couple relationships from different perspectives. The present study considers these areas together through the accounts of both partners. Physical changes, emotional concerns, communication, and meaning-making were sometimes described in the same experiences of pregnancy and adjustment.

RSP is intended to organise these observations and guide further inquiry. It is not presented as evidence of a causal pathway. Its value will need to be examined in other populations and through research designs that can follow couples over time.

CONCLUSION

For the couples interviewed in this study, a first pregnancy was a personal transition that was experienced within married life. Physical changes and emotional concerns became part of everyday interaction between partners. Conversations about pregnancy also brought changes in expectations, responsibilities, and preparation for parenthood.

Practical assistance was important, but it did not always provide the kind of support women were seeking. Being listened to, understood, and emotionally acknowledged also mattered. In some accounts, a husband's physical presence was not experienced as sufficient when emotional responsiveness was lacking.

The interviews indicate that husband support developed through interaction. Couples described noticing needs, responding to them, adjusting to changes, and attaching meaning to these exchanges. These observations informed the preliminary concept of Relational Support Pathways.

RSP remains exploratory. It was developed from a small group of couples in a particular cultural setting and should not be interpreted as a general model of psychological adaptation. Studies involving other populations and settings are needed to examine whether the pattern is also evident elsewhere.

The accounts suggest that adjustment to a first pregnancy involves more than individual coping. How couples communicate, respond to one another, adjust their roles, and make sense of pregnancy can also shape how the experience of support is understood.

DECLARATIONS

Author contributions: Dian Puspitasari: Conceptualization, Methodology, Investigation, Formal analysis, Writing - original draft, Writing - review & editing. Agus Kristiyanto: Conceptualization, Methodology, Investigation, Formal analysis, Writing - original draft, Writing - review & editing. Supriyadi Hari Respati: Conceptualization, Methodology, Investigation, Formal analysis, Writing - original draft, Writing - review & editing. Haryani Saptaningtyas: Conceptualization, Methodology, Investigation, Formal analysis, Writing - original draft, Writing - review & editing. All authors reviewed and approved the final manuscript and accept accountability for their contributions.

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