AN EXPLORATORY STUDY OF PREVALING KNOWLEDGE, ATTITUDE AND PRACTICE OF HUSBAND IN REGARDS TO FACTORS AFFETING IN SUPPORTING ACTIVITES DURING PREGNANACY, DELIVERY AND POST-PARTUM PERIODS.

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Abstract:

Background: The study aimed to study knowledge, attitude and practice of husband and factors affecting in supporting activities during pregnancy, delivery and postpartum period at Khairahani VDC of Chitwan district. The general objective of the study was to identify husband's involvement in making safe pregnancy, delivery and postpartum period. Methods: A cross sectional, descriptive and non-experimental study design was conducted using quantitative methods. Sampling method was purposive and study population was father of fewer than one year age group children. Data was collected using structured questionnaire by interview method. Results: Majority of husbands had low knowledge about support during pregnancy, delivery and postpartum period while activities did for support was very negligible regardless of knowledge. Most of the husbands don't know about danger signs during pregnancy. Very low level of knowledge was found about birth preparedness, emergency obstetric conditions during delivery period. Husbands took decision regarding place of delivery in majority. Half of the respondent's don't know about complications during postpartum period. Education level was found to be non-supporting factor for knowledge of support during pregnancy. Education of husband increased the knowledge of birth preparedness during pregnancy. Family size has influence the support during postpartum period. There was no association between income of husband and support provided during delivery. Conclusion: The knowledge level of support was found to be low during pregnancy, delivery & postpartum period along with supporting activities. Similarly there was low knowledge of emergency obstetric condition; danger signs during pregnancy and post-partum period. The practice of birth preparedness was found to be unsatisfactory regardless of knowledge.

Key words: Knowledge, Attitude, Practice, Pregnancy and Delivery

Introduction:

Maternal mortality is leading cause of death among women of reproductive age in most developing countries. Pregnancy and childbirth is a physiological process but complications related to pregnancy and childbirth are among leading cause of morbidity and mortality of women in many parts of developing world. Situation of Nepal is even worse. It has one of the highest maternal mortality rates in world

i.e. 281/100,000 live births[1,2]. Chance of dying is 1 in 32 in Nepal[3,4]. Major causes are preventable.

These causes are related with low status of women, low education level, low nutrition, health services (accessible, affordable & availability), low control over economic, no control in decision making regarding health & life. Maternal death is multifactor complex interaction of several factors (social, medical, obstetric & health service)[5,6]. Women's low status, poor nutrition, high level of infection at every stage of life , delay in recognizing seriousness to require medical attentions, delay in seeking treatment and arranging transport to a medical facility if necessary are some of underlying cause cultural practices are also prohibiting such supports to mother. SM is one of the most focused & prioritized program of government more concerned to women because it was thought that women were the one to become pregnant ,they should be encouraged to protect their own health .Thus efforts to ensure SM have failed to recognize important role that men can play in saving women's lives. Men are generally the forgotten reproductive health care clients, and their involvement often stops at the clinic door[8]. Factors that contribute to preventable causes of maternal mortality are delay in recognizing when a sign is serious enough to require medical attention, delay in seeking treatment for complications, including contacting medical personnel & arranging transport to a medical facility. Men can play key role in preventing these delays causing maternal deaths.

In Nepalese society, tradition continues to play an important role in perpetuating rigid gender roles which relegate women to subordinate status in society. The inequalities that women face them more likely suffer from poor health, poverty & violence[5] . Rigid gender roles can also prevent men from being actively involved in issues related to pregnancy leading consequences. In health facility, RH including SM is more oriented to female, not prepared to provide especial RH needs of male, staff not trained how to deal with men, lack counseling parts, male not being comfortable to visit health facility. When they accompany their partner to a facility, male may find no programmes encouraging or allowing them to participate in reproductive-health decision making with their partner, or to address their own reproductive and sexual healthcare needs. Thus there is lacking in information delivery system also. Health-service providers need make concerted efforts to reach men both in communities and in clinics, and to offer services that address both men's and women's health care needs, either alone or as partners.

Materials and Method:

Objective of the study

The objective of the study was **t**o identify husband's involvement in making safe pregnancy, delivery & childbirth at Kahirahani VDC of Chitwan district.

The study was based on descriptive & qualitative type of study.The study design was non experimental, cross-sectional design. The study population of the study was husbands having children below one year old.The study was conducted in Tharu community of Chitwan district.The sampling technique was purposive type. There were 142 participants Interviewed by structured interview schedule for data collection.Data was collected by using the

structured questionnaire. Those participants who were unwilling & refuse to participate was excluded from the study.Verbal consent was taken prior to the interview to the respondent. The questionnaire was pretested before data collection in same community but in different ward & necessary modifications was incorporated in the questionnaire for the validity. All the data was cross checked & edited on the same day of data collection.Consistency was maintained in data collection.

Results:

Knowledge about support during pregnancy

Most of respondent told that support such as accompany during ANC followed by help in HH, bringing extra nutritious food during pregnancy were the support that were to be provided during pregnancy.

Table 1 Knowledge about support during pregnancy

Know about support	Number	Percent
Accompany during ANC visit	67	42.9
Help in household work	42	26.9
Recognize danger signs	1	0.6
Give transportation cost	1	0.6
Bring extra nutritious food	37	23.7
Save fund for emergency	1	0.6
Ensure getting enough rest	1	0.6
Others	6	3.8
Total responses	156	100

More than half of respondents had heard about support to be provided during pregnancy. Accompany during ANC followed by help in HH, bringing extra nutritious food during pregnancy were the main support that were known by respondent during pregnancy. This referred that respondents knew about help to be provided. Half of respondent had heard about birth preparedness during pregnancy. It was found to be low in educated one also. It may be due to negligence and less seriousness of the problem. Saving fund, 31% followed by managing delivery kit & 10% arranging transportation facility were known by respondent for birth preparedness

.Knowledge about support during post-partum difficulties:

Only 27% had heard about EOC while majority. Obstructed labour followed by heavy bleeding as known as major symptoms of EOC. About half of respondents don't know about complications that may arise during PPP. This indicates low knowledge level of husband regarding danger signs or complications that may occur during postpartum period. This may be one of the main factors towards the delay in the health service. In addition to educational level wasn't found to be supporting factor for the awareness of the complications and the danger signs. From above findings it can be concluded that low level of knowledge of husband could be seen regarding the support to be provided during pregnancy, delivery &post partum period. Education level was not associated with knowledge of husband regarding support to be provided during pregnancy, delivery &post partum period. This may be due to cultural barrier along with low status of women due to gender inequality. The respondents who had heard about support, 42.4 % respond to bring extra nutritious food followed by help in HH work & take baby for some time.

Table 2: Knowledge about support during PPP

Knowledge about support	Number	Percent
Bring extra nutritious food	64	42.4
Help in HH work	38	25.2
Take mother & baby for check up	10	6.6
Ensure mother has enough rest	7	4.6
Take baby for sometime	19	12.6
Bring medicines	6	4.0
Others	7	4.6
Total responses	151	100

Despite the above result most of respondents had favorable attitude for support during pregnancy, delivery, & PPP period. This indicates that husband's were eager for the support but lack in practice, which might be due to the different gender norms inherent in that culture. Low practice for birth preparedness was seen even in those who have got knowledge about it. There was better support by

husband in nuclear family than in joint family size.

Income level didn't affect support provided by husband during delivery period. Away from home for employment for employment were main causes for not providing support during pregnancy, delivery & PPP. Accompanying their wives during ANC visit followed by helping in HH activities & in bringing extra nutritious food was the major supporting activities during pregnancy. Majority of respondents don't know respondents i.e 54.5 % don't know about the danger signs during pregnancy. Most of the respondent had taken their wives to hospital when they had danger signs during pregnancy while 9.5 % go to dhami/jhakri& 9.5% do nothing during such conditions. Saving fund followed by managing delivery kit for delivery were main activities for birth preparedness.

Major supporting activities did by respondents were making transportation facility available, choosing place of delivery presence during delivery period. 77.8 % had visited health facility while 11.1 % had contact health personnel during such conditions and 11.1% did nothing. Hospital was main place of delivery followed by home delivery i.e 27.5 %.Husbands were the main decision makers for place of delivery followed by other family members. Wives had only 15% decision for place of delivery. Majority had supported by providing extra nutritious food, helping in HH work & taking baby for some time during PPP. There was equality in visiting health facility & contacting health personnel followed by going to dhami/jhakri. While 11.1 % did nothing during such condition.

Discussion:

The study was carried out to find out husband's involvement in making safe pregnancy, delivery & post-partum period. There were all together 142 respondents were interviewed from Tharu community in whole VDC. In an attempt to find out the knowledge, attitude status of husband, describe practices of husband's support to their wives and determine factors that affect husband's support in making safe pregnancy & child birth, data on respected variables were collected and analyzed. Most of the respondents were of age group 21-30 with similar to that of wives age group. 51.4% of the respondent had

High number of wives was educated up to secondary followed by literate category of education**.** Most of the respondent had low level of income which is less than RS 5000 per month. Most of the respondent working as labor followed by agriculture. Joint family was dominant over nuclear. Father in-law followed by husband & mother in law had more decisions on expenses, which reflects that women have no control over the expenses and deciding for their own health issues the study is similar which was done by Engender Health, Men as Partners in reproductive Health in Nepal[2].

More than half of respondents had heard about support to be provided during pregnancy. Accompany during ANC followed by help in HH, bringing extra nutritious food during pregnancy were the main support that were known by respondent during pregnancy. This referred that respondents knew about help to be provided. Half of respondent had

heard about birth preparedness during pregnancy. It was found to be low in educated one also. It may be due to negligence and less seriousness of the problem. Saving fund, 31% followed by managing delivery kit & 10% arranging transportation facility were known by respondent for birth preparedness which was similar the study done by Valley research group, Men's attitude in reproductive and sexual health. Kathmandu, submitted to UNFPA, Nepal[8].

From above findings it can be concluded that low level of knowledge of husband could be seen regarding the support to be provided during pregnancy, delivery &post partum period. Education level was not associated with knowledge of husband regarding support to be provided during pregnancy, delivery &post partum period. This may be due to cultural barrier along with low status of women due to gender inequality. This finding was supported by study conducted by Manandher and Wedneya about obstetric health in 2000[8,9].

Away from home for employment for employment were main causes for not providing support during pregnancy, delivery & PPP. Accompanying their wives during ANC visit followed by helping in HH activities & in bringing extra nutritious food was the major supporting activities during pregnancy[6,7]. Majority of respondents don't know respondents i.e 54.5 % don't know about the danger signs during pregnancy. Most of the respondent had taken their wives to hospital when they had danger signs during pregnancy while 9.5 % go to dhami/jhakri& 9.5% do nothing during such conditions. Saving fund followed by managing delivery kit for delivery were main activities for birth preparedness. Major supporting activities did by respondents were making transportation facility available, choosing place of delivery presence during delivery period. 77.8 % had visited health facility while 11.1 % had contact health personnel during such conditions and 11.1% did nothing. Hospital was main place of delivery followed by home delivery i.e 27.5 %.Husbands were the main decision makers for place of delivery followed by other family members. Wives had only 15% decision for place of delivery. Majority had supported by providing extra nutritious food, helping in HH work & taking baby for some time during PPP.

Regarding hypothesis knowledge about birth preparedness will differ with knowledge level of husband about support to be provided during pregnancy. The result had shown significant association between education level & birth preparedness was similar to the study done by Nepal demographic and health survey 2001. Calverton, Maryland, USA 2002[5]. Support activities of husband to wife will differ with size of family during post-partum period. High support was provided more in nuclear family rather than in joint family, thus there was some influence of family size in supporting activities by husband during PPP. Support provided by husband will differ with income of husband during delivery. Thus there was no such association of income level & support provided during delivery period. There is relation between education level & knowledge of support provided by husband during pregnancy. There was no relation between educational status & knowledge of support during pregnancy period.

Conclusion

There was low level of knowledge of husband regarding support to be provided during pregnancy, delivery & post-partum period. There was low knowledge of husband regarding emergency obstetric conditions during delivery period. It is found to be low in educated one also. There was low knowledge level of husband regarding danger signs or complications that may occur during postpartum period. And educational level doesn't affect it. There was low practice for birth preparedness in those also who have got knowledge about it. There was no relation between education level with knowledge of husband regarding support to be provided during pregnancy, delivery & post-partum period. There was better support by husband in nuclear family than in joint family size. Support provided by husband was not affected by the income level during delivery period. Educational level of husband is associated with knowledge about birth preparedness during pregnancy period.

References

1. **Center for Research on Environment Health and Population Activities (CREPHA)**. RAPID Intervention Study on Male Involvement in Safe Motherhood in AMK Project Area in Morang (Lalitpur: CREPHA) 2002.

2. **Center for Research on Environment Health and Population Activities (CREPHA)**. The Influence of Male partners in Pregnancy Decision-Making and Outcomes in Nepal (Lalitpur: CREPHA) 2007.

3. **Ministry of Health & Population (MOHP) (Nepal), New ERA, and Macro International Inc**. Nepal Demographic and Health Survey, (Kathmandu: MOH, New ERA and Macro International Inc). 2006.

4. **Nepal Ministry of health, New, ERA, and ORC Macro.** Nepal demographic and health survey 2001. Calverton, Maryland, USA2002.

5. **Acharya, M. and Bennet, L**. The rural women of Nepal: An aggregate analysis and summary of eight village studies .Volume II, part 9. Kathmandu: Tribhuvan University Center for economic Development Administration 1981.

6. **Valley research group**. Men's attitude in reproductive and sexual health. Kathmandu, submitted to UNFPA, Nepal 1999.

7. **Busi Kunene, MagsBeksinska, SimphiweZondi, NobuhleMthembu ,Population Council.** Frontiers in Reproductive Health Program SaiqaMullick, EmmaOttolenghi Family Health International ImmoKleinschmidt, Susan Adamchak, Barbara Janowitz, CarmenCuthbertson Reproductive Health Research Unit (Durban), Department of Obstetrics and Gynecology, University of the Witwatersrand, Involving Men In Maternity Care, South Africa October 2004.

8. **Manandhar, M**. Obstetric health perspective of Magar and Tharu communities: a social research report to inform the neap safer motherhood project's IC strategy. Nepal: Safer Motherhood Project 2000.

9. **Wadenya, J.W**. Determinants in male involvement in reproductive health at the community level: a case study in Bardiya and Doti districts, Nepal. MSc. Dissertation 1999.

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