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Research Article

Role of Husbands in Antenatal Care, Delivery and Postnatal Care of Their Wives in Panchkhal, Nepal

* Champak Kumar Singh [1], Prem Bahadur Tamang [2], Anjali Bijaya Adhikari [3]

[1] Assistant Professor, National Academy for Medical Sciences, Kathmandu, Nepal
[2] Medical officer, Dhulikhel Hospital, Dhulikhel, Kavrepalanchok, Nepal
[3] Medical officer, Malakheti Hospital, Godawari, Kailali, Nepal

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*Address for Correspondence:

Champak Kumar Singh, Assistant Professor, National Academy for Medical Sciences, Kathmandu, Nepal

Abstract

The present study has assessed the involvement of husbands in antenatal care, delivery, and postnatal care among married women of reproductive age in Panchkhal Municipality, Kavre district, Nepal. Emphasizing the impactful role of a male in the circle of reproductive health, this research tries to address high maternal mortality and morbidity rates in Nepal by showing that a better understanding and support from the husband is highly essential for an improved outcome of maternal health. Data were originally collected through the use of a self-administered structured questionnaire with probability cluster sampling from 96 women who had at least one child aged five years or younger. Results showed that while all respondents received antenatal care, the number of women who received postnatal care was significantly lower, as many reportedly gave birth at home. Educated husbands were more likely to provide nutritional and emotional support during pregnancy. This has also shown that spousal communication about maternal and Child Health issues regarding child spacing, immunization, breastfeeding, and contraceptive use was important. This research found out positive results regarding the role of husbands in maternal care before and after pregnancy.

Keywords: Spousal participation, maternal health, family health, role of fathers

INTRODUCTION

The World Health Organization has defined reproductive health as physical, mental, and social state of well-being, and not only the absence of diseases related to the reproductive system. It has also been defined as the capacity to lead an active and satisfying sex life with the ability and freedom of decision to reproduce [World Health Organization, 2023]. However, the matter of reproduction has brought disparity between men and women regarding service delivery and decision-making, most of which has been patriarchal. Men often maintain control over reproductive health resources such as finances, information, and transportation and make considerable demands over family planning and maternal health decisions [1]. This is most seen in countries such as Nepal where men are community, political, and family leaders, thereby having a greater impact on reproductive health outcomes than other community members [2]. In most instances, women are denied the right to make decisions concerning their reproductive health, whether or not to have children, when, how many, and the care they receive during pregnancy, childbirth, and the postpartum period [3].

Maternal health has continued to be one of the major public health concerns in Nepal, such that maternal mortality ratio has been estimated at 539 per 100,000 live births [4]. Main challenges were identified as limited access to quality healthcare, geographical barriers, poverty, illiteracy, and women's low social status among others [5]. Most deliveries (89%) occur at home, highlighting the importance of the social environment and men's role in maternal health [4]. Women often lack autonomy in healthcare decision-making, despite having better knowledge of maternal and newborn danger signs compared to men [6]. Poorer maternal health is facilitated by factors related to poor nutrition, inadequate freedom of movement, and underutilization of available services [5,7].

Male involvement is recognized as a major focus to improve maternal health outcomes specially in low- and middle-income countries. Studies have also found the positive results of male involvement in improving women's access to skilled care and support during pregnancy and childbirth [8-9]. However, several barriers hinder men's involvement, including cultural beliefs, gender roles, and health system factors [9-10]. This

notwithstanding, many men indicate a desire to support their wives in pregnancy and child birth [5]. Interventions aimed at enhancing male involvement should be directed towards community mobilization, health education, and restructuring health systems to accommodate men [8-9]. It has to be borne in mind that while enhancing male involvement, adequate care must be taken to prevent the undermining of the traditional supports or women's autonomy itself [9-10]. More researches are required to study the outcomes of male involvement on women's autonomy and health.

This study aimed to assesses the role of husbands in facilitating their wives during antenatal, delivery, and postnatal stages in the Panchkhal Municipality of Kavre district, Nepal.

METHODOLOGY

This study adopted a cross-sectional descriptive design to understand the role of husbands during various stages of pregnancy, including ANC, delivery, and PNC. This study was conducted in the Panchkhal Municipality of Kavre district, Nepal. The married women of reproductive age with at least one child aged less than five years were selected through a technique of probability cluster sampling. The sample size was estimated to be 96 using a formula on the basis of a 95% confidence level and 5% allowable error. Data collection was a ten-day actual collection using a structured questionnaire comprising statements relating to the household and individual information, antenatal care, delivery care, and postnatal care [5,11]. Secondary data include library research and literature review to support primary data. Expert consultation ensured that instruments applied were valid while pretesting to 10 percent of the population established their reliability. SPSS software was used for data analysis. Frequency distribution and cross-tabulations were done. Verbal informed consent from the participants was obtained as part of the ethical considerations, anonymity ensured, and discriminatory selection of participants refrained.

RESULTS

The study shared that almost half of the respondents (43.8%) belonged to Janjatis, followed by Brahmins at 29.2% and Dalits at 21.9%. A majority of the respondents were Hindus at 93.7%, while the rest were Christians at 6.25%. An equal number lived in nuclear and joint families at 50% each. In the case of education, 49% husbands had completed their primary education, while for 55.2% of respondents, agriculture was the main occupation.

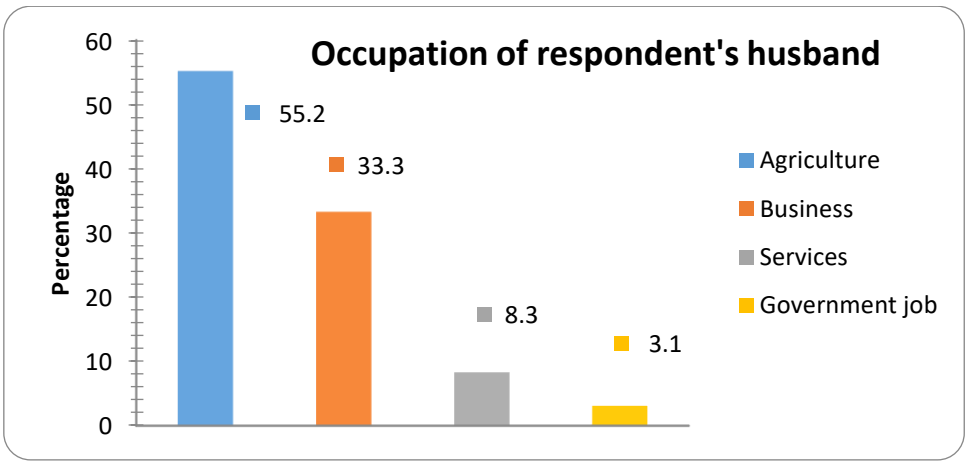

Figure 1: Occupational status of the respondents

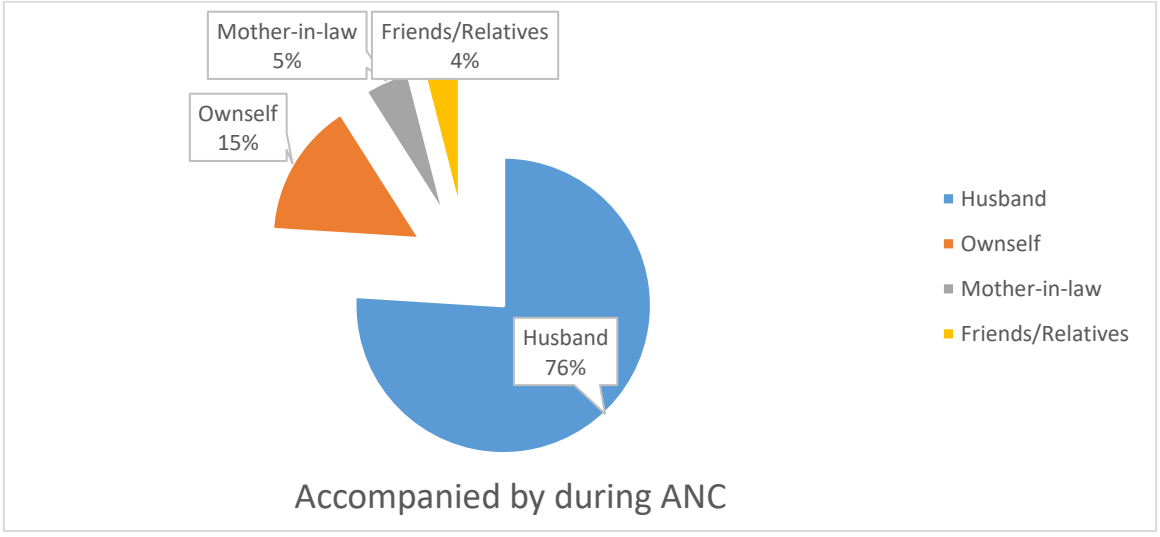

Figure 2: Accompanied by during ANC visits

All the respondents attended ANC visits, and 76% were accompanied by their husbands. All the participants consumed additional nutritious food during pregnancy. During delivery, 76% of births took place in health institutions, and 71% of the respondents were taken to facilities at the onset of labor pains.

55% of the respondents attended PNC visits in the postnatal period, while 91% reported receiving care given by their husbands. All the respondents consumed more nutritious food and openly discussed MCH matters with their husbands. These findings are indicative of the important role husbands can play in promoting maternal health care practices.

Husbands' active involvement in accompanying the wives to attend ANC services is 76%, ensuring that delivery is done in health institutions is 76%, and providing care during the postnatal period is 91%. Educated husbands were more supportive of adequate nutritional intake and ensured emotional support as a means to prevent risks during pregnancy, like anemia. Nevertheless, there is a lack of involvement by other husbands due to traditional socio-cultural reasons and occupation factors. Most of the respondents availed of institutional delivery and ANC services, while 55 percent attended PNC visits, indicating greater awareness and support for postnatal care. The study again suggests that husbands should be involved in maternal health programs for better outcomes of mothers and children.

CONCLUSION

The present study is based on primary field data representing positive involvement of husbands in maternal health. The antenatal care visits were very frequent, with substantial participation by husbands. Most of the husbands took care of their wives in terms of eating nutritious food, among other things. A majority of them delivered in hospitals because of proximity to health facilities, but some had delivered at home, the reason being uncomplicated experiences in the past. The husbands were more involved in accompanying their wives to health facilities and even provided transport during labour. The PNC visits were not as many as those received from ANC, although those received them followed the scheduled visits as instructed.

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Conflicts of interest: No any conflicts of interest are declared.

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