

**Paternal Knowledge and Attitude
regarding Care of the First Newborn Baby
in Maternity Ward, Western Regional
Hospital, Pokhara**

by
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List of Abbreviations:

- B.N. - Bachelor of Nursing
H.M.G. - His Majesty's Government
I.M.R. - Infant Mortality Rate
I.N.G.Os - International Non-governmental Organizations
I.O.M. - Institute of Medicine
M.C.H. - Maternal and Child Health
M.C.Q.s - Multiple Choice Questions
M.M.R. - Maternal Mortality Rate
M.O.H. - Ministry of Health
W.R.H. - Western Regional Hospital
N.G.Os - Non-governmental Organizations
N.H.R.C. - National Health Research Council
N.M.R. - Neonatal Mortality Rate
SCF US - Save the Children United States
T.U. - Tribhuvan University
T.U.T.H. - Tribhuvan University Teaching Hospital
W.H.O. - World Health Organization

ABSTRACT

The birth of first newborn baby is always a welcoming, and joyful event for all new parents. Newborns are the future backbone of the country. Hence, both the parents should involve in the care of newborn baby.

This small-scale descriptive and explorative study was conducted in Maternity Ward of Western Regional Hospital, Pokhara to explore the existing knowledge and attitude of fathers regarding care of first newborn baby within 7 weeks among 50 fathers with the first newborn baby.

Non-probability purposive sampling technique was adopted to select the population. Data was collected through interview technique by using valid and reliable 21 items semi-structured questionnaire and 10 items attitude scale (Likert Scale) respectively. Ethical consideration is maintained throughout the study. The dependent variables were knowledge and attitude; and the independent variables were education, occupation, ethnic group and type of family.

The results of the study revealed that majority of the respondents were belonged to age group of 25-29 years and others (non-Mongolian) ethnic group. Most of them were literate, Hindu and from joint family. Service was the occupation in majority of them followed by unemployed (only 2%). Majority of the respondents resided in urban area with having Male newborn. The major findings of this study indicate that major knowledgeable areas were breast-feeding, keeping warm, cleanliness, eye care, oil massage and sun bathing, immunization and health seeking behavior. The least knowledgeable areas were cord care and clothing. The mean knowledge score was 14.9(70.95%), median was 15(71.42%), and mode value was 15(71.42%) with standard deviation 1.16 Similarly, the mean attitude score was 39.16(78.32%), median was 39(78%), and mode value was 36(72%) with standard deviation 2.20

In conclusion, the findings of this study reflected that fathers had adequate knowledge and positive attitude towards first newborn care. The study findings suggest that by increasing the awareness and motivation about newborn care, fathers' knowledge and attitude can be applied in practice and fathers' involvement in newborn care may be increased.

Key Words: Father, Knowledge, Attitude, Newborn Care

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Chapter- I

1. INTRODUCTION

1.1 Background of the Study

"If you give me today, I will give you the tomorrows." These words are of a Newborn Baby. Newborns are the future backbone of the country. In fact, newborn babies are vulnerable and need special care by the parents and health personnel. Prompt and correct action for newborns can make the difference between life and death or between a normal healthy life & one with serious handicap. *"A healthy starts in life"* makes the entire life healthy.

Childbirth is usually a universally celebrated event, an occasion for dancing, fireworks, flowers or gifts. The birth of first newborn baby is always a welcoming and joyful event for all new parents. Parental responsibility increases soon after the birth of first baby. Usually the birth of a child brings indescribable joy especially to the mother, the father, the family, the community and also the health workers attending the mother antenatal and during birth. The transition to parenthood is commonly perceived by the society as one of the most welcomed event in couples' lives. On the other side, it is often a terrifying experience for a couple to be parents of a first baby. However, with the birth of the first child, couples face many new changes, challenges and responsibilities. The birth of the first child is considered as a developmental crisis, a turning point in the couple's life in which old patterns of living must be changed for new ways of living and values. On the contrary, maternal and neonatal deaths are a divesting event for the husband, the family, the community & also the nation as a whole. Nepal's neonatal mortality rate is 38.9/1000 live births (Source: MOH, 2000 Report) which is the third highest in the world. Neonatal mortality has continued to increase as a percentage of overall infant mortality and now accounts for more than 60 percentages of all deaths in infancy. Any further reduction in infant mortality in Nepal is thus dependent to a great extent on Saving More Newborn Lives.

With the exception of certain ethnic communities of the Tibeto-Burman group, Nepali society is predominantly **patriarchal**, governed by Hinduism as a strong ideological force. All aspects of the growth & development of the child, both male & female, are shaped by a social structure and value system informed by patriarchal traditions. The socialization patterns in Nepali society are such that young boys are prepared for the world of productive work & decision-making, while girls are trained to be housewives, mothers & service providers from a very young age. Hence, caring for the child in Nepal is primarily, through

not entirely, the role of the mother. The father typically is supposed to be the breadwinners, moral teachers, & sex-role models in the past.

In the recent years, the role of the father has changed. The fathers deserve more attention for the health of newborn babies. Both the parents should involve in the care of newborn baby. Chores & responsibilities can be shared rather than left for just one parent to do.

"What the father can do " are listed below:

Feed the baby (if the baby is bottle fed)

Bathe the baby

Prepare the baby for sleep

Take the baby for outings

Watch the baby while the mother is resting or busy with other duties.

Amuse the baby

Find out what the baby's cries mean.

Supervise & help older children with self - feeding & self - dressing.

Studies have shown that fathers can be as competent as mothers in care giving & that children benefit in many ways from fathers' involvement. These benefits include all areas of social, emotional, & cognitive development. Since women have entered the workforce this gives fathers more time to spend with their children. The fathers are now more involved in their child's daily routine care. This has become necessary because of two income households and quality time together has become important to both the father & the child. Men's participations can be seen as *"A means to an end, rather than as a goal itself."* The goal is to reduce infant & maternal mortality & men can help in many different ways to make that a reality. The findings of this study will be helpful in providing more information regarding fathers' involvement in newborn care to concerned authorities and policy makers.

1.2 Statement of the Problem

"Paternal Knowledge and Attitude regarding Care of the First Newborn Baby in Maternity Ward, Western Regional Hospital, Pokhara."

1.3 Rationale of the Study

All over the world, birth of a first baby (newborn) is celebrated as a time for joy and welcome, a time for congratulations, good wishes and gifts by the parents or family. Sadly, not all births are happy occasions. Birth and the days & weeks immediately following known as the postpartum period are a crucial time for the health and well being of mother and child. In fact, most maternal and infant deaths take place in this period. As everyone knows, a newborn requires considerable care & attention; the parents should take responsible and appropriate actions to satisfy the needs of newborn baby.

Nepal has a patriarchal society dominated by Hinduism. Men are supposed to be decision maker, breadwinner and insurance against the insecurities of old age in most of the families. A popular saying that "*Man & Woman are two wheels of a cart*", is only limited in a speech, it is not being practiced in reality. Therefore, to make this saying meaningful and practicable, men and women both should have equal responsibilities in "inside world" as well as "outside world." That means fathers should also equally participate in newborn care. The traditional roles of fathers need to be changed. The fathers' changing role can play a vital role in improving maternal and neonatal health. Each father of first newborn baby should be equipped with adequate knowledge about the proper care of newborn baby. Therefore, the researcher was interested to assess the "Paternal Knowledge & Attitude regarding Care of the First Newborn Baby. Other reasons for selecting or conducting this study were mentioned as below:

- I) No studies were conducted yet under T.U., I.O.M. on this research title. So, the researcher has selected it as a unique title.
- II) The fathers of first newborn baby may have lack of knowledge about newborn care or may be less interested in newborn care or may have attitude like "its mothers job to take care of newborn baby." So, this study will be conducted to

identify fathers' knowledge & attitude regarding first newborn care and the researcher will provide informal health education as needed.

- III) Fathers' involvement is also valuable and fruitful in achieving "Healthy Mother, Healthy Baby for Healthy Nation", the theme of 9th National Nursing Conference, 2057(Aswin 6-7) held in Pokhara.
- IV) There are a number of policies, which indirectly affects neonatal health, but there are no any national policies, which specially target newborns. Neonatal health is often " included " with maternal health policies and goals, but it is not normally given high priority.
- V) " Saving Newborn Lives" is the main theme of different NGOs & INGOs. "Promoting newborn health" is one of the burning issues in Nepal and around the world these days.

Above reasons made the researcher conduct this research.

1.4 Objectives of the Study

1.4. A. General Objective:

The overall objective of this study is to identify the paternal knowledge and attitude regarding care of the first newborn baby, who will attend the Maternity Ward of W.R.H, Pokhara for the delivery of their first baby.

1.4.B. Specific Objectives:

- i) To explore the knowledge of fathers regarding the care of first newborn baby.
- ii) To find out the exiting attitude of fathers towards caring of first newborn baby.
- iii) To give informal health education about newborn care as needed.

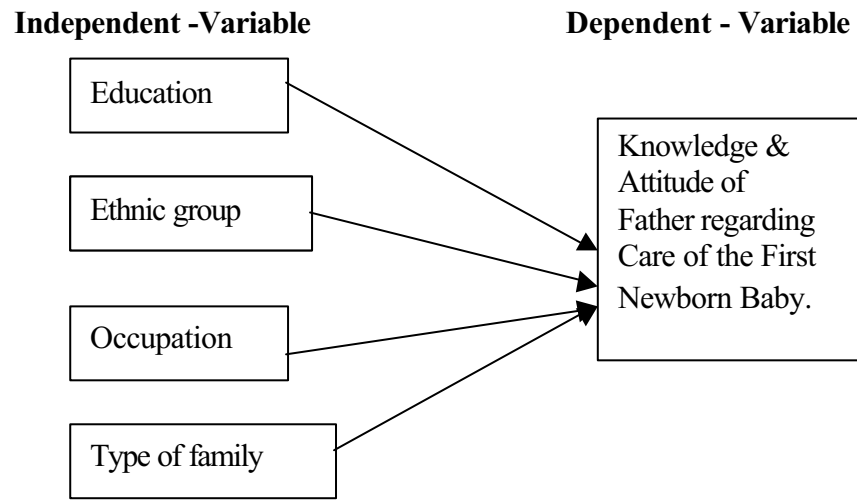
1.5 Significance of the Study

- i. This small-scale study will be helpful to all health personnel as well as nursing students of various levels; to understand about the importance of fathers' involvement in first newborn care.
- ii. This study will explore the existing knowledge and attitude of fathers of first baby regarding newborn care.
- iii. This study can be used as a source of reference or baseline information for future researchers to conduct such research on large scale.
- iv. This study will be helpful to encourage fathers' involvement in newborn care as it is traditionally seen as only mothers' job.
- v. The findings of this study will be also beneficial to the INGOs and NGOs for launching the programmes focused on neonatal health from central level to peripheral level.
- vi. This small-scale study will ultimately be fruitful to reduce NMR in some extent.

1.6 Assumptions

The assumptions for this study were "literate fathers have more knowledge and positive attitudes towards the care of first newborn baby." It was also assumed that "fathers' involvement in first newborn care is higher in Mongolian ethnic group."

1.7 Variables



Relationship between Variables

1.8 Operational Definition of Terms

- a. **Knowledge:** - Understanding, range of information about care of newborn baby.
[Refers to possession of facts on various aspect of newborn care.]
- b. **Attitude:** - Refers to the way of feeling, thinking or behaving towards first newborn baby.
- c. **Paternal / Father:** - Refers to all those men whose wives have just delivered the newborn baby in Maternity Ward, W.R.H., Pokhara.
- d. **Newborn care:** - Activities related to fulfillment of physiological and psychological needs of the newborn baby for his/her proper growth and development.

e. Illiterate: - Who are unable to read and write, and do not have formal education as well.

f. Literate: - Who can read and write with having the formal education. They are categorized under following levels:

- Primary Level - From class 1 to class 5
- Lower Secondary Level - From class 6 to class 8
- Secondary Level - From class 9 to class 10
- Higher Secondary Level- class 11 & 12 or Certificate Level
- Above Higher Secondary Level- Bachelor, Master, and Ph. D.

g. Mongolian Ethnic Group: - Includes Gurung, Magar, Lama, Thakali, Tamang, Rai and Limbu.

h. Other Ethnic Group: - Includes Brahman, Chhetri, Bhujel, Newar, Pariyar, Biswakarma, Nepali, and Sarki etc.
(i.e. all the races, excluding Mongolian group as mentioned above.)

i. Occupation: - In this study, occupation denotes act or work which is done by the respondents in their day to day life. These are categorized as below:

- Agriculture: Work done in the field or farm for cultivation.
- Labor: Work done as wages basis such as in factory, industry, loader etc.
- Business: Buying & selling own commerce trade.
- Service: Work/job done on the basis of salary e.g.:- army, police, teacher, doctor, officer etc.
- Others: All the work not mentioned above are included in this category along with the non-employee.

j. Type of family: - It indicates to nuclear and joint family.

- Nuclear family: Includes father, mother, and their offspring.
- Joint family: Includes grandparents, uncles, aunts, father, mother, and their offspring.

1.9 Delimitation of the Study

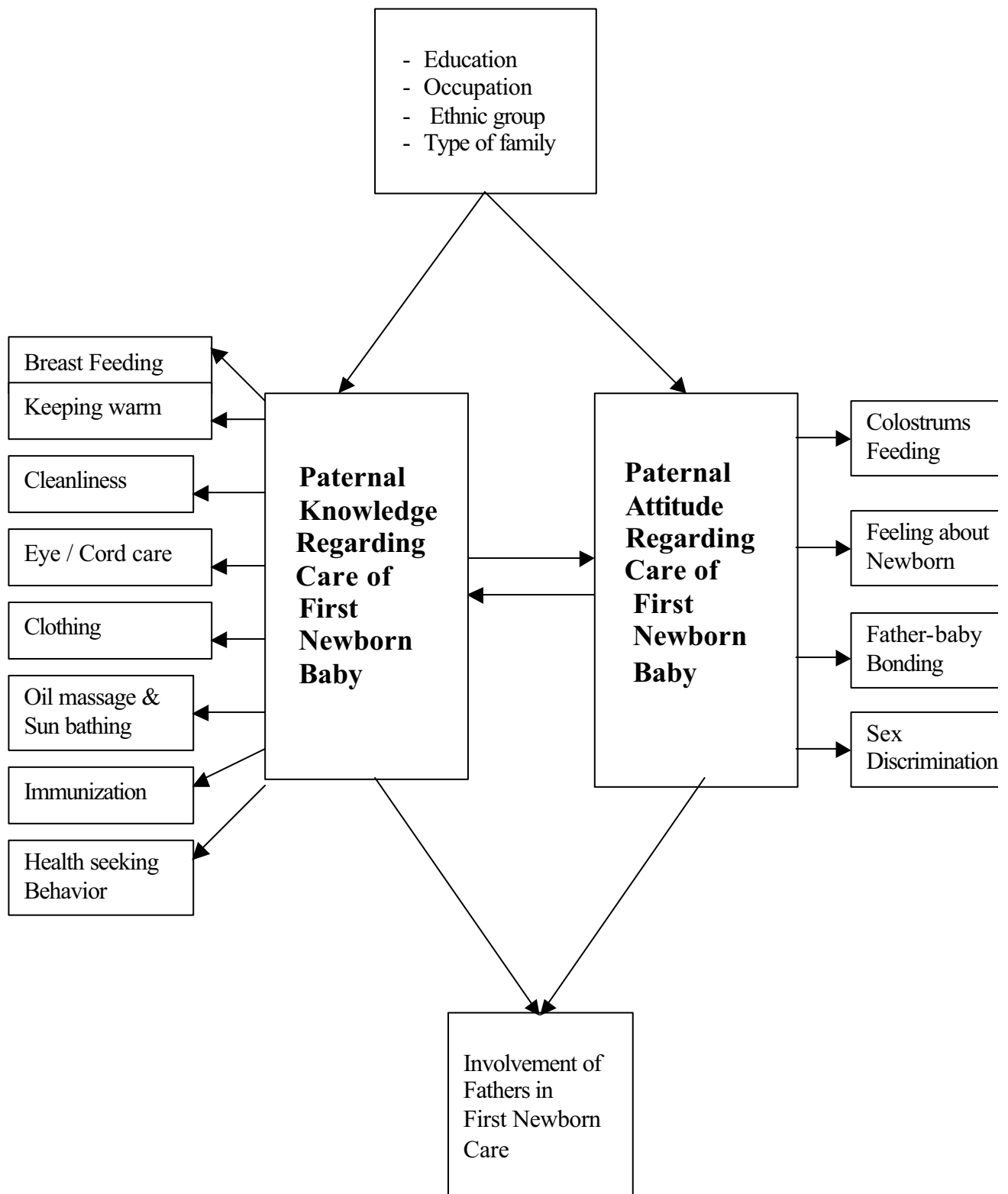
The following delimitations were set for this study:

- i. This study was delimited to only fathers whose wives have just delivered the first newborn baby in Maternity ward of W.R.H., Pokhara.
- ii. The respondents were fifty fathers of first newborn baby.
- iii. The study was conducted in Maternity ward of Western Regional Hospital, Pokhara.
- iv. The time frame for this study was delimited to 7 weeks.

1.10 Conceptual Framework

This conceptual framework is developed to gain deeper insight about this study. The concepts are put together by means of their relevance to a common theme. It formulates the thinking process so that other person may know the frame of reference basic to the research problem.

In this Conceptual framework, the researcher is showing the relationship between variables, which provides the prospective from which the researcher views the problem. Education, Occupation, Ethnic group & Type of family are considered as independent variables, which affect the paternal knowledge and attitude regarding care of the first newborn baby. Each father of first newborn baby should have knowledge about breast feeding, keeping warm, cleanliness, eye/cord care, clothing, oil massage & sun bathing, immunization, and health seeking behavior as well as the positive attitude towards colostrums feeding, feeling about newborn care, father-baby bonding, and sex discrimination. If the fathers have good knowledge and positive attitude towards newborn care, they will certainly involve in the care of first newborn baby.



CONCEPTUAL FRAMEWORK

Chapter-II

2. REVIEW OF LITERATURE

2.1 Review of Related Literature

Related research study and other related literatures were reviewed thoroughly to gain in-depth knowledge into the study problem. The literature review was carried on both electronic (Medline) and non-electronic (i.e. books, journals, reports, newspapers) documents. The main purpose of the review of literature was to gain deeper insight into the problem area and support the study. Reviewed literature had been grouped into the following sections:

- 2.1.1 Father's involvement in child care
- 2.1.2 New Nurturing role of the father
- 2.1.3 Work and father's care
- 2.1.4 Paternal education and children
- 2.1.5 Father-Baby Attachment
- 2.1.6 Attitude of first time father

2.1.1 Father's involvement in child care

Johnna C. Darragh, M.S. (1/13/03) has stated that many fathers would like to become more involved with their children, but there are many factors that discourage this involvement. These factors include men's work commitments, and the general belief of friends and family that the responsibility for childbearing is the mother's. In some cases, mothers may even protect their care-taking domain and unconsciously discourage fathers from doing more. Additionally, many fathers feel that they do not have the skills and self-confidence necessary to become more involved in childcare. Childbearing is not something they were trained for. In a sense, the "new nurturant" fathers are pioneers in paternal involvement.

The research project on "*Role of Fathers in Rearing Infants*" was undertaken by **Mrs. Florence John Mall in May 1998** to assess the role of fathers in rearing infants (0-1 year) attending under-five clinic of the Christian Medical College, Ludhiana, Punjab. The descriptive non-experimental approach was used. The dependent variable was the father's

infant rearing practices score and the independent variables were age, education of father, type of family, income, religion and place of living. Self-structured interview schedule was used to obtain data personally. The major conclusions drawn on the basis of the study findings were that fathers do participate in infant rearing. Their participation is the least in nutrition (7.83) and maximum (21.03) in socializing need of the infants. Husbands with employed wives living in urban, nuclear families were more involved in infant rearing than the husbands having unemployed wives and living in rural joint families. Christian fathers give more participation in infant rearing than fathers belonging to other communities like the Hindus, the Sikhs, and the Muslims. Data also revealed that as the fathers' age increases their participation in infant rearing also increases regardless of their educational level. Fathers in the middle-income group participate more in infant rearing as compared to the fathers in the upper and lower income groups.

In research studies from the 1970's to the present issue around father's caring have referred to a range of father related activities in the daily care of children, families and households. Most studies on fathers' care focus on activities traditionally associated with care giving: Feeding, dressing, changing diapers, bathing, reading, playing and helping with school work (**Marsiglio, W., 1991**).

Katsh, B. (1981) stated that despite recent increases in fathers' involvement in the care of children, there is still little known about what fathers actually do and about variation and antecedents to fathers' care. Care not only includes physical attention such as feeding and bathing but also encompasses other child interactions such as reading and playing. Most research suggest that fathers participation in the care of their children changes as children develop from infancy to adolescence, with men providing very little care compared the mothers during a child's infancy.

In a study of 169 first time parents in a Large Northeastern City, **Katsh (1981)** found that fathers engaged in minimal care giving, particularly in the first three months following birth. Katsh used a typical series of indices of routine tasks like feeding, diapering, bathing & attending the child at night to show that mothers dominate infant care.

Manion (1977) conducted a research. Data collected from forty-five married couple who had been admitted to Maternity in a private hospital in a small midwestern city. The data were drawn from two questionnaires administered to both mother and father, one prior to the birth of the child and the second six weeks later. Most of men had very little experience with

childcare in general or caring for infants. The majority of fathers actively participated in the delivery of their children. Responses to the questionnaire showed that six weeks after birth, all of the fathers participated in one or more of the following activities: rocking and walking, feeding, diapering, and bathing.

2.1.2 New Nurturing Role of Father

The Ohio State University Extension Fact Sheet has presented a recent article on "*Father's Role*" on 3/3/03. Within the last ten years, an increasing amount of research has been conducted on the father's role. As a result of this research, investigators have concluded that the father's role is an important one that has a profound influence on the social, emotional & intellectual development of the children. The father's role in society has changed during the last 20 years, with a trend towards acceptance of a nurturant father who is more involved in childcare responsibilities. However, one-researcher points out that care involvement for fathers have, in reality, changed little over the years. Positive consequences are evident when both parents agree and wish to be involved in child care responsibilities rather than one parent insisting the other is involved in childcare.

Johanna C. Darragh, M.S. (1/13/03) has written an article on "*Promoting Nurturant Fathering*" which reported that the father is seen as "new nurturant" father in our society. The father is seen as cooking, cleaning, changing diapers, wiping tears, and being completely absorbed in his adoring children. This nurturing father is called "new" because in the past, men have been viewed as breadwinners, moral teachers, and sex-role models. Studies have shown that fathers can be as competent as mothers in care giving, and that children benefit in many ways from father involvement. These benefits include all areas of social, emotional, and cognitive development.

An article, "*Initiative Papa: Improving the lives of children, one father at a time*", published in "**The State of the World's Children 2001**," mentioned that studies of fatherhood underscore something that men who actively participate in their children's lives know viscerally: when men are more than breadwinners or disciplinarians in families, everyone gains. Fathers have always been viewed as power brokers. But equally important as their economic contributions and authority is their influential role as nurturers and caregivers.

When fathers nurture their children not only are the children physically healthier, but also they are also more mentally acute and emotionally sound.

Russell, G. (1983) described that in recent years the role of the fathers has changed. Although wanting to become a father may surprise a man, the need to nurture their own child also occurs in fathers. Since women have entered the workforce this gives fathers more time to spend with their children. The fathers are now more involved in their child's daily routine. This has become necessary because of two income households and quality time together has become important to both the father and the child.

2.1.3 Work and Father's Care

Whether a man is employed may also determine his willingness to provide care. However, data suggested that men -- employed and unemployed -- think of childrearing as a gendered activity, as "women's work". Other research suggests that fathers who are not employed do not necessarily spend more time with children, particularly in play activities; jobless fathers were more involved than fathers who were employed. In this study, **Marsiglio (1991)** adds to the overwhelming evidence that traditional sex roles continue to dominate the attitudes of men and their willingness to provide care.

Pleck's (1979) *study of men's family work* provides a broad-based synthesis of three perspectives on men's family work: 1) Traditional 2) Exploitative & 3) Changing roles perspectives. Within the "Traditional" perspective, role differentiation is the norm. Men do little family work since their role is that of "breadwinner". The other factor in this perspective makes use of exchange theory, namely that men are exchanging their "breadwinning" role for their wives' domestic labor and childcare. The third factor within this area is "resource theory" which is based on the allocation of resources, such as time; for example, when a wife has less of a resource, like time, then the husband becomes proportionately more engaged in family work. The "Exploitation" perspective has been shaped by feminist theory, which argues that the inequality women face in the performance of housework is yet another manifestation of their exploitation by men. The "Changing roles" perspective is concerned with the historical & evolutionary development of men's and women's family roles and such is a product of gender inequality in both home and work place.

Several studies have focused on the relationship between the demands of work and the engagement of fathers in childcare. In one of the early studies, **Levine (1977)** focused on the Scandinavian model, calling for the United States to emulate family progress that exist in Norway & Sweden. At the time of the study, Norway's government was supporting an experimental policy of work-sharing in which both parents worked no less than 16 hours a week & no more than 28 hours a week. Although the household suffered a decline in income, parents were universal in their support of the program because it allowed them the opportunity to share parenting. In the late 1970s, Sweden instituted a program of paid parental insurance where each parent was allowed a seven-month leave to care for his or her children. This study, though conducted some time ago, convincingly illustrates that there is a significant relationship between father involvement in early childcare and reduced work time.

2.1.4 Paternal Education and children

A study of eight-year-olds in Barbados found that children performed better in school when their fathers were actively involved in their lives - whether or not their fathers lived with them. Studies in United States showed that infants with highly engaged fathers scored higher on pre-school intelligence tests than infants whose fathers were less involved (**Unicef, The State of the World's Children 2001**).

The roles that men play as fathers and the ways in which they affect their children's health have been gaining attention. Men can become more involved in helping their children's healthy development - for example, ensuring that their children receive all of the needed immunizations. In Ghana, a study conducted by **Brugha, R.F. et. al (1996)** found that the more education fathers have, the greater their role in deciding to immunize their children.

A research on "*Paternal engagement activities with minor children*" conducted by **Marsiglio (1991)** concluded that fathers with higher levels of education engage in childcare more readily and more often and spend more time with children in education related activities such as reading and homework.

2.1.5 Father-Baby Attachment

Rusmeemala, L. & et.al. (1996) conducted a quasi-experimental research on *“Effects of postnatal attachment promotion paternal-newborn bonding and the role of first time fathers”* to determine the effects of postnatal attachment promotion on paternal-newborn bonding and first time fathers’ role during the third day and 1 month after birth. There were 83 subjects. The first 40 fathers were assigned in control group and the other 43 fathers were in experimental group. Control group received usual care, but the experimental group received postnatal attachment promotion, which included the instruction, and demonstration twice, received "Fathering handbook" and were assisted to hold their infants within 24 hours after birth. Results of the study revealed that the experimental group had paternal-newborn bonding score significantly higher than the control group on the third day and at one-month afterbirth. There were no statistically significant differences in fathers’ role between the two groups neither on third day nor at one month. Paternal-newborn bonding score and fathers’ role score at one month were significant higher than on the third day.

Ferketich, S.L.& Mercer, R.T. (1995) conducted a study on *“Paternal-Infant Attachment of Experienced and Inexperienced Fathers During Pregnancy”*. Seventy nine experienced fathers with one or more previous children and ninety three inexperienced (first-time) fathers were studied for differences in paternal-infant attachment at postpartal hospitalization and at 1, 4, and 8 months following birth. No significant differences were observed between the groups for reported attachment to their infants; scores varied little. This study concluded that for experienced fathers, it explained 8% of attachment at early postpartum and 22% at 8 months; for inexperienced fathers, it explained 7% at 1 month and 9% at 4 months. Environmental factors such as social support and stress had no effects on fathers’ attachment to their infants.

Murray, Ruth & Zentner (1985) stated that bonding and attachment feelings in the father appear related to various factors: general level of education, participation in prenatal classes, gender of infant, role concept, attendance at delivery, type of delivery, early contact, and feeding method for baby. Father is increasingly recognized as an important person to the infant and young child, not only as a breadwinner but also as a nurturer. Lack of father figure can cause developmental difficulties for the child. Development of attachment between parent and baby continues through infancy. It involves emotional, cognitive, and socialization processes: loving through cuddling, touching, stroking, kissing, cooing and talking to, laughing, playing with, and reinforcing and teaching baby. Such contact should

be consistent and done while caring physically for baby. Some culture emphasizes the mother as caretaker of the infant; the bond or attachment between father and child is less overt and may be emphasized later in childhood.

Yogman (1982) offered a major contribution to the literature on father-infant relationships by using early video technology to study exchanges of expressive communication that underlie the developing relationship between a father and child. This study of six newborn infants at Boston Children's Hospital involved videotaped interactions of these infants with mothers, fathers, and strangers. Each session consisted of seven minutes of recording: two-minute periods of play followed by 30 seconds of the infant alone. The infant demonstrated a series of striking behaviors with mothers and fathers. For example, infants differentiated between their mothers and fathers and maintained longer periods of time with their fathers compared to mothers. In summarizing the conclusions from this particular study, Yogman pointed out that increased male parental investment may represent a physiological adaptation of men, and he called for additional research into areas like male hormonal changes during the prenatal period.

2.1.6 Attitude of First-time Father

Ferketich, S.L. & Mercer, R.T. (1995) conducted a study on *"Paternal-Infant Attachment of Experienced and Inexperienced Fathers During Infancy"* which revealed that all fathers (79 experienced & 93 inexperienced) had positive attitudes about their new roles, had touched or hold their infants, had begun to assume the parental role and had demonstrated affection to their infants. The positive feelings of first-time fathers toward their newborn on the second postpartum day were enjoyment in taking care of and being around young children. The birth had positive effects on their feelings about themselves, their lifestyles, and their relationships with their wives. At the end of a year, all of 93 first-time fathers reported positive feelings for their infants; 15% described their feelings as love, and 85% described their feelings as love plus extreme happiness. However 25% stated that they sometimes wished that they could return to the time before the baby was born.

2.2 Summary of Literature

Various books, journals, research reports, articles, internet websites were searched for review of related literatures with the aim of gaining in-depth knowledge into the study problem and support the study objectives through out the study period. Though adequate literatures were not found to support the study, available literatures were reviewed and grouped into six sections: Father's involvement in child care, New nurturing role of the father, Work and father's care, Paternal education and children, Father-baby attachment and Attitude of first time father. Different literatures on these sections were reviewed according to the objectives and variables of the study and the researcher gathered valuable information from the above-mentioned literatures.

In the past, men (fathers) have been viewed as breadwinners, moral teachers, and sex-role models. Traditionally, they were viewed as breadwinners and disciplinarian. Caring for the child in Nepal is primary, though not entirely, the role of the mother. The attitude of fathers was like "its mothers' responsibility to look after the children and household works." But in the recent years, the role and attitude of fathers have changed. Studies have shown that fathers can be as competent as mothers in care giving and that children benefit in many ways from fathers' involvement. Fathers' involvement in childcare is increasing since women have entered the workforce. Many fathers would like to become more involved with their children, but there are many factors that discourage this involvement. These factors include man's work commitments, and the general belief of friends and family that the responsibility for child bearing is the mother's. In some cases, mothers may even protect their care-taking domain and unconsciously discourage fathers from doing more. Additionally, many fathers feel that they do not have the skills and self-confidence necessary to become more involved in childcare. The first-time fathers have positive feelings toward their newborn as enjoyment in taking care of and being around young children. There were many studies conducted on fathers' involvement in childcare, new nurturing role of fathers, and attitude of first-time fathers. These all support the objectives of this study. But there were very few literatures found to support the paternal knowledge regarding the care of first newborn baby.

Chapter-III

3. RESEARCH METHODOLOGY

3.1 Research Design:

The research design for this small-scale study was descriptive and exploratory in nature.

3.2 Population of the study:

Fathers of first newborn baby who attended the Maternity Ward of Western Regional Hospital, Pokhara during the specific period of data collection were the population of this study.

3.3 Study Area/Site:

The area of study was Maternity Ward of Western Regional Hospital, Pokhara.

3.4 Sample size:

The sample size was fifty newly fathers of first newborn baby, who attended Maternity Ward of W.R.H. for the delivery of their first baby.

3.5 Sample Technique:

In this study, non-probability purposive sampling technique was used to select required sample.

3.6 Development of Instrument:

Semi-structured questionnaire were developed to identify the knowledge of fathers regarding newborn care. And the " Likert - scale " was adopted for attitude measurement, which was developed by social psychologist, "Rensis Likert." These instruments were developed according to the specific objectives of the study in both simple English and Nepali Version.

3. 7 Validity and Reliability of Instrument:

Content validity of instruments was maintained and continuously verified through the consultation with expert advisor, concerned teachers, and colleagues from the beginning until the implementation of tools.

Reliability of instrument was maintained by pre - testing the instrument in the similar setting. Besides it, the investigator herself collected data.

3.8 Pre-testing of the Instrument:

The developed instrument was pre-tested among 10% of the anticipated sample size (i.e. 5 respondents) in Maternity Ward of T. U. T. H. for the trial run of the actual study. Then, it was modified as necessary before the actual study.

3.9 Data Collection Procedure:

Prior to data collection, the researcher had obtained formal permission from the authentic persons of the study area. The researcher selected the respondents in the morning shift each day. Then, the researcher herself administered the instruments through interview technique to 3-6 respondents approximately each day after taking verbal consent from each of the respondents. Each respondent was given 20-30 minutes for the interview. In addition, the researcher also provided informal education about the newborn care at the end of the interview.

3.10 Data Analysis and Interpretation:

Collected data was analyzed and presented in simple statistical form with accurate interpretation. Basically; table, bar diagram pie chart and frequency polygon were used for data presentation and the descriptive method will be used for interpretation of data. The following **Scoring Criteria** was adopted for the analysis of Knowledge and Attitude Score:

For Knowledge Score:

Inadequate = Respondents obtaining 0-50% marks in knowledge score

Moderate = Respondents obtaining 51-75% marks in knowledge score

Adequate = Respondents obtaining 76-100% marks in knowledge score

For Attitude Score:

Negative Attitude - Obtaining below 50% attitude score

Possitive Attitude – Obtaining above 50% attitude score

3.11 Ethical Consideration:

A good research should have deep concern for human welfare and sensitivity for the rights of research respondents. Therefore, the researcher had maintained ethical consideration in following ways:

- i) The Campus Administration provided the authority to conduct research.
- ii) The researcher had obtained formal permission from Medical Superintendent, Matron and Ward In charge of study area by submitting the official request letter of Nursing campus, Maharajgunj.
- iii) The objectives of the study were explained to the Ward In charge and respondents prior to data collection.
- iv) Verbal consent was taken from each of the respondents before interview.
- v) The respondents were protected from physical harm or mental harm by taking precaution.
- vi) All the respondents were assured of confidentiality and anonymity by using the information given by them only for the research purpose and excluding their name in the questionnaire respectively.
- vii) Privacy was maintained by interviewing the respondent privately in separate quite place during data collection period.

3.12 Measures to reduce bias:

To minimize bias, the questionnaire was prepared on the basis of objectives and variables of the study in orderly manner. Respondents were included without any discrimination in ethnicity, socio-economic status & residence. Further more, the data was collected by the researcher herself through face-to-face interview technique.

Chapter-IV

4. DATA ANALYSIS AND INTERPRETATION

This chapter deals with the analysis and interpretation of findings from the obtained data. The obtained data from 50 respondents was analyzed and interpreted on the basis of objectives of the study. Collected data was arranged on a dummy table at first and then, the data was analyzed according to numerical order. The results were presented in different tables, bar diagrams, pie charts and frequency polygons. Descriptive method was used for the interpretation of analyzed data. The analyzed data was categorized in 3 sections:

- 4.1 Socio-demographic Characteristic
- 4.2 Paternal Knowledge about Newborn Care
- 4.3 Paternal Attitude about Newborn Care
- 4.4 Knowledge and Attitude Score according to Independent Variables

4.1 Socio-demographic Characteristic of the Respondents

It includes age, ethnicity, religion, educational status, occupation, residence, type of family and sex of baby.

Table: 1
Distribution of Respondents according to their Age, Ethnicity, Religion, and Educational Status

Socio-demographic Variables	Number (n = 50)	Percentage
Age Group: 20-24 years	17	34%
25-29 years	23	46%
30-34 years	10	20%
Mean Age = 26.3 years Standard Deviation = 3.6		
Ethnicity: Mongolian:	20	40%
• Gurung	11	22%
• Mager	7	14%
• Thakali	1	2%
• Lama	1	2%
Other:	30	60%
• Brahman	14	28%
• Nepali/Pariyar	8	16%
• Chhetri	4	8%
• Newar	3	6%
• Bhujel	1	2%
Total =	50	100%
Religion: Hindu	36	72%
Boudha	10	20%
Christian	4	8%
Muslim	X	X
Total =	50	100%
Educational Status: Illiterate	3	6%
Literate	47	94%
- Primary Level	5	10%
- Secondary Level	19	38%
- Higher Secondary Level	11	22%
- Bachelor Level or Above	12	24%
Total =	50	100%

Above table shows that majority of fathers i.e. 46% belonged to 25-29 years age group probably because this is the most appropriate age for becoming father of first baby. The smallest percentage (20%) belonged to 30-34 years age group and 34% of fathers belonged to 20-24 years age group. The mean age of first-time father is 26.3 years and the standard deviation is 3.6

Regarding the ethnicity, 40% of respondents were Mongolian, which includes Gurung, Mager, Thakali, and Lama. And 60% of respondents were Others that includes Brahman, Chhetri, Newar, Nepali/Pariyar, and Bhujel.

Concerning the religion, 72% of respondents were Hindu probably because Nepal is a Hindu country. Then, 20% of respondents were Boudha and 8% of them were Christian. There were no Muslim within the respondents.

Looking at the educational status, it was very good. Most of the respondents were literate i.e. 94%. Only 6% of respondents were illiterate. Among literate respondents, 10% got Primary level, 38% got Secondary level, 22% got Higher Secondary level and 24% got Bachelor or above level of education. Hence, almost all respondents were educated in this study.

Table: 2
Distribution of Respondents according to their Occupation,
Residence, Type of family and Sex of baby

Socio-demographic Variables		Number (n = 50)	Percentage
Occupation:	Service	28	56%
	Business	12	24%
	Labor	5	10%
	Agriculture	4	8%
	Other	1	2%
Total =		50	100%
Residence:	Urban (City)	35	70%
	Rural (Village)	15	30%
Total =		50	100%
Type of family:	Joint Family	38	76%
	Single Family	12	24%
Total =		50	100%
Sex of baby:	Male	32	64%
	Female	18	36%

Total =	50	100%
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Above table reveals that the occupation of most of the respondents was Service i.e. 56%. Business was the occupation of 24% of respondents. Ten percent respondents were Labor. Agriculture was the occupation of 8% of respondents. Only 2% of respondents were felled in other category, which includes the Student who has not employed yet.

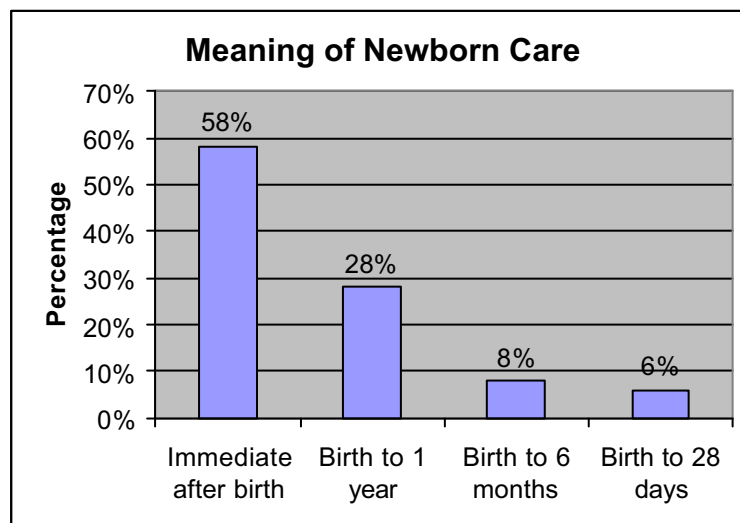
Concerning the Residence, most of the respondents came from Urban areas (70%) and only 15% of them came from Rural areas. So, it was found that most of the respondents live in Pokhara valley.

Traditional family structure of Nepal is Joint family. In this study, most of the respondents (76%) belonged to Joint family and only 24% of the respondents belonged to Single family. Paternal involvement in newborn care is greatly influenced by the type of family.

Nepal has patriarchal society. So the sex of the newborn baby also influences the paternal attitude towards newborn care. Among the 50 respondents, 65% of them had Male baby and 36% had Female baby.

4.2 Paternal Knowledge about Newborn Care

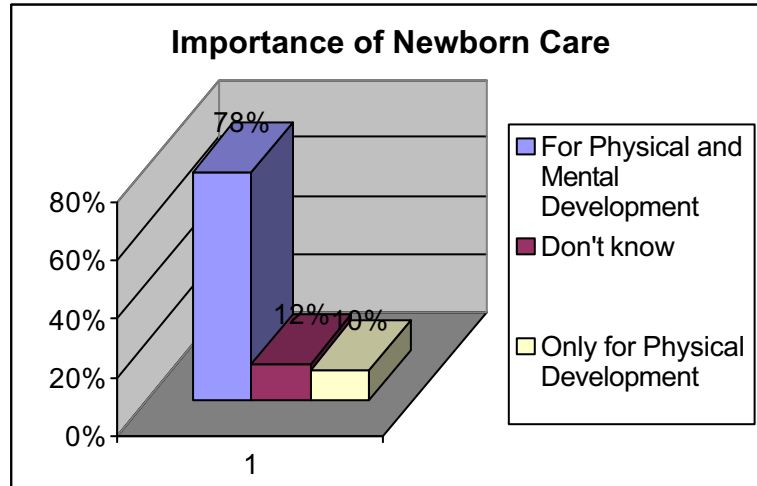
Figure: 1



Above figure shows 58% of respondents said that newborn care means the care given immediate after birth. 28% respondents said the care given from birth to 1 year of age. Birth to 6 months of age is said by 8% and only 6% of respondents said it is the care given from birth to 28 days, which is

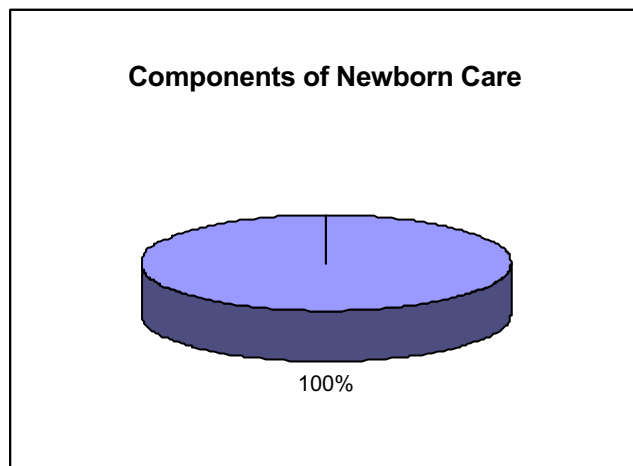
the correct answer. So, it was found that only few numbers of respondents had knowledge about the meaning of newborn care.

Figure: 2



This figure indicates that most of the respondents had the knowledge about the importance of newborn care. 78% of the respondents said newborn care is needed for both physical and mental development of the baby. 12% of the respondents had no idea about it and 10% of the respondents said it is needed only for physical development of the baby. Nobody told only for mental development.

Figure: 3



Above pie chart shows that all the respondents (100%) had the knowledge about the components of newborn care. All of them said that the components of newborn care are: breast feeding, keeping warm, cleanliness, eye/cord care, clothing, oil massage and sun bathing, immunization and health seeking behavior.

Table: 3
Distribution of Respondents according to Knowledge about Breast Feeding

Variables	Number (n = 50)	Percentage
Best milk for newborn: Breast milk	50	100%
Cow/buffalo milk	X	X
Powder milk	X	X
Don't know	X	X
Total =	50	100%
Colostrums feeding: Yes	50	100%
No	X	X
Total =	50	100%
First breast feeding time: Within 1 hour of birth	22	44%
Within 24 hours of birth	23	46%
After 24 hours of birth	X	X
Don't know	5	10%
Total =	50	100%
Anything else to eat or drink before first Breast feeding: Yes	1	2%
No	49	98%
Total =	50	100%
Interval of Breast feeding: 2-3 hourly	24	48%
Demand feeding	18	36%
After waking up of baby	7	14%
4-5 hourly	1	2%
Total =	50	100%

Above table depicts that all the respondents (100%) said breast milk is the best milk for newborn and all of them said colostrums should be fed to the newborn.

Regarding the time for the first breast feeding to the newborn, 44% of respondents said within 1 hour of birth, 46% of respondents said within 24 hours of birth, and 10% of respondents said don't know. Nobody said after 24 hours. The accurate time for first breast-feeding is within 1 hour of birth, which is said by almost half of the respondents.

While asking about anything else to be given for eating or drinking before breast feeding, 98% of the respondents answered as "no" and only 2% of the respondents answered as "yes." In his opinion, oil should be given to newborn baby for the prevention of worm infestation before breast-feeding. Ideally, the newborn should not give anything else to eat or drink before breast-feeding.

In regards to the interval of breast feeding, various responses were found, 48% of the respondents told the baby should be fed 2-3 hourly, 36% of them told demand feeding, 14% of them said after waking up of baby, and 2% of them told 4-5 hourly. Demand feeding is the correct response.

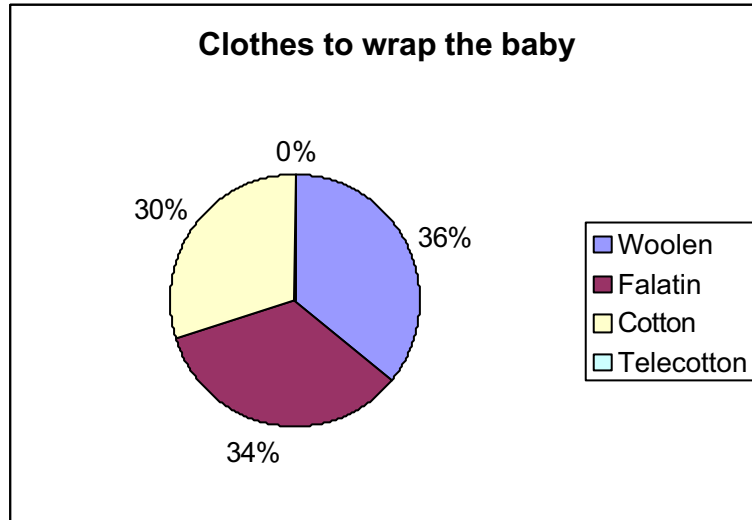
Table: 4
Keeping Baby Warm

Measures to keep baby warm	Number (n = 50)	Percentage
Keeping baby with mother	48	96%
Wrapping with warm clothes	46	92%
Keeping room warm	36	72%
Covering by blanket	24	48%

* Responses were duplicated.

Above table shows that to keep the newborn warm, 96% of the respondents said the baby should be kept with mother. Wrapping with warm clothes is said by 92% of them, keeping room warm is said by 72% of them, and 48% of them said the baby should covered by blanket. But the responses or answers were duplicated here.

Figure: 4



The figure: 4 reveals that 36% of the respondents answered Woolen clothes, 34% of them answered Cotton clothes, and 30% of them answered Falatin clothes. Nobody answered Telecotton clothes for baby wrapping.

Table: 5
Cleanliness of Baby

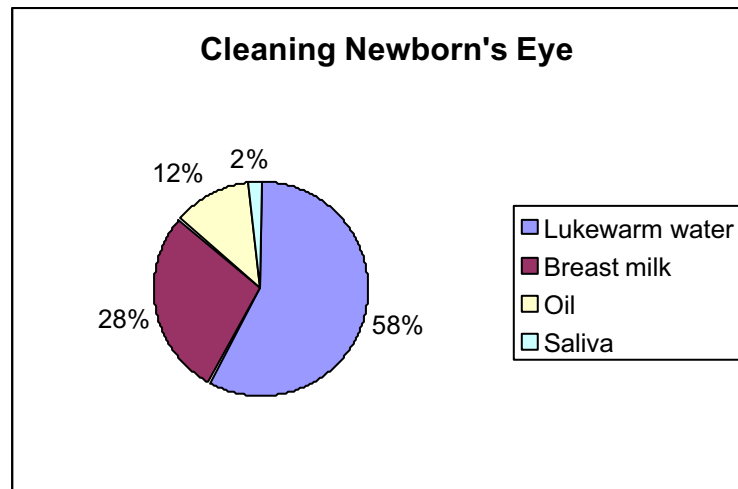
Variables		Number (n = 50)	Percentage
Time for changing diaper: 1-2 hourly		4	8%
3-4 hourly		2	4%
As the baby wets		42	84%
As the baby cries		2	4%
Total =		50	100%
Cleaning meconium:	Luke warm water	37	74%
	Soap and water	10	20%
	Only with cloth	3	6%
	Cold water	X	X
Total =		50	100%
Appropriate time for first baby bath:			
Immediate after birth		30	60%
Second day of birth		10	20%
At the day of Nwaran		8	16%
Don't know		2	4%
Total =		50	100%

Paternal knowledge about cleanliness of baby is shown in above table. While asking about the appropriate time for changing diaper, most of the respondents (84%) answered as the baby wets; 8% of them answered as 1-2 hourly; 4% of them answered as 3-4 hourly; and rest of 4% said as the baby cries. Here the most appropriate time for changing diaper is as the baby wets.

Lukewarm water should be used to clean meconium in the opinion of 74% of the respondents. 20% of them said soap and water, 6% of them said only with cloth and nobody said cold water to be used for cleaning meconium of the newborn.

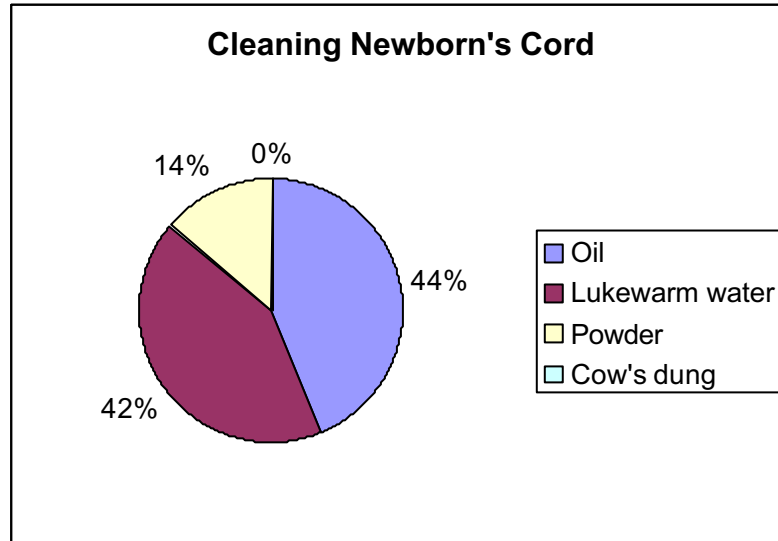
Regarding the appropriate time for first baby bath, more than half of the respondents (60%) responded as immediate after birth. 20% of them responded as second day of birth which is the correct answer, 16% of them responded as at the day of Nwaran, and 4% of them responded as don't know.

Figure: 5



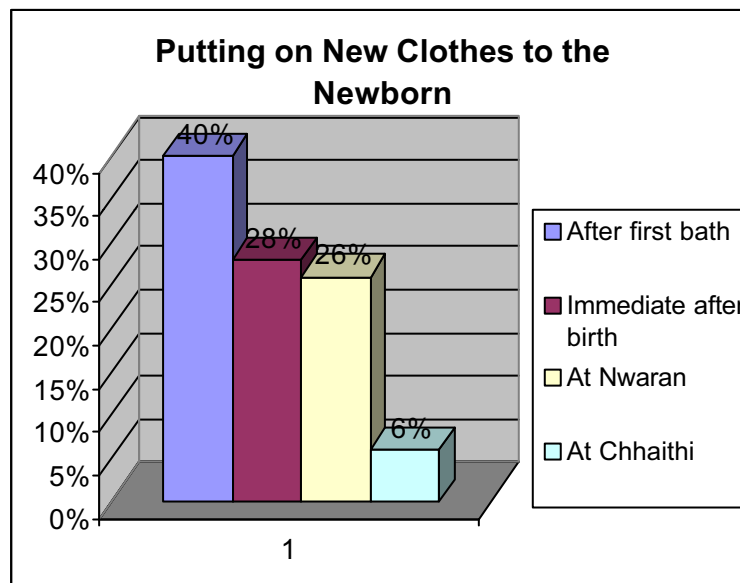
Above figure reveals paternal knowledge about cleaning newborn's eye. 58% of the respondents said lukewarm water, 28% of them said breast milk, 12% of them said oil and 2% of them said saliva to be used for cleaning eye. It is better to use lukewarm water for eye care, which is said by more than half of the respondents.

Figure: 6



This figure shows that 44% of the respondents told oil, 42% of them told lukewarm water and 14% of them told powder to be used for cleaning newborn's cord. It is found that almost half of them told to use oil in cord care according to their traditional practice. But lukewarm water should be used in cord care. It is good that nobody said to apply cow's dung in cord.

Figure: 7



This figure depicts that 40% of the respondents responded as the newborn should put on new clothes after first bath, 28% of them responded as immediate after birth, 26% of them said at

Nwaran, and 6% of them responded as at Chhaithi. Actually, the newborn should be put on new clothes immediate after birth.

Table: 6
Sun Bathing and Oil Massage

Variables	Number (n = 50)	Percentage
Yes	48	96%
No	2	4%
Total =	50	100%
Reasons for No: Penetration of ultraviolet rays	1	2%
Makes the baby black	1	2%

This table reflects that majority of the respondents i.e. 96% said sun bathing and oil massage is necessary for the baby. Only 4% of them said it's harmful to keep baby on sun because of penetration of ultraviolet rays and color change (makes baby black) in their view.

Table: 7
Immunization

Variables	Number (n = 50)	Percentage
Importance of immunization: Prevention from diseases	50	100%
Imitating others	X	X
Influenced by mass media	X	X
Other	X	X
Total =	50	100%
Time for the first immunization: Within 42 days of birth	37	74%
Don't know	7	14%
Within 1 year	4	8%
After 42 days of birth	2	4%
Total =	50	100%

Above table displays the importance and the time for first immunization. The whole 100% of the respondents answered immunization is necessary for the prevention of diseases.

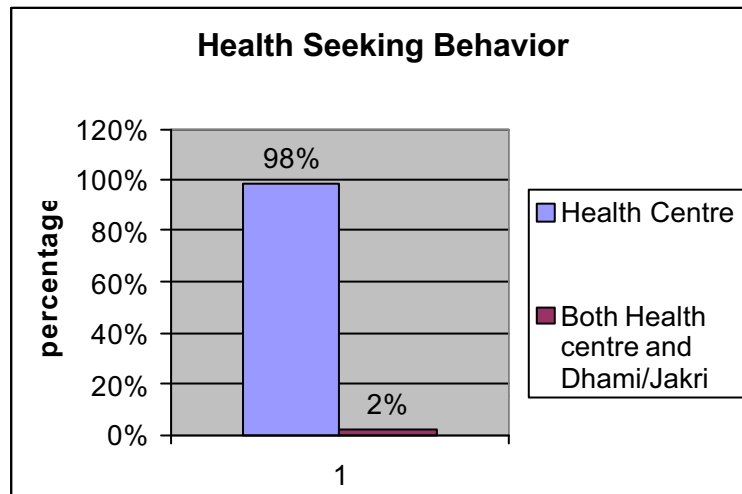
Concerning about the time for first immunization, 74% of the respondents said within 42 days of birth. 14% of them had no idea (don't know) about it, 8% of them said within 1 year of age and 4% of them said after 42 days of birth. Hence, their knowledge about immunization is satisfactory.

Table: 8
Initial Symptoms of Illness in Newborn

Initial Symptoms of Illness in Newborn	Number (n = 50)	Percentage
Crying and not sucking well	38	76%
Coughing and breathing difficulty	7	14%
Cold or hot to touch	4	8%
Diarrhea and vomiting	1	2%
Total =	50	100%

Above tables represents that different symptoms are said to be initial symptom of illness in newborn by the respondents. Most of the respondents (76%) told crying and not sucking well is the initial symptom of illness in newborn. Among rest of respondents, 14% of them said coughing and breathing difficulty, 8% of them said cold or hot to touch and 2% of them said diarrhea and vomiting as the initial symptoms of the illness. All the responses are correct in the sense of type of illness in newborn.

Figure: 8



This simple bar diagram shows that paternal knowledge about health seeking behavior for their newborn is very good. Almost all i.e. 98% of the respondents told that they should take their

newborn to the health center in case of illness. Only 2% of them told they should seek both Dhami/Jankri and Health center as needed. Nobody told only Dhami/Jankri and nowhere while asking about health seeking behavior.

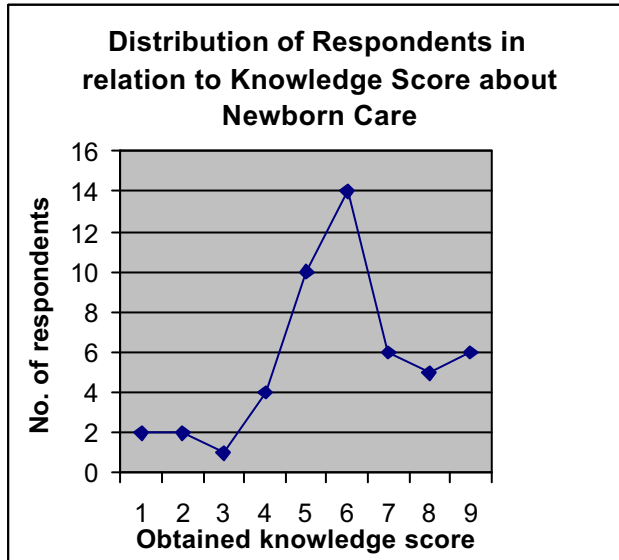
4.2.1 Knowledge Score of Fathers regarding Care of the First Newborn Baby

There are 21 knowledge related questions that consist 18 multiple-choice questions, and 3 yes-no questions in addition with 3 open-ended questions. 18 MCQs have only one correct response for each question which carry score “1” for correct response and score “0” for incorrect response. Other 3 yes-no questions also carry score “1” for all or more than half of correct responses and score “0” is graded for answering less than half of correct responses or not answering at all. There is no score for 3 open-ended questions because these are wrong knowledge actually. Hence the total knowledge score (full marks) is 21.

Total Score	= 21
Highest Score	= 18
Lowest Score	= 10
Range	= 8
Mean Score	= 14.9
Median	= 15
Mode value	= 15 (obtained by 14 respondents)
Standard Deviation	= 1.16

The knowledge score was obtained by adding the score of each knowledge related questions. The mean, median, mode, standard deviation and range are mentioned above.

Frequency Polygon No. 1



Knowledge score of respondents ranged from 10 to 18. Out of total score 21, 18 was the highest score and 10 was the lowest score. The frequency of knowledge score of 50 respondents is shown in above frequency polygon. It is found that 2/2 respondents achieved 10 and 11 score, 1 respondent got 12 score, 4 of them achieved 13 score, 10 of them achieved 14 score, 14 of them got 15 score, 6 of them got 16 score, 5 of them got 17 score, and 6 of them achieved 18 score respectively.

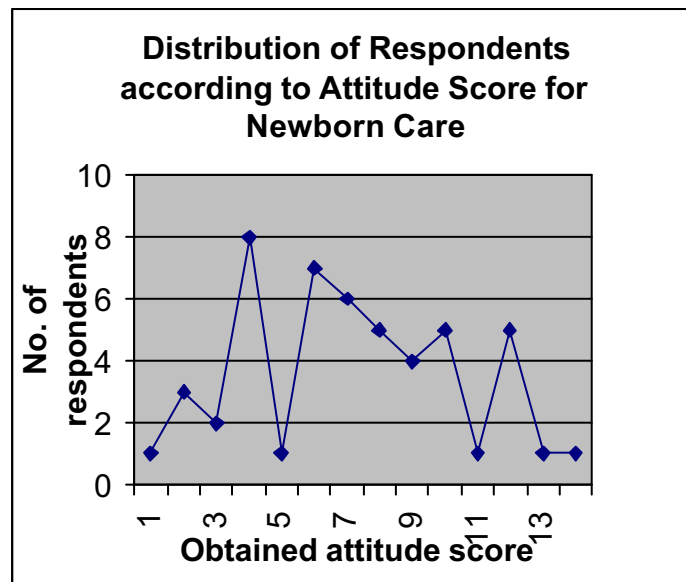
The mean knowledge score was 14.9 with median 15 and mode value 15 (achieved by 14 respondents). The standard deviation was 1.16 It concludes that the knowledge of fathers regarding newborn care is adequate.

4.3 Paternal Attitude about Newborn Care

To explore the paternal attitude regarding first newborn care, the “Likert Scale” developed by social psychologist, “Rensis Likert” was adopted. Ten statements were used for attitude measurement, which consist 5 positive and 5 negative statements. An equal number of positively and negatively worded sentences were chosen to avoid bias. The attitude scale consists 5 categories of responses such as Strongly Agree, Agree, Neutral/Undecided, Disagree and Strongly disagree. The score for positive statement was graded as 5 for Strongly agree, 4 for Agree, 3 for Neutral, 2 for Disagree and 1 for Strongly Disagree. Like wise, the negative statement was also graded as 5 for Strongly Disagree, 4 for Disagree, 3 for Neutral, 2 for Agree and 1 for Strongly Agree. Then, each respondent’s responses for each statement were analyzed and summed up/scored.

The total score for this attitude scale was 50 with the score of 5 for each statement. The highest score was 46 (92%) and the lowest score was 32 (64%) out of 50 (100%). The mean score was 39.16, median was 39 and the mode value was 36 (72%) that was scored by 8 respondents. The standard deviation was 2.20 and range was 14. This concludes that overall attitude of the respondents toward care of first newborn baby was positive.

Frequency Polygon No.2



Above frequency polygon depicts that attitude score of the respondents ranged from the score of 32-46. The highest score of 46 (96%) was achieved by 1 respondent and the lowest score of 32 (64%) was also achieved by 1 respondent. Out of maximum score 50, 3 respondents got the score of 34, 2 of them got 35, 8 of them got 36 (mode value), 1 of them got 37, 7 of them got 38, 6 of them got 39, 5 of them got 40, 4 of them got 41, 5 of them got 42, 1 of them got 43, 5 of them got 44 and 1 of them got 45.

Table: 9
Paternal Attitude about Newborn Care

S.No.	Statements (n = 50)	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1.	Newborn does not need any care.	X	1 (2%)	X	10 (20%)	39 (78%)
2.	Caring baby is only the job of mother.	X	4 (8%)	1 (2%)	13 (26%)	32 (64%)
3.	Caring baby is the responsibility of both mother and father.	27 (54%)	23 (46%)	X	X	X
4.	A father should be involved in newborn care.	10 (20%)	39 (78%)	X	X	1 (2%)
5.	Role of father is only the breadwinner and disciplinarian.	3 (6%)	21 (42%)	6 (12%)	1 (2%)	19 (38%)
6.	Many fathers feel that they do not have the skills and self-confidence necessary to involve in childcare.	X	25 (50%)	5 (10%)	2 (4%)	18 (36%)
7.	Caring baby is the pleasant feeling.	8 (16%)	39 (78%)	1 (2%)	X	2 (4%)
8.	Fathers' attachment with the baby is necessary for father-baby bonding.	12 (24%)	38 (76%)	X	X	X
9.	Fathers' of nuclear family only should involve in newborn care.	1 (2%)	12 (24%)	1 (2%)	6 (12%)	30 (60%)
10.	Caring daughter and son should be discriminated.	1 (2%)	1 (2%)	X	22 (44%)	26 (52%)

Above table reveals the Paternal Attitude about Newborn Care. The statement no. 1 was prepared negatively to identify the attitude of fathers towards need of newborn care. In this regard, the majority of fathers (78%) strongly disagreed and 20% of them disagreed. Only 2% of them agreed with this statement.

Statement no. 2 was also prepared negatively to explore the fathers' attitude towards caring baby. In this statement, 64% of them strongly disagreed, 26% of them disagreed, 2% of them were neutral and 8% of them agreed.

The third statement was prepared as positive statement in which 54% of the respondents strongly agreed and 46% of them agreed. Nobody was disagreed with this statement.

Regarding the fourth statement (constructed positively), majority of respondents (78%) agreed, 20% of them strongly agreed and only 2% of them strongly disagreed.

The fifth statement was negatively constructed one in which 38% of the respondents strongly disagreed, 2% of them disagreed, 12% of them were neutral, 42% of them were agreed and 6% of them were strongly agreed.

The statement no. 6 was constructed positively. Half of the respondents i.e. 50% agreed with this statement, 10% of them were neutral, 4% of them were disagreed and 36% of them were strongly disagreed.

The seventh statement was positively constructed to identify the respondents' feeling towards newborn care. Majority of the respondents (78%) agreed, 16% of them strongly agreed, 2% of them were neutral, and 4% of them were strongly disagreed with this statement.

The eighth statement was also positively constructed in which 76% of the respondents agreed and 24% of them strongly agreed.

The statement no. 9 was prepared in negative sense. In this regard, 60% of them were strongly disagreed, 12% of them were disagreed, 2% of them were neutral, 24% of them were agreed and 2% of them were strongly agreed.

The last i.e. tenth statement was also negatively constructed one in which 52% of the respondents were strongly disagreed, 44% of them were disagreed, 2% of them were agreed and rest of 2% of them were strongly disagreed.

To conclude all these responses against ten statements, the paternal attitude towards the care of first newborn baby was found positive.

4.4 Knowledge and Attitude Score according to Independent Variables

In this study, knowledge and attitude were the dependent variables and education, ethnic group, type of family and occupation were the independent variables. On the basis of the

findings, the relationship between dependent and independent variables was analyzed by calculating the mean knowledge and attitude score of the respondents, which are shown in the tables below:

Table:10
Relationship of Independent and Dependent Variables

Independent Variables	Dependent Variables	
	Mean Knowledge Score	Mean Attitude Score
1. Education:		
Literate (n=47)	15.08 (71.80%)	39.40 (78.80%)
Illiterate (n=3)	12.00(57.14%)	35.33 (70.66%)
2. Ethnic group:		
Mongolian (n=20)	14.6 (69.52%)	38.95 (77.9%)
Others (n=30)	15.1 (71.90%)	39.30 (78.6%)
3.Type of family:		
Single (n= 12)	15.5 (73.80%)	39.91 (79.83%)
Joint (n=38)	14.71 (70.05%)	38.92 (77.84%)
3. Occupation:		
Agriculture (n=4)	13.25 (63.09%)	28.75 (57.5%)
Service (n=28)	15.21 (72.44%)	41.60 (83.21%)
Business (n=12)	15.33 (73.01%)	37.75 (75.5%)
Labor (n=5)	13.00 (61.90%)	38.00 (76.0%)
Others (n=1)	17.00 (80.95%)	35.00 (70.0%)

Above table indicates that the knowledge score was higher in literate respondents than in illiterate where as there was not much variation in attitude score of both types. These findings also showed that there were no significant differences between the independent variables and knowledge and attitude score.

Chapter- V
5. SUMMARY, DISCUSSION OF FINDINGS, CONCLUSION,
IMPLICATION AND RECOMMENDATION

5.1 SUMMARY OF FINDINGS

The main findings of this study are summarized as following:

5.1.1 Socio-demographic Characteristic of the Respondents

- Out of 50 respondents, majority of fathers (46%) belonged to age group of 25-29 years.
- Regarding the ethnicity, majority of the respondents i.e. 60% were others (Non-Mongolian) followed by Mongolian (40%).
- Majority of the respondents (72%) were Hindu.
- Almost all of the respondents (94%) were literate and only 6% of them were illiterate.
- Occupation-wise, 56% of the respondents were service holders and only 2% of them were unemployed yet.
- Majority of the respondents (70%) were from urban area.
- 76% of them had joint family.
- Concerning the sex of newborn baby, 64% of them had male baby followed by 36% female baby.

5.1.2 Paternal Knowledge about Newborn Care

- 58 % of the fathers understood newborn care as care given immediate after birth.
- Majority of the respondents (78%) said newborn care is needed for both physical and mental development.
- Regarding the knowledge about components of newborn care, all the respondents (100%) answered all items of the response as components of newborn care.
- In regards to knowledge about breast feeding, 100% of them told breast milk is the best milk for newborn; all of them suggested that newborn should be fed colostrums; 46% of them said the baby should be put for first breast feeding within 24 hours of birth; 98% of them told nothing to give for eating or drinking before breast feeding; and 48% of them thought interval of breast feeding should be 2-3 hourly.
- Multiple responses were found in keeping baby warm (Responded by duplication).
- 36% of the respondents favored woolen clothes to wrap the baby.

- Concerning the cleanliness of baby, majority of them (84%) responded the suitable time for changing diaper as the baby wets; 74% of them answered lukewarm water to be used for cleaning meconium; and 60% of them expressed appropriate time for first baby bath as immediate after birth.
- Majority of the respondents (58%) favored lukewarm water to be used for cleaning newborn's eye.
- 44% of them said oil to be used for cord care.
- 40% of the respondents answered as putting on new clothes to the newborn after first bath.
- Most of the respondents (96%) said sun bathing and oil massage is necessary for the baby.
- In regards to knowledge about immunization, 100% of the respondents understood the importance of immunization as for the prevention from diseases and 74% of them viewed the time for first immunization as within 42 days of birth.
- Majority of the respondents (76%) expressed crying and not sucking well as the initial symptom of illness in newborn.
- Regarding health seeking behavior, 98% of the respondents preferred health center in case of illness in newborn.
- Calculating knowledge score, highest score was 18 (85.71%) and lowest score was 10 (47.61%) out of total score 21. The mean score was 14.9 (70.95%), median was 15 (71.42%), mode value was 15 and the standard deviation was 1.16

5.1.3 Paternal Attitude about Newborn Care

The "Likert Scale" consisting 10 statements was used for assessing Paternal Attitude about Newborn Care. The findings of this attitude scale revealed that the highest score was 46 (92%), and the lowest score was 32 (64%) in total score of 50. The mean score was 39.16(78.32%), median was 39 (78%), mode value was 36 (72%) and standard deviation was 2.20 The findings point out that:

- Majority of the respondents (78%) strongly agreed with the first statement.
- 64% of them strongly disagreed with the second statement.
- 54% of them were strongly agreed with the third statement.
- With fourth statement, 78% of them agreed.
- 38% of them strongly disagreed with the fifth statement.
- Half of the respondents (50%) were agreed with the sixth statement.
- 78% of them agreed with the seventh statement.

- 76% of them agreed with the eighth statement.
- 60% of them were disagreed with the ninth statement.
- Majority of the respondents (52%) were strongly disagreed with the last statement.

5.1.4 Knowledge and Attitude Score according to Independent Variables

A. Education:

- Illiterate respondents (n=3) had mean knowledge score of 12 (57.14%) and mean attitude score of 35.33 (70.66%).
- Literate respondents (n=47) had mean knowledge score of 15.08 (71.80%) and mean attitude score of 39.40 (78.80%).

B. Occupation:

- Regarding the occupation, the service holder respondents (n=28) had mean knowledge score of 15.21 (72.44%) with the mean attitude score of 41.60 (83.21%).
- The respondents with business (n=12) had mean knowledge score of 15.33 (73.01%) and mean attitude score of 37.75 (75.5%).
- The respondents rely on agriculture (n=4) had mean knowledge score of 13.25 (63.09%) with the mean attitude score of 28.75 (57.5%).
- The respondents with labor as an occupation (n=5) had mean knowledge score of 13 (61.90%) and mean attitude score of 38 (76%).
- The remaining respondent (n=1) fall under other category had the mean knowledge score of 17 (80.95%) and mean attitude score of 35 (70%).

C. Ethnic group:

- The respondents with Mongolian ethnic group (n=20) had mean knowledge score of 14.6 (69.52%) and mean attitude score of 38.95 (77.9%).
- Others (Non-Mongolian) respondents (n=30) had mean knowledge score of 15.1 (71.90%) with attitude score of 39.3 (78.6%).

D. Type of family:

- The respondents having joint family (n=38) had the mean knowledge score of 14.71 (70.05%) with the attitude score of 38.92 (77.84%).
- The respondents having single family (n=12) had the mean knowledge score of 15.5 (73.80%) with the attitude score of 39.91 (79.83%).

5.2 Discussion

Childbirth is a universally celebrated event. Parental responsibility increases soon after the birth of first baby. Caring for the child in Nepal is primarily, though not entirely, the role of mother. The father typically is supposed to be the breadwinner and the disciplinarian. But both the parents should have equal responsibility in newborn care. The first time fathers may have lack of knowledge and skills about newborn care along with the attitude like “its only mother’s job to take care of newborn baby”. Therefore, this study tries to explore the knowledge and attitude of first time fathers regarding the care of first newborn baby. Though practice of fathers regarding newborn care has not overlooked by this study, the researcher conducted this study based on the assumption that if the fathers have good knowledge and positive attitude about newborn care, they will certainly participate in newborn care. The discussion of findings according to literature review is done on the basis of objectives of this study.

5.2.1 Paternal Knowledge about Newborn Care

The first objective of this study was to explore the knowledge of fathers regarding the care of first newborn baby. There were 21 knowledge related questions to attain this objective. Knowledge score was calculated in total score of 21. The highest score was 18 (85.71%) and the lowest score was 10 (47.61%) followed by mean score 14.9(70.95%), median 15 (71.42%), mode value 15 (71.42%) and standard deviation 1.16 This concludes that the respondents had moderate knowledge about newborn care.

The findings of this study showed that major knowledgeable areas were breast-feeding, keeping warm, cleanliness, eye care, oil massage and sun bathing, immunization, and health seeking behavior. Similarly the least knowledgeable areas were cord care and clothing. Most of the respondents (44%) said oil to be used for cleaning cord. It is probably because traditionally oil is used for cord care in Nepalese society. Only 42% of them said lukewarm water to be used for cord care. Regarding clothing, only 40% of them had knowledge about putting on new clothes to the newborn after birth and only 30% of them preferred to use Falatin clothes for wrapping the baby.

Marsiglio, W. (1991) revealed that in research studies from the 1970’s to the present issue around father’s caring have referred to a range of father related activities in the daily care of children, families and households. Most studies on fathers’ care focus on activities traditionally associated with care giving: feeding, dressing, changing diapers, bathing, reading, playing, and helping with school work.

Manion (1977) conducted a research on forty five married couple, which revealed that all of the fathers participated in one or more of the following activities after six weeks of birth: rocking& walking, feeding, diapering and bathing. The findings of this study also revealed that all the respondents (100%) had the knowledge about component of newborn care. All of them were interested of participate in newborn care, such as breast feeding, keeping warm, cleanliness, eye/cord care, clothing, oil massage and sun bathing, immunization and health seeking behavior.

The research project conducted by John Mall (May, 1998) concluded fathers do participate in infant rearing. The dependent variable was the father's infant rearing practices score and the independent variables were age, education of father, type of family, income, religion and place of living. In this study, knowledge and attitude were dependent variables and education, ethnic group, type of family and occupation were independent variables. The relationship between dependent and independent variables was analyzed by calculating the mean knowledge and attitude score. This study concludes mean knowledge score was higher in literate respondents (71.80%) than in illiterate respondents (57.14%) but there were no any significant differences between the knowledge score and other independent variables.

Although practice was excluded in this study, it is assumed that fathers having knowledge about newborn care will be involved in caring their first newborn baby. The significant reality occurs when the baby enters the father's home environment and he assumes some responsibility for the child's care. Our society still doesn't see men as persons capable of & competent at being responsible for children's routine needs. These responsibilities have traditionally been considered the mother's domain, while fathers filled the role of the child's playmate. Studies have shown that fathers can be as competent as mothers in care giving, and the children benefits in many ways from fathers' involvement. These benefits include all areas of social, emotional, and cognitive development

5.2.2 Paternal Attitude towards First Newborn Care

Regarding the second objective of this study (i.e. to find out the existing attitude of fathers towards caring of first newborn baby), 10-Statements-Attitude scale based on "Likert-Scale" was used to identify the existing attitude of first-time fathers towards their newborn baby. Attitude score was calculated in total score of 50. The mean attitude score was 39.16 (78.32%), median was 39 (78%), mode value was 36 (72%) and the standard deviation was 2.20 These findings revealed that fathers had positive attitude towards caring their first

newborn baby. Analyzing the relationship between attitude score and independent variables of this study, it was found that literate fathers had mean attitude score of 39.40 (78.80%) and illiterate fathers had 35.33 (70.66%). Similarly, the mean attitude score was 38.95 (77.9%) in Mongolian and 39.30 (78.6%) in other ethnic groups. Fathers of single family had mean attitude score of 39.91 (78.6%) and fathers of joint family had 38.92 (77.84%). Concerning occupation of fathers, service holders had mean attitude score of 41.60(83.21%), business men had 37.75 (75.5%), laborers had 38 (76%), farmers (agriculture) had 28.75 (57.5%) and others category (i.e. non-employed) had 35 (70%). These findings showed that all the fathers (100%) had positive attitude towards first newborn care despite of such independent variables.

Ferketich, S.L. & Mercer, R.T. (1995) revealed that all fathers (79-experienced & 93-inexperienced) had positive attitudes about their new roles, had touched or hold their infants, had begun to assume the parental role and had demonstrated affection to their infants. The positive feelings of first-time fathers toward their newborn on the second postpartal day were enjoyment in taking care of and being around young children. This literature supports the findings of this study that 78% of the first-time fathers agreed, 16%of them strongly agreed, 2% of them neutral and remaining 4% of them disagreed with the statement “Caring baby is the pleasant feeling.” Majority of the fathers (76%) agreed that fathers’ attachment with baby in necessary for father-baby bonding.

The article on “Promoting Nurturant Fathering” written by Johanna C. Darragh (1/13/03) in National Network for Child Care’s Connections Newsletter stated that in the past, men have been viewed as breadwinners, moral teachers, and sex-role models. Society did not see men as persons capable of and competent at being responsible for children’s routine needs. These responsibilities have traditionally been considered the mother’s domain, while fathers filled the role of the child’s playmate. Now, the father is seen as “New Nurturant” father in our society. The father is seen as cooking, cleaning, changing diapers, wiping tears, and being completely absorbed in his adoring children. This literature also supports the first-time fathers’ attitude towards newborn care. 64% of the respondents strongly disagreed and 26% of them disagreed with the statement “Caring baby is only the job of mother.” Similarly, 46% of them agreed and 54% of them strongly agreed with the statement “Caring baby is the responsibility of both mother and father.”

Above article also stated that “Many fathers feel that they do not have the necessary skills and self-confidence necessary to become more involved in child care.” With this statement,

50% of the respondents agreed, 10% of them neutral, 4% of them disagreed, and remaining 36% of them strongly disagreed in this study. It depicts that some fathers feel that they do not have and some fathers feel that they do have the skills and self-confidence necessary to become more involved in childcare.

Men in this study wanted to be involved parents, but they did not believe they had the knowledge, skills or support to do so. More over, our society does not allow them to participate in newborn care in many cases. Despite a general perception of blurring of gender roles in our society, the delineation of parental role expectations is still along very traditional lines. Hence, the mother plays a critical role in bringing her mate's involvement in newborn care. She can also actively encourage her mate to share the experience of becoming and being a father. This helps to gain self-confidence in fathers and promote their involvement in newborn care.

The findings of this study conclude that fathers had moderate knowledge and positive attitude towards their first newborn care. Although they were inexperienced, they seemed more willing to be involved in newborn care. Both knowledge and attitude about first newborn care were explored by asking questions. Newborn care practice is excluded in this study. So, this study cannot predict that all the first-time fathers will certainly apply their knowledge and attitude in practice or participate in newborn care.

5.3 Conclusion

This small-scale descriptive study was conducted to explore the existing knowledge and attitude of fathers regarding care of the first newborn baby in Maternity ward of WRH among 50 first-time fathers during 7 weeks time frame. The non-probability purposive sampling technique was adopted to select the population of the study. Data was collected through interview technique by using semi-structured questionnaire and attitude scale (based on Likert-scale). Validity and reliability of the instruments were maintained. Ethical consideration was taken throughout the study. Obtained data was analyzed and interpreted in descriptive method and then, presented in tables, bar diagrams, pie charts, frequency polygons etc.

The major conclusions drawn on the basis of the study findings were that majority of the respondents (46%) were of 25-29 years age group. 60% of them were other ethnic group

followed by 40% Mongolian. Most of them (72%) were Hindu and 94% of them were literate. Occupation-wise, most of them (56%) were service holders followed by 2% of them unemployed. Majority of the respondents (70%) were from urban, 76% of them had joint family and 64% of them had male baby.

The findings further revealed that most knowledgeable areas were breast-feeding, keeping warm, cleanliness, eye care, oil massage and sun bathing, immunization, and health seeking behavior. The least knowledgeable areas were cord care and clothing of baby.

The study findings also proved that mean knowledge score was 14.9 (70.95%) and mean attitude score was 39.16 (78.32%) among 50 first-time fathers. The relationship between dependent and independent variables were analyzed according to the mean knowledge and attitude score. It showed that literate fathers had higher knowledge (mean=71.80%) and more positive attitude (mean=78.80%) than illiterate fathers (mean knowledge score=57.14% and mean attitude score=70.66%). There were no significant differences between the mean knowledge and attitude score and other independent variables.

It is concluded that most of the fathers have moderate knowledge and positive attitude towards first newborn care and it is also concluded that education, ethnic group, occupation, type of family and their residence are not great factor for better knowledge and positive attitude.

The study findings also suggest that by increasing the awareness and motivation about newborn care, fathers' knowledge and attitude can be applied in practice and fathers' involvement in newborn care may be increased.

5.4 Implication of the Study

Despite the limitations of this small-scale study, the findings of this study have following implications:

- i) For the future researchers:
 - This study will provide a source of reference or baseline to other future researchers related to this title and other related studies in the future.
 - This study will be helpful to conduct research on large-scale.

- ii) For the concerned authorities and policy makers:
 - This study will be helpful for providing the information about existing knowledge and attitude of fathers towards first newborn care to concerned authorities to some extent.
 - The findings of this study will be also beneficial to policy makers, NGOs and INGOs for making policies about newborn health.
 - It will be helpful for launching programs related to newborn health.

- iii) For the respondents:
 - It helps to extend knowledge about newborn care among first-time fathers.
 - This study will be helpful to encourage fathers' involvement in newborn care as it is traditionally seen as only mothers' job.

5.5 Recommendations

For Future Researchers:

- ❖ This kind of study can be conducted by taking large sample size for generalization.
- ❖ A comparative study among literate and illiterate fathers, experienced and non-experienced fathers, urban and rural fathers, and fathers and mothers could be done.
- ❖ A study on practice of fathers regarding newborn care could be done.
- ❖ An interventional type of study can be conducted on this topic.

5.6 Strengths of the Study

- ✓ This study tried to explore the existing knowledge and attitude of fathers regarding the care of first newborn baby, which is very necessary to promote newborns' health.
- ✓ The researcher has gained confidence from this study to do large-scale research in the future.
- ✓ It provided an opportunity to give informal health education about newborn care for each respondent as necessary.
- ✓ The researcher has gained in-depth knowledge and more information about the topic during literature review.

5.7 Limitations of the Study

- The sample size was small (n = 50) and the time was limited. So the sample size and study area were not sufficient to represent the whole nation and it was also difficult to generalize.
- This study was concerned only with the first-time fathers.
- Regarding data collection, more time was consumed in establishing interpersonal relationship and listening the problems.

- Regarding literature review, it was very difficult to find out adequate related literature according to the topic.

5.7 Problems faced by the researcher

- i. Literatures were not found sufficiently for this study.
- ii. The researcher found some difficulties during instrument development, scoring, analysis and interpretation due to lack of experience.

5.8 Plan for Dissemination

After completing this research, the researcher has planned to disseminate the final research report to the followings:

- | | |
|---|----------|
| 1. Advisor, Mrs. Purna Kala Sharma | 1 copy |
| 2. Library of Nursing Campus, Maharajgunj | 1 copy |
| 3. NHRC | 6 copies |
| 4. Matron of WRH, Pokhara | 1 copy |
| 5. Researcher herself | 1 copy |

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APPENDICES

T.U.
I.O.M.
Nursing Campus, Maharajgunj
Post Basic Bachelor of Nursing Programme, 2nd year
Semi Structured Questionnaire for Data Collection

**CONFIDENTIAL, INFORMATION TO BE USED
FOR RESEARCH PURPOSE ONLY WITH
ANONYMITY**

**Topic: Paternal Knowledge and Attitude regarding
Care of the First Newborn Baby.**

S.No.:

Date of data collection:

Part I

(A) Socio-demographic characteristics:

1. Age:.....
2. Ethnic Group:.....
3. Religion:
Hindu Buddhist Other (Specify)
Muslim Christian
4. Educational Status:
Illiterate Literate
 - Primary
 - Secondary
 - Higher Secondary
 - Above Secondary
5. Occupation:
Agriculture Business Other (specify)
Service Labor
6. Residence:
Urban Rural
7. Type of family:
Nuclear Joint

8. Sex of the newborn bay:

Male

Female

PART- II

(B) Following questions are related to Knowledge of Father regarding the Care of First Newborn Baby. Place a tick mark () on the box according of the respondent's response:

1) What do you understand by Newborn Care?

- a. Care given to baby immediate after birth
- b. Care given from birth to 28 days
- c. Care given from birth to 6 months
- d. Care given from birth to 1 year

2) Why newborn care is needed?

- a. Only for physical development
- b. Only for mental development
- c. For physical & mental development
- d. Don't know

3) What care are included in newborn care?

- a. Breast feeding
- b. Keeping warm
- c. Cleanliness
- d. Eye/Cord care
- e. Clothing
- f. Oil massage & Sun bathing
- g. Immunization
- h. Health seeking behavior

4) Which feeding (Milk) is the best for newborn baby?

- a. Breast Milk
- b. Cow/Buffalo Milk
- c. Powder Milk
- d. Don't know

5) Do you think the baby should feed the first breast milk (colostrums)?

a. Yes

b. No

If no, why?

a. Traditional belief

b. Causes diarrhea

c. Harmful for baby

d. Don't know

6) How long after birth the baby should be first put for breast-feeding?

a. Within the first hour after delivery

b. Within 24 hours

c. After 24 hours

d. Don't know

7) Do you think the baby should give anything else to eat or drink before first breast-feeding?

a. Yes

b. No

If yes, what should be given?

.....

8) How frequently do you think is better to feed the newborn baby?

a. 2-3 hourly

b. 4-5 hourly

c. As the baby cries (Demand feeding)

d. As the baby wakes-up

9) What should be done to keep the baby warm?

a. Keep baby with mother

b. Cover by blanket (Quilt)

c. Wrap with woolen clothes

d. Keep the room warm

10) What type of clothes is better to wrap the baby?

a. Woolen

b. Cotton

c. Teri cotton

d. Falatin

11) How frequently the diaper needs to be changed?

- a. 1-2 hourly
- b. 3-4 hourly
- c. As the baby wets
- d. As the baby cries

12) What should be used to clean the meconium of the baby?

- a. Cold water
- b. Lukewarm water
- c. Only with cloth
- d. Soap and water

13) When is appropriate for the first baby bathing?

- a. Immediately after birth
- b. Second day of birth
- c. At the day of Nwaran
- d. Don't know

14) What should be used to clean newborn's eye?

- a. Oil
- b. Luke warm water
- c. Breast milk
- d. Saliva

15) What is better to use for cord care?

- a. Oil
- b. Luke warm water
- c. Cow's dung
- d. Powder

16) From which day would you think is the best to put on new clothes for newborn baby?

- a. Immediately after birth
- b. After giving first bath to baby
- c. At the day of Chhaithi
- d. At the day of Nwaran

17) Do you think Sun bathing and Oil massage is good for newborn baby?

- a. Yes b. No

If no, why?

.....

18) Why immunization is necessary for the baby?

- a. Prevention of diseases
- b. As everyone immunized
- c. Influence of mass media
- d. Other - please specify

19) When the newborn should be first immunized?

- a. Within 42 days of birth
- b. After 42 days of birth
- c. Within 1 year of birth
- d. Don't know

20) What are the initial symptoms of illness in newborn?

- a. Crying and not Sucking well
- b. Diarrhea and Vomiting
- c. Hot or Cold to touch
- d. Cough and Breathing difficulty

21) Where should you take the baby in case of illness?

- a. Dhama/ Jhakri
- b. Health center
- c. Both a and b
- d. Nowhere

Part -III

(C) Attitude Scale of Father towards First Newborn Care

Please read the statement given below and give your response by placing a tick mark () against the statement in the appropriate column of the code.

S.N	Scoring Statements	Responses					Score
		SA	A	N	D	SD	
1.	The newborn baby doesn't need any care.						
2.	Caring baby is only the job of mother.						
3.	Caring baby is the responsibility of both mother and father.						
4.	A father should be involved in newborn care.						
5.	The role of father is only the breadwinner & disciplinarian.						
6.	Many fathers feel that they do not have the skills and self-confidence necessary to involve in childcare.						
7.	Caring baby is the pleasant feeling.						
8.	Father's attachment with the baby is necessary for father- baby bonding.						
9.	Fathers' of nuclear family only should involve in newborn care.						
10.	Caring son and daughter should be discriminated.						

KEYS: -

SA- Strongly Agree

A- Agree

N- Neutral/Uncertain

D- Disagree

SD- Strongly disagree.

THANK YOU FOR YOUR COOPERATION!

त्रिभुवन विश्वविद्यालय
चिकित्सा शास्त्र अध्ययन संस्थान
नर्सिङ्ग क्याम्पस, महाराजगञ्ज
स्नातक तह, दोस्रो बर्ष
वि.स. २०६०

सूचना संकलनका लागि अन्तर्वाता फारम

शीर्षक :- नवजात शिशुको स्याहार सम्बन्धमा बुवाहरुको ज्ञान तथा धारणा

नोट :- यी प्रश्नहरु केवल अध्ययनको लागि मात्र तयार पारिएका हुन् । यसबाट प्राप्त जानकारी हरुलाई एकदमै गोप्य राखिनेछ ।

क्र.स. :-

मिति :-

खण्ड - "क" व्यक्तिगत विवरण

१. उमेर :

२. जात :

३. धर्म :

हिन्दु

बौद्ध

अन्य

क्रिस्चियन

मुस्लिम

४. शैक्षिक स्तर :

अशिक्षित

शिक्षित

⇒ प्राथमिक तह

⇒ माध्यमिक तह

⇒ उच्च माध्यमिक तह

⇒ बि.ए. वा सो भन्दा माथी

५. पेशा :

कृषि

नोकरी

ब्यापार

श्रमिक

अन्य

६. बसोबास :

गाउँ

शहर

७. परिवारको किसिम :

एकल परिवार

संयुक्त परिवार

८. नवजात शिशुको लिङ्ग :

छोरा

छोरी

खण्ड - "ख"

नवजात शिशुको स्याहार बारे बुबाको ज्ञान सम्बन्धि सोधिने प्रश्नहरु :-

(१) नवजात शिशुको स्याहार भन्नाले तपाईं के बुझ्नुहुन्छ ?

- क. बच्चा जन्मनासाथ गरिने स्याहार
- ख. बच्चा जन्मिएदेखि २८ दिनसम्म गरिने स्याहार
- ग. बच्चा जन्मिएदेखि ६ महिनासम्म गरिने स्याहार
- घ. बच्चा जन्मिएदेखि १ वर्षसम्म गरिने स्याहार

(२) नवजात शिशुको स्याहार किन आवश्यक पर्छ ?

- क. शारीरिक विकासको लागि मात्र
- ख. मानसिक विकासको लागि मात्र
- ग. शारीरिक तथा मानसिक विकासको लागि
- घ. थाहा छैन

(३) तपाईंको विचारमा नवजात शिशुको स्याहार अन्तर्गत कुन कुन कुराहरु पर्दछन् ?

- क. आमाको दुध खुवाउनु
- ख. बच्चालाई न्यानो राख्नु
- ग. सरसफाई/सफासुग्घर
- घ. शिशुको आँखा तथा नाइटोको स्याहार
- ङ. लुगा लगाइदिनु
- च. तेल लगाइदिनु र घाममा राख्नु
- छ. खोप
- ज. आवश्यक स्वास्थ्य सेवा लिनु

(४) नवजात शिशुको लागि कुन चाँहि दुध अति उत्तम हुन्छ ?

- क. आमाको दुध ख. गाई/भैसीको दुध
- ग. बट्टाको पाउडर दुध घ. थाहा छैन

(५) तपाईंको विचारमा आमाको पहिलो दुध अथवा बिगौती दुध नवजात शिशुलाई खुवाउनु पर्छ ?

क. पर्छ

ख. पर्दैन

यदि पर्दैन भने किन ?

क. परम्परागत धारणाले गर्दा

ख. भाडापखाला गराउने हुँदा

ग. बच्चाको लागि हानिकारक हुने हुँदा

घ. थाहा छैन

(६) नवजात शिशु जन्मिएको कति समयपछि पहिलो पटक आमाको दुध खुवाउनु पर्दछ ?

क. नवजात शिशु जन्मिएको पहिलो १ घण्टा भित्रमा

ख. नवजात शिशु जन्मिएको २४ घण्टा भित्रमा

ग. नवजात शिशु जन्मिएको २४ घण्टा पछि

घ. थाहा छैन

(७) के तपाईंलाई पहिलो पटक आमाको दुध खुवाउनुअघि नवजात शिशुलाई केही कुरा खान वा पिउन दिनुपर्छ जस्तो लाग्छ ?

क. लाग्छ

ख. लाग्दैन

यदि लाग्छ भने, के खुवाउनु पर्छ जस्तो लाग्छ ?

(८) तपाईंको विचारमा नवजात शिशुलाई कति कति समयमा दुध खुवाउनु पर्छ होला ?

क. २ - ३ घण्टामा

ग. बच्चाको माग अनुसार

ख. ४ - ५ घण्टामा

घ. बच्चा बिउँभिए पछि

(९) बच्चालाई न्यानो राख्न के गर्नुपर्छ ?

क. बच्चालाई आमासँग राख्ने

ख. सिरक ओडाउने

ग. ऊनीको कपडाले बेर्ने

घ. कोठालाई न्यानो बनाउने

(१०) नवजात शिशुलाई कस्तो किसिमको कपडाले बेर्न उपयुक्त हुन्छ ?

- | | | | |
|----------------|--------------------------|-------------------|--------------------------|
| क. ऊनीको कपडा | <input type="checkbox"/> | ग. टेलिकटनको कपडा | <input type="checkbox"/> |
| ख. सुतीको कपडा | <input type="checkbox"/> | घ. फलाटीनको कपडा | <input type="checkbox"/> |

(११) तपाईंको विचारमा नवजात शिशुको न्याप्कीन कति कति समयमा फेर्नु पर्दछ ?

- | | | | |
|------------------|--------------------------|------------------------------|--------------------------|
| क. १ - २ घण्टामा | <input type="checkbox"/> | ग. बच्चाको न्याप्कीन भिजेपछि | <input type="checkbox"/> |
| ख. ३ - ४ घण्टामा | <input type="checkbox"/> | घ. बच्चा रुन थालेपछि | <input type="checkbox"/> |

(१२) नवजात शिशुको दिसा सफा गर्न के प्रयोग गर्नु पर्दछ ?

- | | | | |
|----------------|--------------------------|------------------------|--------------------------|
| क. चिसो पानी | <input type="checkbox"/> | ग. कपडाले मात्र पुछ्ने | <input type="checkbox"/> |
| ख. मनतातो पानी | <input type="checkbox"/> | घ. साबुन र पानी | <input type="checkbox"/> |

(१३) नवजात शिशुलाई पहिलो पटक नुहाइदिनको लागि कहिले उपयुक्त हुन्छ ?

- | | |
|-------------------------|--------------------------|
| क. जन्मना साथ | <input type="checkbox"/> |
| ख. जन्मएको दोस्रो दिनमा | <input type="checkbox"/> |
| ग. न्वारनको दिनमा | <input type="checkbox"/> |
| घ. थाहा छैन | <input type="checkbox"/> |

(१४) नवजात शिशुको आँखा के ले सफा गर्नुपर्छ ?

- | | | | |
|----------------|--------------------------|--------------|--------------------------|
| क. तेल | <input type="checkbox"/> | ग. आमाको दुध | <input type="checkbox"/> |
| ख. मनतातो पानी | <input type="checkbox"/> | घ. थुक | <input type="checkbox"/> |

(१५) नवजात शिशुको नाइटो सफा गर्न के प्रयोग गर्दा राम्रो हुन्छ ?

- | | | | |
|----------------|--------------------------|---------------|--------------------------|
| क. तेल | <input type="checkbox"/> | ग. गाईको गोबर | <input type="checkbox"/> |
| ख. मनतातो पानी | <input type="checkbox"/> | घ. पाउडर | <input type="checkbox"/> |

(१६) तपाईंको विचारमा नवजात शिशुलाई नयाँ कपडा कहिले देखि लगाइदिनु पर्छ ?

- | | |
|---------------------------|--------------------------|
| क. शिशु जन्मने बित्तिकै | <input type="checkbox"/> |
| ख. पहिलो पटक नुहाइदिए पछि | <input type="checkbox"/> |
| ग. छैँठीको दिनमा | <input type="checkbox"/> |
| घ. न्वारनको दिनमा | <input type="checkbox"/> |

(१७) के नवजात शिशुलाई तेल लगाएर घाममा राख्नु राम्रो हुन्छ ?

क. हुन्छ

ख. हुँदैन

यदि हुँदैन भने किन ?

.....

(१८) नवजात शिशुलाई खोप लगाउन किन जरुरी छ ?

क. रोगहरुबाट बचाउन

ख. सबै आमाबाबुले आफ्नो बच्चालाई खोपाएको देखेर

ग. रेडियो, टि.भि मा सुनेकोले

घ. अन्य

(१९) नवजात शिशुलाई पहिलो पटक कहिले खोप लगाउनुपर्छ ?

क. जन्मिएको ४२ दिन भित्रमा

ख. जन्मिएको ४२ दिन पछि

ग. जन्मिएको १ बर्ष भित्रमा

घ. थाहा छैन

(२०) नवजात शिशु बिरामी हुँदा देखिने शुरुको लक्षणहरु के के हुन ?

क. रोइरहनु र दुध नचुस्तु

ख. भाडापखाला र बान्ता

ग. छाम्दा चिसो वा तातो हुनु

घ. खोकी लाग्ने र श्वास फेर्न गाच्चो हुनु

(२१) नवजात शिशु बिरामी भयो भने कहाँ जचाउन लानु पर्दछ ?

क. धामी/भाँक्री

ख. स्वास्थ्य केन्द्र

ग. क र ख दुवै

घ. कहीं पनि नलाने

खण्ड - "ग"

नवजात शिशुको स्याहारप्रति बुबाहरुको धारणा

तलका भनाईहरुप्रति आ-आफ्नो धारणा व्यक्त गर्नुहोस् ।

क्र.स.	भनाई	प्रतिक्रिया					अंङ्क
		पू.स.	स.	त.	पू.अ.	अ.	
१.	नवजात शिशुलाई कुनै पनि स्याहार चाहिँदैन ।						
२.	नवजात शिशुलाई स्याहार गर्ने आमाको मात्र जिम्मेवारी हो ।						
३.	नवजात शिशुलाई स्याहार गर्ने आमा बाबु दुबैको जिम्मेवारी हो ।						
४.	नवजात शिशुको स्याहारमा बुबाको संलग्नता चाहिँन्छ ।						
५.	बुबाको भुमिका भनेको कमाइ गर्नु र अनुशासन सिकाउनु मात्र हो ।						
६.	प्राय जसो बुबाहरुले आफुमा नवजात शिशुको स्याहार सम्बन्धी सीप/क्षमता तथा आत्मविश्वास नभएको ठान्छन् ।						
७.	नवजात शिशुको स्याहार गर्नु सुखद अनुभूति हो ।						
८.	नवजात शिशु तथा बुबा बीचको बन्धनको लागि नवजात शिशु तथा बुबा बिच माया स्नेह चाहिँन्छ ।						
९.	एकल परिवारको बुबाहरु मात्र नवजात शिशुको स्याहारमा संलग्न हुनुपर्छ ।						
१०.	छोरा र छोरी बच्चाको स्याहारमा भेदभाव गर्नुपर्दछ ।						

संकेत :

- पू. स. = पूर्ण सहमत
स. = सहमत
त. = तटस्थ/अनिश्चित
अ. = असहमत
पू. अ. = पूर्ण असहमत

सहयोगको लागी धन्यवाद !

Informed Consent Form

I am Anita Gurung studying bachelor of nursing course (second year) at nursing campus, Maharajgunj, Kathmandu. As a part of my course, I am going to conduct a study on "Paternal knowledge and attitude regarding the care of the first newborn baby in Maternity ward of western regional hospital, Pokhara." The objective of this study is to explore the existing knowledge & attitude of fathers regarding the care of the first newborn baby.

I would like to ask you to participate as a respondent in this research and co-operate me in conducting this study. If you agree to participate in my research, I will interview you, which will take 20-30 minutes and correct your wrong responses at the end of the interview. You are not forced to participate in this study and you can withdraw from the study at any time without giving reason and without fear.

You will be entirely anonymous and your name won't be linked with any of your answer. Confidentiality and privacy will be maintained by interviewing you in a separate room. The obtained information will be used only for research purpose.

Respondent's written agreement:

I understood all the information in the consent form and I am willing to participate in your research.

.....

Signature

Date:

