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Research Article

A STUDY OF INVOLVEMENT IN MATERNAL HEALTH BY MALE COUNTER-PART IN THE FAMILY IN MUAR DISTRICT

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ABSTRACT

Introduction: Male involvement in maternal health has been promoted as a promising new strategy for improving maternal health. It is important to promote husband participation in the process of antenatal care (ANC), preparations for the delivery and also in postnatal care. The objective of this study is to investigate and assess the level of involvement in maternal health by male counter-part in the family in Muar district.

Methods: A descriptive analysis and community-based cross-sectional study were employed among household targeting married men who had at least one child in Muar district which including eleven towns. The data were collected by giving the questionnaire to the community to explore feelings, understandings, and perceptions of male involvement.

Result: A total of 150 men participated in the survey. The study revealed that about 94% husbands accompanied their spouse to ANC during the most recent pregnancy, 97.3% husbands were provided financial support for ANC and 88.7% of the respondents accompanied their spouse to the place where she gave birth. In addition, 91.3% respondents were involved in decision making of birthplace, 57.3% husbands accompanied their wife into the labour room and 89.3% of the men accompanied their spouse to postnatal care (PNC) during the most recent pregnancy.

Conclusion: Husbands in Muar district have an overall of good involvement in maternal health care. Other than that, their overall knowledge of birth preparedness is good. Majority of the husbands agree that men are supposed to be involved in maternal health services.

Recommendation: Effective awareness campaigns which are promoting male involvement should be organized so that they are aware of their roles and how important are them to get involved in maternal health.

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INTRODUCTION

The World Health Organization (WHO) defines Maternal Mortality as a maternal death during pregnancy or within 42 days of the termination of the pregnancy, from any cause related to or aggravated by the pregnancy or its management.¹ Although Malaysia has shown a significant decline in maternal mortality across the year from the year 1991 to the year 2000, Maternal Mortality Rate remains plateaued and recorded a rate of 27.3 in 2008. Thus, there is still a distance from achieving the target of MDG 5 which is aiming at reducing maternal mortality ratio by three quarters between the year 1990 and 2015 and universal access to reproductive health can be achieved in the year 2015. Furthermore, reducing of maternal mortality will be a challenge due to many indirect causes of maternal death. These causes are more difficult to manage and

they need a lot of support, such as prevention of pregnancies of known high-risk factors.²

Many countries where we are working now are male-dominated culture. There are numerous factors influencing the male involvement in women's reproductive health. They include socio-cultural and socio-demographic factors as well as men's knowledge of and attitude towards maternal health.³ Socio-cultural context has a strong influence on the male involvement in maternal health. Some men show negative attitude from their culture when making all the decision in the home, including those that affect women's reproductive health. Characteristics of men's socio-demographic include age, education level, ethnicity, marital status, income, and religion. These factors can affect many health behavior and outcome

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because it influences and determines the gender roles that hinder husband's involvement in maternal health.⁴

Raising men's awareness is essential. Husband's participation in their wives' antenatal and postnatal care is associated with improved health for mothers. It was found that husband's participation has a positive change in knowledge, gender role and decision making compared to those who do not participate or get involved in their wives' antenatal and postnatal care. Since the year 2001, WHO incorporated husband into reproductive health programs to achieve safe motherhood. The main objective of this study is to investigate and assess the level of involvement in maternal health by male counter-part in the family. Specific objectives are the following:

1. To determine the level of husband involvement in maternal health care in Muar district.
2. To determine the knowledge of husband on birth preparedness in Muar district.
3. To determine the source of information on birth preparedness of male-counterpart

METHODOLOGY

Study area and period

This study was conducted from December 2016 to July 2017 in Muar, Johor state, Malaysia. Muar district covers 1,376 km² with the estimated population achieving 250,000 people. It is located in the southwest of the country, at the mouth of the Muar River. Besides, it consisted a total of eleven towns which are Muar, Pagoh, ParitJawa, Sungai Balang, Bukit Kepong, Bukit Pasir, Panchor, Lenga, Jalan Bakri and Bukit Naning. Muar consists of 2 governmental hospitals as well as numerous primary health centers in which basic maternal health services are provided by local health professionals in order to improve maternal health in Muar.

Study Design and Participants

A descriptive analysis and community-based cross-sectional study were employed among household targeting married men who had at least one child in Muar district which including eleven towns. The data were collected by giving the questionnaire to the community to explore feelings, understandings, and perceptions of male involvement.

Sampling size and sampling technique

Cluster sampling method was used to select one town from eleven towns in Muar district by using random number generator. Muar, Pagoh, ParitJawa, Sungai Balang, Bukit Kepong, Bukit Pasir, Panchor, Lenga, Jalan Bakri and Bukit Naning were numbered as 1, 2, 3, 4, 5, 6, 7, 8, 9 and 10 respectively. By using random number generator, number 1 was chosen, which is Muar town. By using Cluster sampling method, Taman Maharani in Muar town was chosen as our target place for the research. The simple random sampling method was used to select 150 participants. They were identified and approached to represent men counter-part population in Muar district.

Data collection and data analysis

The data collection was carried out using structured pre-test questionnaire. The questionnaire was piloted on 18 men before being administered to the community. There are three different

languages for the questionnaire and it was consulted by different languages teacher to ensure that the questionnaire was suitable for distribution to the public. Consent was obtained and verified by every respondent before they start to answer the questionnaire. We ensure the confidentiality of participants in this study. In the questionnaire, it consists of three parts. Firstly include the socio-demographic profile of respondents. The second part is to determine the level of husband involvement in maternal health care. Second, to determine the knowledge of husband on birth preparedness. Lastly is to determine the factors associated with husband's involvement in maternal care. The pre-test questionnaire was checked for its reliability by entering the data into SPSS analysis. The Cronbach's Alpha for the pre-test has achieved 0.744 and proved its reliability. Besides, Chi-square test was used to analyze the factors associated with husband's involvement in Maternal Care.

Ethical consideration

The study was approved by the Medical Research Ethics Committee (MREC) Asia Metropolitan University (AMU). NMRR (National Malaysia Research Register) registration was carried out. A written informed consent was obtained from individual participants as well.

Independent variables

Socio-demographic characteristics of both the husband and their wife were collected from the respondents. In socio-demographic profile, monthly household income, occupation, and education level were asked. Income was categorized as greater or lesser than RM6,000 based on Malaysia estimate of average monthly household income.

RESULTS

Social-demographic characteristics

Out of 150 husbands with wife, there were 64 (42.7%) with the age of less than 30 and 86 (57.3%) with the age of more than 30. There is three major ethnicities in Malaysia in this study. Malay occupied 80 (53.3%), Chinese occupied 50 (33.3%) and Indian occupied 17 (11.3%). In addition, most of the respondents were married 144 (96%) with 3 (2%) of unmarried and divorce, there were 94 (62.7%) husbands with middle school or lower and 56 (37.3%) of the respondents had attended high school or higher education. Most of the men were worked in private company 69 (46%), 33 (22%) as government workers, 36 (24%) worked as a driver, there were 12 (8%) of the men who had their own business and there was none for unemployed. Regarding monthly household income, majority falls on the range of RM1,501 to RM3,000. 48 (32%) with the least of 2 (1.3%) of income above RM10,000. 149 (99.3%) were monogamous with only 1 (0.7%) was polygamous. Moreover, 136 (90.7%) reported that they were living with their wife, 120 (80%) with more than one child. Regarding wife's social-demographic profile, there were almost half of the women with less than 30 years and more than 30 years old which were 74 (49.3%) and 76(50.7%) respectively. On the other hand, 103(68.7) of the women with an education of middle school or lower, women who attend to high school or higher were 47 (31.3%), 77 (51.3%) were unemployed or as a housewife, however, 73 (48.7%) were employed. Most of the men will make the decision together with their spouse regarding health care in the family 106 (70.7%).

Husband involvement in maternal health

Regarding the husband involvement in maternal health, 141 (94%) of the respondents were accompanied their spouse to antenatal care during the most recent pregnancy, 146 (97.3%) husbands were actually provided financial support to their spouse during each antenatal check-up, 133 (88.7%) of the respondents were told they accompanied their spouse to the place where she gave birth, 137 (91.3%) husband involved in decision making of the birth place, 86 (57.3%) of the respondents were accompanied their wife into labour room, 134 (89.3%) husbands were reported that they accompanied their spouse to postnatal check-up during the most recent pregnancy. In addition, 148 (98.7%) of the men thought that it was necessary to do a postnatal check-up and 137 (91.3%) of the respondents were willing to be involved in maternal health care services. According to the decision making of where the wife should attend antenatal care and also where the wife should be delivered, most of the respondents who made a decision as a couple with the percentage of 99 (66%) and 93 (62%) respectively.

Knowledge of husband on birth preparedness

A total of 150 husbands in this study, 141 (94%) husbands were reported they were arranged or saved money for childbirth, 136 (90.7%) of the respondents were identification of place of birth, 132 (88%) of the husbands prepared clean clothes and other materials for baby and mother, 140 (93.3%) of the respondents were actually saved money for emergencies, 127 (84.7%) were perceived the emergency and its immediate action. In addition, a few 39 (26%) were made blood ready or donated and 141 (94%) were told they knew the date of birth.

Source of information on birth preparedness of husbands

The respondents were assessed for their source of information about birth preparation, of which 40.9% were heard from health care providers, 7.5% from radio/television, 16.5% discussion with people, 29.7% reading printed materials and 5.4% from other sources in their life.

DISCUSSION

Regarding the husband involvement in maternal health, 141 (94%) of the respondents were accompanied their spouse to antenatal care during the most recent pregnancy. This finding is higher as compared with a cross-sectional study in 2012 in Myanmar 82%.⁵ It is also higher compared with the institution based study conducted recently in Harar region 21%, Ethiopia in 2011.⁶ It is higher from the study In Northern Nigeria 13%⁷ and a study conducted in India, the institutional study conducted in 2001 in rural Uganda, 42.90% and 40.7% in Nepal.^{8,9} This high participation could be viewing pregnancy as husband and wife's issue.

One hundred and forty-six (97.3%) husbands were actually provided financial support to their spouse during each antenatal check-up. This finding is much higher as compared with a cross-sectional study in 2014 in Yangon, Myanmar 50.7%.¹⁰ One hundred and thirty-three (88.7%) of the respondents were told they accompanied their spouse to the place where she gave birth. This finding is much higher as compared with a cross-sectional study in 2014 in Yangon, Myanmar 51.6%.¹⁰ One hundred and thirty-seven (91.3%) husbands involved in

decision making for the birthplace of their child. This finding is much higher as compared with a cross-sectional study in 2014 in Yangon, Myanmar 64.8%.¹⁰ Eighty-six (57.3%) of the respondents accompanied their wife into the labor room. 134 (89.3%) husbands were reported that they accompanied their spouse to postnatal check-up during the most recent pregnancy. This finding is much higher as compared with a cross-sectional study in 2014 in Yangon, Myanmar 82.6%.¹⁰

From a total of 150 husbands in this study, 141 (94%) husbands were reported they were arranged or saved money for childbirth. This finding is higher as compared with a cross-sectional study in 2014 in Yangon, Myanmar 81.7%.¹⁰ One hundred and thirty-six (90.7%) respondents identified the place of birth of their child. This finding is higher as compared with a cross-sectional study in 2014 in Yangon, Myanmar 83.6%¹⁰ and a study in 2012 in EndertaWoreda, Tigray region, Ethiopia 62.20%.¹¹ One hundred and thirty-two (88%) of the husbands prepared clean clothes and other materials for baby and mother. This finding is higher as compared with a study in 2012 in EndertaWoreda, Tigray region, Ethiopia 80.10%.¹¹ One hundred and forty (93.3%) respondents saved money for emergencies. This finding is higher as compared with a study in 2012 in EndertaWoreda, Tigray region, Ethiopia 57.20%.¹¹ One hundred and twenty-seven (84.7%) respondents were aware of the emergency and its immediate action on birth preparedness. This finding is much higher as compared with a study in 2012 in EndertaWoreda, Tigray region, Ethiopia 57.20%.¹¹ In addition, only a few respondents 39 (26%), arranged blood donors for their pregnant wife. This finding is still yet higher as compared with a study in 2012 in EndertaWoreda, Tigray region, Ethiopia 17.30%.¹¹ Lastly, One hundred and fourteen (94%) respondents were told they knew the date of birth of their child. This finding is higher as compared with a study in 2012 in EndertaWoreda, Tigray region, Ethiopia 59.0%.¹¹ Additionally, compared to antenatal periods, husband involved lesser during postnatal period in this study by comparing the percentage on accompany wife to ANC with a percentage on accompany wife to PNC. Husbands may perceive that wife and children should be taken care by the female family members in the postnatal period, not by the male family members.

Men who above 30 years old tend to have a higher involvement in maternal health compare to men who below 30 years old. This may due to different maturation level between men below 30 years old and above 30 years old and understanding the important of maternal and child health.¹² Men above 30 years old tend to be more mature compare to men which 30 years old or below. Men who married tend to have a higher involvement in maternal health compare to unmarried and divorced men.¹³ This may due to different responsibility level between married men and unmarried, divorced men as a husband to their wife. Men who married tend to have a higher responsibility as a husband in the family. Men who stay with spouse tend to have a higher involvement in maternal health compare to those who are not staying together with a spouse. This may due to a higher chance of interaction and involvement in their wife's maternal health events.¹⁴ Men who are not staying with their wife may have difficulties in involving themselves in their wife's maternal health events.

Men who make the decision jointly with wife regarding health care in the family were more likely to involve in maternal health care compared to those who make the decision alone, wife making the decision alone, and others who made the decision regarding health care in the family.¹⁵ Men who make the decision jointly with wife regarding health care in the family tend to be more open-minded and willing to involve themselves in family's health problem.¹⁶ Family health is not an individual issue, it involves every member of the family. Hence they are more likely to involve in their wife's maternal events.

CONCLUSION AND RECOMMENDATION

Husbands in Muar district have an overall of good involvement in maternal health care. Other than that, their overall knowledge of birth preparedness is good. Majority of the husbands agree that men are supposed to be involved in maternal health services. Most of them gain their birth preparedness knowledge through health care providers. Marital status of men and the decision maker regarding health care in the family is strongly associated with the male involvement in maternal health in Muar district.

Most of the husbands have good practice and participation in maternal care during pregnancy, labor and delivery period. They have well practice in saving money for maternal health services, identifying birthplace, accompany wife to a health facility and accompanied their spouse into the labor room with the exception that they have poorly practiced in arranging for blood donation in case complications that would happen. There is some evidence that male involvement improves maternal health in developing country. Therefore, men consider as a part of "the solution" rather than "the problem".

Thus, policymakers should work more to promote the male partners participation in maternal health and provide them more knowledge on birth preparedness and the immediate action that should be taken whenever there is a complication. Besides, effective awareness campaigns which are promoting male involvement should be organized so that they are aware of their roles and how important are them to get involved in maternal health. There is also a need for organizers of maternal health programs to develop some innovative approaches that promote male involvement in maternal health at various levels. Programme interventions should be held at publicity such as market in order to reach as many men as possible. In addition to this, multimedia tools such as internet or television can be a very good source of information for the publicity and it is easy to access and available everywhere.

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