Comparison of Awareness of Men and Women on Maternal, Neonatal and Child Health in Urban Afghanistan

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Abstract

The level of men’s awareness on Maternal and Child Health (MCH) is largely not researched in Afghanistan. The interventions to increase men knowledge and awareness on maternal and children health have not systematically been studied. This is a cross sectional study which compares men and women’s awareness on maternal and children health dimensions in an urban setting in Afghanistan. Care International’s health program has implemented community based women and child health project in 2nd district of Kabul city. The project’s interventions included: 1) Undertaking community based surveillance of mothers of reproductive age. 2) Organizing health education sessions on safe motherhood, child care, and birth planning for mothers enrolled in surveillance through house to house visits. 3) Establishing community support groups to facilitate peer to peer education on pregnancy danger signs, pregnancy complications, and accessing quality care 4. Establishing Community Health Centers (CHC), where community midwives receive basic uncomplicated cases. The project is planning to involve men to support women’s health care seeking behavior. The respondents covered 119 men and 341 women living in the same district. The data collection team utilized random sample selection approach to interview the respondents.

Overall men’s awareness on MCH except on the age of mother at first birth was negligible. Men preferred a higher age for a woman to give birth to their first baby comparing to women themselves. Men also rated highly whether underage marriage poses risks to women and their children. Women and men both awareness on long term birth spacing methods, was minimal or non-existent. They also confirmed that husbands are the prime decision makers to select the location for the delivery. Women Men didn’t respect women’s birth spacing choices and they didn’t have sufficient knowledge about pregnancy complications. Women weighed higher the importance of completing Ante Nata 1 Care (ANC) than men.

Keywords: Awareness of men and women; Maternal, neonatal and child health (MNCH); Women’s reproductive health; Afghanistan

Introduction

Men participation in MCH health has invited considerable international focus during previous decades. The global conference on population and development in Cairo [1] and the fourth international conference on women in Beijing’s [2], invited significant courtesy to women health and the need to have men contribute to mothers and children’ health interventions. Initially, the involvement of men in women’ health was challenged by some feminist movements but both conferences approved that men’s cooperation in women’s health would endorse equity.

The body of research indicates that men can help reduce unwanted pregnancies, decrease unmet necessity for birth spacing and promote safe motherhood. For example, in United States of America-USA, men participation in reproductive health contributed to an increase in ANC visits. In India, involvement of men in their wives ANC and Post Natal Care-PNC visits lead to improve awareness, gender roles and support [3].

In Afghanistan, access of women to social, and economic opportunities is inadequate; men facilitate political and health care opportunities for them. At family and community level, men control women’s sexuality, choice of spouse, job, income, and assets. This in many ways influence women’s health and their health care seeking attitude. This influence on women is made through men’s controlling behavior in household and their decision-making power [4].

This study intends to measure men and women awareness on MCH issues and highlights men’s decision-making influence on women’s health care seeking behavior.

Keywords: Awareness of men and women; Maternal, neonatal and child health (MNCH); Women’s reproductive health; Afghanistan

Methods

Study setting

Kabul as the capital city of Afghanistan has more than five million population. This capital city faced huge difficulties [5]. The progressive arrival of migrants has added to other difficulties and created numerous illegal residents [6]. The illegal residents stand for eighty percent of whole city population [7]. Most of them are urban poor who have no access to health care services except public health facilities where the services are provided for free [7].

The study was carried out within second urban district of Kabul city in Afghanistan. This district is a broad representative of all urban districts in Kabul. Large proportions of this district population comprise internally displaced people and rural population who seek economic opportunities in cities.

Sampling

This is a cross sectional study. A sample of 341 households was estimated from 3000 households which benefited from this project.

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Sample size was calculated based on 95% confidence interval and 5% margin error. The houses were selected randomly. In the houses, the men and women who met the criteria were requested to participate in the study. The research team enrolled 119 men and 341 women. The inclusion criteria for men included: i) who are married, ii) their wives are at reproductive age and iii) their wives benefited from the project. The inclusion criteria for women included i) are married ii) at child bearing age iii) have benefited from the project.

**Survey instrument**

The research team used a semi structured questionnaire to collect data on socio economic characteristics of respondents, their awareness about reproductive history of women, maternity care, new born care, childhood diseases and family planning. It also captured information on decision making influence of men on women's family planning and reproductive health choices.

**Data Collection**

The questionnaire was pretested with 15 men and 15 women. The questionnaire was amended based on pre-test findings. Additionally, six data collectors were recruited and trained. They initially listed the households, then, interviewed individuals who met the inclusion criteria.

**Data Quality Assurance**

Fifteen percent of all completed questionnaires were checked for the completeness and accuracy. The research team entered the data in Microsoft Access 2013. The entered data were cross matched with completed questionnaires to correct any data entry errors. The cleaned entered data was exported to SPPS.22 for statistical analysis. The statistical analysis estimated the summary statistics and proportions for men and women's awareness.

**Ethical Consideration**

The questionnaire included the informed consent section. The data collectors were reading the informed consent section before the interview and highlighting that respondents' participation in the study was voluntary. The data collectors ensured respondents about confidentiality of their provided information. Unique identifiers were applied to all questionnaires and personal data were removed from the data base.

**Results**

This section compares awareness among men and women on MCH. This section also highlights their decision-making pattern for making health related choices.

**Characteristics of respondents**

The average age of men was found higher than women. Assessment on access to education established that 56.96% of women had not attended school as compared to 33.61% of men. A higher percentage of men had completed primary and secondary education in contrast to women. A meaningfully higher percentage of men respondents completed university compared to women (Table 1).

**Age at first pregnancy**

The answers for best age of a woman to have first baby were different based on gender. Men on average preferred women to have their first baby by age of 20.40 years, women themselves favored conception at 17.85 years. 70.15% of men compared to 67.23% of women stated that premature conception enhances the danger of complications and such complications may result in death of mothers and their children (Table 2).

**Birth spacing methods**

Noticeable difference of awareness was observed on various birth spacing methods among men and women. A significantly lower percentage of men 56.67% desired their wives to delay pregnancy or space births as compared to women themselves 74.11% (P=0.0002). Other birth spacing methods showed a mix picture of awareness in both genders (Table 3).

In both genders, the awareness on long term birth spacing methods was negligible if not lacking. Both gender reported less than 5% awareness about IUDS, tubal ligations and implants.

**Antenatal - ANC care**

However, a significantly higher number of women 86.56% stress on the importance of completing ANC than men but there is no extensive difference between men and women perception on giving birth in a health facility.

**Danger signs of pregnancy**

| Variables | Female (%) | Male (%) | P<0.05 |
|-----------|------------|----------|---------|
| Mean Age (SD) | 30.5 (± 6.7) | 37.5 (± 11.46) | |
| Education Status | | | |
| Never attended school | 56.96% | 33.61% | 0.0001 |
| Pre-primary/Nursery | 4.56% | 5.04% | |
| Primary, not completed | 7.85% | 6.72% | |
| Primary, completed | 9.37% | 8.40% | |
| Secondary, not completed | 7.09% | 5.04% | |
| Secondary, completed | 9.11% | 22.69% | |
| College/University | 3.54% | 15.13% | 0.0001 |
| Vocational/ adult education | 1.52% | 3.36% | |

**Table 1: Respondents characteristics.**

| Variables | Women (n=341) | Men (n=119) | P<0.05 |
|-----------|---------------|-------------|---------|
| Preferred age at giving birth to the first baby (Mean) | 17.85 | 20.4% | 0.5326 |
| Agreement that premature conception put women and their child at risk | 70.15% | 67.23% | 0.5473 |
| Disagreement that premature conception put women and their child at risk dangerous | 22.96% | 20.17% | 0.5244 |

**Table 2: Age at first conception.**

| Variables | Women (n=341) | Men (n=119) | P<0.05 |
|-----------|---------------|-------------|---------|
| Preference on delay of pregnancy | 56.67% | 74.11% | 0.0002 |
| Awareness on different birth spacing methods | | | |
| Abstinence | 6.00% | 8.00% | 0.0911 |
| Breastfeeding | 2.00% | 8.00% | 0.0032 |
| Cycle beads | 10.00% | 6.00% | 0.1921 |
| Condoms | 27.00% | 13.00% | 0.0021 |
| Pills | 24.00% | 8.00% | 0.0000 |
| Injections | 19.00% | 24.00% | 0.2481 |
| Intra Uterine Contraceptive Device (IUD) | 10.00% | 25.00% | 0.0001 |
| Implant | 2.00% | 4.00% | 0.0001 |
| Sterilization (vasectomy/tubal ligation) | 0.00% | 4.00% | 0.0000 |

**Table 3: Birth spacing method.**
The overall level of awareness among men on pre-term regular contraction, swelling of hands and face and gush of fluid from vagina as danger signs of pregnancy was less than 10%. The awareness among women on pre-term contraction, vaginal bleeding, swelling of hands and face and persistent back pain was also less than 10%. The mostly known danger signs by men included persistent back pain 50%, vaginal bleeding 27% and pelvic or abdominal pain 10%. The level of awareness on vaginal bleeding and persistent back pain was significantly higher in men than women (Table 4).

Decision-making on the location of delivery

Men and women indicated that husband decides on the location of delivering birth to a baby but a significantly higher proportion of husbands 60% perceived they are decision makers; than women 27.76% (P=0.0118).

Discussion

This study aimed to compare the extent of men and women’s awareness of MNCH issues in study area. We found that men’s awareness except on the age of mother at first birth was negligible.

Mothers mean age for delivering first baby in Afghanistan is 20.1 years [8]. Men on average preferred women to have their first baby by age of 20.40 years, women themselves favoured conception at 17.85 years [8]. Men on average preferred women to have their first baby by age of 20.40 years, women themselves favoured conception at 17.85 years [8]. Men on average preferred women to have their first baby by age of 20.40 years, women themselves favoured conception at 17.85 years [8].

ANC is an important prerequisite of safe delivery. It is a proxy pointer regarding monitoring of maternal mortality reduction [11]. Women awareness on importance of ANC is significantly higher than men. 42% of men indicated ANC as not important. Considering the influential role of men in family decisions, it is necessary to work with them regarding ANC essence.

The awareness of danger signs in pregnancy can be regarded as one of the ways to eliminate the first level of delay. This delay is a critical factor influencing maternal mortality. The role of men as decision makers cannot be overlooked in this regard. The awareness level on pregnancy complications among both men and women show a mixed picture but highlight the needs for improvement for further improvement [12].

Conclusion

It is obvious that men in comparison to women have a significantly low awareness about advantages of birth spacing, ANC and pregnancy complications. By further educating men, there will be a critical mass of people who will be promoting mothers and children health.

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Table 4: Pregnancy danger signs.

| Variables                        | Women (n=341) | Men (n=119) | P<0.05 |
|----------------------------------|--------------|-------------|--------|
| Vaginal bleeding                 | 3.00%        | 27.00%      | 0.0001 |
| Pelvic or abdominal pain         | 13.00%       | 20.00%      | 0.0681 |
| Persistent back pain             | 6.00%        | 30.00%      | 0.0001 |
| Gush of fluid from vagina        | 27.00%       | 9.00%       | 0.0001 |
| Swelling of hands and face       | 6.00%        | 3.00%       | 0.2084 |
| Severe headaches                 | 12.00%       | 7.00%       | 0.1318 |
| Preterm regular contraction      | 0.50%        | 1.00%       | 0.0551 |

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