Available Online at http://www.uphtr.com/IJNRP/home

International Journal of Nursing Research and Practice

EISSN 2350-1324; Vol. 4 No. 1 (2017) January —June

United Publications for Health and Tech Research

Original Article

DOI No. 10.15509/IJNRP.2017.4.1.342

# Male Involvement in Maternal and Infant Health Care, Banke, Nepal

## Abstract:

**Introduction:** Men not only act decision-makers for women's access to health services, but also through abuse or neglect, men's actions can have a direct bearing on the health of their female partner.

**Objectives:** The overall objective of the study was to find out the involvement of male in maternal and infant health care in Kohalpur Municipality of Banke District Nepal.

**Methods and Materials:** A cross sectional descriptive design was used. Semi structured questionnaire was developed by adopting standardized tools which were developed by the Maternal Neonatal Program of JHPIEGO, an affiliate of John Hopkins University. Semi-structured interview was conducted among purposively selected 151 male respondents who had less than one year child in Kohalpur Municipality of Banke district of Nepal. Data was entered and analyzed through SPSS 20 version for descriptive as well as Inferential analysis. All ethical aspects were followed.

**Results:** Only 41.1% respondents were involved in maternal and infant health care. Among the different components of the maternal and infant health care maximum involvement found in antenatal care (57.6%) and minimum involvement found in immunization (5.3%). Involvement of the male is significantly associated with respondent age (0.009), Ethnicity (0.004) Illiteracy (0.011), level of education (0.0001), occupation (0.0001) and income (0.000 1).

**Conclusion:** This study concluded that involvement is higher among the higher educated and Service holder men. Therefore these factors should be considered during maternal and infant health policy development.

**Key Words:** Infant, Involvement, Male, Maternal, Health , Nepal

Ambika Ghimire[1]; Khagi Maya Pun[2]

1. Master of nursing, Lecturer, Purbanchal University, Om Health Campus, Chabahil, Kathmandu, Nepal

2. Master of nursing, Associate professor, Tribhuvan University, Institute of Medicine, Lalitpur Nursing Campus, Sanepa, Lalitpur, Nepal

**Corresponding Author:**
**Ambika Ghimire**
Email: ghimireambika960@gmail.com



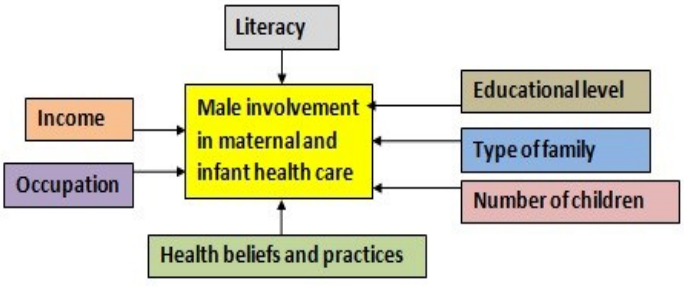
## Introduction

Males tend to be decision makers within the family and often govern behavior regarding the availability of nutritious food, women's workload and the allocation of money, transport and time for women to attend health services, yet, men are often unable to make informed choice because they have not been included in maternal and child health services.[1] Men can play crucial roles by planning families, supporting contraceptives use, taking care during pregnancy, arranging for skilled care birth attendance during delivery, avoiding delays in seeking care, helping after the baby is born and being responsible father and husband to seek health services for other health problems.[2] Enhancement of male involvement is necessary in culturally dynamic societies like Nepal to improve the women's health and reduce maternal morbidity and mortality.[3] Men hold social and economic power and have tremendous control over their

partners, especially in developing countries. They decide the timing and conditions of sexual relations, family size, and whether or not their spouses will utilize available health care services.[4] 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.[5] Involving husband/ partner and encouraging couple joint decision making in maternal health may provide an important strategy in achieving women's empowerment, which ultimately help to reduce the maternal morbidity and mortality.[6] It is therefore necessary to assess the male participation and their contribution for improving the maternal and infant health. The purpose of the study is to assess the male involvement in maternal and infant health care in a municipality of Banke District, Nepal. The study is also to assess the relationship between variables and male involvement regarding maternal and infant health care.

## Conceptual Framework

**Figure 1: Conceptual Framework**




## Methodology

A descriptive, cross sectional study was conducted in Kohalpur municipality of Banke district. The municipality contains 12 wards among them 6 wards were selected purposively. The study population comprised of men who were married and had less than one year child. The 151 sample was drawn by using non probability purposive sampling. Semi structured questionnaire was developed by adopting standardized tools which were developed by the Maternal Neonatal Program of JHPIEGO, an affiliate of John Hopkins University. Validity of the instrument was established by thoroughly reviewing of the literature, consulting expertise and discussion with colleagues. The instrument was translated into Nepali language and pre-tested on 10 percent population. Data were collected through face to face interview. Both descriptive and inferential statistics were used to analyze the data.

***The scoring criteria for involvement:***

For each involvement related questions 1 score is given for involvement and 0 score for not involvement. In multiple response questions 1 score is given for one response.

- Involved =Obtained score above 50%
- Not involved =Obtained score up to 50%

## Result

**Table 1: Demographic Characteristics of the Respondents**

n=151

| SN | Characteristics | f | % |
|---|---|---|---|
| 1 | **Literacy** | | |
| | Literate | 145 | 96 |
| | Illiterate | 6.0 | 4.0 |
| 2 | **Educational Level (n=145)** | | |
| | Informal education | 2.0 | 1.4 |
| | Primary level | 33 | 22.8 |
| | Secondary level | 50 | 34.5 |
| | Higher secondary | 31 | 21.4 |
| | Bachelor or above | 29 | 20.0 |
| 3 | **Type of family** | | |
| | Nuclear | 66 | 43.7 |
| | Joint | 79 | 52.3 |
| | Extended | 6.0 | 4.0 |
| 4 | **Number of children** | | |
| | One child | 67 | 44.4 |
| | More than 1child | 84 | 55.6 |

Table 1 presents the socio- demographic characteristics of respondents. Out of 151 respondents, Almost all (96%) respondent were literate, majority (34.5 %) were from secondary level education. More than half (52.3%) of the respondent were from joint family and 55.6% of the respondents had more than one child. Nearly half (46.4%) of the respondent's occupation was business and majorities (40.4%) of the respondent's income was ≤ 10,000 per month. According to cultural belief and practices, more than half (55%) respondents had believe in both modern and traditional medicine and few (0.7%) of the respondents had believe in traditional medicine.

**Table 2: Respondent's Involvement in Antenatal care** **n = 151**

| Items | f | % |
|---|---|---|
| **Made joint couple decision to attend ANC** | | |
| Yes | 125 | 82.2 |
| No | 26 | 17.2 |
| **Accompanied wife for ANC** | | |
| Yes | 91 | 60.3 |
| No | 60 | 39.7 |
| **Reason for not accompanied wife for ANC (n=60)** | | |
| Lack of time | 41 | 68.33 |
| Not in home | 13 | 21.66 |
| Health center is so near from my home | 3.0 | 5.00 |
| Not necessary | 2.0 | 3.33 |
| Home delivery no ANC visit | 1.0 | 1.66 |

Table 2 shows that joint couple decision making regarding antenatal care is high (82.8%). More than half (60.3%) of the respondents accompanied to their partner to the ANC clinic and majority of the respondents (68.33%) said that causes of not attending the ANC clinic is lack of time.

**Table 3: Respondent's Involvement in the Birth Preparedness**

**n = 151**

| Items | f | % |
|---|---|---|
| **Involved in birth preparedness** | | |
| Yes | 144 | 95.4 |
| No | 7.0 | 4.6 |
| **Components of birth preparedness applied by the respondents* (n=144)** | | |
| Save money for delivery | 142 | 98.6 |
| Identify the skilled health worker for delivery | 26 | 18.1 |
| Ensure place of delivery | 33 | 22.9 |
| Ensure for emergency transportation | 85 | 59 |
| Ensure for blood donors | 33 | 22.9 |
| Arrange clothes for mother and baby | 76 | 52.8 |
| Other | 7.0 | 4.9 |

***Multiple responses**

Table 3 gives information regarding the respondent's involvement in birth preparedness almost all (95.4%) respondents said that they made birth preparedness when their wife was pregnant. Majority (98.6%) of the respondents saved the money for the time of delivery.

**Table 4: Respondent's Involvement in Exclusive Breast Feeding**

**n=151**

| Items | f | % |
|---|---|---|
| **Made joint couple decision regarding breastfeeding** | | |
| Yes | 71 | 47 |
| No | 80 | 53 |
| **Supported regarding exclusive breast feeding** | | |
| Yes | 69 | 45.7 |
| No | 82 | 54.3 |
| **Type of Support regarding exclusive breast feeding*(n=69)** | | |
| Encouraged wife for nutritious diet | 39 | 56.5 |
| Encouraged demand feeding | 40 | 58 |
| Gave sufficient time to wife for feeding | 30 | 43.5 |
| Discussed about the appropriate method of family planning which enhance the breast feeding | 3.0 | 4.3 |

***Multiple responses**

Table 4 shows that 47% of the respondents had made joint couple decision regarding breast feeding. 45.7% of the respondents had provided support to their wife and 58% of the respondents encouraged their wife in demand feeding

**Table 5: Respondent's Involvement in Immunization of Infant**

**n=151**

| Items | f | % |
|---|---|---|
| **Attended immunization clinic** | | |
| Yes | 62 | 41.1 |
| No | 89 | 58.9 |
| **If yes (n=62)** | | |
| 1 time | 9.0 | 6.0 |
| 2 times | 14 | 9.3 |
| 3 times | 8.0 | 5.3 |
| 4 times | 6.0 | 4.0 |
| 5 times | 4.0 | 2.6 |
| All | 21 | 13.9 |
| **Reasons for not attending Immunization clinic (n=89)** | | |
| Health center is near from home | 8.0 | 8.98 |
| Lack of time | 61 | 68.53 |
| Not at home | 7.0 | 7.86 |
| Through shame | 1.0 | 1.12 |
| Wife can go alone | 10 | 11.23 |
| Wife is more knowledgeable | 2.0 | 2.24 |

Table 5 provides information regarding involvement on immunization which shows that Only 41.1% respondents had attended the immunization clinic among them few (13.9%) respondents attended all the times to immunize their child. Main reason (68.53%) for not attending the immunization clinic was lack of time.

**Figure2: Percentage distribution of overall involvement of male on maternal and infant health**

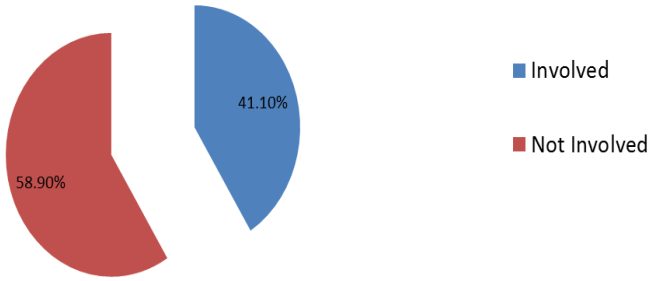



Figure 2 shows that among 151 respondent only 41.1% were involved in maternal and infant health care.

**Table 6: Association between male involvement and demographic characteristics**

**n = 62+89**

| S. N. | Characteristic | Involved f % | Not involved f % | Likelihood ratio | *p* value |
|---|---|---|---|---|---|
| **1.** | **Literacy** | | | | |
| | Literate | 62(42.8) | 83(57.2) | 6.516 | **0.011*** |
| | Illiterate | 0(0.0) | 6(100) | | |
| **2.** | **Level of education** | | | | |
| | Primary level | 3(9.1) | 30(90.9) | 38.041 | **0.0001*** |
| | Secondary level | 20(40) | 30(60) | | |
| | Higher secondary | 16(51.6) | 15(48.4) | | |
| | Bachelor or above | 23(79.3) | 6(20.7) | | |
| | Informal education | 0(0.0) | 2(100) | | |
| **3.** | **Occupation** | | | | |
| | Agriculture | 2(22.2) | 7(77.8%) | 40.461 | **0.001*** |
| | Business | 26(37.1) | 44(62.9) | | |
| | Service | 24(88.9) | 3(11.1) | | |
| | Labour | 8(24.2) | 25(75.8) | | |
| | Bus driver | 0(0.0) | 7(100) | | |
| | Others | 2(40) | 3(60) | | |
| **4.** | **Income** | | | | |
| | ≤10000 | 13(21.3) | 48(78.7) | 29.1 | **0.0001*** |
| | 10000-20000 | 24(47.1) | 27(52.9) | | |
| | 20000-30000 | 7(53.80) | 6(46.20) | | |
| | 30000-40000 | 8(72.7) | 3(27.3) | | |
| | 40000-50000 | 10(83.3) | 2(16.7) | | |
| | ≥ 50000 | 0(0.0) | 3(100) | | |

***p≤0.05= statistically significant**

Table 6 denotes that there is significance association between literacy, level of education, occupation and income with male involvement in maternal and infant health care.

## Discussion

The study revealed that Joint couple decision making regarding antenatal care is 82.8% which is higher than the study conducted in Jinja District, Uganda which reported 62.7% of the respondent make joint couple decision related to antenatal care.[7] In this study 60.3% of the respondents accompanied to their partner to the ANC clinic which is relatively high than the study conducted in Jinja district Uganda that is 43% of the men accompanied their partners to the health facility during ANC.[7] This study shows that Majority of the respondents (68.33%) said that causes of not attending the ANC clinic is lack of time this is contrast to the study conducted in India which showed that the men who didn't accompany their wives to antenatal clinics thought it was not their business to do so as it was a "women's affair".[8]

In this study majority (98.6%) of the respondents saved the money for the time of delivery, 59% had ensured the place of delivery, 18.1% had identified the place of delivery and 4.9% of the respondents were arranged clothes for mother and baby, this findings is differ from the study conducted in Rural Tanzania in where most common preparation was to purchase the birth kit (54.3%), then saving money, followed by identification of means of transportation.[9]

Regarding the involvement of male in exclusive breast feeding, in this study 45.7% of the respondents had provided support to their wife, this findings is lower than the study done in Kathmandu district of Nepal which reported 58.7% of the men encouraged their partner for exclusive breast feeding, and findings of study conducted in Nigerian community is also shows higher compared with this study in which 93.4% men were support exclusive breast feeding.[3,10]

In this study, 41.1% respondents had attended the immunization clinic, this is contrast to the study conducted in Kathmandu district of Nepal where the attendance in the immunization clinic is only10.3%.[3] Main reason for not attending the immunization clinic was Lack of time(68.53%) that is consistent with the result of the study that is conducted in Kathmandu district of Nepal.[3]

In this study only 41.1% had involved in maternal and infant health care which is slightly lower than the study conducted in Nigerian community which reported 46.4% of male were involved in maternal and infant health care.[10]

In the current study, involvement of male in maternal and infant health care is significantly associated with the respondent's age (0.009), ethnicity (0.004),literacy (0.011), level of education (0.0001), occupation (0.0001) and income (0.0001) which is supported by the study conducted in Nigerian community where there was involvement is significantly associated with the respondents' age ($p = 0.0001$), and occupation ($p = 0.009$).[10]

## Conclusion

This study concluded that involvement is higher among the higher educated and Service holder men. Therefore these factors should be considered during maternal and infant health policy development.

## Recommendation

- Comparative study on similar topic might be done in different setting like urban and rural communities.
- This study can be replicated in different setting with larger subjects.

## Acknowledgement

I would like to acknowledge Institutional Review Board of TUIOM

for giving permission to conduct the research in this subject. I am also thankful to the entire respondents without whom the research would not be successful.

## Ethical Consideration

The study was conducted after the written permission taken from Institutional Review board of TU IOM. The written informed consent from the respondent was taken and none of the respondents were forced to participate in the study. The respondents were clearly informed about their right to voluntarily withdraw from the study at any time. The confidentiality was maintained of the information.

## Funding

Self arrangement.

## References

1. Akinpelu AO, Oluwasey OI. Attitude and Practice of Males towards Antenatal Care in Saki West Local Government Area of Oyo State, Nigeria. A LST, 22, 2014. Retrieved fromhttp://www.iiste.org/Journals/index.php/ALST/article/viewFile/14083/14391
2. Shrestha DR.Reproductive health national and international perspectives.2nd edition,Lalitpur, publisher: Narayan devishresthaDhulikhelKavre, Nepal, 2012, page no.437.
3. Bhatta DN. Involvement of males in antenatal care, birth preparedness, exclusive breast feeding and immunization. BMC Pregnancy and Childbirth, 2013, 13(14). Retrieved from http://www.biomedcentral.com/1471-2393/13/14
4. Illiyasu Z, Abubakar IS, Galadanci HS, Aliyu MH. Birth preparedness,complication readiness and fathersc participation in maternity care in anorthern Nigerian community.Afr J Reprod Health 2010, 14(1):29-30.
5. Odimegwu C, Adewuyi A, Odebiyi T, Aina B, Adesina Y, Olatubara O,Eniola F: Mens role in emergency obstetric care in Osun state ofNigeria.Afr J Reprod Health 2005, 9(3):59–71.
6. Mullany B C, Hindin M J, Backer S. Women's autonomy and male involvement in antenatal care: associations and tensions. Retrieved from http://http://iussp2005.princeton.edu/papers/52230
7. Peter N D. Factors Associated With Male Involvement In Maternal Health Care Services In Jinja District, Uganda, (Master's Thesis, Makerere University School Of Public Health, Jinja district, Uganda)' 2010. Retrieved from http://www.docstoc.com/docs/169756910/factors-associated-with-male-involvement-in-maternal-health
8. Narang H, SngalS. (2013). Men as partners in maternal health: an analysis of male awareness and attitude. Ijrcog, 2005, 2(3), 390. Retrieved from www.ijrcog.org DOI: 10.5455/2320-1770.ijrcog20130925
9. Furaha A, Andrea BP, Rose M , Pia A, Elisabeth D. Men's Knowledge of Obstetric Danger Signs, Birth Preparedness and Complication Readiness in Rural Tanzania. PLOS ONE,2015, 10(5) 7DOI:10.1371/journal.pone.0125978 May 7, 2015
10. Adenike OB, Esther AO,Adefisoye OA, Adeleye AA, Sunday OO.Perception, attitude and involvement of men inmaternal health care in a Nigerian community, JPHEJune 2013 June 2013 Vol. 5(6) 264-267, DOI: 10.5897/JPHE2013.0505ISSN 2006-9723 ©2013 Academic Journalshttp://www.academicjournals.org/JPHE