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Healthcare Providers Views on Husband Participation in Maternal Healthcare

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Abstract

This research paper analyses the healthcare providers' views on husband participation in maternal healthcare services. This paper is divided into 3 sections. Firstly, the paper looks into roles and responsibilities of healthcare providers (doctors, ANMs and ASHA workers) in maternal healthcare services. Secondly, the health providers' views on husband participation in maternal healthcare. Lastly, the paper concludes and suggests by emphasising the significance of improving the husband participation in maternal healthcare of their wives and newborn child.

Keywords: *Maternal Health, Healthcare Providers, Ante Natal Care, Natal Care and Post-Natal Care*

INTRODUCTION

Maternal health is a crucial concept in women's health; it is related to pregnancy and childbirth. Quality healthcare in these stages is the right of both the woman and the unborn child. Maternal healthcare is one of the components of reproductive health programme in India. Maternal health was among one of the Millennium Development Goals (MDG-5); to improve health of mothers and reduce the maternal mortality to 109 deaths/per one lakh live births by 2015 was being targeted. 'Ensure healthy lives and promote well-being for all ages is one of the Sustainable Development Goals (SDG-3); to reduce the global maternal mortality ratio to less than 70 deaths/per one lakh live births by 2030 is being targeted (United Nation Development Programme, 2015). The Maternal Mortality Rate (MMR) is 167 deaths per one lakh live births in India (Sample Registration System, 2011–13). Every year, 45,000 women in the

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country die from pregnancy-related complications and this is more than in any other country (WHO, 2015).

Women, in patriarchal social structure like India, are often considered vulnerable. There are multifarious dimensions of this gender-based vulnerability – since ancient and medieval times, women have been discouraged to acquire education and access other developmental avenues.

In patriarchal structures of Indian society, women often have been found caught up in multiple and repeated pregnancies that take heavy toll of their health and life (Ganesh, 1997).

Attention to men's involvement in reproductive health received a force following the Programme of Action forged at the 1994 International Conference on Population and Development (ICPD) (Cairo Programme of Action, September 1994). Under this programme, the focus was on men playing a key role to promote gender equality and to encouraging and enabling men to take responsibility for their sexual and reproductive behaviour and their social and family roles (Chapter-4 Gender equality and empowerment of women, ICPD, 1994). The programme also highlights the women's health and safe motherhood emphasising on education to engage men's support for maternal health and safe motherhood. All countries are urged to seek changes in high-risk sexual behaviour and to devise strategies to ensure that men share responsibility for sexual and reproductive health (Chapter-8 Health, Morbidity and Mortality, ICPD, 1994).

Husband's participation in the maternal healthcare of women is very essential for healthy mother and healthy child. There may be preventable strategies for maternal death in India. In traditional societies, generally, men or husbands have been uninformed about the pregnancy concerns of the wife, as well as maternal health is always considered the women's domain in the Indian society.

There is need to develop ways and means to implement the ICPD+5 recommendation which urges Governments and their partners to "support public health education to create awareness of the risks of pregnancy, labour and delivery and to increase the understanding of the respective roles and responsibilities of family members, including men, as well as of civil society and Governments, in promoting and protecting maternal health" (United Nations, 1999).

Husband participation in maternal healthcare of women is helpful in terms of providing better healthcare and to ensure the institutional delivery of pregnant women. The health system and health professionals are showing the need to increase the couple counselling about the

maternal healthcare and educate the husband about each and every aspect of care of maternal health. It may be helpful to realise that husband participation ensures the better health of mother and new born child care. Now, we need to realise that maternal healthcare is not only the domain of women, but it is also a joint effort of both the husband and wife.

RATIONAL OF THE STUDY

Most of the studies did not reflect the healthcare providers' views on husband participation in maternal healthcare. However, various studies revealed that the behaviour of healthcare staff members become one of the barriers for not promoting husband participation in maternal healthcare due to unwelcome behaviour towards them. There is need to understand the healthcare providers' needs and the challenges faced in the healthcare system, especially, related to maternal healthcare services. This study just gives an idea about the healthcare providers' viewpoint on husband participation in maternal healthcare. However, due to small sample size, the study cannot be generalised. For this reason, there is need to conduct more research studies that reflect the healthcare providers' views and how the healthcare system positively can incorporate husband participation in maternal healthcare services. This automatically increases the health status of pregnant mothers and their children in the society.

Objectives

The objectives of the study were as follows:

- To understand roles and responsibilities of healthcare providers (ASHA Workers, ANMs, Nurses and Doctors) in maternal health-care services.
- To study the healthcare providers' views on husband participation in maternal health care services.

Material and Methods

To achieve the above objectives, the present study adheres to qualitative research. The study was descriptive research design. The sample size consisted of 8 healthcare providers (2 ASHA Workers; 2 ANMs; 2 Doctors and 2 Nurses) from various dispensaries and hospitals of Delhi. The samples were selected by using non-probability method of purposive

sampling technique for the purpose of interview. Data were collected through in-depth interview schedule.

Findings

Role and Responsibilities of Healthcare Professionals

ASHA workers revealed that the role and responsibilities is of providing the maternal healthcare services to community women. They shared that the roles and responsibilities include ensuring registration of pregnant women in dispensary, sometimes pregnant women themselves report or contact the ASHA workers, issuing the antenatal check-up card, facilitating the antennal check-ups visits, accompanying the women for hospital delivery or motivating for birth of new born child in hospital, ensuring immunisation of mother and their child, after the delivery they conduct home visits, and discussing about various methods of family planning and following up the cases if birth took place at home.

Auxiliary nurse-midwives (ANMs) (health providers) revealed that the role and responsibilities is to provide maternal healthcare services to women and this include antennal check-ups facilities, child immunisation, attentive about various methods of family planning and their importance and make the referral service (depend upon the choice of women in which way she wants to give birth) for institutional delivery. They also conducted three home visits if the delivery took at home and ANMs are supposed to conduct home visits within two days of delivery. Incase delivery took place in hospital than ANMs are supposed to conduct home visits within one week of delivery. During the home visits, they discuss about care of mother and child and importance of breastfeeding the new born. Second home visits are conducted within the 14th day and the focus is on family planning and child immunisation. Last home visits are conducted within one month of childbirth by ANMs.

Further, doctors mentioned that during the natal (delivery) stage works include the registration of pregnant women, all required medical treatment and check-ups, time to time check the women health condition after delivery, counselling on family planning and identification of medical problems.

Additionally, the nurses discussed that the role and responsibilities in terms of providing the antenatal check-ups services for pregnant women. For this, registration of pregnant women, distribution of medicine,

medical check-ups such as injection and counselling about pregnancy care, breastfeeding and family planning are done.

Husband Participation in Maternal Healthcare: Observation and Experiences of Healthcare Providers

Antenatal Care Services

Both the ASHA workers and ANMs were told that in earlier times, husbands hardly participated in maternal healthcare. ASHA workers expressed that now a days more and more men are actively participating in the same. They also informed that in joint families, husband participation is still less as compared to nuclear families, where they play crucial role in caring for their pregnant and lactating wife. In joint families, mother-in-laws and other relatives take up the major responsibilities of caring for pregnant women.

Further, doctors and nurses from the government hospital cited that fewer men accompany their wives during the antenatal check-ups. Men are not allowed to come with their wives during the antenatal check-ups. Nurses also do not interact with the husband because they are not allowed entering the antenatal check-ups services premises.

Natal Care Services (Delivery Time)

Both ASHA workers and ANMs stated that most of the husbands accompanied their wives during the delivery. The possible reason for husbands is to ensure the economic support and other requirement that is needed during the delivery in the hospital.

However, the doctors revealed that fewer husbands and more family members accompanied the pregnant women. They did not had much interaction with the husbands of pregnant wives because they were busy in arranging medicines, blood, report, etc., required at that time. One of doctor said, "In most of the cases pregnant wives had very low anaemia problem which make her delivery very risky for her life. Husband did not care about life of their wife. Some of husband did not willing or prepare to donate own blood for their wife".

Another case shared by doctor, "one of case in which no family member accompanied the pregnant woman during the delivery. It was second pregnancy of the woman and only her five year old child is with him. All the arrangement did by doctors' team". Above discussed cases by doctors revealed that lack of family members and husband support during the delivery time of women in hospital.

Postnatal Check-Up (After Childbirth)

Immunisation of Child

ASHA workers mentioned that fewer men accompanied their wives during the child immunisation. As they think it is the responsibility of the mother to provide child immunisation. Nowadays, women are more concerned for child immunisation.

According to ANMs, mothers' motivation was necessary for proper utilisation of child immunisation services (thereby minimising the role of the father). Fewer husbands accompanied their wives during child immunisation. The reasons include, it is difficult for those husbands who are engaged in private sectors or are daily wagers. They also emphasised on the significant role of mothers in availing child immunisation services. On the contrary, ANMs emphasised that there is no role of fathers in child immunisation. However, there is need to educate the father about the importance of child immunisation for his child's health. If the father cannot accompany his wife for child immunisation, then they can ask and remind their wives about the same. Healthcare professional do not realise the importance of husband participation in child immunisation.

Family Planning

ASHA workers expressed that condoms as a method of family planning are quite popular among the community. Its high usage is also due to free-of-cost availability in the dispensary. ASHA workers need to provide the condom for women during each home visits. Second most popular method of family planning is copper-T. Its high practice is also due to awareness created by ASHA workers among women for usage of copper-T method. For these works, ASHA workers get some money based-incentive to ensure the use of copper-T by community women. As health workers, ASHA workers get less chance to talk to husbands of pregnant women on family planning issues and it is therefore easier from them to convince or motivate women for using family planning methods. They further told that in case, women decide to undergo tubectomy, their husband accompany them. During the data collection, the researcher observed that one of the women wanted ASHA worker to talk to her husband on family planning because her husband was not in the favour of copper-T use. It reflects that ASHA workers themselves do not want to interact with men on such issues. It may be because they feel some kind of shyness and hesitance towards talking to husband on family planning issues.

Further, ANMs also expressed that husband role in family planning is very essential for their wives. They also shared that without husband's consent, no woman ever takes step for family planning. A study by Ravichandran (2002) find that wife's perception of her spouse's attitude is important as it may help her in her own decision-making. During the data collection, it reflects that most women respondents have taken consent of their husband's for practising methods of family planning. Husbands' decision-making plays a significant role in the usage of family planning by his wives.

ANMs only deal with women for motivating the use of family planning methods. If the husband is not willing to use the methods of family planning than ANMs conduct the home visits for motivating about the use of family planning methods.

Also, doctors mentioned that husbands do not accompany their wives during the postnatal care services. One of doctors said that "if husband engaged in private job and he take one day off from their work then he lose one day money from their salary". After the six weeks of childbirth, couple is supposed to visit the hospital for attending the family planning counselling session. For this, most of women do not come to hospital and during that time period, women may conceive another child. It can be the unfriendly behaviour of the hospital's staff members that an entire day is spent on family counselling. Doctor told after childbirth they motivate women to use copper-T and they follow. Discussion on the options of family planning methods does not take place.

Significance of Husband Participation in Maternal Healthcare

All the ASHA workers, doctors and nurses agreed that husbands should participate in maternal healthcare of their wives as they are main decision maker related to wives' health and do have say in the family matters. Husbands' support is essential at all levels for improvement in health condition of their wives.

One of the ANMs even told that if the family support is not there with women, then the husband's participation is required. While another ANM does not feel the relevance of husband participation in maternal healthcare services.

The analysis reveals that almost of all the healthcare professionals want husband should participate in maternal healthcare of their wives. If husband accompany his wife for ANC visits, the doctor does not allow them to enter in the room with the wife. This might make the husband

(male) less motivated to accompany the wife in the next visit or less participation in maternal healthcare. How much health set-ups are open to allow both husband and wife in maternal healthcare in Indian society?

CONCLUSION

Maternal healthcare is one of the sustainable development goals of the country. The present study revealed that health providers (Doctors and ANMs) and ASHA workers recognised husband participation in maternal healthcare. Somehow, the lack of health set-ups or health institutions did not promote the couple-friendly approach during the maternal healthcare services. In India, childbearing and childrearing is always considered to be the women domain. The present study comes up with various suggestions for improving husband participation in maternal healthcare. Firstly, the government needs to develop infrastructure of the health system where it can promote husband participation in maternal healthcare. Healthcare providers' views on husband participation in maternal healthcare need to be highlighted. The government should work at three level of health system, such as primary, secondary and tertiary level. Healthcare providers need to promote that the childbearing is not only the mother's responsibility, but also the responsibility of both the husband and the wife, to ensure healthy mother, children, family and society.

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