

ORIGINAL ARTICLE

Study of Expectant Fathers' Prejudices and Practices vs. Pregnant Women's Pleasure related to Antenatal Care at OPD, NMCH, Nellore, A.P., India

Aruna Gundluru^{1,2}, Indira Armugham^{1,2}, Amiya Bhaumik¹, Smitha Poovathinkal Madhavan^{1,2}, Usha Kiran thirunavukarasu^{1,2}, Viji Alex^{1,2}, Suganthi Lokonathan¹

¹ Lincoln University College, Wisma Lincoln, No. 12-18, Jalan SS 6/12, 47301, Petaling Jaya, Selangor Darul Ehsan, Malaysia

² Sree Narayana Nursing College, Chinthareddypalem, Stonehouse Pet, Nellore, Andhra Pradesh 524002, India

ABSTRACT

Introduction: The engagement of the expectant father in the pregnancy and birth of the child has an impact on the pregnancy result. It lowers the risk of preterm birth, low birth weight, foetal growth restriction, and infant death by reducing unfavourable maternal health behaviours. The role of the expectant father is critical in identifying difficulties throughout pregnancy. With this backdrop in mind, the goal of the study is to analyse the attitudes and practices of expectant dads on pregnant women when it comes to antenatal care. **Methods:** A cross-sectional study was done among 100 pregnant fathers attending an antenatal clinic. Using a structured questionnaire and observational check list, prejudices and practice of these individuals was analyzed. **Results:** In the majority of families (58 %), husbands made the decisions. Moreover half (58.2%) of the 100 expectant fathers polled, reported that health care facility was visited only if there was a difficulty. Only 20% of men preferred to accompany their women to prenatal appointments. The majority of them believed that their primary responsibility was to provide financial assistance. **Conclusion:** Most of the prospective fathers have a good understanding of antenatal care, although its relevance is not fully appreciated. Expectant fathers accompanying their wives to antenatal appointments will aid not only in the utilization of antenatal services, but also in the early detection and treatment of difficulties.

Keywords: Prejudices, Practices, Antenatal Care, Expectant Fathers Pregnant Women

Corresponding Author:

Aruna Gundluru, Master in Nursing
Email: milkyanu87@gmail.com
Tel: +91 9642787172

INTRODUCTION

Pregnancy, labour, and childbirth are all crucial events in a couple's life. It is likely to be the most emotional and dramatic experience of a woman's life, as well as the lives of her family members. If pregnancy and birth are simple, they can be a lovely experience. Nevertheless, if they are complicated, the woman's life may be jeopardised. Pregnancy is a physiological event that can cause stress and anxiety in the mother due to neurohormonal, physiological, mental, and social changes in the mother. At this time, mothers should acclimatise to their new role.

The phrase "maternal fatality" refers to deaths that occur during pregnancy or delivery as a result of complications. According to UN inter-agency estimates, the global maternal mortality rate fell by 38% between 2000 and 2017, from 342 to 211 deaths per 100,000 live births.

The engagement of the expectant father in the pregnancy and childbirth has an impact on the pregnancy result. It lowers the risk of preterm birth, low birth weight, foetal growth restriction, and infant death by reducing unfavourable maternal health behaviours. Male involvement reduces maternal stress (by providing emotional, logistical, and financial support), increases prenatal care, leads to the cessation of risk behaviours, and ensures men's involvement in their future parental roles from an early age, according to epidemiological and physiological evidence.

According to UN inter-agency estimates, the worldwide maternal mortality ratio dropped by 38% from 2000 to 2017 – from 342 to 211 deaths per 100,000 live birth (1). It is critical to invest in paternal inclusion from the beginning of the pregnancy so that the father understands that he is an integral part of the process and that a father is the most important person and must be present beside the pregnant mother (2). Men's involvement in maternal health decision-making, male attendance during antenatal care, male attitudes toward maternal healthcare, and male participation in health extension worker home visits, are all aspects

of male involvement. Early involvement of men in healthcare is seen as an opportunity to educate men on the importance of perinatal care and to their effective assistance in supporting their partners during pregnancy, birth preparation, and the postnatal period (3). The goal of this study is to analyse expectant fathers' attitudes toward maternity care and practises.

In India, men are seen to be the guardians of families, therefore involving them in maternal health care will promote health service usage, reduce maternal health complications, improve maternal self-esteem, and reduce the risk of pregnancy complications (4).

Prenatal care aids in the early detection, treatment, and prevention of illnesses connected to maternal morbidity and death. Many women in underdeveloped nations do not have access to this level of treatment. Understanding and enhancing community knowledge and behaviours about prenatal and postnatal care is critical to programme success. Expectant fathers must be active in obtaining timely prenatal care. Studies have shown that when fathers accompany the pregnant wife to appointments, women are considerably more likely to use maternity care. In the United States, partner involvement in pregnancy has increased antenatal care by 1.5 times.

In India, improving the awareness regarding maternal care and promoting their attendance during prenatal care may ensure better maternal health outcomes. If the SDGs for maternal care are to be met, it is critical to increase husband-involvement agenda be enhanced in India (4). India's maternity and paternity leave policies are as follows: Regular male employees with a new born child or who lawfully adopt a child under the age of one year are eligible for paternity leave at Adobe. There is no minimum service requirement. Candidates are eligible for 2 weeks of paid paternity leave, i.e. 10 days of 100% paid paternity leave.

The goals are to examine antenatal care prejudices and practises among pregnant women, as well as to link antenatal care prejudices and practises among anticipating fathers of pregnant women to demographic characteristics.

MATERIALS AND METHODS

In 2019, a cross-sectional study was carried out at Narayana Medical College and Hospital in Nellore, Andhra Pradesh, India. The goal of this study was to examine the biases and practises of husbands of primigravida women who were attending antenatal OPD with their wives in Narayana Medical College and Hospital 2019 and who were willing to participate in this survey.

Before the data was collected, each participant signed a

written informed consent form. All eligible participants were interviewed using a standardised questionnaire that comprised of a socio-demographic profile as well as questions about their knowledge and preconceptions about ANC, along with their practise. A total of 100 husbands were enrolled in the trial, with expectant fathers who were mentally ill or had a drug addiction were excluded. As a result, 100 primigravida expecting fathers who attended a prenatal clinic were interviewed. Prejudices about various aspects of Antenatal care were the focus of 20 questions, while other questions focused on Antenatal care practises.

A grade was assigned to each assertion. If a total score of 100 is obtained, strongly agree 4 (81-100), agree 3 (61-80), neutral 2 (41-60), disagree 1 (21-40), strongly disagree considered 0(1-20) is the Checklist for assessing the level of practise. Early registration, visits, antenatal care, vitamin, iron, and folic acid supplementation, prompt hygiene, and awareness of risk indications are all part of the check list. It is made up of nine different items. The level of practise was determined. Those who answered yes received a score of 1, while those who said no received a score of 0. Frequency, mean, standard deviation, and percentage were done in the analysis.

The study protocol was approved by the ethics committee under institutional ethics committee, Narayana college of nursing, Nellore, India. File no:03/phD(N)/LU/2018 dated 06th June 2018.

RESULTS

A total of 100 expectant fathers agreed to participate in the study. About 75% of all expectant fathers were between the ages of 21 and 30 years, while 25% were above the age of 31 years. The majority of the moms, (83%), were between the ages of 21 and 30 years, with the remaining 17% being between the ages of 31 and 35 years.

The educational condition of the fathers revealed that 18% were illiterate, 38% had completed secondary school, and 44% had completed high school. In terms of the mothers' educational standing, 30% were illiterate, 56% had completed secondary school, and 14% had received a diploma. When it came to the occupations of expectant fathers, 51% worked in clerical jobs and ran their own businesses, 12% worked as skilled employees, and the remaining 37% worked as semi-skilled workers. The majority of pregnant women (81%) were housewives, while the remaining 19% ran their own business with their husband. Around two-thirds of those polled, or 76%, identified as Hindu. The monthly income of respondents ranged from Rs. 1500 to Rs. 15,000.

Husbands were the primary decision-makers in their families' health care (58%), followed by other family

members (30 %). Only 12% of cases involved shared decision-making with a spouse. In terms of family structure, 76% of respondents belonged to a nuclear family, while 24% lived in a mixed family.

According to the frequency and percentage distribution of prejudice categories, 32% strongly agree, 22% agree, 26% are neutral, 12% disagree, and 8% strongly disagree (Table I). The majority of prospective fathers (90%) believed that antenatal care was a need in everyday life, but they were not sure regarding the gestation period for registration, 20.8% properly stated first trimester, while 21% correctly responded third trimester. More than half (58.2%) believed that going to a health care facility should only be done if there was a complication.

Table I: Prejudices regarding antenatal care among expectant fathers on pregnant women.

CATEGORIES OF PREJUDICES	FREQUENCY (F)	PERCENTAGE (%)
Strongly Agree	32	32
Agree	22	22
Neutral	26	26
Disagree	12	12
Strongly Disagree	8	8
TOTAL	100	100

A substantial percentage of expectant fathers (82%) thought regular antenatal visits and ultrasound measurement during antenatal care were necessary, and over 80% of wives were aware of the necessity for vitamin, iron, and folic acid supplements antenatally. While half of the women knew that blood pressure and weight were taken at every antenatal visit, the other half didn't. 85% of spouses believe that with strong family support, a woman can deliver in an institutional setting (Table II). A total of 48% of expectant fathers effectively

Table II: Level of Practices regarding antenatal care among expectant fathers

ITEM	LEVEL OF SCORE ON PRACTICE	
	YES	NO
Regular antenatal visits and investigations	82(82%)	18(18%)
It is necessary to go for ANC even if there is no complication	73(73%)	27(27%)
Full course of TT	79(69%)	21(31%)
Vitamin, Iron and folic acid supplementation	80(80%)	20(42%)
Attending antenatal classes	40(40%)	60(60%)
Maintain prompt hygienic practices	67(45%)	33(20%)
Aware of danger signs of pregnancy	55(55%)	45(45%)
Institutional delivery	85(85%)	15(15%)
Paternity leave	78(78%)	22(22%)

practised antenatal care, 30% were irregular, and 22% were ineffective in practised (Table III). The mean of antenatal care prejudices among expectant fathers is 26.6, with a standard deviation of 6.679. The mean level of prenatal care practice among expectant fathers is 24.3, with a standard deviation of 7.4 (Table IV). Work schedules (48%), family pressure (23%), culture (12%), peer pressure (11%), and societal issues were all cited as reasons for men not attending their spouses to the hospital (6%) (Table V).

Table III: Level of Practices regarding antenatal care among expectant fathers

LEVEL OF SCORE ON PRACTICE	FREQUENCY(F)	PERCENTAGE (%)
a) Effective	48	48
b) moderate	30	30
c) Ineffective	22	22
Total	100	100

Table IV: Mean and standard deviation of categories of prejudices and level of practice

CATEGORIES	MEAN	STANDARD DEVIATION (S.D)
Categories of prejudices	26.6	6.679
Level of practices	24.3	7.4

Table V: Reasons for not accompanying wife in antenatal care according to expectant fathers.

Criteria	No of participants
Reasons for not accompanying wife in antenatal care	
Job	48
Family	23
Culture	12
Peer pressure	11
Other social factors	6
Total	100

DISCUSSION

In this study, we discovered that educated prospective fathers were more knowledgeable about the health care of pregnant women. It is expected that educated males will be more conscious of their own and the health status of their family and seek out more information on health care. Those who lived in nuclear homes had slightly better antenatal care knowledge. In a study conducted in West Bengal, it was discovered that in a nuclear family, antenatal care was much better (5).

In this study, we discovered that the majority of pregnant dads enthusiastically agreed to participate in antenatal care despite their lack of understanding. But awareness of pregnancy danger indications was very poor. Husbands' education and career were the factors that influenced their attitudes about prenatal care. Similarly, Mullany (6) discovered that the most significant obstacle

to male involvement in maternal health was occupation. In our survey, 82% of expectant men believed that their primary responsibility was to offer financial assistance to their families rather than to participate in birthing preparation. Wai et al. (7) came up with a similar finding. They conducted a cross-sectional study on husbands and discovered that while the majority of husbands financially supported their wives' maternal care services, they were less involved in birth preparation and postnatal care. Knowledge of maternal health and exposure to maternal health education was necessary. Expectant fathers who did not attend regular antenatal sessions cited a lack of necessity (30.8%), transportation issues (26.3%), and family resistance as excuses (2.9%). In a research conducted in Jaipur, the reasons for not attending antenatal care on a regular basis were dependency on family members (26.5%), transportation issues (20.6%), and the exhausting nature of the process (20.6%). The majority of the women (79%) had received two TT doses during their pregnancy (8). It was found that presence of men during ANC visits were challenged by structural and local cultural norms (9,10). Another research also found that counselling reduced state anxiety in expectant fathers (11).

Prejudices toward antenatal care of pregnant women were shown to be significantly low among prospective fathers in our study. The number of women who received good prenatal care was rather low. Only 20% of men wanted to accompany their women to maternity care, but 94% believed that other family members may accompany them to periodic check-ups. Work schedules (48%), family pressure (23%), culture (12%), peer pressure (11%), and societal issues were all cited as reasons for men not attending their spouses to the hospital (6%). This discovery is in line with Sanjel et al., (2011) findings in Nepal found that the most common reason for not attending ANC was financial difficulties (12).

CONCLUSION

In our study, prospective dads' attitudes of antenatal care were shown to be favourable. They must, however, be inspired to put that knowledge into practise. More instructional and motivating surveys should be conducted in outlying health-care institutions, and such surveys should include views of the wives. In our country, many ANC programmes are being held, but much more is needed to be done. As expectant fathers are the ones who influence health-care decisions in their families, a shift in their mindset can make a big difference, resulting in early registration, early detection of problems, and timely management. Paternity leave information, education, and communication efforts should be improved on Antenatal care through community campaigns and mass media such as local television channels, radio, and local newspapers to raise community, spousal, and family knowledge.

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