

Knowledge of Husbands of Primigravidae Regarding Antenatal Care

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Pregnancy, including birth, is perhaps the most emotional and dramatic experience in a woman's life. It involves all the family members because 'conception is the beginning not only of a growing foetus but also the family's new form with an additional member and with changed relationship'.

Each member in a family has a role in pregnancy just as the woman does. However, not all men are able or willing to attend the child birth and antenatal care because of cultural conditioning and their personality. The partners' main role in pregnancy is to nurture and respond to the pregnant woman's feelings of vulnerability. The partner must also deal with the reality of the pregnancy. The partner's support indicates his involvement in the pregnancy and preparation for attachment to the child. Birth partners need to be kept informed, supported, and included in all activities in which the mother desires their participation.

Objectives

This study attempted :

- ◆ To assess the knowledge of husbands of primigravidae on antenatal care by knowledge score.
- ◆ To determine the association between selected de-

mographic variables such as age, religion, educational status, occupation, income, type of family, type of marriage, duration of marital life, preference for place of delivery, source of information and the knowledge of husbands of primigravidae on antenatal care.

- ◆ To develop a health information booklet for husbands of primigravidae on antenatal care.

Assumptions: The husbands of primigravidae may not have adequate knowledge about antenatal care and would willingly participate in the study and express their knowledge on antenatal care.

Conceptual framework: The conceptual framework of this study was based on Noel J Pender's Health Promotion Model (1987). The model focuses on three major categories of determinants of health: the cognitive perceptual factors, the modifying factors, participation in health promoting behaviour.

Methodology

The research design used in this study was non-experimental descriptive in nature. The study was conducted at antenatal outpatient department (OPD) of Bowring and Lady Curzon Hospital, Bangalore. The target population con-

sisted of husbands of primigravidae. The samples included husbands of 100 primigravidae women attending antenatal OPD at Bowring and Lady Curzon Hospital, Bangalore. Non-probability, purposive sampling was used for this study. The tool used for the research study was the structured interview schedule consisting of Section I (demographic data) and Section II (consisting of 50 items relating to knowledge on antenatal care). The distribution of items was based on three domains namely knowledge (27 items), comprehension (12) and problem solving (11) covering all aspects of antenatal care. The content validity of interview schedule was ensured by submitting the tool to the experts in the field of OBG for content validation. Pilot study was done on 10 non-sample subjects (who were not included in the study) at Jayanagar General Hospital.

Findings

Demographic characteristics

- ◆ Majority of the participants (43%) were in the age group of 25-29 years, minimum age was 20 years, maximum age 38 years and mean age was 27.6 years.
- ◆ Majority of the participants (65%) were Hindu.
- ◆ Majority of them (29%) completed primary education and 28 percent of them had high school education.
- ◆ Majority of the participants

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(61%) were working in private sector.

- ◆ 50 percent of them belonged to joint family and 50 percent were from nuclear family.
- ◆ Duration of marital life of majority (48%) of participants was six months to one year.
- ◆ Majority (91%) of them preferred hospital delivery and 9 percent preferred home delivery.
- ◆ Majority (71%) were willing to participate during delivery while 29 percent were not willing.

Knowledge level of participants on antenatal care

- ◆ In the area-wise analysis, it was observed that, maximum score old knowledge was 84 percent in antenatal registration and antenatal visits, and the minimum 35 percent in the area of immunisation.
- ◆ The overall mean knowledge score obtained by the husbands of primigravidae was 27.76, and median score was 27 and standard deviation was 6.13.

Association between knowledge scores and demographic variables

- There was a significant association between the knowledge level of husbands of primigravidae and selected demographic variables like age group of participants $\chi^2=15.27$ ($p<0.01$), education of participants $\chi^2=49.76$ ($p<0.001$), income of the participants $\chi^2=10.06$ ($p<0.01$), source of information – relatives $\chi^2=5.62$ ($p<0.05$) and cinema $\chi^2=5.93$ ($p<0.05$). Hence the null hypothesis is rejected at 0.05 level

of significance.

- There was no significant association between the knowledge level of the husbands of primigravidae and demographic variables like Religion $\chi^2=3.81$ ($p=0.15$), type of Family and type of Marriage $\chi^2=0.01$ ($p=0.97$), duration of Marital life $\chi^2=4.47$ ($p=0.21$), preference for Delivery $\chi^2=1.47$ ($p=0.23$), and the source of Information from Radio $\chi^2=0.31$ ($p>0.05$), Television $\chi^2=0.47$ ($p>0.05$), Newspaper $\chi^2=3.28$ ($p>0.05$), Friends $\chi^2=0.89$ ($p>0.05$), Magazines $\chi^2=0.32$ ($p>0.05$), Health personnel $\chi^2=3.41$ ($p>0.05$), hence the null hypothesis is accepted at 0.05 level of significance.

Implications for Nursing

Nursing Practice: Maternity nurse and midwife in antenatal clinic play a vital role in imparting knowledge to the pregnant women and husbands. Hospital routines of care, infrastructure need to be improved and policies need to be modified. On assessment of the knowledge study participants said that they were not informed about the wives' condition.

Hence the study recommends that the nurses in the clinical area should encourage individual conversation with the to-be fathers as part of the basic programme, conduct pre-conceptual counselling to first time fathers on routine antenatal care by health professionals in OPDs as well as maternity wards and community settings. Husbands' involvement in antenatal care can lead to healthier mother and baby.

Nursing Education: Use of educational strategies should encourage involvement of husbands in antenatal clinic to impart antenatal education to promote better maternal and neonatal outcome.

Nursing Administration: Institutions providing maternity services should review their policies and practices regarding husband's involvement in antenatal care. They can develop guidelines for expectant fathers. Nursing administrators should take initiative and be involved in organising parenthood programmes in the community settings.

Nursing Research: The findings of the study can serve as a basis for the professional and student nurses for further studies on husbands' involvement in antenatal care of pregnant women. It will motivate the initial researchers to conduct the same study on large scale.

Recommendations

(a) The study can be replicated on larger sample, in different settings; (b) Follow-up study can be conducted to evaluate the effectiveness of health information booklet; (c) The same study can be replicated (i) on husbands' involvement in antenatal care with different government hospital and private setting, (ii) by including attitudes of husbands of primigravidae; (d) Comparative studies can be conducted (i) on specific age groups of adolescents and adults, (ii) on husbands' involvement in antenatal care between primigravidae and multigravidae;

(e) An exploratory study can be done on specific aspects of antenatal care by involving husbands; (f) An experimental study can be conducted with structured learning programme on knowledge, attitude and practice of antenatal care among husbands of primigravidae.

Conclusion

Husbands have special needs for support and encouragement during pregnancy of their wives maybe as important as those of mothers-to-be. Husbands had inadequate exposure to reproductive matters and little or no involvement in meeting the wives' needs during pregnancy. This study helped the husbands' involvement in antenatal care of their wives

and shape their early transition to fatherhood.

References

1. Lowdermilk D, Perry TE, Bobak TM (1997). Maternity and Women's Health Care. 6th edn, St Luis : Mosby Publication, pp 187-96
2. Pilleteri A (1995). Maternal and Child Health Nursing. 2nd edn, Philadelphia : JB Lippincot Company, pp 169-73
3. Olds SB, London ML, Ledewig PW (1966). Maternal and Newborn Nursing – A Family Centered Approach. Menlo-tark : Addison Wesley, pp 290-92, 323-25
4. Nagrath A, Malhotra N, Singh M (2003). Progress in Obstetrics and Gynagcology, Vol I, 1st edn, New Delhi : Jaypee Brothers Medical Publishers (P) Ltd, pp 3-24
5. Neff MC, Spray M (1996). Introduction to Maternal and Child Health Nursing. Philadelphia : Lippincott, pp 100-101
6. Park K (2005). Park's Text Book of Preventive and Social Medicine, 18th edn, Jabalpur: Banarsidas Bhanot Publishers, pp 386-89, 412-14
7. Burroughs A (1992). Maternity Nursing – An Introductory Text. 6th edn. Philadelphia : WB Saunders Company, pp 3-10
8. Polit DF, Hungler BP (1999). Nursing Research – Principles and Methods. 6th edn, Philadelphia : Lippincott, pp 79, 105-10, 716, 720
9. Stanhope M, Lancaster J (1992). Community Health Nursing – Process and Practice for Promoting Health. 3rd edn, St Louis : Mosby, pp 188-89
10. Kozier B, Erb G, Berman A, Snyder SJ (2004). Fundamentals of Nursing – Concepts, Process and Practice. 7th edn, India : Pearson Education, pp 123

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