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Factors Influencing Men Participation in Maternal Health Care in India

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Abstract

Reproduction and sexuality are result of intimate relationship of couple; however the history of public health shows that policies and program of reproductive health were only targeted women and paid little attention to the role of men in achieving quality reproductive health, the positive results of men involvement in maternal health have been well established. The attempt was made in this article to understand the factor influencing men participation in maternal health care in Indian context. The data for the study was taken from the third round of National Family Health Survey (NFHS-3), which is known as Demographic and Health Survey (DHS) worldwide. The study shows men participation in maternal health care was high in urban area, poor among Muslims, shows positive relation between male participation and standard of living. Similarly it shows the negative relation between men participation and birth order. Education and occupations have great influence on men involvement; however the comparative analysis shows that women education and occupation have more impact on male involvement. Those factors should be considered during the planning and implementation of policies and programs, decentralised as much as possible at the sub-district, district and state level similarly at national level.

Introduction

Reproduction and sexuality are result of intimate relationship of couple (men and women), however history of public health shows that policies and program of reproductive health were only targeted women and paid little attention to the role of men in achieving quality reproductive health(Greene & Biddlecom, 2000). The result of which, was exclusion of men in implementation of population policies through basic family planning programs and only serving women folk. If at all men's involvement was noticed definitely seen in a limited way, often for the promotion of contraception particularly to ensure the acceptability and continuation of contraception and to diagnosis and treat Sexually Transmitted Infections (STI) (Amatya et al., 1994; Mbizvo and Bassett, 1996). In a patriarchal society like India, to improve the appalling state of women's health, men must share the responsibility to breakdown the social barriers that prevent the realization of becoming a healthy mother and healthy women. There has been increasing debate among public health specialist, policy makers and academician on the role of involving male in reproductive health programs. This is especially important in communities like India where men play many roles (as a husband or sexual partner or father, as decision maker in every aspect of women's life) in women's life that influence and determine not just their own health but also overall health of wives and families.

Many studies across the world highlighted the importance of men involvement in maternal health (Chattopadhyay, 2012; Gausia, et al., 2009; Maharaj, 2000; Redshaw& Henderson, 2013; Yargawa & Leonardi-Bee, 2015). Some of the studies specifically shows that increased men involvement in maternal health increases the utilization of antenatal and postnatal services (Redshaw & Henderson, 2013; Schaffer & Lia-Hoagberg, 1997). Other studies found that male participation in maternal health care considerably decrease the likelihood of antenatal depression and contribute for healthy outcome (Gausia et al., 2009; Lteif Y, Kesrouani A, & Richa S, 2005).

Considering these outcomes, it is established fact that men participation has positive impact on maternal and child health outcomes. However it was found that there is dearth of knowledge in identifying the factors influencing the men participation in maternal health care in Indian context. The review of available literature across the world shows that; A study in Uganda by Byamugisha and others (2008) found that partner's level of education and occupation play important role in male intimate involvement in ANC care, researches in Kenya and Rwanda (Kowalczyk et al., 2002; Reece et al., 2010) confirms that occupation of partner was important factor for men involvement in maternal health care.

Many studies were highlighted that cultural standards as barriers for male involvement (Byamugisha et al., 2010; Msuya et al., 2008; Nkuoh et al., 2010; Reece et al., 2010) in maternal health care. It was also found that in countries with strong cultural norms, female partners were

uncomfortable, if their male partners attend the ANC service (Mlay et al., 2008; Reece et al., 2010). A research conducted by Reece and others (2010) in Kenya showed that some male clients don't trust modern practitioners rather they trust traditional healers, so they prefer not to attend ANC clinics. Another study by Reece and others (2010) found that poor communication between couple was one of the causes for poor male involvement.

Similarly many researchers recognized that ANC opening hours and long waiting time as another limiting factors for male involvement(Bwambale et al., 2008; Byamugisha et al., 2010; Ditekemena et al., 2011; Msuya et al., 2008; Nkuoh et al., 2010) as many of them involved in productive (earning) activities. The lack of decentralized services and location of clinic was a reason for lower utilization of ANC services and poor men participation in maternal health care (Bwambale et al., 2008; Reece et al., 2010). The researchers highlighted that quality of care also plays important role in men involvement (Bwambale et al., 2008; Worku & Enquselassie, 2007). Similarly, Byamugisha and others (2010) reported that harsh, critical language directed at Ugandan women from skilled health professionals was a barrier to male participation. Financial constraints of clients and health facilities have been identified as impacting health services uptake and male participation (Matovu & Makumbi, 2007; Worku & Enquselassie, 2007). The lack of space to accommodate male partners in ANC clinics was also reported to adversely impact on male involvement (Byamugisha et al., 2010; Ditekemena et al., 2011).

The above literature suggest the studies across the world found that individual factors like partner's level of education, occupation, cost of service, infrastructure, waiting time, quality of care, timing of ANC services and location of clinic/hospital plays important role in determining male involvement. Apart from those factors, the effort was done to explore other additional factors those influence the men involvement in maternal health care in Indian context with the help of large nationally representative survey.

Figure 1: Conceptual framework for determinate and outputs of men participation in maternal health care

Independent variable	Intermediate variables	Output variable
• Education • Place of residence • Economic status • Cultural factors (Religion and Caste) • Occupation • Quality of care • Availability and accessibility health care services	**Determine the** • Participation in Maternal Health Care	**More likelihood of:** • Institutional Delivery • Normal birth weight of baby • Breast feeding of baby within half an hour of birth • Child alive during survey

Data and Methods

This study analyzes the third round (2005-06) of National Family Health Survey (NFHS-3) data(IIPS & ORC Macro, 2007), worldwide known as Demographic and Health Survey (DHS),which employed a nationally representative sample of 124,385 ever-married women aged 15-49 and 74,369 ever married men. In survey (NFHS) questions were asked to women regarding the presence of child's father during any ANCs check-up for youngest child age 0-59 months. If women reported that child's father was present during any of the ANC visit, it was considered as men involvement in maternal health care in this study. Though the information on presence of father during any ANC was collected from both the parents (women and her husband), the analysis in present study was done based on women reporting. A birth file was used to study the factor influencing men participation in maternal health care. In this study, analysis was restricted to the 30,004(un-weighted) women attended ANC for recent (last) living child age 0-59 months during the survey.

Results and Discussion

Recent policies and programs on reproductive and child health in India were designed to include men in comprehensive care of mother and child. Health workers are expected to consider men

and other household member as equally important in mother and child health care and provide the information on all aspects of maternal and child cares during their visit to households. National Family Health Survey was designed to collected information in many aspects including men involvement in antenatal care with the help of women and men's questionnaire. Based on reporting of women, it was found that 63 percent of the respondent's husbands (child's father) were present during antenatal visit for youngest child age 0-59 months during the survey.

Table 1: Men participation in maternal health care by women Socio-Economic and Demographic factors

Background characteristics		Yes	N	P-value
Type of place of residence	Urban	73.1	13219	<0.001
	Rural	58.9	10215	
Religion of the respondent	Hindu	64.1	21502	<0.001
	Muslim	58.8	4571	
	Others	66.2	3903	
Standard of living	Low	51.6	5195	<0.001
	Medium	59.7	8834	
	High	74.1	13141	
Caste of the Respondent	SC	59.5	5112	<0.001
	ST	55.8	4033	
	OBC	63.1	9591	
	Others	69.1	9798	
Gender of the child	Male	64.3	16175	<0.001
	Female	62.3	13829	
Birth order of child	1	69.0	9441	<0.001
	2	67.7	9728	
	3 and above	55.1	10835	
Total		**63.3**	**30004**	

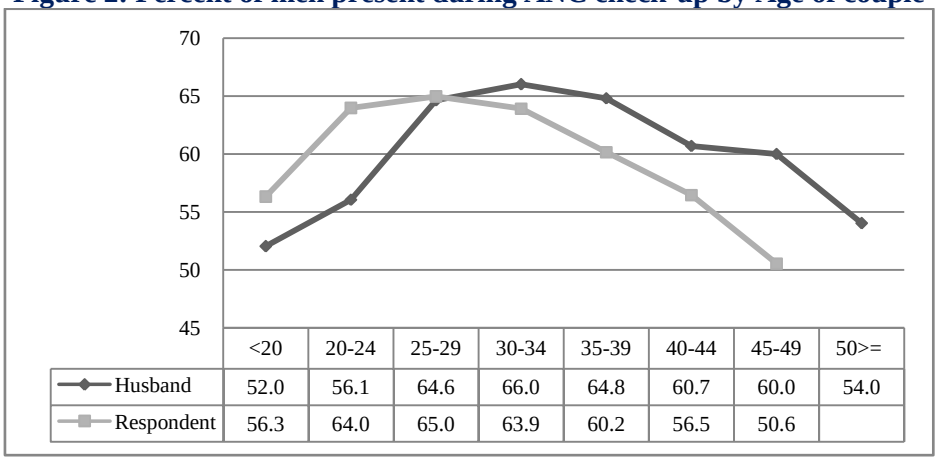
As it has been demonstrated in different studies in different times; social, economic and demographic factors play important role in influencing behaviour of individuals. In present study the researcher tries to understand the relation between different (relevant) socio-economic and demographic factors (Table 1) and its influence on men participation in maternal health care. The study shows that men participation in maternal health care was high in urban (73 percent) areas compare to their rural (59 percent) counterparts; it was assumed that the difference could be because of availability of health facilities in urban localities and strong cultural divide between urban and rural localities.

The participation of male in maternal care was poor (59 percent) among Muslims compare to men in other religions (Hindu's 64.1 percent, and Others 66.2 percent), as it was established in other studies (Msuya et al., 2008; Nkuoh et al., 2010; Reece et al., 2010)that cultural norms plays important role in determining the men participation in India too. The study shows positive association between male participation and standard of living (52 percent v/s 74 percent), it is clear that not only cultural norms but lack of financial resources also constraints for men participation in maternal health care. It was found that participation of men belong to scheduled tribes (55.8 percent) and scheduled caste (59.5 percent) was poor compared to men belong to other backward caste (63.1) and men belong to none of these (69.1 percent) groups.

The analysis shows that the likelihood of presence child's father was more if the gender of child was male (64.3 percent) compared to female child (62.3 percent) and the results were statistically significant (P value is <0.001).It is surprising that as per the present regulations (PCPNDT ACT-1994), there is no provision to identify the gender of child during the pregnancy, however the results shows that likelihood of men participation was more if the gender of child was male compared female child, it signifies the wide utilization of ultrasound test to know the gender of child at the time

of pregnancy. Further the analysis shows the negative association between men participation in maternal health care and birth order of child, as the birth order increase the male participation in maternal health care decreases.

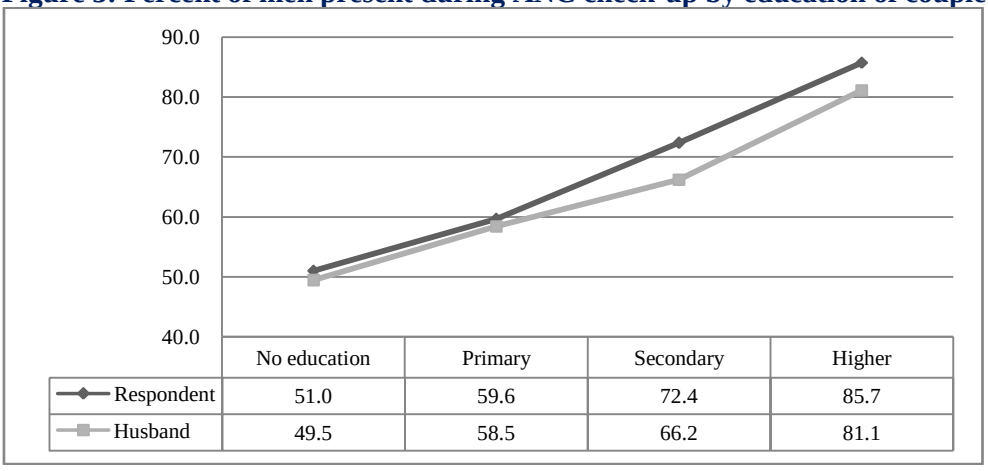
Figure 2: Percent of men present during ANC check-up by Age of couple



	<20	20-24	25-29	30-34	35-39	40-44	45-49	50>=
Husband	52.0	56.1	64.6	66.0	64.8	60.7	60.0	54.0
Respondent	56.3	64.0	65.0	63.9	60.2	56.5	50.6	

It is general perception that increasing age leads to maturity and maturity leads to good understanding and communication between couples, the efforts were made in this study to understand age (Figure2) as factor in influencing the men involvement in maternal health care by comparing the respondent and her husband's age. The chart reveals that men participation was high (66 percent) in the age group of 30 to 34 year, the participation increases up to age group of 30-34 years by increasing age (52 percent to 66 percent) and start decreasing (66 percent to 54 percent), hence the above assumption of increasing age increases the male participation was failed in care of male participation, similar pattern was found in the case of women age, though the participation of men was high in the age group of 25-29 years.

Figure 3: Percent of men present during ANC check-up by education of couple

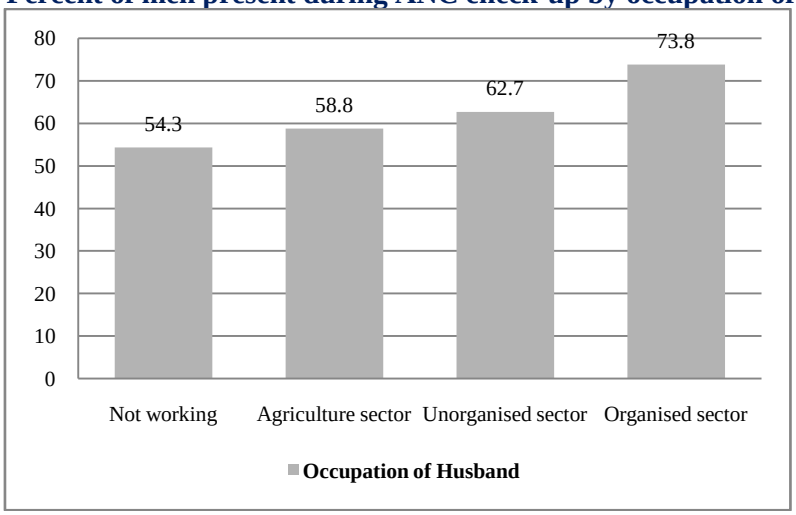


	No education	Primary	Secondary	Higher
Respondent	51.0	59.6	72.4	85.7
Husband	49.5	58.5	66.2	81.1

Individual education, knowledge and awareness are ultimate factors in influencing men involvement in maternal health care than any other factors. The present article was an effort to compare the influence of age, education and occupation of men in making his involvement in maternal health care. Time and again it's proved that education was one of the important factors which influence act of human beings. The Figure3 indicates that undoubtedly in both the case (women and men) education has positive influence (51 Percent v/s 86 percent) on male participation. The comparison of axis (education and men participation) shows the positive relation between them and the impact of education on male participation was 3 percent higher if female had higher education. Similar results were found in study conducted by Byamugisha and others (2010) in Uganda.

Directly and indirectly employment status plays crucial role in molding the behavior of individuals, it has been proved that paid employment for women plays crucial role in achieving the negotiation capacity of women and her empowerment. However the context we are exploring the influence of employment is different and the influence of employment may vary based on different permutation and combinations. The researcher tried to understand male participation in maternal health care based on occupational background of husband.

Figure 4: Percent of men present during ANC check-up by occupation of husband



The male participation (Figure-4) was low (54.3 percent) if men were unemployed (not working) and more (73.8 percent) if men works in organized sector, the participation was relatively poor (58.8 percent) if men work in agricultural sector or involved in unorganized sector (62.7 percent). Similarly, the study conducted in Uganda (Byamugisha et al., 2010) shows that men with driving profession specially taxi and "Bodaboda" (motorbike taxi riders) were less likely to participate in women health care compared to men with other professions working in informal sector such as farmers or construction workers. Reece and others (2010) also found that Kenyan men working in unorganized sector such as having only an occasional job were less likely to participate in Maternal care, to substantiate above finding; a study from Rwanda (Kowalczyk et al., 2002) shows that men working in organized sector (well-paid) were more likely to participate in Prevention from Mother to Child Transmission (PMTCT) interventions compared to working in unorganized sector (not well paid).

Table 2: Men present during ANC by combined characteristics of couple

Background characteristics		**Yes**	**N**	**P-Value**
Couple Literacy Status	Both have no Education	47.4	3992	<0.001
	Wife have no Education	54.0	5207	
	Husband have no Education	56.2	1468	
	Both have Education	72.2	19234	
Couple Working Status	Only Partner working	65.3	17786	<0.001
	Both were not working	60.3	238	
	Only respondent working	43.7	111	
	Both were working	55.6	8419	
Earns more than husband	More than him	67.5	614	<0.001
	Less than him	59.8	4692	
	About the same	66.3	674	
	Partner doesn't bring in money	40.8	72	
Total		**63.3**	**29901**	

The data provided in table 2 was an effort to understand the relation between couples combined characteristics (education and employment) and men participation in maternal health care. Only half (47.4 percent) of the men were participated in maternal health care, if both the couple have no education, whereas three fourth (72.2 percent) of men were participated in maternal health care if both the couple have education, the participation was better if at least one member in couple have education, however the men participation was better if women have education. As far as relation between employment and male participation in maternal health care is concerned; the participation was poor (43.7 percent) if respondent was working; interestingly men participation was good (60.3 percent) if both the couples were not working, however the results were statistically significant, the participation was still good (65.3 percent) if only partner works. Women earning ability leads to increased negotiation capacity, the results shows that husband's participation was poor (40.8 percent) if husband doesn't bring in money, men participation was relatively poor (59.8) if women earns less than the husband, further it was proved that the men participation was good if women earns equals to husband (66.3 percent) or earns more than the husband (67.5).It is important to note that this question was asked to respondents (6052) these were reported as working, the results were statistically signification (P-value is <0.001).

Conclusion and Suggestions

Many studies across the world have highlighted the importance of male involvement in maternal health and documented the positive outcome of their presence, however very few policies and programs addressing challenge of increasing the male presence in maternal and child health were experimented and reported across the world. In present study the researcher tried to classify the factors broadly into 3 groups and given suggestions accordingly. The results shows that individual factor like education has positive relation with male involvement, further it was found that higher education for women resulted in higher involvement of men in maternal care. Hence it is suggested that Govt. should create infrastructure and environment for 100 percent education for new generation and constant effort to reach illiterate men and women through outreach of health workers (ANM, ASHAs and AWWs). As media is one of the best approach to reach the people with no education, first step should be taken to conduct further study to understand best and effective type of media (Radio, TV or Newspaper) in reaching the people and bring every citizen of state into media exposure in whichever the way possible; may be through community radio, community television or community library. Govt. should use media effectively to reach public in peak hour (6:00 PM to 9:30 PM).

Societal factors like rigid cultural norms which lead for relatively poor presence of (rural and Muslim) men should be addressed through outreach of health workers by considering community leader in reaching the people and campaign to address the beliefs and attitude of the men. Similarly, there should be constant effort from Govt., non-Govt. and other stakeholders to improve the economic status of the people. The study shows positive association between wealth and men involvement in maternal health care, even offering compensation of wage for men who attend the ANC is not bad idea. Equally family planning program should be implemented effectively and target the couple those have more than two children as it is proved that smaller family has many advantages. The study also indirectly pinch the wide utilisation of ultrasound test for determining the gender of sex, as the men participation was more if the outcome the child gender was male compared female, however there is need for further investigation in addressing this issue. Involvement of men working in un-organised and agricultural sector was relatively poor compared to men working in organised sector. Hence Govt. should try to reach labourers working in agriculture and unorganised sectors.

Along with above mentioned effort, Govt. should try to influence the factors related to service provider, those are; cost of service, infrastructure, behaviour of service providers, waiting time, quality of care, timing of ANC services and location of clinic/hospital as they also plays important role in determining male involvement. There is absolute need for health professionals to involve in action based research to identify the best approaches to make men more involvement in maternal and child health care, as men play crucial role in decision making of women and child health in India. Last but not least, the researcher strongly believes that topics on family life education should be thought in primary and secondary (Schools) education and importance of male involvement in maternal and child health care should be part of family life education.

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