



ROLE OF MALE PARTNER IN BIRTH PREPAREDNESS & ANTENATAL CARE OF FEMALE

Obstetrics & Gynaecology

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ABSTRACT

Introduction: Pregnancy and childbirth are the most important physiological events in the life of a woman. Nearly fifteen percent of pregnant women may have complications, which are unpredictable. Some of which may be life threatening for mother and/or baby, thereby adding to maternal and neonatal mortality. Involving male in ANC gives opportunity to counsel couple about antenatal care and nutrition, early identification and response in the presence of any danger signs, making arrangements for transportation to the hospital, importance of exclusive breastfeeding, return to fertility and postpartum family planning, promoting mother-baby postnatal checkup and complete immunizations of infants, thereby helping not only in making healthy mother and baby, but also in reducing the risk of STI and unwanted pregnancies. **Aims & Objectives :** To study male partner involvement in antenatal care and birth preparedness **Material & methods:** We included in this study the husbands of all the female patients delivering in the department of Obs & Gynae, MMC and in case of non-availability of husbands, patients themselves **Results:** In this study, a total of 350 subjects were randomly selected. 31.6% of male partner accompanied their pregnant wives in four or more antenatal visits whereas 45.72 % of them accompanied in only one visit. Of these men who ever accompanied in ANC, only 41.63 % communicated with doctor regarding the maternal condition & 37.55% enquired about the fetal condition. Birth Preparedness were made by saving money for delivery & Arranging Transport. 63.2% of the respondents Saved Money for delivery & 40.52% had made Arrangements for Transport facilities. During the intrapartum period, 81.78% of men were present in labour area and nearly 81.82% enquired about labour events. Though 66.54% of men were willing to stay in hospital for 48 hours, only 25.28% encouraged breastfeeding in immediate postpartum period. 20.39% could not encourage breastfeeding due to unavoidable reason like poor fetal and maternal condition. **Conclusion :** Our study found that the male partner participation in antepartum, intrapartum and postpartum period is still low. Birth preparedness and awareness among men was also far from universal. Various measures need to be taken to promote male partner engagement in maternal health and to educate men which will ultimately improve ANC services utilization and institutional delivery thereby improving reproductive and child health.

KEYWORDS

INTRODUCTION

Pregnancy and childbirth are the most important physiological events in the life of a woman. Nearly fifteen percent of pregnant women may have complications, which are unpredictable. Some of which may be life threatening for mother and/or baby, thereby adding to maternal and neonatal mortality^[1].

Involving male in ANC gives opportunity to counsel couple about antenatal care and nutrition, early identification and response in the presence of any danger signs, making arrangements for transportation to the hospital, importance of exclusive breastfeeding, return to fertility and postpartum family planning, promoting mother-baby postnatal checkup and complete immunizations of infants, thereby helping not only in making healthy mother and baby, but also in reducing the risk of STI and unwanted pregnancies^[2].

India is a developing country and as per WHO 94% of maternal deaths happen in developing countries. WHO considers encouraging male partner involvement in pregnancy as one of the strategies to overcome maternal mortality.^[3]

NHM states that most maternal deaths are related with three types of delays which leads to increased maternal morbidity and mortality. First type of Delay is due to the lack of awareness of danger signs and thus delayed decision for seeking care. The second delay is delay in reaching the hospital due to non availability of transport and unawareness of appropriate referral facility and third type of delay is delay in receiving treatment after reaching health facility, due to inadequately equipped hospital, lack of trained personnel, non availability of emergency medicines or blood^[4].

According to NFHS 5 in Uttar Pradesh 2.9 % of females had already begun childbearing at age 15-19 years^[4]

In major parts of India, men are decision makers and hold social and economic powers but Child birth is supposed to be solely a women's issue. Though men decide the timing and type of healthcare facility

availed by women, still they remain aloof after their partner conceives^[5].

"More and better quality contacts between all women and their health providers throughout her pregnancy will help to take adequate preventive measures, timely detection of risks, reduces complications and addresses health inequalities" said Director of Maternal, Newborn, Child and Adolescent health, WHO. Male partner involvement refers to "the different ways in which men can relate to reproductive health problems and programmes, reproductive behaviour and reproductive rights"^[6].

In our study male involvement is defined as men accompanying in ANC visits, making birth plans, encouraging early and exclusive breast feeding and supporting postpartum care. Their participation, barriers and apprehensions were studied to help health care providers to strengthen existing ANC care policies.

AIMS & OBJECTIVES :

To study male partner involvement in antenatal care and birth preparedness

MATERIAL & METHODS:

We included in this study the husbands of all the female patients delivering in the department of Obs & Gynae, MMC and in case of non-availability of husbands, patients themselves

Study Type And Study Place

Cross sectional study conducted at department of obs & gynae, Muzaffarnagar Medical College, Muzaffarnagar.

Study Population

The sample size of 350 based on the average number of deliveries conducted during the last 3 years in the department of Obs & Gynae, MMC, MZN.

Study Period:

A total of 18 months taken for data collection & completion (12 months for data collection & 6 months for data compilation).

Study Procedure:

- A Structured pre tested Validated questionnaire (Questionnaire A) in local language was given to husbands of ladies who got delivered at Obstetrics department of Muzaffarnagar Medical College and were willing to participate in the study. In case, Male partner was not accompanying the patient at time of delivery and was not present in hospital premises within 48 hours of delivery, then Questionnaire B was to the Patient to be filled by her.
 - Data obtained (UHID, Age, education and profession of patient, Ethnicity, religion, parity, Age, Profession and educational status of husband, family Income and socioeconomic status was recorded in case recording form.
 - While answering the questionnaire, following considerations were taken
- No of ANC visits were considered more than or equal to 4, only when at least one visit was at or before 12 weeks of gestation. This in accordance to NHM guidelines.
 - Level of awareness among male partners regarding ANC investigations, nutrition, Iron folic acid Supplementation & Immunization of the baby.
 - Knowledge of following Danger signs was taken into account
 - Vaginal bleeding
 - Watery discharge per vaginum
 - Pain abdomen
 - Reduced or absent fetal movements
 - Palpitations, easy fatigability and breathlessness at rest
 - Generalized swelling of body or facial puffiness
 - Headache, blurring of vision
 - Fever
 - Birth preparedness was studied under 2 subheadings, saved money for delivery and Arranged Transport
 - Postpartum involvement was also studied under 2 Subheadings, Encouraged Breastfeeding and Willing to stay in hospital for 48 hours.
 - Postpartum Complications & motivation of husband for post natal visits following the complications.
- Socioeconomic status was calculated using Modified BG Prasad classification.

RESULTS:

Table 1: Reason for Absence of Male Partners within 48 hours of delivery

Reason for Non Participation	Frequency	Percentage
Husband lives out of town	27	33.33%
Husband abandoned patient after marriage	18	22.22%
Husband met with accident	2	2.47%
Husband not well	13	16.04%
Husband passed away in accident	2	2.47%
Others	19	23.46 %
Total	81	100.00%

Table 1 shows that in our study Husbands of 23.14% parturient were not available in hospital arena within 48 hours after delivery. Most common reason for the absence of husband after delivery was that the husband lives out of town which was mainly due to some professional reason.

These men were excluded from our further study and the remaining were referred to as the Study participants or the Respondent.

Table 2: Association between Background characteristics of respondents and Involvement in Antenatal visits

Baseline characteristics	No visits (n=61)	1-3 visits (n=123)	>=4 (n=85)	Total	P value
Age of female(years)					
<=20 years	08 (47.06%)	7 (41.18%)	2(11.76%)	17 (100%)	(Chi square=19.2) 0.004
21-25 years	29 (30.85%)	40 (42.55%)	25 (26.60%)	94 (100%)	
26-30 years	19 (17.92%)	53 (50%)	34 (32.07%)	106 (100%)	
>30 years	5 (9.62%)	23 (44.23%)	24 (46.15%)	52 (100%)	
Religion					

Christian	1(33.33%)	1 (33.33%)	1 (33.33%)	3 (100%)	(Chi square=0.25) 0.25
Hindu	19 (15.70%)	56 (46.28%)	46 (38.01%)	121 (100%)	
Muslim	39 (28.05%)	63 (45.32%)	37 (26.61%)	139 (100%)	
Sikh	2 (33.33%)	3 (50%)	1 (16.67%)	6 (100%)	
Parity					
Primi	27 (24.11%)	46 (41.07%)	39 (34.82%)	112 (100%)	0.6
>=2	34 (21.66%)	77 (49.04%)	46 (29.30%)	157 (100%)	
Age of husband(years)					
<=30	43 (26.22%)	65 (39.63%)	56 (34.15%)	164 (100%)	0.08
>30	18 (17.14%)	58 (55.24%)	29 (27.62%)	105 (100%)	
*Husband Education					
*Never went to school	36 (61.02%)	17 (28.81%)	6 (10.17%)	59(100%)	<0.001 (Chi square=33.7 Df=4)
*Primary	15 (17.65%)	47 (55.30%)	23 (27.05%)	85(100%)	
Intermediate	9 (7.96%)	54 (47.78%)	50 (44.24%)	113 (100%)	
Graduate/ Postgraduate	1 (8.33%)	5 (41.66%)	6 (50%)	12(100%)	
**Socio-economic class					
**I	1(8.33%)	5 (41.66%)	6 (50%)	12 (100%)	<0.001 (Chi square = 13.17 Df=1)
**II	6 (8.33%)	32 (44.44%)	34 (47.22%)	72 (100%)	
III	15 (17.24%)	46 (52.87%)	26 (29.88%)	87 (100%)	
***IV	28 (35.90%)	34 (43.59%)	16 (20.51%)	78 (100%)	
***V	11 (55%)	6 (30%)	3 (15%)	20(100%)	

Chi square test.

Df= degree of freedom

*, **& *** have been clubbed together for chi square purposes.

Table 2 shows that in our study Age of female, Husband's Education and Socioeconomic status were found to have a significant relation with male accompaniment in ANC visits. It was observed that as the age of female, husband education and socioeconomic status increased the likelihood of accompanying in more no of visits also increased.

Religion, age of husband and no of children were not found to affect male partner involvement in ANC visits.

Table 3: Level of Awareness among male partners in Relation to maternal care

Condition and awareness	Frequency	Percentage
Enquired about Maternal condition (n=269)		
No	157	58.36%
Yes	112	41.63%
Enquired about Fetal condition (n=269)		
No	168	62.45%
Yes	101	37.55%
Awareness of test for aneuploidy (n=269)		
No	221	82.16%
Yes	48	17.84%
Awareness of level II scan (n=269)		
No	210	78.07%
Yes	59	21.93%
Awareness of danger sign (n=269)		
No	107	39.78%
Yes	162	60.22%
Number of danger signs (n=162/269)		
1	84	51.85/31.23%
2	63	38.89/23.42%
>=3	15	9.26/5.58%

Table 3 shows that only 41.63 % of study participants, enquired about maternal condition while 37.55% enquired about the fetal condition during ANC visits, 21.93% were aware of level II scan but only 17.84 % were aware about the test of aneuploidy

Table 4 :- Male partner Involvement in Intrapartum period

Pre labor area	Frequency	Percentage
Presence in pre labor area		
No	49	18.21%
Yes	220	81.78%
Reason of absence in pre labor area(n=49)		
Husband reached hospital after delivery	15	30.61%
Professional reason	9	18.37%
Female dominance	5	10.20%
Husband lives out of town	11	22.45%
Unawareness	4	8.16%
Others	5	10.20%
Enquired about labor events(n=220)		
No	40	18.18%
Yes	180	81.82%
Reason of not enquiring about labor events(n=40)		
Female dominance	21	52.5%
Resistance from hospital staff	9	22.5%
Unawareness	8	20%
Others	2	5%

Table 4 shows 81.78% of study subjects were present in labour area, out of which 81.82% enquired about labour events.

DISCUSSION

In our study, 18 (5.14%) women out of 350 were less than or equal to 20 years of age and majority of participants (58.28%) were Muslims followed by Hindus which comprised of 36.57% of the study participants which is demographically comparable to NFHS 5 data according to which in Uttar Pradesh 2.9 % of females had already begun childbearing at age 15-19 years^[4]. 24.86% of the women in our study never went to school which was almost comparable to the overall status of Uttar Pradesh where 28.6 % of women had never been to school whereas 21.71% of men in our study were illiterate which is quite higher as compared to the overall status of the state (12.5 %). Since, our study was hospital based, these figures suggest that educated people are more likely to visit hospital for ANC and delivery. This was also comparable to study by Bhatta et al where 85.5% were 25 years or more, 69.4% had secondary or higher education^[7].

Out of 350, husbands of 81 women (23.14%) did not accompany their wife at the time of delivery and were not available in hospital arena within 48 hours after delivery. The most common reason for their non participation as stated by their wives was staying out of town mainly for earning income. They were excluded from further study. This analysis was unique in our study so it could not be compared with other studies. Bishwajit et al found that in their study that 40 percent of participants actively participated in Maternal health^[8].

Level of knowledge and awareness among male partners is an important determinant of male involvement in Maternal health. Men with poor access to ANC information were less involved in ANC^[11]. In our study we found that 41.63 % male partners enquired about maternal and 37.55 % male partners enquired about fetal events during ANC visits, this was less than study by Bishwajit et al from Bangladesh (55.6%) and more than study from Gibore et al from African countries (23.5%)^[8,9].

Awareness regarding test for aneuploidy and Level II ultrasound was unique in our study. We found that 17.84 % of participants were aware of test of aneuploidies and 21.93 % were aware of Level II scan as it is routinely advised here.

Knowledge of danger signs is widely studied in multiple studies including ours. A paper published in New York suggested that men were likely to act fast in case of complication if they were aware of danger signs^[10]. 60.22% participants in our study, 67 % in study by Mutiso and 26.9% in study by Bhatta et al were aware of some danger sign of pregnancy whereas knowledge of three or more warning signs was seen only in 9.26% of our study participants and 6.9% of Mutiso's study participants^[7,11].

Preparing for birth is an important strategy in countries with weak obstetric services and can contribute significantly in reducing maternal mortality and morbidity^[7] and is therefore an equally important component of maternal health. In our study, nearly 36.80% of men prepared for birth by saving money or arranging money. Lack of awareness came out to be the most common reason for not saving money and second most common cause for not arranging transport which shows the casual attitude of males towards birth preparedness.

Of the total study participants, 81.78% were present in pre labour area. Nearly 81.8% of them enquired about labour event and for the remaining 18.18% the reasons for not doing so were Female dominance (52.5%), resistance from hospital staff (22.5%) and unawareness (20%).

In the intrapartum period, 66.91 % of men had some barrier in getting involved but overall, this was more as compared to antepartum and postpartum barrier.

In antepartum period, the most common barrier (24.02 %) was professional reasons. Even when men wanted to accompany their wives in ANC visit, they could not do so because their work timings overlapped with time of ANC service provision or they were not staying with their partners because of work. This was similar to findings of Kiptoo et al and lotching et al that men wished to accompany their partner in ANC but were discouraged by their role as bread earners^[11,12].

Limitations of our study is that participants were randomly selected which could have affected the actual results and population we included was limited to the patients visiting hospital therefore we could not study the population who never turns up to hospital and the barriers they encounter. Moreover, there was no way by which the reliability of the answers given by participants could be tested. For these reasons, the findings cannot be generalised further.

Strength of our study was contrary to majority studies which were community based, our study was hospital based.

CONCLUSION

Our study found that the male partner participation in antepartum, intrapartum and postpartum period is still low. Birth preparedness and awareness among men was also far from universal. Various measures need to be taken to promote male partner engagement in maternal health and to educate men which will ultimately improve ANC services utilization and institutional delivery thereby improving reproductive and child health.

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