

## Research Article

# Knowledge, attitude and practice regarding antenatal care among husbands attending antenatal clinic in a tertiary care hospital

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## ABSTRACT

**Background:** Antenatal care is important to identify women at risk of developing pregnancy complications. In India, husbands are the main decision makers in family. Their support can have positive impact on health care of women, which in turn depends on their knowledge regarding importance of antenatal care. Keeping this background in view, the study was aimed at assessing the knowledge, attitude and practice regarding antenatal care among husbands of pregnant women attending antenatal clinic in a tertiary care hospital.

**Methods:** A cross-sectional study was conducted on 200 husbands attending antenatal clinic. Face to face interview was conducted to assess their knowledge, attitude and practice using a structured questionnaire.

**Results:** Husbands were the decision makers in majority (72%) of families. Out of 200 men interviewed, 64% felt that antenatal care was required only if there was a complication. Only 20% men preferred to accompany their wives for antenatal check-ups. Majority of them felt that their main role was to provide financial support.

**Conclusions:** Majority of men have considerable knowledge regarding antenatal care but its importance is not being completely understood. Husbands' accompanying their wives during antenatal check-ups will not only help in utilizing antenatal services, but will also help in early diagnosis and treatment of complications.

**Keywords:** Antenatal care, Husbands, Knowledge, Practice

## INTRODUCTION

Pregnancy, labour and childbirth are important milestones in a couple's life. It is perhaps the most emotional and dramatic experience not only in a woman's life but indeed in the life of her family members. Pregnancy and childbirth, if uncomplicated, could be the most joyful experience; however, if complicated could threaten the woman's life.

The World Health Organisation in 2013 stated that 2,86,000 of maternal deaths in developing countries were due to preventable complications.<sup>1</sup> Primary cause of maternal deaths are the result of three delays; delay in seeking care, delay in reaching health care facility and delay at an institutional level in providing appropriate

care.<sup>2</sup> Appropriate antenatal care helps in early detection, treatment and prevention of conditions that are associated with maternal morbidity and mortality. Unfortunately, many women in developing countries do not receive such care. Understanding knowledge and practices of the community regarding care during pregnancy and delivery are required for program implementation. Partner's involvement in seeking timely antenatal care is important and studies have shown that women are more likely to use antenatal services when their husbands accompany them for ANC visits.<sup>3</sup> In USA, partner involvement in pregnancy has increased utilization of antenatal care 1.5 times.<sup>4</sup>

In India, a maternity care model that encouraged husbands' participation in their wives antenatal and post

natal care found positive changes in knowledge, gender roles and decision making.<sup>5</sup>

Men can, therefore, undoubtedly play a crucial role during pregnancy of their spouses and childbirth by preventing delay in seeking antenatal care. This is possible if they have appropriate knowledge regarding the importance of appropriate antenatal care, pregnancy complications and the need for timely intervention.

Knowledge and understanding about the unknown events during pregnancy by both the partners can make childbirth an extremely enriching and joyful experience. Data on this very important issue are scarce in India. Keeping this background in view, the present study aimed at assessing knowledge, attitude and practice regarding antenatal care among husbands of pregnant women attending antenatal clinic in a tertiary care hospital.

## METHODS

A cross-sectional study was conducted in Vardhman Mahavir Medical College and Safdarjung Hospital, New Delhi, India in 2015. This study employed a qualitative research method. Such methods are appropriate when the core objective is to explore behaviour rather than to describe it. The research approach was accordingly evaluative to that extent.

Husbands of primigravida women who were attending antenatal OPD with their wives in Safdarjung Hospital and who were willing to participate in this study were included in the study. All the eligible participants were interviewed using a structured questionnaire which included socio-demographic profile and question's pertaining to knowledge and practice regarding ANC. Informed verbal consent was taken from each participant. A total of 245 husbands were enrolled, out of which 45 did not complete the interview and were excluded from the study. Thus, 200 husbands of primigravida attending ANC were interviewed.

Husbands were asked 20 structured questions regarding knowledge on antenatal care. For each correct answer a score of 1 was given and for questions wrongly answered were given 0 score. A total score of  $\geq 10$  was taken as good knowledge and less than 10 was considered as inadequate knowledge. Analysis was done using descriptive statistics like mean and percentage.

## RESULTS

A total of 200 husbands completed the interview. Their mean age of participants was  $29 \pm 4.9$  years while that of their wives was  $22 \pm 4.5$  years. More than half (64%) husbands had completed middle school while 88% of women were illiterate. Majority of participants were either semiskilled or unskilled. Nearly equal number of

respondents lived in nuclear and joint families while a quarter of them lived in rented houses.

Husbands were the decision makers for health care in their families (69.5%) followed by in-laws (24.5%). While the joint decision making with spouse was in only 6% cases (Table 1).

**Table 1: Socio demographic profile of participants.**

Characteristic	Male		Female	
	N	%	N	%
<b>Education</b>				
Illiterate	20	10	176	88
Primary	40	20	16	8
Middle School	128	64	8	4
Secondary	12	6	0	0
<b>Occupation</b>				
Clerical/Farmer	51	25.5		
Skilled labour	27	13.5		
Semi-skilled	68	34		
Unskilled	36	18		
Unemployed	18	9		
<b>Decision maker</b>				
Husband	139	69.5		
Jointly with spouse	12	6		
Others (In-laws)	49	24.5		
<b>Age at marriage</b>				
$\leq 21$ (years)	52	26		
$>21$ (years)	148	74		
<b>Type of family</b>				
Nuclear	104	52		
Joint	96	48		
<b>Ownership of house</b>				
Owned	152	76		
Rented	48	24		

Majority of the husband's (96%) felt that antenatal care was valuable but when asked about the gestation at which they thought their wives needed to be registered, 50.8% correctly responded first trimester while 40% said third trimester for booking. More than half (64%) were of the view that only when there was a complication that one needs to go to a health care facility.

Nearly 90% of husbands were aware of the need for intake of vitamin, iron and folic acid supplements antenatally. Ultrasound measurement during antenatal care was considered important by a large number of husbands (72%), while 50% had the knowledge regarding the blood pressure and weight measurement at every antenatal visit. 48.5 % of husbands were of the opinion that with good family support a woman is better off when delivering at home (Table 2).

**Table 2: Knowledge of husbands regarding antenatal care.**

Questions Asked	Response			
	Yes		No	
	N	%	N	%
Do you think antenatal care is valuable or not?	192	96	8	4
Is it necessary to go for ANC even if there is no complication?	73	36.5	127	63.5
Are minimum 3 antenatal visits required?	136	68	64	32
Is Inj TT required to be given during pregnancy?	169	84.5	31	15.5
Does a pregnant woman need vitamin supplements?	176	88	24	12
Does a pregnant woman need Iron /folic acid supplements?	185	92.5	15	7.5
Does pregnant woman need extra food compared to non-pregnant woman?	178	89	22	11
Is alcohol consumption/ smoking by pregnant woman harmful for fetus?	190	95	10	5
Should USG be done to assess fetal well being?	145	72.5	55	27.5
Is weight measurement required during every antenatal visit?	106	53	94	47
Is BP measurement necessary during every ANC Visit?	96	48	104	52
Is haemoglobin measurement during pregnant required?	137	68.5	63	31.5
Is blood sugar testing required?	105	52.5	95	47.5
Is Urine test required?	72	36	128	64
Is blood screening for HIV required?	44	22	156	78
Is blood screening for Hepatitis required?	57	28.5	143	71.5
Is blood screening for Thyroid necessary?	82	41	118	59
Should pregnant women continue to do household jobs?	189	94.5	11	5.5
Are you aware of danger signs of pregnancy?	80	40	120	60
Where should a pregnant woman deliver her baby? Health care facility	103	51.5	97	48.5

## DISCUSSION

In our study, it was seen that men who were educated, lived in self-owned houses had a better awareness regarding women's health care. It is expected that educated men are more likely to be aware about their own and family's health status and seek more knowledge regarding health care. Those residing in nuclear families had marginally higher knowledge about antenatal care. In a study conducted in West Bengal, it was found that antenatal care was significantly higher in a nuclear family.<sup>6</sup>

Those respondents who got married after 21 years had more knowledge than those who got married earlier. This may be explained by the fact that those who got married earlier had less schooling than those who married later. A study conducted in Jordan, however, illustrated that age at marriage was not a significant predictor of utilization of prenatal care.<sup>7</sup>

In our study, 82% men felt that their main role was to provide financial support to their families rather than being involved in preparation for childbirth. This result was similar to that of Wai et al.<sup>3</sup> They conducted a cross-sectional study on 426 husbands and found that majority of husbands supported their spouses maternal care services financially, however, they were less involved in birth preparedness and postnatal care. Exposure to maternal health education and maternal health knowledge

were main predictors of husband's involvement. Besides, women were more likely to use maternal care services when their husbands accompany them for ANC visits.

In our study, knowledge regarding antenatal care of women was found to be considerably good among men. Practice of getting good antenatal care was relatively low. Only 20% of men preferred to accompany their wives for antenatal care, however, 94% felt that other family member could accompany them for routine check-ups. Reasons for not accompanying their wives to hospital were busy schedules (50.1%), waste of time (21%), family pressure (19.5%) and social factors (9.4%). This finding is consistent with the findings of Sanjel S et al.<sup>8</sup> Another study in China also reported financial difficulties as the most important reason for not attending ANC.<sup>9</sup>

The limitation of our study was that there might be chances of recall bias among some of the respondents. Since this study was done in an urban area, the study cannot be representative of the whole state.

## CONCLUSION

Knowledge of husbands regarding antenatal care was found to be good in our study. They, however, need to be motivated to use that knowledge into practice. We need to carry out more educational and motivational surveys at peripheral centers of health care units and such surveys should include responses of husbands. Various

programmes on ANC are being conducted in our country but much more still needs to be done. Since husbands are the decision-makers of health care in families, a change in their attitude can bring about a great difference which would result in early registration, diagnosis of complications and their timely management. To improve community, spousal and family awareness on ANC, information, education and communication activities should be increased on ANC through community campaigns and mass media like local television channel, radio and local newspapers.

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