KNOWLEDGE AND PARTICIPATION OF MALES IN MNCHN SERVICES RESIDING IN URBAN SLUMS OF JAIPUR, RAJASTHAN

Dissertation
At
Bhoruka Charitable Trust, Jaipur

By
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Under the guidance of
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MBA Hospital & Health Management
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MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

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This is to certify that **Dr Arpit Srivastava** student of MBA Hospital and Health Management from IIHMR University, Jaipur has undergone internship training at **Bhoruka Charitable Trust** from **April 13, 2015** to **May 14, 2015**.

The Candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.

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April 13, 2015 – May 14, 2015

In Witness whereof, *the undersigned have affixed their signatures and the seal of the trust on May 14, 2015*

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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **Knowledge and participation of males in MNCHN services, residing in urban slums of Jaipur, Rajasthan** and submitted by **Dr Arpit Srivastava** Enrollment No. **IIHMR/PGDHM/2013-15/18-1422** under the supervision of **Dr Monika Chaudhary** for award of MBA Hospital and Health Management of the university carried out during the period from **April 13, 2015** to **May 14, 2015** embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

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ACCRONYMS

1.	**ANC**	Ante Natal Care
2.	**ANM**	Auxillary Nurse Midwife
3.	**ASHA**	Accredited Social Health Activists
4.	**AWC**	Anganwadi Centre
5.	**AWW**	Anganwadi Worker
6.	**BCC**	Behaviour Change Communication
7.	**BCT**	Bhoruka Charitable Trust
8.	**Govt.**	Government
9.	**HUP**	Health of Urban Poor
10.	**ICDS**	Integrated Child Development scheme
11.	**ICPD**	International Conference on Population and Development
12.	**IEC**	Information Education and Communication
13.	**IIHMR**	Institute of Health Management Research
14.	**MDG**	Millennium Development Goal
15.	**MNCHN**	Maternal Newborn Child Health Nutrition
16.	**NRHM**	National Rural Health mission
17.	**NUHM**	National Urban Health Mission
18.	**PNC**	Post Natal Care
19.	**RCH**	Reproductive and Child Health
20.	**UHND**	Urban Health and Nutrition Day
21.	**WHO**	World Health Organization

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"Gratitude makes sense of our past, brings peace for today and creates a vision for tomorrow."

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1.1 ABSTRACT

Knowledge and participation of males in MNCHN Services, residing in urban slums of Jaipur, Rajasthan.

Author: Dr Arpit Srivastava.

Maternal Newborn Child health and Nutrition (MNCHN) Services are provided in HUP slums on the platform of Urban Health Nutrition Day UHND with the help of link worker, Urban Accredited Social Health Activist (ASHA), Anganwadi worker and other health staffs who are generally female. Social norms limit their ability to discuss with men on maternal, child health and nutrition. Security concern limits them to tend to emergency. However, the evidence shows that men who are well-informed about their health are more likely to make better health choices for themselves, their partners, and their families than men who lack this knowledge.
Traditionally men have played an important role in the family. They had a final say in most of the family decisions. Male involvement in Maternal, Newborn Child Health and Nutrition (MNCHN) Services has not been given the attention that it deserves. Steps are needed to empower men to make well-informed health decisions and engage them in maternal, newborn and child health and nutrition services. With appropriate support and information most men will seek MNCHN services and proactively participate in informed health decision-making to the benefit of their partners, children and themselves.
The present study was conducted in the urban slums of Jaipur district to understand the knowledge and participation of men in MNCHN services, residing in urban slums of Jaipur. Three HUP slums were chosen from Jawahar Nagar area of Jaipur district, Rajasthan.

More than half of the respondents have heard of the MNCHN services, but respondents lack knowledge about the services and major issues of maternal, newborn, child health and nutrition was low. Awareness activities for MNCHN done in Community are not reaching to male residents. Two-third of the respondents preferred private health facilities for child's birth. Neither government, nor private partners could address the knowledge among male residents for MNCHN. Only one fourth of the women said to have discussed about MNCHN services with men. Participation of less than one fourth of the male respondents among the respondents who have heard of MNCHN suggests of low participation. Interventions are needed to address knowledge and participation of males in MNCHN Services, residing in urban slums of Jaipur.

Keywords: MNCHN: Maternal Newborn Child Health and Nutrition, UHND: Urban Health Nutrition Day, HUP: Health of the Urban Poor, ASHA: Accredited Social Health Activist.

1.2 INTRODUCTION

1.2.1 MNCHN

MNCHN means Maternal, Newborn, Child health and Nutrition.

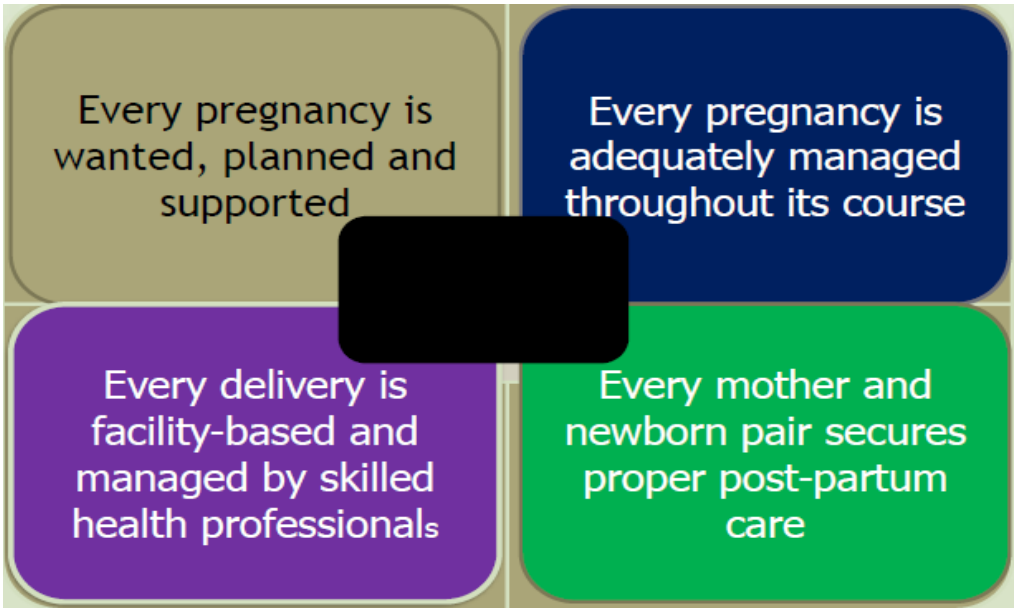
The Maternal Newborn Child Health and Nutrition (MNCHN) Strategy calls for coordinated actions with the end goal of improving women and children's health and consequently effecting a rapid reduction in the maternal, newborn and child mortalities towards attaining MDGs 4 and 5 within the set time frame.

MNCHN is a strategic plan to meet Millennium Development Goal 4 and 5.

- MDG 4- Reduce child mortality
- MDG5- Improve maternal Health and empower women.

Guiding Principles of MNCHN

Figure 1:Guiding Principles of MNCHN

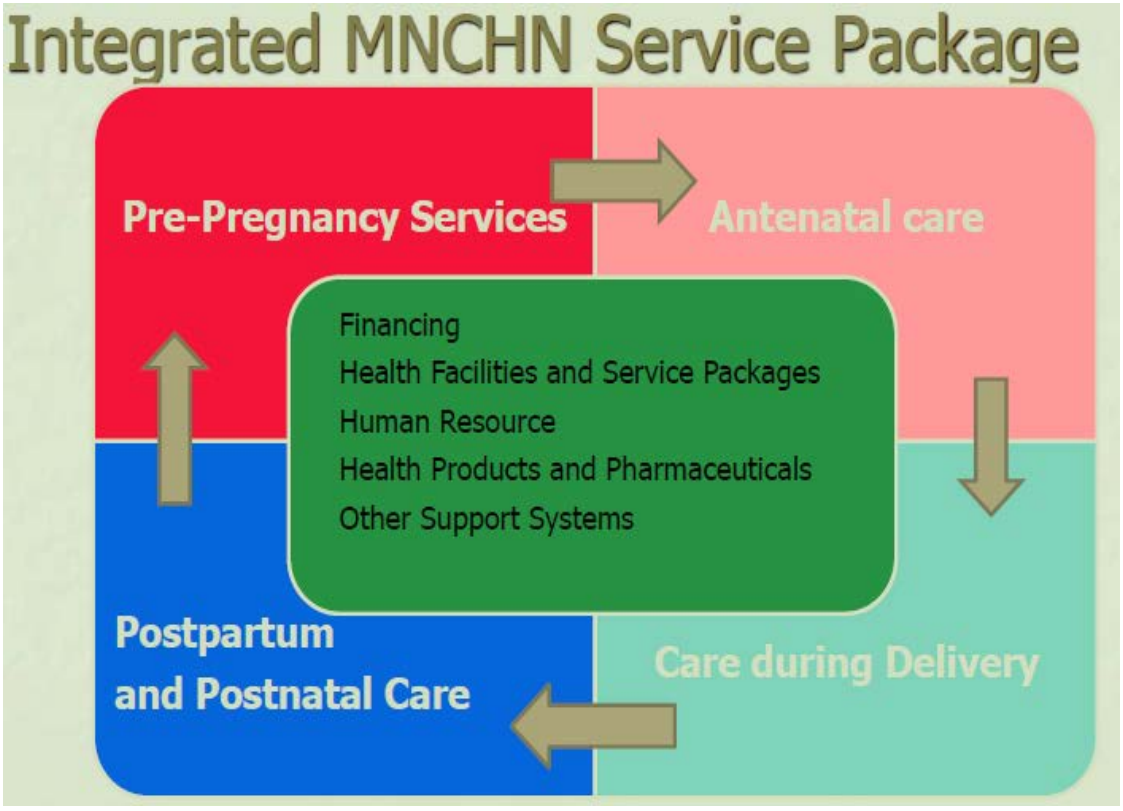


Core Service Package
(Life Cycle Approach)

- Pre-pregnancy package of services
- Complete pre-natal package
- Complete care during delivery
- Immediate postpartum and neonatal
- Emergency maternal and newborn service package

The package of services provided to mothers, newborn and children follows an integrated approach to service delivery that seeks to maximize client visits, avoid missed opportunities, and ensure cost-effectiveness in the delivery of critical interventions.

Figure 2: Integrated MNCHN Service Package



- Pre-pregnancy package
    - Micro-nutrients (Iron with folic acid)
    - Tetanus-toxoid immunization
    - Fertility awareness, birth spacing and Family Planning counselling
    - Nutrition and healthy lifestyle
    - Oral health
    - Counselling and services on STD/HIV/AIDS
    - Management of lifestyle related diseases

- Pre-Natal package
    - Monitoring of height and weight
    - Blood pressure determination and monitoring
    - Pregnancy test, urinalysis, CBC, blood typing, STI screening
    - Pap smear and acetic acid wash, blood sugar determination
    - Micro-nutrient supplementation
    - Tetanus toxoid
    - Malaria prophylaxis
    - Birth planning
    - Counseling on Family Planning methods
    - Counseling on healthy lifestyle
    - Prevention and management of bleeding in early pregnancy
    - Early detection and management of danger signs and complications of pregnancy
    - Assessment of fetal growth and well being

- Prevention and management of other diseases
- Provision of other support services

- Childbirth Service Package
  - Monitoring progress of labor using the pantograph
  - Identification of early signs/symptoms and appropriate management
  - The 3 Cs of childbirth
  - No episiotomy and no fundal pressure
  - Active management of the third stage of labor
  - Essential Newborn Care Package

- Post-partum service package
  - Physical Exam (BP monitoring, pelvic exam)
  - Identification of early signs and symptoms of
  - postpartum complications like hemorrhage,
  - infection and hypertension
  - Micronutrient supplementation
  - Provision of FP services
  - Counseling on
    - Nutrition
    - Exclusive breastfeeding up to six months
    - neonatal care

- Neonatal Care (within 24 hours postpartum routine care)
    - Cord care
    - Vitamin K injection
    - Eye prophylaxis
    - Delayed bathing to 6 hours of life
    - BCG and Hepatitis B Immunization
    - Newborn screening
    - Birth registration
    - Counseling on post-partum/post-natal check-up, home care and immunization.

Under Reproductive and Child Health –II (RCH-II) program and National Rural Health Mission (NRHM), Anganwadi Centre (AWC) has been identified as a hub for service provision and also as a platform for promoting inter-sectoral convergence.

In urban areas, no such mechanism is available because of some inherent problems like inadequacy of Anganwadi centres, human resource issues, lack of convergence among different departments, ever increasing population etc. Keeping this in mind, Health of the Urban Poor (HUP) Program introduced Urban Health and Nutrition Day (UHND), in the urban areas. Urban Health and Nutrition Day guidelines, prepared under Health of Urban Poor program included MNCHN services under its service package. The MNCHN services are provided by involvement of departments of ICDS.

The key overarching strategies under National Urban Health Mission (NUHM) for 2014-15 includes data based planning, strengthening of management and monitoring systems at the state and district level, improving the primary health care delivery system and

community outreach through ASHAs, MAS and Urban Health and Nutrition Days(UHNDs).

MNCHN Key Interventions in urban slums:

The risks to maternal and newborn health can be addressed through key interventions tailored to the various stages of the life cycle from pre-pregnancy, antepartum, intrapartum, postpartum, neonatal and post-neonatal. The effective implementation of these interventions is expected to reduce the burden of maternal and neonatal deaths, especially among the underserved population of urban slums.

UHND serves as a common platform to deliver maternal, child health and nutrition services to the urban poor population with the help of Urban ASHA, Auxillary nurse midwife (ANM), the Anganwadi worker and HUP frontline worker and Mahila Arogya Samiti Members. It helps in delivering the services at the doorstep of the un-served or underserved urban population thereby, leading to improvement in the health status of urban poor.

1.3 REVIEW OF LITERATURE

At the 1994 International Conference on Population and Development (ICPD), held in Cairo, representatives from more than 180 countries formally recognized the importance of men to women's reproductive health and also recognized the importance of men's own reproductive health.

The ICPD Programme of Action urges all countries to provide men, as well as women, with reproductive health care that is "accessible, affordable, acceptable and convenient." It also draws attention to the unfairness inherent in many men's and women's gender roles, calling for men to take more responsibility for household work and child-rearing.

The 1995 United Nations Fourth World Conference on Women, held in Beijing, encourages men to take steps toward achieving gender equality and better reproductive health.

Changing and improving the way men are involved in reproductive health problems can also have positive impact on women's, men's and children's health. Evidence also shows that men can prevent unintended pregnancies, foster safe motherhood and practice responsible fatherhood.

WHO-Promundo research confirmed that a "Gender Transformative" approach that transforms gender norms is more likely to change health behavior.

A UNFPA literature review of men's roles in gender equality described two strategies that such gender transformative programmes could use to increase male involvement in RMNCH:

- Engaging men as partners in reproductive health

- Engaging men as agents of change in RMNCH

Observational studies have shown that educating men about the importance of family health care enhances communication between men and their female partners about topics such as the health of pregnant mothers and child immunizations.

A landmark WHO 2007 report, Engaging Men and Boys in Changing Gender-Based Inequity in Health found that there has been a general move from single-focus or single-issue interventions and that multi-theme programs seem to show the highest rates and levels of effectiveness. Further, the evidence reviewed suggests that integrated programs, particularly those that combine community outreach, mobilization and mass-media campaigns with group education, are the most effective in changing behavior.

1.4 RATIONALE OF THE STUDY

Urban settings allow greater possibilities for gender equality and the opportunity to break out of the cycle of oppression by improving urban resident's, access to health. Health of Urban Poor Program started in 2009 in the slums of Jaipur. HUP program included MNCHN services in its service package. MNCHN services has been catered in the HUP slums of the Jaipur to the throughout these years. Link workers of HUP program, community-based Accredited Social Health Activists (ASHA) in urban slums of Jaipur, Rajasthan, are mostly women and often have difficulty in communicating with men about reproductive and sexual health issues. Social norms also limit their ability to talk with men on these matters. However, as heads of households, men often decide if a mother or child can seek health care but have limited knowledge about the importance of maternal and child health services.

In addition, security concerns limit the ASHA's ability to tend to emergencies at night and their heavy workload poses limits to the coverage of MNCHN interventions in slums of Jaipur.

Attempts have been taken to engage men in MNCHN services.

NUHM reports and documents, have now focused to empower and engage men in reproductive health services.

Hence, this study was conducted to assess the knowledge and participation of males in MNCHN services which would provide information to understand the extent of male knowledge and their participatory practices with respect to MNCHN services. The information may provide clues for improving the male participation, which in turn may help in bringing down the IMR and MMR.

1.5 RESEARCH QUESTION

What is the knowledge and participation of males in MNCHN services, residing in urban slums of Jaipur.

1.6 OBJECTIVES

- To understand the knowledge of males residing in urban slums, regarding MNCHN services.
- To understand the participation of males, from urban slums, in MNCHN Services.

1.7 RESEARCH METHODOLOGY

1.7.1 Study Design

Descriptive

1.7.2 Study Location

HUP slums of Jawahar Nagar, in Jaipur, Rajasthan are:

- Teela no.1
- Teela no. 3
- Teela No. 4
- Teela No.6
- Azad nagar

Among all the HUP slums listed above, following three slums were chose for the study purpose.

- Teela No.1
- Teela No.3
- Teela No.4

Three areas from Jawahar Nagar Slum were chosen, due to convenient accessibility and lack of funds

1.7.3 Sampling

Sampling: Purposive Sampling.

Sample Size-

Table 1. Calculation of sample size

Population of Teela NO. 1	**3980**
Population of Teela NO. 3	**4548**
Population of Teela NO. 4	**2176**
Total Population of 3 Slums	**10704**
CBR of Jaipur (AHS 2012-13)	**23.7**
Calculating for total population	**253.6848**
Calculating for 3 years	**761.0544**
15% of the result	**114.15816**
Sample Size	**120**

120 Questionnaires have been filled from Respondents of Teela no.1, Teela no.3 and Teela no.4.

1.7.4 Methods and instrumentation of data gathering

Structured questionnaire has been used as a data collection tool.

All the respondents were briefed about the nature of study, its purpose and the procedure of completing the questionnaire.

120 respondents were interviewed through a structured questionnaire. Only eligible respondents were selected.

1.7.5 Study subjects

1.) Married males residing in urban slums, whose wife is either currently pregnant or wife has delivered within 2 years i.e. from January 2013 till date.

2.) Wives of above mentioned Males.

INCLUSION: All the men whose wife is currently pregnant or has delivered from January 2013 till date were included.

All the men residing with their wife were only included.

EXCLUSION: Man whose wife was not available during the study time was excluded.

1.7.6 Analysis

Data collected was cross checked for any incomplete or partial filling. Using SPSS Version 16.0, collected data was edited, coded, tabulated and organized into various frequency distributions.

1.8 ETHICAL CONSIDERATION

Informed consent was taken from the respondents before starting the interview. If anyone disagreed to become part of the data collection process, they were not forced by any means.

Confidentiality was ensured to all participants during the time of study.

1.9 RESULTS

1.9.1 Background Characteristics of Male respondents

90 percent of the respondents are in the age group of 15 -29 years and have completed primary education. About 93 percent of the respondents are hindu by religion and their major occupation is daily wage labourer.

1.9.2 Findings from male respondents

1.) Respondents ever heard of MNCHN Services. (n=120)

Table 2: Men ever heard of MNCHN Services (n=120)

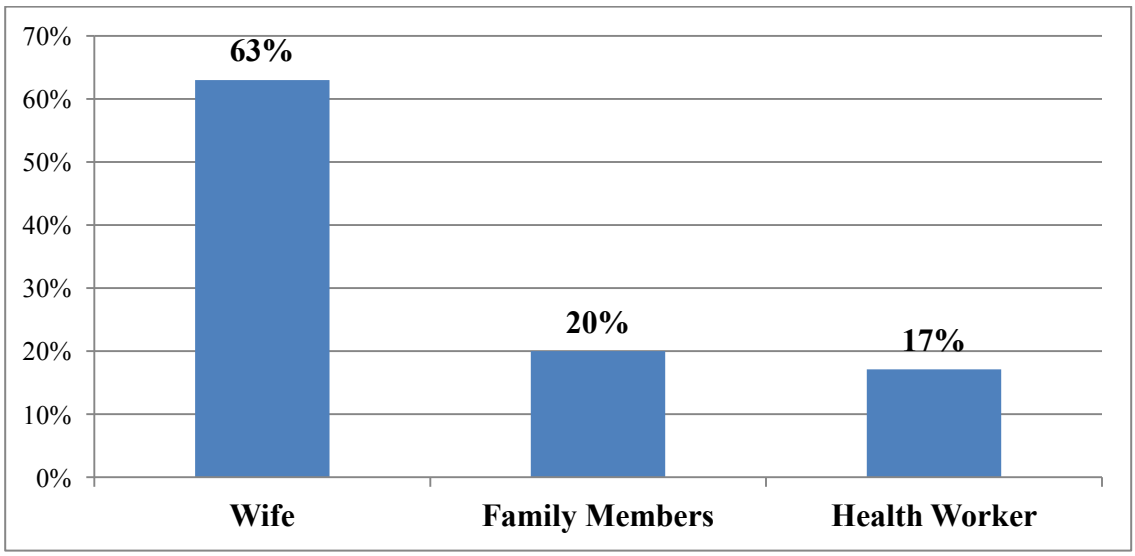
Response	Percentage of respondents
Heard of MNCHN Services	58.3
Never heard of MNCHN Services	41.7

The table above shows that 58 percent of the respondents have heard of MNCHN services. 42 per cent of the respondents have never heard of MNCHN services.

Probing these 58 percent of the respondents, who have heard of MNCHN services

a.) Respondent's initial source of information on MNCHN services. (n=70)

Figure 3: Graph showing initial source of information. (n=70)



For all those who have heard of MNCHN services, wife is the initial source of information for 63 percent of the respondents. Sources of initial information regarding MNCHN for men, remains less.

b.) Respondent's interaction with any MNCHN awareness activities in last few months. (n=70)

Table 3:Interaction with any MNCHN activity .(n=70)

Response	Percentage of respondents (n=70)
Seen any Road plays /puppet show/Skits about MNCHN	None
Seen any Wall painting or Hoarding related to MNCHN	None
Discussed MNCHN with Health worker or Health professional in last few months	14

Data showed that, among all the respondents who have ever heard of MNCHN services none of the respondents had either seen any road plays, puppet shows or skit regarding MNCHN services or had seen anything about MNCHN on a wall painting or hoardings.

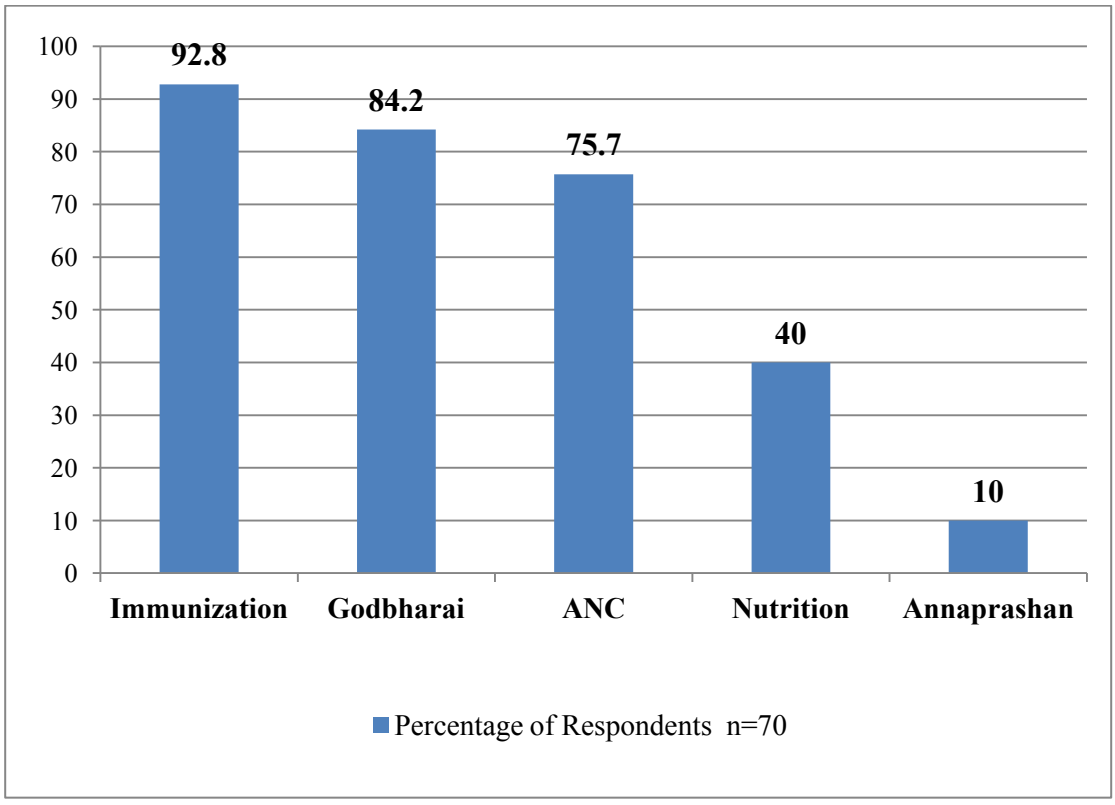
Among all the respondents who have ever heard of MNCHN, only 14 per cent of the respondents have discussed about MNCHN services with a health worker or health professional.

c.) Respondents who know about various services that are rendered under MNCHN.

Among all the respondents who have ever heard about MNCHN services, 93 percent of the respondent had knowledge about child's immunization. 84 percent and 76 percent of respondent know about Godbharai and ANC respectively. Less percentage of respondents had knowledge about Nutrition and Annaprashan. Knowledge about other services rendered in MNCHN remains low. Efforts needed to be done in promoting other services.

The figure below shows the knowledge of various services rendered in MNCHN, among the respondents.

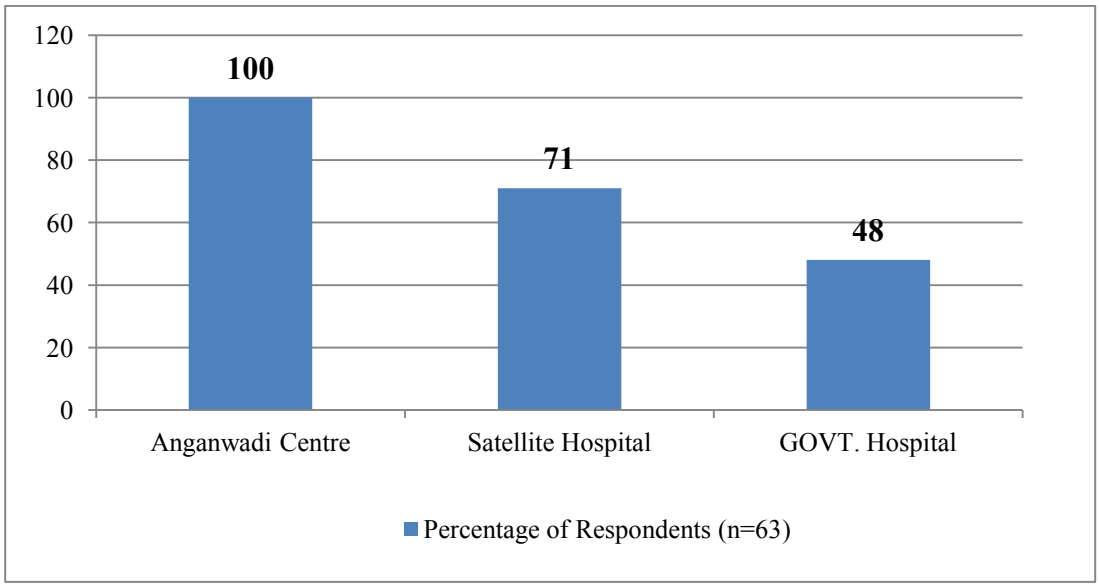
Figure 4: Graph showing knowledge of rendered MNCHN Services (n=70)



d.) Respondent knowledge of places to avail MNCHN Services. (n=70)

Data says that 63 respondents out of 70 respondents, i.e 90 percent of the respondents, know of places to avail MNCHN Services.

Figure 5: Knowledge of Recognized place to avail MNCHN services. (n=63)



During further analysis, 100 percent of the respondents recognize anganwadi centres as a place to avail MNCHN services, 71 percent and 48 percent of the respondents also recognize D Health Post/satellite hospital and government hospitals to avail the MNCHN services. Among all the respondents who have ever heard of MNCHN services, didn't recognize any private health facility or any other centres as a place to avail MNCHN services. Lack of knowledge regarding other centres rendering MNCHN services persist among the men.

e.) Respondents attended any MNCHN Service (n=70)

Table 4: Participation of respondents in any of the MNCHN services (n=70)

Response	Percentage of respondents
Ever attended any MNCHN services	24
Never attended any MNCHN Services	76

Data shows only 24 percent of the respondents have attended any MNCHN services, among which 70 per cent of the respondent had attended child's immunization and 35 per cent of the respondent had attended ante natal care services. No participation of the respondent in godbharai, post natal care, annaprashan, nutrition and other MNCHN services have been recorded.

Table 5:Participation of respondents in specific MNCHN Services (n=17)

MNCHN Services	Percentage of Respondents
ANC	35
Immunization	70
PNC	None
Godbharai	None
Annaprashan	None

Among all the respondents who have ever heard of MNCHN, only 24 percent of the respondent participated in any of the MNCHN services and Remaining 76 percent didn't participate in any of the MNCHN services.

f.) Reasons for preference of respondent for participating in MNCHN Services. (n=17)

Twenty four per cent of the respondents who have participated in any of the MNCHN services considered that their involvement in such services will be beneficial to both mother and child.

g.) Reasons of respondents for not participating in MNCHN services.(n=53)

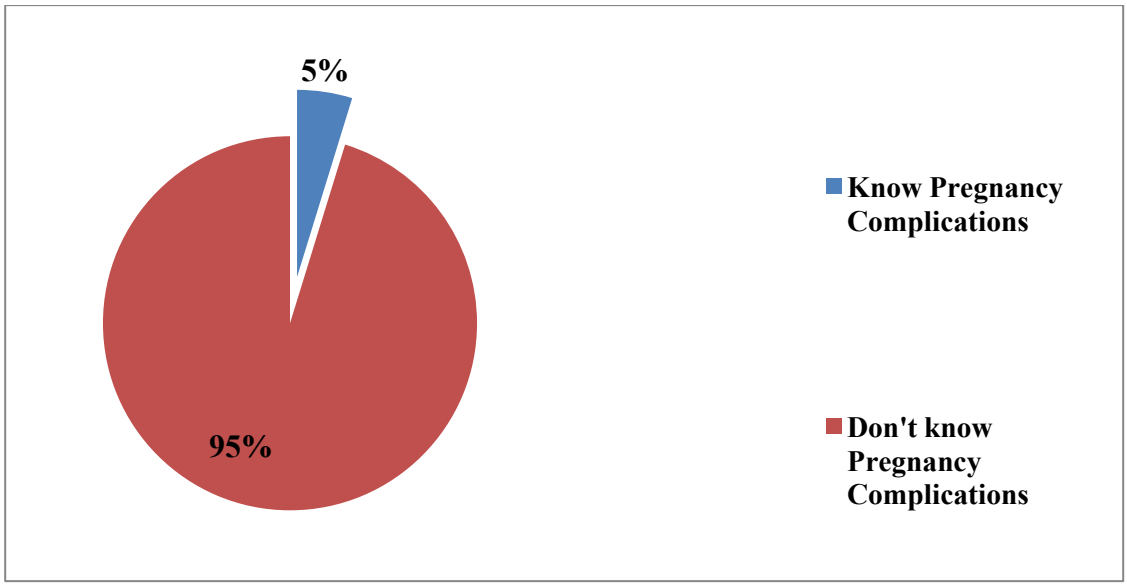
75 per cent of the respondents, who never attended any of the MNCHN services were asked for the reasons of not participating in MNCHN services. Most of the respondents did not think their participation to be necessary in MNCHN services. They considered, that these services are meant for mother and child about which women are better informed.

2.) Respondents who know of ANC or PNC (n=120)

Data shows that 61 per cent of respondents know of Ante natal checkup or post natal check up.

3.) Respondents who know of any complications during Pregnancy. (n=120)

Figure 6: Knowledge of Complications during Pregnancy. (n=120)



The above figure shows that only five per cent of the respondents know about complications in pregnancy. These five percent of respondents only recognized vaginal bleeding as the complication during pregnancy. They didn't know anything about other complications during pregnancy such as convulsions, prolonged labour, severe abdominal pain and high blood pressure. 95 percent of the respondents lack knowledge regarding complications during pregnancy.

Table 6:Knowledge of Respondents about specific complications during Pregnancy. (n=6)

Response	Percentage of Respondents (n=6)
Vaginal Bleeding	5
Convulsions	None
Prolonged labour	None
Severe abdominal pain	None
High Blood Pressure	None

4.) Interaction of health worker with respondent, at any time when respondent's wife was pregnant.(n=120)

Only eleven per cent of the respondents say that health worker interacted with them, during the time of pregnancy of respondent's wife. These eleven percent of the respondents were never told about importance of ANC and PNC, importance of institutional delivery,importance of mother nutrition during her pregnancy and family planning, 89 percent of the respondent remains unattended by Health provider or health worker, during the time of their wife's pregnancy.

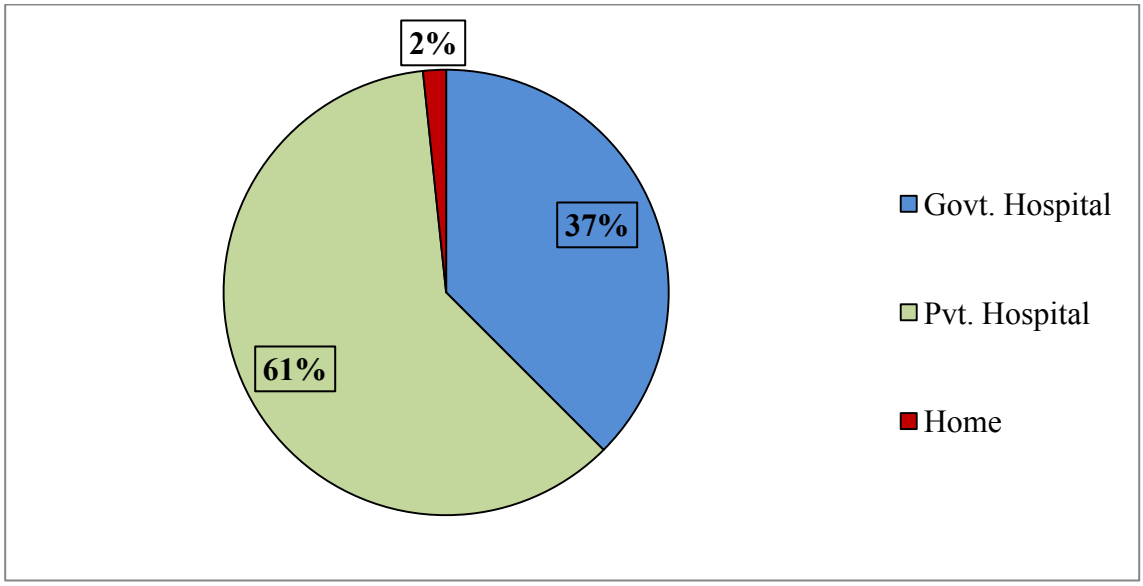
Table 7:Percentage of respondents counseled on maternal care.

Counseling by any Health provider or health worker on Importance of	Percentage of Respondents Counseled (n=13)
ANC or PNC	None
Delivering baby in hospital or health facility	None
Nutrition for mother during pregnancy	None
Family Planning or delaying your next child	None

Health provider and health worker of the concerned area interact less with male partners, even during the time of pregnancy. Lack of knowledge regarding maternal and child care persists among the respondents.

5.) Place for birth of Respondent's Child.(n=120)

Figure 7: Percentage of Children Born in different facilities (n=120)



Data shows that 61 percent of the respondent's child were born in private hospitals, 37 percent of respondent's child were born in government hospitals. Only two percent of the respondent's wife delivered the child at home . The delivery was assisted by a local trained birth attendant.

6.) Knowledge of respondent regarding Newborn and Child care. (n=120)

Analysis of the data shows that 92 per cent of respondents have been communicated by someone on the importance of immunization of child. Significant knowledge about getting the child immunized exists among the respondents. None of the respondent, during the time of their wife's pregnancy was communicated by anyone about Cord care, need for mother to breastfeed the baby and keep the baby warm immediately after the child's birth. Information regarding above issues are important for the child's health and need to be given through adequate strategies among the respondents.

Table 8:Counseling on Importance of New Born and Child care.

Counseling on Importance of	Percentage of Respondents Counseled (n=120)
Immunization of the Child	92
Cord Care	None
Need for mother to breast feed the baby immediately after delivery	None
Need to keep the baby warm immediately after birth	None

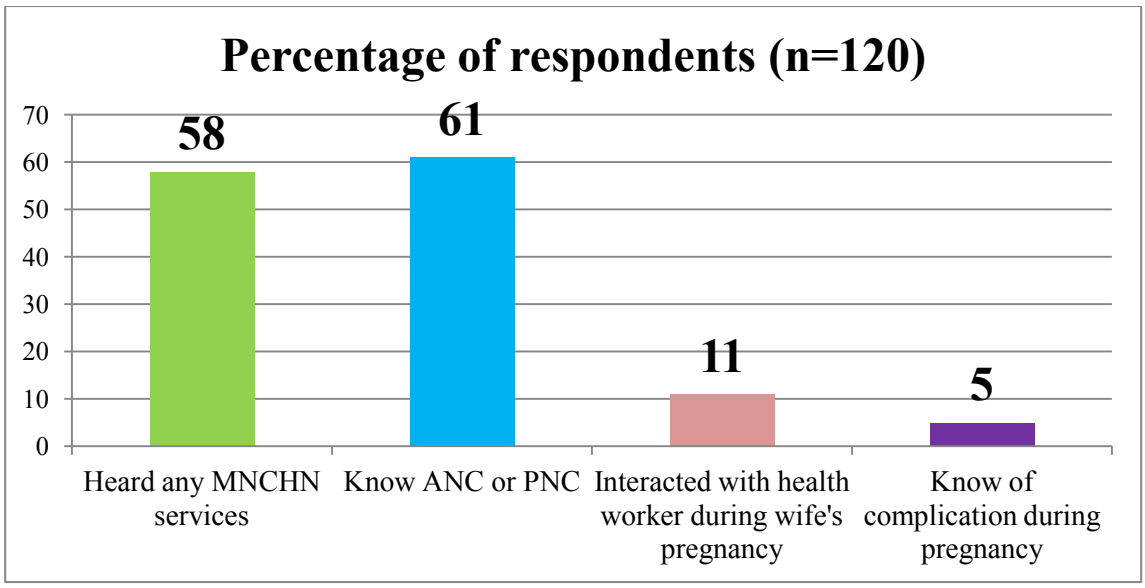
57 percent of the respondents said that they know about how much fluid should be given to a child, when the child has diarrhea. 43 per cent of the respondent didn't know about how much fluid should be given to a child during diarrhea. Remaining 57 percent of the respondents were not very sure on the issue of fluid administration in the child. Review of the response indicates towards a condition of Chaos prevailing for the diarrhea management among the respondents.

Table 9:Administration of fluid in children during Diarrhea

Response of fluid administration in children during diarrhea	Percentage of Respondents(n=120)
More than usual	9.16
Same amount as usual	30.8
Less than usual	16.6
Don't know	43.3

Few responses of respondents have been summarized below in the graph.

Figure 8:Graph showing responses of respondents. (n=120)



1.9.3 Background characteristics of Female respondent-

88 percent of respondents are in the age group of 19 -25 years and are housewives.

About 24 percent of the respondents are illiterate and remaining 76 percent have completed their primary education.

1.9.4 Findings from women respondent

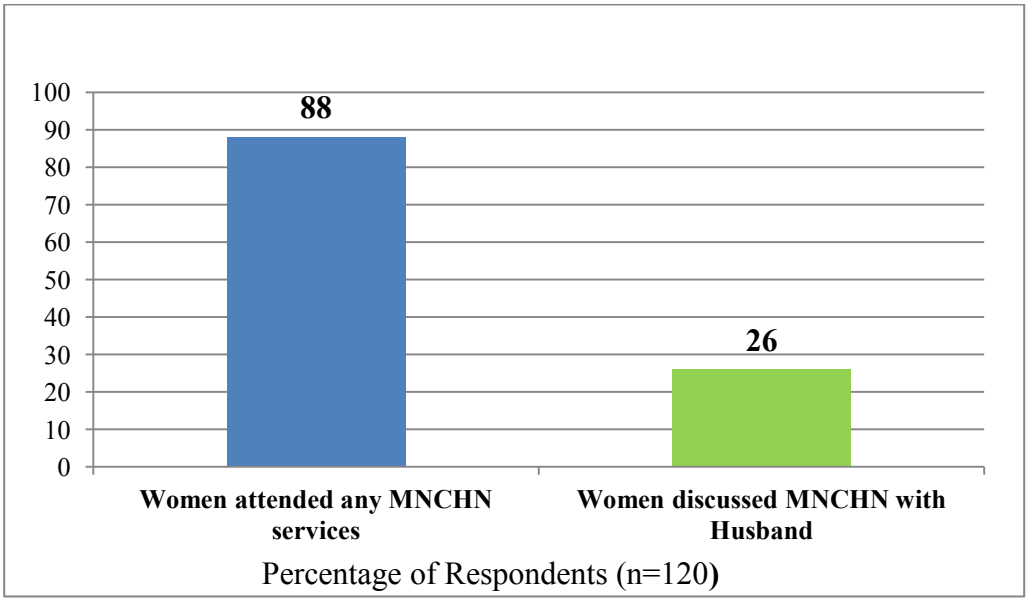
1.) **Participation of females in any of the MNCHN services. (n=120)**

88 per cent of the female respondents have participated in any of the MNCHN services.

2.) Respondent's who discussed about MNCHN services with their husband. (n=120)

26 per cent of the female respondents said that they have discussed about any of the MNCHN activity with their husbands. Some barrier appears among the couples that limits female respondents in discussions with their husbands.

Figure 9: Graph showing Percentage of women discuss MNCHN with husband.



3.) Participation in antenatal check- up. (n=120)

a.) Participation of Respondent.(n=120)

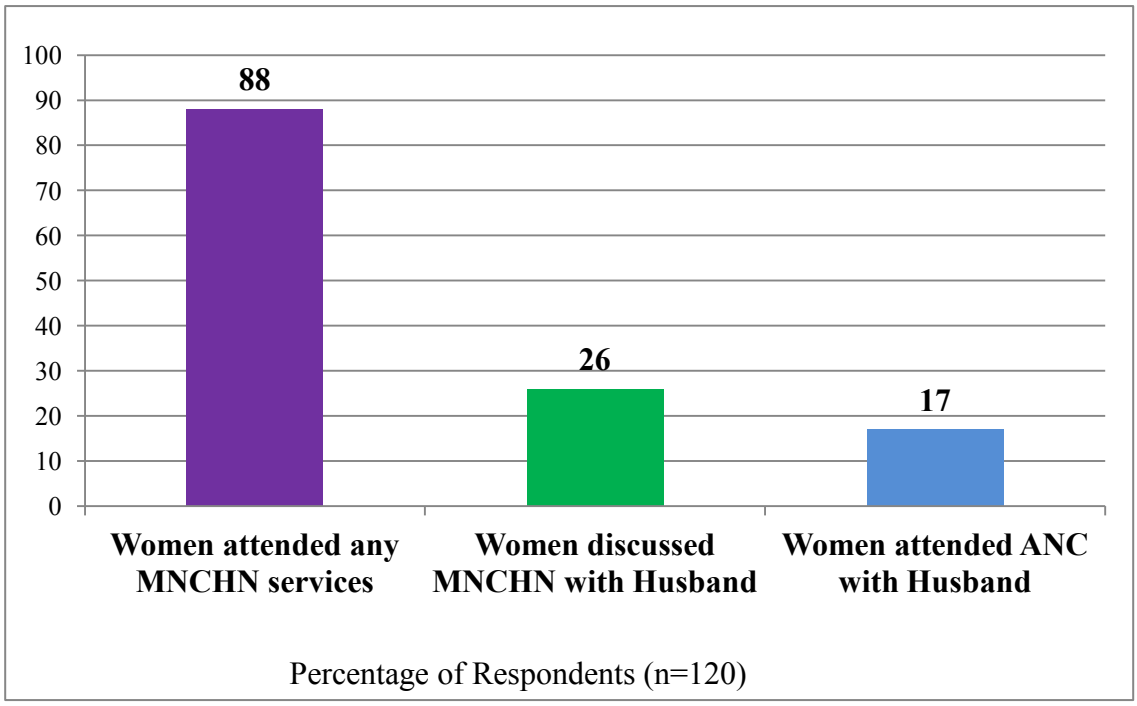
91 percent of the female respondent went for ante natal checkup.

b.) Participation of Husband of the Respondent.(n=109)

19 percent of the female respondents were accompanied by their husbands, while they went for ante natal check up. Quite less percent of husbands participated in ante natal care services.

17 percent of men participated in ANC along with their wife. (n=120)

Figure 10: Participation of men and women in MNCHN services



4.) **Respondent's opinion and reasons, regarding participation of their husband in MNCHN services.** (n=120)

Analysis of data reveals that 70 per cent of the women think that men should be involved in MNCHN services.

Reason for Yes:

Respondents believe that men can respond in a better way during emergency situations. Involving men in such activities will allow the men's to understand and share the possible responsibilities during the pregnancy and child care. It will be beneficial for both mother and child.

Reason for No:

Further analysis shows that remaining thirty percent of the women respondents consider that, men should not be involved in MNCHN services. They consider men as the bread winner of the family, having no time to get involved in MNCHN activities. Respondents believe that men need to earn money.

2.0 DISCUSSION

Having community awareness and participation is of utmost importance for any ongoing program. Gender transformative approach that confronts and transform gender norms is more likely to change health seeking behavior in the community. Men's role in MNCHN can be reinforced via gender transformative programming includes helping pregnant woman stay healthy and deliver their babies safely and engaging men in responsible fatherhood and care giving of children.

The objective of the study was to understand the knowledge and participation of males, residing in urban slums, regarding MNCHN services. The study was conducted in three HUP slums of Jawahar Nagar, in Jaipur district of Rajasthan.

In the study 120 male respondents along with their wife were interviewed. The men were asked about their knowledge and participation in MNCHN Services. A structured questionnaire was used to gather the quantitative data.

The study showed 90 per cent of the respondents were in the age group of 15 -29 years and have completed primary education. Majority of the respondents were daily wage worker and completed their primary education. 88 percent of female respondents were in the age group of 19 -25 years and were housewives.24 percent of the respondents were illiterate and remaining completed their primary education. Males are the bread winners in the family.

More than half of the male respondents have ever heard of MNCHN services, among which nearly two third (63 percent) of the respondents recognized their wife as their initial source of information and remaining of the respondents recognized their family members or health workers as their initial source of information. Various awareness activities done

for MNCHN services in the slum areas, such as any road plays, skits, puppet shows, wall paintings, hoardings etc. were not recalled by any of the respondents. It suggests the demand for various awareness creating activities in the slum area. It is possible that ongoing awareness activities in the slum, if any, had a mismatch of time. Activities should be designed along with tailored messages, considering the proper time to maximize its coverage.

Among (58 percent) the male respondents who have ever heard of MNCHN services, majority of the respondents (93 percent, 84 percent and 76 percent) had knowledge about child's immunization, Godbharai and ante natal care respectively. Low knowledge regarding rendered services suggests for IEC and BCC activities focusing the services and its beneficiary. Government must design and implement strategies to spread the awareness on all components of MNCHN in the slums

All the respondents who have ever heard about MNCHN services recognized Anganwadi centres as the place to avail MNCHN service. Respondents also recognized D Health Post/ satellite Hospital and Government hospitals as a place to avail MNCHN services. Anganwadi centre was recognized by all the respondents, but none of the respondents recognized any private health facilities as a place to avail MNCHN Services. Lack of knowledge persisted regarding places to avail MNCHN services. This may be a reason why most of the health facilities remain less accessed. Private health facilities get a scope to come up with their outreach services or other strategies to cater the population for MNCHN services.

Among the respondents (58 percent) who have heard of MNCHN services only one fourth (24percent) of the respondents participated in any of the MNCHN services. Out of these

one fourth of the respondents, more than two third (70 percent) of the respondents participated in Child's Immunization and one third of the respondents participated in ante natal care services. Among 91 percent of the wives who went for any of the ante natal check-up, less than one fourth (19 percent) of them were accompanied by their husbands to the ante natal check up.

The respondents who participated in MNCHN services considered their participation to be beneficial for mother and child health. They considered such activities help them to save money. Few respondents also considered it as their right to avail the services that is meant for them. Some of the respondents had an opinion that, they had to spend huge money, if they go for the same services in any private institutions. Few respondents were attracted towards the incentives in the services. Respondents also attended the service because it is free. No participation in any of the other services of MNCHN was recorded.

The respondents who didn't participated in MNCHN services didn't considered their participation necessary and believed that these services are meant for mother and child, about which mothers are better informed. Respondents also said that they have to go for their job and earn money. They didn't get time for participating in these activities. Lack of trust and lack of quality services were also the reason for non participation in MNCHN services. Therefore participations of respondent in MNCHN services remained low. Less participation of the respondents in MNCHN services suggests that government should increase the outreach of the services. Government should re frame the time schedules as per the convenience of men to enhance the participation.

More than half (61 percent) of the respondent have heard about ante natal care. Only five percent of the respondent had knowledge about complications during pregnancy and

recognized vaginal Bleeding as the only complication. Knowledge regarding complications during pregnancy was very low.

Near about two third (61percent) of the respondents went for their child's birth in Private hospital and a bit more than one third of the respondent went to government hospital for their child's birth. In spite of having government institutions catering free services to the respondents, two third of the respondents went to private hospital for delivery and two percent of the respondents got their child delivered at home. Home delivery was assisted by a local dai of the area. Lack of trust in government facilities may be a reason for less delivery in government institutions. We had already seen that Anganwadi centre is well recognized as a place to avail MNCHN services among the respondents who know about MNCHN services. Less participation suggests that government should establish a quality control cell to maintain the quality of services and a community based monitoring system to ensure the sustainability of quality in the services.

Even though having good number of institutional delivery, only 11 percent of the male respondents said that any of the health worker or health provider of that area interacted with respondent during the time respondent's wife pregnancy. They didn't have much information regarding maternal, newborn and child care and nutrition. Lack of knowledge in the male partners may hamper in proper decision making for the family. The situation may worsen at the time of emergency. Urban ASHA may find it difficult to communicate with the men, added to it Security concern of the urban ASHA may restrict her in attending the emergency situation at night. A group of men may be formed at community levels. The group of men may aid to reinforce the role of males in the community, that may include shared responsibility during pregnancy, helping pregnant women stay healthy and deliver their babies safely, engaging in responsible fatherhood and care giving of children. The

group may mobilize the community and empower the community to meet the emergency situations. The group may aid in transforming the gender roles and act as a channel to communicate with men of the community.

Eighty eight percent of women have attended any of the MNCHN services. 26 percent of the women discussed about MNCHN with their partners. Seventeen percent of the women said that their male partners accompanied them during their ante natal check up. Thirty percent of the female respondents considered that, men should not be involved in MNCHN services. They consider men as the bread winner of the family, having no time to get involved in MNCHN activities. Respondents believe that men need to earn money.

More than two third of the female respondent considered that male should be involved in MNCHN services. Female respondents believe that men can respond in a better way during emergency situations. Involving men in such activities will allow the men to understand and share the possible responsibilities during the pregnancy and child care. It will be beneficial for both mother and child.

2.1 CONCLUSION:

The study aimed to understand the knowledge and participation of men in MNCHN services. It is evident from the results and the discussion that more than half of the male respondents have heard about MNCHN. Still many of the services rendered in MNCHN are not known to the Male respondents. Various awareness activities done for the MNCHN didn't have much impact among the males of urban slums. Government needs to re-design IEC campaign and customize it for male respondents to make them aware about the services. Adequate strategies such as mass campaign, communication, media etc should be incorporated to promote the awareness of MNCHN among the males. Results showed that more than half of the respondents who have heard about MNCHN services, recognized government institutions such as Anganwadi ,D Health post/ satellite hospital, Government hospitals as the place to get MNCHN services. Study also showed that near about two third (61 percent) of the respondents went for their child's birth in private hospital. Strengthening of the MNCHN services and facilities needs to be done. As nearly two third of the population preferred Private Hospital for their child's birth, private hospitals and facilities can be encouraged to provide quality care services in urban slum area. Public Private Partnership model could be incorporated.

Among the respondents who have heard of MNCHN services only one fourth of them participated in any of the MNCHN services. Study showed that these respondents considered their participation to be beneficial for both, the mother and the child. Respondents believed that such activities cuts down the out of pocket expenditure and saves money. Few respondents believed to loose major share of their earning if they go to private hospitals. 76 percent of the respondents among those, who have heard of MNCHN services, did not attend the services. These respondents did not think their participation to

be necessary. Respondents also said that they did not have time as they have to go for their job and earn money. Lack of trust and quality services were also the reason for their non participation. Less participation of the respondents in MNCHN services needs to be addressed. Government should focus on there services, a quality control cell needs to be established along with a system of community based monitoring.

Although a good percentage of institutional delivery have been recorded, but only eleven percent of the male respondents said that any of the health worker or health provider of the area interacted with the male respondents during the time of respondent's wife pregnancy, but they were never told about importance of ANC and PNC, importance of institutional delivery, importance of mother nutrition during her pregnancy. None of the respondents, during the time of their wife's pregnancy were communicated about Cord care, need for mother to breastfeed the baby and keep the baby warm immediately after the child's birth Five percent of the respondents knew about any complications during pregnancy and they recognized bleeding as the only complication in pregnancy. They did not know of other complications.

One fourth of the female respondents discussed about MNCHN activities with their husband. Only seventeen percent of men accompanied their wife during ante natal care. Thirty percent of the female respondents considered that, men should not be involved in MNCHN services. They said men to be the bread winner of the family, having no time to get involved in MNCHN activities. Respondents believe that man needs to earn money. More than two third of the female respondent said that male should be involved in MNCHN services. Female respondents believe that men can respond in a better way during emergency situations. Involving men in such activities will allow the men to

understand and share the possible responsibilities during the pregnancy and child care. They said male involvement will be beneficial for both mother and child.

Male respondents did not have much knowledge regarding maternal, newborn, child health care and nutrition. This lack of knowledge in male respondent may hamper them in taking proper decision for family and limit their participation in MNCHN. Situation may worsen during the emergency. Social norms may restrict the interaction of health worker, urban ASHA or health provider, ANM with male respondents. Security concern may restrict her to attend night emergency. Formation of small men's group at community level may aid in reinforcing the role of males in the community. These groups may act as a channel to empower the men of urban slums and mobilize the men community of urban slums. With appropriate support and information most men proactively participate in maternal, newborn, child health decision making to benefit their partners, children and themselves.

2.2 RECOMMENDATIONS:

1. Re designing of the IEC and BCC campaign to increase the awareness about MNCHN among men of urban slums.
2. Strengthening of existing system for MNCHN services and establishment of a quality control cell and community based monitoring of the services.
3. Formation of small groups of men in the slum area to mobilize the community. These groups will act as a channel to empower men with the information and engage them in MNCHN services.
4. Government should encourage private partners to provide outreach services of MNCHN, in the slum area.

2.3 LIMITATION OF THE STUDY:

This Study is done in just 3 HUP slums located in Jawahar nagar area, of Jaipur district, Rajasthan. The sample collected is small. Hence, the study can not be generalized over a large population.

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ANNEXURES

Annexure 1: Informed Consent

Involvement of Men in MNCHN

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QUESTIONNAIRE FOR MAN AND WOMAN RESIDING IN URBAN SLUMS

Informed Consent

I would like to thank you for taking the time to meet me . My name is Dr Arpit Srivastava. I would like to talk to you about your maternal, newborn, child health and nutrition services. There is no benefit for you as a part of this research. The interview will take about 8 to 10 minutes. The responses will be kept confidential .Remember you don't have to talk about anything that you don't want to and you can end the interview at any time

Do you have any questions about what I just explained?

Are you willing to participate in the interview?

Name of the Respondent	
Address	
Date of interview	
Duration of interview	

Annexure 2: Questionnaire for man and woman residing in urban slums.

IIHMR JAIPUR

Involvement of Men in MNCHN

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QUESTIONNAIRE FOR MAN AND WOMAN RESIDING IN URBAN SLUMS

QUESTIONNAIRE FOR MAN			
No.	**QUESTIONS**	**CODING**	**SKIP**
	BACKGROUND CHARACTERISTICS		
101	How old were you at your last birthday?(AGE IN COMPLETED YEARS)		
102	How long have you been living continuously in (CURRENT RESIDENCE)?	YEARS	
103	What is your education status?		
104	What is your religion?		
105	What is your occupation, that is, what kind of work do you mainly do?		
106	How many children do you have?		
	AWARENESS AND PARTICIPATION		
201	Have you ever heard of MNCHN services? (probe)	YES ☐ NO ☐	211
202	From where did you come to know about it?		
1	WIFE	☐	
2	HEALTH WORKER	☐	
3	FRIEND	☐	
4	POSTER/PAMPHLET/PAINTING	☐	
5	OTHERS SPECIFY…..	☐	
203	In the last few months have you:		
1	Seen any Road plays/Puppet show/Skits about MNCHN?	YES ☐ NO ☐	
2	Seen anything about MNCHN on a WALL PAINTING or HOARDINGS?	YES ☐ NO ☐	
3	Discussed MNCHN with a HEALTH WORKER or HEALTH PROFFESIONAL?	YES ☐ NO ☐	
204	What services out of these do you know are rendered in MNCHN?	Multiple response	
1	IMMUNIZATION	☐	
2	ANC	☐	
3	PNC	☐	
4	NUTRITION	☐	
5	ANNAPRASHAN	☐	
6	GODBHARAI	☐	
7	ANY OTHERS (Specify)	☐	
8	DON'T KNOW	☐	
205	Do you know of a place where you can obtain MNCHN SERVICES?	YES ☐ NO ☐	207
206	Where is that place?		
1	D HEALTH POST/SATELLITE HOSPITAL	☐	
2	GOVT. HOSPITAL	☐	
3	VAIDYA/HAKIM/HOMOEOPATH(AYUSH)	☐	
4	PVT. HEALTH FACILITY	☐	
5	ANGANWADI CENTRE	☐	
6	OTHERS	☐	
207	Have you ever attended any MNCHN service?	YES ☐ NO ☐	210
208	What MNCHN services did you go for?	Multiple response	

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Involvement of Men in MNCHN

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QUESTIONNAIRE FOR MAN AND WOMAN RESIDING IN URBAN SLUMS

1	ANC	☐	
2	PNC	☐	
3	GODBHARAI	☐	
4	IMMUNIZATION	☐	
5	ANNAPRASHAN	☐	
6	NUTRITION	☐	
7	OTHERS	☐	
209	What are the main reasons for your preference for participating in MNCHN services ? REASONS-		
210	What are the main reasons for your NOT participating in MNCHN services		
1	HE DID NOT THINK IT WAS NECESSARY -		
2	FAMILY DIDN'T THINK HIS INVOLVEMENT WAS NECESSARY/DIDN'T ALLOW		
3	NO HEALTH WORKER AVAILABLE		
4	FEAR OF RESPONSIBILITY		
5	FEAR OF UNKNOWN		
6	OTHERS Specify.....		
211	Do you know about antenatal checkup or post natal checkup?	YES ☐ NO ☐	
212	Do you know about any complications in pregnancy?	YES ☐ NO ☐	214
213	Are you aware about any of the following signs of pregnancy complications?		
1	Vaginal bleeding?	YES ☐ NO ☐	
2	Convulsions?	YES ☐ NO ☐	
3	Prolonged labour?	YES ☐ NO ☐	
4	Severe abdominal pain?	YES ☐ NO ☐	
5	High blood pressure?	YES ☐ NO ☐	
214	At any time when your wife was pregnant, did any health provider or health worker of your area, ever interact with you?	YES ☐ NO ☐	216
215	At any time during the pregnancy of your wife did any health provider or health worker of your area, speak to you about:		
1	The importance of ANC and PNC?	YES ☐ NO ☐	
2	The importance of DELIVERING the baby in a hospital or health facility?	YES ☐ NO ☐	
3	The importance of proper NUTRITION for the mother during pregnancy?	YES ☐ NO ☐	
4	FAMILY PLANNING or delaying your next child?	YES ☐ NO ☐	
216	Where was your child born?	GOVT. FACILITY	
		PVT. FACILITY	
		HOME	

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Involvement of Men in MNCHN

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QUESTIONNAIRE FOR MAN AND WOMAN RESIDING IN URBAN SLUMS

217	When your wife was pregnant, did anyone explain to you the importance of the following		
1	CORD CARE?	YES ☐ NO ☐	
2	The need for mother to BREASTFEED the baby immediately after delivery?	YES ☐ NO ☐	
3	The need to keep the BABY WARM immediately after birth?	YES ☐ NO ☐	
4	Immunization of the child?	YES ☐ NO ☐	
218	When a child has diarrhea, how much should he/she be given to drink:		
1	MORE THAN USUAL	☐	
2	the SAME AMOUNT AS USUAL	☐	
3	LESS THAN USUAL	☐	
4	Should he/she not be given anything to drink at all(NOTHING TO DRINK)	☐	
5	DON'T KNOW	☐	
219	When your wife was pregnant, did you share any responsibility with her?	YES ☐ NO ☐	
220	What responsibilities have you shared during the wife' pregnancy? Specify	Multiple response	
1	ANC.....		
2	PNC.....		
3	IMMUNIZATION.....		
4	NUTRITION.....		
5	OTHERS.....		

QUESTIONNAIRE FOR WOMAN

No.	**QUESTIONS**	**CODING**	**SKIP**
301	How old were you at your last birthday?(AGE IN COMPLETED YEARS)		
302	What is your education status?		
303	What is your occupation, that is, what kind of work do you mainly do?		
304	Have you ever attended any MNCHN services?	YES ☐ NO ☐	
305	Have you ever discussed about any MNCHN activity with your husband?	YES ☐ NO ☐	
306	Did you ever attend any ante-natal check-ups?	YES ☐ NO ☐	308
307	Was your husband ever present during any of your antenatal check up?	YES ☐ NO ☐	
308	Do you think men should be involved in MNCHN services?	YES ☐ NO ☐	310
309	Reasons for YES		
310	Reasons for NO		

THANK YOU

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