



Effectiveness of Self-Instructional Module (SIM) on Paternal Attitude of Expectant Fathers and Maternal Satisfaction on Perinatal Outcome

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ABSTRACT

Introduction: Paternal involvement (PI) has been recognized to have an impact on pregnancy and infant outcomes. The mother's satisfaction during the birthing process is the most frequently reported indicator in the evaluation of the quality of maternity services. The aim of the study is to assess the effectiveness of self-instructional module on paternal attitude towards perinatal outcome and maternal satisfaction on paternal attitude.

Methodology: A cross-sectional study was conducted on 320 expectant fathers attending antenatal clinic. A five-point rating scale was used to assess the attitude of paternal on pregnancy and labour outcome and check list to assess the postnatal mother satisfaction.

Results: The scores improved significantly after intervention, in experiment group, the pre-test, mean score was 78.61 and the post-test mean score was 120.56, whereas in the control group, the pre-test mean score of 79.43 and the post-test mean score was 80.25. In the experimental group, 81.88% of mothers were satisfied whereas 18.12% were not satisfied. In control group, 48.75% were satisfied, while 51.25% were not satisfied.

Conclusion: Most fathers were very positive about their partner's pregnancy. They, however, need to be motivated to use that knowledge into practice.

Key words: assess, effectiveness, self-instructional module, paternal attitude, maternal satisfaction, expectant fathers

INTRODUCTION

Childbirth is an important life event in a parent's life, and as such is a multifaceted experience. The mother's satisfaction during the birthing process is the most frequently reported indicator in the evaluation of the quality of maternity service¹

Globally, there has been an increasing trend for involvement of men in health care delivery due to their

multiple roles as partners, husbands, fathers, or siblings. Despite the communal and health system demand from male partners, pregnant women have desires expected from the men during conception, labour, and delivery. Early involvement of men in healthcare is seen as an opportunity to educate men on the importance of perinatal care and to their effective assistance in supporting their partners during pregnancy, birth preparation, and postnatal period².

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According to UN inter-agency estimates, the worldwide maternal mortality ratio dropped by 38% from 2000 to 2017 – from 342 to 211 deaths per 100,000 live birth³.

In USA, partner involvement in pregnancy has increased utilization of antenatal care 1.5 times⁴

In India, men are seen to be the guardians of families; therefore, involving them in maternal health care will promote health service usage, reduce maternal health complications, improve maternal self-esteem, and reduce the risk of pregnancy complications⁵.

Male involvement reduces maternal stress (by emotional, logistical and financial support) increases uptake of prenatal care leads to cessation of risk behaviours (such as smoking) and ensures men's involvement in their future parental roles from an early stage⁶.

When prospective expectant fathers attend prenatal and postnatal clinics, they participate in the educational sessions held there. As a result, expecting fathers become more aware of and appreciative of the need for these services. They can see warning signs and therefore make it easier for women to seek medical help, especially in an emergency situation⁷.

Appropriate antenatal care helps in early detection, treatment and prevention of conditions that are associated with maternal morbidity and mortality. Unfortunately, many women in developing countries do not receive such care. Understanding knowledge and practices of the community regarding care during pregnancy and delivery are required for program implementation. Partner's involvement in seeking timely antenatal care is important and studies have shown that women are more likely to use antenatal services when their husbands accompany them for ANC visits.

A positive birth experience is associated with an increased mother-child bond and maternal abilities, and contributes to her sense of accomplishment and self-esteem. In contrast, a negative birth experience can make the mother feel distraught and have a negative impact on her mental health, increasing the risk of postpartum depression and post-traumatic stress disorder.

The objectives are to assess the paternal attitude towards perinatal outcome and maternal satisfaction on paternal attitude.

METHODOLOGY

The researchers conducted a cross-sectional study in Narayana Medical College and Hospital, Nellore, A.P., India in 2019. Formal Permission Will be obtained from the institutional ethical committee examined and approved the complete procedures. This study employed a qualitative research approach with the objective of to assess the paternal attitude and maternal satisfaction on perinatal outcome of primi-

gravida women who were attending antenatal OPD with their wives in Narayana Medical College, the total data collection period was nine months and who were willing to participate in this study were included. Written informed consent was obtained from each participant before the data collection. All the eligible participants were interviewed which included socio-demographic profile and rating scale to assess the paternal attitude regarding ANC and labour outcome.

Based on previous study by Brown HL et al⁸. the Expectant father knowledge on maternal outcome (Aware of preeclampsia/ risk for mom and baby) was 64.3%. Using the above information sample size was calculated using 15% knowledge gain difference between experiment and control after SIM with power of the study 80% ($\beta = 20\%$) and confidence of result 95% (type 1 error $\alpha = 5\%$). The sample size was calculated using formula

$$n = \frac{[P_1(100-P_1)+P_2(100-P_2)]}{(P_1-P_2)^2} (Z_\alpha + Z_\beta)^2$$

Where P1= 64.3 %, P2= 79.3 %, $\alpha = 1.96$ (allowable error 5%), $\beta = 0.84$ (power of the study 95%) and $d = 15\%$ (clinically meaningful difference)

The calculated sample size was 138. Adding 10% dropout rate, final sample size was 152 fathers (152 experiment + 152 control) which was rounded to 160 in each group.

The sample size of the study was 320 husbands of pregnant woman out of which 160 each will be assigned to experimental group and control group. Paternal who are mentally ill and habit of Drug abuse were excluded from the study. Thus, 320 expectant fathers of primigravida attending antenatal clinic were interviewed. Five-point rating scale was used to assess the attitude of paternal son pregnancy and labour outcome. It consists of 33 items (Annexure-1 online version only) For each statement grading score was given. A total score of 165, if strongly agree 5(133-165), agree 4 (100-132), neutral 3 (67-99), disagree 2(34-66), strongly disagree considered 1(1-33). Observational check list to assess the postnatal mother satisfaction during pregnancy and labour outcome. The components of the check list include husbands' encouragement during pregnancy, involvement in check-ups, investigations, finding information about pregnancy, making birth plans, paternity leave, helping when the baby cries, feeding, changing napkins etc. It consists of 14 items (Annexure-2 online version only) The practice level was calculated. Those with YES responses are scored 1, whereas those with the NO responses are scored 0.

Intervention: The samples were seated comfortably and a brief introduction about the investigator and study was given. Consent was taken from the participants. Pre-test was conducted by using the, five-point rating scale to assess the attitude and satisfaction levels. The participants were taken 10-20 minutes to complete the rating scale. Then self-

instructional module (SIM) on paternal attitude of expectant father was given to the experimental group and routine activities for control group. A time limit of 30 minutes was taken for the investigator to collect data and to implement the self-instructional module to each sample. It includes importance of male involvement during pregnancy, steps for prenatal care, and physiological changes in pregnancy, fetal development in utero, ways of supporting women during pregnancy (emotional, physical, psychological, spiritual, sexual and financial support). Labour process, postnatal and neonatal care. The follow up was carried out for period of six months. The post-test was conducted with same tool and using with check list to assess the mother's satisfaction, includes husbands' encouragement during pregnancy, involvement in check-ups, investigations, finding information about pregnancy, making birth plans, paternity leave, helping when the baby cries, feeding, changing napkins etc. Analysis was done by using descriptive statistical analysis like frequency, mean, standard deviation percentage, independent T test and paired T test.

Ethical clearance: The study protocol was approved by the institutional ethics committee, Narayana College of Nursing, Nellore, India.
File no: 03/PhD(N)/LU/2018 dated 06th June 2018.

RESULTS

There were total of 320 expectant fathers who consented for the study. Out of total expectant fathers 58.75% were in age group of 26-30 years, while 25% were above 31 years old. Most of the mothers 42% were 21-30 years, and remaining i.e., 17% were 31-35 years of age. Maternal age and paternal age were highly correlated

Regarding the educational status of the expectant fathers revealed that 18% were illiterate, 32% were studied up to higher secondary education and 49.37% were graduated. Regarding educational status of the mothers 30% were illiterate, 31% were studied up to higher secondary education and 39% were graduated. Considering of the occupational status of expectant fathers 60% were doing clerical job and own business, 15% were skilled workers and rest of the 25% were semi-skilled workers. Majority of pregnant women's 83% were housewives, remaining 17% were along with husband doing their own business. About two-thirds of respondents, 76% belonged to the Hindu community. The monthly income of respondents ranged from Rs. 2000 to Rs. 20,000.

Husbands were the decision makers for health care in their families (73%) followed family members, While the joint decision making with spouse was in only 27% cases. As for the type of family (79%) belonged to nuclear family and (21%) living in joint family.

In pre-test, among experimental group, none of them are having Strongly Disagree attitude score, 42.50% of them are having Disagree attitude score, 35.00% of them having Neutral attitude score. 22.5% of them are having Agree attitude score, and none of them are having Strongly agree score. It means 42.50% of them having negative attitude and 22.50% of them are having positive attitude.

In control group, none of them are having Strongly Disagree attitude score, 40.63% of them are having Disagree attitude score, 38.13% of them having Neutral attitude score. 21.250% of them are having Agree attitude score, and none of them are having Strongly agree score. It means 40.63% of them having negative attitude and 21.50% having positive attitude.

Considering in post-test among experimental group, none of them are having Strongly Disagree attitude score, none of them are having Disagree attitude score, 26.25% of them having Neutral attitude score. 26.88% of them are having Agree attitude score, and 46.88% of them are having Strongly agree score.

In control group, none of them are having Strongly Disagree attitude score, 37.50% of them are having Disagree attitude score, 39.38% of them having Neutral attitude score. 23.13% of them are having Agree attitude score, and none of them are having Strongly agree score.

Table:1: Comparison of level of attitude score in experimental group and control group

Level of attitude score	Experiment (n=160) (%)	Control (n=160) (%)	P value*
Pretest			
Strongly Disagree	0 (0)	0 (0)	0.81(NS)
Disagree	68 (42.5)	65 (40.63)	
Neutral	56 (35)	61 (38.13)	
Agree	36 (22.5)	34 (21.25)	
Strongly agree	0 (0)	0 (0)	
Post test			
Strongly Disagree	0 (0)	0 (0)	0.001(S)
Disagree	0 (0)	60 (37.5)	
Neutral	42 (26.25)	63 (39.38)	
Agree	43 (26.88)	37 (23.13)	
Strongly agree	75 (46.88)	0 (0)	

*P value calculated using chisquare test.

Table 2: Comparison of experiment and control group for pre and post mean attitude score

	Study Groups		Mean difference score	Student Independent t-test
	Experiment (n=160)	Control(n=160)		
Pre-test Score (Mean±SD)	78.61±18.55	79.43±16.28	0.82	t=0.42p=0.68(NS)
Post-test (Mean±SD)	120.56±16.69	80.25±15.61	40.31	t=22.31 p=0.001***(S)
Mean Difference Score	41.95	0.82		
Student paired t-test	t=30.85 p=0.001***(S)	t=1.90 p=0.06(NS)		

Table 3: check list to assess the postnatal Mother satisfaction during pregnancy and labour on father involvement

Level of score	Experiment (n=160) (%)	Control (n=160) (%)
Satisfied	131 (81.88)	78 (48.75)
Not Satisfied	29 (18.12)	82 (51.25)

$\chi^2=38.75$; $P=0.001^{***}(S)$

Table-3 shows the postnatal Mother satisfaction during pregnancy and labour on father involvement. After self-instructional module intervention, in experimental group, 81.88% of them are having satisfied, 18.12% of them are having not satisfied. In control group, 48.75% of them are having satisfied level of score, 51.25% of them are having not satisfied level of score. There is a significant difference between experiment and control level of score. It was calculated using chi-square test.

DISCUSSION

In this study, we found that expectant fathers who were educated had a better awareness regarding pregnant women's health care. It is expected that educated men are more likely to be aware about their own and family's health status and seek more knowledge regarding health care. Those residing in nuclear families had marginally higher knowledge about antenatal care. In a study conducted in West Bengal, it was found that antenatal care was significantly higher in a nuclear family⁹.

Effectiveness of self-instructional module on paternal attitude

Table-2 Among the paternal attitude of experimental group mean of the pre-test score was 78.61, post-test 120.56, respectively and standard deviation for pre-test is 18.55 and post-test in 16.69 and, paired t test 14.9. Whereas among control group the mean in the pre-test score was 79.43 in post-test and 80.25. S.D pre-test 16.28 and post test 15.61, paired t test 2.8. Therefore, it evident that the develop and implemented by the investigator is effective paternal attitude among mothers. So, there was a statistically significant difference between experimental and control group. Hence the null hypothesis stated by the investigator was rejected.

Table 2 Comparison of the pre-test, post-test means and standard deviation between experimental and control group. It is noted that mean and standard deviation pre-test post test score of paternal in experimental and control group. In experimental group the mean for pre-test score was 78.61 and standard deviation was 18.55. The mean post test score was 120.56 and standard deviation was 16.69 and for control group the pre-test mean is 79.43 and standard deviation was 16.28. The mean post test score was 80.25 and standard deviation was 15.61 and independent 't' value is 22.31 and tabu-

lated value was 1.9. Therefore, the null hypothesis stated was rejected. paternal's involvement is a protective factor that helps to ease maternal stress and to encourage positive maternal behaviours. This has been demonstrated in the literature on pregnancy outcomes. Women whose partners were involved in their pregnancy were more likely to receive prenatal care¹⁰ and less likely to give birth to low birth weight and premature infants and to promote positive maternal behaviours¹¹. Although fathers' involvement has been deemed difficult to measure, there is consensus that women with more support from their partners tend to have healthier babies. One study reported that fetal outcome was positively associated with maternal satisfaction, even with a high proportion of alive fetuses (88.7%) in a sample of 368 participants¹².

After self-instructional module intervention, in experimental group, 81.88% of them are having satisfied, 18.12% of them are having not satisfied. In control group, 48.75% of them are having satisfied level of score, 51.25% of them are having not satisfied level of score. The study conducted in Tambacounda showed that maternal satisfaction increased when they received enough information on what to do in case of health problems, and the study showed that most of the mothers (93%) responded they received enough information as they wished¹³.

In our study, paternal attitude regarding antenatal care of pregnant women was found to be considerably good among expectant fathers. Practice of getting good antenatal care was relatively satisfied. Only 25% of paternal preferred to accompany their wives for Involved in finding information about pregnancy however, 84% pregnant mothers satisfied that his presence gave me confidence and happiness during pregnancy and labour. the study also shows maternal satisfaction on assisted in perineal care/wound care 60.2%, breast-feeding 54.5%, and early ambulation 53.4%, whereas in the study conducted in Ethiopia, pain control was the poorest source of satisfaction with 82% reporting dissatisfaction¹⁴.

in our study we found that 62% paternal taken paternity leave, some did not take leave or were unable to do so. paternal involved at end of the term and given assure to manage stress and anxiety levels at last trimester, During the postnatal period, most fathers helped with infant care, with more than three-quarters changing nappies, bathing, helping or supporting feeding, helping when the baby cried, changing nappy, helps when baby cries. They found that, where an epidural was used, men felt significantly more helpful and involved and experienced less stress and anxiety¹⁵.

CONCLUSION

The research concludes that positive attitude shows regarding paternal attitude towards on mother's care during and after delivery by implication of self-instructional module.

RECOMMENDATIONS

In light of the paternal attitude and involvement on maternal and infant health, as identified, that it is crucial that interventions and policies to improve infant outcomes prioritize paternal involvement¹⁶. Of great importance is the training of health care providers to stress the need to encourage and welcome fathers in the prenatal process, as they are in a key position to be influential to the mother's health behavior¹⁷. However, males must first be educated about specific expectations of a father, the importance of his role to healthy child development and how he can best support the mother to improve pregnancy outcomes. Information on biological changes in the mother and issues surrounding risk factors for infant mortality would also be integral components of any proposed educational curriculum. To have greater impact, this education process should begin prior to conception and should be targeted specifically to paternal, addressing their distinctive concerns.

Further studies can take into consideration the findings and limitations of this study for better results. The study could be done in community setting where postnatal mothers could freely express their satisfaction regarding the paternal service they have received. paternal need to fully understand their feelings and the expectations that the mothers have for their care.

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ANNEXURE-1

II (b) Five-point rating scale to assess the attitude of expectant father on pregnancy and labour outcome

It consists of 33 items

THE SCORING KEY AND INTERPRETATION:

The total score is -165

Each item scored if strongly agree scored as -5 (133-165)

If agree -4 (100-132)

Neutral-3 (67-99)

Disagree -2 (34-66)

Strongly Disagree -1 (1-33)

S.no	Criteria	Strongly agree (5)	Agree (4)	Neutral (3)	Disagree (2)	Strongly disagree (1)
	During pregnancy					
1	I feel happy with her pregnancy					
2	I feel my role is mandatory during pregnancy					
3	I take her to regular Antenatal check ups					
4	I reassure that she gets essential antenatal home care					
5	I show more concern towards her pregnancy					
6	I help her to cope up with physiological, psychological changes of pregnancy					
7	I provide more balanced and nutritious diet for the wellbeing of mother and fetus					
8	I encourage her to take intermittent naps					
9	I happy to go for walking together					
10	If necessary, I prefer to take support from family members and friends					
11	I reassure to manage stress and anxiety levels					
12	I ensure to get TT vaccine					
13	It is necessary that weight should be checked during every antenatal visit					
14	It is mandatory to go for basic investigations (blood, urine, BP, ultrasonography) during pregnancy					
15	I avoid Sexual relationship during pregnancy					
16	I encourage her to do mild house hold works					
17	I motivate her to maintain good IPR with others					
18	I always aware about the warning signs of pregnancy					
19	I encourage her to do Regular exercises					
20	I interested to attend birth preparation classes.					

	During and after labour					
21	I will feel happy to be with her during child birth					
22	I know that institutional delivery is better than home delivery					
23	I will give consent to hospital for delivery					
24	I will develop bonding with new born baby					
25	I will motivate to her initiating breastfeeding within one hour of birth					
26	I encourage her to give colostrum's and exclusive breast feeding					
27	I will Encourage breastfeeding on demand.					
28	I believe immunization is mandatory for mother and baby					
29	I will take her for follow up after delivery					
30	I will encourage and motivate her to do postnatal exercises					
31	I will provide more balanced and nutritious diet after delivery					
32	I will follow the prompt family planning methods (temporary/permanent) after birth of the baby					
33	I will take care of baby when mother is in rest					

ANNEXURE-2

Observational check list to assess the postnatal Mother satisfaction during pregnancy and labour on father involvement

THE SCORING KEY AND INTERPRETATION:

Each item scored if negative response (NO) scored as -0

If positive response (YES) scored as -1

The total score is 14

Satisfied >7

Not satisfied <7

S. No	Items	Yes	No
1	With my husband encouragement during pregnancy improves my physical, mental, social, wellbeing of health		
2	Each visit and during checks ups, investigations involved		
3	Involved in finding information about pregnancy		
4	Along with me attended all antenatal classes		
5	Involved in making birth plan and decision making in labour		
6	Felt happy with my fetal movements/ kicks		
7	In his presence gave me confidence and happiness during pregnancy and labour		
8	With my husband support I delivered normally.		
9	Paternity leave		
10	Helping when the baby cries		
11	Helping when feeding to the baby		
12	Nappy changes		
13	Perceived value of father's support during labour and delivery		
14	Attitude towards active involvement during the labour and delivery		