Original Article

Involvement of Husband in Antenatal Care in a Tertiary Level Hospital, Kathmandu

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ABSTRACT

Background: A husband at the antenatal clinic is rare in many communities and it is unthinkable to find men accompanying their partners during antenatal care and delivery. Male involvement in antenatal care is promoted to be an important intervention to increase positive maternal and new born health outcomes. So the objective of this study was to find the involvement of husband in antenatal care in a tertiary level hospital.

Methods: A descriptive, cross-sectional study was conducted in the antenatal ward of Kathmandu Medical College Teaching Hospital. Data collection was done from December 1, 2019 to January 30, 2020. A total of 280 antenatal mothers were purposively selected for the study.

Results: Majority of the respondents (67.1%) were between the age group of 20 to 29years with the mean ± S.D = 27. 70 ± 4.85 years, and their husbands (51.4%) were also between the age group of 20 to 29years with the mean ± S.D = 29. 63 ± 5.14years. The majority (74.6) of the respondents' husbands encouraged their wives to take nutritious food during pregnancy and helped in domestic chores (76.4%). Most (74.6%) of the husbands encouraged their wives to attain antenatal clinics and two third (66.4%) had companied their wives for antenatal visit. More than half of the husbands (54.6%) had a high involvement during the antenatal period. there was a statically significant association between the level of husband involvement and age, ethnicity, education and occupation of the husbands' P value < 0.05).

Conclusion: Majority of the husbands had a high involvement during pregnancy but the number of husbands who accompanied their wives during the antenatal checkup is quite low. The level of husband involvement during pregnancy was associated with age, ethnicity, education and occupation of the husbands.

Keywords: Antenatal care, husbands, involvement, pregnancy, Nepal

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INTRODUCTION

In patriarchal societies, male partners generally do not accompany their partners to antenatal or postnatal care services and are not expected to be present during the birth of their children.[1]Antenatal care, skilled birth attendance and access to emergency obstetric care is essential in the prevention of maternal deaths and severe acute maternal morbidity.[2] Most research concerning male involvement has focused on their involvement during family planning, prevention of mother to child transmission of HIV and prevention of other sexually transmitted infections.[3] Husband involvement is highly influential in women's choice for health care seeking behaviour. Therefore, men can encourage health facility visits, support good nutrition, reduce workload during pregnancy, assist in birth preparedness and provide emotional support.[4]

A systematic review of the impact of male involvement in the maternal health outcome of women in developing countries provided three broad categories indicating male involvement: Active participation in maternal care services such as support of the spouse by the husband during pregnancy, childbirth or postpartum, support provided for pregnancy-related and childbirth expenses, and Shared decision making powers with wife on maternal health issues.[5] Strategies for involving men in maternal health services should aim at raising their awareness about emergency obstetric conditions, and engaging them in birth plans and complication readiness.[6]

In 1997, the United Nations Population Fund (UNFPA) described an agenda for the International Conference on Population and Development, Cairo and Fourth World Conference on Women, Beijing, in which men would play a proactive role in the empowerment of women .[7] Male involvement enables men to support their spouses to utilize obstetric services and the couple would adequately prepare for birth complications. This would lead to a reduction in all three phases of delay: delay in the decision to seek care; delay in reaching care; and finally, delay in receiving care. The male partner can play a crucial role especially in the first and second phases of delay in developing countries and thereby positively impact birth outcomes.[8]

Maternal deaths arise from pregnancy, childbirth or postpartum complications, but their occurrences could be reduced by making birth plans for pregnant women, their partners and their families. Antenatal care, birth plans and complication-readiness are crucial for timely access to skilled maternal and neonatal services.[9] Most of the reproductive health programs fail to address these factors in Nepal. Enhancement of male involvement is necessary in culturally dynamic societies like Nepal to improve the women health and reduce maternal morbidity and mortality.

MATERIALS AND METHODS

Descriptive cross sectional study was conducted to find out the Involvement of husband in antenatal care in the antenatal ward of Kathmandu Medical College, Teaching Hospital. Data collection was done from December 1, 2019 to January 30, 2020. The study population was pregnant women of the third trimester and living with their husbands for at least a year. A total of 280 antenatal mothers who met the inclusion criteria during the data collection period were selected for the study by using a non-

probability purposive sampling technique. The sample size was calculated based on the prevalence of a similar study.[10] The sample size was calculated by formula Z^2pq/d^2. Z = 1.96(5%level of significance), P = 76 %, Q = 100 -76= 24%, Allowable error = 5%. For the ethical consideration, approval for the study was obtained from the institutional review committee of Kathmandu Medical College with Ref.201120195, permission for data collection was taken from the concerned authority of the hospital and written consent was obtained from each respondent of the study. Face to face interview technique was used to collect the data using a pre-tested structured questionnaire. All the collected data were entered in Microsoft excel 2010 and were analysed using Statistical Package for Social Science (SPSS) 20.0 version. Both descriptive and inferential statistics were used for data analysis. During analysis of involvement score, 1 score was given for involvement and 0 for the non-involvement in antenatal care. The total score of the involvement was 16. the level of participation less than 50% was considered as a low level of involvement whereas more than 50% as a high level of participation.[11] Chi-square test was used to reveal the association between demographic and obstetric variables with the level of husband involvement in antenatal care considering p-value <0.05 as significant.

RESULTS

Socio-demographic profile of the respondents and their husbands is illustrated in table 1. Majority of the respondents (67.1%) were between the age group of 20 to 29years with the mean ± S.D = 27. 70 ± 4.85 years. Regarding the educational status of the respondents, 38.2% had a higher secondary level. By occupation, the majority (35.3%) of the respondents' occupation was business followed by 12.1% daily laborer. Likewise, the majority of the respondents' husbands (51.4%) were between the age group of 20 to 29years with the mean ± S.D = 29. 63 ± 5.14years and the majority of the husbands were (47.9%) Janjati. Regarding the educational status of the husbands, 43.3% had a higher secondary level. By occupation, the majority (45.4%) of the husbands were businessmen followed by 19.6% daily laborer.

Table 2 showed the husbands' involvement in the antenatal care. The majority (74.6) of the respondents' husbands encouraged to take nutritious food during pregnancy and 67.1% bring nutritious food and 60 % remained for the wife to take iron and calcium. The majority (76.4%) of the husbands helps their wife in domestic chores. Among which 65.4% husband helps to prepare meals, 57.4% helps to wash clothes, 67.2% helps to clean home,42 % helps to wash dishes and 71 % helps to do shopping. Most (74.6) of the husbands encouraged their wife to attain antenatal clinics and two third (66.4%) had companied their wives for antenatal visit. Regarding birth preparedness, nearly two-third (63.6%) of the women reported that their husbands involved in planning birth preparedness. Among which 75.2% planned for transportation, 79.7% saved money for delivery and only 18.5% arranged blood donors. More than two third (69.7) of the respondents reported that their husbands provided the money for daily expenses. More than half of the husband (54.6%) have a high involvement during the antenatal period. Table 3 reveals that there was a statically significant association between the level of husband involvement and age, ethnicity, education and

occupation of the husbands (P value < 0.05)

Table 1: Demographic characteristics of the respondents & their husbands (n= 280)

Age of respondents in years	Number	Percent
20 – 29	188	67.1
30-39	87	31.1
40 and above	5	1.8
Education		
Primary	49	17.5
Secondary	58	20.7
Higher secondary	107	38.2
Bachelor and above	66	23.6
Occupation		
Services	85	30.4
Business	99	35.3
Labor	34	12.1
Homemaker	62	22.2
Age of the husband in years		
20-29	144	51.4
30-39	123	43 .9
40 and above	13	4 .7
Ethnicity		
Brahmin	55	19.6
Chhetri	91	32.5
Janjati	134	47.9
Education		
Primary	33	11.7
Secondary	54	19.2
Higher secondary	121	43.3
Bachelor and above	72	25.8
Occupation		
Service	98	35.0
Business	127	45.4
Labor	55	19.6

Table 2: Involvement of husbands in Antenatal care (n=280)

Antenatal care	Frequency	Percent (%)
Encourage to take nutritious food	209	74.6
Bring nutritious food	188	67.1
Remained to take iron and calcium	168	60
Helping in domestic chores		
Yes	214	76.4
No	66	23.6
If yes: Helping in (n=214)		
Prepare meal	140	65.4
Wash clothes	123	57.4
Clean home	144	67.2
Wash dishes	90	42.0
Do shopping	152	71.0
Involvement in antenatal care		
Husband encourage to antenatal check-up	209	74.6
Accompany wife to antenatal check-up	186	66.4
Planning for birth preparedness		
Yes	178	63.6
No	102	36.4
If yes: planning (n=178)		
Planning Transportation	134	75.2
Saving Money	142	79.7
Arranging blood donors	33	18.5
Provide money for expenses	195	69.6
Level of husbands involvement		
Low involvement	127	45.4
High involvement	153	54.6

Table3: Association between the level of husbands' involvement and demographic variabl

Variables of husbands	Low involvement	High involvement	χ2 value	P-value
Age				
20 to 29 years (n=144)	61 (42.4%)	83 (57.6%)	10.746	0.005
30 to 39 years (n =123)	65 (52.8%)	58 (47.2%)		
40 years & Above (n=13)	1 (7.7%)	12 (92.3%)		
Ethnicity				

Brahmin (n=55)	26 (47.3%)	29 (52.7%%)	6.336	0.042
Chhetri (n=91)	50 (54.9%)	41 (45.1%)		
Janjati (n=134)	51 (38.1%)	83 (61.9%)		
Education				
Primary & secondary(n=87)	51 (58.6%)	36 (41.4%)	8.959	0.003
Higher secondary &above (n= 193)	76 (39.4%)	117 (60.6%)		
Occupation				
Service (n=98)	20 (20.4%)	78 (79.6%)	41.239	<0.001
Business (n=127)	69 (54.3%)	58 (45.7%)		
Labor (n=55)	38 (69.1%)	17 (30.9%)		

DISCUSSION

Male involvement is one of the driving forces of maternal mortality reduction. Literature has recommended active inclusion and shared responsibility of male partners in maternal health as a measure to improve maternal outcomes[1]. There is still a wide gap between male involvement policies and the actual involvement in pregnancy and birth.[9] Male involvement in pregnancy and childbirth influences pregnancy outcomes. It reduces negative maternal health behaviours, risk of preterm birth, low birth weight, fetal growth restriction and infant mortality. male involvement reduces maternal stress, increases uptake of prenatal care, leads to the cessation of risk behaviours, and ensures men's involvement in their future parental roles from an early stage. Male involvement reduces maternal, increases the uptake of prenatal care, and ensures men's involvement in their future parental roles from an early stage.[12]

Socio demographic of the present study shows that majority of the respondents' husband (51.4%) were between the ages group of 20 to 29 years. The findings were contract with the study conducted in Nigeria where the majority (20.7%) were from the age group 20 – 29 years.[13] More than one third of the respondents (38.2%) had a higher secondary level of education. This finding was inconsistent with the study conducted by Bhatta in Kathmandu was 69.4% of men who had a higher level of education.[14] Nearly half of the husband's occupation was business which is consistent with the study conducted in Nigeria where 34.5% were a businessman.[13] Findings of the study related to the husband's involvement during the antenatal period shows that the Majority (74.6) of the husbands encouraged their wife to take nutritious food during pregnancy. This finding was nearly consistent with the study conducted by Bhatta in Kathmandu Nepal where the majority 96.3% of the men agree with mother need more food during pregnancy.[14] Similarly, two third of the husband 67.1 bring nutritious food for their wife. This finding is consistent with the study conducted by Bhatta in Chitwan Nepal shows that 23.7 % of fathers bring nutritious food.[15]

Two third of the husband (66.4) accompanied their wife for antenatal visit. This finding was contrast with the findings of a study conducted by Bhatta in Kathmandu Nepal where 39.3% of men accompanied their partners to antenatal visits.[14] Similarly the majorityof the husbands (76.4%) helps their wife in domestic chores. This finding is

consistent with the study conducted by Bhusal which showed that 88% of men helped in household activities.[16]

In the present study, nearly two third (63.6%) of the husbands involved in birth preparedness. which is similar to the study conducted by Bhusal in dang where Nearly half 44.36% of the husbands plan for preparedness of birth.[16] The survey conducted by NDHS 2006 showed a similar result that is slightly more than half of the husbands' involvement in Birth Preparedness.[17]

Likewise, the majority of the husband (75.5%) saved money for delivery and only 17.6% arranged blood donors. Similar study conducted in dang, Nepal showed that majority 84 % of the husband had managed the money for complication and 11.5 % had identified compatible blood donors.[16] In this study, the majority of the husband 71.7% planned for transportation for delivery which is inconsistent with the study conducted by Dahal in Morang where there is 49.4% planned for transportation.[11] In the present study, Majority of the husbands (54.6%) have a high involvement during pregnancy. This study is consistent with the study conducted in Nigeria showed a moderate level of involvement in maternity care.[13]

CONCLUSION

Majority of the husbands were involved in antenatal care. However, the number of husband who accompanied their wives during antenatal visit was quite low. It is very essential for husbands to attend the doctor's advice during antenatal period along with their wives. Thus awareness program for husbands should be focused on that

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