

## Research Article

# Husband Involvement in Postnatal Services among Married Women of Bharatpur Metropolitan City, Chitwan

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### Abstract

**Objectives:** Globally, husband involvement in postnatal care services remains a challenge to effective postnatal care accessibility and utilization. This study was aimed to find out husband involvement in postnatal services and its associated factor among married women of Bharatpur sub-Metropolitan City, Chitwan.

**Methods:** Community based cross sectional study was conducted in randomly selected ward (2, 11, and 15) of Bharatpur Metropolitan city of Chitwan among randomly selecting 343 married women having at least one child less than 2 years. Respondents participated voluntarily in face to face interview that used structured questionnaire from March 15 to April 15, 2016. Data was analyzed by using descriptive and inferential statistics like frequency, percentage, chi-square and linear regression.

**Results:** Husband involvement in postnatal care (PNC) was found to be 33.8%. In multivariate analysis, type of family (AOR=3.730, CI=2.595–5.361), family incomes (AOR=5.828, CI=1.952–17.400) and respondent involvement in decision making (AOR=5.050, CI=2.058–12.393) were found significant with husband involvement in postnatal care services.

**Conclusion:** Husband education on postnatal care services issues, employment opportunity within country and women decision making power should be a significant part of strategies for increasing husband involvement in postnatal care services. Husband attendance at postnatal clinic should be encouraged as this serves as an avenue to educate them.

**Keywords:** Husband involvement, married women, postnatal services

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Men not only act decision-makers for women and children's access to health services, but also through abuse or neglect, men's actions can have a direct bearing on the health of their female partners and children. Men are often identified as the sole decision-makers in all aspects.<sup>[1]</sup> 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.<sup>[2]</sup>

The National Safe Motherhood Program's target for mater-

nal health is to reduce the MMR by three-quarters between 1990 and 2015.<sup>[3]</sup> Nepal has committed to reduce its maternal mortality by 75% by 2015 through ensuring accessibility to the availability and utilization of skilled care at every birth.<sup>[5]</sup> Despite various Safe motherhood program in Nepal—large proportion of maternal and neonatal deaths occur during the first 48 hours after delivery, still there is high maternal mortality rate (170/100000 live birth), 51.5% PNC 1st visit, 24.32% FP acceptors after abortion care and

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4.95% obstetric complication among total delivery.<sup>[5]</sup>

It is clear that Millennium Development Goals (MDGs) will not be met without the rigorous efforts of all involved. Involving husbands and encouraging joint decision making in reproductive and family health may provide an important strategy in achieving maternal health goals. Male involvement had positive impact on utilization of postnatal services.<sup>[4, 6-8]</sup> Male involvement play a vital role reduces the 3 delays which help to bring positive outcome in obstetric emergency. The objective of this study was to find out husband involvement in postnatal 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 and understand the question and not willing to participate were excluded from the study. Face to face interview technique was used based on structured questionnaire. Questionnaires were divided into two parts. Part I and II includes socio- demographic and PNC related questionnaire respectively.

The total duration of data collection was one month from March 15 to April 15, 2016. Researcher herself collected data. Data were entered in Epi-data 3.1 and analysis was done in SPSS 20. Data was analyzed by using descriptive and inferential statistics like frequency, percentage, chi-square and linear by linear association. 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, Husband involvement in PNC referred to husband accompanied in PNC visit, helped to decide for PNC visit and supported during PNC period. Each question scored "1" for correct answer and "0" for wrong answer. Based on summative score of questions designed to assess husband involvement in PNC services, husband with score 60% and above were considered as having involve-

ment in this services.

Research was done after approval from institutional review committee of Chitwan medical college. Respondents' verbal informed consent was taken prior to data collection. Confidentiality was assured by using code number and restricting the access to the filled questionnaire to researcher only.

## 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 cast, 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.

Most (85.36%) of the PNC visit was decided by health worker, Very few (0.9%) of respondents husband alone and 12.4% had decide together.

Regarding service utilization, More than two third (69.6%) of the respondents had visited PNC clinic only one time. Out of 25 respondents who developed complication, 96% of respondents had gone health facility for check up during postnatal period. Among them about three quarter (76%) of respondent's husband bought them to health facility.

About 63.6% of the respondents' husband had not accompanied during PNC visit due to out of home.

Out of 328 hospital delivery, 80.9% respondents' husband accompanied their wife during 1<sup>st</sup> PNC visit followed by 2<sup>nd</sup> PNC visit (24%) and 3<sup>rd</sup> PNC visit (18.2%).

About 85.6% respondents' husband encouraged to take nutritious food followed by washed cloth or managed person for washing cloth (77.4%), cooked food or managed person to cook food (61.2%), assured rest (54.1%), took mother and baby for check up (46.8%) and 35.2% reminded to take medicine. Out of 25 respondents who had complication during PNC period, 76% husband bought them hospital for check up.

## Husband Involvement in Postnatal Services

Husband involvement in PNC services was 33.8% (CI: 24%-43.6%).

## Association Between Related Factors and Husband Involvement in PNC

In binary logistic regression analysis, there were no statistical associations between age of husband, health service

related factors, religion, ethnicity of respondent and husband involvement in PNC but it was found to be statistically significant with type of family, occupation of husband, safe motherhood news listen by husband, age of respondent, family income, time taken to reach health facility and respondent involvement in decision making (Table 1).

#### 4.4.3 Multivariate Analysis of Determinants of Husband Involvement During Postnatal Period

Husband's involvement in PNC services was found to be four times (AOR=3.730, CI=2.595%–5.361%) more likely in single family than joint family. Study showed that those husband who had more than ten thousand family income per month was found about six times (AOR=5.828, CI=1.952%–17.4%) more likely involved in PNC services than those who had less than ten thousands. Those husband who had listened safe motherhood news was found about eight times (AOR=7.723, CI: 3.956%–15.078%) more likely involved in PNC services. Similarly husband was found to be five times (AOR=5.050, CI=2.058%–12.393%) more likely involved in those respondent who involved in decision making regarding PNC visit. Likewise husband who

were engaged in business and services (government and non government) were found 5.169 (1.704%–15.677%), 10.5 (3.560%–30.971%) times more likely involved respectively during PNC than those who had engaged in farming and daily wages (Table 2).

#### Discussion

This study revealed that the husband's involvement during post natal period was found to be 33.8%. Most (85.4%) of the PNC visit was decided by health worker, very few (0.9%) determined by husband alone (may be due to ignorance) and 12.4% had decided together. Majority of the respondents didn't know about 3 PNC visits and were not informed by hospital staffs.

This study found that the proportion of husband who accompanied PNC clinic only 1 time was 95.9% which was higher than the result of a study conducted in Yangon, Myanmar that revealed the husband accompanied at least 1 time in PNC visit was found 51.6%.<sup>[9]</sup> Such a variation might be due to Nepal government rules which includes the provision of discharging postnatal mothers only after 24 hours of delivery. Further, this study revealed the pro-

**Table 1.** Association between related factors and husband involvement in PNC

Characteristics	Husband involvement in PNC		Unadjusted Odd ratio	CI	
	No	Yes		Lower	Upper
Type of family					
Joint family	122 (72.6)	46 (27.4)	1		
Single family	105 (60.0)	70 (40.0)	3.730	2.595	5.361
Occupation of husband					
Farmer/daily wages	42 (91.3)	4 (8.7)	1		
Business	65 (67.0)	32 (33.0)	5.169	1.704	15.677
Service	65 (50)	65 (50.0)	10.500	3.560	30.971
Foreign job	55 (78.6)	15 (21.4)	2.864	.885	9.262
Age of respondent					
<20	24 (88.9)	3 (11.1)	1		
20-29	154 (62.6)	92 (37.4)	4.467	3.233	6.171
30+	49 (70)	21 (30)	2.500	1.488	4.199
Income of family					
<10.000	75 (92.6)	6 (7.4)	1		
10.000 and more	152 (58.0)	110 (42.0)	9.046	3.801	21.527
Safe motherhood news listen by husband					
No	167 (89.3)	20 (10.7)	1		
Yes	60 (38.5)	96 (61.5)	13.360	7.594	23.504
Respondent involvement in decision making regarding PNC check up					
No	218 (73.2)	80 (26)	1		
Yes	9 (20)	36 (80)	10.900	5.026	23.637

1-reference category.

**Table 2.** Multivariate analysis of the determinants of husband involvement during postnatal period

Characteristics	Wald	Unadjusted Odd ratio (CI)	Adjusted Odd ratio (CI)
Type of family			
Joint family		1	
Single family	8.922	3.730 (2.595–5.361)	2.494 (1.369–4.542)
Occupation of husband			
Farmer and daily wages	11.183	1	
Business	2.271	11.125(5.397–22.934)	1.916 (0.822–4.463)
Service	10.359	8.286 (4.759–14.426)	3.705 (1.669–8.226)
Foreign job	2.939	0.795 (0.496–1.274)	3.580 (0.833–15.389)
Safe motherhood news listen by husband			
No		1	
Yes	35.861	5.500 (3.560–8.497)	7.723 (3.956–15.078)
Age of respondent			
Less than 20	1.092	1	
20-29	0.200	4.467 (3.233–6.171)	1.380 (0.336–5.676)
30+	0.006	2.500 (1.488–4.199)	0.940 (0.204–4.327)
Income of family			
<10,000		1	
10,000 and more	9.978	9.046 (3.801–21.527)	5.828 (1.952–17.400)
Respondent involvement in decision making			
No		1	
Yes	12.500	10.900 (5.026–23.637)	5.050 (2.058–12.393)
Time taken to reach health facility			
<30 minute		1	
≥30 minutes	2.812	10.180 (1.175–88.187)	10.509 ( 0.672–164.304)

1 reference Category; -2 log likelihood=283.183; Cox & Snell R Square =0.365; Nagelkerke R Square =0.506.

portion of husband accompanied for 2<sup>nd</sup> and 3<sup>rd</sup> PNC visit was found 24.3% and 18.2% respectively.

The study established statistical significance between the safe motherhood news listen by husband, and his involvement in PNC. A study conducted in Yangon, Myanmar also showed the statistical significant between husband involvement in PNC and exposure to maternal health education services.<sup>[9]</sup>

This study represented that husband from single family (AOR=2.494, CI: 1.369–4.542) and with more than ten thousands family income (AOR=5.828, CI: 1.952–17.400) was found more likely involved in PNC services. Similarly, husband was found about five (AOR=5.050, 2.058–12.393) times more likely involved in those respondent who involved in decision making regarding PNC visit.

In this study, only four 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, child birth and PNC were drawn from historical recall. So the result of study might not be enough to generalize.

## Conclusion

The result unveiled that less than half (33.8%) of husbands were involved in PNC services

The determinants like type of family, family income, safe motherhood news listen by husband and respondent involvement in decision making, occupation of husband were found to be statistically associated with husband involvement in PNC services.

There were no statistical associations between age of husband, health service related factors, religion, ethnicity of respondent and husband involvement in PNC services

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. Husband's migration to abroad in searching of job might be the main cause behind it.

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.

## Disclosures

**Ethics Committee Approval:** The study was approved by the Local Ethics Committee.

**Peer-review:** Externally peer-reviewed.

**Conflict of Interest:** None declared.

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