



ORIGINAL RESEARCH ARTICLE

HUSBAND INVOLVEMENT IN SAFE MOTHERHOOD SERVICES AMONG MARRIED WOMEN OF BHARATPUR SUB METROPOLITAN CITY, CHITWAN

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ABSTRACT

Background: Safe motherhood means creating the circumstances within which a woman is able to choose whether she become pregnant and if she does, ensuring that she receives care for preventive and treatment of pregnancy complication. This study was aimed to find out husband involvement in safe motherhood services and its associated factor.

Methods: Community based cross-sectional study was conducted in purposively selected Bharatpur sub metropolitan city of Chitwan district. Among 29 wards, three wards (2, 11, and 15) were selected by using simple random sampling method. Bivariate analysis was done to find out the factors, and significant factors in bivariate analysis, were further analyzed in multivariate to see the association between outcomes variables.

Results: Husband involvement in family planning (FP), antenatal care (ANC), and childbirth were found to be 10.5%, 52.2% and 78.7% respectively. In multivariate analysis, safe motherhood news listened by husband (AOR 9.813, CI: 4.854 - 19.839) was found statistically associated with husband involvement in antenatal care services. In multivariate analysis, husband who had engaged in business, service and farming/daily wages was found 20.668 (CI: 7.740 – 55.192), 13.058 (CI: 5.818 – 29.310) and 14.195 (CI: 4.139 – 48.674) times more likely involved during child birth respectively than those who had engaged in foreign job.

Conclusions: Husband education on safe motherhood issues, employment opportunity within country and women decision-making power should be a significant part of strategies for increasing husband involvement in safe motherhood services.

INTRODUCTION

Men play a key role in most societies. They still remain an authority in decision making in matters ranging from the size of families to the policy and program at all levels.¹ Their involvement is needed not only for the success of the family planning (FP) program, women's empowerment but also to the better result in contraceptive acceptance and safer sexual behavior.²

The National Safe Motherhood Program's target for maternal health is to reduce the MMR by three-quarters between 1990 and 2015.³ Nepal has com-

mitted to reduce its maternal mortality rate by 75% through ensuring accessibility, availability and utilization of skilled care at every birth by 2015.⁶

Despite various Safe motherhood program in Nepal – still there is high maternal mortality rate (170/100000 live birth), stagnant contraceptive prevalence rate (45%), only 50.97% 4th ANC visit, 43.45% delivery by SBA.⁶

Husband's involvement and joint decision making with respect to reproductive and family health may be the key strategy to achieve maternal health goals. Male involvement had positive impact on utilization

of safe motherhood services.^{5,7-9} The objective of this study was to find out husband involvement in safe motherhood services and its associated factor.

METHODS

Community based cross sectional study was conducted in Bharatpur Sub Metropolitan City which was selected purposively. Out of 29 wards, three wards (2, 11 and 15) were selected by using simple random sampling method. Married women having at least one child less than 2 years were taken as the study population. There were 873 study populations in 3 selected wards (323, 382 and 168 in ward no 2, 11 and 15 respectively). Numbers of respondents from each selected ward were taken proportionately. Respondents in selected ward were selected by using simple random sampling method. Total sample size was 343.

Respondents who had willingness to participate were included in the study. Those who could not speak properly, could not hear, understand the question and not willing to participate were excluded from the study. Face to face interview technique was used based on semi structured questionnaire. Questionnaires were divided into four parts. Part I, II, III and IV includes socio- demographic, FP, ANC and child birth related questionnaire respectively.

The total duration of data collection was one month from December 15, 2014 to January 15, 2015. Ethical clearance was obtained from CMC-IRC. Researcher herself collected data. Data were entered in Epi-data 3.1 and analysis was done in SPSS 20. To identify the factors, bivariate analysis was done and the factors, which were significant in bivariate analysis, were further analyzed in multivariate to see the association between outcomes variables with the level of significance less than 0.05.

For the purpose of this study, safe motherhood services referred to the 3 aspects- FP, ANC and child birth. Involvement of husband in FP referred to husband involved in decision making regarding to have another child, to use FP method, and limiting number of pregnancy, husband used FP method either from government, private health institution or medical shop, agreed with wife when she use FP, going together in FP clinic, showed interest to involve in

counseling, helped wife to choose one FP method. Husband involvement in ANC referred to husband accompanied in ANC visit, involved in decision making for ANC check up, supported during ANC period and helped in birth preparedness. Husband involvement during child birth referred to husband bought his wife to hospital for delivery, accompanied at child birth, provided emotional, financial, health service related support and helped to decide birthing place. Each question scored "1" for correct answer and "0" for wrong answer. Based on summative score of questions designed to assess husband involvement in FP, ANC and child birth services, husband with score 60% and above were considered as having involvement in these services.

RESULTS

Out of 343 respondents, about 71.7% were of age group 20-29 years and 54% of respondents' husbands were of age group thirty and above. Majority of respondents (85.7%) were Hindu, 37.9% were from upper caste, 51 % lived in single family, 31.2% had secondary level education and most (77%) of the respondents were housewife. Regarding the respondent's husband, 32.5% had secondary level education and 28.3% were engaged in business. Half (50%) of the respondents had more than 20,000 income per month. More than half (54.5%) of the respondent's husband had not listened the safe motherhood news.

Regarding service utilization, 26.2% of respondents had used FP method. Almost all (97.7%) of respondents had visited ANC clinic. Majority (87.8%) of the respondent had visited ANC clinic more than 4 times. Around 95.6% birth was taken place in health facility.

Reasons for non involvement of husband in safe motherhood services were respondents' husband did not use modern FP due to out of home (21.9%), respondents' husband had not accompanied in ANC clinic due to job (69.7%). About 72.7% of the respondents' husband had not accompanied during child birth due to out of home respectively.

Out of 343 respondents' husband, about 96.2% were involved in decision making regarding FP, 16.3% used FP method and near to all (98.9%) husbands agreed with their wife when they used family

planning method. Only 42.7% respondents and their husband had gone together to family planning clinic.

Among 335 respondents who visited ANC clinic, 64.5% husbands accompanied them for ANC visit and 83.0% were involved in decision making for ANC check up. Out of 343 respondents' husband, 97.3% gave money to their wife for check up. Majority (90.7%) of the respondents' husband helped to arrange money followed by to choose birth place

(89.9%), to choose birth attendant (88.9%), to arrange transportation (50.4%) and to arrange blood (24.8%).

Out of 343, 73.5% of respondents' husband bought their wife to hospital during child birth and 82.3% involved in decision making to choose birth place. Out of 328 hospital delivery, 83.2% respondents' husband accompanied their wife at child birth.

Table 1: Association between related factors and husband involvement in ANC

Characteristics	Husband involvement in ANC		Unadjusted odd ratio	CI	
	No	Yes		Lower	Upper
Ethnicity					
Dalit	30 (78.9)	8 (21.1)	1		
Disadvantage janajati	40 (67.8)	19 (32.2)	1.781	.687	4.615
Religious minorities	2 (66.7)	1 (33.3)	1.875	.150	23.396
Relatively advantage janajati	56 (49.6)	57 (50.4)	3.817	1.611	9.044
Upper caste	36 (27.7)	94 (72.3)	9.792	4.105	23.357
Religion					
Other than Hindu	32 (65.3)	17 (34.7)	1		
Hindu	132 (44.9)	162 (55.1)	2.310	1.228	4.344
Age of respondent					
Less than 20	23 (85.2)	4 (14.8)	1		
20-29	103 (41.9)	143 (58.1)	7.983	2.680	23.781
30+	38 (54.3)	32 (45.7)	4.842	1.516	15.465
Education of respondent					
Illiterate	15 (88.2)	2 (11.8)	1		
Primary	58 (70.7)	24 (29.3)	3.103	.659	14.625
Secondary and above	91 (37.3)	153 (62.7)	12.610	2.819	56.403
Education of husband					
Illiterate	10 (90.9)	1 (9.1)	1		
Primary	56 (83.6)	11 (16.4)	1.964	.228	16.945
Secondary and above	98 (37.0)	167 (63.0)	17.041	2.149	135.140
Occupation of husband					
Farmer/ daily wages	38 (82.6)	8 (17.4)	1		
Foreign job	49 (70.0)	21 (30)	2.036	.813	5.098
Business	34 (35.1)	63 (64.9)	8.801	3.691	20.988
Service	43 (33.1)	87 (66.9)	9.610	4.126	22.383
Income of family					
<10,000	61 (75.3)	20 (24.7)	1		
10,000 and more	103 (39.3)	159 (60.7)	4.708	2.682	8.264
Safe motherhood news listen by husband					
No	139 (74.3)	48 (25.7)	1		
Yes	25 (16.0)	131(84.0)	15.174	8.851	26.016
Respondent involvement in decision making regarding ANC check up					
No	13 (72.2)	5 (27.8)	1		
Yes	151 (46.5)	174 (53.5)	2.996	1.044	8.598
Frequency of ANC visit					
<4 visit	33 (80.5)	8 (19.50)	1		
≥ 4 visit	123 (41.81)	171 (58.2)	5.735	2.560	12.845

Husband involvement in safe motherhood services

Husband involvement in FP, ANC and child birth services were found to be 10.5% (CI: 53 %–74%), 52.2% (CI: 41.9%–62.5%) and 78.7% (CI: 70.2% – 87.1%) respectively.

Association between related factors and husband involvement in FP

There was no establishment of statistical association between age, ethnicity (caste), religion, education and occupation of respondent, time taken to reach health facility, respondent's involvement in decision making regarding FP, age of husband and husband involvement in FP.

Husband who had listened safe motherhood news was found to be 3.053 times (CI=1.451% – 6.428%) more likely involved in FP services than others who had not listened ($p=0.002$). Husbands who were engaged in business and services was found to be 2.231 and 1.167 times more likely and who had engaged in daily wages/farming was found to be 0.309 times less likely involved in FP than those who were engaged in foreign job.

Association between related factors and husband involvement in ANC

Religion, age, education, family income and respondent involvement in decision making, education and occupation of husband and safe motherhood news listen by husband were found to be statistically significant with husband involvement in ANC services (Table 1).

Association between related factors and husband involvement during delivery

There was no statistical association between age and religion of respondent, age of husband and husband involvement during childbirth. Husband involvement in child birth was found to be statistically associated with education of respondent, family income, respondent involvement in decision making for delivery place, education and occupation of husband and safe motherhood news listen (Table 2).

Multivariate analysis of the determinants of husband involvement in ANC services

Respondent's husband who had listened safe motherhood news was found about ten times (AOR 9.813,

Table 2: Association between related factors and husband involvement during delivery

Characteristics	Husband involvement during child birth		Unadjusted odd ratio	CI	
	No	Yes		Lower	Upper
Education of respondent					
Illiterate	10 (58.8)	7 (41.2)	1		
Primary	19 (23.2)	63 (76.8)	3.316	1.985	5.538
Secondary and above	44 (18.0)	200(82.0)	4.545	3.280	6.300
Education of husband					
Illiterate	7 (63.6)	4 (36.4)	1		
Primary	14 (20.9)	53 (79.1)	3.786	2.101	6.822
Secondary and above	52 (19,6)	213 (80.4)	4.096	3.025	5.547
Occupation of husband					
Foreign job	39 (55.7)	31 (44.3)	1		
Business	8 (8.2)	89 (91.8)	13.996	5.901	33.193
Services	14 (10.8)	116 (89.2)	10.424	5.034	21.586
Farmer/daily wages	12 (26.1)	34 (73.9)	3.565	1.586	8.010
Income of the family					
<10,000	75 (92.6)	6 (7.4)	1		
10,000 and more	152 (58.0)	110 (42.0)	1.180	0.651	2.140
Safe motherhood news listen by husband					
No	49 (26.2)	138 (73.8)	1		
Yes	24 (15.4)	132 (84.6)	1.953	1.134	3.363
Respondent involvement in decision making for delivery place					
No	10 (38.5)	16 (61.5)	1		
Yes	63 (19.9)	254 (80.1)	2.520	1.091	5.819

Table 3: Multivariate analysis of the factors associated with husband involvement during ANC

Characteristics	Wald	Unadjusted OR(CI)	Adjusted OR (CI)
Religion of respondent			
Other than Hindu		1	
Hindu	1.237	2.310 (1.228 - 4.344)	1.588 (0.703 – 3.590)
Age of respondent			
Less than 20	4.267	1	
20-29	3.288	7.983(2.680 -23.781)	3.356 (0.907 – 12.422)
30+	1.120	4.842 (1.516 – 15.465)	2.162 (0.518 – 9.020)
Education of respondent			
Illiterate	.271	1	
Primary	.002	3.103 (.659 – 14.625)	1.048 (0.137 – 8.015)
Secondary and above	.029	12.610 (2.819 – 56.403)	.838 (0.109 – 6.424)
Education of husband			
Illiterate	6.568	1	
Primary	.016	1.964 (.228 – 16.945)	1.193 (0.074 – 19.239)
Secondary and above	0.976	17.041(2.149 – 135.140)	4.026 (0.254 – 63.783)
Occupation of husband			
Farmer and daily wages	28.966	1	
Business	2.418	8.801(3.691 -20.988)	2.317 (0.803 – 6.685)
Service (govt/non govt)	1.061	9.610 (4.126-22.383)	1.732 (0.609 – 4.927)
Foreign job	4.868	2.036 (.813 -5.098)	.257 (0.077 – 0.859)
Safe motherhood news listen by husband			
No		1	
Yes	40.429	15.174 (8.851 – 26.016)	9.813 (4.854 - 19.839)
Income of family			
<10000		1	
10,000 and more	2.242	4.708 (2.682 – 8.264)	1.863 (0.825 - 4.205)
Respondent involvement in decision making			
No		1	
Yes	.650	2.996 (1.044 – 8.598)	1.757 (0.446 - 6.921)
Ethnicity			
Dalit	0.387	1	
Disadvantage janajati	0.910	1.781 (0.687 – 4.615)	1.830 (0.528 – 6.340)
Religious minorities	0.046	1.875 (0.150 – 23.396)	1.501(0.036 – 62.446)
Relatively advantage janajati	2.037	3.817(1.611 – 9.044)	2.290 (0.734 – 7.146)
Upper cast	2.112	9.792(4.105 – 23.357)	2.396 (0.737 – 7.786)

1-reference -2 log likelihood- 295.295, Cox & Snell R Square- .408, Nagelkerke R Square .544

CI: 4.854% - 19.839%) more likely involved in ANC services than those who had not listened (Table 3).

Multivariate analysis of determinants of husband involvement during child birth

Husband who were engaged in business, service and farming/daily wages were found 20.668 (CI: 7.740% – 55.192%), 13.058 (CI: 5.818% – 29.310%) and 14.195 (CI: 4.139% – 48.674%) times more likely involved during child birth respectively than those who were engaged in foreign job (Table 4).

Table 4: Multivariate analysis of the determinants of husband involvement during child birth

Characteristics	Wald	Unadjusted OR (CI)	Adjusted OR (CI)
Education of respondent			
Illiterate	4.405	1	
Primary	0.014	3.316 (1.985 – 5.538)	1.108 (0.202 – 6.073)
Secondary and above	1.416	4.545(3.280- 6.300)	2.810 (0.513 – 15.402)
Education of husband			
Illiterate	3.651	1	
Primary	3.417	3.786 (2.101 – 6.822)	6.908 (0.890 – 53.621)
Secondary and above	1.961	4.096 (3.025 – 5.547)	4.481(0.549 – 36.557)
Occupation of husband			
Foreign job	53.237	1	
Business	36.524	11.125 (5.397 – 22.934)	20.668 (7.740 – 55.192)
Service	38.797	8.286(4.759 – 14.426)	13.058 (5.818 – 29.310)
Farmer / daily wages	17.803	.795 (.496 – 1.274)	14.195 (4.139 – 48.674)
Respondent involvement in decision making			
No		1	
Yes	1.646	2.520 (1.091 – 5.819)	1.903 (0.712 – 5.088)
Income of family			
<10,000		1	
10,000 and more	2.146	1.180 (0.651 – 2.140)	2.035 (0.787 – 5.266)

1 reference Category, -2 log likelihood – 272.241, Cox & Snell R Square - 0.215, Nagelkerke R Square -0 .333

DISCUSSION

This study revealed that the proportion of husband involvement in FP was found to be 10.5% which is slightly higher than the finding of study conducted in Debreworkos town, Northwest Ethiopia that revealed 8.4% of male involvement in FP.² However, finding of this study is low compared to the study conducted in Narsigdi Municipality, Bangladesh which showed involvement of husband in FP was 63.2%.¹⁰ This might be due to husband's occupation. Majority of the respondents' husband were out of home. Another cause might be used natural family planning method by large number which was not considered in the study for defining husband involvement in FP.

This study revealed that the proportion of husband involvement in ANC was 52.2% which is slightly higher than the study conducted in Nigeria (46.1%).¹¹ This might be due to husband and respondent education and awareness regarding ANC services and respondents involvement in decision making power.

This study revealed that the proportion of husband involvement during child birth was 78.7% which is higher than the findings of studies done in Rural Ethiopia that showed male partner's involvement in promoting institutional delivery was 38.2%.⁴ This might be due to increase concerned of husband toward maternal and child health. Most of the husband had been returned to the home during delivery even they were abroad or out of district.

In this study, only three aspects of safe motherhood services were considered caused lacking in complete information regarding safe motherhood. Some result of this study might have been affected with recall bias. As the information about ANC and child birth were drawn from historical recall. So the result of study might not be enough to generalize.

CONCLUSION

The involvement level of husband is very low in family planning services than in the ANC and child birth. This still showed that men lag behind in their responsibilities in improving maternal health although

Nepalese husband are increasingly entering into the area of safe motherhood which was traditionally considered extrinsic to man. The finding of the study might be helpful for policy maker and safe motherhood program manager to identify the main factors affecting the husband involvement in safe motherhood services and provide base line information to future researcher.

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