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Original Research Article

Awareness and involvement of male spouse in various aspects of antenatal care: observation in a rural area of West Bengal

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ABSTRACT

Background: Involvement of male spouse in various aspects of antenatal care is understudied in West Bengal. The present study was conducted to know the involvement of male spouses in their wives' antenatal care including awareness of different events and danger signs of pregnancy.
Methods: A community based, observational, cross-sectional study was undertaken in randomly selected 8 villages of Amdanga block, North 24 parganas district. Total enumeration of women from the selected villages delivered within last 6 months was done; their husbands were identified and interviewed using a pre- designed, pre- tested schedule. Data on socio demographic characteristics, awareness of various aspects and danger signs of pregnancy were collected and analyzed with appropriate tests.
Results: knowledge of the respondents regarding early registration of pregnancy, tetanus toxoid, routine blood investigations and referral transport system were 35%, 71.3%, 58.8% and 55% respectively. Awareness of danger signs were high regarding decreased foetal movement (85%), convulsion (81.3%) and unconsciousness (75%) but low in regards to excessive vomiting (16.3), paleness (21.3). 23.75% of respondents were not involved in their wives' antenatal care. Their involvement was statistically significant for the first pregnancy of their wives compared to the subsequent one.
Conclusions: Male spouse involvement in antenatal care may be one of the key to detect pregnancy related complications early and prompt referral.

Keywords: Antenatal care, Awareness, Involvement, Male spouse

INTRODUCTION

In many part of India child birth is supposed to be a solely woman's issue. Here males enjoy more social and economic power, especially in the rural areas male takes control over his female partner. Male partner decides family size, what type of healthcare services will their spouse avail during pregnancy and in some cases timing of pregnancy, too. However male partner usually stays aloof after she conceives. As a result the pregnancy related complications are not noticed in time thereby increasing the risk of maternal mortality. Hence, in this situation when India is still trying to reduce maternal mortality rate (MMR), male involvement in antenatal care could be a key to success. It will enable them to support their spouses for adequate preparation for birth and to utilize emergency obstetric care early if complications arise. This would have positive impact on birth outcomes.[1]

Globally male partner's involvement in maternal health has been studied with importance. Studies carried out in El Salvador, Greece showed low male involvement (34%) in prenatal care, delivery and postnatal care attendance.[2,3] Low (32.1%) male participation was also

identified in a study in Northern Nigeria.[4] On the contrary the other Nigerian study showed, 53.2% of the male respondents had high level of knowledge of emergency obstetric conditions (danger signs) and 97.4% encouraged their wives to attend antenatal clinic.[5] But in India still the main focus is on pregnant women and healthcare workers. There are scarce data on involvement of male in maternity care, their awareness of various danger signs of pregnancy.[6,7] In this background the present study was conducted to know the involvement of male spouses in their wives' antenatal care including awareness of different events and danger signs of pregnancy, living in a rural area of West Bengal.

METHODS

Mean age of the respondents was 33.11 (± 4.96) years, maximum within 30 – 34 years age group (40%). About two third (67.3%) of the participants were Muslim as shown in Table 1. 8 respondents (7.3%) were illiterate. Monthly income of the respondents ranged from Rs. 1500 – 9500, with mean of Rs.4542.50 (± 2045.66). According to modified B G Prasad socio-economic status scale 2013, 41.8% respondents were in class II, 4 (3.6%) in class IV and no one in class V as shown in Table 1.

Table1: Socio-demographic characteristics of the respondents (n= 110).

Variable	Category	Frequency (%)
Age (in years)	24 – 29	31 (28.2)
	30 – 34	44 (40.0)
	35 – 39	21 (19.1)
	40 – 44	11 (10.0)
	≥45	3 (2.7)
Religion	Hindu	36 (32.7)
	Muslim	74(67.3)
Education	Illiterate	8 (7.3)
	Education up to primary	47 (42.7)
	Education above primary	55 (50.0)
Family type	Nuclear	34 (30.9)
	Joint	76 (69.1)
Socio economic status (SES) According to Modified BG Prasad's Classification for 2013	Class I	0 (0)
	Class II	4 (3.6)
	Class III	19 (17.3)
	Class IV	46 (41.8)
	Class V	41 (37.3)

Table 2 shows that the respondents knew about oral tablet supplementation (61.8%) but only 6 men knew it to be an iron tablet. Though 55.5% respondents knew the existence of referral transport system but only 9 men (8.2%) could name the vehicle. knowledge regarding time of registration was poor (35.5%). 65 (59.1%) male spouse knew that routine blood investigations were done in pregnancy but only 13 of them could recall any specific test (e.g. haemoglobin, sugar, HIV) correctly. None of the respondents were aware of identification of blood donor during pregnancy. All except 2 (1.8%) deliveries were institutional.

Table 2: Awareness of respondents in various aspects of antenatal care (n=110).

Variable	Frequency (%)*
Early registration	39 (35.5)
Blood investigation	65 (59.1)
Tetanus toxoid injection	78 (70.9)
Tablet supplementation	68 (61.8)
Referral transport system	61 (55.5)
Government cash incentive	81 (73.6)

*multiple response

In relation to the danger signs of pregnancy Table 3 shows that, decreased foetal movement (85.5%), convulsion (80.9%) and unconsciousness (75.5%) were the most commonly reported known danger signs in pregnancy with the least being excessive vomiting (16.4%), expulsion of placenta within 30 min of delivery (19.1%) and paleness (21.8%). On analysis, it was also found that not a single respondent could enumerate all danger signs of pregnancy.

Table 3: Awareness among respondents regarding danger signs of pregnancy (n=110).

Variable	Frequency (%)*
Decreased foetal movement	94 (85.5)
Convulsion	89 (80.9)
Unconsciousness	83 (75.5)
Breathing difficulty	81 (73.6)
Vaginal bleeding	69 (62.7)
Swollen extremities	62 (56.4)
Water breaks before labour starts	62 (56.4)
Visual blurring	61 (55..5)
Fever	60 (52.5)
Labour lasting > 12 hours	39 (35.5)
Pain abdomen	39 (35.5)
Headache	32 (29.1)
Paleness	24 (21.8)
Expulsion of placenta within 30 min of delivery	21 (19.1)
Excessive vomiting	18 (16.4)

*multiple response

Figure 1 shows that only 23.75% male spouse did not involve in their wives' antenatal care. Others had financial contribution, accompaniment or both. It was also seen that respondents were significantly more involved in their wives' first pregnancy compared to the subsequent pregnancies (χ^2= 9.3, p=.003, df = 1).

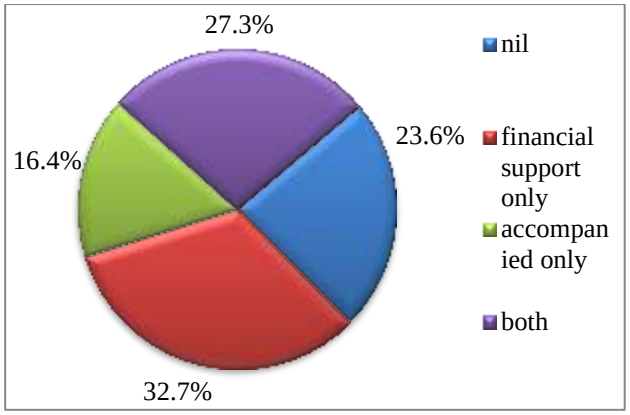

Figure 1: Pie diagram showing male spouse involvement in antenatal care (n= 110).

DISCUSSION

Low male spouse accompaniment during antenatal care (ANC) or lack of knowledge regarding few events or danger signs of pregnancy alone was not sufficient to indicate that husbands were not supporting their wives. Financial support given to wife during pregnancy, prompt decision making especially in emergencies in the background of rural setting should also be considered. Low knowledge regarding early registration identified in this study could be due to higher ANC registrations of pregnant women in subcentres by active involvement of ASHA than private health facilities. Present study showed low involvement of male spouse than the level among men in Osun (93.9%) and Oyo (97.4%) states in south west Nigeria and another study in Delhi, India (98.2%)[6], but better than the participation rate of Nepalese male (40%).[7-9] In the other report by International institute for population sciences, male participation for antenatal care was 42% for India, 48% for Maharashtra, 43% for West Bengal and 44% for Uttar Pradesh.[11] The reason might be that the antenatal sessions usually coincide with regular formal working hours especially during week days. This might not be convenient for male spouse of pregnant women to join as in rural area they mostly work on daily wedges. Similar study in Madhya Pradesh showed male accompanied their wives during antenatal care in 60.8% cases and gave financial support in 44%. Lower finding in the present study might be due to the fact that, here, around two-third of the respondents were from joint families, where senior female might be a good companion for the pregnant woman.[10] Also, few of the male spouses who were not involved in their wives' ANC informed that wives' parents took all responsibilities of first childbirth as a custom in that rural area. No statistical significance between socio demographic variable and awareness of various aspects of ANC (except one), might indicate that husbands irrespective of religion, education, income category are trying to get involved in ANC of their wives.

The study included only 110 participants. Greater sample size would have been more reflective. Findings of the study were based on self-reporting. No crosschecking with their female spouses' opinion regarding involvement was done.

This study identified a good involvement (around three-fourth cases) of the male spouse in ANC of his wife though it can be improved to near hundred percent. Few aspects of antenatal care as well as danger signs are well known to them than others. Community support structures may be established that can make male aware of different events as well as danger signs of pregnancy and child birth so that no pregnancy related complications are missed and prompt referral can be assured. Responsible parenthood and family life education may be introduced for adolescent as a long term strategy.

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REFERENCES

1. Obi AI, Abe E, Okojie OH. Male and Community Involvement in Birth Preparedness and Complication Readiness in Benin City, Southern Nigeria. IOSR J Dental Med Sci. 2013;10(6):27-32.
2. Carter MW, Speizer I. Salvadoran fathers' attendance at prenatal care, delivery, and postpartum care. Revista Panamericana De Salud Publica. 2005;18:149–56.
3. Dragonas TG. Greek Fathers' participation in labour and care of the infant. Scand J Caring Sci. 1992;6(3):151-9.
4. Iliyasu Z, Abubakar IS, Galadanci HS, Aliyu MH. Birth preparedness, Complication Readiness and Fathers' participation in Maternity care in a Northern Nigerian Community. Afr J Reproductive Health. 2010;14(1):22-32 .
5. Odimegwu C, Adewuyi A, Odebiyi T, Aina B , Adesina Y, Olatubara O, et al. Men's Role in Emergency Obstetric Care in Osun State of Nigeria. Afr J Reproductive Health 2005;9(3):59–71.
6. Mishra A, Varkey LC, Das A, Ottolenghi E, Huntington D. Men in maternity study. Summary of findings from pre-intervention interviews with women and their husbands attending antenatal clinics at ESIC facilities in Delhi. Population council. Front Rep Health. 2002: 13-23.
7. Sapkota S, Kobayashi T, Takase M. Women's experience of giving birth with their husband's support in Nepal. BJM. 2011;19(7):426–32.
8. Singh D, Lample M, Earnest J. The involvement of men in maternal health care: participatory case

studies from Maligita and Kibibi, in rural Uganda. Biomed Central Rep Health. 2014;11:68.
9. Olayemi O, Bello FA, Aimakhu CO, Obajimi GO, Adekunle AO. Male participation in pregnancy and delivery in Nigeria: A survey of antenatal attendees. J Biosoc Sci. 2009;41:493-503.
10. Kushwah SS, Dubey D, Singh G, Shivdasani JP, Adhish V, Nandan D. Status of birth preparedness and complication readiness in Rewa District of Madhya Pradesh. Indian J Public Health. 2009;53(3):128-32.
11. Chattopadhyay A. Men in maternal care: Evidence from India. J Biosoc Sci. 2012;44(2):129-53.

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