



“A STUDY TO ASSESS KNOWLEDGE AND ATTITUDE ON POST-NATAL CARE AMONG SPOUSES OF POST-NATAL MOTHERS AT SELECTED HOSPITAL WITH VIEW TO DEVELOP AN INFORMATION BOOKLET”

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ABSTRACT

The Puerperium is the period following child birth during which the body tissues, especially the pelvic organ revert back approximately to the pre-pregnant state both anatomically and physiologically. According to WHO male involvement in postnatal care is one of the interventional strategies to improve the health status of the both the mother and the baby. The father's emotional status and interaction with the baby are particularly important because he usually serves as the mothers primary support person. In this study the researcher found the need to identify the spouses knowledge and attitude regarding postnatal care. As researcher felt that there is avoidance of a postnatal care and lack of support during postnatal period so decided to reveal the fact of knowledge and attitude of spouses regarding postnatal mother and infant care. **Aim of the Study:** To assess knowledge and attitude on post natal care among spouses of post natal mothers at selected hospital with view to develop an Informational Booklet” **Objectives:** 1. To assess the level of knowledge regarding postnatal care among spouses of postnatal mothers. 2. To determine the attitude towards postnatal care among spouses of postnatal mothers. 3. To determine correlation between knowledge & attitude regarding postnatal care among spouses of postnatal mothers. 4. To find out an association between knowledge and attitude score with selected demographic variables. **Methodology:** Researcher has used descriptive research approach with cross sectional research design. Non probability purposive sampling technique has been adopted to select the samples. 100 spouses of post natal mothers who fulfilled the sampling criteria were chosen as sample. A self- structured knowledge questionnaire and the attitude scale was developed for assessing the level of knowledge and attitude of the spouses of postnatal mothers. The tool or the study instrument is divided into 3 parts. Part A:-Socio-demographic variables which had 11 components for retrieving data about the selected general factors like age, gender, Educational Qualification, Part B:-Structured knowledge questionnaire regarding Postnatal care Part C:-Attitude Scale regarding Postnatal Care. The knowledge questionnaire contained 40 questions and the attitude scale content 20 statement to check the attitude. The

reliability is calculated by Karls Pearson's correlation coefficient method and the reliability of study is 0.93 for the knowledge questionnaire and the tool was found to be reliable. The pilot study was conducted from 20/11/2019 to 25/11/2019 and the main study was conducted from 27/11/2019, to 05/01/2020 from 100 Spouses of postnatal mothers. **Result:** 49.00% had moderate knowledge, 17.00% of samples were had inadequate knowledge and 34.00% of samples had adequate knowledge regarding post natal care. The majority of respondents (86%) had Positive attitude, (14%) had negative attitude regarding postnatal care. There is moderately positive relationship between knowledge and attitude i.e. ($r = 0.08$). **Interpretation & Conclusion:** It is concluded that majority of the spouses had moderate knowledge 17.00% of sample have inadequate knowledge and 34.00% of sample have adequate knowledge regarding post natal care. So, there a need to even educate and aware the spouse of regarding postnatal care.

Key words: knowledge, attitude, Post-natal care.

INTRODUCTION

The Puerperium is the period following child birth during which the body tissues, especially the pelvic organ revert back approximately to the pre-pregnant state both anatomically and physiologically. The retrospective changes are mostly confined to the reproductive organs with the exception of the mammary glands which in fact show features of activity. Puerperium begins as soon as the placenta is expelled and last for approximately 6 weeks when the uterus becomes regressed almost to the non-pregnant size. The period is arbitrarily divided into (a) immediate- within 24 hours, (b) early- up to 7 days, (c) remote- up to 6 weeks.¹

The postpartum period is a critical transitional time for a women, her newborn and her family on physiological and psychological levels. Proper care of the newborn babies forms the foundation for the subsequent life, not only in terms of longevity or survival, but also in terms of qualitative outcome without any, mental and physical disabilities. The Puerperium may be a time of intense anxiety for many women. Some mothers have feelings of abandonment following delivery because of a newly aimed focus on the infant.²

According to WHO male involvement in postnatal care is one of the interventional strategies to improve the health status of the both the mother and the baby. Fathers should be encouraged to assume an active role in infant bonding by participating in the care giving activities. The father's emotional status and interaction with the baby are particularly important because he usually serves as the mothers primary support person. Men can undoubtedly play a crucial role during postnatal periods by taking care of their wives and the babies in order to prevent maternal mortality and morbidity.³

Reproductive health research, program and policies in the past have focused almost exclusively on women. In recent years, however, the reproductive health field has shifted its attention to include men's roles and involvement in women's reproductive health, recognizing that men's attitudes, knowledge, and behavior can strongly influence women's health choices.⁴

NEED FOR STUDY

Promoting the involvement of husbands is a particularly promising strategy for overcoming the first two delays: the delay in deciding to seek care and the delay in reaching services once the decision has been made. Appropriately and effectively promoting the involvement of men in MNH requires an understanding of the current status of male involvement.⁵ A qualitative exploration among women and men of Bangladesh revealed that there are gaps in husbands' knowledge and involvement regarding maternal health issues. The research conducted in Bangladesh on male involvement has been primarily qualitative in nature, and therefore unable to quantify the gaps in knowledge, awareness and participation of men in MNH issues and their relationship with utilization of MNH services and outcomes. The Government of Bangladesh, in collaboration with PARI Development Trust, a local non-governmental organization (NGO), has been implementing a health promotion program in selected areas of a rural sub-district of Netrokona district in Bangladesh since 2008. The health promotion program is based on the WHO framework for Working with Individuals, Families and Communities (IFC) to improve MNH, which fosters the implementation of community engagement/health promotion interventions.⁶

Men could be involved in maternal health care in the following ways: supporting contraceptive use by women, helping pregnant women to stay healthy, arranging for skilled care during delivery, avoiding delays in seeking medical care, helping after the baby is born, and being responsible fathers (effective parents). In Nigeria, where culture has been shown to be an important factor influencing relation to women's access to available reproductive health facilities, there is paucity of data on men's views with regard to maternal health. This study, therefore, aimed to assess the perception, attitude and involvement of men in maternal health care. This will help in understanding men's disposition and serve as a guide in designing targeted programs.⁷

AIM OF THE STUDY

The aim of the study to assess knowledge and attitude on post natal care among spouses of post natal mothers at selected hospital with view to develop an Informational Booklet.

MATERIAL AND METHOD

The research problem is a study to assess knowledge and attitude on post natal care among spouses of post natal mothers at selected hospital with view to develop an Informational Booklet. The objectives of the study are to assess the level of knowledge regarding postnatal care among spouses of postnatal mothers, determine the attitude towards postnatal care among spouses of postnatal mothers, determine correlation between knowledge & attitude regarding postnatal care among spouses of postnatal mothers and to find out an association between knowledge and attitude score with selected demographic variables. The framework of present study is based on the Health promotion model by Dr. Nola J. Pender.⁸

A descriptive research approach was used to evaluate the knowledge and attitude regarding the post natal care. Cross sectional research design was adopted. Research setting was selected hospital of city. The accessible population was spouses of post natal mothers

admitted in selected hospitals of city. Non probability purposive sampling technique has been adopted. Spouses of post natal mothers who fulfilled the sampling criteria were chosen as sample. The sample size consists 100 spouses. A structure knowledge questionnaire and the attitude scale was developed for assessing the level of knowledge and attitude of the spouses of postnatal mothers. The tool has 3 parts. Part A:-Socio-demographic variables, contains of 11 components for retrieving data about the selected general factors like age, gender, Educational Qualification, Part B:-Structured knowledge questionnaire regarding Postnatal care and Part C:-Attitude Scale regarding Postnatal Care. The knowledge questionnaire contained 40 question and the attitude scale content 20 statement to check the attitude.

The reliability is calculated by Karls Pearson's correlation coefficient method and the reliability of study is 0.93 for the knowledge questionnaire and the tool was found to be reliable. The researcher selects the 10 sample for the pilot study by Purposive Sampling.

RESULT

The data was statistically analyzed and interpreted by using descriptive and inferential statistics. The findings were presented under the following headings.

SECTION A: DISTRIBUTION OF SAMPLES ACCORDING TO DEMOGRAPHIC VARIABLES

Table no. 1: Frequency and percentage distribution of Samples in relation to age, type of family, religion, educational status of husband

N=100

Sr. No	Demographic variable	Frequency	Percentage (%)
1	Age		
	a) 20-25 yrs	27	27%
	b) 26-30 yrs	30	30%
	c) 31-35	25	25%
	d) 36 & more	18	18%
2	Type of Family		
	a) Nuclear Family	83	83%
	b) Joint Family	17	17%
3	Religion		
	a) Hindu	53	53%
	b) Muslim	33	33%

	c) Christian	10	10%
	d) Other	4	4%
4	Educational Status of Husband		
	a) Primary	8	
	b) Secondary	27	27%
	c) Higher Secondary	33	33%
	d) Graduate & above	32	32%
5	Educational Status of Wife		
	a) Primary	38	38%
	b) Secondary	22	22%
	c) Higher Secondary	24	24%
	d) Graduate & above	16	16%
6	Occupation of Husband		
	a) Government Job	29	29%
	b) Business	38	38%
	c) Self employed	22	22%
	d) Any Other	11	11%
7	Occupation of Wife		
	a) Government Job	8	8%
	b) Business	14	14%
	c) Homemaker	60	60%
	d) Any Other	18	18%
8	Family Monthly Income		
	a) Less than 10,000/-	8	8%
	b) Rs. 10,001/- to 20,000/-	37	37%

	c) Rs.20,001/- to 30,000/-	35	35%
	d) Rs. 30,001/- & above	20	20%
Sr. No.	Demographic variable	Frequency	Percentage (%)
9	Gender Of Infant		
	a) Girl	52	52%
	b) Boy	48	48%
10	Weight of infant		
	a) ≤ 2.4	10	10%
	b) 2.5-3	53	53%
	c) 3.1-3.5	33	33%
	d) 3.6-4	4	4%
11	Method of delivery		
	a) Normal delivery with episiotomy	55	55%
	b) Lower Segment Cesarean Section	37	37%
	c) Forceps delivery	8	8%
	d) Ventouse	0	0%

The finding of demographic data states as Age In Years: the majority 30% of the spouses were between the age group of 26-30 years, 27% of the spouses were between the age group of 20-25 years, 25% of the spouses were from age group of 31-35 years, and 18% of the spouses were age group of 36 years & above. Type of family as majority 83% of the spouses belong to Nuclearfamily, 17% of the spouses belong to joint family. Religion as majority 53% of the spouses belong to Hindu community, 33% of the spouses belong to Muslim community, 10% of the spouses belong to Christian community, and 04% of the spouses belong to Other community. Educational status of husband majority 33% of the spouses belong Higher Secondary education, 33% of the spouses belong to Graduate & above, 27% of the spouses belong to Secondary education, and 08% of the spouses belong to Primary education. Educational status of wife :Majority 38% of the spouses belong to Primary education, 24% of the spouses belong to Higher Secondary education, 22% of the spouses belong to Secondary education, and 16% of the spouses belong to Graduate & above. Occupation of husband Majority 38% of the spouses belong to Business, 29% of the spouses belong to Government Job, 22% of the spouses belong to self employed ,and 11% of

the spouses belong to Any Other. Occupation of wife Majority 60% of the wife belong to Homemaker, 18% of the spouses belong to Any Other, 14% of the spouses belong to Business, and 08% of the spouses belong to Government Job. Family Monthly Income Majority 37% of the spouses having Family Monthly Income of Rs. 10,001/- to 20,000/-, 35% of the spouses having Family Monthly Income of Rs. 20,001/- to 30,000/-, 20% of the spouses having Family Monthly Income of Rs. 30,001/- & above, and 8% of the spouses Family Monthly Income of Less than 10,000/- Gender Of Infant Majority 52% of the children are Girls, 48% of the children are Boys. Weight Of Infant : Majority 53% of the baby having Weight of infant is 2.5-3, 33% of the spouses having Weight of infant is 3.1-3.5, 10% of the spouses having Weight of infant is ≤ 2.4 , and 04% of the Weight of infant is 3.6-4. Method Of Delivery : Majority 55% of Post natal mothers gone through Normal delivery with episiotomy, 35% of Post natal mothers gone through Lower Segment Cesarean Section, 08% of Post natal mothers gone through Forceps delivery, 02% of Post natal mothers gone through Ventouse.

SECTION B: - ASSESSMENT OF KNOWLEDGE REGARDING POSTNATAL CARE

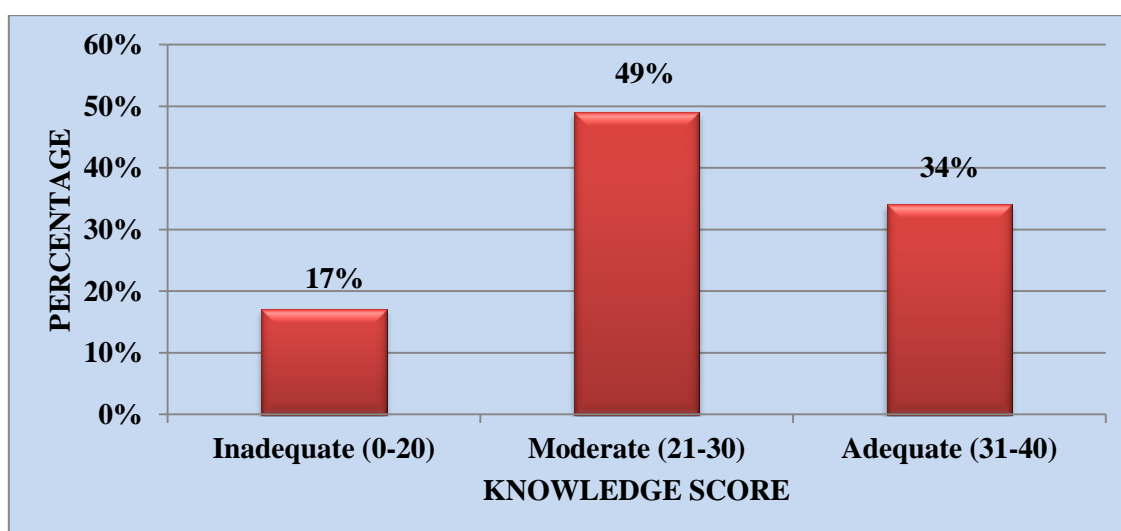


Figure 1. Percentage distribution of knowledge score regarding post natal care among spouses of post natal mothers.

Figure 1 shows that majority of the sample i.e. 49.00% have moderate knowledge regarding first postnatal care among the spouse of postnatal mother sample 17.00% of sample have inadequate knowledge and 34.00% of sample have adequate knowledge regarding post natal care.

SECTION C:- ASSESSMENT OF ATTITUDE REGARDING POSTNATAL CARE

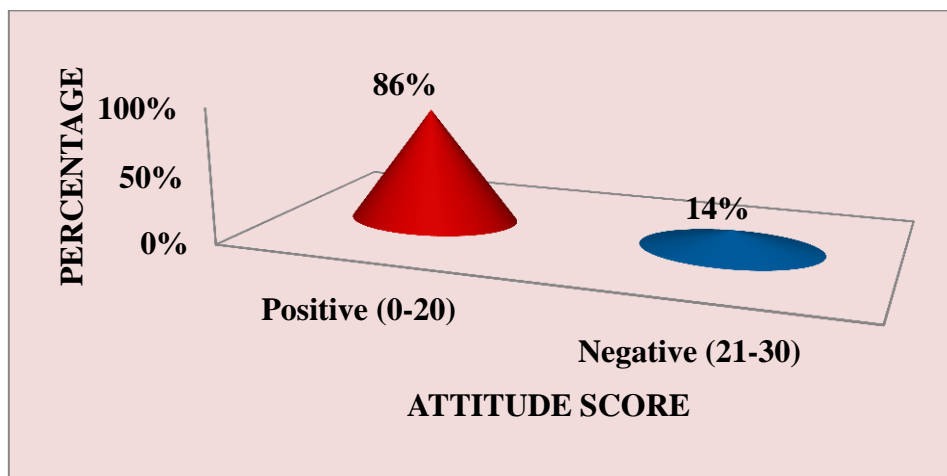


Figure. No 2. Percentage distribution of attitude score regarding post natal care among spouses of post natal mothers.

Figure. No 2 shows that the majority of the sample i.e. 86 % have positive attitude regarding postnatal care and 14% have negative attitude regarding postnatal care.

SECTION D:- AREA WISE ASSESSMENT OF MEAN, SD, OF KNOWLEDGE SCORES

Table No. 2:- Area wise distribution of knowledge score

N=100

SR.NO	AREA	NO. OF QUESTION	RANGE	MAX. SCORE	RESPONDENTS	
					MEAN	SD
1	Introduction Postnatal Period	3	0-3	3	2.4	0.61
2	Breastfeeding	7	1-7	10	4.94	1.42
3	Nutrition	6	1-6	12	5.09	1.42
4	Exercise	6	0-6	6	4.44	1.62
5	Medication	2	0-2	2	1.07	0.78
6	Ambulation	1	0-1	1	0.72	0.45
7	Follow Up	1	0-1	1	0.86	0.34
8	Psychological Support	1	0-1	1	0.85	0.35
9	Kangaroo Mother Care	3	0-3	3	1.77	0.66
10	Baby Routine Care	3	0-3	3	1.74	1.08

11	Immunization	2	0-2	2	0.33	0.60
12	Post-Partum Depression & Blues	2	0-2	2	0.72	0.58
13	Birth Spacing	1	0-1	1	0.04	0.19
14	Government Scheme	1	0-1	1	0.7	0.46

Table no. 2 shows that aspect wise distribution of mean and SD of Knowledge score reveals that highest mean score (5.09) observed in the area of Nutrition, whereas the lowest mean score (0.33) observed in immunization.

Section E: - correlation between knowledge & attitude regarding postnatal care among spouses.

The positive correlation was identified between knowledge and attitude i.e. ($r = 0.08$)

Section F: - association between knowledge and the demographic variables among the spouses

Analysis of data to find the relationship of the selected demographic variables with the knowledge score of sample.

The calculated chi-square value is more than table value at the level of >0.05 hence there is no significant association between knowledge level and selected demographic variables. Therefore, Alternative assumption: there may be significant association between the knowledge level and selected demographic variables is accepted.

There is significant association exists between knowledge and age, educational qualification of wife, Educational Status of wife, And other demographic variables like Type of Family, Religion, Educational Status of Husband, Occupation of Husband, Family Monthly Income, Gender of infant, Weight of infant, Method Of Delivery, are non-significant. Hence the research Hypothesis H_0 was rejected.

Section G: - association between attitude with demographic variables among the spouses. Association of Attitude of sample with demographic variables: Analysis of data to find the relationship of the selected demographic variables with the Attitude score of sample.

There is a significant association exists between attitude and Type of Family, Religion, Educational Status of wife, And other demographic variables like, age, Educational Status of Husband, Occupation of Husband, Family Monthly Income, Gender Of infant, Weight of infant, Method Of Delivery, are non-significant.

DISCUSSION

The first objective of this study was to assess Knowledge regarding Postnatal care among spouses the knowledge level of spouses was found the majority of the sample

i.e.49.00% have moderate knowledge regarding first postnatal care among the spouse of postnatal mother sample 17.00% of sample have inadequate knowledge and 34.00% of sample have adequate knowledge regarding post natal care .

These findings were supported by the study was conducted by Nimi Tom, Jisha Joseph and Sheela Shenai on Attitude and involvement of men in postnatal and baby . The result was found It was revealed that majority of subjects (82.4%) had positive attitude and the remaining 16.4% had neutral attitude towards postnatal and baby care. About men's involvement in postnatal and baby care, nearly half of subjects (43.9%) had poor involvement, 24.5% had good involvement and 31.6% had limited involvement. The researcher used Spearman Correlation to identify the relationship between attitude and involvement score. There was no statistically significant correlation between attitude and involvement of men in postnatal and baby care ($\rho=0.167$, $p=0.215$). Hence the hypothesis was rejected. There was significant association between attitude of men towards postnatal and newborn care and type of family to which the men belonged ($\chi^2=15.56$, $p=0.00$). There was no association between attitude of men in postnatal and newborn care with other selected demographic variables such as age, education, number of children, occupation, monthly family income, mode of delivery, onset of labor, duration of marital life, sex of last child, habits and whether the mother and baby were with the men during their postnatal period or not.⁹

In Ghirmay Ghebreigziabher Beraki's cross-sectional study on postnatal care knowledge among postpartum mothers in Asmara's maternity hospitals, findings revealed varied awareness levels. Vaginal bleeding and fever as maternal and baby danger signs were recognized by 83.2% and 58.8% respectively. 96% knew where to seek help for danger signs. Injectable and oral contraceptives were identified correctly by over 90%. Nutrient recognition ranged from 87.6% for carbohydrates to 46% for minerals. Knowledge on first baby bath, breastfeeding frequency, umbilical care, exclusive breastfeeding duration, and vaccines varied. Mean PNC knowledge score stood at 24.89/60, differing significantly by residence, ethnicity, age, education, gravida, and para. Bridging these gaps, particularly among rural, young, and lower-educated mothers, is vital.¹⁰

CONCLUSION

The Aim of the present study was to assess knowledge and attitude on postnatal care among spouses of postnatal mothers at selected hospital with view to develop an informational booklet. The analysis of the data has helped the investigator to get clear understanding of the study undertaken. The interpretation drawn from the findings of the study were based on objectives of the study. On statistical analysis, it was found that the knowledge level of staff nurses was moderate and the practice level was average and there is the positive correlation with the knowledge and attitude with the r value of ($r=0.08$). The findings of the present study indicated that spouses had moderately adequate knowledge and positive attitude regarding postnatal care. The knowledge and attitude will be improved after providing the information booklet regarding postnatal care.

REFERENCES

1. Wray S, Prendergast C, Wallace H. Physiology of the Puerperium and Lactation. The Global Library of Women's Medicine. Published online 2021. doi:10.3843/GLOWM.415293
2. Lopez-Gonzalez DM, Kopparapu AK. Postpartum Care of the New Mother. StatPearls. Published online December 11, 2022. Accessed August 16, 2023. <https://www.ncbi.nlm.nih.gov/books/NBK565875/>
3. Child Y. Pregnancy and Childbirth 1. 2. Postnatal and Newborn 3. Infant and Toddler (<3 Years) 4. The Benefits of Men's Engagement.
4. Roudsari RL, sharifi F, Goudarzi F. Barriers to the participation of men in reproductive health care: a systematic review and meta-synthesis. *BMC Public Health*. 2023;23(1). doi:10.1186/S12889-023-15692-X
5. Serbanescu F, Goodwin MM, Binzen S, et al. Addressing the First Delay in Saving Mothers, Giving Life Districts in Uganda and Zambia: Approaches and Results for Increasing Demand for Facility Delivery Services. *Glob Health Sci Pract*. 2019;7(Supplement 1):S48-S67. doi:10.9745/GHSP-D-18-00343
6. Rahman AE, Perkins J, Islam S, et al. Knowledge and involvement of husbands in maternal and newborn health in rural Bangladesh. *BMC Pregnancy Childbirth*. 2018;18(1). doi:10.1186/S12884-018-1882-2
7. Greenspan JA, Chebet JJ, Mpembeni R, et al. Men's roles in care seeking for maternal and newborn health: A qualitative study applying the three delays model to male involvement in Morogoro Region, Tanzania. *BMC Pregnancy Childbirth*. 2019;19(1):1-12. doi:10.1186/S12884-019-2439-8/FIGURES/1
8. Nola Pender: Health Promotion Model (Theory Guide) - Nurseslabs. Accessed August 16, 2023. <https://nurseslabs.com/nola-pender-health-promotion-model/>
9. Tom N, Nursing M, Joseph J, Shenai S. Attitude and involvement of men in postnatal and baby care. *International Journal of Applied Research*. 2018;4(10):437-441. Accessed August 16, 2023. <https://www.allresearchjournal.com/archives/?year=2018&vol=4&issue=10&part=F&ArticleId=5331>
10. Beraki GG, Tesfamariam EH, Gebremichael A, et al. Knowledge on postnatal care among postpartum mothers during discharge in maternity hospitals in Asmara: A cross-sectional study. *BMC Pregnancy Childbirth*. 2020;20(1):1-10. doi:10.1186/S12884-019-2694-8/TABLES/8