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Original Article

Male Involvement in Maternity Care and Birth Preparedness of Their Spouse

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ABSTRACT

Lack of involvement in maternity care by male is a major public health issue and it is most neglected aspect of health in Pakistan .although males are involved in every decision making for female and children's for health care facilities. **Objectives:** To explore the role of male involvement in birth preparedness and maternity care and indicate contributing factors for lack of Participation. **Methods:** A descriptive cross sectional study was conducted to select 461 male Participants a Systematic random sampling technique was used. Ethical approval was taken from Ethical Review Committee. The information collected by interview to assess the involvement of male. The data collection tool comprised of two parts demographic variable and maternity and birth preparedness related variables. The mean, standard deviation and percentage, was calculated and know the association and chi-square test applied for data analyze. **Results:** Mean age of male was 35.3 years S.D ±6.6, less than half of the participants (42.3%) were illiterate followed by primary (23.2%), middle (18.9%), and Matric (10.4%), above Matric (5.2%). Husbands were main decision makers for maternity care and place of birth (92.6%) followed by fathers (6.1%) and brothers (1.3%). During the antenatal visits 41.6% men had accompanied their spouses or women for antenatal visits but there is 58.4% men not accompany their spouses or women for antenatal visits. **Conclusions:** Male involvement in maternal care and birth preparedness is not appropriate enough and knowledge related complication and labor, about overall maternal and child health and complications of pregnancy and labor, level of education, encouragement of their spouses, are the decisive factors in availing the benefits of maternal and child care.

INTRODUCTION

Lack of involvement in maternity care by male is a major public health issue and it is most neglected aspect of maternal health in Pakistan .although males are involved in every decision making for female and children's for health care services. But their involvement in maternity care and complication related to pregnancies, their role remains very little [1]. In developing countries the maternal mortality rate is a major public health issue still, for reducing the maternal mortality rate skilled birth attendance is important at the time of delivery [2]. Very poor participation of male spouses had been observed during labor and delivery, the reasons for low spousal participation include male dominancy, low level of education, destitution, culture, devout convictions, and wellbeing laborer's negative mental states all contributed to destitute marital interest in worker and conveyance. Husbands' involvement provides numerous psychosocial benefits such as emotional attachment and communication in family members, relief from pain and optimistic birth outcome [3-5]. Childbirth has been a women's' affair and men have just supported in financial matters and decision making in maternity care spousal involvement has remained a minimum in maternity care. Crucial role played by husband to contribute in pregnancy

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and childbirth to decreasing the maternal mortality and infant mortality [6]. World Health Organization indicates more than five lac maternal deaths every year due to the result of complications of pregnancy and child birth [7-10]. In developing countries, low education level, post-partum hemorrhages, eclampsia have been associated with maternal death [11-12]. Several factors such as individual, family, community and state are responsible for maternal health services [13]. For effectiveness of the services these factors need to include in policy making [14]. Nevertheless males are decision makers regarding expenditure of money, family size and even whether or not maternity services in countries avail [15]. Childbirth and pregnancy are generally seen as events involving women, and husbands do not participate. Older women in the group have been respected, including daughters, grandmothers and mothers-in-law, and have been viewed as competent about childbirth problems [16]. Even the messages related to information, education and communication also targeted women who exclude men to achieve equality. The male involvement helps seeking, accessing and receiving care without delay and would bring about positive outcomes of birth [17] in few areas of the world husbands approval is an vital role in health services and maternal care [18, 19] Increased participation in antenatal care ANC to reduce the transmission of infection from mother child during pregnancy and prevent from disease [20-22]. Men have cultural and economic vitals in families that can influence decisions related to the child and her mother health, male participation in family health and ANC is the best solution to maintain infection outcomes, male involvement have a relation with increased adherence to maternal infection prophylaxis [23-25]. Nevertheless, it has been shown that growing male participation enhances health outcomes for the child and her mother. Participation of male in ANC is highly appropriate but rarely done by both men and women. Approaches should make ANC male-friendly, promote the growth of communication skills, enhance the awareness that ANC is not a women's event it is about encouraging child and substantial benefits for men partner involvement, including integrated male health services [26]. The main aim of this study is to explore the role of male involvement in birth preparedness and maternity care and indicate contributing factors for lack of Participation. This study also assess the males' participation in maternal care and birth preparedness and identify factors affecting males' involvement in maternal care and birth preparedness.

METHODS

The study was carried out at Chachro is a small town and Taluka (tehsil) of District Tharparkar Sindh Pakistan. The total population of taluka chachro is 351,263 and the Married Male population of union council of chachro is 2850. A descriptive cross sectional study was conducted after the approval of ERC Ethical Review Committee of LUMHS Jamshoro. Study has been completed within three months after ethical approval from LUMHS. Random sampling technique was applied .after identifying first male, then every second male was selected. From previous studies, 50% prevalence of male participation in maternal care, was used to calculate sample size. Final sample was the 384 respondents in order to get 95% confidence level with 0.05 margin of error. By adding 20% non-response rate the sample size was 461. All the married males aged 18 years or above, whose wives have undergone pregnancy during last three years, monogamous as well as polygamous males, males whose wives have encountered bad obstetrical outcomes, males living with their wives, and couples living in nuclear and joint family included in our study. Unmarried men, couples with primary infertility, those who are not willing to participant in study are excluded from our study. The information will be collected by interview to assess the involvement of male and then filling the proforma, the data collection tool comprised of two parts demographic variable and maternity and birth preparedness related variables and comprising of twenty five questions & sub questions. In this study, sociodemographic information such as age (years), gender (male/female), occupation status, education status, maternity care, pregnancy, reproductive age, and antenatal care, were collected by a structured questionnaire administered during a home interview. Data were analyzed by using SPSS version 20.0. For categorical variables, frequency and percentage were calculated and for continuous variable mean and ± standard deviation were calculated. To determine the association between male participation and maternal health, chi- square test was applied and the level of significance was set.

RESULTS

In present study mean age of male was 35.3 years ±6.6, the religion of participants was as Muslims (52.1%) and Hindu (47.9%). In table 1 the level of education of participants is more than half of the participants were literate (57.7%), followed by illiterate (42.3%) the primary level of education is (23.2%), middle (18.9%), and Matric (10.4%), above Matric (5.2%).

Education	Frequency	Percentage	p-value
Literate	266	57.7	0.46
Illiterate	195	42.3	
Primary	107	23.2	
Middle	87	18.9	
Matric	48	10.4	
Matric & above	24	5.2	

Table 1: Distribution of Educational level of participants

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In table 2 more than half the participants (51.6%) had married in early age between 15 to 18 years, 35.8% of them married between 18 to 22 years, 9.5% between 22-25 years and 3 % had married above 25 years of age.

Age of marriage	Frequency	Percentage
15-18 years	238	51.6
18-22 years	165	35.8
22-25 years	44	9.5
>25 years	14	3.0
Total	461	100.0

Table 2: Age distribution of married participant

49.7% participants reported to have less than two or two children followed by three to four children(37.3%),five to six children (8.2%),more than six children (2.6%) and 2.2% of them had no children as shown in Table 3.

# of children	Frequency	Percentage
None	10	2.2
less than 2 or 2	229	49.7
3-4	172	37.3
5-6	38	8.2
More than 6	12	2.6
Total	461	100.0

Table 3: Frequency of children of subjects

Most of the participants (70.3%) believed in male involvement and child preparedness and 29.7% men did not and were significant at 0.001. Less than half the participants (39.3%) had knowledge about antenatal care but 60.7% had no knowledge about antenatal care and was significant with p value 0.001. More than half of the men (61.8%) encouraged their wives or women about the antenatal care but there is 38.2% did not encourage their spouse or women for antenatal care was significant with p value 0.001. In the table 35.6% of women were helped by men in house chores during pregnancy and 64.4%women not helped by men in house chores during pregnancy was significant (p value 0.02). 9.3% men reported to participate in antenatal sessions and was not significant with p value 0.42 as represented in Table 4.

Believe of male involvement	n	%
Don't Know	61	13.2
weakness of mother and child	135	29.3
Bleeding	89	19.3
Vomiting and restlessness	76	16.5
Maternal death	24	5.2
Abortion	14	3.0
Digestion problems	62	13.4
Total	461	100.

Table 4: Believe of male involvement in overall maternal health

Men's knowledge about complication related to pregnancy was reported as weakness of mother and child (29.3%),bleeding (19.3%),vomiting and restlessness (16.5%),digestion problems

Believe of male involvement in maternal health and child preparedness			
	Frequency	Percentage	p-value
Yes	324	70.3	0.001
No	137	29.7	
Total	461	100.0	
Men's knowledge about antenatal care			
	Frequency	Percentage	p-value
Yes	181	39.3	0.001
No	280	60.7	
Total	461	100.0	
Encouragements of wife/women for antenatal care by spouse			
	Frequency	Percentage	p-value
Yes	285	61.8	0.001
No	176	38.2	0.02
Total	461	100.0	
Men's help in house chores during pregnancy			
	Frequency	Percentage	p-value
Yes	164	35.6	0.001
No	297	64.4	
Total	461	100.0	
Men's participation in antenatal session			
	Frequency	Percentage	p-value
Yes	43	9.3	0.42
No	418	90.7	
Total	461	100.0	

(13.4%),maternal death (5.2%),abortion (3%) and 13.2% men said that they did not know about complications related to pregnancy (Table 5).

Table 5: Knowledge about complications related to pregnancy

DISCUSSION

In this study mean age of male was 35.3 years S.D ± 6.6, and the religion of participants was as Muslims (52.1%) and Hindu 47.9%. another study reported mean age of 32.5 years. In present study showed that the less than half of the participants (42.3%) were illiterate; the age, education of male was not found relation with male participation in maternal care and birth readiness. Another study has revealed that Illiteracy and primary education were associated factors that involved men in maternal care [27]. But another study has shown association between men's higher education and awareness to take part in birth preparedness and make important decision socially and financially [28]. This difference may be because in present study only 5% of male were educated above Matric that shows very low level of education which plays crucial role in maintaining health [29]. Similarly more than half the participants (51.6%) had married in age between 15 to 18 years, 35.8% of them married between 18 to 22 years. It has been customary to get married in early years of life, it may be because of that half the participants were married between fifteen to eighteen years of age. In this study 61.8% of male went with their accomplices to get antenatal care and birth readiness, a study bolstered and finding

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appeared that 67.4% guys went with their companions for antenatal care [24], another study on male inclusion in antenatal care and birth readiness has illustrated over all 59.9% predominance of male association [30]. Another study uncovered that the nearness of companion amid antennal care and at the time of delivery [31]. Nevertheless males are decision makers concerning the consumption of cash, status of sexual relations, family figures and whether or not profit maternity services in creating countries [32]. In this study, 70.3% of participants believed to get male involved in maternal health and child preparedness but most of the male (60.7%) had no knowledge about antenatal care. Another research validates that men's awareness helps seeking, accessing and receiving care without delay and bring about positive outcomes of birth [31]. Husbands were the main decision makers for receiving maternal care and place of birth. Men however, have socio-economic power and enormous influence over their partners and their important health decision especially in developing countries [33, 34]. Present study showed that, 35.6% of husbands helped their partners' in house chores during pregnancy and 64.4% did not one more research supports findings that 49.2% of husbands had assisted their spouses in domestic work during pregnancy [32]. In this study, men's knowledge about complications related to pregnancy was found as weakness of mother and child both (29.3%),followed by bleeding (19.3%),vomiting and restlessness (16.5%), digestive problems (13.4%) maternal death (5.2%), abortion (3%). Likewise, a study has demonstrated that 50.8 % of men had knowledge of complications related to pregnancy [35]. Furthermore, 18.7% of men with high cultural-economic status significantly attend more to labor as compare to less status of cultural and social husbands. Spouses' participation in the delivery and labor processes of their children was very poor [6]. Men told that it was important to take meals on time was, they also emphasized on regular milk intake for pregnant women and 6.5% male gave importance to eat variety of fruits during pregnancy. Most of the men knew that it was important to get advice for rest and should take iron and folic acid. In another study, men told that pregnant women should take adequate nutrition and vitamins, take proper rest and don't carry heavy weight. Take appropriate Nutrition mainly fruit juices and green vegetables [36]. Another study reveals that 80.5% partners agreed that their spouses need more food during pregnancy [37]. In this study, factors such as men's knowledge, encouragement for antenatal care of wife or women, partner's contribution in house chores during pregnancy, awareness about importance of tetanus toxoid vaccine, importance of advice on rest have been found associated with maternal care and birth preparedness. Ignorance, poverty, cultural and religious practices have been the reasons for low spousal participation.

CONCLUSION

Male participation in maternal care and birth preparedness is not appropriate enough in union council chachro district Tharparkar. Participants knowledge about overall maternal and child health and complications of pregnancy and labor, level of education, encouragement of their spouses, are the decisive factors in availing the benefits of maternal and child care. There is need to encourage maximum involvement by male in maternity and birth preparedness by incorporating health services or programs which should have mandatory attendance by men.

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