ASSESSMENT OF KNOWLEDGE AND PARTICIPATION OF MALES IN MNCHN SERVICES RESIDING IN SEMI URBAN AREAS OF JAIPUR, RAJASTHAN

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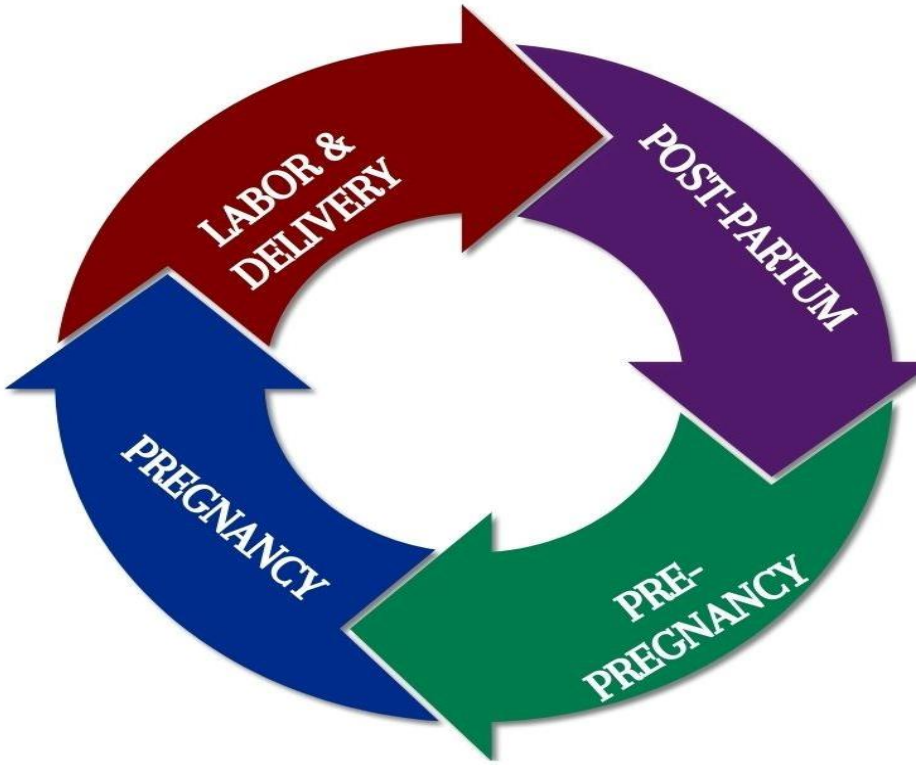
CONTENT

- INTRODUCTION
- RATIONALE
- AIM & OBJECTIVES
- METHODOLOGY
- RESULTS AND DISCUSSION
- CONCLUSION
- RECOMMENDATIONS

INTRODUCTION

- MNCHN: Maternal, Newborn, Child Health and Nutrition.
- It includes range of programs and interventions that are aimed at promoting the health and well-being of women, newborns, infants, and children.
- Core service package of MNCHN
  - ✓Pre-pregnancy package
  - ✓Complete care during pregnancy
  - ✓Post-partum and neonatal
  - ✓Emergency maternal and newborn service package



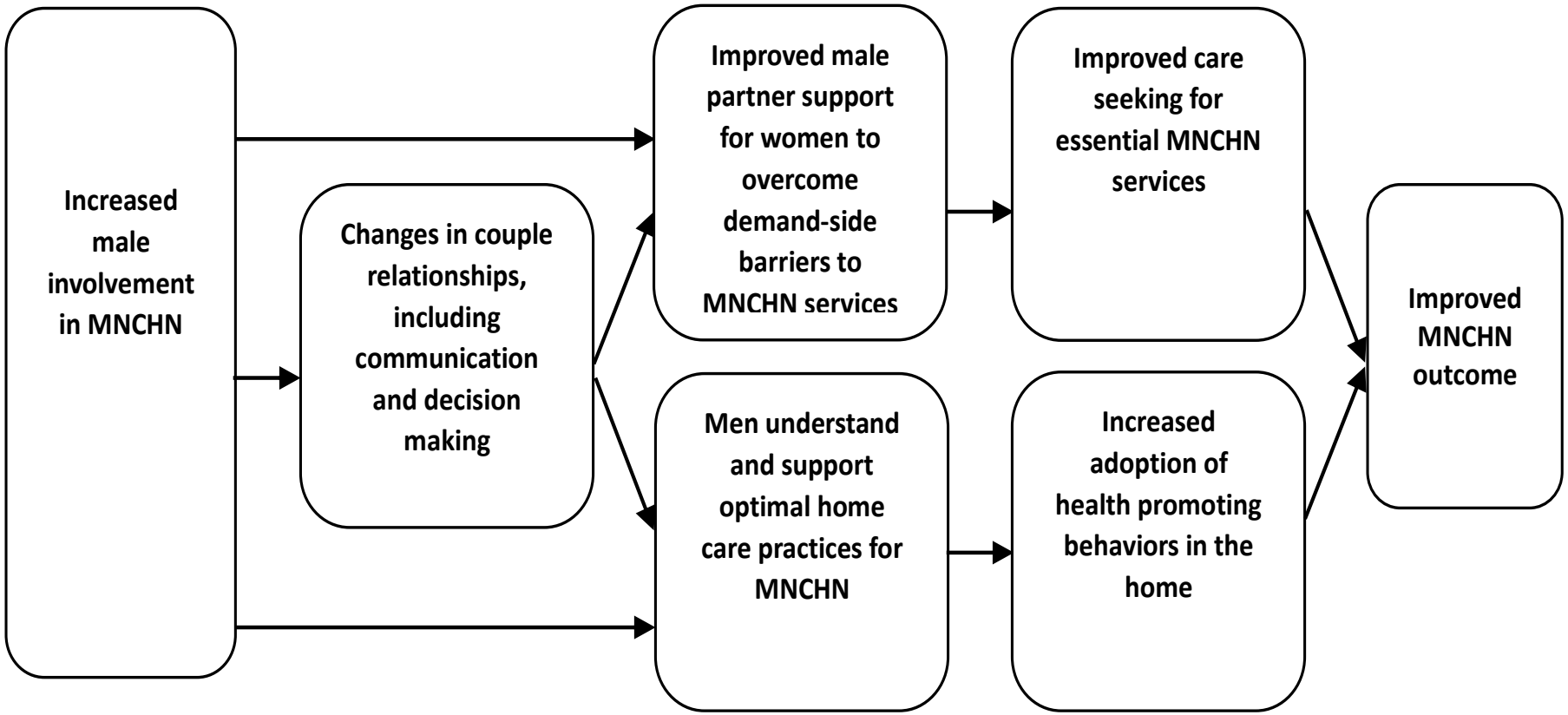


Figure: Explanatory model for the effect of male involvement on MNCHN outcomes

RATIONALE

- ICPD 1994 recognized first time the role of husband in reproductive health of female and stated that special efforts should be made to emphasize husbands' shared responsibility and promote their active involvement in responsible parenting and reproductive behavior.
- Involvement of males in MNCHN services promotes gender equity, comprehensive maternal care and health education.
- Evidence shows that involvement of males in MNCHN activities leads to better uptake of ANC, reduce the maternal and neonatal mortality, reduce the likelihood of pregnancy-related complications, they can provide better support to women and their families during and after childbirth.
- It is assumed that women are the primary source of reproduction and men do not play significant roles in MNCHN activities; that's why it is important to evaluate men’s participation and their knowledge about MNCHN services.

AIM & OBJECTIVES

AIM:

- To assess the knowledge and participation of males in maternal, newborn, and child health and nutrition (MNCHN) services whose wife is currently pregnant or currently having children of age 0-1 year.

OBJECTIVES:

- To assess the level of awareness and participation of males in MNCHN services whose wife is currently pregnant or currently having children of age 0-1 year.
- To identify the factors that influence the men’s participation in MNCHN activities and the challenges they face in participating.
- To provide recommendations to increase men’s awareness and participation in MNCHN activities.

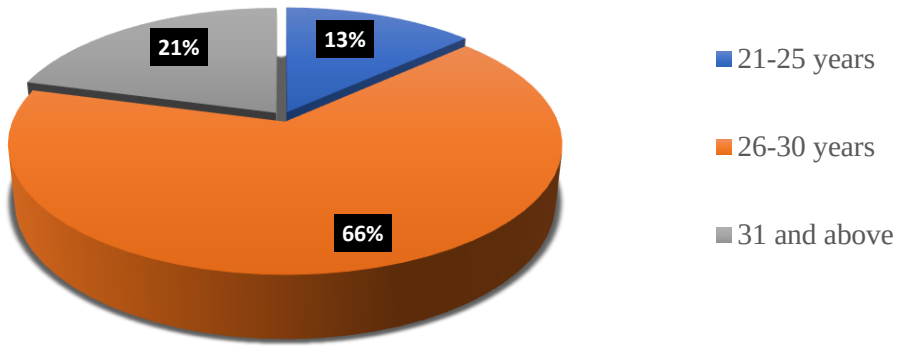
METHODOLOGY

- **STUDY DESIGN**
  - Descriptive cross-sectional study.
- **DATA COLLECTION TOOL**
  - A semi-structured schedule.
- **SAMPLE SIZE**
  - 120 males whose wife was pregnant or have children aged 0-1 year.
- **DATA ANALYSIS TOOL**
  - MS Excel and SPSS.
- **STUDY SETTING**
  - 15 Anganwadi centres of Amber tehsil of district Jaipur, Rajasthan were selected for data collection based on the average number of males having their wife pregnant or children with age 0-1 year.
- **SAMPLING TECHNIQUE**
  - Purposive sampling of 120 males whose wife was pregnant or have children aged 0-1 year.

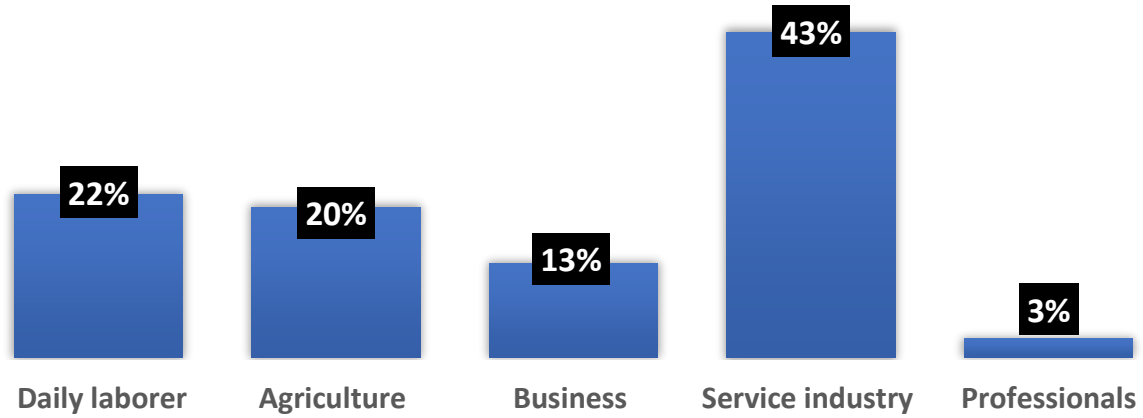
RESULTS

Sociodemographic Characteristics

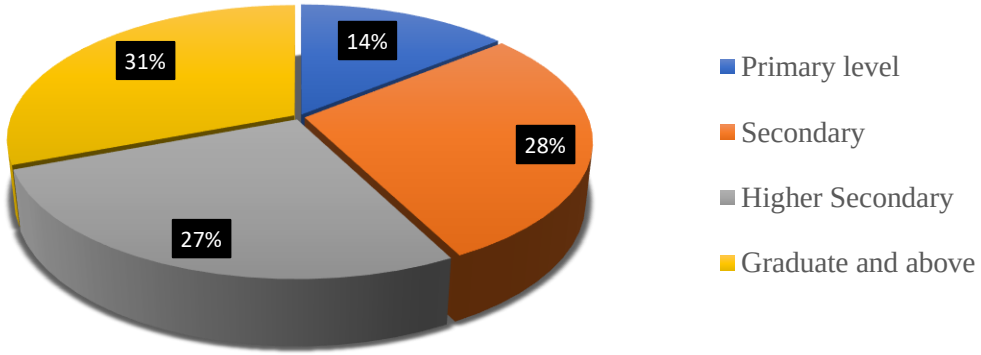
Age Distribution of respondents (N=120)



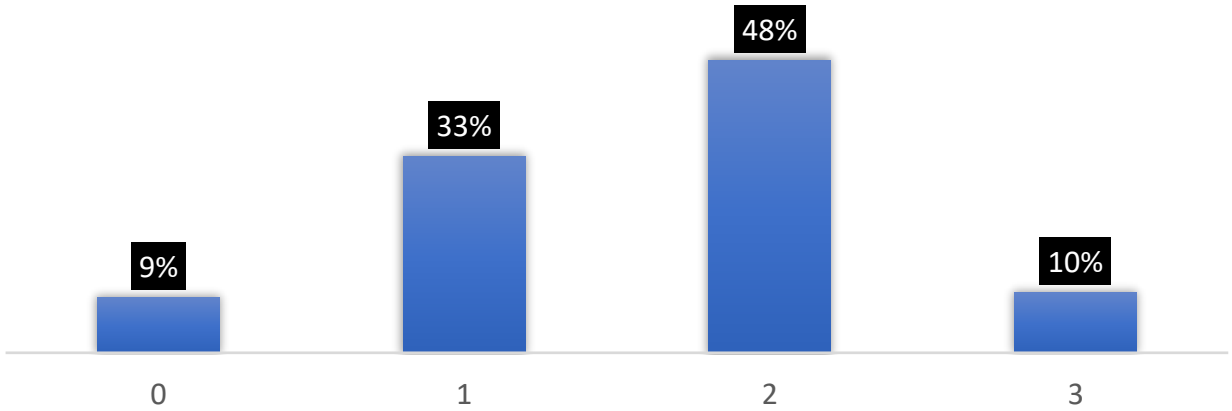
Occupational distribution of respondents (N=120)

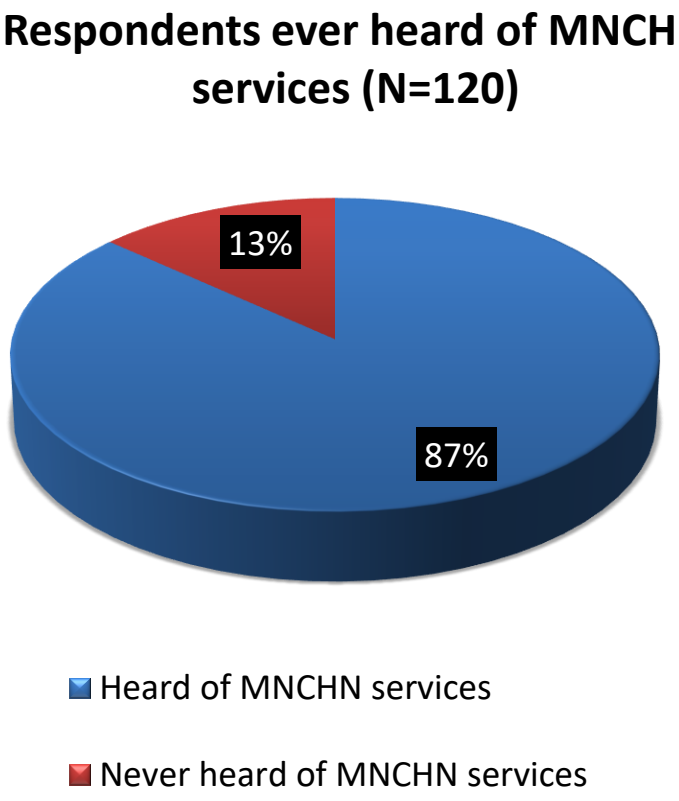


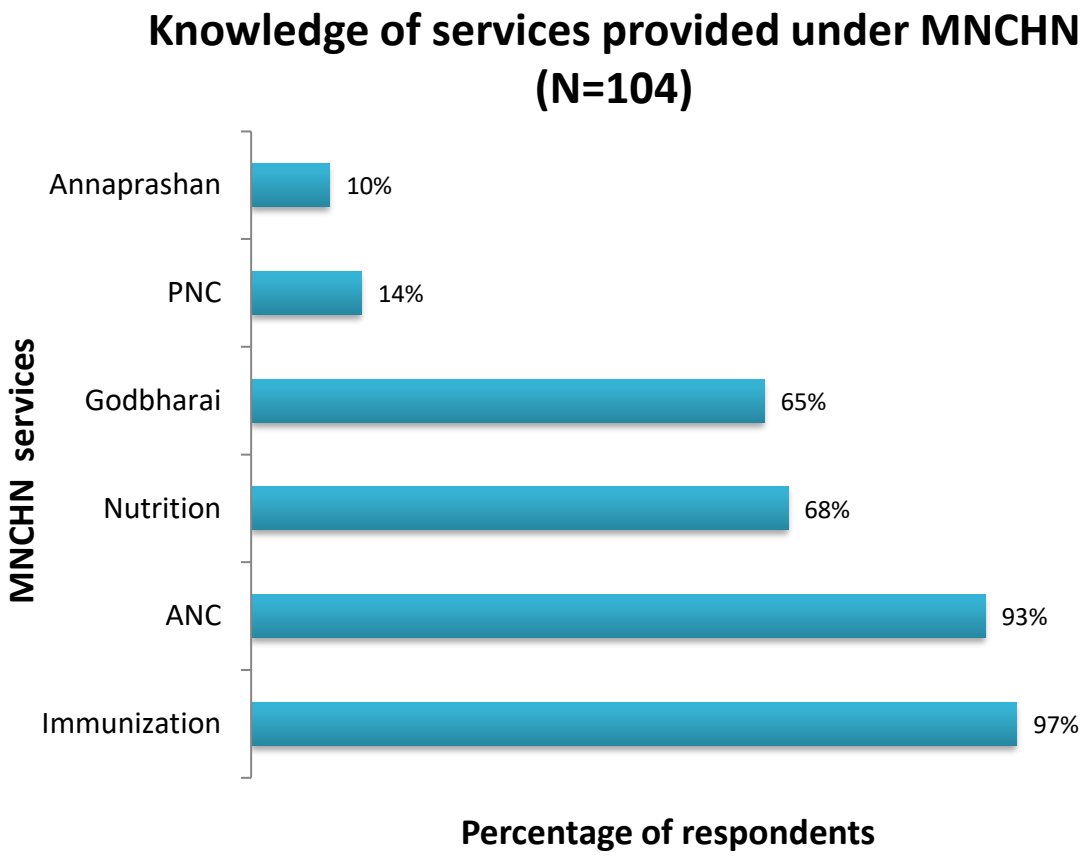
Educational distribution of respondents (N=120)



Distribution of respondents according to number of children (N=120)

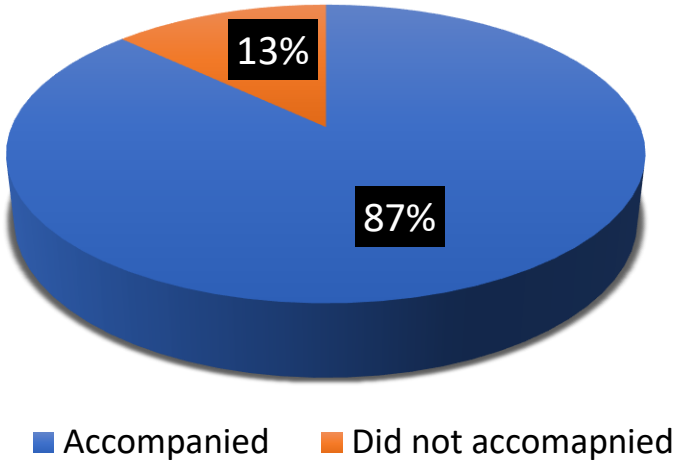






While majority of respondents had heard of MNCHN services, but only a small proportion (14 percent) of them knew about PNC. Most of the respondents were aware of ANC and Immunization.

Respondents accompanied to avail MNCHN services (N=104)



The major proportion of respondents had accompanied their partner to avail MNCHN services and the major motivation for accompanying partner was family and partner's need. Lack of time due to work commitment and lack of knowledge about importance of MNCHN services were the major reasons for not accompanying their partner.

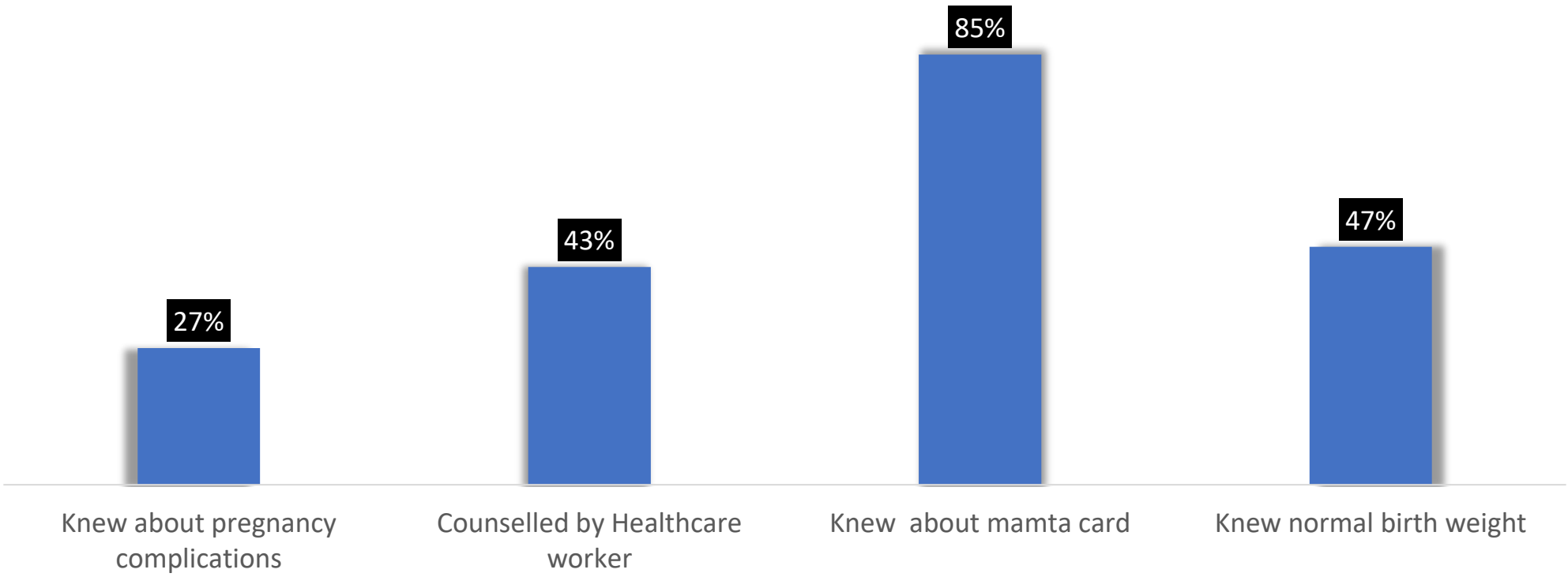
Motivation for accompanying partner for MNCHN services

Responses	Frequency (N=90)	Percentage of respondents
Family/Health needs of partner	71	79.9
Motivated by awareness campaigns and education	2	2.2
Motivated by personal experience	1	1.2
No one else available	18	20.0

Reasons for not accompanying partner for MNCHN services

Response	Frequency (N=14)	Percentage of respondents
Lack of time	13	92.9
Lack of knowledge about the importance of MNCHN services	3	21.4
Cultural or religious beliefs	1	7.1
Not comfortable discussing women's health issues	1	7.1

Knowledge about MNCHN (N=120)



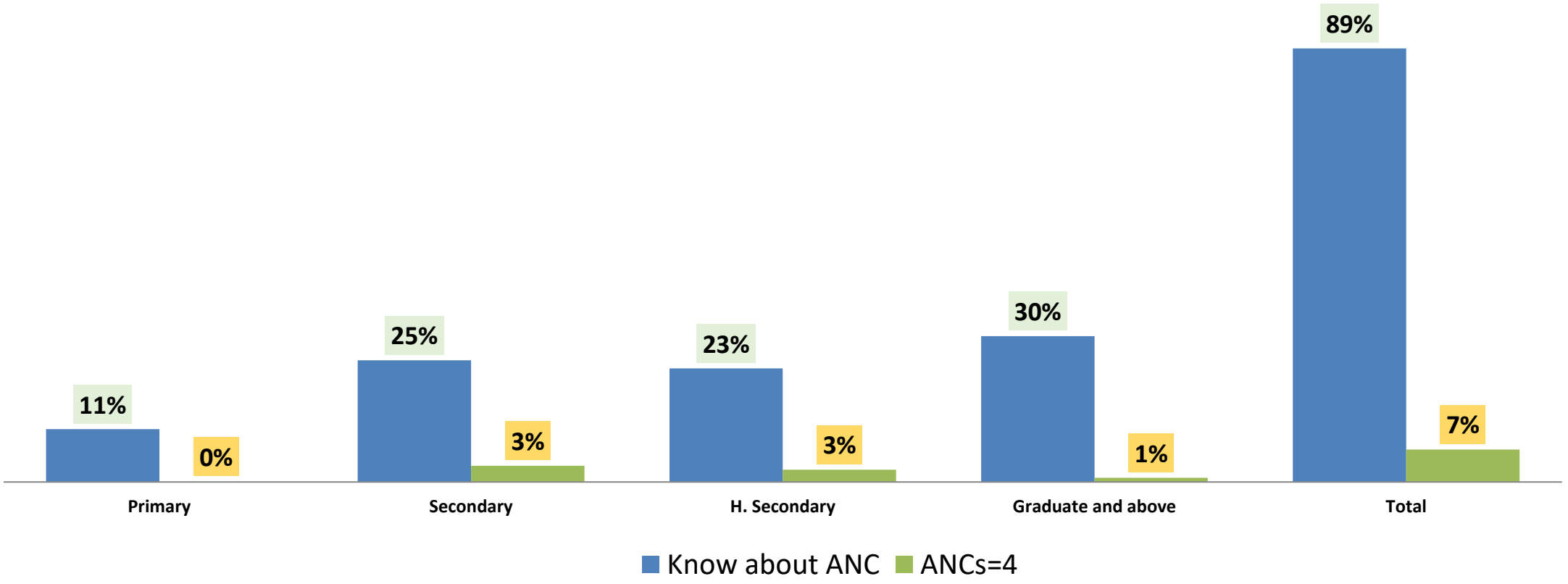
Only about a quarter of respondents were aware of complications that can happen during pregnancy and less than half of respondents were counselled by service providers (AWW, ASHA, doctor or nurse) on MNCHN issues. More than half of participants were not aware of the normal birth weight of newborn.

Relationship between Educational status and respondents ever heard of MNCHN services (N=120)

			Have you ever heard of MNCHN services?		
			a) Yes	b) No	Total
Education Status	a) Primary level	Count	9	8	17
		Heard of MNCHN services	**7.5%**	**6.7%**	**14.2%**
	b) Secondary	Count	29	5	34
		Heard of MNCHN services	**24.1%**	**4.2%**	**28.3%**
	c) Higher Secondary	Count	31	1	32
		Heard of MNCHN services	**25.8%**	**0.8%**	**26.7%**
	d) Graduate and above	Count	35	2	37
		Heard of MNCHN services	**29.2%**	**1.6%**	**30.8%**
Total		Count	104	16	120
		Heard of MNCHN services	**86.7%**	**13.3%**	**100.0%**

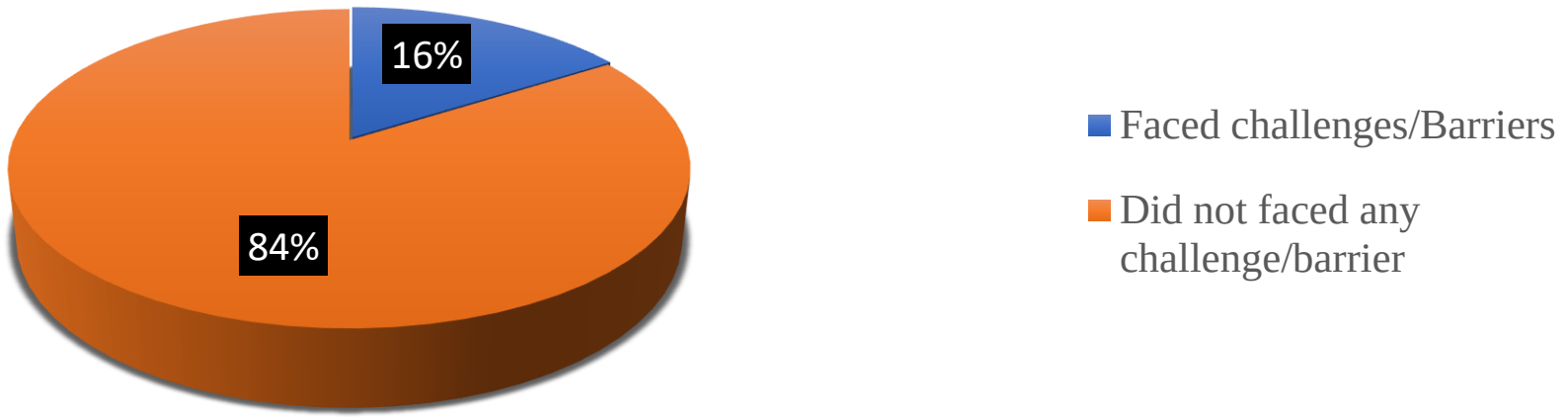
The bivariate analysis conducted shows the association of education and percentage of respondents who ever heard of MNCHN services, and the results are statistically significant (**p value<0.05**). As the education level increases, the percentage of respondents having knowledge about MNCHN services also increases.

Relationship between Educational level and knowledge about ANC (N=120)



Respondents who have university education have a higher percentage of knowledge about ANCs than those with lower educational levels. Overall, 89 per cent of respondents knew about ANC but only seven per cent gave the correct answer about the minimum number of ANC visits required during pregnancy i.e., 4 visits.

Percentage of respondents who faced challenges while availing MNCHN services (N=90)



Distance, and lack of transportation facility were the major barriers. The other barriers were lack of/inadequate availability of health workers and overcrowding at facilities.

CONCLUSION

- The study results have highlighted the current level of knowledge of men regarding MNCHN services and their participation in these activities.
- Majority of the respondents had heard of MNCHN services, one third of them did not accompany their partners to avail these services.
- Distance and lack of transportation facilities were the major barriers in accessing the MNCHN services.
- A major proportion of respondents were not counselled by healthcare providers on importance of ANC/PNC, exclusive breast feeding and family planning after childbirth.
- Involving men in MNCHN services can result in better utilization of these services, improved health outcomes for women, newborns, and children, as well as promote gender equality in reproductive health.

Recommendations

- Educational campaigns to raise awareness among males about importance of MNCHN services. Mediums such as TV, social media and community outreach can be used to spread the information about benefits of males' involvement and the roles they can play in improving the maternal and child health.
- Providing male friendly maternal, newborn, child health and nutrition services and encouraging male participation in MNCHN activities.
- Providing flexible hours for MNCHN services for those who do not participate because of lack of time due to work commitments.
- Collaboration between various sectors, including health, education, and social sectors, is essential to create a supportive environment for male involvement.
- Increasing the number of male health workers, including doctors, nurses, and community health workers, in MNCHN services. This will help in creating a more comfortable environment for male participants and improve their willingness to engage in discussions on MNCHN.

THANKYOU