"A COMPARATIVE STUDY TO ASSESS THE KNOWLEDGE REGARDING ANTENATAL CARE AMONG HUSBANDS OF PRIMIGRAVIDA IN SELECTED RURAL AND URBAN HEALTH CENTRES OF PATIALA WITH A VIEW TO DEVELOP A INFORMATIONAL BOOKLET".

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ABSTRACT :

Pregnancy is the wonderful period in a woman's life when she spends each and every day in pleasant anticipation, waiting to hold her bundle of joy in her arms at the end of the ninth months. The involvement of husbands in the childbirth can improve the quality of natal care for women . In this study, non experimental comparative research design is used. The study sample include 100 husbands of primigravida. Participants were selected by using non probability convenience sampling technique. Questionnaire containing 36 multiple choice questions was developed by investigator for the data collection. An informational booklet was developed to enhance knowledge regarding antenatal care among husbands of primigravida. Majority of subjects in rural area had average knowledge score (88%), (10%) had below average & only 2% had good knowledge. Similarly in urban area 62% had average knowledge, 38% had good knowledge & no subjects had below average are known. However, mean knowledge score of husbands in rural area is 17.30 ± 3.64 and In urban area 22.10 ± 4.99. Its findings revealed that distribution of An Informational booklet was developed to enhance knowledge regarding antenatal care among husbands of primigravida.

Key Words: Assess, Knowledge, Husbands, Antenatal Care, Informational Booklet.

INTRODUCTION

Antenatal care is the systemic medical supervision of women during pregnancy. Its aim is to preserve the physiological aspect of pregnancy and labor and to prevent or detect, as early as possible. Early diagnosis during pregnancy can prevent maternal ill-health, injury, maternal mortality, fetal death, infant mortality and morbidity, appropriate antenatal care. As safe motherhood has been accepted in many countries as a strategy to reduce maternal morbidity and mortality. Antenatal care is one of the four pillars of the safe motherhood initiative. Antenatal care is an important determinant of high maternal mortality rate and one of the basic components of maternal care on which the life of mothers and babies are dependant.[3,4]

The husbands main role in pregnancy is to nurture and respond to the pregnant woman's feelings of vulnerability. The husbands must also deal with the reality of the pregnancy. The husbands 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 of antenatal care which the mother desires their participation.[2]

Need of the study

"To understand something you need knowledge, but to feel it you need experience"

Each year in India, roughly 30 million women experience pregnancy and 26 million have a live birth, in that about 75% of birth takes place in rural area where as only 25% of birth in urban areas. Worldwide, male attendance of skilled ANC and delivery care remains a challenge to safe motherhood. About 210 million women become pregnant each year with 30 million (15%) developing complications, resulting into over half a million maternal deaths. Developing countries account for more than 99% of all maternal deaths. Ten thousands of Indian women are dying during pregnancy, in childbirth, and in the weeks after giving birth, despite government programs guaranteeing free obstetric health care.[15]

According to WHO 5,85,000 women die each year from a pregnancy related causes, 99% of whom are from the developing countries. Minor disorders are only minor as much as they are not life threatening. A minor disorder may escalate and become serious complication of pregnancy, where sickness develops into hyper emesis gravidarum, a condition which began, as a minor disorder has become a life threatening abnormality.[16-17]

A study was done to assess the knowledge of husbands and factors affecting in supporting activities during pregnancy period at Khairahani VDC of Chitwan district. The general objective of the study was to identify husband's involvement in making safe pregnancy period. Majority of husbands had low knowledge about support during pregnancy period. Most of the husbands don't know about danger signs during pregnancy. Very low level of knowledge was found about birth preparedness, emergency obstetric conditions during delivery period. Education level was found to be non-supporting factor for knowledge of support during pregnancy. Education of husband increased the knowledge of birth preparedness during pregnancy. Family size has

influence the support during pregnancy period. There was no association between income of husband and support provided during delivery.[20]

Objectives of the study:

To assess the knowledge regarding antenatal care among husbands of primigravida in rural health centres.

To assess the knowledge regarding antenatal care among husbands of primigravida in urban health centres.

To compare the knowledge regarding antenatal care among husbands of primigravida in rural and urban health centres.

To find out the association between level of knowledge with selected Socio demographic variables.

To develop and distribute the information booklet on antenatal care.

Assumptions

The husbands of primigravida of rural and urban areas may have limited knowledge regarding antenatal care.

The role of husband during pregnancy may play a vital role in betterment of maternal and child health.

METHODOLOGY

Research Approach

Research approach was used for this study is quantitative research approach as it aimed to assess the husbands knowledge regarding antenatal care.

Research Design: Non-Experimental Comparative Research Design .

Variables under study:

Variable is an attribute of a person or objective that it takes on different values.

Research variable: In the present study, it refers to husbands knowledge regarding antenatal care as measured by structured knowledge questionnaire.

Demographic variable : demographic variables under the study are**:**

Age in years, Residence, Education status, Occupation status, Monthly income of family in rupees, Duration of marriage, Type of family, previous knowledge , source of knowledge.

Research Setting: Research Setting:

The study was conducted in the following rural and urban health centres of Patiala, Punjab.

Community Health Centre Tripari located in 2km nearer to Patiala. i.e having maternity / gynae OPD with average 35-40 attendance per day.

Primary Health Centers Dhanthal located in 10km nearer to Patiala. i.e having maternity / gynae OPD with average 15-20 attendance per day.

Population: The population of this study includes husbands of primigravida in selected rural and urban health centres Patiala, Punjab.

Sample size: Sample is a subset of population selected in a study. The sample size for the present study was taken as 100 husbands of primigravida in selected rural and urban health centres of Patiala, Punjab. N = 100 (husbands of primigravida, 50 rural & 50 urban)

Sampling technique: Sampling is a process of selecting a portion of the population to represent the entire population. In the present study Non Probablity convenience sampling technique was used to select the sample for the study.

Sampling criteria: Sampling criteria is a list of characteristics essential for inclusion or exclusion in the target population.

Inclusion Criteria:-

Husbands of primigravida who were able to speak and understand Punjabi or Hindi.

Husbands of primigravida who were willing to participate in the study

Husbands of primigravida who were available at the time of data collection

Exclusion Criteria:- Husbands of primigravida who were not willing to participate in the study.

Development of the tool: The tool consists of two parts:

Part – 1: Consist of Socio demographic variables such as:

Age, Residence, Education status, Occupation status, Duration of marriage, Monthly income of family, Type of family, previous knowledge, source of information.

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Part – 2: Consist of structured knowledge questionnaire to assess knowledge regarding antenatal care among husbands of primigravida. It consist of 36 questionnqire.

RESULTS:

Section-I:

Table 4.1 Frequency and percentage distribution of socio demographic variables of rural and Urban area.

N=100

Socio demographic variables	Rural(n=50) f (%)	Urban(n=50) f (%)
Age		
21 – 25 years	32(64.00)	23(46.00)
26 – 30 years	18(36.00)	24(48.00)
31 – 35 years	---	03(06.000
Religion		
Hindu	22(44.00)	24(48.00)
Sikh	18(36.00)	16(32.00)
Muslim	06(12.00)	04(08.00)
others	04(08.00)	06(12.00)
Education		
Postgraduate	02(04.00)	05(10.00)
Graduate	11(22.00)	23(46.00)
Secondary	23(46.000	15(30.00)
No formal	14(28.00)	07(14.00)
Occupation		
Government	04(08.00)	08(16.00)
Private	18(36.00)	26(52.00)
Business	06(12.00)	10(20.00)
Others	22(44.00)	06(12.00)
Family Monthly Income(in rupees)		
< 5000	14(28.00)	08(16.00)
5001-10000	24(48.00)	14(28.00)
10001-15000	10(20.00)	26(52.00)
>15000	02(04.00)	02(04.00)
Duration of marriage		
<5 years	38(76.00)	35(70.00)

6-10 years	10(20.00)	13(26.00)
11-15 years	02(04.00)	02(04.00)
Type of family		
Nuclear	18(36.000	34(68.00)
Joint	32(64.00)	16(32.00)
Previous knowledge		
Yes	02(04.00)	12(24.00)
No	48(96.000	38(76.00)
Source of information		
Family Members, friends	28(56.00)	12(24.00)
Mass media	02(04.00)	08(16.00)
Health Professionals	12(24.00)	28(56.00)
No information	08(16.00)	02(04.00)

Table 4.1 depicts frequency and percentage distribution of socio demographic variables which reveals that 32 (64%) of husbands of primigravida of rural area in the age group (21-25),followed by 18(36%) were in age group (26-30).Similarly ,in urban area 23(46%) of husbands of primigravida were in age group (21-25),followed by 24(48%) husbands in age group (26-30),& 3(6%) husbands in age group (31-35).

Regarding Religion highest no. of the husbands of primigravida in rural area were in Hindu religion 22(44%), followed by Sikh religion 18(36%), 6(12%) were from Muslim religion, & husbands from other religion 4(8%). While, husbands from primigravida from Hindu religion 24(48%) were highest no. in urban, husbands of Sikh religion 16(32%), husbands from Muslim religion 4(8%), and lowest no. husbands of other religion were 6(12%).

As per Education status of husbands of primigaravida in rural area Postgraduate level 2(4%), Graduate level of husbands 11(22%), Secondary level 23(46%), remaining no formal education of husbands of primigravida 14(28%). Whereas, husbands of primigravida from urban area Postgraduate level 5(10%), Graduate level 23(46%), Secondary level 15(30%), & no formal education is 7(14%) husbands of primigravida.

Husbands Occupation from rural area were in government sector 4(8%), in private sector 18(36%), in business 6(12%), & in others 22(44%). While, in urban area husbands of primigravida in government sector 8(16%), in private sector 26(52%), In business 10(20%), & in others 6(12%) husbands of primigravida.

Family monthly income from rural area <5000 rupees were 14(28%) , in between 5001-10000rupees were 24(48%), in between 10001-15000rupees were 10(20%) % >15000rupees were 2(4%). While, in urban area

monthly income were <5000rs were 8(16%), between 5000-10000rupees were14(28%),in between 10000-15000rupees were 26(52%) ,& more than 15000rupees were 2(4%) monthly income of the family.

Duration of the marriage in rural area less than 5years were 38(76%) , in between 6- 10 years were 10(20%) ,& in between 11- 15 years were 2(4%). Whereas , in urban area duration of marriage less than 5 years were 35(70%), in between 6-10 years were 13(26%), & in between 11-15 years were 2(4%) in urban area.

In rural area 18(36%) families were nuclear & 32(64%) families were joint. While , in urban area 34(68%) family were nuclear & 16(32%) families were joint.

Previous husbands knowledge regarding antenatal care in rural area had 2(4%) & 48(96%) had no previous knowledge regarding antenatal care. Whereas, in urban area previous husbands knowledge regarding antenatal care had 12(24%), & 38(76%) husbands had not previous knowledge regarding antenatal care.

Highest Source of information of husbands regarding antenatal care in rural area were 28(56%) from family members & friends, lowest source of information were 2(4%) from mass media , 12(24%) from health professionals ,& 8(16%) husbands had not source of information regarding antenatal care. While, in urban area highest source of information 28(56%) from health professionals, source of husbands knowledge regarding antenatal care were 12(24%) from family members & friends , 8(16%) from mass media &from health professionals & 2(4%) husbands have not source of information regarding antenatal care.
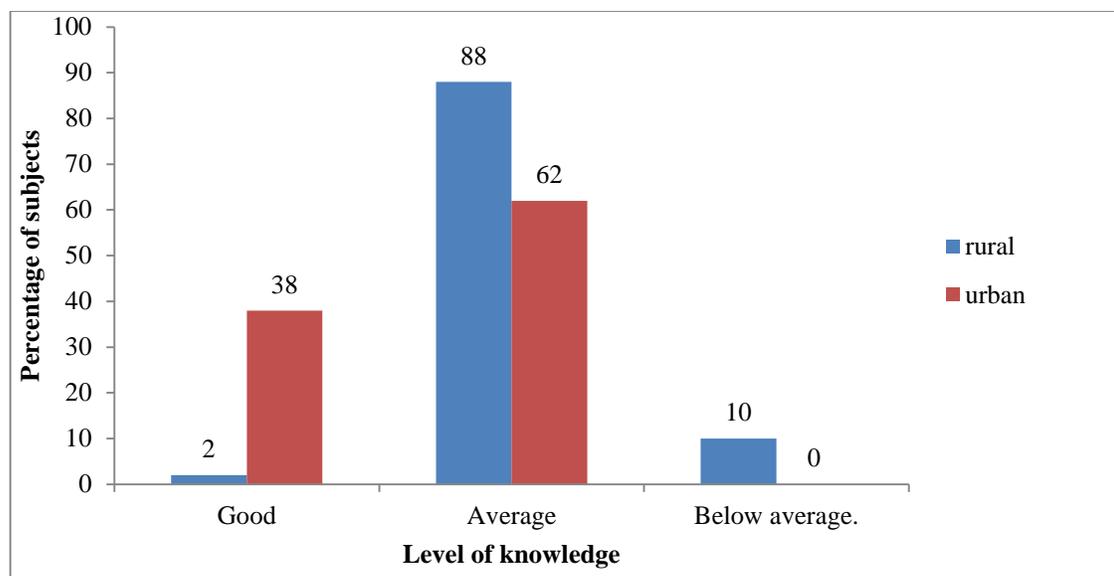
Section-II

Table 4.2 Comparison level of knowledge score among husbands of primigravida regarding antenatal care in rural and urban health centres: N=100

Level of Knowledge Score	Rural n=50	Urban n=50
	f (%)	f (%)
Good(25-36)	01(02.00)	19(38.00)
Average(13-24)	44(88.00)	31(62.00)
Below Average(1-12)	05(10.00)	----

Fig:4.3

Comparison level of knowledge score among husbands of primigravida regarding antenatal care in rural and urban health centres:

In table 4.2 &In figure 4.3 Depicts the comparison of knowledge score among husbands of primigravida regarding antenatal care in rural and urban health centres. Among Husbands from rural CHC Majority (88%), subjects in rural area had average knowledge score ,followed by (10%) had below average & only 2% had good knowledge. Similarly in urban area majority of husbands (62%) had average knowledge, (38%) had good knowledge & no subjects had below average. Hence majority of husbands from urban area had average knowledge score regarding antenatal care.

Table 4.4 Mean knowledge score among husbands of primigravida regarding antenatal care in rural and urban health centres.   **N=100**

	Mean±SD	**Median**	**Z–test**
Rural	17.30±3.64	18	Z=-5.49
Urban	22.10±4.99	21	df=98 p=.000*

Table 4.4, depicts total mean knowledge score of husbands in rural area and urban area 17.30±3.64. In urban area 22.10±4.99. It shows mean knowledge score of husbands in rural was 17.30 and in urban was 22.10. Hence knowledge score of husbands of urban area is higher than rural area which was found to be statistically significant p =.000*.

Section-III

Table 4.5 Assoiation of knowledge score among husbands of primigravida regarding antenatal care in rural health centres with socio demographic variables.   **N=50**

Socio demographic variables	Below median f(%)	Above median f(%)	χ^2
Age			
21 – 25 years	17(34.00)	14(28.00)	χ^2=13.23
26 – 30 years	10(20.00)	08(16.00)	p=.508[NS]
Religion			
Hindu	12(24.00)	10(20.00)	χ^2=34.32
Sikh	10(20.00)	08(16.00)	p=.794[NS]
Muslim	03(06.00)	03(06.00)	
others	02(04.00)	02(04.00)	
Education			
Postgraduate	01(02.00)	03(06.00)	χ^2=39.83
Graduate	12(24.00)	11(22.00)	p=.569[NS]
Secondary	07(14.00)	08(16.00)	
No formal	04(08.00)	03(06.00)	
Occupation			
Government	02(04.00)	02(04.00)	χ^2=40.51
Private	10(20.00)	08(16.00)	p=.536[NS]
Business	04(08.00)	02(04.00)	
others	12(24.00)	10(20.00)	
Family Monthly Income(in rupees)			
<5000	08(16.00)	06(12.00)	χ^2=40.97
5001-10000	14(28.00)	10(10.00)	p=.516[NS]
10001-15000	04(08.00)	06(12.00)	
>150000	01(02.00)	01(02.00)	
Duration of marriage			
<5 years	21(42.00)	17(34.00)	χ^2=21.36
6-10 years	05(10.00)	05(10.00)	p=.810[NS]
11-15 years	01(02.00)	01(02.00)	
Type of family		08(16.00)	χ^2=13.50

Nuclear	10(20.00)	08(16.00)	p=.488^{NS}
Joint	17(34.00)		
Previous knowledge			χ^2=32.63
Yes	01(02.00)	01(02.00)	
No	26(52.00)	22(44.00)	p=.003*
Source of information			
Family Members, friends	16(32.00)	12(24.00)	
Mass media	01(02.00)	01(02.00)	χ^2=32.40
Health Professionals	06(12.00)	06(12.00)	p=.857^{NS}
No information	04(08.00)	04(08.00)	

Median=18

Table 4.5 depicts the obtained chi square value for age (χ^2=13.23 ,p=.508$^{NS)}$, for Religion (χ^2=34.32 p=.794^{NS}), for Education status of the husbands (χ^2=39.83, p=.569^{NS}), for the Occupation of husbands (χ^2=40.51, p=.536^{NS}), for the monthly income of the family (χ^2=40.97, p=.516^{NS}), Duration of marriage (χ^2=21.36, p=.810^{NS}), Type of family (χ^2=13.50, p=.488^{NS}), husbands previous knowledge regarding antenatal care (χ^2=32.63 ,p=.003*), & for source of information (χ^2=32.40, p=.857^{NS}).

Table. 4.6 Assoiation of knowledge score among husbands of primigravida regarding antenatal care in urban health centres with socio demographic variables.

N=50

Socio demographic variables	Below median f(%)	Above median f(%)	χ^2
Age			
21 – 25 years	14(28.00)	09(18.00)	χ^2=34.61
26 – 30 years	09(18.00)	15(30.00)	p=.120^{NS}
31 – 35 years	02(04.00)	01(02.00)	
Religion			
Hindu	12(24.00)	12(24.00)	
Sikh	07(14.00)	09(18.00)	χ^2=45.40
Muslim	02(04.00)	02(04.00)	p=.222^{NS}
others	04(08.00)	02(04.00)	
Education			χ^2=24.59
Postgraduate	02(04.00)	03(06.00)	p=.965^{NS}

Graduate	12(24.00)	11(22.00)	
Secondary	07(14.00)	08(16.00)	
No formal	04(08.00)	03(06.00)	
Occupation			
Government	05(10.00)	03(06.00)	$\chi^2=38.29$ p=.503^{NS}
Private	12(24.00)	14(28.00)	
Business	05(10.00)	05(10.00)	
Others	03(06.00)	03(06.00)	
Family Monthly Income in rupees			
<5000	04(08.00)	04(08.00)	$\chi^2=36.63$ p=.578^{NS}
5001-10000	06(12.00)	08(16.00)	
10001-15000	14(28.00)	12(24.00)	
>15000	01(02.00)	01(02.00)	
Duration of marriage			
<5 years	17(34.00)	18(36.00)	$\chi^2=26.34$ p=.444^{NS}
6-10 years	07(14.00)	06(12.00)	
11-15 years	01(02.00)	01(02.00)	
Type of family			
Nuclear	17(34.00)	17(34.00)	$\chi^2=12.65$ p=.475^{NS}
Joint	08(16.00)	08(16.00)	
Previous knowledge			
Yes	06(12.00)	06(12.00)	$\chi^2=21.33$ p=.067^{NS}
No	17(34.00)	21(42.00)	
Source of information			
Family Members,friends	08(16.00)	04(08.00)	$\chi^2=48.94$ p=.132^{NS}
Mass media	03(06.00)	05(10.00)	
Health Professionals	12(24.00)	16(32.00)	
No information	02(04.00)	----	

Median=21

Table 4.5 the obtained chi square value for age ($\chi^2=34.61$p=.120^{NS}), for Religion ($\chi^2=45.40$p=.222^{NS}), for Education status of the husbands ($\chi^2=39.83$,p=.569^{NS}), for the Occupation of husbands ($\chi^2=40.51$, p=.536^{NS}), for the monthly income of the family ($\chi^2=40.97$, p=.516^{NS}), Duration of marriage ($\chi^2=21.36$, p=.810^{NS}), Type of family ($\chi^2=13.50$, p=.488^{NS}), husbands previous knowledge regarding antenatal care ($\chi^2=32.63$,p=.003*), & for source of information ($\chi^2=32.40$, p=.857^{NS}).

Hence statistically significant association was found among husbands in urban area with previous knowledge regarding antenatal care.

Conclusion

It is concluded that the Majority of subjects in rural area had average knowledge score (88%), (10%) had below average & only 2% had good knowledge. Similarly in urban area 62% had average knowledge, 38% had good knowledge & no subjects had below average are known. However maximum mean knowledge score of husbands in rural area is 17.30±3.64. In urban area 22.10±4.99. So knowledge score of husbands of urban area is higher than rural area.

Recommendations:

The study can be replicated on a larger sample to validate the findings of the present study.

Similar study can be carried out to assess the knowledge, regarding antenatal care among husbands of primigravida.

A comparative study can be done on knowledge regarding antenatal care among husbands of primigravida in selected rural and urban health centres of Patiala.

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