

Antenatal Care-Knowledge of Spouses of Pregnant Women

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Abstract: *Background:* Good knowledge and positive attitude of spouses of pregnant women regarding antenatal care gives best outcome. *Aim:* To assess the knowledge and attitude of spouses of pregnant women regarding antenatal care. *Method:* cross sectional descriptive survey design study from Dec 2018 to Jan 2019. 50 samples were taken from spouses of pregnant women attending ANC OPD and admitted to maternity ward in a tertiary care centre. *Result:* Most of the (80%) had average knowledge and 96 % had positive attitude about antenatal care. No significant association between the knowledge and socio demographic variables. *Conclusion:* By improving the health of mother, we contribute to the health of general population. So spouses need to be motivated with more educational and motivational programs on ANC at health centers.

Keywords: Knowledge, Attitude, Spouses, Pregnant women, Antenatal care

1. Introduction

Involvement of men in the maternity care of their counterparts has become important because of the realization that men's behavior can significantly affect the health outcomes of the women and babies. Therefore, the researcher felt the need to take up a research study to assess the knowledge and attitude of spouses of pregnant women regarding antenatal care in a tertiary care center.

2. Methodology

A cross sectional descriptive research approach was adopted for the present study. The study population consisted of 50 spouses of pregnant women who were selected from antenatal OPD and maternity ward of a tertiary care center during the study period. The samples were selected by Non-Probability purposive sampling technique. The tool was developed both in English and Hindi, which was used for data collection. It consisted of semi structured questionnaire with 8 socio demographic variables and 20 questions on knowledge regarding antenatal care and a Likert's scale consisting of 20 statements to assess the attitude of spouses of pregnant women regarding antenatal care. The tool was validated by seven experts from the field of Obstetrics and Gynecology in order to obtain valuable suggestion towards refinement of tool. Prior administrative permission was obtained to conduct this study from the members of Ethical Committee Reviewers. Pilot study was conducted among 05 participants to check the clarity of questionnaire and feasibility of the study. The test and retest method were done, and the tool was found to be reliable. The subjects were informed regarding the purpose of the study, written consent was obtained, and utmost confidentiality was assured regarding disclosure of the subjects.

3. Analysis

The response of the respondents was coded and tabulated into excel sheet in MS Office application. The total knowledge score was 20 which was divided as (0-7) poor knowledge, (8-14) average knowledge and (15-20) as good knowledge. Similarly, the total attitude score was 100 which

was divided into two categories, (20-60) negative and (60-100) as positive. After tabulation, the data was analyzed using descriptive statistics and was represented in the form of pie diagrams, line graph and bar diagram. To find the association between level of knowledge and selected variables, inferential statistics chi square of SPSS software was used. Data was analyzed at confidence interval of 95% with p value of <0.05.

4. Results

Out of 50 samples, majority 26(52%) of spouses of pregnant women were from the age group of 26-30 years, 22(44%) were graduates, 42(84%) were from joint family 36(72%) were first time parents i.e first birth order, 21(42%) acquired their knowledge from health centre, 36(72%) made decisions jointly with wife and 41(82%) were above 21 years of age at the time of marriage.

Sno	Demographic Variables	Frequency	Percentage
1	AGE		
	21-25 Years	10	20%
	26-30 years	26	52%
	31-35 years	12	24%
	36-40 years	2	4%
	>40 years	0	-
2	Educational Qualification		
	Primary	0	-
	Secondary	4	8%
	Higher secondary	19	38%
	Graduation	22	44%
	Post-graduation	5	10%
3	Family Type		
	Nuclear	8	16%
	Joint	42	84%
	Extended	0	-
4	Birth Order		
	First child	36	72%
	Second child	13	26%
	Third child	1	2%
	More than three	0	-
5	Source of Knowledge		
	Family	19	38%
	Friends	3	6%
	Media	7	14%
	Health Centre	21	42%

6	Decision Maker		
	Self	10	20%
	Wife	2	4%
	Jointly with wife	36	72%
	Your parents	2	4%
	Her parents	0	-
7	Age at the Time of Marriage		
	<21 years	9	18%
	>21 years	41	82%

36(72%) of the spouses knew about the concept of ante natal care. 39(78%) of spouses were aware of the test which are conducted during the early pregnancy. 43(86%) of spouses knew about the supplements which are required during the pregnancy. Only 8(16%) spouses knew that folic acid is the supplement given during the initial months to prevent foetal neurological defect. 33(66%) of the spouses knew that anaemia is preventable by giving iron supplements. 31(62%) of the spouses were aware that intercourse should not be in the first and last trimesters during pregnancy. 32(64%) of the respondents were aware of the minor ailments during pregnancy.

Based on the knowledge score, 10% of the respondents had good knowledge, 80% had average knowledge and 10% had below average knowledge on antenatal care.

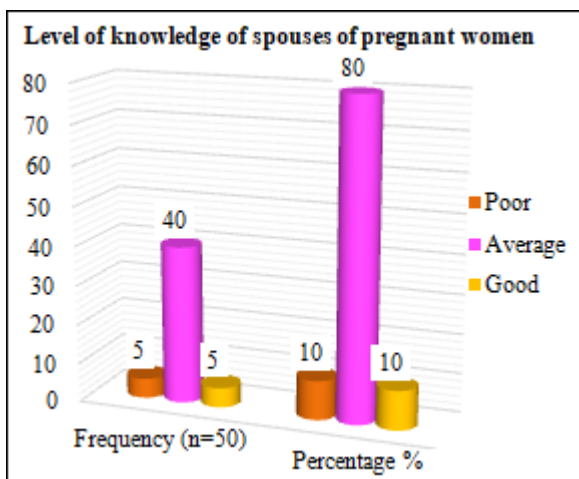


Figure 1.0: Depicts the distribution of level of knowledge of spouses of pregnant women. Among which 5(10%) had good knowledge about antenatal care, 40(80%) had average knowledge and 5(10%) had poor knowledge

Regarding attitude, 27(54%) agreed to the importance of preconception check-up, 29(58%) disagreed to the fact that antenatal care is required only if there is a complication. 21(42%) disagreed that the role of husband is only to provide financial support, 24(48%) agreed that the first antenatal examination should be done within the first three months, 23(46%) disagreed that spouses accompanying wife during antenatal check-up is not necessary, 21(42%) agreed that ultrasound is not harmful for the baby, 28(56%) strongly agreed that Inj TT should be administered during pregnancy, 22(44%) strongly disagreed that it is not important to know blood group of a pregnant women, 32(64%) strongly agreed that providing balance diet is important for a pregnant women, 25(50%) agreed that iron rich diet and supplements should be provided to increase iron level in pregnant women, 19(38%) strongly agreed that iron and calcium can

be consumed together, 29(58%) strongly agreed that smoking and alcohol intake effects foetal growth and, 25(50%) agreed that heartburn, backache and increase in urine frequency are normal during pregnancy and, 21(42%) disagreed that increase in blood pressure is normal in pregnancy, 22(44%) agreed that adequate rest and 8 -10 hrs sleep is necessary during pregnancy, 22(44%) disagreed that preparation for the arrival of baby should not be done well in advance before delivery, 25(50%) disagreed that working women should discontinue to work when they get pregnant, 25(50%) disagreed that both home delivery and institutional delivery are safe.

Based on attitude score, 96 % had positive attitude and 4 % had negative attitude.

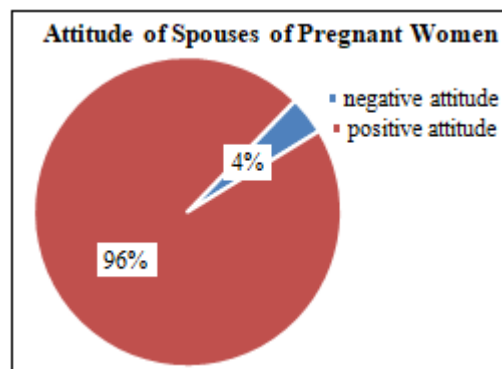


Figure 2: Distribution of spouses of pregnant women as per attitude score

None of the selected variables i.e age, educational qualification, birth order, source of information, type of family and decision making power had statistically significant association with the level of knowledge.

5. Discussion

Antenatal care is the care a woman receives throughout her pregnancy and is important in helping to ensure that women and newborns survive pregnancy and childbirth. To achieve this, the spouse of pregnant women needs the required knowledge and the attitude towards it.

A study conducted by Sadhana Awasthi, DeokiNandan, AK Mehrotra, Ravi Shankar in 2008 at Agra reported that 61.10 % of husbands were in the age group of 25-34 years, literacy status of husbands reflected that 14.44 % were illiterate and 29.7 % were having 10 years of schooling. More than half 58.89% belonged to nuclear families¹², whereas in the present study ,52% of husbands belonged to the age group of 26-30 years, 44 % were graduates and 84% belonged to joint family.

A similar study was conducted by NehaPruthi, Sumitra Bacchani, Vandana Singh in 2015 at New Delhi which revealed that the mean age of participants was 29±4.9 years, more than half had completed middle school, equal number of respondents lived in nuclear families and 69.5 % of the husbands were the decision makers regarding the health care. All these socio demographic findings were in accordance with the present study.⁷

Based on the knowledge score, 10% of the respondents had good knowledge on antenatal care, 80% had average knowledge and 10% had below average knowledge on antenatal care.

A similar study was conducted by BhattaBimla in 2011 revealed that the knowledge level of spouse is low during pregnancy. There was low knowledge of emergency obstetric conditions, birth preparedness and danger signs during pregnancy.¹¹This study is in accordance to the present study as 80% of spouses of pregnant women had average knowledge regarding antenatal care.

A study conducted by SadhanaAwasthi, DeokiNandan, AK Mehrotra, Ravi Shankar in 2008 at Agra revealed that there was a lack of positive attitude towards maternal care.¹²This study is contrary to the present study as 96% of respondents had positive attitude regarding antenatal care.

A study conducted by Illiyasu Z, Abubakkar IS ,Galadanci HS in 2010 at Nigeria reported that young paternal age, formal education were independent predictors of male participation in maternity care¹⁰ whereas in the present study, knowledge was found to be higher among graduates.

Another study conducted by NehaPruthi, SumitraBacchani, Vandana Singh in 2015 at New Delhi revealed that those spouses who got married after 21 years of age had marginally higher knowledge than those who got married before 21 years of age⁷. The similar findings were revealed in the present study which showed that the knowledge about antenatal care was significantly higher in spouses who got married after 21 years of age.

However, none of the selected variables i.e age, educational qualification, birth order, source of information, type of family and decision making power had statistically significant association with the level of knowledge at confidence interval of 95% with p value <0.05. However, it cannot be generalised owing to the less number of samples.

6. Conclusion

The spouses of pregnant women possessed good knowledge of antenatal care and positive attitude. However, as reinforcement is one of the principles of health education, they need to be motivated with more educational and motivational programs on ANC at health centers. Pamphlets and booklets specially designed for spouses of pregnant women must be designed on ANC and should be available at the health care centers and must be distributed during the first checkup. It should be mandatory for husbands to accompany with their spouses for at least first three antenatal checkups.

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