

Husband-participation in maternal healthcare: Perceptions and Realities

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ABSTRACT

This research article reflects on husband's viewpoint would be looked at in terms of their participation in maternal healthcare of their wife. Perception and actual husband-participation on maternal healthcare of their wives is important to understand directly and indirectly societal and family expectations that influences them. The article divided into three sections. Firstly, socio-demographic profile of the husband. Secondly, the perception on husband-participation on maternal healthcare. Lastly, husband-participation providing the physical support, economic support and information for their wives.

Keywords: Husband-participation, Maternal Healthcare, Physical support, Economic support, Informational support

INTRODUCTION

Maternal health is related to the Right to Health of women. Access to adequate facilities during pregnancy and child birth is its important component. Quality health care in these stages is the right of both the woman and the unborn child. Maternal Health was among one of the Millennium Development Goals (MDG-5); to improve health of mothers and reduce the maternal mortality to 109 death/per one lakh live births by 2015 was being targeted. 'Ensure healthy lives and promote well-being for all ages is one of the Sustainable Development Goals (SDG-3); to reduce the global maternal mortality ratio to less than 70 death/per one lakh live births by 2030 is being targeted (United Nation Development Programme, 2015). However, the current situation of maternal health in the country is abysmal and needs urgent attention. The Maternal Mortality Rate (MMR) is 97 deaths per one lakh live births in India (Sample Registration System, 2018-20). Every year, 45,000 women in the country die from pregnancy related complications, which is more than in any other country (WHO, 2015).

In a patriarchal structure, like India husband-participation in pregnancy and delivery care of their wives is hardly encouraged. Husband-participation in maternal healthcare is generally a western notion where men actively involve themselves in tasks associated with caring of their pregnant wives and infants. However, industrialization, urbanization modernization and such other social processes have somewhat changed the scenario. National Family Health Survey – III (2005-06) shows that in 50 percent of the pregnancies, fathers were present during at least one of the mother's check-ups (2007). The study by Awasthi et.al (2008) conducted in urban slums of district Agra, finds that 72.5 percent of husbands did not accompany their wife during antenatal check-ups. These kinds of participation by husband may go a long way in ensuring healthy and happy pregnancy and child birth.

Husband's participation in the maternal health care of women is very essential for healthy mother and child. It may be one of the preventable strategies for maternal deaths in India. In traditional societies, generally, men or husbands have been uninformed about the pregnancy concerns of the wife. And maternal health is always considered the women's domain in the Indian society. Men have traditionally remained uninformed about their wife's pregnancy-related experiences and needs, yet are significant decision-makers with regard to pregnancy – related care and expenditure (Jejeebhoy & Varkey, 2004).

Attention to men's involvement in reproductive health received a force following the Programme of Action forged in 1994, at the International Conference on Population and Development (ICPD) (Cairo Programme of Action, September 1994). Under the programme, focus was on men playing a key role to promote gender equality and to encourage and enable men to take responsibility for their sexual and reproductive behaviour and their social and family roles (Chapter-4 Gender equality and empowerment of women, ICPD, 1994). The programme also highlights the women's health and safe motherhood emphasizing on education to engage men's support for maternal-health and safe motherhood; all countries are urged to seek changes in high-risk sexual behaviour and to devise strategies to ensure that men share responsibility for sexual and reproductive health (Chapter-8 Health, Morbidity and Mortality, ICPD, 1994).

Husband's involvement in maternal health care apparently ensures better health for mother and new born child. It requires the participation of both to bring new born in this world. The state of maternal health in the country will improve significantly if husband's willingness in participation in care of pregnant women is ensured and increased. Bringing new born child into this world is the responsibility of both the husband and wife.

Rational of the Study

Most of the research studies focused on use of reproductive health, institutional delivery, adoption of family planning methods and so on by women. But there is no comprehensive study on husband perception and husband-participation in maternal healthcare of their wives. The present study looks into mainly on husband viewpoints on husband-participation in maternal healthcare of Delhi.

OBJECTIVES

The objectives of the study were

- To understand the socio-demographic of husband respondents of Delhi.
- To study husband perception and husband-participation in maternal healthcare of their wives.

RESEARCH METHODOLOGY

To achieve the above objectives, the present study adheres to quantitative research. The study was descriptive research design as it focused on describing the decision-making patterns in household and maternal healthcare matters by rural women. Sample size consisted of 160 husband were selected by using non-probability method of quota sampling technique for the

purpose of interview. Only those mothers who were included who have up to one year old child. Data were collected through semi-structured interview schedule. Interview schedules were coded and recoded and analyzed based on various themes that were extracted from the schedules.

FINDINGS

Socio-Economic Profile of Husbands

Age of husbands: Findings show that 53.1 percent of men were in the age-group of 20 to 29 years. Next, 42.2 percent of husbands were in the age group 30 to 39 years and 3.7 percent of husbands were 40 years or above.

Educational status of husbands: In the present study, 13.8 percent men were illiterate, 74.3 percent men were studied up to schooling level and only 11.9 percent of husbands had studied up to college level.

Occupational status of husbands: The occupation status of men in the study areas. Majority (55.6%) of them were in private sector followed by daily wagers (10.6%).

Monthly income of husbands: According to National Council for Applied Economic Research (NCAER, 2009) families with annual income below Rs. 45000 are taken as 'below poverty line'. Based on this calculation 1.2 percent husbands are below poverty line and may be encountering problems in meeting additional expenses due to pregnancy and child birth (see: table no. 5.02).

Age at marriage: In the present study, 20.6 percent of husbands were married in age group of below 21 years. Another, majority (75percent) of husbands married in age group of 21 to 29 years. Only 3.8 percent of husbands married in age group of 30 to 36 years. Rest of not remember. According to third National Family Health Survey (2005-06) there are very few men in the 15 to 19 years age group (only 1 percent of urban men and 4 percent of rural men) and 32 percent men in the 20 to 24 years age group are currently married (Ministry of Health and Family Welfare, 2009).

Perception on Husband Support on Maternal Healthcare

This covers with husband's views about perception on husband support on maternal healthcare. Same scale was used to gauge views of husbands on husband-participation in maternal healthcare.

Table no. 1 Husband's perception on husband support on maternal healthcare

Statements	No. of husbands			
	Agreed	Disagreed	Uncertain	Total
	No. (%)	No. (%)	No. (%)	No. (%)
Physical support				
It is not the responsibility of husband to accompany his wife during prenatal or ANC visits.	19(11.9%)	126(78.8%)	15(9.3%)	160(100 %)
Women should be able to go alone for all ANC visits during pregnancy.	56(35%)	97(60.6%)	7(4.4%)	160(100 %)
Husband should accompany his wife for any prenatal or antenatal check-up visits during pregnancy.	149(93.1%)	4(2.5%)	7(4.4%)	160(100 %)
Man/husband should help in heavy household work during pregnancy.	143(89.4%)	13(8.1%)	4(2.5%)	160(100 %)
Man /husband is needed to help his wife in managing the older children after delivery.	148(92.5%)	11(6.9%)	1(0.6%)	160(100 %)
It is not fathers' responsibility to change nappies, feeding, giving bath, etc., to their newborn child.	28(17.5%)	124(77.5%)	8(5%)	160(100 %)
Woman should not ask her husband to accompany for immunization of newborn child.	32(20%)	112(70%)	16(10%)	160(100 %)
Economic support				
It is justified for a man to get angry if his wife asks for money for pregnancy related expenses.	19(11.9%)	116(72.5%)	25(15.6%)	160(100 %)
Family members (in-laws) are not responsible in fulfilling financial needs of pregnant woman.	66(41.2%)	85(53.1%)	9(5.6%)	160(100 %)
There is no need of medical expenses during pregnancy or delivery because government provide free of cost facilities.	69(43.1%)	72(45%)	19(11.9%)	160(100 %)
Informational/communication/emotional support				
Husband is not required to ask his wife about common health problems during pregnancy.	15(9.4%)	134(83.8%)	11(6.9%)	160(100 %)
Woman should take care of herself during pregnancy, husband's inference /advice is not needed.	34(21.2%)	106(66.2%)	20(12.6%)	160(100 %)
Husband/man should give advice about importance of intake of medicine during pregnancy of his wife.	14(93.1%)	5(3.1%)	6(3.8%)	160(100 %)
It is not husband's domain to give advice on pregnancy care to his wife.	16(10%)	120(75%)	24(15%)	160(100 %)
Wife should not share about common problem during pregnancy with her husband and disturb him.	46(28.8%)	99(61.9%)	15(9.3%)	160(100 %)
There is no need to discuss with husband about the process related to child birth. These are woman's own feelings.	25(15.6%)	104(65%)	31(19.3%)	160(100 %)
Discussion on family planning				
It is fine for a woman to initiate discussion on family planning with her husband.	140(87.5%)	13(8.1%)	7(4.4%)	160(100 %)
If a woman tells her husband to use condom, he often gets angry.	26(16.2%)	90(56.2%)	44(27.6%)	160(100 %)
If woman initiates talk on use of family planning methods with her husband it ultimately leads to fighting.	25(15.6%)	111(69.4%)	24(15%)	160(100 %)
A woman from good family never talks freely about family planning with her husband.	24(15%)	80(50%)	56(35%)	160(100 %)
Woman should not discuss with husband about family planning.	28(17.5%)	86(53.8%)	46(28.8%)	160(100%)
Women are born only for bearing and rearing children.	23(14.4%)	118(73.8%)	19(11.9%)	160(100 %)

The husband's views on perception on husband support on maternal healthcare. The scale has four dimensions – physical (accompanying for ANC, household, child immunization, etc.), economic support, informational/emotional/communication and discussion on family planning. The reliability of the scale using Cronbach's Alpha is 0.823. These statements were asked to understand the perceptions of the husband their involvement in maternal health, which has culturally remained a 'women's domain'. On a statement 'It is not the responsibility of husband to accompany his wife during prenatal or ANC visits', majority (78.8 percent) of husbands disagreed and 11.9 percent of them agreed. One husband told that "*pati ka kam keval kamai karna hai. bachche ke janm sambandhi sari jimmedari usaki patni ki hai. isse mujhe koi matlab nahi hai*". (Husband is only for earning the money. The wife has all the responsibility related to child bearing and rearing, I have no concerns). Further, most (86.4 percent) of the men agreed that man/husband should help in heavy household work during pregnancy. One man said, "*agar pariwar wale nahi hai to pati ko ghar ke kam me madad karani chahiye. kyoki samay badal raha hai isliye pati ki is awastha me puri jimmedari hoti hai*". (If family members are not there, husband should help in household work with his wife. Because now-a-days time is changing, it is husband's responsibility to look after his wife during pregnancy and child birth).

Further, on the theme of family planning, on a statement 'It is fine for a woman to initiate discussion on family planning with her husband', most (87.5 percent) of the husbands agreed. Moreover, half (50 percent) of the husbands disagreed on a statement, 'a woman from good family never talks freely about family planning with her husband'. Interestingly, one husband mentioned that "*balki achche ghar ke aaurate parivar niyojan ki baat karati hai*" (rather women from good families talk about family planning).

Overall level of husband-support in maternal health care

These statements have been assigned three-point response categories-'agree', 'disagree' and 'uncertain'. Further, the responses were assigned weight, '3' to 'agree', '2' to 'uncertain' and '1' to 'disagree' for the positive statements. Whereas, the responses were assigned weight, '3' to 'disagree', '2' to 'uncertain' and '1' to 'agree' for the negative statements. There are 22 statements in which 5 positive and 17 negative statements. The theoretical range is from 12 to 65. This rang is divided into two groups: lower level (12-56) and higher level (57-65) of perception on husband support on maternal health care. Over all analysis shows that 50.9 percent of husbands have lower level and 49.1 percent have higher level of husband's social support in maternal health care.

Husband-Participation in Physical Support, Economic Support and Informational Support

This section deals with husband's views on husband-participation in physical support (refers to accompanying for ANC visits, present at the time of delivery, accompanying for child immunization, helping in household work and help in caring older children), economic support (includes money for travel expenses, money for medical check-ups and medicines and extra money for nutritional food intake) and informational support (refers to advise and informing about importance antenatal check-ups, intake nutritional food, institutional delivery, child

immunization, proper rest and so on.). It also emphasizes on roles of husband or husband-participation in maternal healthcare for their wives. Husband-participation in physical support, economic support and information support to their wives during antenatal, natal and post-natal care generally ensures healthy mother and their newborn child.

Husband-participation in physical support

Antenatal care: The majority (62.5 percent) of husbands accompanied their wives for antenatal check-ups. In this 44.4 percent of husbands accompanied them for all antenatal check-up, 7.5 percent of two antenatal check-ups and 10.6 percent of one antenatal check-up of their wives. One husband said that “*kam se chchutti lekar bhi dikhane jata tha jab bhi jyada jarurat hoti thi*”. (Whenever my wife required my support, I took off from workplace and accompanied her for check-ups). In this 59.4 percent of husbands willingly took initiative and 3.1 percent of them accompanied when asked by the wife. Further, 18.8 percent men reportedly had no work during the pregnancy time of their wife. Rest (43.8 percent) were in NA/DK/NR category.

Further, 37.5 percent men did not accompany their wives for antenatal check-ups. The reasons shared were - work compulsion (31.8percent), support from other family members (1.2 percent), both these reasons (3.1 percent), and did not respond (1.2 percent). A study by Kumar (2006) in Nepal shows almost similar trends. Another study by Tweheyo, et al. (2010) finds that many men did not accompany their wives in ANC visits because of job demands, long waiting time, lack of transport means, or close proximity of health facility and lack of motivation.

Place of delivery: In the study, most (86.2 percent) men were willingly present with their wives during their delivery time. Only in 2.5 percent cases, wives asked their husbands to be present. The husbands mentioned that they were tensed, happy, and having mixed feelings during child birth. Reportedly, men did various works like taking wife to hospital or bringing dai, bringing medicines, etc., during the time of child birth.

The smallest (11.2 percent) proportion of husbands were not present at the time of child birth as delivery took place at village (8.8 percent), one of the family member was present (1.2 percent) and due to job demand (1.2 percent). Seemingly, now the time is changing and most of husbands are present with their wives during the child birth.

Post-natal check-up: The present study, 50.6 percent of husbands have accompanied their wives during child immunization. Further, 50 percent of husbands have willingly taken initiative and 0.6 percent of them accompanied when asked by their wife. On the other hand, nearly half (48.8 percent of) husbands did not accompany their wives during child immunization. Reasons for this include- work compulsions (32.5 percent), family support (1.2 percent), both these reasons (2.5 percent), child below two month (9.4 percent), delivery took place at home (0.6 percent), close proximity of health centre or dispensary (1.8 percent) and wife went to village after child birth (0.6 percent), as told by husbands. Rest (0.6 percent) did not respond.

Household works: In the study, one husband shared that “*jitna bhi samay milta tha uasme mai apani patni ki madad karta tha*”. (Whenever I got free time, I made sure that helped my wife

in managing the work). More than half (62.5 percent) of husbands helped their wives in household activities during the pregnancy. In 60 percent of cases they did willingly and 2.5 percent cases they provided help when asked by their wife. The household work that mostly men did were buying grocery, fetching water, etc. while inside the home they helped in child care, cooking, lifting heavy household items, etc. Only 37.5 percent of husbands did not help their wives in household activities during the pregnancy. Husbands shared reasons for non-participation in household activities such as work compulsions (12.5 percent), available family members support (15 percent), both these reasons (8.8 percent) and wife herself does all the work (1.2 percent).

One man told that “*mai ghar ke kam me madad nahi kar sakat tha. isliye maine apni bahan ko bulaya ki wah ess ki madad kare. mai akele nahi jane detha tha . koi na koi usake sath jata tha. is bat ka me dhyan rakhata tha. agera mai nahi jaja tha*”. (I cannot help in household work for this I called my sister for help. I ensured that my wife should not go alone for check-ups and she is accompany by any family member, in case I am not able to accompany).

Help in caring older children: In the present study, nearly half (45.6 percent) of husbands mentioned that they helped their wives in caring the older children like consoling when crying, feeding, bathing, preparing them for school, etc. In 44.4 percent of cases husbands willingly did and 0.6 percent did these activities when asked by wife. Also, 0.6 percent unwillingly helped their wives in caring the older children. Only 16.9 percent of husband did not help their wife in managing older children during pregnancy because of job constraints (8.8 percent), availability of joint family members support (5.6 percent), health problem of husbands (1.9 percent), and only one of man did not respond. One husband shared that “*kabhi-kabhi lagata hai ki kam ki wajah se mai apni patni ki madad nahi kar pa raha hau. kabhi-kabhi andar se bura lagata hai. mai uaske sath nahi ja sakta hun*”. (At times, I felt very bad as I could not help my wife during her pregnancy due to job constraints)

Husband-participation in economic support

Expenditure require during wife's delivery: Majority (69.4 percent) of husbands did spend the money on buying medicines (15 percent), fees of dai (8.1 percent), medicines and charges of private hospital (36.2 percent) and fees, medicines, and other medical requirements (9.4 percent) during delivery of their wives. However, 28.1 percent of husbands did not spend the money during delivery of their wives because of free of cost facilities in health set-ups (22.5 percent), one of the family member was dai (0.6 percent) and not respond (5 percent). Rest (2.5 percent) of the men did not remember.

Husband-participation informational support

The informational support provided by husbands to their wives. It shows that though majority of men have provided information to their wife high proportions of them have not done so. One husband affirmed that “*pati ko preganancy sambhandit jaankari apni patni ko deni chahiye*” (Husband should communicate the information related to pregnancy to with his wife). Another one mentioned that “*Internet ka prayog karke pregnancy care ki jankari li thi kyoki doctor to kuchh bhi nahi batate hai*” (I gathered all information related to pregnancy care from the

Internet because doctors don't tell anything). Most men who didn't provide informational support cited that they themselves did not have adequate knowledge on pregnancy and related issues.

CONCLUSION

Husband-participation in maternal health care is essential strategies for preventing the maternal mortality rate (MMR) and Infant mortality rate (IMR). The educational status of husbands are more likely to have high perception on husband support than their illiterate counterparts. Stated otherwise, educated men tend to agree and support the notion that husbands should play proactive role in maternal healthcare. The results show that educated husbands have more chance to provide physical support to their wives during pregnancy and after child birth. There is significant association between educational status of husbands and level of husband-participation in informational support for their pregnant wives. It shows that mostly, men have extended economic support to their wives.

The husbands' perspectives and perceptions on their participation in maternal healthcare have been delineated. It shows that husband's active participation as well as his intentions to support his wife with physical as well as emotional during pregnancy and lactating phase are crucial factors in ensuring health and well being of mother and child. Results of the present study are validated by several theories on family assessment and well-being that stress on role sharing, significance of communication in shaping the relationship between husband-wife and power equations within family system.

REFERENCES

- Awasthi, S., Nandan, D., Mehrotra, A.K. & Shankar, R. (2008). Male Participation in Maternal Care In Urban Slums Of District Agra. *Indian Journal of Prevention Social Medicines*, Vol. 39 (3&4), pp. 181-183. Retrieved on 1st December, 2015 from <http://medind.nic.in/ibl/t08/i3/iblt08i3p181.pdf>
- Cairo Programme of Action (September, 1994). *International Conference on Population and Development*. Retrieved on 18th April, 2011 from <http://www.un.org/ecosocdev/geninfo/populatin/icpd.htm>
- Government of India. *Report (2005-06) on National Family Health Survey-III, Vol.-I*. Retrieved on 9th Feb. 2011 from <http://hetv.org/india/nfhs/nfhs3/NFHS-3-India-Full-Report-Volume-I.pdf>
- Jejeehoby, S. J. & Varkey, L. C. (2004). Maternal Health and Pregnancy-Related Care. In Jejeehoby, S. J. (edited), *Looking back Looking forward: A Profile of Sexual and Reproductive Health in India*, Jaipur: Prem Rawat for Rawat Publication.
- Sample Registration System and Office of Registrar General (2013). *Special bulletin on Maternal Mortality in India*. Retrieved on 31th May 2023 from Downloads/SRS_MMR_Bulletin_2018_2020.pdf

United Nation Development Programme (2015). *Sustainable Development Goals*. Retrieved on 13 March, 2016 from http://www.undp.org/content/dam/undp/library/corporate/brochure/SDGs_Booklet_Web_En.pdf

World Health Organization (2015). *Trends in Maternal Mortality: 1990 to 2015*. Geneva: *WHO Document Production Services*. Retrieved on 10th March, 2017 from apps.who.int/iris/bitstream/10665/194254/1/9789241565141_eng.pdf