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"A study to assess the Role of male partner in utilization of maternal health care services who is accompanying with their female partner in selected hospitals at Perinthalmanna"

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Abstract: AIMS AND OBJECTIVES: The present study was aimed to assess the Role of male partner in utilization of maternal health care services who is accompanying with their female partner in selected hospitals at Perinthalmanna. The objectives of the study were to determine the role of male partner in utilization of maternal health care services and find out the association of male partner in utilization of maternal health care services with their selected demographic variables.

MATERIALS AND METHODS: Mixed method research approach was used and the study design was non-experimental descriptive survey design. Data was collected from 300 male partners who is accompanying with their female partner in selected hospitals at Perinthalmanna by using purposive sampling technique. Demographic variables and structured questionnaire were used for quantitative data collection and focused group discussion was conducted for qualitative data collection. The data were analyzed by using descriptive and inferential statistics.

RESULTS

The study depicts among the samples majority of male partners, 270 (90%) were having high involvement in utilization of maternal health care services and remaining 30 male partners (10%) were having moderate involvement in utilization of maternal health care services and none of them are having low involvement in utilization of maternal health care services. There is no significant association of involvement of male partner in utilization of maternal health care services with the demographic variables.

CONCLUSION

The study shows that 90% of male partners are having high involvement in the utilization of maternal health care services and only 10 % were having moderate involvement.

Keywords: *Role of male partner, maternal health care services, female partner*

Introduction

The maternal and child health (MCH) has been one of the most important components of a nation's health. Maternal and child health services have traditionally focused on women and children to the exclusion of men as partners and fathers. In a patriarchal society like India, pregnancy, child birth is always considered as exclusive duties belonging to the mother. Many studies in recent times have demonstrated that involving males in antenatal care has resulted in better outcomes for mother and child. Only a few studies have examined the involvement of men in pregnancy and delivery care of their wives

A revolutionary change to this view was brought in by the International Conference on Population and Development held in Cairo in 1994. The conference addressed the need for equal responsibility in reproductive health-related decision-making between partners in a relationship. Several studies have reported the positive impact of male partner's involvement on maternal health care services Male partner's involvement in maternal and child health care service is reported to be associated with increased uptake of maternal health care such as antenatal care (ANC), the probability of having facility-based delivery, contraception use, decreased mother-to-child transmission of HIV (MTCT), and decreased post-abortion recovery time

Materials and methods

A mixed method of research approach was adopted for the present study to assess the role of male partner in utilization of maternal health care services who is accompanying with their female partner in selected hospitals Perinthalmanna. A total of 300 male partners

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were selected using purposive sampling based on inclusion and exclusion criteria. The study included Male partners who is accompanies with their female partner, Samples who are available during the time of data collection, male partners who are willing to participate and co-operate in this study. The study excluded male partners who cannot comprehend the tool, male partners accompanies with primigravida mother. The data were collected by using structured questionnaire for quantitative method and focused group discussion for qualitative method. Based on their involvement scale score male partners were divided into three groups; low male partner involvement (involved in less than three activities), moderate male partner involvement (involved in three to six activities), and high male partner involvement (involved in more than six activities).Based on inclusion criteria 300 male partners were selected from the OPD's, Antenatal and Postnatal wards. Quantitative data collection was done by giving the questionnaire and focused group discussion was conducted by using a sample size of 5 male partners. For qualitative data collections samples were gathered in OPD and asked questions and recorded the findings. Collected data were analyzed using both descriptive and inferential statistics.

Results

The quantitative results of the present study were presented in the following headings

- Distribution of male partners based on their demographic variables
- Involvement of male partner in utilization of maternal health care services
- Association of male partner in utilization of maternal health care services with their selected demographic variables

Section A

Distribution of male partners based on their demographic variables

Sl. No	Demographic Variables	Frequency (N=300)	Percentage (%)
1.	**Age in years**		
	a) 20-29 yrs	119	40
	b) 30-39 yrs	163	54
	c) Above 40 yrs	18	6
2.	**Religion**		
	a) Hindu	13	4
	b) Muslim	92	31
	c) Christian	195	65
	d) Others		
3.	**Level of education**		
	a) Primary	69	23
	b) Secondary	207	69
	c) Graduate	17	6
	d) Postgraduate and above	7	2
4.	**Type of family**		
	a) Nuclear	132	44
	b) Joint	168	56
	c) Extended	0	0
5.	**Type of job**		
	a) Government	18	6
	b) Private	19	6
	c) Own business	263	88
	d) Others	0	0
6.	**Job timings**		
	a) Day shift	255	85
	b) Night shift	55	15
	c) Any time	0	0
7.	**Working hours**		
	a) 1-6 hours	234	78
	b) 7-12 hours	50	16
	c) >12 hours	16	6
8.	**Monthly income**		
	a) Below 10000	55	18
	b) 10001-20000	233	78
	c) 20001-30000	8	3
	d) 30001 and above	4	1
9.	**Type of marriage**		
	a) Consanguine marriage	291	97
	b) Non consanguine marriage	9	3
10.	**Duration of marriage**		
	a) < 1 year	7	2
	b) 1-3 yrs	120	40
	c) 3-5 yrs	82	28
	d) >5 yrs	91	30
11.	**Number of children's**		
	a) 0	7	2
	b) 1	104	35
	c) 2	122	41
	d) 3 and above	67	22

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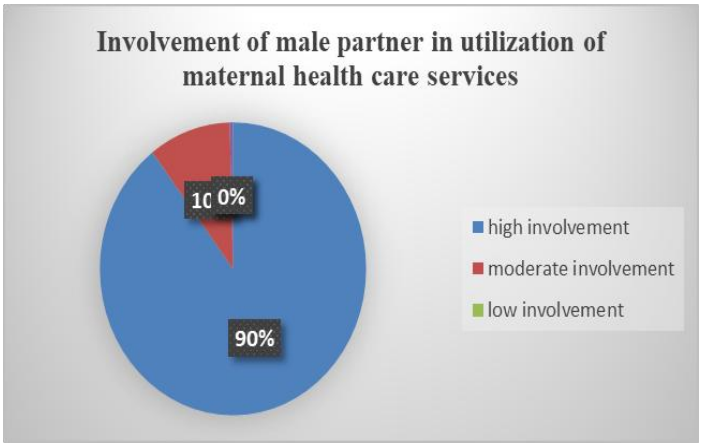
Section B

Involvement of male partner in utilization of maternal health care services



The above diagram depicts that majority of the male partners , 270 (90%) had high involvement in utilization of maternal health care services whereas only 30 male partners (10%) had moderate involvement in utilization of maternal health care services and no male partner is not having low involvement

Section C

Association of male partner in utilization of maternal health care services with their selected demographic variables

Sl. No	Demographic variable	x^2	Inferences
1	Age	1.88	Not significant
2	Religion	1.73	Not significant
3	Type of family	0.45	Not significant
4	Working hours	1.62	Not significant
5	Duration of marriage	1.91	Not significant
6	Number of children	0.48	Not significant

The above data shows that there is no significant association between male partner involvement in utilization of maternal health care services with their selected demographic variables.

Qualitative analysis

Data collected from 5 male partners by using focused group discussion. Male partners described arranging transport and accompanying their partners to the facilities. Male partners also described about the decision making process for choosing a health care facility, and how does the community views the role of men in supporting maternal health care services.

Sl. No	Statements	Responses
1.	Are there any challenges or barriers that make it difficult for you or your partner to attend antenatal appointments regularly	Majority of the samples 3 (60%) were responded they are not facing any challenges Remaining 2 samples (40%) reported as there is difficulty in arranging vehicles for the appointment and they are not getting leaves to accompany with their partner
2.	Have you ever been a part of the decision-making process for choosing a health care facility or professionals for your partners care	All of the partners (100%) have been involved as a part of the decision-making process to choose the health care facilities, to choose the doctors etc.
3.	How does your community view the role of men in supporting maternal health care services	Most of them (80%) said that community views as a positive way where as some partners (20%) reported that there is a negative view about the involvement of male partners. They are saying that partners should go to the hospitals with their parents mainly with their mother.
4.	How do you think involving men more in maternal health care can improve outcome for mother and baby	All the partners (100%) were reported that involving men more in maternal health care can improve outcome for mother and baby. The presence of spouse can increase the confidence level and it reduces the burden of the postnatal mothers
5.	Do you wish that your wife has to stay with you during the antenatal and postnatal period? Or you want to make her stay in their own houses	Majority of the samples (80%) reported that they will send the wife to stay in their own houses after the delivery. Remaining 20 % views that the partners has to stay in the husband house if it is a second delivery.

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Discussion

The first objectives of the study were to determine the role of male partner in utilization of maternal health care services. In this study majority of the male partners 270 (90%) are highly involved in utilization of maternal health care services and 30 (10%) were having moderate involvement.

The present study was supported by the study was conducted to assess the involvement of husbands in birth preparedness of their partners at rural area of Ernakulum, Kerala. The study shows that there is 50% good involvement of their male partners with regard to birth preparedness and utilization of services

Conclusion

The study shows that 90% of male partners are having high involvement in the utilization of maternal health care services and only 10 % were having moderate involvement. With increasing evidence on improved maternal health outcome with good involvement of male partners there is a need to involve male partners more in the birth preparedness of their partner. The maternal and child health programs in the region need to organize sessions for sensitizing male partners to their role in ensuring a healthy pregnancy.

Recommendations

- Engaging with male partners and educating them in antenatal care could lead to improved knowledge levels among the couple, and increased support and access to maternal health services.
- Effective awareness campaigns promoting male partners involvement should be organized so that they can be aware of their roles and specific ways to get involved in maternal health.

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