



Research Article

Assess the Knowledge and Attitude of Expectant Fathers on Safe Motherhood

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Abstract

Aim: The aim of the study was to assess the knowledge and attitude of expectant fathers on safe motherhood. **Methods:** Research design: An exploratory survey research design was used to carry out the present study. The method adopted for the study descriptive approach. In the study, the correlation between knowledge and attitude of expectant fathers with selected demographic variables was described. The knowledge was assessed by administering a structured questionnaire and attitude using Likert attitude scale. The setting for this study was the selected outpatient department (OPD) of the hospital of Pune city. The population of the study comprised expectant fathers attending the antenatal OPD and who meet the designed criteria for the study. A convenient sampling technique was used for selecting 60 expectant fathers from antenatal OPD of selected hospital who met the designed criteria during the period of data collection. **Result:** Of 60 samples, 14 (26.67%) had poor knowledge, 46 (73.33%) had average knowledge, and no sample had good knowledge score. Forty (66.67%) of fathers had positive attitude toward safe motherhood and 20 (33.33%) had negative attitude toward safe motherhood. The correlation between knowledge and attitude was $r = 0.24$ and $P > 0.05$, so there was no correlation between knowledge and attitude of expectant fathers. There was an association between knowledge scores and educational status, occupation, and monthly income of fathers regarding safe motherhood as $P < 0.01$ level of statistical significance. There was an association between attitude scores and educational status of fathers regarding safe motherhood as $P < 0.01$ level of statistical significance. **Conclusion:** A significant relationship obtained between the expectant father's knowledge score and age of fathers, duration of marriage, gestational age of mother, religion, education of father, occupation of father, monthly income, and type of family.

Key words: Assess, attitude, expectant fathers, knowledge, safe motherhood

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Introduction

Pregnancy is a kind of miracle. Especially so in that it proves that a man and woman can conspire to force God to create a new soul.

Robert Anton Wilson

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Every woman has been created by God so that she can give birth to a new life. The age between 20 and 35 years is considered to be the reproductive age group.^[1] All human life on planet is born of women, who nourishes her fetus and gives birth to child. Woman, the life-giver, is vulnerable to losing her life in this process. Pregnancy links the mother and the fetus and is the basis for regenerating the generations. From conception till delivery, it is a pride for every mother to know that she is nourishing another life within her, and the dreams of a healthy child never fade from the memory of the mother.

Parenthood is a lifelong commitment that requires intellectual and psychological maturity. The commencement of the first pregnancy marks the beginning of parenthood. The birth of the first child is indeed a boon to the family. The parents will be very much motivated and will be hungry to satisfy their need to understand themselves and to gain the knowledge and skills required, to cope with the

forthcoming experiences and responsibilities. Each mother and father want to explore their feelings and their thoughts about the amazing reality of a child growing within the womb. Parenting is a process of role attainment and role transition that begin during pregnancy. The transition ends when the parent develops a sense of comfort and confidence in performing the parental role.^[2]

The important role of men as the primary stakeholders of women's reproductive and sexual health has been widely accepted. In 1994, 20,000 United Nations delegate with member status pressed for men's involvement in reproductive health. The program of action of the International Conference on Population and Development stressed men's shared responsibility for women's health.^[3] With this growing body of evidence, the concept of men as "gatekeepers" of women's health has been developed into a positive approach that includes men as partners in improving women's health. Studies in maternal health have shown that early interventions during the antenatal period have a major protective effect for medical conditions complicating pregnancy and direct pregnancy-related acute complications such as hemorrhage, rupture of the uterus, and obstructed labor. These interventions include early identification, early treatment, and behavior modifications. However, screening tests and procedures for these conditions require resources, and early detection is not currently at an optimal level in most developing countries. We hypothesized that this could be partly due to a lack of awareness of maternal morbidity among pregnant women, and specifically among their partners who play a major role in decision-making. The knowledge of expectant fathers is vital to ensure that health care is sought early to prevent complications due to these conditions.^[4]

Saving mother's life is a global aim as the health of mothers has long been considered as cornerstone of public health and attention. Safe motherhood means ensuring women receive the care they need to be safe and healthy throughout pregnancy, during and after childbirth.^[5]

Title of the study

Assess the knowledge and attitude of expectant fathers on safe motherhood.

Problem statement

A study was to assess the knowledge and attitude of expectant fathers on safe motherhood in antenatal outpatient department (OPD) of selected hospital at Pune City.

Objectives of the study

The objectives of the study were as follows:

1. To assess the level of knowledge of safe motherhood among expectant fathers
2. To assess the level of attitude of safe motherhood among expectant fathers
3. To correlate the level of knowledge and attitude of safe motherhood among expectant fathers

4. To associate the level of knowledge and attitude with selected demographic variables.

Operational definitions

Assess

- According to the Oxford dictionary, "assess" means gathering information from and about patient, identifying his health-care problems or condition
- In this study, assess refers to evaluation or judgment of expectant fathers on knowledge and attitude regarding safe motherhood.

Knowledge

- According to the Oxford dictionary, "knowledge" means to awareness or familiarity, understanding of a subject
- In this study, "knowledge" refers to the correct responses of expectant fathers on safe motherhood as assessed by structured questionnaire.

Attitude

- According to the Oxford dictionary, "attitude" means way of thinking
- In this study, "attitude" refers to the beliefs, interest, and idea of expectant fathers regarding safe motherhood.

Expectant fathers

- In this study, expectant fathers refer to fathers who are expecting their first baby.

Safe motherhood

- It is a component of reproductive and child health and it includes early notification of pregnancy, care during pregnancy, (minimum visits, nutrition, rest exercises, immunization, detection of high-risk pregnancies, and promotion of institutional deliveries), postnatal care (nutrition, general hygiene including perineal hygiene, exercises), immediate newborn care, (breastfeeding and immunization), and family planning.

Scope of study

- Adequate knowledge regarding safe motherhood helps to reduce complications during pregnancy and ensure delivery of healthy baby
- Educational programs can be planned for expectant fathers according to their need and level of understanding
- The importance of fathers during pregnancy and their involvement can lay the foundation for healthier mothers and babies.

Assumption

1. The study assumes that expectant fathers may have knowledge regarding safe motherhood
2. Demographic variables may have some influence on expectant father's knowledge and attitude regarding safe motherhood.

Methods

Research approach

A descriptive approach was adopted in this study.

Research design

An exploratory survey research design was used to carry out the present study.

Setting of the study

The setting for this study was the selected OPD of the hospital of Pune city.

Population

The population for the study was the fathers attending antenatal OPD of selected hospital.

Sampling technique

A convenient sampling technique was used for the present study.

Sample and sample size

The sample selected for the present study comprised 60 expectant fathers attending the antenatal OPD of selected hospital of Pune city.

Description of tools

The researcher prepared a self-structured questionnaire as the tool for the study. The self-structured questionnaire included three sections.

Section I

This section included items seeking information on demographic profile of sample such as age of fathers, duration of marriage, gestational age of mothers, religion, education of father, occupation of fathers, monthly income, and type of family. It consists of nine questions.

Section II

It comprises 25 questions on safe motherhood.

Section III

It was developed to find out the attitude of expectant fathers on safe motherhood. There are 20 items in this section. There are positive and negative statements. The items are arranged in 5-point Likert scale such as strongly agree, agree, not decided, disagree, and strongly disagree. For positive statements, the scoring was done as 5 – strongly agree, 4 – agree, 3 – not decided, 2 – disagree, and 1 – strongly disagree. For negative statements, scoring was 5 – strongly disagree, 4 – disagree, 3 – not decided, 2 – agree, and 1 – strongly agree.

In the present study, the reliability was calculated by Cronbach's alpha method and the score for knowledge, it

was 0.8176 and for attitude, it was 0.8177. The pilot study was conducted in a selected hospital of Pune city from August 25, 2014, to September 9, 2014, on 10 expectant fathers to assess the feasibility of the study and to decide the plan for data analysis. The investigator approached the subjects, informed them regarding the objectives of the study, and obtained the consent after assuring the subjects about the confidentiality of the data.

Results

The data obtained were analyzed in terms of the objectives of the study using descriptive and inferential statistics. Experts in the field of nursing and statistics directed the development of data analysis plan which is as follows:

- Organizing data on a master sheet
- Tabulation of the data in terms of frequencies, percentage, and to describe the data.

Major findings of the study

Table 1 shows that 32 (53.33) of the samples were from the age group of 21 to 25 years, 28 (46.67%) of them were from the age group of 26 to 35 years, and no one belonged to the age group of 36 and above. Duration of marriage, 43 (71.67%) samples belonged to 0–3 years group, 16 (26.67%) samples belonged to 4–6 years group, and 1 (1.67%) sample belonged to 7–10 years group. Twenty-two (36.67%) mothers were in the first trimester, 21 (35%) of mothers were in the second trimester, and 17 (28.33%) were in the third trimester. Twenty-seven (45%) were Hindus, 13 (21.67%) were Muslims, 9 (15%) were Christians, and 11 (18.33%) were in other religion categories. Twelve (20%) of samples had taken education up to primary, 20 (33.33%) had taken education up to secondary, 16 (26.67%) had taken education up to higher secondary, and 12 (20%) were graduates.

Five (8.33%) were doing business, 38 (63.33%) were doing service, 12 (20%) were laborer, and 5 (8.33%) were doing other work. Fourteen (23.33%) had monthly income of <Rs. 5000/-, 37 (61.67%) had Rs. 50,001–10,000/-, 4 (6.67%) had Rs. 10,001–15,000/-, and 5 (8.33%) had Rs. 15,001 and above. Forty-one (68.33%) belonged to joint family and 19 (31.67%) belonged to nuclear family.

Section II

Analysis of data related to knowledge of expectant fathers on safe motherhood.

Table 2 shows the knowledge score expectant fathers on safe motherhood. Of 60 samples, 14 (26.67%) have poor knowledge, 46 (73.33%) had average knowledge, and no sample had good knowledge score.

Section III

Analysis of data related to the attitude of expectant fathers on safe motherhood.

Table 3 shows that 40 (66.67%) of fathers had positive attitude toward safe motherhood and 20 (33.33%) had negative attitude toward safe motherhood.

Section IV

Analysis of data was to correlate the level of knowledge and attitude of expectant fathers on safe motherhood.

Table 4 shows that the correlation between knowledge and attitude was $r = 0.24$ and $P > 0.05$, so there is no correlation between knowledge and attitude of expectant fathers.

Section V

Analysis of data was to associate the level of knowledge and attitude and the selected demographic variable.

Table 1: Description of sample according to demographic characteristics, $n=60$

Parameters	Number of cases % ($n=60$)
Age of father (years)	
21–25	32 (53.33)
26–30	28 (46.67)
31 and above	0 (0)
Duration of marriage (years)	
0–3	43 (71.67)
4–7	16 (26.67)
8–10	1 (1.67)
Gestational age of mother	
1 st trimester	22 (36.67)
2 nd trimester	21 (35)
3 rd trimester	17 (28.33)
Religion	
Hindu	27 (45)
Muslim	13 (21.67)
Christian	9 (15)
Others	11 (18.33)
Education of father	
Primary	12 (20)
Secondary	20 (33.33)
Higher secondary	16 (26.67)
Graduate	12 (20)
Occupation of father	
Business	5 (8.33)
Service	38 (63.33)
Laborer	12 (20)
Others	5 (8.33)
Monthly income (Rs.)	
<5000	14 (23.33)
5001–10,000	37 (61.67)
10,001–15,000	4 (6.67)
15,001 and above	5 (8.33)
Type of family	
Joint	41 (68.33)
Nuclear	19 (31.67)

Table 5 shows that there is an association between knowledge scores and educational status, occupation, and monthly income of fathers regarding safe motherhood as $P < 0.01$ level of statistical significance.

Table 6 shows that there is an association between attitude scores and educational status of fathers regarding safe motherhood as $P < 0.01$ level of statistical significance.

Discussion

Many men anticipating becoming a dad for the 1st time want to be a different kind of dad from the one their own father was, including being more involved with their children's day-to-day lives and emotional needs. A literature review found that generally, men felt very positive about having a child and the new identity that it gave them. They wanted to spend time with their family and be actively involved in caring for their baby. However, the review highlighted

Table 2: Distribution of samples knowledge wise

Knowledge score	Number of cases (%)
Poor (0–8)	14 (26.67)
Average (9–17)	46 (73.33)
Good (18–25)	0 (0)
Total	60 (100)

Table 3: Distribution of samples attitude wise

Attitude score	Number of cases (%)
Positive (61–100)	40 (66.67)
Negative (20–60)	20 (33.33)
Total	60 (100)

Table 4: Analysis to correlate the level of knowledge and attitude

Correlation between	r value	P value
Knowledge and attitude	0.24	>0.05

Table 5: Association of knowledge score with selected demographic variables

Demographic variable	F value	Z value	P value	Interpretation
Age		1.37	>0.05	Not significant
Duration of marriage		0.78	>0.05	Not significant
GA of mother	0.59		>0.05	Not significant
Educational status	6.35		<0.001	Significant
Occupation	4.90		<0.005	Significant
Monthly income	3.64		<0.05	Significant
Type of family		0.74	>0.05	Not significant

Table 6: Association of attitude score with selected demographic variable

Demographic variable	F value	Z value	P value	Interpretation
Age		0.71	>0.05	Not significant
Duration of marriage		0.22	>0.05	Not significant
GA of mother	1.65		>0.05	Not significant
Educational status	4.03		<0.05	Significant
Occupation	1.30		>0.05	Not significant
Monthly income	2.38		>0.05	Not significant
Type of family		0.59	>0.05	Not significant

that men experience a lack of positive role models and a lack of support for their role as a father. Some studies suggested that they felt less confident than their partner in carrying out practical childcare tasks, an issue that has been explored by Lewis, who highlighted how men could be actively excluded by their wives, and Burgess, who emphasized the double standard, whereby fathers are expected to be involved but not autonomous or challenging of the mother's way of doing things.^[6]

A similar study in Kathmandu Nepal conducted in 2006 which explored opinions of couples and health workers on the understanding of the barriers of male involvement in maternal health unfolded that some of the barriers that prevent men from participating in maternal health includes low level of knowledge, social stigma, shyness and embarrassment, job responsibility, space problem, non-couple friendly maternal health services, and hospital policy restrictions. Furthermore, hospital policy restrictions are factors that have been known to impede men's participation in labor.^[7]

Conclusion

The correlation finding was done to find the relationship with selected demographic variables using MW Z value test and calculating *P* value. Significant relationship obtained between the expectant father's knowledge score and age of fathers, duration of marriage, gestational age of mother, religion, education of father, occupation of father, monthly income, and type of family.

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