



DETERMINING THE LEVEL OF HUSBAND INVOLVEMENT IN WIVES ANTENATAL CARE IN SUBURBAN AREA

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ABSTRACT

Background: Husbands tend to be decision makers within the family. Male involvement has been recognised as having great impact on women's utilisation of maternal healthcare service which can be used to reduce the maternal morbidities and improve maternal health.

Aim and Objectives: To assess the level of involvement of husbands in antenatal care and to assess the factors influencing their involvement in antenatal care.

Methods: A cross sectional study of 86 husbands of pregnant women enrolled in urban slum community of Mumbai.

Results: Study findings revealed that majority of the respondents 53(62%) had low level of involvement while 33(38%) had high level of involvement in antenatal care. Job and health staff attitude are the major factor influencing the involvement of husbands in antenatal care.

KEYWORDS : husbands, level, antenatal care, suburban slum.

BACKGROUND:

Husbands tend to be decision makers within the family and often govern the availability of food, women's workload and the allocation of money, transport and time for women to attend health services, yet, they have not been included in maternal and child health services. Developing countries continue to have a high maternal mortality ratio (240/100,000 live births), about 15 times that of developed countries (16/100,000 live births) Male involvement in maternal health care has been described as a process of social and behavioural change that is needed for men to play more responsible roles in maternal health care with the purpose of ensuring women's and children's wellbeing¹. Antenatal care has been termed as one of the "four pillars" of safe motherhood by the WHO². Male involvement has been recognised as having great impact on women's access to and utilisation of maternal healthcare services which leads to a better outcome for both mother and baby. The three main delays that affect access to maternal health care are the delay in deciding to receive care, delay in reaching the service delivery point and delay in receiving care at the facility. Male partner involvement among other factors can significantly influence the first two delays. The concept of male involvement in maternal health is now being advocated as an essential element of World Health Organization (WHO) initiative for making pregnancy safer³ Male partner involvement is a key factor that cannot be ignored in the quest for improvement in maternal health. When men are part of ante-natal and post-natal clinic, they partake in the education given at these clinics. This leads to increase in men's knowledge of and appreciation of the need for these services. They are able to identify danger signs and so facilitate women's utilisation of health care services especially in emergencies⁴. When women are educated together with their partners, not only do the men also learn but the women are better able to assimilate and comply with information so acquired.⁵ Involving male partners and encouraging joint decision-making will lead to greater utilisation of health services and thus better maternal outcome.⁶ This study focuses on men and seeks to assess their attitudes about involvement in maternity care and determine the factors that influence it in the urban slum community in Mumbai city.

AIM:

To assess the level of involvement of husbands in wives antenatal care and to determine the factors affecting their level of involvement in a suburban slum area of metropolitan city.

OBJECTIVES:

1. To assess husbands level of involvement in wives antenatal care.
2. To determine factors that influence husband level of involvement in wives antenatal care.
3. To give recommendations to strengthen husband involvement in antenatal care.

METHODOLOGY:

A cross sectional study was conducted among 86 husbands, at Malvani urban health centre, Mumbai over a period of 2 months 15 days between August 2016 to October 2016. The sample size was calculated by using the formula as follows:

As per previous year data of antenatal clinic of urban health centre about 50 mothers register in one month. prevalence of husband accompanying pregnant women registering in urban health centre antenatal clinic is 40 % . Data collection period will be 2 months so pregnant women attending ANC clinic in 2 months will be 100. Therefore by using formula, sample size

$$n = 4pqN / (N-1)e^2 + 4pq$$

$$n = 86$$

$$\text{where } e = \text{error} = 10\% \text{ of } P = 4$$

$$p - \text{prevalence} = 40$$

$$q - \text{hypothetical prevalence} = 100 - 40 = 60$$

$$N - \text{total population} = 100$$

Husbands of pregnant women who gave consent were included in the study. A prevalidated semi-structure questionnaire is prepared in accordance with the study objectives with Information regarding sociodemographic characteristics, husbands involvement in ANC care and the factors affecting same. The questionnaire is validated from 4 experts in the field. After preliminary self introduction, purpose of the visit was explained to the study subjects. After obtaining informed consent, validated semi-structured questionnaire was administered to study subjects. A separate room was used to collect data from husbands at urban health centre to maintain privacy and confidentiality.

The questions on level of involvement in antenatal health services were scored as below:

- 1) The Husband accompanies partner to health facility
- 2) The Husband discusses maternal issues with partner
- 3) The Husband discusses maternal issues with her health

care providers

- 4) The Husband provides financial support
- 5) The Husband helps wife in household chore.

Score of level of involvement was calculated. Those with wrong responses are scored 0 while those with right responses are scored 1. Respondents who score below the mean were regarded as having low level of involvement while those with scores up to or above the mean were regarded as having high level of involvement.

RESULTS:

Total 86 husbands were interviewed. Mean age of husbands was 28.69 majority of husbands were in the age group of 25 to 35 years rest 35 being in 18-25 years age group while 3 were aged above 35years.

Majority husbands 40(46.51%) were educated upto 10th standard.

Table 1: Distribution of study subjects according to the education

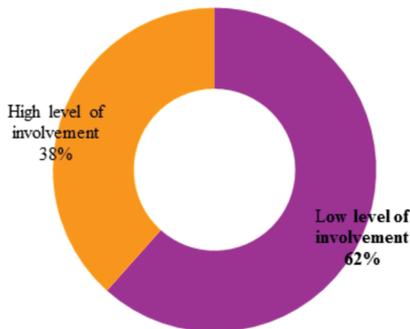
Education	No of Subjects
Illiterate	2
1-7 th std	28
7-10 th std	40
10-12 th	11
>12 th	5

56(65.12%) of the husbands were working as a labourer 19 (22.09%) were having own business or shop and only 11(12.79%) were having job

42(49%) participants accompanied their partners at least once to the antenatal clinic and 44(51) never did. All the participants (100%) provided some form of financial support to their partners. 35 (41%) husbands Helped with household chores and reminded the woman of her antenatal visits. 52(60%) discussed health issues relating to the pregnancy with their partners but only 22(26%) did so with their healthcare providers.

33(38%) husbands interviewed had high level of involvement whereas 53(62%) had low level of involvement in the wives antenatal care.

Figure 1: Level of involvement of husbands



Strong positive association was found between husbands education and their level of involvement in wives antenatal care. High level of involvement was found in higher educated husbands.

Husbands who were occupied as labourer had lower involvement in antenatal care. Long distance from health facility, bad treatment by antenatal clinic health personnel and too long time spent at the health facility were other factors hindering the involvement of husbands in their wives antenatal care.

Table 2: Factors hindering involvement in antenatal care :

Factors affecting	Husbands level of involvement		X2	p- value
	low	High		
Educational level of husbands			15.683	<0.0001
Up to 7th std	27	3		
More that 7th std	26	30		
Occupation of husbands			4.914	0.027
Skilled	12	15		
Unskilled	41	18		
Average monthly income			5.238	0.022
≤5000 rs	26	8		
>5000 rs	27	25		
Time spent at health facility	8	18	15.007	<0.0001
Reasonable	45	15		
Too long				
Attitude of health staff			9.325	0.002
Good	19	23		
Bad	34	10		

DISCUSSION:

In our study we found that the occupation of husbands is found to be the factor affecting husbands involvement in wives antenatal care similarly Mullany BC⁷ found that occupation the most prominent barriers to male involvement in maternal health. In our study we found that poor health care staff attitude and length of time spent at health care facility affects husbands involvement in wives antenatal care. Similar results found in Byamugisha et al⁸ - Poor staff attitudes, restricted male access to various areas within the facility and the length of time spent per visit to the facility were found to negatively affect the level male of involvement Turan JM et al⁹ and Duong DV et al¹⁰ also found that Negative staff attitude as an obstacle to the utilisation of facility-based ANC and delivery care

CONCLUSION:

In suburban area the overall involvement of husbands in wives antenatal care is low indicates that husbands lag behind in the responsibility of wives antenatal care.

Illiteracy and long duration of time spent in the health facility are two important modifiable factors hindering the husband involvement in wives antenatal care.

RECOMMENDATIONS:

Improving male-friendliness of health facilities in terms of infrastructure, organisation of services and staff attitudes and education of the community towards male participation in maternity care can improve male involvement.

Paternity leave with benefits should be given to the males for the purpose of accompanying their wife to ANC clinic and during intranatal period subject to ceiling of at least 3 visits during entire period like their female counterparts as this will further reinforce their commitment to antenatal care of their wives without any undue pressure. This will enable husbands to actively participate in RCH activities.

Education and awareness programs along with improved strategies hinged on enlightenment and orientation of husbands should be developed to encourage active participation of husbands in antenatal care.

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