Section: Community Medicine

Original Research Article

AWARENESS OF SPOUSE FOR MATERNAL AND CHILD HEALTH SERVICES IN TERTIARY CARE HOSPITAL: A CROSS-SECTIONAL STUDY

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Received *: 10/03/2026*
Received in revised form *: 01/05/2026*
Accepted *: 14/05/2026*

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DOI: 10.70034/ijmedph.2026.2.568

Source of Support: Nil,
Conflict of Interest: None declared

Int J Med Pub Health
2026; 16 (2); 3438-3441

ABSTRACT

Background: For improved maternal and child health (MCH) outcomes, the World Health Organization (WHO) has recommended males to be actively involved and supported. Positive cognitive, developmental, and socio behavioural, including increased weight gain in preterm newborns, increased breastfeeding rates, enhanced receptive language skills, and improved academic performance is linked with father's involvement. So, this study was planned to identify awareness of Spouse about antenatal, postnatal and child care and this will help to improve utilisation of MCH care services in community.
Objectives: 1. To assess the awareness of Spouse in Maternal and Child health care services. 2.To identify the association between socio‑demographic characteristics and awareness of Spouse regarding Maternal and child health care services.
Materials and Methods: A cross-sectional study was conducted in a tertiary care hospital in Western Maharashtra after IEC clearance. A total of 100 Spouse of Postnatal females and parents of children less than one year attending paediatric OPD were included for the study. The data collection tool was a predesigned, pretested questionnaire.
Results: In the study it was observed that, 26% participants were aware of minimum 8 ANC visits, while 74% participants were not aware of correct 8 visits according to WHO. Knowledge of pervaginal bleeding 26(47.2%) and per-abdominal pain 22(40%) was found to be the most prevalent among the danger signs during pregnancy. There was statistical significance seen in level of education and knowledge of danger signs during pregnancy/exclusive breastfeeding and complementary feeding in children.
Key words: Spouse, antenatal care, postnatal care, exclusive breastfeeding.

INTRODUCTION

A comprehensive variety of medical services offered to mothers prior to, during, and following childbirth are included in maternal and child healthcare services. Prenatal care, antenatal care (ANC), safe delivery (intrapartum care), postnatal care (PNC), emergency obstetric care, neonatal and child health services, and immunization services are some of these health services.[1,2] For improved maternal and child health (MCH) outcomes, the World Health Organization (WHO) has recommended males to be actively involved and supported.[2]

Although India's national policies seek to boost male participation in women's health initiatives, they are devoid of explicit policy directives and oversight mechanisms.[3] The three delays that occur during pregnancy and childbirth are the delay in seeking medical attention, the delay in arriving at the hospital, and the delay in receiving the proper care at the institutional level are the main causes of maternal mortality. In order to address the first two delays linked to maternal death, men are essential and important.[4]

This is the point at which birth preparedness and complication readiness (BPCR), becomes crucial, for better outcomes for both mother and child which have been associated with male involvement in prenatal care. Male involvement in maternal care will considerably lower Maternal mortality rate and Infant

mortality rate.[3] In many regions of the world, men mediate women's access to economic resources, therefore male family members may have a significant impact on women's nutritional condition, particularly during pregnancy.[5]

The 1994 Cairo International Conference on Population and Development introduced a radical shift in this perspective. [4,6] The need for partners in a relationship to have equal responsibility when making decisions pertaining to reproductive health was discussed during the conference. Since that time, the United Nations Population Fund (UNFPA) has also actively supported men's involvement in achieving better maternal health outcomes through increased social support.[4]

In developing nations, men's participation in the safe motherhood and childcare was found to be insufficient. In India, male participation in MCH care remains low despite advancements in MCH, as reported in the National Family Health Survey-4 report.[7] Limited understanding exists regarding husband's presence during labour, particularly in the context of India.[8] In Indian traditional gender role, its duty of mother to see for the wellbeing of child's health. [9,10]

Positive cognitive, developmental, and socio behavioural, including increased weight gain in preterm newborns, increased breastfeeding rates, enhanced receptive language skills, and improved academic performance is linked with father's involvement.[9] There are less studies which focuses a crucial role of husbands in Maternal and Child care and thus indirectly reducing maternal and infant and child mortality rate. It also reduces anxiety and postpartum depression in mothers and offers opportunity to create a strong family bond between husband and wife as well father and child. This study was planned to identify awareness of Spouse about antenatal, postnatal and child care and this will help to improve utilisation of MCH care services in community.

Objectives

1. To assess the awareness of Spouse in Maternal and Child health care services.
2. To identify the association between socio‑demographic characteristics and awareness of Spouse regarding Maternal and Child health care services.

MATERIALS AND METHODS

Study setting: A study was conducted in a tertiary care hospital in Western Maharashtra.

Study design: Cross-sectional study

Sample size calculation:

The sample size for the study was calculated using Cochran's formula as follows:

Sample size= $4pq/d^2$, using 95% confidence interval and 10% allowable error and, p = proportion of men's participation (50%)[4] in MCH care from previous study sample size calculated was 100.

Sample type: Consecutive sampling technique

After the Institutional Ethical Committee clearance, consecutive sampling was used for data collection. Information about purpose of study was provided to individuals. Spouse of Postnatal females and parents of children less than one year attending paediatric OPDs were included for the study. After taking written informed consent data was collected by face-to-face interview by maintaining the confidentiality. The data collection tool was a predesigned, pretested questionnaire.

Part A comprises: Sociodemographic details

Part B comprises: Awareness of Spouse regarding Antenatal care, Postnatal care and Child health care services

Data collected was entered in Microsoft Excel and Jamovi software was used for analysis.

- Descriptive Statistics was done giving frequencies and percentage
- Chi square test was used to test the association considering $p < 0.05$ as significant.

RESULTS

The present study was conducted to see awareness of spouse related to maternal and child health care services. A total of 100 participants were included in the study.

Table 1: Sociodemographic variables of participants

Sr. No.	Sociodemographic variables		Frequency (%)
1.	Age of the Spouse (years)	20-30	32
		31-40	65
		>41	3
2.	Education of Spouse	Professional degree	20
		Graduate	35
		Intermediate/ diploma	14
		High school	28
		Middle school	3
3.	Type of Family	Joint	6
		Nuclear	60
		Three generation	34
4.	Socioeconomic class	Class 1	91
		Class 2	8
		Class 3	1

In present study, majority of participants were from age group 31 to 65 age (65%) and only 32% from 20 to 30 age group. Majority of participants were studied up to graduate (35%) and professional degree (20%).

It was observed that most of the families were nuclear families (60%) followed with three generation families (34%).

Table 2: Awareness about antenatal, postnatal care and child care

Spouse Awareness about antenatal care		
Determinants		**Frequency (%)**
Number of ANC visits	≥ 8 ANC Visits	26
	< 8 ANC Visits	74
Knowledge of Nutritional supplementation (Iron, Folic acid tables) in ANC	Yes	87
	No	13
Knowledge of Immunization during pregnancy	Yes	59
	No	41
Knowledge of Investigations to be done during pregnancy	Yes	82
	No	18
Spouse Awareness about postnatal and child care		
Awareness of PNC visits	Yes	69
	No	31
Awareness of nutritional supplements (Iron folic acid and calcium) in postnatal period	Yes	66
	No	34
Aware of Exclusive breast feeding for 6 months	Yes	82
	No	18
Aware of Complementary feeding	Yes	83
	No	17
Aware of child's immunisation schedule	Yes	92
	No	8

In the study it was observed that, 26% participants were aware of minimum 8 ANC visits, while 74% participants were not aware of correct 8 visits as per WHO recommendations. It was found that 69% participants were aware about PNC visits whereas 31% were not aware about visits to be carried out in postnatal period. Among total participants, majority i.e, 82% had knowledge about exclusive breastfeeding for child and 83% were aware about complementary feeding in children.

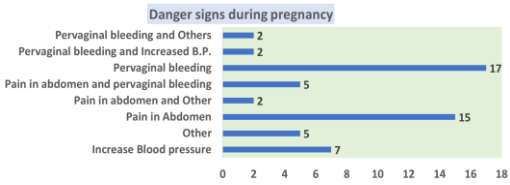

Figure 1: Awareness about Danger signs during pregnancy

Multiple responses included

Knowledge of pervaginal bleeding 26(47.2%) and per-abdominal pain 22(40%) was found to be the most prevalent among the danger signs during pregnancy, but very little was known about headache, giddiness and swelling of feet.

Table 3: Association between Education and Awareness of Danger signs/ Exclusive breastfeeding and Complementary feeding

Association between Education and awareness about danger signs during pregnancy					**Association between Education and Exclusive breastfeeding**				**Association between Education and Complementary feeding**			
Level of education	Yes	No	Total (%)		Yes	No	Total (%)		Yes	No	Total (%)	
Professional degree	17	3	20		17	3	20		19	1	20	
Graduate	18	17	35	p < 0.001	34	1	35	p = 0.028	28	7	35	p = 0.281
Intermediate/ diploma	12	2	14		10	4	14		13	1	14	
High school	7	21	28		19	9	28		21	7	28	
Middle school	1	2	3		2	1	3		2	1	3	
Total	55	45	100		82	18	100		83	17	100	

It was found in the study that awareness of danger signs during pregnancy is high among participants with higher education. There was statistical significance (0.001%) seen in level of education and knowledge of danger signs during pregnancy. The awareness of breast feeding is higher among higher educated participants, graduate (34%) and above graduate degree (17%) and is statistically significant (P< 0.028). In the present study, awareness of complementary feeding was also more among higher educated participants but no statistical significance was found in level of education and complementary feeding. Among the total participants, only 36% were aware of government health schemes for antenatal

and postnatal mothers while many others were not aware of health schemes. Among the 36% participants, only 6% participants availed the benefits of health schemes.

DISCUSSION

A cross-sectional study was conducted to observe awareness about maternal and child health care services among the spouse of antenatal and postnatal mothers who accompany them to health care services. In the present study, less participants i.e. 26% were aware of minimum 8 ANC contacts, while 74% participants were not aware of correct 8 contacts according to WHO. The awareness about ANC visits observed was 83%, 59.2% and 77.69% respectively in other studies conducted by Arohee S. et al,[3] Dutta S et al8 and Kolate I et al.[2] In some studies awareness was less in the participants i.e. 41% and 40% respectively conducted by Gesisa H et al,[11] and Singh R et a,[6] similar to our study. The participants in this study were more aware about per vaginal bleeding and pain in abdomen as danger signs whereas another study conducted by Arohee S. et al,[3] in Central Rural India observed that only 31.4% participants were aware about per vaginal bleeding as danger sign and 14.4% participants were aware about pain in abdomen. In another study conducted by Srilaxmi M et al,[12] 43.6% of husbands had good knowledge of maternal danger signs and complications that occur during the postnatal period. In the present study the participants were more aware about exclusive breastfeeding for children and similar findings were seen by Okafor et al[13] (90%) and Kolate I et al,[2] (94.61%) in their studies. Our study found that knowledge about complementary feeding was more among the participants whereas less awareness was found in study carried out by Okafor et al.[13] The spouses were less aware about the health schemes provided for improvement of maternal and child care in our study whereas in another study conducted by Dutta S et al,[8] in Rural Bengal 55.2% participants were aware about the government health schemes.

CONCLUSION

In India, involving men in the maternal health care system to improve maternal health service utilization is an essential strategy. The awareness about antenatal care among spouses was found to be low related to antenatal visits to be carried out during pregnancy. Majority of participants has good awareness regarding exclusive breast feeding, complementary feeding and danger signs during pregnancy. Similarly, less participants were aware of government health schemes related to MCH care and only few utilized these services. So, there is a need to strengthen health education activities in community for family support which will improve utilisation of maternal and child health services in future.

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