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ABSTRACT Men play a key role in most societies. A men is involved if he is "present, accessible, available, understanding, willing to learn about the pregnancy process and eager to provide emotional, physical and financial support to the women carrying the child". However, the number of men who demonstrate these behaviours, is generally very low, especially in low-and-middle income countries. It is therefore, important to examine the involvement of men in maternal healthcare during pregnancy and childbirth in a developing country setting like India. Aim: The aim of the study was to assess the level of knowledge and attitude towards promoting maternal health among male partners in selected hospital of Kamrup (M), Assam. Methods: Quantitative research approach and descriptive survey research design was adopted for the study. Non probability purposive sampling technique was used to select the samples. The study was conducted in the selected hospital of Kamrup (M), Assam, who fulfilled the inclusion criteria. The tools used for the study was structured knowledge questionnaire and 5 point likert scale. Result: The study revealed that, majority i.e $69 \%$ had moderately adequate knowledge, $24 \%$ had adequate knowledge, and only $7 \%$ had inadequate knowledge towards promoting maternal health, and in terms of attitude, majority i.e $91 \%$ had desirable attitude and $9 \%$ had moderately desirable and neither of them had undesirable attitude towards promoting maternal health. There was significant association between the level of knowledge and selected demographic variables such as age in years, type of family, qualification, occupation, income per month and source of information. There was significant association between the level of attitude and selected demographic variable such as occupation. There is a moderate positive correlation between knowledge and level of attitude among male partners towards promoting maternal health.

KEYWORDS : Knowledge, attitude, maternal health, male

## INTRODUCTION:

Men play a key role in most societies. They still remain an authority in decision making in matters ranging from the size of families to the policy and programme at all levels. Male involvement in the context of maternal and child health is the practice where fathers and other men in the community facilitate access to better health care facilities and services for women and girls. A men is involved if he is "present, accessible, available, understanding, willing to learn about the pregnancy process and eager to provide emotional, physical and financial support to the women carrying the child". However, the number of men who demonstrate these behaviours, such as by accompanying their pregnant spouses on antenatal care visits, is generally very low, especially in low-and-middle income countries. Therefore, this study shows that, although complex, expected fathers do have an important role in maternal health and safe childbirth. Male involvement needs to be recognized and addressed in health education due to the potential benefits it may bring to both maternal and child health outcomes in order to ensure the appropriate and effective inclusion of expectant fathers.

Soltani F, Majidi M, et al. (2018) conducted a descriptive crosssectional study to assess the knowledge and attitude of men towards participation in their wives' perinatal care in Fatemieh, hospital in Hamadan, Iran among 300 husbands of the nulliparous pregnant women. The results showed that the level of knowledge about the wives' perinatal care in (58\%) of men was poor and in ( $41.7 \%$ ) of men was moderate. None of the men had good knowledge about the aspects related to postpartum care (including puerperium and neonatal care). The majority of men $(65.3 \%)$ had a positive attitude towards participation in perinatal care.

## OBJECTIVES

1) To determine the knowledge and level of attitude among the male partners towards promoting maternal health in a selected hospital, Kamrup (M)Assam.
2) To find out the correlation between the level of knowledge of the male partners with the level of attitude towards promoting maternal health in a selected hospital, Kamrup (M) Assam.
3) To find out the association between the knowledge and the level of attitude of the male partners towards promoting maternal health with selected demographic variables in a selected hospital, Kamrup (M) Assam.

## RESEARCH METHODOLOGY:

Research approach: Quantitative research
Research design: Descriptive survey research design.
Variables:
Research variables: Knowledge and attitude.
Demographic variables: Age, Residence, Religion, Marital status, Type of family, Qualification, Occupation, Income, Previous information regarding promoting maternal health, Source of information.

Setting Of The Study: Sonapur District Hospital, Kamrup (M), Sonapur, Assam

Population: Male partners.
Target population: Male partners whose wives are pregnant for the first time and present in antenatal OPD during the time of study.

Accessible population: Male partners whose wives are pregnant for the first time and present in Antenatal OPD of the selected hospital, Kamrup (M), Assam.

Sample: Male partners whose wives are pregnant for the first time and present in Antenatal OPD of the District Hospital Sonapur, Kamrup (M), Assam, who fulfils the inclusion criteria.

Sample size: 133
Sampling technique: Non - probability purposive sampling techniques.

## Inclusion criteria:

a) Male Partners who can read, write, and understand Assamese and are willing to participate, and present on the day of study.
b) Male partners whose wives are pregnant for the first time and present in antenatal OPD during the time of study in selected hospital.

## Exclusion criteria:

a) Male partners whose wives are multigravida.

## Tools and techniques:

Self structured knowledge questionnaire was used to assess the level of
knowledge and the technique was self report.

## Content Validity of the Tool:

The prepared instrument along with the problem statement and objectives was submitted to 9 experts.

Reliability Of The Tool: The reliability of the tool has done by using "Spearman brown Formula" for self structured knowledge questionnaire and "Karl pearson correlation coefficient formula" for assessing level of attitude. It was revealed that the tool was reliable as reliability of the questionnaire and 5 point likert scale was 0.8 .

Pilot Study: The pilot study was conducted from $30^{\text {lh }}$ November to $06^{\text {th }}$ December, 2021. 10 samples were selected using non probability purposive sampling technique. And the study was found to be feasible.

Main Study: $17^{\text {th }}$ January to $04^{\text {th }}$ February, 2022.
RESULTS:
TABLE-I : FREQUENCY AND PERCENTAGE distribution of male partners according to DEMOGRAPHIC VARIABLES

| VARIABLES | FREQUENCY (f) | PERCENTAGE (\%) |  |
| :---: | :---: | :---: | :---: |
| a) Age | 18-25 years | 52 | 39 |
|  | 26-34 years | 68 | 51 |
|  | 35-39 years | 10 | 8 |
|  | $\geq 40$ years | 3 | 2 |
| b) Residence | Rural | 67 | 50 |
|  | Urban | 66 | 50 |
| c) Religion | Hindu | 105 | 79 |
|  | Islam | 25 | 19 |
|  | Christian | 2 | 1 |
|  | Others | 1 | 1 |
| d) Marital status | Married | 133 | 100 |
|  | Unmarried/Living in | 0 | 0 |
| e) Type of family | Nuclear | 63 | 47 |
|  | Joint | 70 | 53 |
|  | Extended family | 0 | 0 |
| f) Qualification | Primary school | 50 | 38 |
|  | High school | 40 | 30 |
|  | Higher secondary school | 16 | 12 |
|  | Graduate | 24 | 18 |
|  | Others | 2 | 1 |
|  | No formal education | 1 | 1 |
| g) Occupation | Private service | 56 | 42 |
|  | Government service | 9 | 7 |
|  | Business | 42 | 32 |
|  | Daily wage labourer | 20 | 15 |
|  | Unemployment | 2 | 1 |
|  | Others | 4 | 3 |
| h) Income per month (in Rs.) | $\leq 10001$ | 47 | 35 |
|  | 10002-29972 | 72 | 54 |
|  | 29973-49961 | 12 | 9 |
|  | 49962-74755 | 2 | 2 |
|  | 74756-99930 | 0 | 0 |
|  | 99931-199861 | 0 | 0 |
|  | $\geq 199862$ | 0 | 0 |
| I) Previous information regarding promoting maternal health | Yes | 133 | 100 |
|  | No | 0 | 0 |
| j) Source of information | Mass media | 10 | 7 |
|  | Health professional | 49 | 37 |
|  | Family members | 41 | 31 |
|  | Friends | 32 | 24 |
|  | Others | 1 | 1 |

TABLE-I : FREQUENCY AND PERCENTAGE distribution of The male partners according TO THE LEVELOF KNOWLEDGE. $\mathrm{n}=133$

| Level of <br> Knowledge | Frequency <br> (f) | Percentage <br> $(\%)$ | Mean | SD | Range of <br> score | Total <br> score |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| Inadequate <br> $(<33 \%)$ | 9 | 7 | 12.86 | 3.44 | $6-21$ | 24 |
| Moderate <br> knowledge $(33$ <br> $-65 \%)$ | 92 | 69 |  |  |  |  |
| Adequate <br> $(\geq 66 \%)$ | 32 | 24 |  |  |  |  |

The data represented in Table II depicts that out of 133 male partners, majority i.e, 92 (69\%) had moderately adequate knowledge, 32 (24\%) had adequate knowledge, 9 (7\%) had inadequate knowledge towards promoting maternal health. The overall mean is 12.86 and standard deviation of knowledge is 3.44 respectively, range of score is $6-21$, and total score is 24 .

TABLE-III : FREQUENCY AND PERCENTAGE DISTRIBUTION OF LEVEL OF ATTITUDE AMONG MALE PARTNERS TOWARDS PROMOTING MATERNAL HEALTH. $\mathrm{n}=133$

| Level of <br> Attitude | Frequency <br> (f) | Percentag <br> $\mathrm{e}(\%)$ | Mean | SD | Range of <br> score | Total <br> score |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| Undesirable <br> $(<33 \%)$ | 0 | 0 | 54.47 | 6.15 | $43-69$ | 70 |
| Moderately <br> desirable <br> attitude $(33-$ <br> $66 \%)$ | 12 | 9 |  |  |  |  |
| Desirable <br> $(>66 \%)$ | 121 | 91 |  |  |  |  |

The data represented in Table III depicts that out of 133 male partners, majority of the respondents i.e, 121 ( $90.98 \%$ ) had desirable attitude and 12 ( $9.02 \%$ ) had moderately desirable attitude and none of them had undesirable attitude towards promoting maternal health. The overall mean is 54.47 and standard deviation of attitude level is 6.15 respectively, range of score is $43-69$ and total score is 70 .

TABLE-IV : CORRELATION BETWEEN KNOWLEDGE AND ATTITUDE SCORES AMONG THE MALE PARTNERS TOWARDS PROMOTING MATERNAL HEALTH. $\mathrm{n}=133$

| Variables | Mean | S.D. | 'r' value | $\mathrm{p}^{\prime}$ value |
| :--- | :--- | :--- | :--- | :--- |
| Knowledge | 12.86 | 3.44 | 0.553 | 0.0001, <br> S*** |
| Attitude | 54.47 | 6.15 |  | $\mathrm{~S}^{* *}$ |

*** $\mathrm{p}<0.001, \mathrm{~S}-$ Significant
Data from table - IV reveals that the ' r ' value is 0.553 and ' p ' value is $\mathrm{p}=$ 0.0001 which is significant at 0.001 level of significance. The mean score of knowledge was $12.86 \pm 3.44$ and mean score of attitude was $54.47 \pm 6.15$. The calculated Karl Pearson's Correlation Value of $\mathrm{r}=$ 0.553 shows a moderate positive correlation between knowledge and level of attitude among male partners towards promoting maternal health.

TABLE-V : ASSOCIATION BETWEEN KNOWLEDGE LEVEL REGARDING PROMOTION OF MATERNAL HEALTH AMONG MALE PARTNERS WITH THE SELECTED DEMOGRAPHIC VARIABLES

| Demographic <br> variables | Chi square | Df | $\mathrm{p}-$ value | Remarks |
| :--- | :--- | :--- | :--- | :--- |
| Age in years | 47.033 | 6 | $\mathrm{p}=0.0001$ | $\mathrm{s}^{*}$ as <br> $\mathrm{p}<0.001$ |
| Residence | 3.069 | 2 | $\mathrm{p}=0.216$ | $\mathrm{ns} * *$ as <br> $\mathrm{p}>0.05$ |
| Religion | 4.430 | 6 | $\mathrm{p}=0.619$ | $\mathrm{ns} * *$ as <br> $\mathrm{p}>0.05$ |
| Type of <br> family | 14.258 | 2 | $\mathrm{p}=0.001$ | $\mathrm{~s}^{*}$ as $\mathrm{p}<0.01$ |
| Qualification | 32.646 | 10 | $\mathrm{p}=0.0001$ | $\mathrm{s}^{*}$ as <br> $\mathrm{p}<0.001$ |

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| Occupation | 51.217 | 10 | $\mathrm{p}=0.0001$ | $\mathrm{s}^{*}$ as <br> $\mathrm{p}<0.001$ |
| :--- | :--- | :--- | :--- | :--- |
| Income per <br> month (in <br> Rs.) | 21.952 | 6 | $\mathrm{p}=0.001$ | $\mathrm{~s}^{*}$ as $\mathrm{p}<0.01$ |
| Source of <br> information | 18.229 | 8 | $\mathrm{p}=0.020$ | $\mathrm{~s}^{*}$ as $\mathrm{p}<0.05$ |

$\mathrm{p}<0.001, \mathrm{p}<0.01, \mathrm{p}<0.05, \mathrm{~S}-$ Significant. N.S - Not Significant.
Table-V shows there is significant association between level of knowledge regarding promotion of maternal health among male partners with the selected demographic variables (Age in years, Type of family, Qualification, Occupation, Income per month, Source of information)

TABLE-VI : ASSOCIATION BETWEEN ATTITUDE LEVEL REGARDING PROMOTION OF MATERNAL HEALTH AMONG MALE PARTNERS WITH THE SELECTED DEMOGRAPHIC VARIABLES

| Demographic variables | Chi square | Df | p - value | Remarks |
| :---: | :---: | :---: | :---: | :---: |
| Age in years | 2.768 | 3 | 0.429 | $\begin{aligned} & \mathrm{NS} * * \text { as } \\ & \mathrm{p}>0.05 \end{aligned}$ |
| Residence | 1.400 | 1 | 0.237 | $\begin{aligned} & \mathrm{NS} * * \text { as } \\ & \mathrm{p}>0.05 \end{aligned}$ |
| Religion | 0.594 | 3 | 0.898 | $\begin{aligned} & \mathrm{NS} * * \text { as } \\ & \mathrm{p}>0.05 \end{aligned}$ |
| Type of family | 1.042 | 1 | 0.307 | $\begin{aligned} & \mathrm{NS} * * \text { as } \\ & \mathrm{p}>0.05 \end{aligned}$ |
| Qualification | 4.627 | 5 | 0.463 | $\begin{aligned} & \mathrm{NS} * * \text { as } \\ & \mathrm{p}>0.05 \end{aligned}$ |
| Occupation | 12.263 | 5 | 0.031 | $\begin{aligned} & \mathrm{S} * \text { as } \\ & \mathrm{p}<0.05 \end{aligned}$ |
| Income per month (in Rs.) | 5.004 | 3 | 0.171 | $\begin{aligned} & \mathrm{NS} * * \text { as } \\ & \mathrm{p}>0.05 \end{aligned}$ |
| Source of information | 5.206 | 4 | 0.267 | $\begin{aligned} & \mathrm{NS} * * \text { as } \\ & \mathrm{p}>0.05 \end{aligned}$ |

$\mathrm{p}<0.05$, S - Significant, N.S - Non Significant.
Table VI shows there is significant association between level of attitude regarding promotion of maternal health among male partners with the selected demographic variables (Occupation)

## CONCLUSION:

The study reveals that out of 133 male partners, majority of them i.e 92 ( $69 \%$ ) fall under the category of moderate knowledge, 32 (24\%) had adequate knowledge and $9(7 \%)$ had inadequate knowledge towards promoting maternal health. Out of 133 male partners, majority of them i.e $121(91 \%)$ were having desirable attitude, 12 ( $9 \%$ ) were having moderately desirable attitude, and none of them were having undesirable attitude towards promoting maternal health. Through this study, the investigator concluded that as the knowledge among the male partners towards promoting maternal health increases their attitude towards it also increases.

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