Exploring Husband’s Attitude Towards Involvement in his Wife’s Antenatal Care in Urban Slum Community of Mumbai

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Abstract

Background: Developing countries continue to have a high maternal mortality ratio. Antenatal care (ANC) has been termed as one of the “four pillars” of safe motherhood by the World Health Organization. Male involvement has been recognized as having a great impact on women’s utilization of maternal health-care service. Objectives: The objective was to assess husband’s knowledge and attitude toward their involvement in ANC and to determine factors that influence husband’s attitude toward involvement in ANC. Methodology: A community-based observational cross-sectional study on husbands of pregnant women enrolled in an urban health center located in the Malvani slum community of Mumbai with a sample size of 86 was undertaken. Results: The study findings revealed that majority of the husbands 67.4% had a positive attitude, whereas 32.6% had a negative attitude toward involvement in ANC. Knowledge of the husbands regarding early registration of pregnancy, tetanus toxoid, routine blood investigations, and increased dietary requirements were 35%, 45%, 51%, and 65%, respectively. Husband’s level of education, their occupation type, distance of health facility from home, length of time spent at health-care facility, and attitude of health-care providers affect the attitude toward involvement in their wife’s ANC. Conclusion: Changes in husband’s knowledge and attitude about ANC are necessary conditions required to detect pregnancy-related complications at the earliest and for prompt referral.

Keywords: Antenatal care, attitudes, husbands, knowledge

Introduction

Developing countries continue to have a high maternal mortality ratio (240/100,000 live births) about 15 times that of developed countries (16/100,000 live births). Male involvement in maternal healthcare has been described as a process of social and behavioral change that is needed for men to play more responsible roles in maternal healthcare with the purpose of ensuring women’s and child’s well-being. Antenatal care (ANC) has been termed as one of the “four pillars” of safe motherhood by the World Health Organization (WHO). The three main delays that affect access to maternal healthcare are the delay in deciding to receive care, delay in reaching the service delivery point, and delay in receiving care at the facility. Male partner involvement, among other factors, can significantly influence the first two delays. The concept of male involvement in maternal health is now being advocated as an essential element of the WHO initiative for making pregnancy safer. When men are part of the antenatal and postnatal clinic, they partake in the education given at these clinics. This leads to increase in men’s knowledge of and appreciation of the need for these services. They are able to identify danger signs, and so facilitate women’s utilization of health-care services, especially in emergencies. When women are educated together with their partners, not only do the men learn but also the women are better able to assimilate and comply with information so acquired. Involving male partners and encouraging joint decision-making will lead to greater utilization of health services and thus better maternal outcomes. This study seeks to assess husband attitudes about involvement in maternity care.

Methodology

A cross-sectional study was conducted among 86 husbands at Malvani urban health center, Mumbai, over a period of 2 months 15 days between August 2016 and October 2016.

Access this article online

Quick Response Code: 
Website: www.ijcm.org.in
DOI: 10.4103/ijcm.IJCM_344_19

How to cite this article: Dahake S, Shinde R. Exploring husband’s attitude towards involvement in his wife’s antenatal care in urban slum community of Mumbai. Indian J Community Med 2020;45:320-2.

Received: 18-08-19, Accepted: 30-04-20, Published: 01-09-20.
As per the previous year’s data of antenatal clinic of the urban health center, Malvani, about 50 mothers register in 1 month. The prevalence of husband accompanying pregnant women registering in the urban health center antenatal clinic is 40%. The data collection period was 2 months, so the pregnant women attending ANC clinic in 2 months will be 100. Therefore, using the formula, the sample size was estimated to be 86:

\[ n = \frac{4pqN}{(N-1)e^2} + 4pq \]

\( p \) - prevalence = 40, \( q \) – hypothetical prevalence = 100–40 = 60, \( e \) - error = 10% of \( p \) = 4 and \( N \) – total population = 100.

A prevalidated semi-structured questionnaire was prepared in accordance with the study objectives with information regarding sociodemographic characteristics, knowledge, husband’s attitude on their involvement in ANC care, and the factors affecting the same. A separate room was used to collect data from husbands at an urban health center to maintain privacy and confidentiality.

The questions on attitude about antenatal health services were scored as below:

1. Whose decision should it be on when to seek ANC services?
2. How likely do you think you are to accompany your partner to the ANC clinic?
3. How large a role do you think the husband should have in ANC services?
4. Is it OK if a husband escorts his partner/wife for ANC services?
5. How important do you think it is that husband should learn about the antenatal clinic?

The attitude score was calculated. Those with wrong responses are scored 0, whereas those with the right responses are scored 1. Respondents who score below the mean were regarded as having a negative attitude, whereas those with scores up to or above the mean were regarded as having a positive attitude.

**Ethical considerations**

The study was approved by the institutional ethics committee of K.E.M. Hospital, Mumbai. Written informed consent was obtained before the data collection.

**RESULTS**

A total of 86 husbands were interviewed. The mean age of husbands was 28.69 years, majority of husbands were in the age group of 25–35 years, and the rest 35 were in 18–25 years of age group, while three were aged >35 years. About two-thirds of respondents, 65 (76%) belonged to the Muslim community. Majority husbands 40 (46.51%) were educated up to 10th standard. Fifty-six (65.12%) of the husbands were working as a laborer, 19 (22.09%) had own business/shop, and only 11 (12.79%) had private/government job. The monthly income of respondents ranged from Rs. 1500 to Rs. 15,000.

Table 1 shows the knowledge of the respondents regarding early registration of pregnancy, tetanus toxoid, routine blood investigations, tablet supplementation, referral transport system, and government cash incentive, which was 30 (35%), 39 (45%), 44 (51%), 56 (65%), 31 (36%), and 35 (41%), respectively. Awareness of danger signs in husbands was low regarding decreased fetal movement 30 (35%), convulsion 27 (31%), unconsciousness 22 (25%), excessive vomiting 14 (16.3%), and paleness 18 (21%).

About 56 (65%) husbands said the decision to seek ANC should be of both husband and wife, whereas 16 (20%) said it should be of the wife alone, and 14 (15%) said it should be of husbands or others. About 60% of husbands were likely to accompany the wife to antenatal care, while 40% of husbands were not. Only 37 (43%) husbands said husbands should have a large role in wives ANC, while 49 (57%) husbands said that there is a small role or no role of husbands. Forty (46.5%) husbands said its OK to escort to antenatal visit. Sixty-five (75.5%) husbands said that it is important to learn about ANC.

Overall, 58 (67.40%) husbands interviewed had positive attitudes, whereas 28 (32.6%) had negative attitudes about involvement in the wives ANC.

As shown in Table 2, a strong positive association was found between the attitude of husbands and their level of education, occupation, distance from the health facility, treatment by health personnel, and time spent at the health facility. Reasons for not accompanying wives to the hospital were busy schedules of work 48.9%, culture 15%, family 23%, peer pressure 7%, and social factors 12.8, as shown in Table 3.

**DISCUSSION**

In this study, we found that majority of husbands had a positive attitude toward involvement in ANC though their knowledge, regarding ANC was poor, and the awareness of danger signs of pregnancy was also low. Education and occupation of husbands were the factors affecting husband’s attitude toward involvement in wives ANC. Similarly, Mullany[7] found that occupation was the most prominent barrier for males involvement in maternal health. In our study, we found that poor health-care staff attitude and length of time spent at health-care facility affect the husband’s attitude about involvement in wives ANC. Similar results were found in Byamugisha et al.[8] – poor staff attitudes, restricted male access to various areas within the facility, and the length of time spent per visit to the facility were found to negatively affect the

| Table 1: Knowledge of respondents in various aspects of antenatal care (n=86) |
|-----------------------------|-------------------------------|
| Variable                    | Frequency (%)                 |
| Early registration          | 30 (35)                       |
| Blood investigation         | 44 (51)                       |
| Tetanus toxoid injection    | 39 (45)                       |
| Tablet supplementation      | 56 (65)                       |
| Referral transport system   | 31 (36)                       |
| Government cash incentive   | 35 (41)                       |
Table 2: Association between husband’s attitude and different factors affecting

| Factors affecting               | Husband’s attitude | χ²   | P   |
|---------------------------------|--------------------|------|-----|
|                                 | Positive | Negative |     |
| Educational level of husbands   |          |          |     |
| Up to primary                   | 6        | 24       | 42.224 | <0.001 |
| Beyond primary school           | 52       | 4        |       |       |
| Occupation of husbands          |          |          |     |
| Laborer                         | 33       | 23       | 5.299  | 0.021 |
| Job/business                    | 25       | 5        |       |       |
| Distance from the health facility (km) |          |          |     |
| <2                              | 16       | 2        | 9.441  | 0.002 |
| ≥2                              | 42       | 26       |       |       |
| Treatment by health personnel   |          |          |     |
| Good                            | 35       | 7        | 17.991 | <0.001 |
| Bad                             | 23       | 21       |       |       |
| Time spent at health facility   |          |          |     |
| Reasonable                      | 26       | 0        |       |       |
| Too long                        | 32       | 28       |       |       |

Table 3: Reasons for not accompanying wife in antenatal care according to husbands

| Reasons for not accompanying wife in antenatal care | Number of participants |
|-----------------------------------------------------|------------------------|
| Job                                                | 36                     |
| Family                                             | 20                     |
| Culture                                            | 13                     |
| Peer pressure                                      | 11                     |
| Other social factors                               | 6                      |
| Total                                              | 86                     |

level of male involvement. Similarly, Turan et al. and Duong et al. also found that negative staff attitude as an obstacle to the utilization of facility-based ANC and delivery care.

Despite the positive attitude of 67.6% men in the present study toward participation in ANC, the level of knowledge about ANC was poor in more than half of them. Similar result was found in the study by Awasthi et al., only 18.1% of the men were informed of the delivery complications of their wives. Another study conducted in India indicated that 56.5% of men had a positive attitude toward maternal healthcare, while more than half of them had a poor level of knowledge in this regard. In another study conducted on 400 men, Olugbenga-Bello et al. showed that 42% of the men had a poor level of knowledge, while more than half of them (51.2%) had a good attitude toward maternal healthcare. Reasons for not accompanying their wives to the hospital according to husbands were busy schedules of work 36 (48.9%), culture 13 (15%), family 20 (23%), peer pressure 6 (7%), and social factors 11 (12.8%). This finding is consistent with the findings of Sanjel et al.

Conclusion

Changes in husband’s knowledge and attitudes about ANC are necessary conditions required to detect pregnancy-related complications and early and prompt referral. Community support structures may be established that can make husbands aware of different events as well as danger signs of pregnancy and childbirth so that no pregnancy-related complications are missed, and the prompt referral can be assured.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

References

1. United Nations. Report of the International Conference on Population and Development. A/CONF. 171/13/Rev. 1, 11-34. 1995. Cairo, Egypt. Available from: http://www.ipff.org/en/About/ICPD+Program. [Last accessed on 2008 Nov 26].
2. World Health Organization. Mother-Baby Package: Implementing Safe Motherhood in Countries. Practical Guide. WHO/FHE/MSM/94.11. World Health Organization; 1994. Available from: http://apps.who.int/iris/bitstream/10665/63268/1/WHO_FHE_MSM_94.11_Rev. 1.pdf. [Last accessed on 2019 Aug 01].
3. World Health Organization. Programming for Male Involvement in Reproductive Health: Report of the Meeting of WHO Regional Advisers in Reproductive Health WHO/PAHO. Washington, DC, USA, Geneva, Switzerland: World Health Organization; 2002. p. 5-7. Available from: http://whqlibdoc.who.int/hq/2002/WHO_FCH_RHR_02.3.pdf. [Last accessed on 2009 Oct 10].
4. Twehyo R, Konde-Lule J, Tumwesigye NM, Sekandi JN. Male partner attendance of skilled antenatal care in peri-urban Gulu district, Northern Uganda. BMC Pregnancy Childbirth 2010;10:53.
5. Mullany BC, Lalhey B, Shrestha D, Becker S, Hindin MJ. Impact of husbands’ participation in antenatal health education services on maternal health knowledge. J Nepal Med Assoc 2009;48:28-34.
6. Story WT, Burgard SA. Couples’ reports of household decision-making and the utilization of maternal health services in Bangladesh. Soc Sci Med 2012;75:2403-11. [doi: 10.1016/j.socscimed.2012.09.017].
7. Mullany BC. Barriers to and attitudes towards promoting husbands’ involvement in maternal health in Kathmandu, Nepal. Soc Sci Med 2006;62:2708-809.
8. Byamugisha R, Astrom A, Ndeez G, Karamagi C, Tylleskari T, Tumwine J. Male partner antenatal attendance and HIV testing in eastern Uganda: A randomized facility-based intervention trial. J Int AIDS Soc 2011;14:43.
9. Turan JM, Miller S, Bukusi EA, Sande J, Cohen CR. HIV/AIDS and maternity care in Kenya: How fears of stigma and discrimination affect uptake and provision of labor and delivery services. AIDS Care 2008;20:938-45.
10. Duong DV, Binns CW, Lee AH. Utilization of delivery services at the primary health care level in rural Vietnam. Soc Sci Med 2004;59:2585-95.
11. Awasthi S, Nandan D, Mehrora AK, Shankar R. Male participation in maternal care in urban slums of district Agra. Indian J Prev Soc Med 2008;39:181-3.
12. Olugbenga-Bello AI, Askeun-Olarinmoye EO, Adewole AO, Adeomi AA, Olarewaju SO. Perception, attitude and involvement of men in maternal health care in a Nigerian community. J Public Health Epidemiol 2013;5:262-70.
13. Sanjel S, Ghimire RH, Pun K. Antenatal care practices in Tamang community of hilly area in central Nepal. Kathmandu Univ Med J (KUMJ) 2011;9:57-61.