MALE PARTICIPATION IN MCH SERVICES

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ABSTRACT: Research question: How many male partners are aware and involved in maternity care of their partners and in child health? Aims and Objective: To study the level of awareness and involvement of male partners in maternity care and child health setting: Head-quarter village of an adopted primary health centre of Bharati Vidyapeeth university Medical College and Hospital, Sangli. **DESIGN:** Cross sectional study. Material and Method: male partners of women who delivered in last two years of study period, interviewed with the help of predesigned, pretested proforma. Analysis: Using chi-square test. Results: Our study reveals good awareness and involvement of male partners in maternity care. Only educational factor was found statistically significant with increased awareness amongst participants about maternity care and child health. **CONCLUSION:** Though our study reveals good awareness amongst study participants there is need of more research in the similar topic.

INTRODUCTION: Maternal and child health services (MCH) are essentially promotive and preventive. They provide avenues for the early detection of mothers and infants at high risk of morbidity and mortality (1). Maternal and child health services have traditionally focused on women and children to the exclusion of men as partners and fathers. This focus occurred because care given during pregnancy and lactation is exactly on the health and risks of the women and child. Women being granted as primary care taker of herself and her child. This has ignored the role of men in families and the fact is that they are often the decision makers about when, where and what health services the family members should avail.

In India husbands are the key decision makers determining their family's access to health services. There are various studies available in India about men involvement in family planning, RCH programmes (2, 3, 4, 5). Only a few studies have examined the involvement of men in pregnancy and delivery care of their wives (Bhalerao et al. 1984; Carter 2002; Singh, Lahiri and Srivastava 2004). Most of these studies examined the positive health benefits of men's involvement for wives and children (6). A study conducted in Mumbai by Bhalerao et al. (1984) found that involving husbands in antenatal care counseling significantly increases the frequency of antenatal care visits, significantly lowers perinatal mortality, and pays dividends even among uneducated and low socio-economic groups(7). According to review of literature by Moore and Kotelchuck (2004), the involvement of father in child's life has many important benefits for child's health and development (8).

The main objective of the paper is to examine the awareness about and involvement of male partners in maternal health care during pregnancy and child birth and also child health care mainly, immunization.

ORIGINAL ARTICLE

MATERIAL AND METHOD: Present study is conducted in Kavthepiran village which is headquarter of primary health center adopted by community medicine department of B.V.U.medical college and hospital,sangli.the data was collected with the help of pre-tested and predesigned proforma .

To assess the awareness regarding availed antenatal services and practice during pregnancy by their spouse male partners were asked about registration of pregnancy, antenatal visits, extra diet etc also to know about intranatal and postnatal care awareness place of delivery, type of delivery and postnatal complications were inquired, and for child health questionnaire included about birth weight of baby, breast feeding practice etc. To observe involvement and accompaniment in ANC visit, presence at the delivery and immunization of child were assessed. In the present study each participant involved was aware about basic maternity health care, so depending upon their responses awareness of participants categorized as good, better and best, this was done as <50%,50-75%;>75% awareness respectively.

Population of the village was 10,045 at the time of study. The information was collected from PHC about mothers and child in the village. The sample included was the male partners of couple having child-birth during last two years to avoid recall bias. Total 147 couples were found amongst which 144 were available at the time of study. Three of them were non-respondent so 140 male partners involved in study group and the results analyzed with the help of chi-square test.

RESULTS:

Table 1: Awareness amongst study participants about maternity care and child health

	Good	Better	Best	Total
ANC	4 2.86%	21 15.00%	115 82.14%	140 100.00%
INC	2 1.43%	9 6.43%	129 92.14%	140 100.00%
PNC	30 21.43%	61 43.57%	49 35.00%	140 100.00%
CHD	135 96.43%	5 3.57%	0 0.00%	140 100.00%
TOTAL	10 7.14%	54 38.57%	76 54.29%	140 100.00%

Table 1: Shows best awareness about ANC and INC amongst majority of study participants in present study. The awareness regarding ANC and INC was more among study participants while PNC and CHD awareness was found good amongst the study participants.

ORIGINAL ARTICLE

Table 2: Awareness about maternity care and child health according to Socio-demographic factors of study group

		Awareness			Total	Chi square Value	Significance
		Good	Better	Best			
Age of Respondent*	20 - 30	8 8.7%	33 35.9%	51 55.4%	92 100.0%	2.089, df. = 4	.719
	30 - 40	2 4.7%	19 44.2%	22 51.2%	43 100.0%		
	40 - 50	0 .0%	1 25.0%	3 75.0%	4 100.0%		
Occupation	Unskilled	0 .0%	4 66.7%	2 33.3%	6 100.0%	6.969 df. = 4	.138
	Semi-skilled	3 17.6%	8 47.1%	6 35.3%	17 100.0%		
	Skilled	7 6.0%	42 35.9%	68 58.1%	117 100.0%		
Religion	Hindu	8 6.5%	48 38.7%	68 54.8%	124 100.0%	0.792 df.= 2	.673
	Muslim	2 12.5%	6 37.5%	8 50.0%	16 100.0%		
Education	Illiterate	0 .0%	2 40.0%	3 60.0%	5 100.0%	15.081 df. = 6	.020
	Below graduate	5 4.5%	48 43.6%	57 51.8%	110 100.0%		
	Graduate & Professionals	4 26.7%	3 20.0%	8 53.3%	15 100.0%		
	Post Graduate	1 10.0%	1 10.0%	8 80.0%	10 100.0%		
Type of Family	Extended	0 .0%	2 50.0%	2 50.0%	4 100.0%	0.552 df.= 4	.968
	joint	6 7.1%	33 39.3%	45 53.6%	84 100.0%		
	nuclear	4 7.7%	19 36.5%	29 55.8%	52 100.0%		
Total		10 7.1%	54 38.6%	76 54.3%	140 100.0%		

(Note: *as one respondent was unknown about his age so excluded from analysis for age)

ORIGINAL ARTICLE

Table 2 shows statistically significant best awareness amongst post graduate persons about all the components of maternity care and child health. Other factors like age, occupation, religion and type of family are found insignificant in relation with awareness regarding safe motherhood and child health.

Table 3: Involvement of study group in components of maternal care and child health

		No of Respondents (%)					
		ANC	INC	CHD		CHI	P
Age of Respondent*	20 - 30	64 69.6%	65 70.7%	70 76.1%	92 100.0%	2.049 df.= 4	0.726731
	30 - 40	26 60.5%	30 69.8%	38 88.4%	43 100.0%		
	40 - 50	4 100.0%	4 100.0%	3 75.0%	4 100.0%		
Occupation	Unskilled	2 33.3%	3 50.0%	6 100.0%	6 100.0%	3.616 df. = 4	0.460372
	Semi-skilled	9 52.9%	9 52.9%	12 70.6%	17 100.0%		
	Skilled	83 70.9%	87 74.4%	94 80.3%	117 100.0%		
Religion	Hindu	86 69.4%	87 70.2%	100 80.6%	124 100.0%	2.528 df. = 2	0.639532
	Muslim	8 50.0%	12 75.0%	12 75.0%	16 100.0%		
Education	Illiterate	3 60.0%	4 80.0%	5 100.0%	5 100.0%	1.390 df. = 6	0.845824
	Below graduate	74 67.3%	81 73.6%	88 80.0%	110 100.0%		
	Graduate & Professional	11 73.3%	8 53.3%	9 60.0%	15 100.0%		
	Post Graduate	6 60.0%	6 60.0%	10 100.0%	10 100.0%		
Family Type	Extended	3 75.0%	3 75.0%	4 100.0%	4 100.0%	0.628 df. = 4	0.959826
	joint	57 67.9%	57 67.9%	65 77.4%	84 100.0%		
	nuclear	34 65.4%	39 75.0%	43 82.7%	52 100.0%		
Total		94 67.1%	99 70.7%	112 80.0%	140 100.0%		

(Note: *as one respondent was unknown about his age so excluded from analysis for age)

No significant socio-demographic factor was found in association with involvement of participants in safe motherhood and child health component.

DISCUSSION: In the present study we found education of participants as the significant factor for awareness regarding maternity care and child health components. Involvement of participants was more in the age group of 40-50, skilled workers, Hindu respondents, graduates and study participants from extended families.

Education is important factor regarding awareness about safe motherhood and child health components. It is important to involve male partners of ANC mothers in counseling. So that it will be helpful in success of MCH programme.

Amarjeet Singh and Arvind Kaur Arora (9) found 75% antenatal coverage and 30-40% of the male partners accompanied their wives for ANC care in village of Chandigarh.

Raymond Tweheyo et al (10) reported 65% assistance in ANC visits among their male partners. Also they found Secondary or higher education significantly associated with increased assistance during ANC of male partners.

Abhishek Singh and Faujdar (6) found 92% awareness about ANC visits amongst male partners in Ahmednagar district of Maharashtra. Also they found 81% accompanied their wives for ANC and involvement increased considerably with an increase in men's education. Carter (2002) (11) also found similar results in his study conducted at rural Guatemala.

These results are consistent with present study results.

Abhishek Singh and Faujdar also found education and current age of respondent as positively associated factor with presence of men at the delivery of their child.

In present study such significant factors are not found.

CONCLUSION: In present study we get best awareness regarding maternity care i.e. male partners are found aware of ANC visits, about iron and folic acid tablets consumption and TT immunization of their partners. But were found less aware about PNC visits and complications. Also awareness regarding child health issues was less as compared to ANC components.

Education was found significantly associated with overall awareness about maternity care components and child health. Education might be increasing opportunities and changing for gaining Knowledge regarding any programme in the community and increases the awareness.

Informing men about maternal care and child health and involving them in decision making could play an important role in improving maternal and child health.

As the study is carried out in smaller area and with small sample size the applicability of the results need to be examined in the wider context and with large sample size in wider geographic area.

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