

Awareness of Husbands of Pregnant Women Regarding Anaemia, its Complications and Supportive Measures taken by them during Pregnancy

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Abstract

Background: Anaemia during pregnancy is a major public health problem and also one of the leading causes of perinatal morbidity and mortality. Antenatal care is important to identify women at risk of developing pregnancy complications. In Indian scenario male are considered as primary decision makers and financier for women's health. It's necessary that husbands, who takes all major decision about his wife, must well aware of anemia and its complication occur during pregnancy. The main objective of the study was to assess the awareness level of husbands regarding anaemia and its complications during pregnancy and the necessary supportive measures taken by them for prevention of anaemia during pregnancy. *Methods:* A cross-sectional study design was used to assess the awareness level of husbands regarding signs and symptoms of anemia, its complications and prevention of anemia among 78 participants by administering structured knowledge questionnaire and a structure checklist was used to find out supportive measures taken by husband for prevention of anemia. *Result:* Study found that 60% husbands had good knowledge, 36% had average knowledge and only 4% had poor knowledge about anemia and its complications during pregnancy. Maximum participants (84.62%) reported that they had taken good supportive measures for their wives throughout pregnancy for prevention of anemia. *Conclusion:* Husbands' accompanying their pregnant wives during antenatal check-ups help in utilizing antenatal services and able to find out about common problems develops during pregnancy i.e anaemia and can take measures for its prevention and treatment.

Keyword: Anaemia; Knowledge; Supportive Measures; Husbands of Antenatal Mother.

Introduction

Anaemia during pregnancy is a major public health problem and also one of the leading causes of perinatal morbidity and mortality [1]. The main causes of anaemia include inadequate intake and poor absorption of iron due to disease like malaria, hookworm infestation, diarrhoea, HIV and genetic

disorders like sickle cell anaemia, thalassemia [2]. Maternal health is a key point of national health. Pregnancy complication like anaemia mostly developed in rural setup due to lack of awareness regarding anaemia and lack of involvement in antenatal care activities which leads to pregnancy complication such as maternal, fetal morbidity and mortality [3]. Male are considered as primary decision maker.

Anaemia is the most common haematological disorder during pregnancy. According to reports of World Health Organisation reports, from 35% to 75% of the pregnant women in developing countries are anaemic. Prevalence of anaemia in South Asian countries is among the highest in the world. India has the highest prevalence of anaemia (87%). Husbands and other family members should have adequate knowledge about antenatal care which may help in utilizing antenatal services and identify complications like anemia.

Methods

A cross-sectional quantitative study was conducted among husbands of pregnant women, who were attending OPD of district hospitals, Khorda, Odisha. Total 78 sample size was calculated by using standardized statistical formula ($N/1+Ne^2$) with 9% of error and 10% drop out. Purposive sampling was used to select the samples and consenting husbands of pregnant women were included in this study. Demographic perform and a structure knowledge questionnaire was administered to assess the level of awareness of husbands regarding anemia and its complications and a checklist was used for assessing supportive measures taken by them for prevention of anemia. Husbands' knowledge was assessed in the area of sign, symptoms, complications, preventive measures and management of anemia. At the end of the study informational leaflets on preventive measures on anemia was distributed among the participants for their future improvement of knowledge and the evaluation of post study knowledge level were not included in the study. Analysis was done using descriptive statistics like mean, median, standard deviation, percentage and inferential statistics like chi square test was used for finding association between selected variables.

Result

Study results reveal that maximum were in the age group of 21-30 years, 52% completed secondary education and 21.8% are graduates. Most of the respondents (61.4%) are in private job while agriculture and labor constitutes the same proportion (14.1% each), 66.7% resides in rural area, While 33.8% constitute the slum urban community. 57.7% wives were conceived for the first time, while 7.7% conceived for the third time. Maximum

participants were from low economic status.

Overall awareness level of husbands was assessed and found that 60% had good knowledge about anemia and its complications during pregnancy, 36% had average knowledge and only 4% had poor knowledge. 37.2% of the husbands were unaware of the signs and symptoms of anemia in pregnancy, 33.7% were not known about the dietary measures to be taken for prevention of anemia and 49.2% of the participants were unaware of the effects or complications of anemia during pregnancy.

Self reported supportive measures taken by husbands for prevention of anemia in pregnancy found that, maximum (99%) of the participants reported they accompanied their wives for antenatal checkup for first time, whereas 45% only accompanied for next antenatal check up and 66% ensured about blood investigations are done for identifying Hb level during pregnancy; 66% given iron and calcium tablet to their wives; 71.7% of the participants reported they have provide adequate iron and vitamin C rich diet to their pregnant wives, 91.4% of the participants expressed that they helped their wives in household activities and provided comfort measures to their wives.

A significant association was computed between husbands' knowledge about anemia in pregnancy and selected demographic variables such as place of residence, monthly income and occupation ($p < 0.005$). Men who were from urban locality were more likely to have good knowledge compared to those with rural and slum locality ($p < 0.001$). Similarly, a significantly higher proportion of men engaged with job were more aware about anaemia compared to men not in job ($p < 0.001$). Furthermore, a higher proportion of men having higher monthly income aware about anaemia compared to less monthly income ($p < 0.01$), but no association was found between age, education, and number of pregnancy with the level of awareness of husband about anemia during pregnancy. Also no association was found between supportive measures taken by husband with their selected demographic variables.

Discussion

Our study reveals that 47% had good knowledge and 37.2% of the husbands were unaware of the signs and symptoms of anemia in pregnancy, 33.7% were not known about the dietary measures to be taken for prevention of anemia and 49.2% of the participants were unaware of the effects or

complications of anemia during pregnancy. A similar study support that among 300 participants, 70% were unaware hemorrhage, maternal mortality are complication of anemia in pregnancy, however more than 70% were unaware of the diet rich in iron and protein, 100% of participants were unaware about iron tablets should not be taken with tea, coffee, or milk [4].

In our study there was an association between knowledge and demographic variables such as Men who were from urban locality were more likely to had good knowledge compared to those with rural and slum locality ($p < 0.001$). Similarly, a significantly higher proportion of men engaged with job were more aware about anaemia compared to men not in job ($p < 0.001$). Furthermore, a higher proportion of men having higher monthly income were aware about anaemia compared to less monthly income ($p < 0.01$), but no association was found between age, education, and number of pregnancy with the level of awareness of husband about anemia during pregnancy. This concurs with the findings from other African and Asian studies [5,6].

The present study also examines about supportive measures taken by husband for prevention of anemia and its complications during pregnancy such as antenatal visit, diet, comfort, psychological support. The similar study conducted on birth preparedness in rural community of Odisha also justified that men were more likely to accompany their wives and pay for treatment when complications arise [7].

A significant association was found between supportive measures taken by husband with their selected demographic variables such as age, education, locality monthly income. The findings are also in contrast with findings conducted in a rural community in Odisha that twenty four men out of forty six respondents under the age of 30 years (52.1%) ever accompanied their wives to the hospital for maternity care compared to 69 (44.8%) 30 years or older. This difference was statistically significant ($p < 0.01$). Men who had formal education ($n=140$, 55.71%) were more likely to participate in maternity care compared to ($n=60$, 25%) those with non-formal education ($p < 0.001$). Similarly, a significantly higher proportion ($n=178$, 51.1%) of men in monogamous marriages accompanied their spouses for maternity care compared to ($n=22$, 9.09%) of their polygamous counterparts ($p < 0.001$). Furthermore, a higher proportion ($n=146$, 51.37%) of Hindu men participated in maternity care compared to other religion ($n=54$, 33.3%) ($p < 0.01$) [7].

Conclusion

Knowledge of husbands regarding anaemia during pregnancy its complication, was found to be good in our study. However, they need to be motivated to become active participants in maternity services so that financial, psychological, decision making process and other supportive care can be provided to the pregnant mother. Husbands' accompanying their pregnant wives during antenatal check-ups help in utilizing antenatal services and also help to find out in early diagnosis and treatment of complications of anaemia.

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