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**Mohd Raziuddin**  
M.Sc. Nursing Student,  
Department of Obstetrics and  
Gynaecological Nursing, Al  
Kareem College of Nursing,  
Kalaburagi, Karnataka, India

**Sudha Kurup**  
Head, Department of  
Obstetrics and Gynaecological  
Nursing, Al Kareem College of  
Nursing, Kalaburagi,  
Karnataka, India

**Corresponding Author:**  
**Mohd Raziuddin**  
M.Sc. Nursing Student,  
Department of Obstetrics and  
Gynaecological Nursing, Al  
Kareem College of Nursing,  
Kalaburagi, Karnataka, India

## To compare the awareness and attitude regarding antenatal care among primigravida mother and their life partners attending antenatal clinics at selected hospitals of Kalaburagi

**Mohd Raziuddin and Sudha Kurup**

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### Abstract

Antenatal care is the clinical assessment of mother and fetus, during the period of pregnancy used for getting the best possible result for the mother and child. Early observation and ongoing care during pregnancy provided more favorable births compared to no prenatal observation.

**Objective:** The present study aimed to compare knowledge and attitude regarding antenatal care among Primigravida mothers and their life partners attending antenatal clinics of selected hospitals of Kalaburagi.

**Methodology:** A comparative descriptive approach with exploratory descriptive survey design was adopted for the study. The samples from the antenatal clinics of selected hospital were selected using convenient sampling technique. The sample consisted of 100 (50+50) primigravida mothers and their life partner's. The tools used for data collection was structured knowledge questionnaire and structured attitude scale.

**Results:** The primigravida mother's group, 28(56%) respondents were having moderate knowledge and 22(44%) were having poor knowledge. Among the life partner's group, 38(76%) respondents were having moderate knowledge, 8(16%) respondents were having poor knowledge and 4(8%) were having good knowledge. Among the primigravida mother's group, 24(48%) respondents were having favorable attitude, each 13(26%) were having negative and positive attitude. the life partner's group, 25(50%) respondents were having favorable attitude, 16(32%) respondents were having negative attitude and 9(18%) were having positive attitude. The statistical significance of the mean knowledge and attitude score difference between primigravida mothers group and life partner's group was tested and the 't' (98) = 1.88 and 0.49 for knowledge and attitude respectively. It is found not significant at 0.05 level. It indicates that there is no significant statistical difference between the two groups with respect to their knowledge and attitude regarding antenatal care.

**Conclusion:** The findings revealed that, Knowledge and attitude of primigravida mothers and their life partner's regarding antenatal care was moderate and favourable. Since a very few studies have been conducted regarding this topic in India, so the nurse researcher can take further studies on the same topic.

**Keywords:** Antenatal care, primigravida mothers, knowledge, attitude, life partner's

### Introduction

Birth, labour, and pregnancy are significant life events for a couple. It is possibly the most dramatic and intense event in a woman's life, as well as the lives of her family members. If they go well, pregnancy and childbirth can be the happiest experiences a woman can have; if they go wrong, they could endanger her life.

In 2013, the World Health Organization reported that avoidable complications accounted for 2, 86,000 maternal deaths in poor nations<sup>[1]</sup>. Three delays are the main causes of maternal deaths: the inability to seek help, the inability to get to a medical facility, and the institutional failure to provide necessary care.

In order to get the optimum outcome for both the mother and the child, antenatal care involves a clinical evaluation of the foetus and the mother during the pregnancy. Pregnancy outcomes were better with early and continued monitoring than with no prenatal monitoring. Pregnancy care is anticipated to have an impact on the mother's and the fetus's development.

Only early reservations and frequent prenatal visits will result in this. Improving maternal health services could be extremely important for improving reproductive health. The use of health services is influenced by social structures, individual traits, health attitudes, and the availability, quality, and cost of services.

Every year, problems related to pregnancy or childbirth claim the lives of more than 500,000 women. With skilled medical personnel present, the majority of maternal mortality might be significantly decreased<sup>[5]</sup>. Antenatal care is a chance to highlight the advantages of having a trained delivery attendant and to motivate mothers to seek out postpartum care for both their infant and themselves. Also, it's a great moment to educate women about the advantages of spacing out children.

Studies have indicated that women are more likely to use antenatal services when their husbands accompany them to antenatal care visits, highlighting the importance of partners' engagement in timely prenatal care seeking. Prenatal care utilisation has increased 1.5 times in the United States when a partner is involved in the pregnancy.

Positive improvements in knowledge, gender roles, and decision-making were observed in India under a maternity care paradigm that promoted husbands' involvement in their wives' prenatal and postnatal care. Thus, men can certainly be very important during their spouses' pregnancies and deliveries by making sure they don't put off getting prenatal care. If they are properly informed on the significance of excellent prenatal care, pregnancy difficulties, and the necessity of prompt intervention, then this can be accomplished.

Both spouses' knowledge and comprehension of the unknown occurrences that occur throughout pregnancy can greatly enhance and brighten the experience of delivering.<sup>8</sup> Being knowledgeable about prenatal care is essential to a successful pregnancy. The prenatal care a woman takes during her pregnancy is also influenced by her husband's attitude and level of understanding. Therefore, the purpose of this study is to evaluate the knowledge and attitudes of expectant mothers and their life partners who visit antenatal clinics at particular hospitals in Kalaburagi.

### Objectives

1. To assess the awareness and attitude of primigravida mothers and their life partners regarding antenatal care.
2. To compare the level of awareness and attitude between primigravida mothers and their life partners regarding antenatal care
3. To find the association between the awareness scores and selected demographic variables of primigravida mothers and their life partners
4. To find the association between the attitude scores and selected demographic variables primigravida mothers and their life partners.

### Hypothesis

- **H<sub>1</sub>:** There will be significant difference in the mean awareness scores regarding antenatal care among primigravida mothers and life partner's at 0.05 level of significance.
- **H<sub>2</sub>:** There will be significant difference in the mean

attitude scores regarding antenatal care among primigravida mothers and life partner's at 0.05 level of significance.

- **H<sub>3</sub>:** There will be statistical association between the mean pretest awareness scores of primigravida mothers and their life partners regarding antenatal care and their selected demographic variables at 0.05 level of significance.
- **H<sub>4</sub>:** There will be statistical association between the mean pretest attitude scores of primigravida mothers and their life partners regarding antenatal care and their selected demographic variables at 0.05 level of significance.

### Methodology

- **Research Approach:** Quantitative Research Approach.
- **Research Design:** Descriptive comparative survey.
- **Sampling technique:** Non-Probability Convenient Sampling.
- **Sample size:** 100 (50+50).
- **Setting of study:** Selected hospitals of Kalaburagi.
- **Population:** Primigravida mothers and their life partners attending antenatal clinic.

**Tool Used for Data Collection:** Following tools used for the data collection

### Description of the tool

The structured questionnaire was divided into 3 parts which consists of demographic data, structured awareness questionnaire and structured attitude scale.

**Section I: Demographic data:** It consists of 7 items related to demographic data of participants

**Part II: Structured awareness questionnaire:** This section consists of 17 structured items with the multiple options to assess the awareness of primigravida mothers and their life partner's regarding antenatal care.

**Part II: Structured attitude scale:** A structured attitude scale consisted of 15 statements regarding antenatal care.

### Procedure of data collection

Study was approved by the institute ethical committee. Formal administrative permission was obtained by hospital administration. Data was collected from 15.01.2024 to 15.02.2024 by investigator. Samples were selected as per the sampling criteria. The purpose of the study was explained and co-operation required from the respondents was explained to them. Confidentiality was assured. Consent to participate in the study was obtained from each sample. The data was collected by self-administration of questionnaire method and it took 24-30 minutes to collect data by each sample. Each day data was collected from 10 subjects by investigator. Totally it took 10 days to collect data from all 100 samples.

### Results

#### Section 1: Demographic Profile

**Table 1:** Demographic profile, n= 50+50

Sl. No.	Demographic Variables	Primigravida Mothers		Life Partner's	
		Frequency f	Percentage %	Frequency f	Percentage %
<b>Age in years</b>					
1.	18 - 25	19	38	11	22
	26 - 30	19	38	23	46
	31- 35	12	24	16	32
<b>Religion</b>					
2.	Hindu	26	52	26	52
	Muslim	15	30	15	30
	Christian	9	18	9	18
<b>Educational Status</b>					
3.	≤ Lower primary school	6	12	4	8
	High school	8	16	4	8
	PUC	19	38	17	34
	≥ Diploma and Degree	17	34	25	50
<b>Occupational Status</b>					
4.	Agriculture	8	16	9	18
	Housewife	21	42	--	--
	Govt / Private Job	18	36	33	66
	Health care sector	3	6	8	16
<b>Area of residence</b>					
5.	Rural	13	26	13	26
	Semi urban	23	46	23	46
	Urban	14	28	14	28
<b>Family income</b>					
6.	<Rs. 10,000	13	26	13	26
	10,001-20,000	17	34	17	34
	20,001-30,000	9	18	9	18
	>30,000	11	22	11	22
<b>Source of Information</b>					
7.	Parents / family members	12	24	10	20
	Mass media	21	42	16	32
	Health care workers	12	24	18	36
	Friends	5	10	6	12

**Section II**

**Findings related to awareness and attitude scores of participants of both groups**

**Table 2:** Mean awareness scores of respondents on antenatal care, n=50+50

Group	Mean	Median	Mode	SD	Range
Primigravida mothers	12.88	12	10	4.29	5-22
Life partner's	14.36	14	12	3.53	7-24

Table 2 reveals that, awareness mean was 12.88, Median was 12, mode was 10 with standard deviation 4.29 and range was 5-22. Among the group of life partner's, awareness mean was 14.36, Median was 14, mode was 12 with standard deviation 3.53 and range was 7-24.

**Table 4:** Frequency and Percentage distribution of respondents according to level of Awareness regarding antenatal care, n=50+50

Groups	Level of Awareness		
	Poor (1-11)	Moderate (11-22)	Good (23-32)
Primigravida mothers	22 (44%)	28 (56%)	--
Life partner's	8 (16%)	38 (76%)	4 (8%)

The data presented in the Table 4 shows that level of awareness of respondents of both groups it reveals that, among the primigravida mother's group, 28(56%) respondents were having moderate awareness and 22(44%)

**Table 3:** Mean attitude scores of respondents on antenatal care, n=50+50

Group	Mean	Median	Mode	SD	Range
Primigravida mothers	45.60	47	47	12.76	23-69
Life partner's	44.38	42.50	33	11.8	24-68

Table 3 reveals that, attitude mean was 45.60, Median was 47, mode was 47 with standard deviation 12.76 and range was 23-69. Among the group of life partner's, attitude mean was 44.38, Median was 42.50, mode was 33 with standard deviation 11.8 and range was 24-68.

**Findings related to level of awareness and attitude scores of participants of both groups**

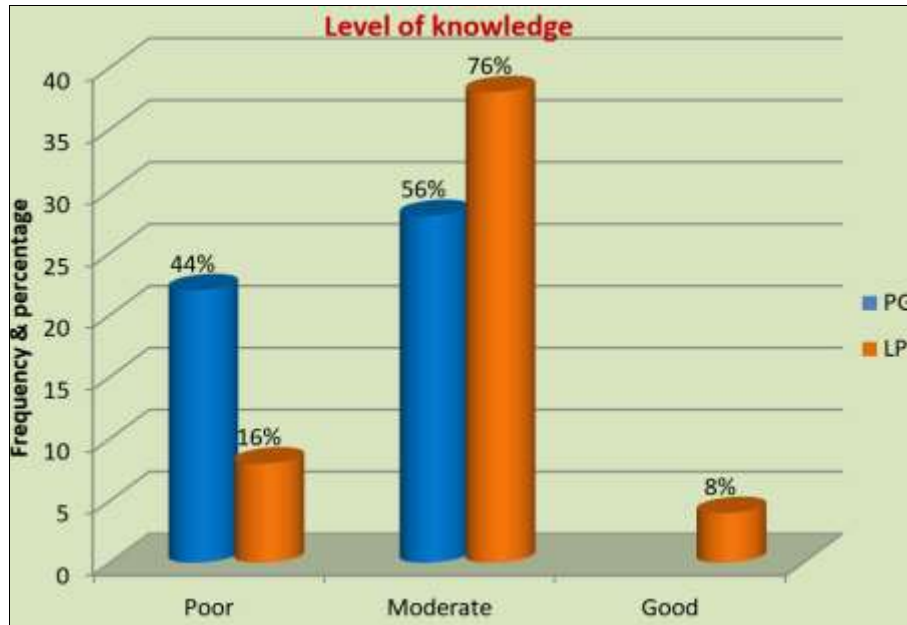
were having poor awareness. Among the life partner's group, 38(76%) respondents were having moderate awareness, 8(16%) respondents were having poor awareness and 4(8%) were having good awareness.

**Table 5:** Frequency and Percentage distribution of respondents according to level of attitude regarding antenatal care, n=50+50

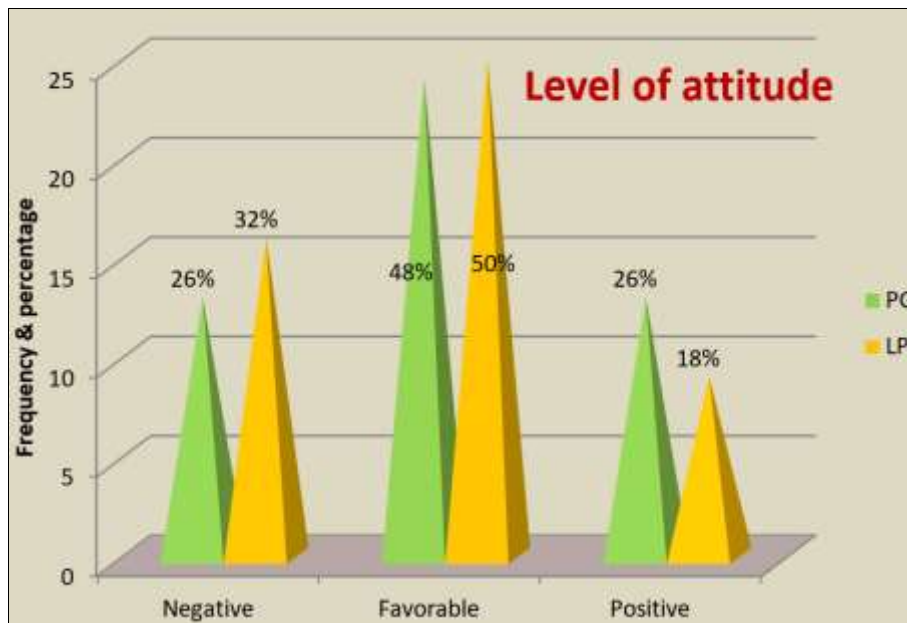
Groups	Level of attitude		
	Negative (15-35)	Favorable (36-55)	Positive (56-75)
Primigravida mothers	13 (26%)	24 (48%)	13 (26%)
Life partner's	16 (32%)	25 (50%)	9 (18%)

The data presented in the Table 5 shows that level of attitude of respondents of both groups it reveals that, among the primigravida mother's group, 24(48%) respondents were having favorable attitude, each 13(26%) were having

negative and positive attitude. Among the life partner's group, 25(50%) respondents were having favorable attitude, 16(32%) respondents were having negative attitude and 9(18%) were having positive attitude.



**Fig 1:** Frequency and percentage distribution of respondents with respect to level of awareness



**Fig 2:** Frequency and percentage distribution of respondents with respect to level of attitude

**SECTION III Findings related to comparison of awareness and attitude scores between two groups**

**Table 6:** Mean difference, standard deviation of the difference and standard error of the mean difference and 't' value of awareness and attitude scores participants of both groups, n<sub>1</sub> + n<sub>2</sub>=100

Variable	Groups	Mean <sub>D</sub>	SD <sub>D</sub>	SEMD	Independent 't' test	Significance
Awareness	PG LF	1.48	0.76	0.78	1.88	NS
Attitude	PG LF	1.22	0.95	2.45	0.49	NS

The data presented in table 6 reveals that, the statistical significance of the mean awareness score difference between primigravida mothers group and life partner's group was tested and the 't' (98) = 1.88 is found not significant at 0.05 level. Thus, the findings do not support hypothesis H<sub>1</sub> and this indicates that there is no significant statistical difference between the two groups with respect to their awareness regarding antenatal care.

The statistical significance of the mean attitude score difference between primigravida mothers group and life partner's group was tested and the 't' (98) = 0.49 is found not significant at 0.05 level. Thus, the findings do not support hypothesis H<sub>1</sub> and this indicates that there is no significant statistical difference between the two groups with respect to their attitude regarding antenatal care.

#### **Section IV: Association of awareness and attitude scores with selected demographic variables.**

The computed Chi-square value for association between level of awareness of primigravida mothers and their life partners regarding antenatal care found to be statistically significant at 0.05 levels for religion and educational status. Therefore, the findings partially support hypothesis H<sub>3</sub>, hence H<sub>3</sub> is partially accepted inferring that primigravida mothers and their life partners level of awareness regarding antenatal care is significantly associated with their religion and educational status.

The computed Chi-square value for association between level of attitude of primigravida mothers and their life partners regarding antenatal care is found to be statistically significant at 0.05 levels for age. Therefore, the findings partially support hypothesis H<sub>2</sub>, hence H<sub>2</sub> is partially accepted inferring that primigravida mother's and their life partner's level of attitude regarding antenatal care is significantly associated with their age

#### **Conclusion**

The conclusions drawn from the study were as follows.

- Participants of both groups were had moderate level of awareness and favorable attitude regarding antenatal care.
- There was no difference among both group participants with respect to their level of awareness and attitude.
- There was statistical significant association found between level of awareness and attitude and some of selected socio demographic variables.

#### **Conflict of Interest**

Not available.

#### **Financial Support**

Not available.

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