RESEARCH
O&G Forum 2024; 34 – 3s: 1126-1132

ASSESS THE KNOWLEDGE AND ATTITUDE ON BIRTH PREPAREDNESS AND COMPLICATION READINESS AMONG FIRST-TIME FATHERS IN THIRUVALLUR GOVERNMENT HOSPITAL

Thenesha.K[1*], Dr.S.Vasantha[2]
[1] Ph.D Scholar, Faculty of Nursing, Bhaarath College of Nursing, Chennai, India. thenesha.vino@gmail.com
[2] Principal, Faculty of Nursing, Bhaarath College of Nursing, Chennai India.

Abstract
Objectives: To assess the level of knowledge and Attitude on birth preparedness and complication readiness among first time fathers, to correlate the level of knowledge and attitude on birth preparedness and complication readiness among first time fathers, and also to associate the level of knowledge and attitude with selected demographic variables.
Methods: A descriptive study design was adopted among 50 Men expecting their first child of Chennai, India using tools such as Reading Attitude Scale, Self-Report Habit Index a Questionnaire to assess the Knowledge and attitude regarding birth preparedness and Complication readiness among expectant fathers. The data was collected using Non probability Convenience sampling technique.
Findings:The study's key findings were that 34% of first-time fathers had adequate knowledge, 60% had intermediate knowledge, and 6% had inadequate understanding on birth preparedness and complication readiness. Expectant fathers' attitudes toward birth preparation were as follows: 38% of first-time fathers had a positive attitude, 62% had a somewhat positive view, and 0% had an unfavorable attitude.
Novelty: Expectant fathers should be well-versed in birth preparedness and complication readiness for a myriad of reasons. Primarily, their knowledge allows for active participation and support throughout the pregnancy and childbirth journey. Understanding the birthing process helps alleviate anxiety, enabling fathers to be confident and responsive during labor. It fosters effective communication with healthcare providers, ensuring informed decision-making and advocacy for their partner's preferences. In addition, awareness of potential complications prepares fathers to respond swiftly in emergency situations.
Keyword: First - time, Preparedness, Complication readiness.

INTRODUCTION

"Motherhood - a safe experience where, Pain and joy are one at this moment to live"

Pregnancy is a unique, exciting and often joyous time in a woman's life, as it highlights the amazing creative and nurturing powers while providing a bridge to the future.

Birth preparedness is a safe motherhood initiative with the objective of planning for normal birth and anticipating actions needed in the case of emergency It helps the mother to reach professional delivery care and key to decrease maternal mortality.

Preparing for the childbirth is one of the most exciting times for a woman; however, it may also be a time of fear and anxiety for a mom-to-be. During this transitional period as a woman, they may start preparing for the special new addition to her family, she may also have to come to terms with the many adjustments that will have to be made.

Empowering men with necessary information about emergency obstetric conditions, and engaging them in birth preparedness and complication readiness (BPCR) is a vital strategy towards improving maternal services utilization. One approach employed in the Global North to reduce maternal and neonatal mortality has been to include expecting fathers in the maternal and newborn health care system.

BACKGROUND

Globally, Maternal death due to complications during pregnancy and childbirth decreased by 50% from an estimated 523,000 in 1990 to 289,000 in 2013. Even though such progress is considerable, the average annual rate of decline is far below that is needed to be achieved by the Sustainable Development Goals (SDG) target 2030 of 5.5%.

World Health Organization estimates that 5,00,000-6,00,000 women die from pregnancy and childbirth-related complications each year, with 99% of these deaths occurring in developing countries. In India the maternal mortality ratio is 300 per 1,00,000 live births hence I felt the need to conduct a study to evaluate the knowledge, practice, and self-efficacy on preparedness of childbirth among primigravida mothers attending antenatal OPD in selected hospitals.

High numbers of mothers are dying still in 2013, nearly 800 women died every day from obstetrical causes. Of this, low-

income and middle-income countries alone account for 99% of maternal deaths

In the global south, male partners' presence and participation at prenatal care visits varies greatly from 96% in the Maldives to only 12% in Tanzania, 18% in Burundi and 32.1% in Nigeria. In the global south, male partners have limited knowledge about complications related to childbirth. One study examining determinants of male partner involvement in promoting facility deliveries found that 40% of study participants saw childbirth as a natural phenomenon that does not require men's participation, and 48.2% of them said that they would be ridiculed by their peers and seen as being "ruled" by their wives if they were seen accompanying them to health facilities for delivery.

NEED FOR THE STUDY

First-time fathers have an important role in providing support for their spouses which creates an all-round sense of security necessary for a successful pregnancy and childbirth experience. Their participation and engagement have been associated with lowered maternal stress levels, lowered occurrences of antenatal and postpartum depression, increased utilization of maternal health services, readiness for birth complications and positive birth outcomes.

Birth preparedness and complication readiness is a safe motherhood strategy whose objective is to promote the timely use of skilled maternal and neonatal care during childbirth and obstetrical emergencies by reducing delays at the first, second, and third levels.

It entails making plans prior to birth and complications. Decisions are made and documented on such issues as desired place of birth, the preferred skilled birth attendant, items required for birth, birth companion, getting a compatible blood donor, and arranging in advance for transport.

1.1 Aim of the Study

The aim of the study is to assess the knowledge and attitude on birth preparedness and complication readiness among first time fathers.

1.2 Objectives

- To assess the level of knowledge on birth preparedness and complication readiness among first time fathers.
- To assess the level of attitude on birth preparedness and complication readiness among first time fathers.
- To correlate the level of knowledge and attitude on birth preparedness and complication readiness among first time fathers.
- To associate the level of knowledge and attitude with selected demographic variables.

METHODOLOGY

Information gathered to address a research problem is known as research methodology. Choosing a research design is the most important step in determining expectant father's knowledge and attitudes towards birth preparation and complication readiness among expectant fathers in Thiruvallur government hospital, Chennai.

2.1 Research Design of the study

This study focuses on assessing the knowledge and attitude of birth preparedness and complication readiness among first time father. A non-experimental descriptive design was adopted in this study.

2.2 Sample and sampling technique

Total of 50 Samples of men expecting their first child were selected to assess the level of knowledge and attitude regarding birth preparedness and complication readiness. Nonprobability Convenience sampling technique was adopted. Inclusive and exclusive criteria were verified during the selection of samples. Inclusive criteria were husbands of primipara mothers, and who can read and write English and Tamil.

2.3 Instruments

The tool consists of 2 components.

The tool used for the data collection was the questionnaires. It has two selection Section A and B

Section-A Demographic data

The socio demographic data consist of age, religion, occupation, education, marital status, type of marriage, type of family, occupation, family income, gestational week of mother.

Section-B Questionnaires

The questionnaires were used to assess the Knowledge and attitude regarding birth preparedness among expectant fathers. There were 25 questions that assessed knowledge and had one to five answers, with only one right response. There were fourteen questions assessing the attitude, each with five possible answers, one of which was the right response. The questions scored were based on favorable, somewhat favorable, or unfavorable.

Scoring interpretation

Knowledge scoring

Score	Interpretation
< or = 50 %	Inadequate knowledge
51 - 75%	Moderate knowledge
> 75%	Adequate knowledge:

Attitude scoring

Score	Interpretation
< or = 50	Unfavorable attitude
51 - 75%	Moderately favorable attitude
> 75%	Favorable attitude

2.4 Data Collection Method

The Institutional Ethical Committee of ACS Medical College & Hospital in Chennai provided ethical clearance. Formal informed consent was acquired from the research subjects at Thiruvallur Government Hospital in Chennai. The researcher used a convenience sample technique to gather data from expecting fathers. Two weeks was allotted for data collection. The researcher gave an explanation of the samples' significance to the study as well as its goal. Questions were distributed once the participant cooperated.

2.5 Data Analysis

Using descriptive statistics, frequency counts, simple percentages, and inferential statistics data was analyzed.

RESULT AND DISCUSSION

The present study was taken to assess the level of knowledge regarding birth preparedness and Complication readiness among expectant fathers. A descriptive study design was adopted 50

fathers were included in the study. Knowledge questionnaire and scoring key for practice prepared by the investigator was used to assess the knowledge of birth preparedness among expectant fathers. The collected data was analysed using descriptive and interferential statistics. These insights contribute to refining healthcare strategies, emphasizing the importance of paternal involvement for improved maternal and neonatal outcomes in the community.

3.1 Assessment of Socio-demographic Variables

The table shows that most of the expectant fathers,21(42%) were aged between 26 – 29 years, 44(88%) were Hindus, 47(94%) had between 0-3years duration of marriage, 25(50%) were Graduates and above, 36(72%) have private job, 22(44%) had monthly income of above Rs.15,000, 32(64%) belongs to joint family, 29(58%) had social media as a source of information ,and 29(58%) were their wives are in 3rd trimester .

S. no	Demographic variables	Frequency (n)	Percentage (%)
1.	Age group (in years)		
	a. 22-25	16	32
	b. 26-29	21	42
	c. 30-33	12	24
	d. Above 33	1	2
2.	Religion		
	a. Hindu	44	88
	b. Muslim	1	2
	c. Christian	5	10
	d. Any other	0	0
3.	Duration of marriage (years)		
	a. 0-3	47	94
	b. 4-7	2	4
	c. 8-10	0	0
	d. Above 10 years	1	2
4.	Educational status		
	a. No formal education	1	2
	b. Primary school	2	4
	c. Higher secondary	22	44
	d. Graduate and above	25	50
5.	Occupation		
	a. Business	2	4
	b. Coolie	10	20
	c. Private job	36	72
	d. Government job	2	4

3.1 Frequency and percentage of level of knowledge regarding birth preparedness and Complication Readiness among expectant fathers

The Table shows that the level of knowledge regarding birth preparedness among expectant fathers**,**17(34%) had adequate knowledge,30(60%) had moderately adequate knowledge and 3(6%) had inadequate knowledge regarding birth preparedness.

S.no	Level of knowledge	Frequency (n)	Percentage (%)
1.	Inadequate knowledge (<or=50%)	3	6
2.	Moderate knowledge (51-75%)	30	60
3.	Adequate knowledge (>75%)	17	34

3.2 Frequency and percentage of the level of attitude regarding birth preparedness and Complication Readiness among expectant fathers

The table shows that the level of attitude regarding birth preparedness among expectant fathers,19(38%) had a favorable attitude,31(62%) had a moderately favorable attitude and 0(0%) had an unfavorable attitude toward birth preparedness

S.no	Level of attitude	Frequency (n)	Percentage (%)
1.	Unfavorable attitude (< or =50%)	0	0
2.	Moderate favorable attitude (50 -75%)	31	62
3.	Favorable attitude (>75%)	19	38

3.3 Association between selected demographic variables and Knowledge

The table 5 shows that the association between selected demographic variables and Knowledge, Age (in years)(χ^2= 12.82 ,p= 0.05)and Educational status (χ^2= 19.436 ,p = 0.01) had statistically significant and the remaining demographic variables had not statistically significant.

N=50

S.no	Demographic Variable	Inadequate		Moderate		Adequate		Chi Square
		N	%	N	%	N	%	
1	Age in years							
	(a)22-25 years	2	4	10	20	3	9	
	(b)26-29 years	0	0	12	24	9	18	**12.82**
	(c)30-33years	0	0	8	16	4	8	**(S)***
	(d) more than 33	1	2	0	0	1	2	

S.no	Demographic Variable	Inadequate		Moderate		Adequate		Chi Square
2	Religion							
	(a) Hindu	3	6	26	52	15	30	
	(b) Muslim	0	0	1	2	0	0	1.067
	(C) Christian	0	0	3	6	2	4	(NS)
	(d) Any Other	0	0	0	0	0	0	
3	Duration of marriage							
	(a) 0-3 year	3	6	29	58	15	30	
								2.339
	(b) 4-7 years	0	0	1	2	1	2	
								(NS)
	(c) 8-10 years	0	0	0	0	0	0	
	(d) Above 10 years	0	0	0	0	1	2	
4	Educational status							
	(a) No formal education	1	2	0	0	1	2	**19.436**
	(b) Primary school	0	0	2	4	0	0	**(S)***
	(c) Higher secondary	2	4	15	30	7	14	
	(d) Graduate and above	0	0	13	26	10	20	
5	Occupation							
	(a) Business	0	0	2	4	0	0	
	(b) coolie	1	2	7	14	2	4	
								6.295
	(c) Private job	2	4	21	42	13	26	
								(NS)
	(d) Government job	0	0	0	0	2	4	
6	Monthly income of the family in rupees							
	(a) < or = 5000	0	0	2	4	0	0	
	(b) 5001-10000	0	0	8	16	1	2	
								6.359
	(c) 10001-15000	2	4	8	16	7	14	
								(NS)
	(d) Above 15000	1	2	12	24	9	18	
7	Type of family							
	(a) Nuclear family	2	4	9	18	7	14	1.889
	(b) Joint family	1	2	21	42	10	20	(NS)
8	Source of information							
	(a) Social information	1	2	16	32	12	24	
	(b) Mass media	1	2	2	4	3	6	
	(c) Newspaper and books	1	2	4	8	1	2	8.073 (NS)
	(d) Not heard	0	0	8	16	1	2	
9	Gestational age of mother							
	(a) 1st trimester	1	2	9	18	4	8	
	(b) 2nd trimester	0	0	3	6	4	8	2.197
	(c) 3rd trimester	2	4	18	36	9	18	(NS)

*****p>0.05. * S- significant. NS- Non significant**

3.4. Association between selected demographic variables and Attitude

The table 6 shows that, it is not statistically significant to any of the selected demographic variables and attitude.

N=50

S. no	Demographic Variable	Un favourable		Moderate		Favourable		Chi Square
		N	%	N	%	N	%	
1	Age in years							
	(a) 22-25 years	0	0	12	24	4	8	
	(b) 26-29 years	0	0	13	26	8	16	2.802
	(c) 30-33years	0	0	1	2	2	4	(NS)
	(d) more than 33	0	0	5	10	5	10	
2	Religion							
	(a) Hindu	0	0	26	52	18	36	
	(b) Muslim	0	0	1	2	0	0	
								1.454
	(C) Christian	0	0	4	8	1	2	(NS)
	(d) Any Other	0	0	0	0	0	0	
3	Duration of marriage (year)							
	(a) 0-3 year	0	0	30	60	17	34	
								1.815
	(b) 4-7 years	0	0	1	2	1	2	
								(NS)
	(c) 8-10 years	0	0	0	0	0	0	
	(d) Above 10 years	0	0	0	0	1	2	
4	Educational status							
	(a) No formal education	0	0	0	0	1	2	
	(b) Primary school	0	0	2	4	0	0	3.59
	(c) Higher secondary	0	0	5	10	7	14	(NS)
	(d) Graduate and above	0	0	14	28	11	22	
5	Occupation							
	(a) Business	0	0	1	2	1	2	
	(b) coolie	0	0	9	18	1	2	
								4.201
	(c) Private job	0	0	20	40	16	32	
								(NS)
	(d) Government job	0	0	1	2	1	2	
6	Monthly income of the family in rupees							
	(a) >=5000	0	0	1	2	1	2	
	(b) 5001-10000	0	0	7	14	2	4	
								2.944
	(c) 10001-15000	0	0	12	24	5	10	
								(NS)
	(d) Above 15000	0	0	11	22	11	22	
7	Type of family							
	(a) Nuclear	0	0	10	20	8	16	0.935
	(b) joint	0	0	22	44	10	20	(NS)

S. no	Demographic Variable	Un favourable		Moderate		Favourable		Chi Square
8	Source of information							
	(a) social media	0	0	17	34	12	24	
	(b) Mass media	0	0	5	10	1	2	
	(c) Newspaper and books	0	0	2	4	4	8	4.34 (NS)
	d) Not heard	0	0	7	14	2	4	
9	Gestational age of mother							
	(a) 1st trimester	0	0	10	20	4	8	
	(b) 2nd trimester	0	0	2	4	5	10	3.997
	(c) 3rd trimester	0	0	19	38	10	20	(NS)

*****p>0.05. *S- significant. NS- Non significant**

DISCUSSION

The present study has been taken to assess the level of knowledge regarding birth preparedness and complication readiness among expectant father. Descriptive study design was adopted 50 fathers were included in the study. Knowledge questionnaire and scoring key for practice prepared by the investigator was used to assess the knowledge of birth preparedness and complication readiness among expectant father. The collected data was analyzed using descriptive and interferential statistics.

The level of knowledge regarding birth preparedness and complication readiness among expectant father, the level of knowledge is, 17 (34%) had adequate knowledge ; 30 (60%) had moderate knowledge and 3 (6%) had inadequate knowledge regarding birth preparedness and complication readiness among expectant father .

The level of attitude regarding birth preparedness and complication readiness and complication readiness among expectant fathers, the level of attitude is, 19 (38%) had favorable attitude; 31(62%) had moderate favorable attitude and 0% had unfavorable attitude regarding birth preparedness among expectant father .

The correlation between the level of knowledge and attitude on birth preparedness and complication readiness among expectant fathers is **(M = 862 , SD= 0.276)**

There is significant association between demographic variable and knowledge such as age **(x^2 =12.82 , p=0.05)** and education **(x^2 =19.436 ,p=0.01).**

There is no significant association between any demographic variable and knowledge such as religion , duration of marriage , occupation , monthly income of the family and type of family , source of information and gestational age of mother .

CONCLUSION

In conclusion, the study assessing the knowledge and attitude on birth preparedness and complication readiness among first-time fathers in Thiruvallur Government Hospital emphasizes the importance of equipping expectant fathers with comprehensive information. The findings underscore the need for targeted educational interventions to enhance fathers' understanding of their role during pregnancy, labor, and postpartum.As expectant fathers become more informed and involved, they can actively contribute to a positive birthing experience, providing crucial support to their partners, and fostering a collaborative and inclusive approach to parenting. Ultimately, the insights gained from this study can inform future initiatives aimed at improving birth preparedness and complication readiness among first-time fathers, contributing to the overall well-being of both parents and their newborns.

RECOMMENDATIONS

Recommendations include the development of tailored educational programs addressing fathers' unique concerns, the integration of engaging technologies for effective learning, collaboration between healthcare providers and fathers, and continuous training that evolves with the progression of pregnancy. The promotion of peer support networks, encouragement of early engagement, incorporation of mental health support, and facilitation of postpartum education are essential components.

IMPLICATION

The study's conclusions have ramifications for a number of nursing-related fields, including practice, education, administration, and research.

Acknowledgement

I would like to express my sincere gratitude to everyone who has played a role in the successful completion of this research project focusing on the assessment of knowledge and attitude regarding birth preparedness and complication readiness among first-time fathers at Thiruvallur Government Hospital. Special thanks to Dr.S.Vasantha, my esteemed mentor, whose guidance, expertise, and encouragement were invaluable throughout the entire research process. I appreciate the support and cooperation extended by the staff and administration of Thiruvallur Government Hospital, without whom this study would not have been possible.

I am deeply thankful to the first-time fathers who willingly participated in this research, sharing their experiences and insights. Their contribution has been crucial in shedding light on an important aspect of maternal and child health.

I would also like to acknowledge my family and friends for their unwavering support, understanding, and motivation during the course of this research. Their encouragement has been a driving force, and I am grateful for their belief in the significance of this study.

References

1. *Annamma Jacob, (2012), a comprehensive textbook of midwifery and gynecological nursing, 3 edition, Jaypee publications, pp. 323-331*
2. *Basavanthappa B.T, (2009), Nursing research. 2 edition, Jaypee publications, pp: 70-72*

3. *Bobakirone etal," Gyanecology nursing", edition. Philadelphia, moosby publications. Pp:83-86*
4. *Bonnar Johan, "Obstetrics and gynecology", 1" edition, newyork Churchill living stone publications, pp. 112-116*
5. *Dawn C.S," textbook of obstetrics and gynecology" 3rd edition, kolkatta, new central Book agency, 2000*
6. *Denis.F. Polif, et al, (2008), nursing research generating and asserting evidence for ursing practice, 8th edition, wolter and Kluwer's publications.(p) Itd.*
7. *Dickson, et.al, gynecological nursing 2nd edition, Philadelphia, 1998*
8. *Dr. R. Bincy, (2013), textbook of nursing research 2nd edition. Viva books pvt ltd.*
9. *D.C. Dutta, (2011), textbook of obstetrics and gynecology 7 edition, new central book Agency. Pvt ltd.*
10. *Gupta.S.P (2000), Statistical method, 13th edition, New Delhi, chand and sons publications, pp:58-62*
11. *Guru mani.N (2005). An introduction to bio statistics, 2nd edition, M.I.P Publishers. PP:26-27*
12. *Ruth V. Bennett, et.al, Myles textbook of midwives, 13th edition philadelpia, churchchill Ivingstone company, pp: 224-241*
13. *Sabaratnum, Drukumaran, Sivanesa. VR, Allokananda.C, textbook of adolescents ynecology, sexually active adolescents, 12th edition: P-733*
14. *Florence, M., Atuhaire, C., Nkfusai, C. N., Shirinde, J., & Cumber, S. N. (2019). Knowledge and practice of birth preparedness and complication readiness among pregnant women attending antenatal clinic in Openzinzi Hciii, Adjumani District, Uganda. The Pan African Medical Journal, 34. https://doi.org/10.11604/pamj.2019.34.46.16869*
15. *Murki, A., Kamineni, V., & Kota, V. (2017). Birth preparedness and complication readiness in pregnant women attending urban tertiary care hospital. Journal of Family Medicine and Primary Care, 6(2), 297. https://doi.org/10.4103/2249-4863.220006*
16. *Patil, S., Viswanathan, V., Joshi, R., & Durgawale, P. (2020). Study to assess birth preparedness and complication readiness to promote safe motherhood among women from a rural area of Western Maharashtra. Indian Journal of Community Medicine: Official Publication of Indian Association of Preventive & Social Medicine, 45(4), 510. https://doi.org/10.4103/ijcm.ijcm_4_20.*