



A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE AND ATTITUDE OF HUSBAND'S OF PRIMIGRAVIDA WOMEN REGARDING ANTENATAL CARE

Prof. Rajani R*

Vice Principal Theophilus College of Nursing Kottayam, India *Corresponding Author

ABSTRACT

Background: Husbands knowledge, awareness, and attitude towards antenatal care greatly influence whether pregnant women seek timely medical care and follow recommended health practices. Studies in India have shown that male involvement in antenatal care ranges from 22% to 75.9% indicating considerable variations in participation. The present study assessed the knowledge and attitude among husbands of prim gravida women regarding antenatal care in selected hospitals at Kottayam district. The objectives of the study was to assess the knowledge among husbands of prim gravida women regarding antenatal care, identify the attitude among husbands of prim gravida women regarding antenatal care, determine the association between knowledge score and selected demographic variables, determine the association between attitude and selected demographic variables 1. **Method:** A quantitative research method was adopted with a sample size of 30 husbands of primigravida women in selected hospitals at Kottayam district. A convenient sampling technique was used. Structured questionnaire was used for assessing the knowledge and attitude scale was used to assess the attitude of husbands of primigravida women regarding antenatal care, health education was provided regarding antenatal care to the husbands of primigravida women. **Result:** A descriptive and inferential statistics were used for analysis. Among 30 husbands of primigravida women 30% of samples had good knowledge and 33.3% had average knowledge and 30% had poor knowledge regarding antenatal care. While assessing the attitude among 30 samples 66.6% had positive attitude and 33.3% had moderate attitude. **Conclusion:** Involvement of male partners in antenatal care (ANC) is an effective approach to improve maternal and child health outcomes. It also enhances maternal healthcare utilization as males prevails decision-making regarding healthcare utilization in most developing countries 2.

KEYWORDS : Antenatal Care, Husbands, Primigravida Women

INTRODUCTION

Fathers' involvement in antenatal care is increasingly recognized as a vital component of maternal and child health. Traditionally seen as the domain of women, antenatal care is now evolving to include and encourage active participation from male partners. This involvement can range from accompanying their partners to antenatal visits, supporting healthy lifestyle choices, to engaging in discussions about birth preparedness and parenting. Engaging fathers during pregnancy not only strengthens the emotional bond between partners, but also positively impacts maternal well-being, reduces stress, and contributes to better health outcomes for both mother and baby. Research shows that when fathers are informed and supportive during the antenatal period, it can lead to increased utilization of health services, improved adherence to medical advice, and enhanced neonatal care after delivery³.

METHOD

Research Approach: Descriptive Approach

Research Design: quantitative research design.

Settings of Study: kanjirappally and changnasserry general hospital.

Population: husbands of primigravida women attending Antenatal Out Patient Department.

Samples: Husbands of primigravida women

Sample Size: In this study sample size is 30

Sample size calculation formula

$$n = Z^2 \times p(1-p) \div E^2$$

Where:

- n = required sample size
- Z = z-value (e.g., 1.96 for 95% confidence)
- p = estimated proportion of the population (use 0.5 if unknown)
- E = desired margin of error

Error Correction Formula $n = n_0$

$$1 + (n_0 - 1) \div N$$

Where:

- n = corrected (adjusted) sample size
- N = total population size
- n_0 = initial uncorrected sample size (from step 1)

Sampling technique: non-probability convenience sampling technique.

Sample Criteria :

Inclusion Criteria

- Husbands of primigravida women
- Husbands of primigravida women belonging to reproductive age group of 18-32 years
- Husbands of primigravida who attains gestational age from conception till 12 week.

Exclusion Criteria

- Participants who are non-Keralite.
- Husbands with debilitating illness
- Husbands of High risk primigravida mothers

Development of tool

The data collection instrument were prepared based on the review of literature. A structured knowledge questionnaire and attitude scale was used for the data collection .The profoma was prepared by the investigators and validated and approved by the experts.

Description of Tool

A questionnaire was used for collecting the data. The questionnaire consist of two sections.

- Section A: Demographic perfoma - Demographic perfoma is used to assess the baseline data
- Section B: Knowledge questionnaire - Knowledge questionnaire is used to assess the knowledge
- Section C ; Attitude scale - Attitude scale to assess the attitude level of husband's

Data Collection Process

Husbands of primigravida women who fulfilled the criteria were selected as samples using the non probability convenience sampling technique. Informed consent was taken from the study participants. The purpose of the study was explained to the participants. Knowledge level of the husband was analysed using questionnaire. Attitude level of husband was analysed by using attitude scale. A structured teaching programme was conducted to provide an education related to antenatal care. After successful data collection, the researcher conveyed thanks to the participants.

Pilot Study

After obtaining written informed consent from the individual

subject the pilot study was conducted among 5 patients who visited the antenatal clinic of general hospital kanjirappally.. The tool was found to feasible and practicable.

Data Analysis

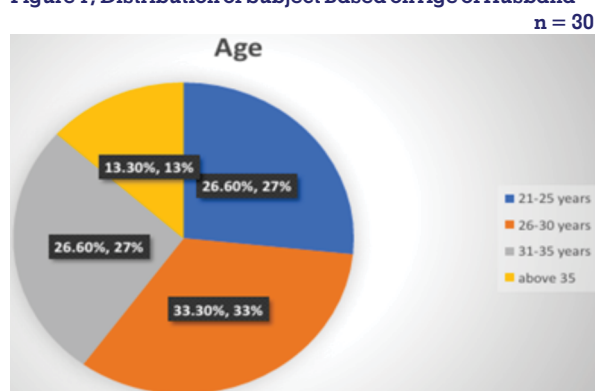
- The collected data was organized, tabulated, and analysed using descriptive and inferential statistics.
- Frequencies and percentages for the analysis of the demographic characteristics.

Ethical Consideration

The study was conducted after obtaining approval from the Ethical Committee. Permission was obtained from the individual participant using informed consent letter. Written consent was obtained from the participants before starting the data collection. Assurance was given to the participants that the anonymity of each individual and confidentiality would be maintained throughout the study.

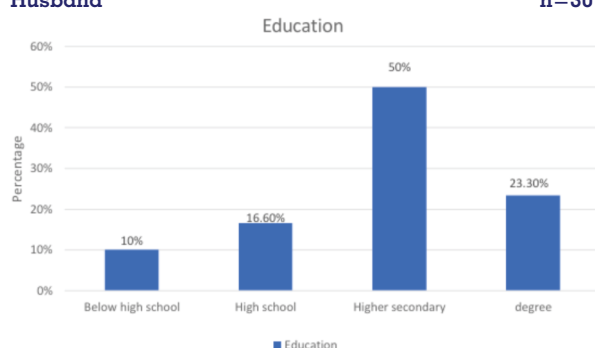
RESULT

Figure 1; Distribution of Subject Based on Age of Husband



Inference; Figure 1 shows that highest (33.3%) percentage belongs to 26-30 years and lowest (13.3%) percentage belongs to above 35 years

Figure 2; Distribution of Subject Based on Education of Husband



Inference: Figure 2 shows that highest (50%) percentage belongs to higher secondary and lowest (10%) percentage belongs to below high school.

Table 3: Distribution of Subject Based on Socioeconomic Status of Family

n=30		
Socioeconomic status	Frequency	Percentage
Above poverty line	11	36.6%
Below poverty line	19	63.3%

Inference; Table shows majority (63.3%) percentage belongs to below poverty line and minority (36.6%) percentage belongs to above poverty line.

Section D ; Association Between Attitude Scale and selected Demographic Variable

n=30					
Variables	Positive attitude	Moderate attitude	Negative attitude	df	χ ²
					Significance of association

Age of husband	21-25 years	9	2	0	2	6.44	Significant
	26-30 years	8	2	0			
	31-35 years	3	6	0			
Educational status of husband	Below high school	1	1	0	3	0.15	Not significant
	High school	3	2	0			
	Higher secondary	10	6	0			
	Degree	4	3	0			
Socioeconomic status of family	Above poverty line	8	3	0	1	0.29	Not significant
	Below poverty line	12	7	0			

Inference; From the above table it was estimated that there was no significant association between attitude level and sociodemographic variables like educational status of husband and gestational week of wife.

DISCUSSIONS

Out of 30 samples 30% had good knowledge, 33.3% had average knowledge, 30% had poor knowledge. While assessing the level of attitude out of 30 samples, 66.6% had positive attitude, 33.3% had moderate attitude.

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