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Knowledge Regarding Antenatal Care among Expectant Fathers Attending Tertiary Level Hospital

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INTRODUCTION

The components of ANC include: risk identification; prevention and management of pregnancy-related or concurrent diseases; and health education and health promotion (WHO, 2016). The ANC program was designed in Europe in the first decades of the 20th century and was first directed at women in socially difficult living conditions, with the objective of improving maternal and prenatal outcomes. Gradually, ANC was expanded to include more specific screening procedures to detect defined medical problems for all pregnant women (August F et al., 2015). It was during the mid-nineties that researchers and policy makers started realizing the important role that men can play as supportive partners in achieving good health for women and children. Further, the International Conference on Population and Development held in Cairo reminded people that good reproductive health is the right of all people, men and women alike, and that together they share responsibility of making decisions about reproductive matters (ICPD, 2014). The level of knowledge among the family members especially the husband determines the overall status of maternal mortality and morbidity. However not all expectant fathers are willing or able to attend the antenatal checkup of their wife due to various reasons. The involvement and consciousness of the male partner towards the antenatal care of the wife directly affect the health of the to-be mother and the developing fetus.

METHODS

This descriptive cross sectional study was conducted in Nepal Medical College Teaching Hospital, Kathmandu, Nepal from Poush to Magh 2075 (November to December 2018 and January 2019). The study was approved by the Institutional Review Committee of Nepal Medical College. Expectant fathers attending antenatal clinic of

NMCTH were included in the study. The participants were enrolled in the study only after obtaining written consent. Purposive sampling technique was adopted to select the participants. There were total 102 participants participated voluntarily. And semi-structured questionnaire consisting of socio-demographic data, participation assessment and knowledge regarding antenatal care was used as research tool. Validity of the tool was maintained prior to the study. Knowledge was categorized into three domains as knowledge regarding antenatal care, knowledge regarding danger signs and knowledge regarding birth preparedness. The data were entered, coded and verified in Microsoft Excel and analyzed using SPSS (Statistical Package for Social Science) 16. Mean median and mode were used as descriptive analysis.

RESULTS

Total number of expectant fathers was 102 with whom researcher's developed questionnaire tool was used and interview method was implied for data collection. The data was analyzed based on objective of the study.

Table 1: Socio-demographic Characteristics of Expectant Father

n = 102

Socio-demographic characteristics	Frequency(f)	Percentage (%)
Age (in completed years)		
less than 20	3	2.9
20-30	69	67.6
31-40	29	28.4
More than 41	1	1.0
Mean±SD: (2.27±0.529)		
Ethnicity		
Bramhin	11	10.8
Chhetri	15	14.7
Janajati	66	64.7
Dalit	10	9.8
Religion		
Hindu	58	56.9
Buddhist	31	30.4
Christain	8	7.8
Kirant	3	2.9
Types of family		
Nuclear family	49	48.0
Joint family	50	49.0
Extended family	3	2.9

Table 2: Educational and Occupational Characteristics of Expectant Father n=102

Educational and occupational characteristics	Frequency(f)	Percentage (%)
Literacy status		
Literate	100	98.0
Illiterate	2	2.0
Educational level		
Primary	13	12.7
Secondary	40	39.2
Higher secondary	34	33.3
Bachelor	13	12.7
Literacy status of mother		
Literate	97	95.1
Illiterate	5	4.9
Educational level of mother		
Primary	9	8.8
Secondary	48	47.1
Higher secondary	26	25.5
Bachelor and above	14	13.7
Employment		
Employed	98	96.1
Unemployed	4	3.9
Occupation		
Agriculture	5	4.9
Business	23	22.5
Daily wages	35	34.3
Service	28	27.4
Foreign remittance	8	7.8
Employment status of mother		
Employed	28	27.5
Unemployed	74	72.5
Occupation of mother		
Agriculture	2	2.0
Business	9	8.8
Daily wages	4	3.9
Service	10	9.8
Foreign remittance	2	2.0
Housewife	73	71.6

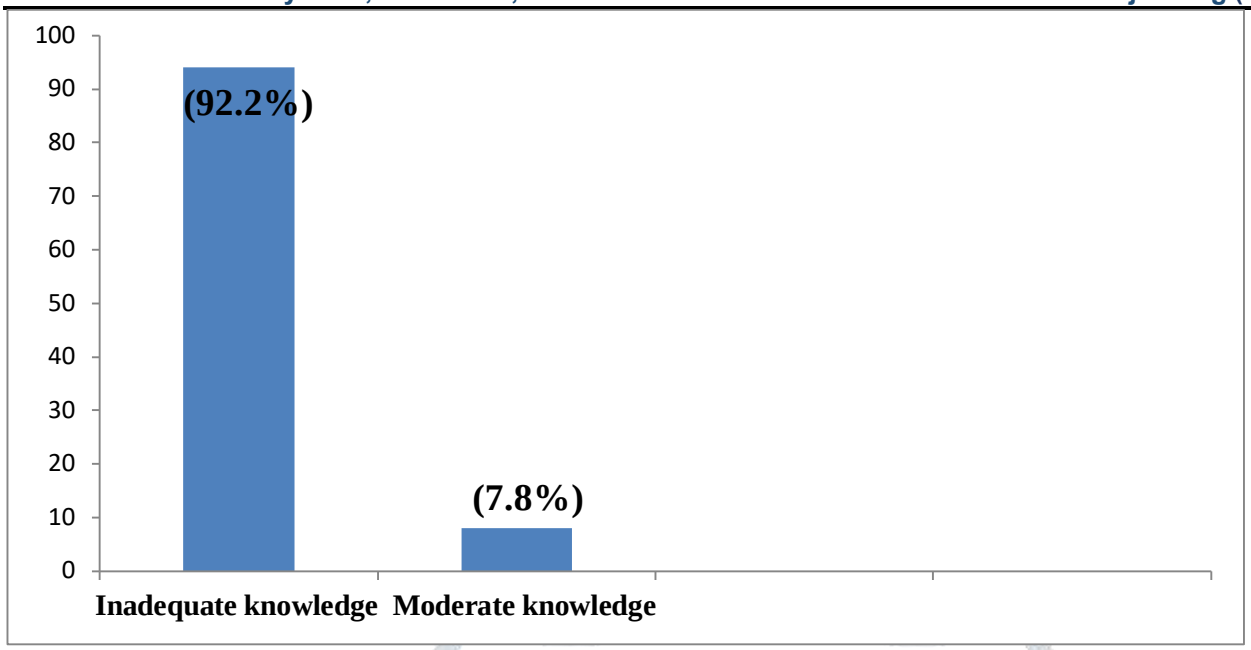

Figure 1: Knowledge regarding Antenatal care n = 102

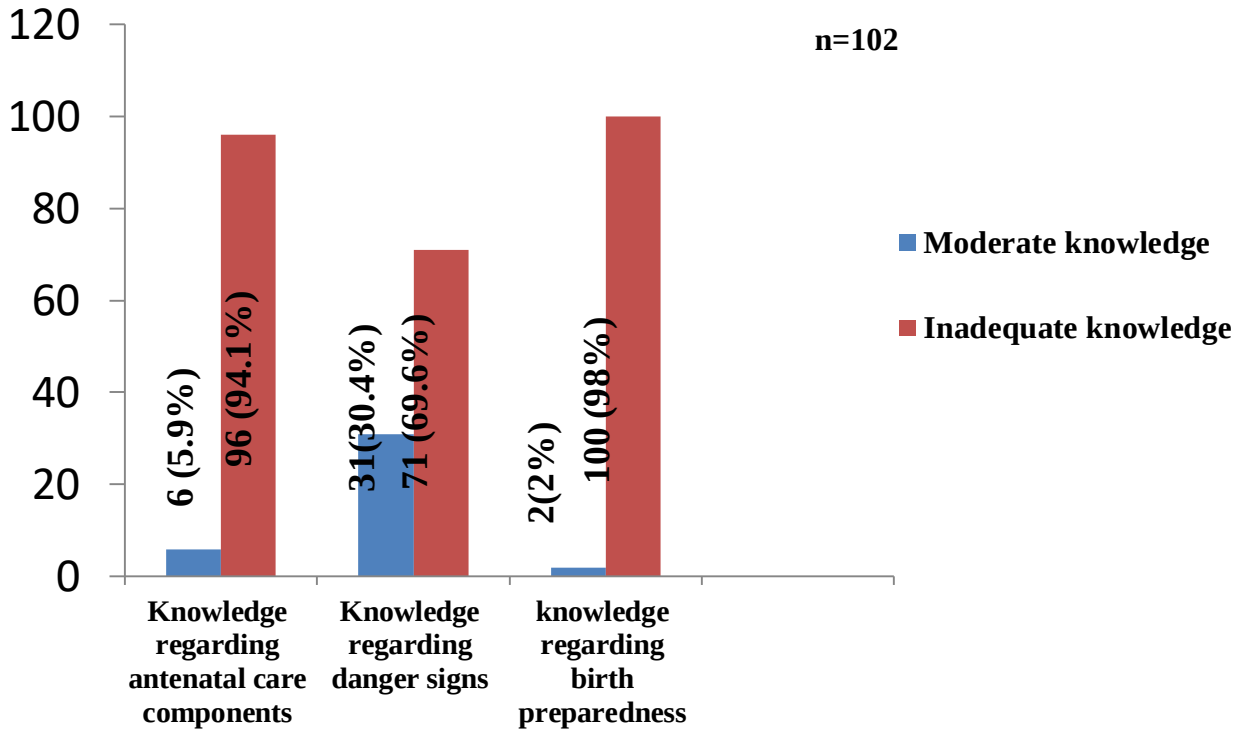

Figure 2: Knowledge on Different Domains of Expectant Fathers

DISCUSSION

It is a well known fact that most antenatal deaths can be reduced with adequate knowledge which will ultimately result into timely and prompt obstetric care. Approximately 830 women die per day worldwide due to preventable causes of pregnancy. Even though there is equal role of male and female towards pregnancy, males concern and

participation toward pregnancy related matter is found to be less in developing country like Nepal. Also the experience of "becoming father" is treated as insignificant in comparison to "becoming mother".

Expectant fathers involved in this study were 102 in number with age ranging from 18 to 43 years old. Among the total expectant fathers 20-30 years population was found to be the highest which is similar with the study conducted in Northern Nigeria as well as in India and Tanzania (Oluseyi O & A Atanda, 2013, August F et al. 2015, Nayana EP. 2015 . The mean age of the study was 39 years which is similar with the study conducted in Nepal as well as in Bangladesh but contradicts the study conducted in Nigeria and Nepal where mean age was 24 years and 22 years respectively(Mullany BC, Becker.S, Hindin M. J. 2007, Oluseyi O & A Atanda, 2013, Nayana, EP. 2015, Joshua PC, Robert K, Oppong, and Derek AT. 2017, Kakaire O Dan KK, Osinde M. 2011). In regards to the educational status of both the husband and their wife, most of them were literate (98.0% and 95.1%) respectively which is similar with the study conducted in India (97.0%), Nepal (88.0%)and Tanzania(79.3%) (Mullany BC, Becker.S, Hindin M. J. 2007, August F et al. 2015, Nayana, EP. 2015, , Kakaire O Dan, KK, Osinde M. 2011) . The educational level of both the expectant father and mother was Secondary level.

Men in the patriarchal society like in Nepal are considered as the decision makers of the family. However pregnancy and maternal care is only taken as female concern. Also during our study, we found that very little (2.0%) husbands had accompanied for the antenatal checkup of their wife each time which is similar to the study conducted in Ghana in 2017 where only 35.0% of the expectant fathers accompanied their wife to antenatal clinic.

Adequate knowledge regarding antenatal care among the family members helps in increasing concern towards the pregnancy matter which will result into decreased maternal mortality and morbidity ratio due to preventable causes. This study revealed that majority of the respondents has inadequate knowledge about antenatal care (94.1%) whereas 5.9% had moderate knowledge about components of antenatal care. Adequate knowledge was not seen in any of the expectant father in the study whereas study conducted in Bangladesh has revealed that more than half (78.0%) of the expectant fathers have adequate knowledge regarding antenatal care (Nasreen HE et al., 2012).

The study clarifies that more than half (69.6%) of the respondents had inadequate knowledge regarding danger signs during pregnancy. The remaining (30.4%) had moderate knowledge which is similar with the findings of the study conducted in Nigeria (Oluseyi O & A Atanda, 2013). However findings of this study strongly contradict the findings of the study conducted in India where 98% of the respondents were aware about the danger signs during pregnancy (Nayana, EP. 2015).

The main aim of birth preparedness and complication readiness is to reduce the delays in seeking, reaching and receiving care. Involvement of male in maternal and child health is taken as one of the important aspect and help in early management of the complications. Our study has clarified that about cent percent (98%) had inadequate

knowledge regarding birth preparedness. In contrast to this a study conducted in Mugu district of Nepal has revealed that about 52.8% of the respondents have heard about the birth preparedness (Kakaire O Dan, KK, Osinde M. 2011). And also the findings of the study conducted in Nigeria has revealed that 68.0% had knowledge about birth preparedness.

CONCLUSION

Majority of the expectant fathers had inadequate knowledge about antenatal care. The consciousness of the expectant fathers was seen as most of them has discussed with the health care providers about the health of their wife. Thus, the result signifies the crucial need of the educational or awareness program to increase the level of knowledge so as to promote the better maternal and child health. So it is recommended to participate expectant fathers in maternal and child health program in the hospital as well as community setting.

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