



## Level of preparedness for parenthood among primi women and their spouses

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### Abstract

This study was to assess the level of preparedness for parenthood among primi women and their spouses. The objective of the study was to assess the level of preparedness for parenthood among primi women and their spouses, to compare the level of preparedness of parenthood between primi women and their spouses and to find out the association between preparedness for parenthood among primi women and their spouses with their selected socio demographic variables.

**Results:** 19(38%) spouses of primi women had inadequate preparedness, 29(58%) had moderate preparedness, 2(4%) had adequate preparedness for parenthood 15 (30%) primi womens had inadequate preparedness, 32(64%) had moderate preparedness, 3(6%) had adequate preparedness for parenthood.

**Keywords:** Primi women, spouses, parenthood

### Introduction

The transition to parenthood is a social and psychological term to describe the adjustments that both men and women negotiate when they become first-time parents. These adjustments are said to begin before the birth and carry on into the first two years afterwards. The indicators changes generally fall under the categories such as changes to identity; changes to life course; changes to relationships (including partner, friends and family); and negotiating more housework.

The transition to parenthood is universal life cycle and one of the most salient markers of development in adults. Over 90% of married couples end up having children at some point in their lives. Normative life events such as becoming a parent, are related to changes in personality and social relationships because the transition to parenthood involves tasks and demands that challenge the existing familial context (Lang, Reschke, & Neyer, 2006).

Parenthood is the process of psychic maturation that begins at conception for both mother and father. Parenting provides a unique and complex interaction of affiliation and autonomy since each individual in the family unit—mother, father, and child—are in some way negotiating the dilemma, but in reference to one another.

### Statement of The Problem

A comparative study to assess the level of preparedness for parenthood between primi women and their spouse of a selected community health centre, Indore.

### Objectives

1. To assess the level of preparedness for parenthood among primi women of selected community health center.

2. To assess the level of preparedness for parenthood among spouses of primi women of selected community health center.
3. To find the association of preparedness for parenthood among primi couples with their selected socio demographic variable.
4. To compare the level of preparedness for parenthood between primi women and her spouses

### Assumption

- Preparedness for parenthood may have some association with demographic Variable
- The primi couples may have some level of preparedness for parent hood

### Hypothesis

H<sub>01</sub> – There is no be significant difference between the level of preparedness of primi mother and her husband for parenthood.

H<sub>02</sub>- There is no significant association of level of preparedness for parenthood among primi couples for parenthood with their selected socio-demographic variables

### Delimitations of The Study

1. The mothers who are not interested to participate in the study
2. Not available at the time of data collection

### Limitations of The Study

- Primi couples attending the antenatal clinic in selected community health center Indore along with her husband

### Review of Literature

Review of literature on preparation for parenthood study is

grouped under following heading

1. Knowledge, attitude & perception on childbirth preparedness.
2. Studies related to Planned Parenthood.

**Research Methodology**

<b>Research approach</b>	Quantitative approach
Research design	comparative study design
Sample and sample size	50 Primi women and their spouses
Sampling technique	Convenient sample technique

**Inclusion Criteria**

- Primi women attending the antenatal clinic in selected community health center Indore along with her husband
- Primigravida mother in third trimester and her husband
- Primi couple available at the time of data collection.
- Primi couples in selected community health center in Indore.
- Primi couples who are available at the time of data collection.
- Who are willing to participate in the study

**Exclusive Criteria**

- The mothers who are not interested to participate in the study
- Not available at the time of data collection

**Description of Tools:** Dichotomous scale consists of 2 sections.

**Section A: Demographic data**

For primi women: Age, Religion, Education, Source of information, Family monthly income, Years of marriage, Type of pregnancy, For spouse of primi women: Age, Religion, Education, Source of information

**Section II:** has 6 aspects separately for both husband and wife

- Aspect A: Financial
- Aspect B: Physical
- Aspect C: Physiological
- Aspect D: Dietary
- Aspect E: Psychological
- Aspect F: Lifestyle

**Scoring**

The Dichotomous scale consists of 32 questions separately for husband and wife. The options are rated in 2 columns Yes, and No, every YES options indicate 1 mark and 0 marks for NO options. The total score given for each checklist was 32 and overall score become 64 (husband and wife together).

**Analysis and Interpretation of Data**

**Frequency and percentage of distribution of socio demographic variables**

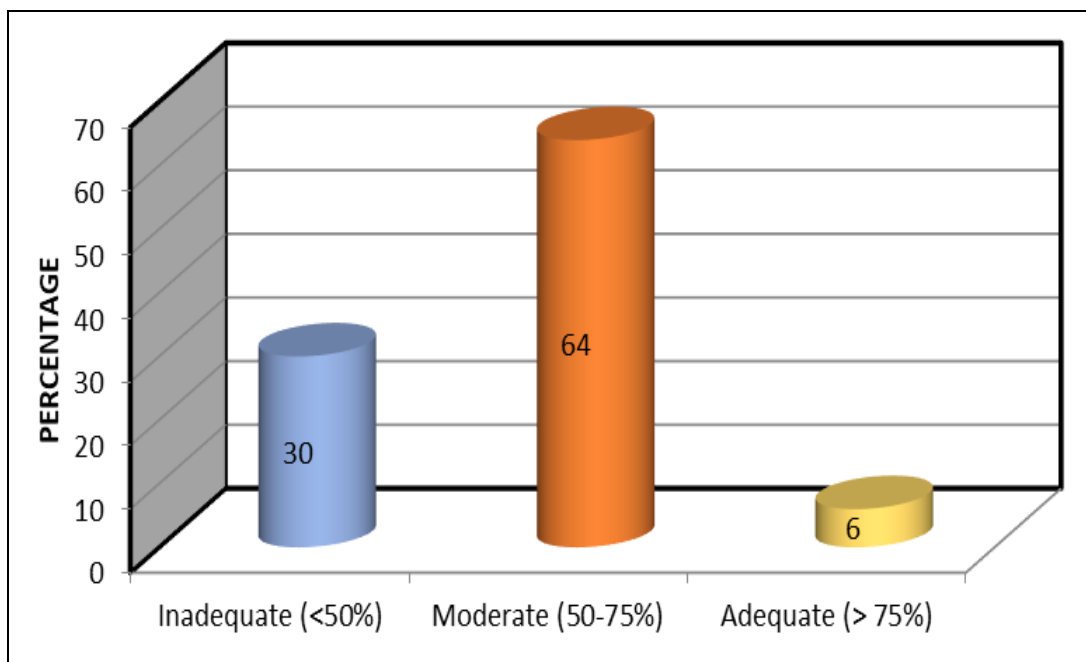
**Primi women**

Primi women 16 (32%) were in the age of 18-21years, 20 (40%) of them were in 21-25 years, In relation to religion 38 (76%) belongs to Hindu , 20(40%) had completed their education in secondary school ,regard of family monthly income below Rs. 10,000 24(48%) , 26(52%) were receiving information from friends ,18(36%) were married for more than 2 years and finally 43(86%) were having planned pregnancy .

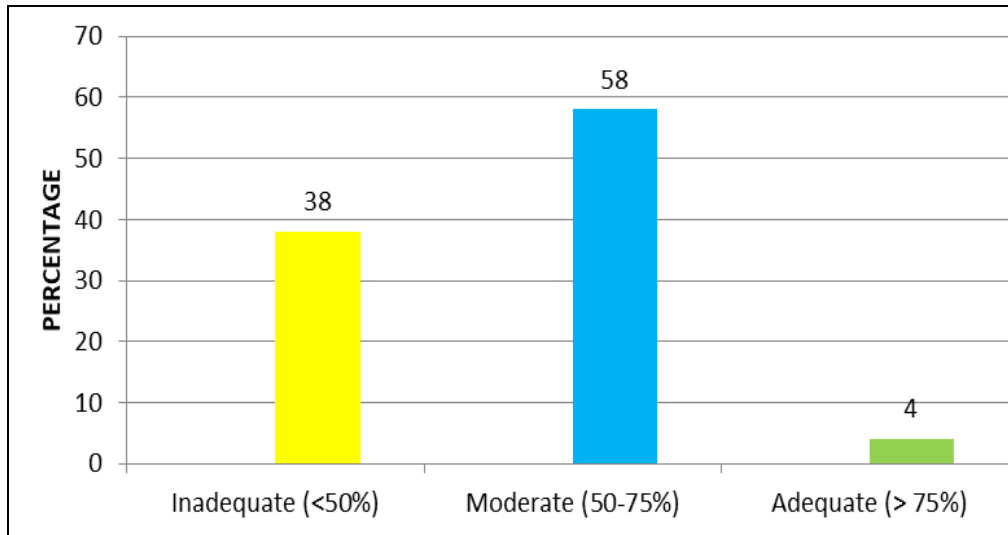
**Spouse of primi women**

Spouse of primi women 38 (76%) of them were in 21-30 years, In relation to Religion 38 (76%), 19(38%) had completed their education in Secondary school, 22(44%) were receiving information from friends and family.

**Percentage Distribution of level of preparedness**



**Fig 1:** Level of Preparedness for parenthood among Primi women



**Fig 2:** Level of preparedness spouse of primi female

**Table 1:** Level of Preparedness in percentage of both primi women and their spouse

Sr No	Aspect wise Preparedness	Level of Preparedness in percentage					
		Inadequate		Moderate		Adequate	
		Primi women	Spouse	Primi women	Spouse	Primi women	Spouse
1	Financial	34	36	42	40	24	24
2	Physical	22	40	62	50	16	10
3	Physiological	00	6	66	40	34	54
4	Dietary	10	10	54	36	36	54
5	Psychological	16	22	62	48	22	30
6	Lifestyle	12	24	28	56	10	20

**Table 2:** Unpaired T- test table for comparing the preparedness of primi women and their spouses

S.N	Aspects	Samples	Mean	Mean Difference	Unpaired T-Test	Table Value
1.	Financial	Mother	1.32	0	2.92	1.98
		Father	1.32			
2.	Physical	Mother	2.8	0.42		
		Father	2.38			
3.	Physiological	Mother	2.1	0		
		Father	2.1			
4.	Dietary	Mother	4.1	0.7		
		Father	3.4			
5.	Psychological	Mother	4.5	0.6		
		Father	3.9			
6.	Lifestyle Pattern	Mother	2.5	1.5		
		Father	4.02			
	Overall Mean	Mother	17.4	1.2		
		Father	16.24			

In above table the calculated unpaired T-test value is 2.92 and the table value is 1.98 at 0.05 level of significance. So the H0 stating that “There is no significant difference between the level of preparedness between primi mother and her husband for parenthood” is rejected

Association Between Preparedness For Parenthood Among Primi women With Their Selected Demographic Variable in testing of hypothesis none of the demographic variable was found as significant at 0.05 level so the null hypothesis is retained in the present study In testing of hypothesis the demographic variable of Spouses of Primi women, religion the calculated value is more than the table value hence it is significant at 0.05 level so for the null hypothesis is rejected and for other socio demographic variable the null hypothesis is retained.

**Limitation**

This study is limited to Primi couples attending the antenatal clinic in selected community health center Indore along with her husband

**Recommendations for Further Study**

Based on the findings of the study the following recommendations are made:

1. Study can be replicated using a large number of samples to make it more reliable.
2. An experimental study can be conducted using effectiveness of interventions.
3. The study can be done comparing primi women and their spouses from different areas of the community.
4. Similar studies can be conducted by using control and

experimental group.

5. A experimental study can be conducted by using same sample.

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