

Involvement of Males in Utilization of Maternal and Child Health Services: A Cross-Sectional Study of Women's Perspective

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Abstract

Background: Men in patriarchal societies of developing countries like India are often identified as decision makers in all aspects of life. Men's supportive stance in MCH services utilization plays crucial role in reduction of maternal and child mortality.

Aim: To study the involvement of males in maternal and child healthcare services.

Objective: To study sociodemographic profile of study participants and knowledge and practices of their husbands about MCH services.

Material and methods: The cross-sectional study was conducted among 130 married women having one living child less than 2 year of attending immunization clinics of Government medical college and hospital, Miraj. Information about socio-demographic and reproductive health characteristics, male participation in reproductive and child health care services was collected entered in MS excel and analyzed.

Results: Among the females 70% were below 25 years of age and age of the husbands of 71% participants were less than 30 years. 64% females were belonging to Muslim religion, 84% were residing in urban area, 82% stayed in joint family, 58% educated up to secondary school, 67% belongs to socio-economic class IV. 61% husbands were decision maker in family planning, 78% husbands accompanied for ANC visit, 79% husbands knew about the govt. MCH scheme 94% husbands knew about increased need for food & rest by pregnant women, 63% were having knowledge about complications of pregnancy and delivery. But only 22% husbands accompanied for child's immunization. Only 34% husband help in domestic work, 63% paid attention on diet/food frequency of their wives and 51% encouraged & paid attention on adequate rest of their wives.

Conclusion: Men are aware of various aspects of antenatal and intra natal care, their husband's involvement during antenatal period was found to be good but it decreases during immunization phase of the child. Involvement for helping in domestic work, encouraging for adequate rest & food during ANC was also less. So, creating specific Health education and SBCC activities about maternal & child health among men may enhance their positive involvement.

Keywords: ANC visit, Immunization, maternal and child healthcare, male involvement, SBCC.

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Introduction

A maternal and child healthcare service comprises a wide range of health services provided to mothers before pregnancy, during pregnancy, during labour, and after giving birth. These health services include: preconception care, antenatal care (ANC), safe delivery (intrapartum care), postnatal care (PNC), and emergency obstetric care, neonatal and child health services and immunization services.⁽¹⁾

Most maternal and child health (MCH) programs seek to address the health needs of women and children by engaging and educating pregnant women and mothers in appropriate care-seeking and care-giving practices for themselves and their children. Men tend to be decision-makers within families and often govern behavior regarding the use of contraceptives, the availability of nutritious food, women's workload, women's rest during pregnancy and postnatal period and the allocation of money, transport and time for women to attend health services. In addition, men's behavior influences the reproductive health of both men and women and the health of their children.⁽¹⁾

The maternal and child health has been one of the most important components of a nation's health. For decades, maternal mortality and infant mortality rates have been used as a measure of a country's progress toward global health goals. The MCH program in India has undergone drastic changes over the years, currently the Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH + A) is built on the concept of continuum of care. World Health Organization (WHO) has recommended the support and active involvement of male for better maternal and child health outcomes.⁽²⁾

In a patriarchal society like India, pregnancy, child birth is always considered as exclusive duties belonging to the mother. Many studies in recent times have demonstrated that involving males in antenatal care has resulted in better outcomes for mother and child.⁽²⁾ Though Maternal mortality rate (MMR) is reducing, the nation is still lagging in meeting the Millennium Development Goals 5 (MDG5). RCH in India has gained the prominence because 81% of its population falls in the age group of 0-45 years covering children, men and women.

Reproductive health research, programs and policies in the past have focused almost exclusively on women. Since a decade however the reproductive health field has shifted its attention to include men's participation in reproductive and child health, recognizing that men's attitude, knowledge and behavior can strongly influence women and child health. Men possess little knowledge regarding reproductive health particularly pregnancy health but have much decision-making power. So obviously the lack of men's knowledge and participation in reproductive health not only damages their own health, but also contributes to the ill health of their female partners and children.⁽³⁾

Men's presence during antenatal visits was associated with increase in institutional delivery and higher uptake of postnatal services. In recent years a growing area of interest is men's role in maternal and child health issues, including their role in health care decisions and their responsibilities and role as a father and husband. Hence this study aims to know the men's participation, their knowledge and behavior in reproductive health services utilization by women.⁽⁴⁾

In this study male involvement is defined as men attending antenatal care (ANC) visits, birth plans, encouraging rest, nutritious diet, medications during antenatal and postnatal period, exclusive breast feeding and immunization for their children. This study was conducted by taking women's interview so that their perception about husband's knowledge, practices and behaviour can give us actual idea of Male involvement in utilization of MCH services.

Aim:

To study the involvement of males in maternal and child healthcare services.

Objectives:

1. To study the sociodemographic profile of participants & their husbands.
2. To study the knowledge of husbands about maternal and child health services as perceived by participants.
3. To study the practices of husbands in maternal and child health care.

Methodology

A cross-sectional study was conducted in immunization clinics of Government Medical College and Hospital Miraj from November 2023 to March 2024. The study population were married women having at least one living child of age less than 2 years. Women who did not give consent to participate in study and having last child more than 2 years were excluded.

The sample size was calculated on the basis of 80% of husbands accompany their wives during ANC checkups as per study done by Swetha T et al³ with an allowable error (d) as 7% using formula $N = Z^2 \frac{p \times q}{d^2}$ estimated sample size was 130. These 130 participants were selected by Convenient sampling method.

A pretested structured questionnaire was used as study tool for data collection. Required information as per the questionnaire was obtained by interview technique. Questionnaire was divided into three sections:

Sociodemographic profile includes variables such as age, education level, income, religion and employment status.

Reproductive health characteristics includes parity, term of delivery, birth weight of child, expenditure during ANC checkups and hospital admission.

Knowledge & practices (involvement) of male partner about MCH Services. It includes knowledge about medications during pregnancy, pregnancy complications, mother and child nutrition, immunization. Participation in birth process, such as accompanied with wives on ANC visit, birth plans, taking care of mother and child nutrition, helping wife in domestic work, accompanied for child immunization.

Ethical clearance was obtained from institutional ethical committee (Vide Letter No. GMCM/IEC/C/19/2024, Dated - 29/02/2024). Ethical guidelines were followed and participants were recruited after getting informed consent.

Data entered in MS Excel and analyzed in SPSS (version20). Data analysis was carried out by describing

study findings in percentages. Modified BG Prasad classification was used to decide socioeconomic status. Primary decision maker in family categorized into 4 possible categories self, in-laws, husband, mutual decision. Husband involvement graded as good or bad by asking 8 questions. Out of these 8 questions, if 4 or more than 4 questions' answer was 'Yes' then it was taken as good involvement of husband. For the assessment of knowledge regarding MCH services 8 questions were asked out of which if 4 or more than 4 was correct then it was taken as good knowledge of husband about MCH services. Chi-square test was used for testing significance of association between demographic variables and involvement of husband, outcome variables. $P < 0.05$ was considered statistically significant.

Results

A total 130 women fulfilling inclusion criteria were included in study. Among them 92 (70%) study participants were up to 25 years of age and 70% of their husbands were up to 30 years of age. 64% of study participants were residing in urban area and 82% from joint family. The sociodemographic details are shown in Table 1.

Table 2 depicts Reproductive & child health characteristics. Among study participants 93% registered their pregnancy before 12 weeks, 52% delivered their last child by LSCS, 85% deliveries were full term, 80% husbands were primary decision maker about family planning, in case of 77% study participants their husbands accompanied them during their ANC visits. Most of the husbands had done expenditure during ANC checkups (86%) and hospitalization (56%).

Table 3 and 4 shows the data about knowledge and involvement of husbands as study participants in MCH Services utilization though 96% husbands were having good knowledge about MCH actual involvement or practices in MCH service utilization is 71%.

Table 5 shows Association between Study Variables and Husbands Involvement about MCH services. Husband involvement in MCH found to be significantly associated with age at the time of marriage, occupation & education of husband.

Table 1: Sociodemographic characteristics of study participants

Variable		Frequency (%)
Age of Wife (Years)	≤25	92 (70.70)
	>25	38 (29.20)
Age of Husband (Years)	≤30	93 (71.50)
	>30	37 (28.50)
Area Of residence	Urban	84 (64.60)
	Rural	46 (35.40)
Religion	Hindu	64 (49.20)
	Muslim	64 (49.20)
	Cristian	02 (01.50)
Type of Family	Joint	107 (82.30)
	Nuclear	23 (17.70)
Education of Husband	Primary to HSC	91 (70.00)
	Graduation & above	28 (21.50)
Education of Wife	Primary to HSC	102 (78.50)
	Graduation & above	28 (21.50)
Occupation of Wife	Housemaker	111 (85.40)
	Employed	19 (14.60)
Occupation of Husband	Salaried	30 (23.00)
	Non salaried & others	100 (77.00)
Socio-economic Class	Class IV	88 (67.70)
	Class III	42 (32.30)
Type of Ration Card	Yellow	20 (15.30)
	Orange	98 (75.30)
	White	12 (09.20)
Primary Decision Maker in Family	In laws	54 (41.60)
	Husband	53 (40.00)
	Mutual Decision	24 (18.40)

Table 2: Obstetric history of study participants

Variable		Frequency (%)
Parity	Primigravida	65 (50.00)
	Multigravida	65 (50.00)
Trimester of registration of pregnancy	Before 12 WKS	121 (93.10)
	After 12 WKS	09 (06.90)
Type of Delivery of Last-Born Child	Vaginal	63 (48.40)
	LSCS	67 (51.60)
Term of Delivery	Preterm	19 (14.60)
	Full Term	111 (85.30)

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Birth weight of last child(kg)	< 2.5	38 (29.20)
	≥2.5	92 (70.80)
Decision Maker about Family Planning	Husband	80 (61.50)
	Both	50 (38.50)
Husband accompanied wife during ANC Checkups	Yes	101 (77.70)
	No	29 (22.30)
Expenditure during ANC Checkups	Husband	112 (86.20)
	Wife Maternal Side	08 (06.20)
	Both	10 (07.70)
Expenditure during Hospital Admission	Husband	74 (56.90)
	Wife Maternal Side	44 (33.80)
	Both	12 (09.20)

Table 3: Husband Knowledge about MCH Services

Husband Knowledge about MCH Services	Frequency (%) N = 130
Complications related to pregnancy and delivery	82 (63.07)
Information about nearest health facility	125 (96.15)
Importance of rest for wife during pregnancy	122 (93.84)
Government schemes related to MCH	103 (79.23)
Importance of increased food intake during pregnancy	122 (93.84)
Importance of breastfeeding	123 (94.61)
Awareness of immunization of baby and its importance	122 (93.84)
Importance of iron and folic acid tablets	128 (98.46)

Table 4: Husband involvement in MCH services utilization

Husband Involvement in MCH services utilization	Frequency (%)
Husband accompanied during ANC checkups	101 (77.69)
Husband helped you in domestic works like sweeping, cleaning and also outdoor works like to bring grocery, vegetables etc. from market	47 (36.15)
Husband giving attention on diet and its frequency.	105 (80.76)
Paying attention on type food to be eat during ANC and PNC period	83 (63.84)
Brought every medicine that was prescribed during ANC and PNC period	126 (96.92)
Ever checked about tablets taken or not which were prescribed	112 (86.15)
Encourage to take every day 8 hours sleep and also to take some rest at day time	67 (51.53)
Accompanied during your child immunization	32 (24.61)

Table 5: Association between Study Variables/Outcomes and Husband’s Involvement in MCH services

Variable Total (N = 130)		Husband Involvement		Chi square (χ ²) value	p value
		Good (%)	Poor (%)		
Age of wife at the time of marriage (Years)	≤ 20	54 (65.90)	28 (34.10)	2.59	0.107
	>20	38 (79.20)	10 (20.80)		
Age of husband at the time of marriage (Years)	≤ 25	48 (61.50)	30 (38.50)	8.03	0.005*
	>25	44 (84.60)	8 (15.40)		

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Education of Husband	Primary to HSC	56 (70.00)	35 (30.00)	12.49	0.0004*
	Graduate and more	36 (68.80)	3 (31.40)		
Occupation of Husband	Salaried	25 (83.30)	5 (16.70)	20.47	0.000*
	Non salaried & others	67 (57.30)	33 (23.70)		
Type of family	Joint	75 (70.10)	32 (29.90)	0.13	0.71
	Nuclear	17 (73.90)	6 (26.10)		
Socioeconomic class	Class II	58 (65.90)	30 (34.10)	3.11	0.07
	Class III	34 (80.90)	8 (19.10)		
Primary decision maker in family	In laws	34 (65.20)	19 (35.80)	4.67	0.09
	Husband	43 (81.10)	10 (18.90)		
	Mutual Decision	15 (62.50)	9 (37.50)		
Area of Residence	Urban	63 (75.00)	21 (25.00)	2.05	0.15
	Rural	29 (63.00)	17 (37.00)		
Obstetric history	Primigravida	51 (78.50)	14 (21.50)	3.72	0.05*
	Multigravida	41 (63.10)	24 (36.90)		
Registration of pregnancy	Before 12 Weeks	89 (73.60)	32 (26.40)	6.55	0.01*
	After 12 Weeks	3 (33.30)	6 (66.70)		
Term of delivery	Pre term	9 (47.40)	10 (52.60)	5.89	0.015*
	Full term	83 (74.80)	28 (25.20)		
Birth weight of child	<2.5 kg	19 (50.00)	19 (50.00)	11.19	0.001*
	≥ 2.5 kg	73 (79.30)	19 (20.70)		
Decision about Family Planning	Husband	49 (56.60)	31 (38.80)	9.11	0.003*
	Both	43 (86.00)	7 (14.00)		

*Significant at $p < 0.05$

Discussion

This study examined the factors associated with male involvement in ANC, child birth, PNC and immunization. In present study the education, husband's age at marriage, occupation, decision making about family planning had statistically significant association with husband involvement in MCH. Swetha T et al also found similar results in their study.⁽³⁾ Sinha KC et al found that those husbands with higher education among them presence at the time of ANC visit is higher (90%).⁽⁸⁾ R. Angusubalakshmi et al stated that age, education, marital status, knowledge of men regarding maternal health were significant predictors of male involvement in maternal health.⁽¹⁰⁾ Sumitra Sharma et al found that sociocultural and socioeconomic factors such as patriarchal family structure, generation gap, male as income generator, female preference to go for MCH activities by themselves, religious factor, village life and negative

perception of society hindered men's involvement in MCH activities.⁽⁹⁾ S. O. Maluka et al findings revealed that women preferred to be accompanied by their partners to the clinics, especially on the first antenatal care visit. Men did not wish to be more actively involved in antenatal care and delivery.⁽¹¹⁾ Aparajita Chattopadhyay et al found that following factors to be statistically significant determinants of improved maternal health care: husband's better knowledge as obtained from health workers and better awareness of maternal care, husband's presence at any ANC visit, husband's respectful attitude towards his wife, husband's higher education, mass media exposure, smaller family and better wealth.⁽¹³⁾ Mariam Tokhi et al reviewed 13 studies from 9 countries from that stated that interventions to engage men were associated with improved antenatal care attendance, skilled birth attendance, facility birth, postpartum care, birth and complications preparedness and maternal nutrition.⁽¹⁴⁾ Jessica Davis et al in their

research revealed strong agreement amongst policymakers regarding the benefits of involving men in MCH, including increased use of clinic services by women and children, increased use of family planning, and allowing men to support practices that promote MCH and challenge those behaviours that are detrimental to MCH.⁽¹⁶⁾

In our study 78% of husbands accompanied their wives for ANC checkups. Similarly, Swetha T et al stated that majority (86.2%) of husbands accompanied their wives to ANC checkup.⁽³⁾ Dharma Nand Bhatta et al, Walia M et al and Mohammed BH et al stated that the percentage of males who accompanied their partners for ANC were 39.3%, 51% and 51.4% respectively.^{(4),(7),(15)}

In present study we found that primary decision makers in family were in-laws (41%). Godbole NB et al also stated that 40% of the participants indicated their in-laws as the primary decision maker.⁽⁶⁾

Good level of husband's involvement was significantly associated with ANC registration before 12 weeks, being primigravida, having term delivery & birth weight being >2.5kg. Most common reason stated for poor or nil involvement of husband during ANC checkups was job responsibilities. Dahake S et al found that education and occupation of husbands were the factors affecting husband's attitude toward involvement in wives ANC.⁽⁵⁾ Chakrabarti S et al also found similar results.⁽¹²⁾

In our study only 22% of husbands accompanied during their child's immunization. Suryawanshi D S et al stated that the percentage of husband accompanying during antenatal visit was 72.5% & it was only 20.3% during immunization. Dharma Nand Bhatta et al also found only 10.9% husbands accompanied them for child immunization.⁽⁴⁾

In our study Men's knowledge regarding MCH as reported by women was found to be noticeably good. 94% husbands knew about increased need for food & rest by pregnant women and 96% husbands knew about the nearest health facility. 79% husbands knew about government schemes related to MCH & 63% were having knowledge about complications of pregnancy and delivery.

Suryawanshi DS et al stated that expense for delivery was paid by the mother's side in 74% of

the study participants.⁽²⁾ In our study 86% & 57% husbands had done expenditure during ANC visits and during hospitalization. Expense for delivery was paid by the mother's side in 34% of the study participants. Mohammed BH et al also found that most (82.4%) male partners paid ANC related cost of their partners.

Swetha T et al stated that 93.5% husbands knew the need of increased food frequency by pregnant women and 98% husbands knew that rest is required during pregnancy and 96.5% husbands knew about the nearest health facility.⁽³⁾

Dharma Nand Bhatta et al stated that Men who were with higher age and uneducated or had primary level education demonstrated greater involvement.⁽⁴⁾ In our study Men who got married after age of 25yrs, were at least graduate, with salaried job, who were primary decision makers in family demonstrated greater involvement.

In present study 34% husbands helped their wives in domestic work during ANC and PNC period and 63% paid attention on diet/food frequency of their wives. 51% encouraged & paid attention on adequate rest of their wives.

Conclusion

The husband's involvement during antenatal period was found to be good but it decreases during immunization phase of the child. Men who got married after age of 25yrs, were at least graduate, with salaried job, who were primary decision makers in family demonstrated greater involvement.

As study was done in government hospital & OPD timings were mostly in morning hours so attending job was most common reason for husbands not accompanied their wives during ANC checkups and immunization. So, implementing the concepts like evening OPDs or Sunday OPD to increase male involvement. There is also need of qualitative research and conducting similar study in male partners.

Creating specific Health education and social behaviour change communication (SBCC) activities about reproductive & child health among men like pre conceptional counselling may enhance their positive involvement in MCH services.

Ethical clearance was obtained from institutional ethical committee (Vide Letter No. GMCM/IEC/C/19/2024, Dated - 29/02/2024). Ethical guidelines were followed and participants were recruited after getting informed consent.

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