

Assessment of Readiness and Challenges of Planned Parenthood Among Conceived Couple Attending Antenatal Outpatient Department at Bankura Sammilani Medical College and Hospital, Bankura West Bengal

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ABSTRACT

Objective: To assess the readiness and challenges of planned parenthood among conceived couple attending antenatal outpatient department at Bankura Sammilani Medical College and Hospital, Bankura West Bengal.

Materials and method: The conceptual frame work based on health belief model, Probability systemic sampling technique was used to select the sample. A self developed valid and reliable structured interview schedule ($r=7.6$) was used to assess the readiness of planned parenthood and another structured interview schedule ($r=7.2$) was used to assess the challenges of planned parenthood among conceived couple.

Results: The result revealed that among readiness of planned parenthood conceived couple was more ready in the area of stable marital relationship (mean%81) where as readiness was lower in area of financial readiness (mean% 64) and life style & behaviour modification (mean% 65). Among challenges of planned parenthood, life style changes (mean% 32), financial burden(mean% 15),balancing work and family(mean %12) was higher than any other factors of challenges of planned parenthood among conceived couples.A significant association was found between readiness of planned parenthood and duration of marriage [$\chi^2=8.89,df(1)$], geographical area [$\chi^2=5.98,df(1)$] monthly family income [$\chi^2=8.46,df(1)$], between challenges of planned parenthood and more age of pregnant women [$\chi^2= 6.07,df(2)$] more age of husband [$\chi^2=6.66,df(2)$], more number of child [$\chi^2=11.8,df(2)$], high parity [$\chi^2=13.24,df(2)$],and longer duration of marriage [$\chi^2= 9.54,df(2)$]. A significant positive relationship was found between readiness of planned parenthood and challenges of planned parenthood [$r=0.21$ df(128)]

Conclusion: The couple who had readiness of planned parenthood they also faced challenges in different area during planned parenthood. Based on these study findings the study can be implicated in the hospital setting and community setting by arranging couple awareness programme and planned parenthood classes weekly with involvement of nursing administrators in both facilities.

Keywords: Planned Parenthood, Readiness, Challenges, Conceived couple

INTRODUCTION

Parenthood is an event of joy and celebration for every family. A new child brings new worries, new challenges and new stress yet it also brings new feelings new understanding. Becoming parents is to think about and prepare for physical, mental, and emotional changes and challenges. It also changes the quality of marital relationship⁽¹⁾.

Parenthood refers to a male or female becoming a parent through adoption or by the birth of his/her child. 'Preparation' is defined as 'something done in order to prepare for something else'(Collins English Dictionary, 2006), readiness (synonyms being , expectation , provision, safeguard, precaution, preparedness, alertness(Collins Thesaurus, 2006)

The Merriam –webster Dictionary (webster 2005) defines parenthood (noun) as 'the state of being parent'. Parenthood is described by Collins Thesaurus (2006) as fatherhood or motherhood, bringing up, child rearing, nurturing and upbringing.

"Nothing can prepare you for Parenthood"-- -- is mostly true, before have kids there are some things someone can do that should be kept in mind⁽¹⁾.

Planned Parenthood refers planning and preparing a woman and her husband for childbirth. It includes health care, along with education and counseling about how to handle different aspects of pregnancy. Mental, physical, economical preparation can reduce stress, depression, anxiety, and help the transition to parenthood without much effort. There is a shift in identity that comes with becoming a parent. Planned pregnancy can lead a perfect pregnancy, good maternal and fetal outcome.

Fifty years ago, due to unavailability of contraceptive methods readiness for parenthood among couples was very less, so couples suffering from infertility or repeated miscarriage and gradually accepted their inability to become pregnant and ultimately sought other parenting options. In recent decades, the availability of effective

and reliable contraceptive method has given many opportunities to choose the timing of parenthood. The decision to become pregnant is carefully weighed against the impact of pregnancy and impact it will have on their careers, life styles, financial status and marital relationship⁽²⁾.

Pregnancy and child birth are important moments for couple. Increased involvement of childbearing couples in all phases of the reproductive cycle is beneficial for parenthood. Parenthood is a very important responsibility that needs preparation, because in this case success is measured by the outcome of children live. A prepared couple can cope positively with stress of labour, enriching their relationship and promoting psychological maturation. A parents who are prepared or previously inform regarding parenthood can easily understand of their child's numerous needs for comfort, security, and stimulation during the early formative years could attained a happier and more delightful parent child relationship, and cultivate optimal growth and development of the child .

Couples who have not adequately prepared for the hardship of parenting in terms of logistics, child rearing philosophies and financial issues are more likely to experience conflict and marital stress, it can vigorously alter the lives and development of their children as well as their own lives. So it's important to build strong communication strategies with partner before the baby arrives.

There are number of benefits for planned parenthood. Planned parenthood helps in maintaining peace and harmony within family, maintaining a better standard of living, make economic and social planning. It improves socio-cultural changes which accompany the developmental process .It also promotes better health and welfare of mother and children ,and provides congenial and conflict free environment .Reduces the morbidity and mortality of mother and children, develop a favourable attitude about child bearing and child rearing to react

positively and to adjust well⁽⁴⁾.Preparation for parenthood supports parents to feel more competent during the transition to parenthood (Borg Xuereb 2012).Planned parenthood allows for parents to be accepted the changes during transitional period.⁽³⁾

Therefore, the investigator felt the need to assess the readiness and challenges of planned parenthood among conceived couple. A parent is really one who takes responsibility for the needs of a child. Parenthood commits with complicated job of raising children even before they are born. Parenthood can include many ups and downs. Every family is different, all families will not experience parenthood in exactly the same way, but they will face some identical challenges. When future parents educate and prepare themselves for parenthood, they actually analyze critically about the possible scenarios that could happen during parenthood. As they evaluate critically, they can better understand the actions and decisions of their own parents and can hypothesize about their own future parenting experience.

MATERIALS & METHODS

A descriptive study was conducted at Bankura Sammilani Medical college & Hospital, Bankura. West Bengal. Exploratory research design was adopted to

achieve the objective of the study. In the present study probability systematic random sampling technique was adopted to select the subject. Sample size was calculated using Cochran formula. Study participants gave their informed consent.

Inclusion criteria were the pregnant couple who were willing to participate in the study. Pregnant couple with first and second trimester and exclusion criteria were those who were not coming with spouse, coming advance stage of pregnancy with complication, and husband or spouse any one were mentally retarded. The study was conducted from 7th February 2022 to 5th march 2022.Ethical clearance was obtained from the chairperson Institutional Ethics Committee, formal permission taken from Director of Health Services, West Bengal (Nursing brunch) and the study was conducted according to the medical and ethical guideline. The data was collected by interviewing technique, a self developed valid and reliable structured interview schedule designed to collect data. Question will be asked in local language. The interviewer is to tick mark (√) in the appropriate space according to the response given by the respondent.

The data was stored in Microsoft excel and statistical analysis was done using SPSS software v21.0. Statistical analysis was done by descriptive and inferential statistics.

RESULTS

Table 1 Frequency & percentage distribution of demographic characteristics of pregnant women and her husband n=130

Sl. No	Characteristics	Pregnant women		Husband	
		Frequency	Percentage (%)	Frequency	Percentage (%)
1	Age in years				
	15-20	43	33	7	5
	21-30	78	60	74	57
	31-40	9	7	45	35
	above 40	0	0	4	3
2	Education				
	No formal education	14	11	19	15
	Upto primary level	20	15	24	18
	Upto secondary level	42	32	50	38
	Upto higher secondary level	32	25	17	13
Graduate or above	22	17	20	15	

Data presented in table no 1 shows that maximum pregnant women (60%) and maximum husband (57%) belonged to the age group 21 to 30 years. Only 3% husband belonged to the age group above 40 years where as no pregnant women belonged to

this age group. Both husband and pregnant women maximum number passed up to secondary level of education, 38 % and 32% respectively. Few couple had graduate or above graduate level of education that was 17% wife and 15% husband.

Table 2 Frequency & percentage distribution of demographic characteristics of pregnant women and her husband n=130

Sl. No	Characteristics	Conceived couple	
		Frequency	Percentage (%)
3	Religion		
	Hindu	104	80
	Muslim	26	20
4	Type of family		
	Nuclear	35	27
	Joint	95	73
5	Geographical area		
	Urban	28	22
	Rural	102	78
6	Duration of marriage		
	Less than 1 year	49	38
	1 to 4 year	38	29
	5 to 10year	32	25
	Above 10 year	11	8
7	Number of child		
	No child (Including 1 death child)	82	63
	1	40	31
	2	7	5
	More than 2	1	1
8.	Monthly family income		
	< Rs. 5000/	25	19
	Rs 5001- 10000/	45	35
	Rs.10001- 15000/	26	20
	Rs.15001- 20000/	11	8
9.	Parity of mother		
	Primi para	81	62
	Multi para (Including 1 death child)	49	38

Data shows that Most of conceived couple were Hindu (80%) and 20% conceived couple were Muslim. Most of conceived couple (73%) belonged to joint family and only 27 % couple belonged to nuclear family and maximum number (78%) of couple lived in rural area minimum number (22%) couple were lived in urban area. Maximum conceived couple (38%) married for less than 1 year. Minimum number of

conceived couple (1%) had more than 2 children. on the other hand maximum couple (63%) had no child and very less number of couple (8%) had monthly family income Rs.15001- 20000/ Maximum number of conceived couple (45%) earned monthly Rs5001-10000/. Near about two third pregnant women were primi para (62%) and little more of one third (38%) of pregnant women were multipara.

Table 3 Frequency and percentage distribution of physical readiness of planned parenthood among conceived couple in terms of reproductive health. n=130

Items	Frequency	Percentage (%)
Physical readiness		
1.Reproductive health		
Proper time of menarche (10-16 years)		
Yes	119	92
No	11	8
Have menstrual abnormality (Lengthy duration, excessive amount, irregular interval)		
Yes	23	18
No	107	82
Presence of Previous history of abortion		
Yes	17	13
No	113	87
Medical check up before conception		
Yes	23	18
No	107	82

Majority of pregnant women (92%) had started menarche in proper time that is 10 to 16 years of age. Only minimum (8%) number of pregnant women had not started menarche in proper time. Maximum number (82%) pregnant women had no menstrual

abnormality. Majority of pregnant women (87%) had no previous history of abortion 13% pregnant women had history of previous abortion. A few numbers of couple (18%) go medical check up before conception.

Table 4 Frequency and percentage distribution of physical readiness of planned parenthood among conceived couple in terms of general health. n=130

Items	Pregnant women		Husband	
	Frequency	(%)	Frequency	(%)
Physical readiness				
2.General health				
Presence of any Medical illness				
Yes	13	10	3	2
No	117	90	127	98
Type of Illness	n(Illness of wife)=13		n(Illness of husband)=3	
Anemia	3	23	0	0
Thalasemia	2	15	0	0
Diabetes	3	23	2	2
Thyroid disorder	3	23	1	1
Asthma	2	15	0	0
Consultation with Physician	n(wife)=13		n(husband)=3	
Yes	9	69	1	33
No	4	31	2	67
Practice of exercise				
Yes	11	8	17	13
No	119	92	113	87

Data presented in table 4 depicts that 10% pregnant women and 2% husband had medical illness, among the illness pregnant women had anemia 23%, Diabetes 23%, Thyroid 23% and Thalassemia 15%, Asthma 15%, whereas 2% husband had

Diabetes and 1% had Thyroid disorder and among them 69% pregnant women and 33% husband consult with physician before pregnancy. Among the participant only 13% husband and 8% wife practice exercise.

Table 5 Frequency and percentage distribution of physical readiness of planned parenthood among conceived couple in terms of general health. n=130

Items	Conceived couple	
	Frequency	Percentage (%)
Physical readiness		
Concerned about weight gain		
Yes	97	75
No	33	25
Complete immunization of pregnant women		
Yes	117	90
No	13	10
Follow birth spacing(n(multipara) =49)		
Yes	44	90
No	5	10
Year of spacing		
Less than 2 yrs	9	18
More than 2 Years	40	82

Maximum (75%) couple were concerned about weight gain in pregnancy. Maximum number of pregnant women (90%) were fully immunized. Among the 49 multipara

couple 90% follow birth spacing and 82% couple followed year of spacing more than 2 years on other hand 18% couple followed year of spacing less than 2 years.

Table 6 Frequency and percentage distribution of readiness of planned parenthood among conceived couple regarding life style & behaviour modification. n=130

Items	Pregnant women		Husband	
	Frequency	(%)	Frequency	(%)
Life Style and behaviour modification				
Presence of any addiction				
Yes	Nil	-	16	12
No	130	100	114	88
Plan for stop Addiction(nhusband=16)				
Yes	Nil	-	2	13
No	Nil	-	14	88
Perform risky job(Long standing, chemical exposure, heavy lifting, long time computer use)				
Yes	3	2	11	8
No	127	98	119	92
Plan for change this job	n(change job of wife)=3		n(change job for husband) =11	
Yes	2	67	0	0
No	1	33	11	100
Daily travel for Work	n(travel by wife)=11		n(travel by husband)=130	
Yes	8	6	60	46
No	3	2	70	54

In the present study no pregnant women had any type of addiction but 12% husband had addiction. Among them 38% had alcohol addiction, 31% smoker and 31% had others type of addiction. Among the addicted husband 13% had plan to stop the addiction but majority (88%) husband had no plan to stop the addiction. only 2% pregnant

women and 8% husband perform risky job (in terms of heavy lifting, long standing, and prolonged use of computer) and 67% pregnant women plan to change the job where as no husband (100%) plan to change the job. Among the working couples 6% women and 46% husband daily travel (by bus, auto, train, cycle, motorcycle)

Table 7 Item wise frequency and percentage distribution of readiness of planned parenthood among conceived couple regarding life style & behaviour modification. n=130

Items	Conceived couple	
	Frequency	Percentage (%)
Life Style and behaviour modification		
Provision to take rest of pregnant women (At least 2hrs at day 8 hrs at night)		
Yes	97	75
No	33	25
live around toxic substance		
Yes	9	7
No	121	93
Stop contraception 3 month before pregnancy		
Yes	8	6
No	122	94
Eat fresh vegetables and foods for pregnancy		
Yes	93	72
No	37	28
Stable Marital relationship maturity		
Spent time with spouse and family		
Yes	113	87
No	17	13
Partner share household chores equally		
Yes	82	63
No	48	37
Conception accepted by couple		
For the need of family	16	12
Failure of contraceptive	18	14
Failure of with drawl method	23	18
Mutual understanding	73	56

Data presented in table 10 depicts that 75% pregnant women take adequate rest in term of at least 2hrs at day time and 8 hrs at night. 7% couple live around toxic substance Majority couple (94%) were not stop contraception 3 month before pregnancy only 6% couple stopped contraception 3 month before pregnancy. Majority (72%) couple said they eat fresh

vegetable and foods. Majority (87%) couple spent time with spouse and family. Majority (63%) couple said they share household chores equally. More than half (56%) Couple were conceived and accept pregnancy with mutual understanding, 14% conceived for failure of contraceptive methods (OCP, condom, cu-T) and 12 % for the need of family.

Table 8 Frequency and percentage distribution of readiness of planned parenthood among conceived couple regarding financial readiness n=130

Items	Conceived couple	
	Frequency	(%)
Financial readiness		
Fixed source of income		
Yes	92	71
No	38	29
Enough to meet expenses for carrying out pregnancy and baby care		
Yes	92	71
No	38	29
Having source of getting money for emergency		
Yes	116	89
No	14	11
Presence of private or govt. health scheme		

Yes	85	65
No	45	35
Capacity for deploying paid maid for care of baby		
Yes	23	18
No	107	82

Data presented in table 8 depicts that maximum (71%) couple had fixed source of income and minimum (29%) number of couple had no source of fixed income. 71% couple said their earning were enough to meet expenses for carrying out pregnancy

and baby care. 89% couple had source of getting money for emergency purpose in. Majority (65%) couple had private or govt health scheme. Majority (82%) couple had no capacity for deploying paid maid for baby care.

Table 9 Frequency and percentage distribution of psychological readiness of planned parenthood among conceived couple n =130

Items	Always		Some time		Never	
	Fr.	(%)	Fr.	(%)	Fr.	(%)
Psychological readiness						
Away from violence	112	86	18	14	0	0
Tempered more rather than previous	9	7	56	43	65	50
Thinking of need of own self is more important than others	3	2	45	35	82	63
Take care of own self without depending of others	108	83	22	17	0	0
Taking of decision based on emotion	11	8	39	30	80	62
Want baby with specific gender	14	11	35	27	81	62
Scared to take responsibility	10	8	45	35	75	58
Break down easily for pressure or stress	14	11	45	35	71	55

In this present study majority (86%) of couple always away from violence, and also majority (50%) couple never tempered rather than previous. Majority (63%) couple never thinking need of own self is more important than others. Majority (83%) couple always take care own self without depending of others. Majority (62%) couple

never take decision based on emotion. Minimum couple (11%) always want a baby with specific gender. More than half couple (58%) never scared to take responsibility of spouse and baby together, Majority (55%) couple never break easily for pressure or stress.

Table 10 Frequency and percentage distribution of challenges of planned parenthood among conceived couple in terms of balancing work and family/work load, life style changes and time management n=130

Items	Conceived couple	
	Frequency	(%)
Balancing work and family/Work load		
Maintain balance work load in family /work place		
Yes	95	73
No	35	27
Reason of not balancing work & family/workload (n=35)		
For Home maker women		
Work load not distributed due to nuclear family	22	63
Unwillingness to participate work by family members in joint family	12	34
For working couple		
Shifting duty (specially night duty cannot be changed)	3	9
Work load not reduced by supervisor	5	14
Authority not provided short frequent break	2	6
Life style changes on food habits		
Change life style for healthy pregnancy outcome		

Yes	64	49
No	66	51
Reason for not changing life style for healthy pregnancy outcome(n=66)		
Not like to avoid spicy & junk food	58	88
Cannot add extra amount of food in frequent interval than earlier	47	71
Time management		
Getting extra time for taking care of own self		
Yes	95	73
No	35	27
Reason for not getting extra time for taking care of own self(n=35)		
Both office work and household work for inside & outside home	5	14
Can't reschedule the daily work	35	100
Family member not flexible insist to do all work	12	34
Taking care of all family member	9	26

*Data was not mutually exclusive

Data shows that 27% couple cannot maintain balance in work and family. Reason of not balancing work & family/work load were work load not distributed due to nuclear family (63%), were 14% working couple said work load not reduce by supervisor. 51% couple do not change life style for healthy pregnancy outcome. Reason for not changing life style showed

that majority (88%) of pregnant women not like to avoid spicy & junk food and & 71% cannot add extra amount of food in frequent interval than earlier. 27% couple cannot get extra time for taking care of own self. Reason for not getting extra time for taking care of own self showed that maximum couple (100%) can't reschedule the daily work.

Table 11 Frequency and percentage distribution of challenges of planned parenthood among conceived couple in terms of financial management, support from family, sleeping pattern n =130

Items	Conceived couple	
	Frequency	Percentage (%)
Financial Management		
Financially stable to carry out pregnancy		
Yes	85	65
No	45	35
Reason for no financial stability to carry out pregnancy(n=45)		
Savings not meet the expense of baby care	34	76
Financial support from family, friends, relatives are not available	7	15
Support from family		
Received support from family members		
Yes	114	88
No	16	12
Reason for not received support from family members (n=16)		
Family members are busy with their working schedule	8	50
They do not provide healthy diet required for pregnancy	2	13
They do not give information about parenting	13	81
They are not willing to go hospital for routine antenatal check up with pregnant women	6	38
Sleeping pattern		
Take adequate sleep		
Yes	80	62
No	50	38
Reason for not maintaining sleeping pattern(n=50)		
Disturbance of young child	17	34
No fixed bed time	46	92
Not possible to keep bed room cool dark quite	14	28

Official work to do at night	2	4
Late night sleeping habit	20	40
Indulgence in other work until feel sleepy	15	30

***Data was not mutually exclusive**

Data presented in table 18 shows that 35% couple not financially stable to carry out pregnancy. Reason for no financial stability to carry out the pregnancy showed that majority (76%) couple had no sufficient saving that meet the expense of baby care. Data also depicts that 12% couple not received any support from family member. Reason for not received support from family

members were majority (81%) couple not get information about parenting from family, 50% family members are busy with their working schedule, and 38% couple cannot take adequate sleep. Reason for not maintaining sleeping pattern showed that Majority (92%) couple had no fixed bed time.

Table 12 Domain wise assessment of readiness and challenges of planned parenthood among conceived couple n=130

Readiness of planned parenthood among couple	Mean	Mean%
Physical readiness	7	70
Life style & behaviour modification	5	65
Stable Marital relationship	3	81
Financial readiness	4	64
Psychological readiness	16	80
Challenges of planned parenthood among couple		
Balancing work and family	0.96	12
Life style changes	1.3	32.5
Time management	0.7	14
Financial Burden	1.05	15
Support from family	0.3	5
Sleeping pattern	0.87	12

From the above table it was observed that among readiness of planned parenthood conceived couple were more ready in the area of stable marital relationship (81%) and less ready in the area of financial readiness (64%). Mean percentage of subsequent area of readiness were psychological readiness (80%), physical readiness (70%), Life style & behaviour modification (65%). it was also observed that among challenges of planned

parenthood, life style changes (Mean % 32.5) was higher and support from family (Mean % 5) was lower than any other factors of challenges of planned parenthood among conceived couples, followed by financial burden (Mean % 15), Time management (Mean % 14), However conceived couple felt same challenges both balancing work and family (Mean % 12) and sleeping pattern (Mean % 12).

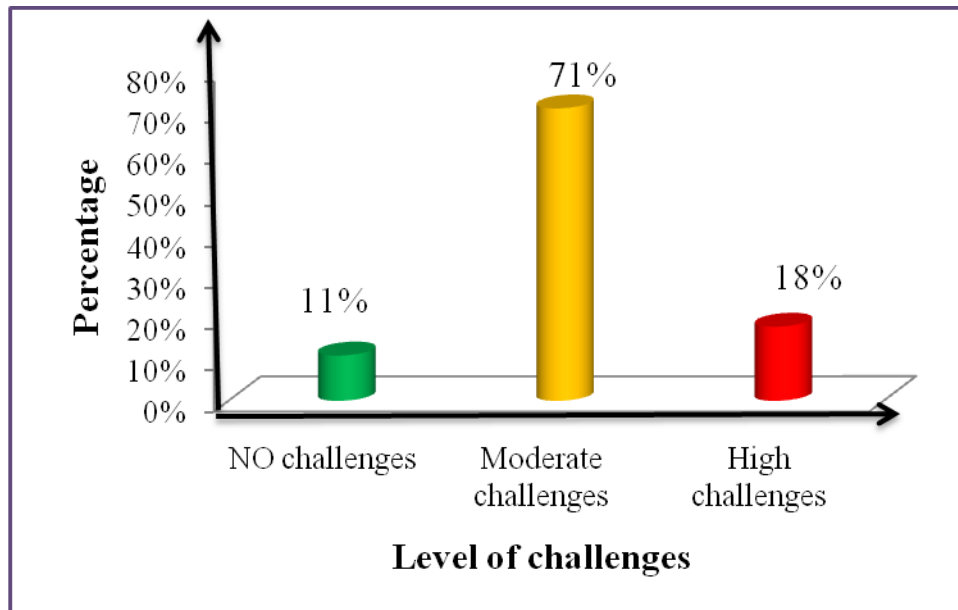


Fig1: Bar diagram showing percentage distribution of conceived couple according to level of challenges of Planned Parenthood.

Data shows that minimum (11 %) conceived couple had no challenges, maximum (71%) couple had moderate challenges, and 18% had high challenges for Planned Parenthood.

Table 13 Association between readiness of planned parenthood among conceived couple with demographic variables n=130

Variables	Readiness of planned parenthood		df	Chi
	<Median	≥Median		
Age in years				
Pregnant women				
Up to 20	25	18	1	4.22*
Above 20	34	53		
Husband				
Up to 30.	41	40	1	2.37
Above 30	18	31		

* χ^2 df (1) =3.84 p<0.05 significant

Data presented in table 24 reveals that there is significant association between readiness of planned parenthood and age of pregnant women as calculated χ^2 value was 4.222 at

df (1) which was greater than table value at 0.05 level of significance. But there is no significant association between readiness of planned parenthood and age of husband.

Table 14 Association between readiness of planned parenthood among conceived couple with demographic variables n=130

Variable	Conceived couple		df	Chi-square value
	Readiness of planned parenthood			
	< Median	≥Median		
Duration of marriage in years				
Less than 1 year	30	19	2	8.89*
Up to 5	20	30		
Above 5	9	22		
Types of family				
Joint	44	51	1	0.12
Nuclear	15	20		

Monthly family income				
Up to 10 thousand	40	30	1	8.46*
Above 10 thousand	19	41		
Parity of mother				
Primi Para	41	40	1	2.37
Multi Para	18	31		
Geographical area				
Urban	7	21	1	5.98*
Rural	52	50		

χ^2 df (2) =5.99 p<0.05 *Significant

χ^2 df (1) =3.84 p<0.05 *Significant

In the study there was a significant association between readiness of planned parenthood of couple and duration of marriage as evident by calculated χ^2 value 8.99 at df (2) which was greater than table value at the 0.05 level of significance. Data reveal that there is no significant association

between readiness of planned parenthood among couple and type of family. There was statistically significant association between Monthly income and geographical area of couple with readiness of planned parenthood and no statistically significant association with parity of mother.

Table 15 Association between demographic variable and challenges of planned parenthood n=130

Variables	Challenges of planned parenthood			df	χ^2
	No challenges	Moderate challenge	High challenge		
Age in Years					
Pregnant Women					
Up to 20	7	33	3	2	6.07*
Above 20	8	59	20		
Husband					
Up to 30	11	61	9	2	6.66*
Above 30	4	31	14		

χ^2 df (2) =5.99 p<0.05 * Significant

In the study there was a statistically significant association between age of conceived couple and challenges of planned parenthood.

Table 16 Association between demographic variable and challenges of planned parenthood n=130

Variables	Conceived couple				df	χ^2
	Challenges of planned parenthood					
	No challenges	Moderate challenge	High challenge			
Numbers of Child						
No child	14	60	9	2	11.8*	
≥1	1	32	14			
Type of family						
Joint	2	23	10	2	4.78	
Nuclear	13	69	13			
Geographical area						
Urban	4	18	6	2	1.12	
Rural	19	69	14			
Number of parity						
Primi Para	14	57	8	2	13.24*	
Multi Para	1	35	15			
Monthly family income						
Up to 10 thousand	7	52	11	2	0.92	
Above 10 thousand	8	40	12			
Duration of marriage in years						

Less than 1 year	10	35	4	4	9.82*
Up to 5 years	6	26	6		
Above 5 years	7	26	10		

χ^2 df (2) =5.99 p<0.05 *Significant

χ^2 df (4) =9.48 p<0.05 * Significant

Above data depicts that there was a statistically significant association between Number of child, Number of parity and duration of marriage with challenges of planned parenthood and there was no

significant association between demographic variable like type of family, Geographical area, monthly family income of couple with challenges of planned parenthood.

Table 17 Correlation coefficient “r” & ‘t’ value showing relationship between readiness and challenges of planned parenthood. n=130

Variables	Mean	‘r’ value	‘t’ value
Readiness of planned parenthood	33.15	0.21	2.5*
Challenges of planned parenthood	6.8		

r df (128) =0.159, t df (128) = 1.960 p<0.05 *significant

Data depicts that there is a weak positive significant co-relation between readiness and challenges of planned parenthood among conceived couple as evident by calculated ‘r’ value 0.21 at df (128) and ‘t’ value 2.5 at df (128) at 0.05 level of significance.

DISCUSSION

This study was conducted with the core purpose of assessing the readiness and challenges of planned parenthood among the conceived couple and their association with selected demographic variables. An exploratory design was used. The Sample included 130 conceived couple of any trimester. On the basis of objectives and the findings of the present study, the discussion was held in relation to other studies.

The study revealed that conceived couple were more ready in the area of stable marital relationship the mean percentage of stable marital relationship showed higher (81%) where as conceived couple were faced more challenges in planned parenthood with life style changes (mean percentage 32%). Among the multipara couple, Maximum couple (67%) able to rearing and nourishing of young child along with pregnancy but among them maximum (27%) couple have no plan for preparing older children to accept new sibling

.According to them they were not know how to explain the older children about the new comer.

Discussion of findings of present study with others study

In present study among the domain of readiness of planned parenthood the mean percentage of stable marital relationship (81%) was higher than other factors irrespective of primi and multipara women. 87% conceived couple said they spent time with spouses and 56% couple said they conceived and accept their pregnancy by mutual understanding. So, in this study majority couple had good stable marital relationship this is an important factor for readiness of planned parenthood. The study is supported by the study conduct on Italian and Belgian heterosexual couples on intuitive co-parental behaviour and quality of couple relationship who wanted to become parents. The result show high level of couples adjustment lead to better parental performance among both Italian and Belgian couples⁽⁴⁾.

There are some study findings that not consistent with current study result. Couple’s relationship is exposed to change during parenthood that might affect the couple’s relationship. Belsky et al (1985) found small yet reliable changes in relationship in a negative direction when

couples became parents⁽⁵⁾. Another Study was conducted by

Krisitiina Moller C. Philip Hwang in Sweden (2006). The result revealed a strong positive co-relation between quality of couple relationship and experiences of household workload, stress, perception of the infant and support from environment. Stress was negatively associated with satisfaction in couple relationship, when couple experienced their lives as stressful they were not happy with their couple relationship. The comments ('I am at home, so I get to do too much of the household work and that results in quarrels.') showed that stress specially concerned with work. Sometimes it is often difficult for both husband and wife to combine work and family, specifically for first and second time father and second time mother. Child temperament, social support, stress affect the couple's relationship. These results indicate household work and stress appear to be indicators of relationship happiness for couple who had recently become parents⁽⁶⁾. In the current study majority (87%) of couple spend time with spouses and helped their wives at house hold work. Maximum (92%) pregnant women were house wife, only some of women (8%) performed work both home and outside combine, maximum(73%) couple belongs to joint family ,they get support from other family members, that may be the reason that maximum (73%) couple maintain balance in work and family in result they experience low stress

Finance can be a stressful element in itself; family finance is one of the main reasons for disharmonious couple relationship. In present study majority (71%) couple had fixed source of income, couple had good mutual understanding majority couple conceived after discussion with each other. So, in present study couple were happy with their relationship.

Another meta analysis found that parent had lower marital satisfaction compared with non parents. Result also revealed that there

is a significant negative correlation between marital satisfaction and number of children, the difference in marital satisfaction is most pronounced among mothers of infants compared with childless women. The effect of men remains similar across ages of children and the effect of parenthood on marital satisfaction is more negative among high socioeconomic groups, younger birth cohort, and in more recent years. Marital satisfaction decreases after the birth of a child due to role conflicts and restriction of freedom⁽⁷⁾. But in present study the result was dissimilar conceived couple's relationship were not affected by number of children. According them they are able to rearing and nourishing of young child along with pregnancy.

In present study showed that mean percentage of financial burden (15%) showed low challenges of planned parenthood.

In current study Majority (65%) couple had no financial challenges to carry out pregnancy, there also significant association between monthly income of couple and readiness of planned parenthood .Mean percentage of financial readiness 64% though only minimum percentage of conceived couple had monthly family income above 20001 and majority (35%) couple had monthly income between Rs.5001 -10000/ but according to their perception , their living style, their geographical area of living , their educational level, they thought their monthly income was enough to met expenses for carry out pregnancy , baby care and their daily living. This finding not consistent with the study, conducted by Atlantis press the findings of this study showed more challenges of planned parenthood regarding financial burden. More than half respondent (53.1%) response that they did not had a permanent job before the child was born. couples were claimed that they married without financial saving or insurance for school fees or children's health, they were not independent and had

not been able to do good family financial planning⁽⁸⁾.

In present study maximum (88%) conceived couple said that they received support from family members and that helped them to easy transition to parenthood. This result is supported by a study conducted on March 2015 at West Bengal regarding family support received by couple during antenatal, intranatal and postnatal period. The findings of the study revealed that maximum women (36%) had received good family support. Financial support from family was 95% where as postnatal support score was lowest. There is significant association of level of family support with family income, plan of pregnancy but education had no significant statistical association with level of family support⁽⁹⁾.

In present study, it is found that 27% conceived couple face difficulties between balancing work and family that made harder to be a good parent. 73% couple said it does not create any challenges for them. The study is supported by the survey done by Pew Research centre on 2013 about Balancing work and family, 38% parents said being working parent makes it harder to be a good parent, about one in ten said being a working parent makes it easier to be good parent, and 50% said it doesn't create any difference. 27% said being a working parent had made tough for advance in their job or career, while majority (63%) said being a working parent didn't make any difference in their career advancement⁽¹⁰⁾.

In present study computed chi square value revealed that maternal age above 20 years is significantly related to readiness of planned parenthood. The result was supported by a study conducted by Ragoz in, Arlene S. Basham, Robert B. Crini C, Keith A et al. about effect on maternal age on parenting role on 2012 reported maternal age influences parental role performance and satisfaction. When others psychological variable was controlled, advanced maternal age was significantly associated with greater satisfaction with parenting⁽¹¹⁾.

From the above discussion it can be concluded that couple who have stable marital relationship and psychologically mature are more ready for planned parenting. Couple who are going to planned parenthood, they faced more challenges in life style change on food habits. Study also revealed that women who are above 20 years age, married more than 5 years, living in urban area, income more than 20000 are more ready for planned parenthood. Significant association was found between age of couple, number of children, parity, duration of marriage and challenges of planned parenthood.

CONCLUSION

Majority of couple had more readiness on stable marital relationship and majority of couple faced challenges on life style changes on food habits. Conceived couple faced more challenges than other who had age above 20 years (pregnant women), above 30 years (husband), married for more than 5 years, more than one child, and multiparity, and also there is a significant association between age of pregnant women and husband of pregnant women, duration of marriage, number of child parity of pregnant women. There is a significant a week positive relationship between readiness and challenges of planned parenthood. So, awareness about planned parenthood, counselling for preparation of parenting is very much essential for better pregnancy outcome.

Declaration by Authors

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