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RESEARCH ARTICLE

KNOWLEDGE OF THE EXPECTANT FATHERS REGARDING SAFE MOTHERHOOD IN NARAYANA MEDICAL COLLEGE HOSPITAL, NELLORE

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ABSTRACT

Introduction: Safe motherhood initiative is a global effort conceived by, World health organization in 1987 to reduce the high maternal mortality rate and illnesses resulting from complications of pregnancy and child birth. Hence an attempt is being made to find the knowledge of the expectant fathers regarding safe motherhood in Narayana medical college hospital, Nellore, Andhrapradesh**.**

Objective: To assess the level of knowledge among expectant fathers and to associate the level of knowledge of expectant fathers with selected socio-demographic variables.

Material and methods: The present hospital based cross-sectional study was conducted in Narayana medical college hospital Chinthareddypalem, Nellore, Andhrapradesh state (India) from 21/4/14 to 30/4/14. The study sample included 30 expectant fathers of aged 20-35years age group selected by convenience sampling method.

Results and discussion: In the present study, with regard to level of knowledge among 30 samples 18(60%) fathers have inadequate knowledge, 11(36.7%) fathers have average knowledge and 1(3.3%) father has adequate knowledge regarding safe motherhood. With regard to association between the levels of knowledge regarding safe motherhood among expectant fathers with demographic variables, Age and Religion has significant association at α =0.05 level. Type of family, Education status of fathers, Occupation of fathers, Number of children, Health information have no significant association regarding safe motherhood.

Conclusion: The findings of study revealed that majority of fathers 18(60%) have inadequate knowledge. Educational programme needs to be organized to improve the knowledge of fathers and reduce the maternal mortality rate.

INTRODUCTION

Almost all methods of child birth preparation encourage the participation of someone who remains with the women's throughout the labour. The male partner play an important and vital role in the decision making process, regarding pregnant women's health. In too many countries maternal mortality rate is a leading cause of death for Women of reproductive age. In most of the developed countries, the MMR [maternal mortality rate] Varies from 4-40 per 100,000 live births. In the developing countries it varies from 100-700, with India having about 254 per 100,000 live births[1].

Hocken Perry (1999) stated that the presence of a labour partner may help the women cope more effectively , decrease her distress during labour and result in greater satisfaction with the child birth experience . The husband [support person] shares the experience and help the women remain focused and calm during labour and he can able to interpret the women's needs desires to staff members. A partnership bringing together three existing global coalitions on maternal new born and child health. The main role of a father is participate in birthing process, helping after the baby is born, entertainment by emotionally close, better role modeling for children, reduce violence in home.

Need For Study

Nirmalya Dutta (2011) conducted study to identify the causes of increased maternal mortality rate. Stated that ,maternal mortality rate is a major cause of death and disability among women of reproductive age . The current studies explained in a worldwide population of 2008-2013 shows that the MMR [maternal mortality rate] is 3.86 per 100,000 live births. Mainly it is 1,575.09 in Afghanistan

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[2011 studies], Somalia 674.61, Nigeria 608.26, congo 533.57, brazil, 54.56 and Russia is about 2009 million.

This means almost every minute every year there is a maternal death. 99%of which occurs in the developing countries. Majority of (80%) of these deaths are preventable.

Nirmalya Dutta stated that Gujarat is shining in the case of maternal mortality rate . 2006-2010 studies shows that the MMR of Gujarat is about 160 per 100,000 population and in 2010- 2012 studies shows that maternal mortality rate is '122' per 100,000 population.

The national population policy in 2000 was emphasizing the increased participation of men in Planned Parenthood[4].

Since studies on nutritional status are scanty from this region of Nellore (Andhrapradesh-India) and there is no reported hospital based study in Nellore city of this region, an attempt is being made to find out the knowledge of the expectant fathers regarding safe motherhood in Narayana Medical College Hospital, Nellore.

MATERIALS AND METHODS

Research approach

Quantitative research approach is utilized to assess the knowledge regarding expectant father on safe motherhood in NMCH Nellore.

Research design

The research design was used for this study is descriptive research design.

Settings of the study

The study is conducted in Narayana medical college hospital Chinthareddypalem, Nellore. It is a super specialty hospital consists of all specialties with well equipped infrastructure. Narayana medical college Hospital is having both superspeciality block and medical college block .Both of this block together have 1450 beds.

Population

Target population

The population of the study includes 30 expectant fathers.

Accessible population

The population of the study includes 30 expectant fathers in Narayana medical college Hospital, Nellore.

Sample

The samples for the present study include all the expectant fathers and who met the inclusion criteria.

Sampling technique

Convenience sampling technique was used to select the subjects.

Sample size

The sample size of this study limited to 30 expectant fathers in Narayana medical college Hospital, Nellore.

Criteria For Sample Selection

Inclusion criteria

- The expectant fathers who knows Telugu or English.
- The expectant fathers who are willing to participate in study.

Exclusion criteria

- The expectant fathers those who were not present during the time of data collection.

Description of tools

The tool is divided in to two parts

Part - A

It deals with demographic data. It includes Age, Religion, Type of family, Educational qualification, Occupation, Income, Number of children and source of Health information.

Part –B

It deals with structured questionnaire with 34 questions to assess the knowledge of the expectant fathers regarding safe motherhood in Narayana medical college hospital.

Scoring Key

Structured knowledge questionnaire was used to assess the knowledge of the expectant fathers regarding safe motherhood. A score of one was given to each correct response. A score of zero (o) was given to wrong response. The total score was 34.

Table No. 1 Scoring interpretation

Knowledge level	Score	Percentage
Inadequate knowledge	0-17	< 50%
Average knowledge	18-24	50-70%
Adequate knowledge	25-34	>70%

Content validity

Content validity of the tool was obtained from the experts in nursing department.

Reliability

The reliability of tool was measured by using split half method and reliability value is 0.9.

Feasibility

The tool is tested for feasibility by conducting the pilot study among expectant fathers in Narayana Medical College Hospital, Nellore.

Pilot study

After obtaining formal permission to conduct the study from the Medical Superintendent and Nursing Superintendent of Narayana Medical College Hospital, Nellore, the pilot study was conducted from 15-4-2014 to 17-4-2014. Samples were selected by using convenience sampling technique. The investigator selected three fathers in the pilot study. The investigator assessed the knowledge based on the questionnaire. The data was analyzed by using the descriptive and inferential statistics. Based on the pilot study results concluded that tool was reliable for conducting main study.

Data collection procedure

The data collection procedure was started from 21/4/14 to 30/4/14. The purpose of questionnaire schedule was explained to the fathers and good interpersonal relationship was established. A descriptive research approach was adopted to assess the knowledge of father regarding safe motherhood. The data collection schedule was framed and total sample size was 30. The data collection taken a period of two week. A structured questionnaire was used to collect the data.

Table No. 2 Plan for data analysis

Sl No	Data Analysis	Method	Remarks
1	Descriptive statistics	Frequency, Percentage, Mean and standard deviation.	• Distribution of demographic variables. • To determine level of knowledge of expectant fathers regarding safe motherhood.
2	Inferential statistics	Chi- square test	• To find out the association between the level of knowledge of fathers regarding safe motherhood with selected socio demographic variables.

RESULTS AND DISCUSSION

The data was organized, tabulated, analyzed and interpreted by using descriptive and inferential statistics based on the objectives of the study. The findings were presented in the following sections.

The analysis of the data was mainly classified as:-

Section –I

The frequency and percentage distribution of demographic variables of expectant fathers.

Section- II

1. The frequency and percentage distribution of level of knowledge regarding safe motherhood among expectant fathers.
2. Mean, Standard deviation of knowledge

Section – III

Association between the level of knowledge of fathers regarding safe motherhood with selected socio demographic variables.

Section –I

Frequency and Percentage Distribution Based on Socio demographic Variables of Expectant Fathers.

Table No. 3 Frequency and percentage distribution of fathers based on age of expectant fathers.
(N= 30)

	Age in Years	Frequency (f)	Percentage (%)
a.	Below 25 yrs	12	40%
b.	26-30 yrs	11	36.7%
c.	31-35 yrs	6	20%
d.	Above 35 yrs	1	3.4%
	TOTAL	30	100%

Table No.3 shows that with regard to age of the fathers, 12(40%) belongs to Below 25 years of age, 11 (36.7%) fathers are between 26-30 years , 6 (20%) fathers are between 31-35 years of age and 1(3.3%) father is above 35 years.

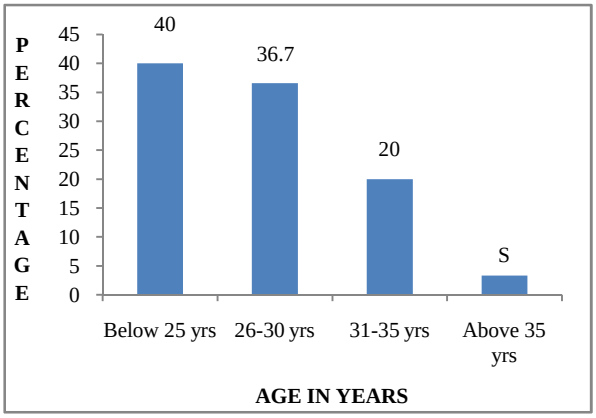

Fig 1 Percentage distribution based on age of the expectant fathers

Table No. 4 Frequency and percentage distribution of the expectant fathers based on educational qualification of fathers. (N= 30)

Educational status of fathers			
a.	Illiterate	13	43.3
b.	Primary education	9	30
c.	Secondary education	6	20
d.	Graduate	2	6.7
	TOTAL	30	100

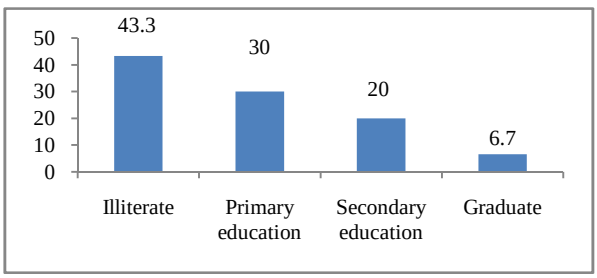

Fig 2 Percentage distribution based on Educational qualification of the expectant fathers

Table No.4 shows with regard to educational status of fathers 13(43.3) are illiterates, 9 (30%) fathers completed primary education, 6(20%) fathers completed secondary education and 2(6.7%) are graduates.

Table 5 Frequency and percentage distribution of the expectant fathers based on Number of children of fathers. (N=30)

Number of children	Frequency (f)	Percentage (%) (%)
a)One	11	36.7
b)Two	13	43.3
c)Three	6	20
d Four	0	0
TOTAL	30	100

Table No. 5 shows with regard to number of children , 11(36.7%) have one child, 13(43.4%) have two children's and 6(20%) have three children's.

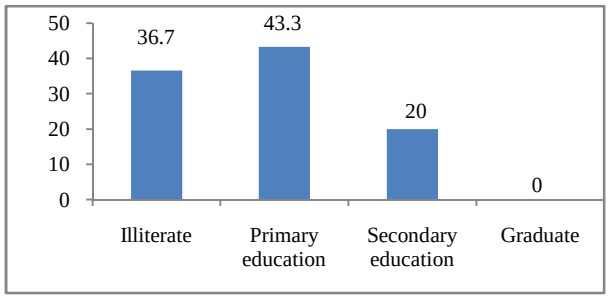

Fig 3 Percentage distribution of fathers based on Number of children.

Section-II

The Level of the Expectant Fathers Regarding Safe Motherhood

Table No.6 Frequency and percentage distribution of the level of knowledge of the expectant fathers regarding safe motherhood. (N= 30)

Criteria	Frequency(F)	Percentage (%)
Inadequate	18	60
Adequate	11	36.7
Average	1	3.3
Total	**30**	**100**

Table No.6 shows that, among 30 samples 18 (60%) fathers have inadequate knowledge, 11(36.7%) fathers have adequate knowledge and 1(3.3%) father has average knowledge regarding safe motherhood.

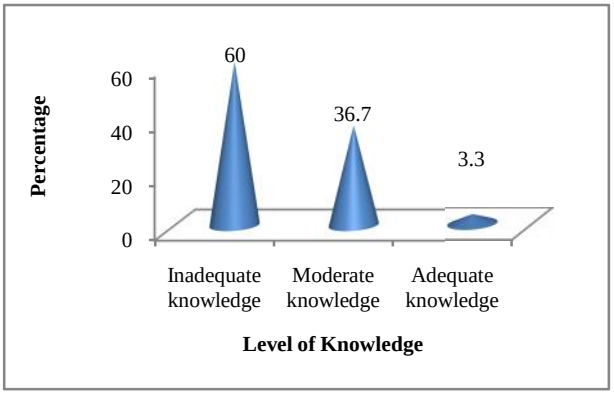

Fig 4 Percentage distribution of the level of knowledge of the expectant fathers.

Edwin Francis (2011) conducted a study on safe motherhood initiative programme in Bihar, with an objective to identify the knowledge of fathers regarding safe motherhood. 500 expectant fathers are selected for this study Structured interviewed schedule was used for data collection. the results shown that, 80% of fathers have adequate knowledge and only 10% of fathers have adequate knowledge on safemotherhood.

Table No. 7 Mean And Standard Deviation Of Levels Of Knowledge Of The Expectant Fathers Regarding Safe Motherhood.

Mean	Standard deviation
15.73	4.80

Table No. 7 shows that mean and standard deviation of level of knowledge of the expectant fathers regarding safe motherhood, the mean was 15.73 with the standard deviation of 4.80.

Section- III

Association between the levels of knowledge of the expectant fathers regarding safe motherhood with selected socio demographic variables: It shows that Educational status, Occupation, Income, Number of children and Health information have no significant association with the level of knowledge. Age and Religion have significant association with the level of knowledge.

R.Poongodi conducted a study to correlate safe motherhood initiative programme among expectant fathers in selected areas of Bihar district. 312 fathers were selected for this study. Structured interview schedule was used for data collection. Majority of fathers had 70.7% of inadequate knowledge, 20% had adequate knowledge regarding safe motherhood.

CONCLUSION

The present findings uncovered information on the knowledge among expectant fathers and to associate the level of knowledge of expectant fathers with selected socio-demographic variables in NMCH, Nellore. This study revealed that among 30 samples 18 (60%) fathers have inadequate knowledge, 11(36.7%) fathers have adequate knowledge and 1(3.3%) father has average knowledge regarding safe motherhood. Regarding association Age and Religion have significant association with level of knowledge regarding safe motherhood among expectant fathers at α =0.05 level. These results indicated that fathers are having inadequate knowledge regarding safe motherhood. Therefore, sustained safe motherhood education is recommended to the expectant fathers and their families and communities to improve knowledge regarding safe motherhood in order to enhance health of mothers and their children.

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