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# ROLE OF HUSBANDS IN PROMOTING INSTITUTIONAL DELIVERIES IN AN URBAN-SLUM OF DELHI

Community Medicine

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## ABSTRACT

One of the major factors which plays a key role in making deliveries institutional is the role of husbands (besides educational status of mother and father); who often take vital decisions regarding their wives pregnancy. In rural villages across India males or husbands often contribute in a major way the outcome of pregnancy but often have poor knowledge of the factors affecting pregnancy

This study was carried out in urban slum of Delhi "Sangam Vihar", to analyze the role of husbands in facilitating Institutional Deliveries. Focused Group Discussions (FGDs) were carried out which involving husbands of pregnant women in 2 groups; the first group (Group 1st FGD) comprising of husbands whose wives opted for domiciliary delivery; and second group (Group 2nd FGD) comprised of husbands whose wives opted for institutional delivery. Factorial and risk analysis of the data showed that the husbands who wives opted for domiciliary deliveries felt that out of pocket expenses were not affordable which was definitely more at hospital as compared to domiciliary deliveries. They argued that there is no medical insurance cover for deliveries and no free medicines were provided at both Government and Private Hospitals. Further, they said that they would only go to hospital in case there is any complication relating to the pregnancy. Further because of community and family pressures they preferred domiciliary deliveries.

The husbands who wives opted for Institutional deliveries felt that hospital were safer especially in case of any complications of pregnancy and who will take care of these at home. They also felt that there was no risk in the Hospital. Finance was a limiting factor in this group but they were well aware of also the risk of having to deliver at home.

## KEYWORDS

role of husbands, domiciliary deliveries, institutional delivery

### INTRODUCTION AND RATIONALE

Every year about 500, 000 women die from birth related complications and more than 5 million neonates die before they reach one year of age. The trend of a decreasing in MMR in India from a high of about 212 in per 100,000 live births in 2007-09; 178 in 2010-12; 167 in 2011-13 and 130 in 2014-16 is a welcome trend [1 2]. However, still of an estimated 287,000 maternal deaths that occurred globally in 2010; India accounted for 56,000, or 19% of the global maternal mortality; clearly showing that Indian maternal health care delivery system in India is not very effective and needs urgent strategic and operational revision

One of the major factors which plays a key role in making deliveries institutional is the role of husbands (besides educational status of mother and father); who often take vital decisions regarding their wives pregnancy. In rural villages across India males or husbands often contribute in a major way the outcome of pregnancy but often have poor knowledge of the factors affecting pregnancy.

Husbands could help in reducing the 'three delays' (delay in seeking care, delay to reach health care centers and the delay in receiving appropriate treatment. [3] ; and thus improve pregnancy outcome. However, a study conducted in Bangladesh revealed that there are appreciable and correctable gaps in the knowledge of husbands regarding the pregnancy and its complications. [4]. For instance, a study conducted in Delhi shows 64.7 percent of husbands were unaware about the need of increased diet during pregnancy [5] . Findings from Uganda and India shows that only less than one third of husbands were aware about maternal complications [3 6].

Knowledge about mother and child care is vital for husbands because they are the decision makers; especially in rural countryside of India and abroad. A study which was conducted in Ethiopia, showed that 89% of males were involved in decision making and deciding about whether the delivery would be domiciliary or institutional. [7]. Despite the fact that majority of the husbands were aware about vaccines provided in immunization schedule and polio is the most popular vaccine known to them; it was surprising that 9.8 percent of participants had a negative opinion against immunization of their child.

Thus two factors emerge from the above discussion :-

1. India has a high and stagnating MMR which needs urgent action
2. Husbands play an important role in deciding whether a delivery is domiciliary or institutional
3. Husbands are not properly informed of the complications or details about pregnancy and community talks and initiatives need are needed to empower them to make better decisions

### AIMS & OBJECTIVES

1. To study the role of husbands in facilitating Institutional Deliveries in the urban slum of Delhi "Sangam Vihar".
2. To make the necessary community talks and IEC activities to empower husbands to increase the institutional deliveries.

### METHODOLOGY

This study was conducted during the time period January 2010 to June 2010 in an urban slum, Sangam Vihar, located in South Delhi. Focused Group Discussions (FGDs) were carried out which involving husbands of pregnant women in 2 groups; the first group (Group 1st FGD) comprising of husbands whose wives opted for domiciliary delivery; and second group (Group 2nd FGD) comprised of husbands whose wives opted for institutional delivery. There were 6 men in each FGD. So 2 FGDs were conducted and then a factorial analysis was carried between the two groups namely :-

1. Ist FGD Group: Husbands of women who opted for domiciliary Delivery
2. 2nd FGD Group: Husbands of women who opted for Institutional Delivery

## OBSERVATIONS

### 1st FGD Group: Husbands of women who opted for domiciliary delivery

| S No | Name | No children | Domiciliary/Institutional | Delivered at Home And Comments | Final Comments |
|---|---|---|---|---|---|
| 1 | Mr D1 | 4 | All 4 at Home | No Money and Out of pocket expenditure.<br>- No money is paid for ID, then why to go to the hospital?<br>- No free medicines are provided even in government Hospitals, hence why go to the hospital. | • Shortage of money to go and buy medicines<br>• No there is no risk at home<br>• Home is more comfortable<br>• Govt. hospitals do not even provide fresh linen for 3 to 4 day post – delivery period; Hence hospitals are not safe and may be more infection prone than home |
| 2 | Mr D2 | 5 | All 5 at Home | - Don't feel any need to go to hospital.<br>- Community family culture is home delivery | • It is more safe at home.<br>• Don't feel any risk, neither scared at home |
| 3 | Mr D3 | 4 | All 4 at Home | - No money is paid in Delhi hospitals, then why to go?<br>- No Medicines provided free.<br>- Out of pocket expenditure is huge<br>- No one at home to look after the kids while we go to the hospital | • Gets easy assistance in the village<br>• Feels safer and comfortable at home<br>• Also home is much cheaper cost. |
| 4 | Mr D4 | 3 | All 3 at Home | - No need to go to hospital.<br>- Community and family culture of home delivery.<br>- Who will look after kids at home? | • Feels more comfortable at home.<br>• Don't feel any risk at home. |
| 5 | Mr D5 | 4 | All 4 at Home | No money<br>No benefit of going to hospital like – out of pocket expenditure. - No many paid for ID. - No medicines/supports services. above all no complication at home, then what is the need? | • Feels more comfortable at home.<br>• No risk, gets dais assistance at much cheaper rate. |

### 2nd FGD Group: Husbands of women who opted for Institutional Delivery

| Name | No. of Children | Delivery at | Final Cooments | Any Risk? |
|---|---|---|---|---|
| (1) Mr I 1 | 2 | Hospital | - Hospital is always safer<br>- Who will take care at home in case of any complication ? | • Home delivery is risky?<br>• Found no risk in hospital. |
| (2) Mr I 2 | 1 | Hospital | - Hospital is always safer | • Found no risk in hospital. |
| (3) Mr I 3 | 4 | Hospital | - Finds Hospital safer<br>- Scared at home | • Found no risk in Hospital |
| (4) Mr I 4 | 1 | Hospital | - Finds Hospital Safer<br>- Scared at home | • Found no risk in hospital |
| (5) Mr I 5 | 2 | Hospital | There was some complication in both the earlier pregnancies<br>Otherwise there was no need | • Doesn't feel safe and comfortable at hospital but had no choice due to complications. |
| (6) Mr I6 | 1 | Hospital | - Hospital is always safer.<br>- Scared at home | • Found no risk in the hospital. |

## Results

### SPREAD SHEET ANALYSIS OF THE FGD'S DATA:

**Factor analysis: 1st FGD Group: Husbands of women who opted for domiciliary delivery**

| | | | |
|---|---|---|---|
| • Home is more comfortable | - | 1,1,1,1,1 | 5/6 |
| • Out of pocket expenditure is unavailable and un-affordable | - | 1,1,1 | 3/6 |
| • No free medicines provided | - | 1,1,1 | 3/6 |
| • Don't feel any need for ID | - | 1,1,1 | 3/6 |
| • No risk felt at home | - | 1,1,1 | 3/6 |
| • Financial problems, no money | - | 1,1 | 2/6 |
| • Gets dais assistance at home | - | 1,1 | 2/6 |
| • Community, family culture | - | 1,1 | 2/6 |
| • No money paid after ID in Delhi Hospitals | - | 1, 1 | 2/6 |
| • No one at home to look after the kids | - | 1, 1 | 2/6 |
| • Why waste money, will visit hospital only if there is any complication | - | 1 | 1/6 |
| • Govt. hospital in Delhi don't even provide fresh linen for 3 to 4 days post-delivery, hence not safe | - | 1 | 1/6 |

**2nd FGD Group: Husbands of Women who opted for Institutional Delivery**

Why?

| | | | |
|---|---|---|---|
| • Hospital is always safer | - | 1,1,1,1,1 | 5/6 |
| • Who will take care at home | - | 1 | 1/6 |
| • Cared at home | - | 1,1,1 | 3/6 |
| • There was some complication in both the Earlier pregnancies hence ID, Otherwise no need | - | 1 | 1/6 |

## DISCUSSION

### Factorial and Risk Analysis: A discussion

### Ist FGD Group: Husbands of women who opted for domiciliary delivery

The husbands who wives opted for domiciliary deliveries felt that out of pocket expenses were not affordable which was definitely more at hospital as compared to domiciliary deliveries. They argued that there is no medical insurance cover for deliveries and no free medicines were provided at both Government and Private Hospitals. Further, they said that they would only go to hospital in case there is any complication. Further because of community and family pressures they preferred domiciliary deliveries. Also, they found there is no risk at home if there was no complication. Further, they felt that the quality

of institutional deliveries was poor and no fresh linen was provided at hospitals even after 3 to 4 days. Dais to conduct domiciliary deliveries were freely available in this area contrary to the fact that they have been banned by Government of India to conduct deliveries. The laws regarding MTPs or abortion or domiciliary deliveries can only be 100% effective if the community is aware and fully cooperates.

### 2nd FGD Group: Husbands of Women who opted for Institutional Delivery

The husbands who wives opted for domiciliary deliveries felt that hospital is safer and in case of any complication who will take care at home. They also felt that there was no risk in the Hospital. Finance was a limiting factor in this group but they were well aware of the risk of having a delivery at home.

## CONCLUSIONS AND RECOMMENDATIONS

### Empowering the husbands

It is important that husbands should be empowered about the danger signs and complications during pregnancy. This may lead to a better understanding of their wife's condition and reduce the two major factors which play a vital role in maternal mortality in India; namely the delay in decision making and delay in transportation. Further, presence of a husband at a birth facility also increases obviously the percentage of institutional deliveries. In another study, women had twice the odds of giving birth in a health facility when their husbands were physically present at the time of childbirth (OR 2.0, p = 0.027; AOR 1.5) [8]. In a similar study conducted in Myanmar, increased institutional deliveries were seen, if the husbands their wives to ANCs visits. (AOR 5.82, 95% CI, 3.34-10.15) [9].

To conclude, community empowerment of husbands with regards to decision making to institutionalize deliveries in the community is a neglected but a much needed intervention so as to improve maternal and child health in India !

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