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Attitude and involvement of men in postnatal and baby care

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Abstract

Background: Men's role in postnatal care is crucial in preventing maternal mortality and morbidity. This is possible only if they have appropriate attitude and involvement in postnatal and baby care.

Objectives: This study was undertaken to assess attitude and involvement of men in postnatal and baby care, to find the correlation and association between these variables, and finds the association of attitude and involvement with selected demographic variables.

Materials and methods: A descriptive analytical study was conducted among 85 men who brought postnatal mothers and/or babies to postnatal /immunization clinic of a tertiary care hospital in Ernakulam district were enrolled in the study. Sample was collected using convenience sampling. A structured attitude questionnaire and self-reported involvement checklist on postnatal and baby care were used to collect data regarding men's attitude and involvement in postnatal and baby care.

Results: It was revealed that majority of the subjects (82.4%) had positive attitude towards postnatal and baby care, nearly 1.2% had negative 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.

Conclusion: This study is one of the few studies in India that has focused on exploring and identifying the level of attitude and involvement of men in postnatal and baby care.

Keywords: Attitude, involvement, postnatal care, baby care

Introduction

The postpartum period is a critical transitional time for a woman, her newborn and her family on physiological and psychological levels [1]. 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 [2].

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. In 2007, Centers of disease control and prevention revealed that 32 percentage of mothers felt, postnatal women are in need of social support during their postpartum period [3]. Following delivery women experience number of physical and mental difficulties. In South-East Asian and African countries, 8% of the global burden of the disease in women of the reproductive age group is attributed to pregnancy and childbirth related conditions [4].

Immediately after the birth of a newborn, all parents have to face with the task of learning and understanding as much as possible about caring for their new family member. It is during this time that parenting starts and relationship with the newborn begins. Developing confidence in caring for their newborn is challenging for most couples and it takes time and patience [5]. Male involvement in maternal health care is a process of social and behavior

change that is needed for men to play a more responsible role in maternal health care with the purpose of ensuring the well-being of women and children [6].

According to WHO male involvement in postnatal care is one of the interventional strategies to improve the health status of both the mother and the baby [7]. 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 mother's primary support person [5].

Men can undoubtedly play a crucial role during postnatal period by taking care of their wives and the babies in order to prevent maternal mortality and morbidity.

Material and methods

Descriptive study was undertaken by using Convenience sampling technique among 85 men who accompanied postnatal mothers and/or babies to the postnatal and/or Pediatric immunization clinic of M.O.S.C Medical College Hospital, Kolenchery, and Kerala, India from October to November 2017 after taking approval from Institutional Ethics Committee. Informed written consent was obtained from the willing men and they were enrolled as studying subjects. They were given a questionnaire containing 14 characteristic demographic questions and 23 questions that assessed their attitude. Involvement of subjects in postnatal and baby care was assessed with interview schedule by using structured interview checklist with 18 questions. The inclusion criteria were men whose partner is a postnatal mother and having a baby 6-week-old, men who accompany a postnatal mother or baby to the Postnatal or Pediatric immunization clinic of M.O.S.C Medical College hospital, Kolenchery and men who can read and write Malayalam or English. Men who was a Widower, who lost their children, having children with congenital anomalies, who have previously participated in a similar study and who have got multiple babies were excluded from this study. Research variables in this study were attitude and involvement of men in postnatal and baby care. All subjects are studied in detail with respect to the age, education, type of family, number of children, religion, monthly family income, occupation, mode of delivery, onset of labor, duration of marital life, sex of last child, habits of consuming alcohol and whether the mother and baby during their postnatal period were with the men or not.

The prepared tools were submitted to 3 experts in the field of Obstetrics and four experts in the field of nursing. Content validity index was calculated. Items with a content validity index more than 90% were included in the tool. Reliability of structured attitude questionnaire and involvement checklist on postnatal and baby care was measured by Split half method and Cronbach's Alpha method respectively.

The data obtained from the sample were analyzed by using descriptive and inferential statistics with the help of statistical package for social science 20 (SPSS). The demographic data were analyzed by using frequency and percentage. Attitude was analyzed using median and interquartile range and involvement of men regarding postnatal and baby care was analyzed using frequency, percentage, mean and standard deviation. Spearman correlation test was used to assess the correlation between attitude and involvement of men in postnatal and baby care

and to identify the significant association between attitude and involvement of men with demographic variables, the researcher performed chi-square test.

Results

A total of 85 participants were enrolled in the study. Majority of subjects (57.6%) were in the age group of above 30 years and 42.4% were in the age group of 21-30years. Majority of the study participants (74.1%) had higher secondary education and above whereas only 7.1% had primary education. More than half of the subjects (52.9%) had more than one child and nearly half of the subjects (47.1%) had only one child. 58.8% of the subjects belonged to joint family and the remaining of the subjects (41.2%) from nuclear family about 43.6% of respondents were Christians, 37.6% were Hindus and 18.8% were Muslims. Most of the subjects (92.9%) were Non-government employees and 7.1% were government employees. Majority of the subjects (62.4%) had family income more than ₹ 15000 per month and only a small number of subjects (37.6%) had family income below ₹ 15000. Most of their wives (55.3%) had caesarian delivery and 44.7% had vaginal delivery. Majority (90.6%) had term onset of labor and only few of them (9.4%) had given preterm birth. Regarding the duration of marital life, majority of subjects (91.8%) had more than one-year duration and only 8.2% were of less than one year of marital duration. More than half of the subjects (51.8%) had female children and 48.2% had male children. Strikingly, about 80% of men not had previous knowledge about postnatal and baby care. Noticeably, above 85% men did not have the habit of drinking alcohol and 14.1% had the habit of drinking alcohol. Majority (67.1%) of subjects got chance to stay with their wives and babies during their postnatal period whereas 32.9% did not.

Table 1: Frequency and percentage of subjects according to their attitude towards postnatal and baby care n=85

Variables	Frequency	Percentage (%)	Median and IQR
Negative (23-46)	1	1.2	59, 63, 65.5
Neutral (47-56)	14	16.4	
Positive (57-69)	70	82.4	

The above table shows that majority of the subjects (82.4%) had positive attitude towards postnatal and baby care, merely 1.2% had negative attitude and the rest had neutral attitude towards postnatal and baby care

Table 2: Frequency and percentage of subjects according to their involvement in postnatal and baby care n=57

Variables	Frequency	Percentage (%)	Mean± SD
Poor (<9)	25	43.9	10.40± 3.60
Limited (10-13)	18	31.6	
Good (14-18)	14	24.5	

Table 6 shows that majority of the subjects had (43.9%) poor involvement in postnatal and baby care, 31.6% had limited involvement and only 24.5% had good involvement in postnatal and baby care. The mean involvement score was 10.40.

Correlation between attitude and involvement of men regarding postnatal care and baby care

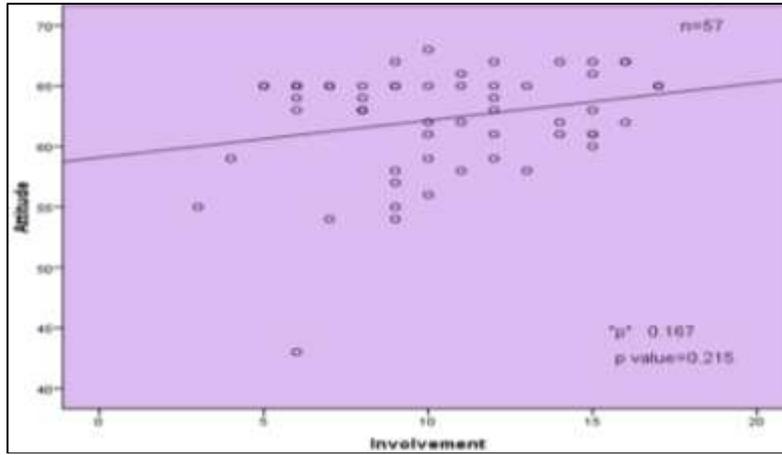


Fig 1: Scatter diagram showing relationship between involvement and attitude of men regarding postnatal and baby care

The above scatter diagram shows the correlation between attitude and involvement. The Spearman Correlation coefficient “ ρ ” was 0.167 which was not statistically significant (p value >0.05). So, the hypothesis H_3 was rejected.

Table 3: Association between attitude scores with the selected socio –demographic Variables n=85

Variables	Attitude scores		X ² test/ Fisher’s exact test	p value
	Poor	Good		
Age of the subjects				
21-30 years	6	30	0.04	0.83
>30 years	9	40		
Education				
Up to High school	9	54	Fisher’s exact test	0.19
Higher secondary education and above	6	16		
Family				
Nuclear family	2	48	15.56	0.00*
Joint family	13	22		
Number of children				
One	6	34	0.36	0.54
More than one child	9	36		
Religion				
Christian	7	30	3.58	0.19
Hindu	3	29		
Muslim	5	11		
Employment				
Government	2	4	Fisher’s exact test	0.28
Non-government	13	66		
Monthly income				
Less than 15000`	8	24	1.90	0.16
More than 15000`	7	46		
Type of delivery				
Vaginal delivery	8	30	0.54	0.45
Caesarean section	7	40		
Onset of Labor				
Preterm	1	7	Fisher’s exact test	1.00
Term	14	63		
Duration of marital life				
Less than one year	1	6	Fisher’s exact test	1.00
More than one year	14	64		
Sex of your last child				
Male	4	37	3.39	0.06
Female	11	33		
Habits of consuming alcohol				
Yes	1	11	Fisher’s exact test	0.68
No	14	59		
Previous knowledge				
Yes	12	56	Fisher’s exact test	1.00
No	3	14		
Baby and wife with the men after childbirth				
Yes	7	50	Fisher’s exact test	0.07
No	8	20		

Level of Significance at < 0.05 * level

χ^2 = chi square test

Table 3 shows that there was a significant association between attitude and type of family to which the men belonged ($\chi^2=15.5$, $p<0.05$) and there was no significant

association between attitude and other demographic variables.

Table 4: Association between involvement scores with the selected socio-demographic Variables n=57

Variables	Involvement score			X ² test/ Fisher's exact test	p value
	Poor	Average	Good		
Age of the subjects					
21-30 years	9	10	6	1.63	0.44
>30 years	16	8	8		
Education					
Up to High school	2	0	1	Fisher's exact test	0.21
Higher secondary education and above	23	18	13		
Family					
Nuclear family	16	12	10	0.22	0.89
Joint family	9	6	4		
Number of children					
One	7	8	6	1.50	0.47
More than one child	18	10	8		
Religion					
Christian	11	12	3	Fisher's exact test	0.12
Hindu	10	4	9		
Muslim	4	2	2		
Monthly income					
Less than 15000 `	10	4	6	Fisher's exact test	0.71
More than 15000 `	15	14	8		
Type of delivery					
Vaginal delivery	10	11	5	2.61	0.27
Caesarean section	15	7	9		
Onset of labor					
Preterm	0	1	0	Fisher's exact test	0.56
Term	25	17	14		
Duration of marital life					
Less than one year	2	3	1	Fisher's exact test	0.48
More than one year	23	15	13		
Sex of your last child					
Male	12	6	10	4.59	0.10
Female	13	12	4		
Habits of consuming alcohol					
Yes	2	4	1	Fisher's exact test	0.34
No	23	14	13		
Previous knowledge					
Yes	21	16	11	Fisher's exact test	0.81
No	4	2	3		

Level of Significance at < 0.05 * level

χ^2 = chi square test

It is evident from table 4 that, there was no significant association between involvement and selected demographic variables such as age, education, type of family, number of children, religion, monthly family income, and type of delivery, onset of labor, duration of marital life, sex of last child, habits of consuming alcohol, previous knowledge.

Discussion

Distribution of attitude of men towards Postnatal and baby care

In the present study it was observed that majority of men (82.4%) had positive attitude towards postnatal and baby care, whereas 1.2% of subjects had negative attitude and 16.5% had neutral attitude.

The studies conducted in Nigeria and Belgravia also support the present study. The study conducted in Nigeria revealed that majority of subjects (56.5%) had good attitude towards maternal health care [8]. and a study conducted in Belgravia revealed that, majority (80.5%) of fathers had positive attitude towards child care [9].

Little data on contradictory studies related to these variables were found in the literature reviewed.

Distribution of involvement of men in Postnatal and baby care

The present study revealed that majority of men (43.9%) had poor involvement in postnatal and baby care while 24% of subjects had good involvement and 31.6% had limited involvement. This result is supported by a cross sectional descriptive survey conducted in Nigeria which revealed that 53.6% subjects had poor involvement in postnatal and baby care whereas 46.4% had good involvement. Concerning the involvement of the men in maternal health care of their wives, about a quarter 29.1% ever followed their wives to family planning clinic [7]. A cross sectional study was conducted Nigeria among 1530 married men aged 25 to 45 years showed that although 65.9% of the respondents discussed reproductive health issues with their wife, only 39.6% accompanied them during visits to clinics. Less than

one-third (30.9%) of the respondents were involved in reproductive health care^[10].

On the contrary, secondary analysis of research data from 4616 women collected in a 2010 national maternity survey of England asking about their experiences of maternity care, health and well-being up to three months after childbirth, and their partners' engagement in pregnancy, labor and postnatal period revealed that about (86%) fathers had good involvement during pregnancy, labor and postnatal period. The researcher believes that this variation in the result may be due to the different methodology as well as the sample used for the study. Three-quarters of fathers (76%) were born in the UK, six percent in the rest of Europe and eighteen percent were from other countries. The majority of men were in their 30's (57%), a quarter in their 20's (26%), 16% in their 40's and one percent of fathers were teenagers^[11].

Correlation between attitude and involvement of men in postnatal and baby care.

In the present study, there was no statistically significant correlation between the attitude and involvement ($\rho=0.167$, $p=0.215$). No similar studies which support the relationship between attitude and involvement are available. Similarly, no contradictory studies also are available.

Association between attitude and involvement of men with the selected demographic variables.

In the present study there was significant association between attitude and type of family to which the men belonged ($\chi^2=15.561$, $p=0.000$) and the study revealed that there is no significant association between attitude and other selected variables in the study.

In the study there was no significant association between involvement with selected variables such as type of family ($\chi^2=0.2$, $p=0.89$), onset of labor (Fisher's exact test, $p=0.56$), sex of the last child ($p=0.10$). Hence the null hypothesis with regard to this is rejected.

No similar studies which support the association between attitude and type of family to which the men belonged are available.

Limitation

1. The data analysis was limited to quantitative statistical methods, researcher could only determine the correlation not causation.
2. Involvement assessment was limited to 57 subjects as demographic details showed that only 57 had got chance to stay with their mother and baby during postnatal period.

Conclusion

Findings of this research study revealed that majority of the subjects had positive attitude whereas the most of the men were often not involved in postpartum care of their wives and babies. So, it is clear from the study that in spite of positive attitude there has not been adequate involvement of men in postnatal and baby care due to unidentified barriers. The researcher feels that this is a topic for further study.

Clinical significance

Since WHO Male involvement in maternal health is recommended as one of the interventions to improve maternal and newborn health, Sustainable Development

Goal in India cannot be achieved without addressing the critical issue of lack of male involvement in maternal mortality. This study could give a foundation for attainment of sustainable goals 2030.

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