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MALE PARTNER PARTICIPATION IN ANTENATAL CARE IN JASOL VILLAGE, RAJASTHAN

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CERTIFICATE

This is to certify that **Dr. Hirkani Madnaik** student of the 17th batch of the Post Graduate Diploma in Health and Hospital Management (PGDHM) at Institute of Health Management and Research, Jaipur underwent the summer **internship at United Nations Children Funds (UNICEF)** Rajasthan from April 6th to June 8th 2013 and performed study on **Male Partner participation in antenatal care in Jasol village, Rajasthan**

The candidate successfully carried out the study assigned to her during summer training and her approach to the study was sincere, scientific and analytical.

We wish her success in all her future endeavours.

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Acknowledgement

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Dr Hirkani Subhash Madnaik

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Abbreviations

ANC	Antenatal care
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
ICPD	International Conference on Population and Development
JSY	Janani Suraksha Yojana
NFHS	National Family Health Survey
PHC	Primary Health Centre
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Annexure

Chapter 1

United Nation Children's Fund (UNICEF)-

UNICEF has been working in India since 1949. The largest UN organization in the country, UNICEF is fully committed to working with the Government of India to ensure that each child born in this vast and complex country gets the best start in life, thrives and develops to his or her full potential. He challenge is enormous but UNICEF is well placed to meet it. The organization uses quality research and data to understand issues, implements new and innovative interventions that address the situation of children, and works with partners to bring those innovations to fruitarian. UNICEF uses its community-level knowledge to develop innovative interventions to ensure that women and children are able to access basic services such as clean water, health visitors and educational facilities, and that these services are of high quality.

E-ASHA-

Rajasthan one of big states of India, having relatively poor maternal and child health indicator compared with other developing bigger states in country, there is improvement in MCH indicators observed since last few years, but this improvement is not satisfactory,

So it is important that maternal and child health services should be provided more effectively to people who are not able to avail these services due to different reasons, this is bigger challenge to our health system.

So taking this background into consideration, UNICEF Rajasthan come up with pilot project E-ASHA. There is decline in Under 5 Mortality Rate in Rajasthan since last decade, still long way to go to achieve desired goals, more than half deaths of under 5 deaths take place in first month after birth, it has observed than even if there is decline in under 5 mortality rate, there is no change has seen in infant mortality rate, it still higher in tribal districts,

UNICEF Rajasthan come up with TABLETs having special software for data collection and counseling of mother, provided to 22 ASHA under Jasol PHC in Barmer distict.

Focus of E-ASHA

- Promotion of utilization of quality antenatal care services
- Promotion of quality institutional delivery
- Promotion of timely referral linkage
- Promotion of Maternal Death Audit

Benefits

1st Benefit: Local Decision making and counselling

• These tablets are Simple systematic tool, simple to use for ASHA

• ASHA can do appropriate counselling driven by responses by mother

• ASHA can optimally use audio visual aids for counselling

2nd Benefit: Identification of high risk cases

• This tool has colour coded system for classification of danger signs of pregnancy or danger signs in newborn

• This tools helps ASHA in identification of high risk pregnancies identification and facilitates for prompt local actions

• Danger signs of Newborns can be identified by ASHA, timely management of such newborn and referred to further treatment

3rd Benefit: Real time data and tracking

• This system works both online and offline mode

• Data entered in this system automatically transferred to the server

• Action plan for ASHA can be prepared through listing of beneficiaries due for the month

4th Benefit: Service Reminders

• System generated SMS send to the beneficiary and functionary at the time of contact

• Similarly system generated SMS send to the beneficiaries and functionaries two days prior to due service

Chapter 2

Introduction

Antenatal care refers to a set of intervention & services provided to pregnant women, the effectiveness of these interventions & services enable every pregnant woman to go safely through pregnancy and child birth. Low Accessibility and low utilization of maternal health service including antenatal services are major challenges for policy makers in planning & implementation of maternal health care programs.

Less utilization of antenatal care services is a major issue in public health system. Not only woman's perception towards antenatal services but also perception of her husband & perception of her family member towards s antenatal services are the contributing factors for low utilization of ANC services

Low education attainment, less job opportunities affect women's maternal health seeking behavior. Majority of women population in India particularly in rural area dependent on men's decision for their maternal health needs. Because of this, woman less likely access to maternal health care services, which further ultimately results into poor maternal health outcomes.

In 1994 International Conference on Population and Development held in Cairo was landmark event. In this conference great emphasis given to "**Male participation in reproductive health**". Nations participated in Cairo International Conference on Population and Development unanimously approved that "Changes in both men's and women's knowledge, attitudes, and behavior are necessary for achieving a harmonious partnership between men and women. This would open doors to gender equality in all spheres of life, including improving communication between men and women on issues of sexuality and reproductive health, and improving understanding of their joint responsibilities"

Previously policy maker have narrow focus about antenatal care services as women's issue & they plan, implement the programs through targeting mainly pregnant women. But later to ICPD 1994 Cairo conference policy maker identified the importance of Male

participation in maternal health services. The role of men in such matters is of great importance because men are primary decision makers in majority of Indian family.

Women are not able to take decision during any emergency in pregnancy for that they seek help from their male partner. Many researches from different countries suggested that male can play pivotal role in reducing maternal mortality through educating them about importance of antenatal care & the danger signs in pregnancy & what to do further.

So change in behavior of males by education and awareness one can effectively reduce the three delays which contribute to the maximum maternal deaths.

Chapter 3

❖ Research Question

- What are factors that affect participation of males in antenatal care of women?
- What proportion of males involved in antenatal care of women?
- What is the level of knowledge about antenatal care of women?
- What is perception of men towards antenatal care of women?

❖ Study objectives

❖ General objective

- To study factors affecting male participation in antenatal care in Jasol village.

❖ Specific objective

- To identify level of male partner involvement in antenatal care in Jasol village.
- To study knowledge, perception & practices of males regarding antenatal care in Jasol village.

Chapter 4

❖ Methodology

❖ Study area-

The study on 'Male partner participation in antenatal care' was carried out in Jasol village. Jasol a small village situated in Pachpadra tehsil of Barmer district in Rajasthan. According to census 2001 Jasol village population is12,414 .

Jasol has Primary health care centre. 6 sub centre working under Jasol PHC. Maternal Health care services are provided primarily by Primary Health Care Center & a by Community Health centre at Balotra through government program "Janani Sureksha Yojana" & other private hospital which are also providing Maternal Health services.

❖ Study population

Jasol village population is 12,414 according to census 2001, where male population is 6,415 while female population is 5,999.

❖ Study design

This was cross sectional household survey, the study employed both quantitative and qualitative techniques of data collection.

❖ Sampling procedure

Simple random sampling method was used for sampling. Households which have male respondent of age 18 years and above, who have child of maximum age 6 month or who's spouse is in third trimester of pregnancy were selected randomly from different location of study area.

❖ Sample size

Sample of male participant interviewed in this study was 50.

❖ Selection criteria

Male respondents of age 18 years and above who have child of maximum age 6 month or who's spouse were in third trimester of pregnancy were selected for interview.

❖ Study variables

❖ Dependent variables-

Most important dependent variable while studying "Male Participation in Antenatal Care" is male partner accompanied wife to visit health facility for Antenatal visit during most recent pregnancy

❖ Independent variables

Independent variables comprised factors such as socio-demographic factors which includes age, education, occupation, monthly income, caste;

Cultural factors which are prohibit men to participate in Antenatal care of women,

Other variable includes men's knowledge about antenatal care of pregnant women, knowledge about ANC services, and Men's attitude towards participation in antenatal care.

Variable associated with Health facility are distance of health facility from home, time required for ANC check up, getting information regarding ANC from ASHA, ANM and health worker.

❖ Data collection

Data collected from different areas of Jasol village, Eligible men from randomly selected household were interviewed for both Qualitative and Quantitative data. In this study, sample of 50 men were interviewed.

Key informants were also interviewed to get qualitative data.

❖ Tools

Tool used for quantitative and qualitative data collection was semi-structured questionnaire, objectives of this study were kept in mind while setting questionnaire, questions were framed in such way that a men's attitude, knowledge, practices regarding antenatal care & antenatal services, other factors which are influencing male participation in antenatal care can easily captured. List of open ended questions prepared for interviewing key informants.

❖ Data Analysis

For Quantitative data different variables are coded, data is entered in SPSS16.0 version. Univariate analysis was conducted, frequency and percentage analyses was done for the categorical variables Cross tabulations have been used to describe the data in terms of a combination of background variables (age, level of education income), bivariate analysis done to identify factors affecting male involvement in ANC care.

Chapter 5

❖ Result

❖ Section A - Socio-demographic characteristics

This section shows different socio-demographic characteristics as shown in Table no 1

Majority of male respondents were less than 25 years age (46%), age group between 26 years to 30 years have 16 percent of male respondents and remaining 12 percent respondents were more than 35 years

In Study it was seen that male partners who were educated from 7^{th} to 12^{th} class were maximum in percentage (44%), there were 18 percent of male respondents who were illiterate, and only few respondents were educated above 12th class (8%).

In sample population 44% respondents were from General category, second to general category most of respondents are from OBC (42%).

Table A.1 Socio demographic characteristics of Male respondents (n=50)

Husband age	**Percentage**
Less than 25 years	**46**
26 to 30 years	**26**
31 to 35 years	**16**
more than 35 years	**12**
Husband Education	**Percentage**
Illiterate	**18**
Up to 7th class	**30**
Up to 12th class	**44**
Above 12th & graduate	**8**
Category	**Percentage**
General	**44**
OBC	**42**
SC	**6**
ST	**8**
Monthly income	**Percentage**
Less than Rs.5000	**24**
Rs5001 to Rs 10000	**60**

Rs10001 to Rs.15000	**12**
Above Rs 15001	**4**
Type of family	**Percentage**
Nuclear	**30**
Joint	**70**
No. of children	**Percentage**
No child or 1 child	**40**
2 children	**30**
3 children	**12**
4 & more children	**18**
Decision Maker (regarding women's health in family)	**Percentage**
Wife	**8**
Husband	**36**
Husband & Wife both take joint decision	**14**
Other elder person in family	**42**

Distribution of respondents according to monthly income shows that majority of respondents (60%) had monthly income in between Rs 5001 to Rs10000. Almost rest (24%) of respondents had monthly income less than Rs 5000

Study reveals that most of family in study population were joint family (70%) & remaining 30 percent family were nuclear family .In case of couples having number of children, 40 percent of respondents have not child or have one child. 18percent respondents had 4 or more children.

While making decision regarding women's health, elder person in family other than husband was taking decision in most of family (42%). In some family husband take decisions regarding woman's health & only 8 percent of women could solely take decision about their health related issue

❖ Section B - Level of male partner participation in antenatal care

This section represents level of male partner participation in antenatal care in jasol village

As mentioned in Table no. 2, almost three-forth respondent wives attended at least single ANC visit during most recent pregnancy (74%). Remaining women had not attended even single ANC visit in their last pregnancy (26%). Table no.2 shows that women who attended ANC visit 35 percent of women's husband did not accompany them for ANC check up.

As shown in figure B.1, 48 percent of total male respondents accompany their wife for ANC check up.

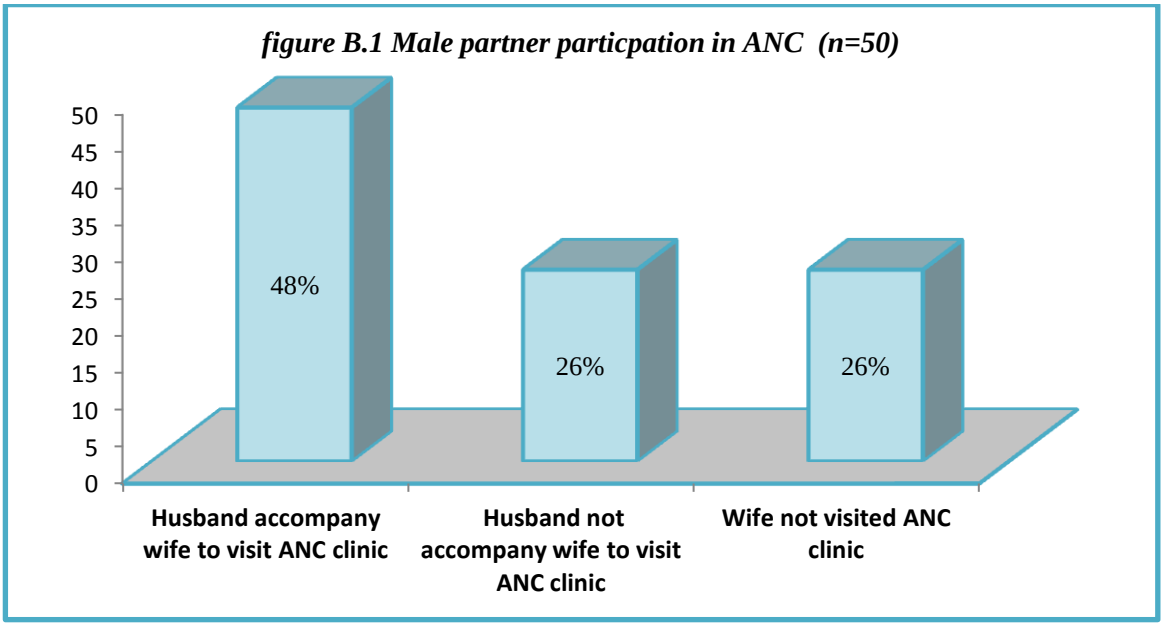


Table no 2 shows different reasons of women for not attending single ANC checkup, given by male respondents. Majority of respondents (85%) gave reason that they did not face any problem and emergency during previous pregnancy. About 70 percent of husband believes that it is not necessary to do ANC checkup. Thirty eight percent of them did not trust service provided some husband said that their family members did not think it is necessary to do ANC checkup. (38%)

Table B.1 Male partner Participation in Antenatal Care

Wife visit to ANC clinic	**Percentage**
Yes	**74**
No	**26**
Reasons for wife not visiting ANC clinic*	**Percentage**
I didn't think it necessary	**69.2**

Family members think it was not necessary	**46.1**
Wife didn't have any complaints regarding pregnancy	**38.4**
Don't trust service provided	**38.4**
During previous pregnancy did not have ANC check up	**84.6**
Other	**7.6**
Male partner accompanying wife for ANC visit	**Percentage**
Yes	**64.8**
No	**35.1**
Reason for not accompanying wife for ANC visit*	**Percentage**
I feel its women duty	**76.9**
Preoccupied with other work	**69.2**
Lack of knowledge	**38.4**
Feeling of Shame & embarrassment	**46.1**
Long waiting time	**38.4**
Elderly persons in family accompany wife	**38.4**
Other	**15.3**
***Multiple response allowed**	
Discussed with doctor during ANC visit	**Percentage**
Yes	**87.5**
No	**12.5**

Table no 2 also represent reasons given by husband for not accompanying wife during ANC visit, majority of husband (77%) did not accompany wife for ANC visit because they feel its women's duty. Sixty nine percent husband was not able to accompany due to their work, some of them feel shyness & embarrassment (46%), where as few didn't go because of long waiting hours (38%) & thirty-eight percent husband did not visit ANC clinic with wife because of lack of knowledge, some think that elderly persons should accompany their wife to ANC clinic. It was seen that most of husband who accompany their wife check up discuss health issue with Doctor/ANM (87.5%).

❖ Section C - Level of knowledge male respondents about antenatal care

Section C represents level of knowledge male respondents about antenatal care of women, Knowledge of male respondents about services offered at ANC clinic shows following results, as shown in figure C.1 out of 50 respondents 38 percent respondents didn't know about services offered at ANC clinic, only 26 percent of respondents mentioned 2 services & only 20 percent respondents mentioned 3 or more services.

Fig.C.1 Knowledge about services offered at ANC clinic (n=50)

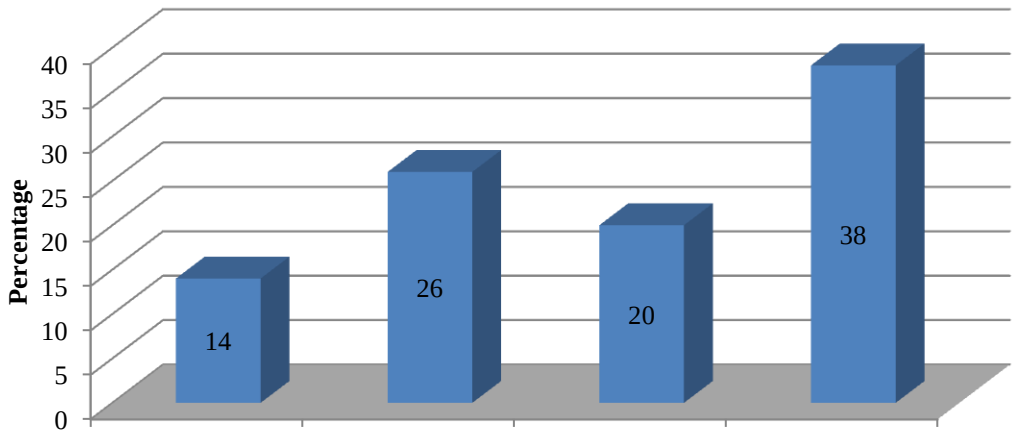
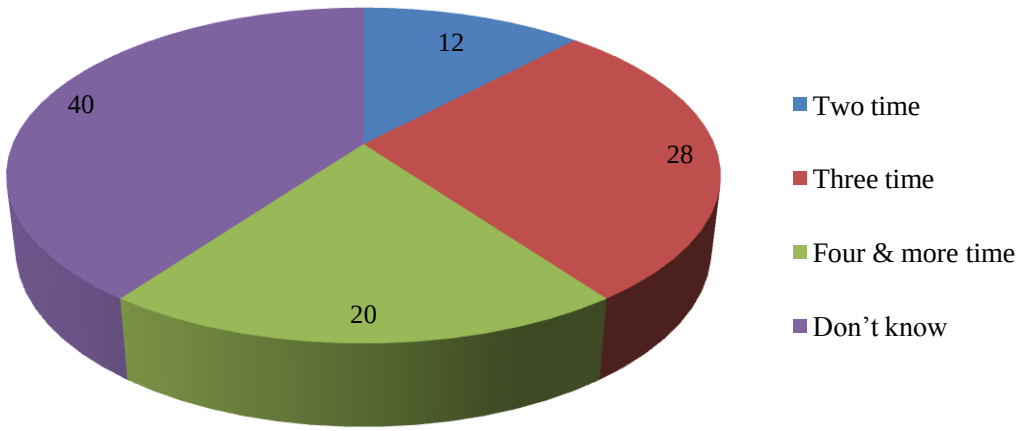


Fig. C.2 Knowledge about recommended ANC visit (n=50)



As shown in fig. C. 2 majority of respondents didn't know about recommended ANC visit (40), only 14 percent mentioned correctly three time as recommended ANC visit, 20

percent respondent mentioned that four or more times ANC visit should be done. Fig.c.3 depicts that more than half no of respondents didn't know significance of immunization during pregnancy (60%), only 30 percent respondents mentioned correctly about importance of immunization.

fig.C.3 Knoweldge about importance of immunization during pregnancy (n=50)

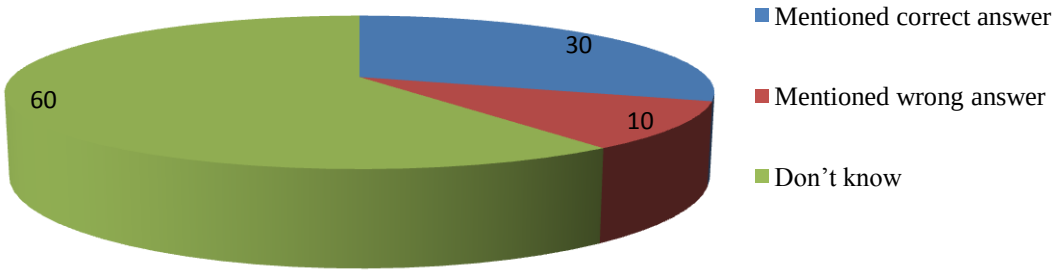


Table no. 3 depicts respondent's knowledge about care taken of woman during pregnancy, more than half (64%)of respondents give prime importance to diet of pregnant woman, forty-eight percent respondents replied that women should not do heavy work, some respondents emphasised that pregnant woman should take proper rest(36%). Some respondents mentioned about timely medicine & 9 respondents don't know about any care taken during pregnancy

Table C.1 Knowledge about care should be taken of woman during pregnancy.

Knowledge about care should be taken of woman during pregnancy*	**Percentage**
Should take care of diet	**64**
Should not allow her to do heavy work	**48**
Should take timely medicine	**22**
Should take enough rest	**36**
Don't know	**18**
***Multiple responses allowed**	

❖ Section D - Perception of male partner towards Antenatal care

Table no. 4 shows perception of male partners who accompany & some of male partner who did not accompany their wife during ANC visit. It also gives result about attitude of community towards husbands who accompany their wives to visit ANC clinic.

Male partner responds about benefit they find accompanying wife to visit ANC clinic, majority respondents responds that they went to escort wife to ANC clinic (35%), about 29 percent respondents went to know health status of their wife, twenty four percent husbands went to know the growth of baby, some respondents accompany their wife to just fulfil their responsibility as husband (11%).

A husband's involvement in antenatal care of woman in husband's perspective gives following responses, about 48 percent husbands take care of diet of wife during pregnancy, and some husbands think that escorting wife to ANC clinic makes their involvement in antenatal care (40%). Some of husbands responded that they help wives in daily household work as taking care of their wives (22%). Twenty percent husbands replied that they discussed their wives health issue with doctor/ANM as part of ANC care

Table D.1 Perception of male partner towards Antenatal care

Husband find advantage accompanying wife to visit ANC clinic* (n=37)	**Percentage**
To know the growth of baby	**24.3**
To know health status of wife	**29.7**
To escort wife to ANC clinic	**35.1**
To help wife to overcome knowledge & language barrier at ANC clinic	**21.6**
To fulfil responsibility as husband	**10.8**
***multiple response allowed**	
The way husband involved in Antenatal care of wife * (n=50)	**Percentage**
Escort wife to ANC clinic.	**40**
Discussed wife's health issue with doctor/ANM.	**20**
Take care of diet of wife during pregnancy	**48**

Help wife in daily household work.	**22**
Asked wife to take proper rest.	**12**
Other	**16**
***Multiple response allowed**	
Attitude of community towards Husband accompanying wife to visit ANC clinic (n=50)	**Percentage**
Encouraging	**26**
Discouraging	**36**
Both Type	**20**
Don't know	**18**

Majority of husband thought that attitude of community towards husband accompanying wife to visit clinic was discouraging (36%), twenty-six percent respondents said community attitude was encouraging & some respondents thought in community people have both discouraging & encouraging attitude.

❖ Section E - Health facility associated factors.

Table no. 5 shows results about health facility associated factors affecting male participation in Antenatal care. More than half of respondents (54%), take more than half hour to reach health facility when they go walking, forty six percent male partner respondents said that they take less than half hour to reach health facility.

Majority of Male partner responds about conditions of maternal health services at health facility are good (54%), twenty-eight percent husbands feel that maternal health services provided at health facility are not good. More than half of husbands get information regarding antenatal care of woman from ASHA/ ANM (54%) where as 46 percent didn't get information.

Majority husbands think attitude of health worker about husbands accompanying wife is friendly (74%), some husbands think health worker behave rudely & some think they behave is unfriendly.

Table E.1 Health facility associated factors affecting male participation in ANC (n=50)

Time take to reach health facility	Percentage
Less than half hour	**46**

More than half hour	**54**
Conditions of maternal health services	**Percentage**
Very good	**10**
Good	**54**
Not good	**28**
Don't know	**8**
Husband get information from ANM/ASHA	**Percentage**
Yes	**54**
No	**46**
Attitude of health worker	**Percentage**
Friendly	**74**
Unfriendly	**16**
Rude	**2**
Average time spend in single visit at ANC clinic (n=37)	**Percentage**
Less than 2 hour	**35**
More than 2 hour	**65**
Had bad experience at health facility	**Percentage**
Yes	**20**
No	**80**

About 65 percent male partner think that average time spend in single visit at ANC clinic more than 2 hour. Remaining respondents said average time spend in single visit at ANC clinic less than 2 hour (35%) Only 20 percent respondents had bad experience at health facility.

❖ Section F- Factors affecting male partner accompanying wife during ANC visit

Fig.F.1 shows association between socio demographic factors 'age of husband' against male partner accompanying wife during ANC visit. In extreme age groups (less than 25 years & more than 35 years) almost two-third of husbands accompanying wife to visit ANC clinic (respectively 68% & 83%),

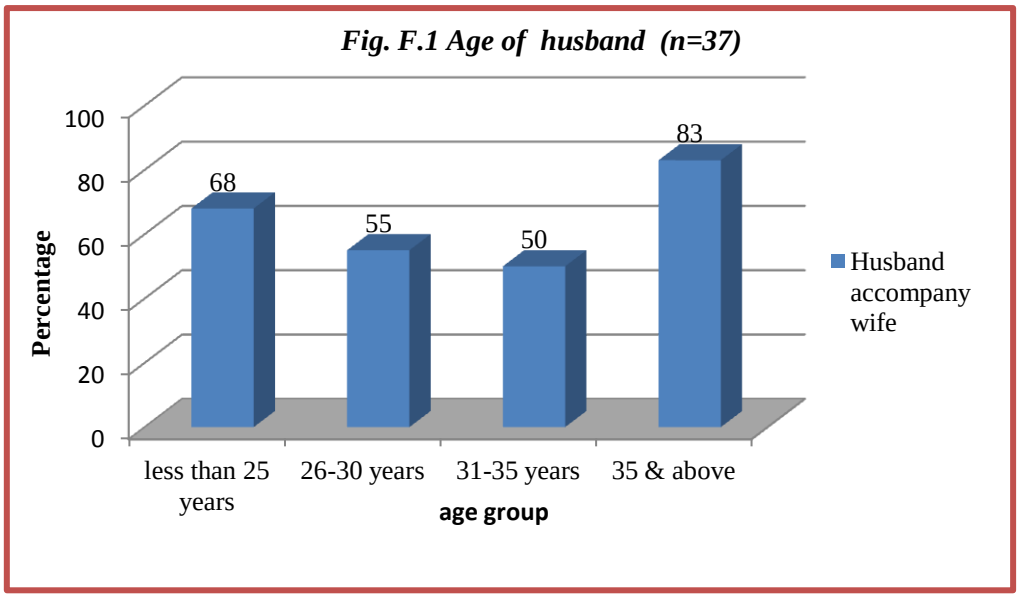


Fig.F.2 shows most of male respondents having lower education (less than 7th class) were not accompanying their wife to visit ANC clinic (46%). Male respondents having education up to 12th class & above 12th class were more likely accompanying their wife for ANC check up (respectively 76%% & 80%)

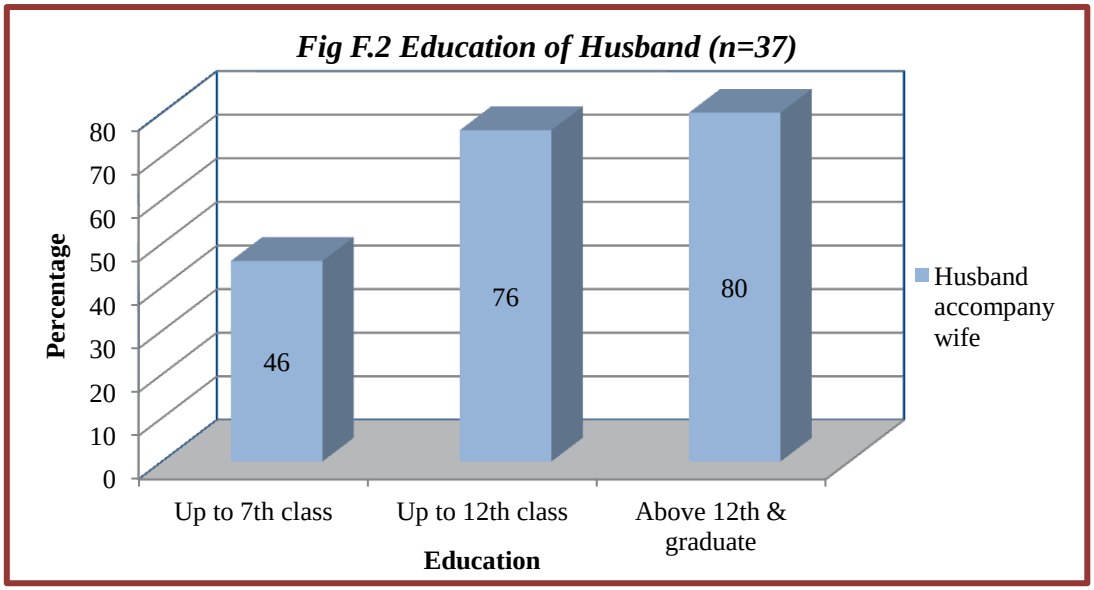
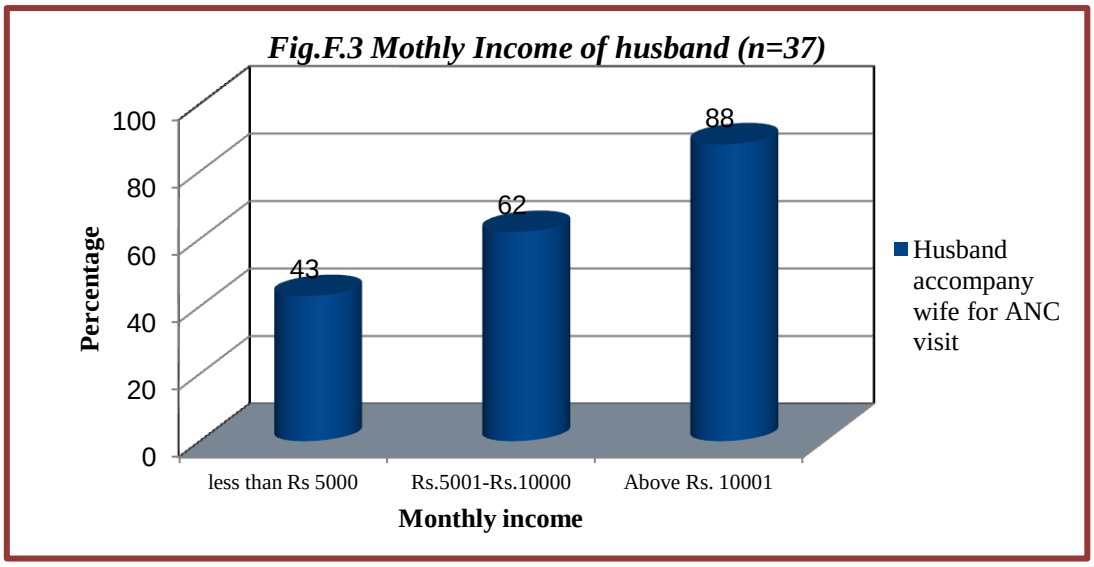


Fig F.3 shows that Husbands who were earning monthly more than Rs.10000 were more likely to accompanying wife to visit ANC clinic(88%) as compared to who were financially poor (43%).



While Table F.1 shows that 61.5 percent husbands who belong from family where decision related woman's health issue were taken by other elder person did not accompany their wives, 58 percent husbands who take a decision about women health accompanied their wives. Percentage of husbands accompanying wife to visit clinic is more when both husband & wife were taking joint decision. (12.5)

Table F.1 Association between decision maker and husband accompanying wife for ANC clinic (n=37)

Decision Maker	Husband accompanying wife for ANC visit (percentage)
Wife	**50**
Husband	**82**
Both husband and wife	**75**
Mother, father or any elder person in family	**43**

❖ Section G - Health facility related factors affecting husband accompanying ANC clinic

Study revealed important factors regarding health facility, ANM or ASHA who provided information to husbands regarding Antenatal care had effect on husband accompanying ANC clinic so as shown in table G.1 about 73 percent husband accompanied wife who got information from ANM/ASHA. But on other hand majority husband who didn't get information from ASHA /ANM did not attended ANC visit (53%)

Table G.1 Health facility related factors affecting husband accompanying ANC clinic (n=37).

Get information from ANM	Husband accompanying wife for ANC visit (percentage)
Yes	**73**
No	**53**
Time taken to reach health facility	
Less than half hour	**53**
More than half hour	**75**

Study shows that most of husbands who did not attend ANC visit with their wives take time to reach health facility less than half hour (53%), but 7.5% husbands attending ANC visit where it took more than half hour to reach health facility.

- **Section H - Effect of husband accompanying wife to ANC clinic on level of knowledge.**

Table H.1 shows that effect of husband accompanying wife to ANC clinic on level of knowledge. Study shows following results on men's knowledge about services offered at ANC clinic. Most of husband who attended ANC visit had mentioned 3 & more services (87.5%), husbands who not attended ANC visit with wife, majority of them didn't know about services provided at ANC clinic (57%)

Table H.1 Effect on level of knowledge because of husband accompanying wife to ANC clinic (n=37)

Knowledge about services offered at ANC clinic	Husband accompanying wife to visit ANC clinic (percentage)
Mentioned only 1 services	**40**
Mentioned 2 services	**90**
Mentioned 3 & more services	**87.5**
Don't know	**43**
Knowledge about recommended ANC visit	
Two time	**33**

Three time	**73**
Four or more time	**80**
Don't know	**50**
Knowledge about importance of immunization during pregnancy	
Mentioned correct answer	**92**
Mentioned wrong answer	**50**
Don't know	**48**

Husbands who attended ANC visit with wife mentioned three recommended ANC visit were about 73 %, More than half husband who did not accompany their wives for ANC check up didn't know about recommended no of ANC visit (52%).

Study revealed that about 92% husband who attended ANC visit knew about significance of immunization given during pregnancy, in opposite to that majority of husband who did not attend ANC visit with wife didn't knew importance of immunization given during pregnancy (52%).

Chapter 6

❖ Discussion

Antenatal care is integral part of maternal & child health, it is prerequisite for safe motherhood, maternal health services should provided to woman for effective antenatal care. Making maternal services available is not enough, utilization of these services is also as important as making them approachable & accessible.

So, male can play crucial role in utilization of maternal services, male participation in Antenatal care is essential step towards improving maternal health outcome

➢ Male participation in antenatal care

This study reveals that out of 50 respondents 26% male respondent's wives didn't go for single ANC visit during in their most recent pregnancy. Major reason for wife not going ANC clinic is that husbands don't think ANC visit is so much necessary (69%), this give an idea about husband's negative approach about antenatal care of women, some husband mentioned reason that their wife didn't have ANC check up as in previous pregnancy, some husbands do not trust on service provider this shows lack of awareness among them.

Some husband said that their elder family member especially who are decision maker did not think ANC visit is necessary. In majority of family decisions regarding woman's health were taken by elder person in family, there are only very few family especially in nuclear family where both husband wife can make joint decisions. Study reveals that 37 respondent's wives attend at least single ANC visit, 48% of total respondents accompany their wives for ANC visit, 26% of total respondents did not attended ANC visit with wife that means majority of husbands are not involved in antenatal care of women.

Factors affecting male partner participation in Antenatal care

1. Socio-demographic factor

Study reveals that age is also factor that influence male participation in ANC like majority of male partner attend ANC visit fall in to the extremes of age group, like in age group less than 25years 68 percent respondents attend anc visit & in age group more than 35years 83 percent.

Study reveals such age distribution of respondents is due to in age group less 25years majorities of respondent's wives are primmi, or having at least 1 child & in age group more than 35 years majorities of respondent's wives are elderly mother, so special care of women taken during pregnancy in these age group.

Education of respondents is also major determining factor for male participation in ANC care respondents having lower level of education are more likely to not attending ANC check up with wife(54%), on other hand majorities of respondents having higher level of education are attend ANC visit(80%).

Economical factors such as monthly income also influence male partner involvement in ANC, study findings shows that higher income group of respondents more engaged in ANC care than lower income group of residents

2. Socio-Cultural Factors

Male involvement in ANC also depends upon who takes decision regarding woman's health, study reveals that respondents which belongs to a family where decision maker are elder person of family less likely involved in ANC care of women (43%), This study finds that lack of decision making power to husband & wife to make joint decision regarding health issue is also one constraint in male participation in antenatal care

Majority of male respondents replied on not attending ANC visit is that they think visiting to ANC clinic is woman's duty (77%), some husband feels shame & embarrassment while accompanying wife to visit ANC clinic (46%) Some husbands are not able to visit ANC clinic due to their preoccupied work (69%).These reasons reveal that socio cultural factors are major barrier to male participation in antenatal care.

3. Health Facility Related factors

Long waiting time at ANC visit is the reason given by male respondents for not accompanying wife for ANC visit (65%). Study reveals those husbands who get information regarding antenatal care from ASHA/ANM are more likely to accompany their wife for ANC check up.

Study shows that Majority of husbands who takes more than half hour to reach health facility are likely visit ANC clinic, this is because of they were visiting ANC clinic at block

level hospital rather than visiting PHC, because they think services available are not good and satisfactory at PHC.

4. Knowledge

Lack of knowledge regarding ANC is one of important key factor affecting male involvement in Antenatal care. Due to lack of knowledge about ANC care some of husbands stay away from participating in antenatal care of women (38%),

- **Level of knowledge about Antenatal care of male respondents**

Study reveals that Knowledge about safe motherhood services among the male partners was limited. Due to lack of knowledge about ANC care some of husbands stay away from participating in antenatal care of women.

Only 20 percent respondents knew 3 & more services offered at ANC. Majority of respondents don't know about services provided at ANC clinic (38%), knowledge about significance of immunization during pregnancy shows poor result, about 60% husbands don't know about importance of immunization, majority of husbands mentioned taking care of diet (64%), not allowing to woman to do heavy work (48%), taking proper rest at home (36%) as care of woman should take during pregnancy at home.

From above findings lower level knowledge regarding antenatal care has major impact on male's participation in antenatal care, due to this male partner don't know about what kind of care taken during pregnancy, lack information about antenatal services to husbands results into less utilization of these services.

Lower level of education of male respondents is also key factor for lower level of knowledge about ANC, because 48% respondents have completed their education below 7th class. So that to overcome a barrier of lack of information about ANC among males, males are incorporated in government maternal programs as major information receiver so that health worker provides information related to maternal health both husband as well as wife.

- **Effects of men attending ANC on their Level of knowledge**

This study revealed that men attending ANC with the wife lead to a significant increase in the level of knowledge men regarding recommended minimum number of ANC visit,

Services offered to the women during ANC & significance of immunization during pregnancy compared to husbands who did not attended to ANC visit with wife,.

Knowledge about significance of immunization during pregnancy majority of respondents answered correctly who attended ANC visit (92%), on other hand 52 percent respondents who not visited ANC clinic they don't know about importance of immunization ,male respondents who accompany their wives during ANC checkup have mentioned 3 & more services offered at ANC clinic,

5. Perception of male partner towards antenatal care

Perception is important factor in decision making, so male partner's perception towards antenatal care decides their involvement in maternal care

Positive approach of men towards antenatal care woman leads to male's high level involvement in antenatal care, on opposite side negative approach of men towards ANC will ultimately result into low level of involvement which finally leads to poor maternal health outcome.

Study reveals that most of men accompany wife to escort wife to ANC clinic (26%), but only escorting wife to clinic doesn't solve purpose, , some men visit ANC clinic to full-fill their responsibility as husband these reason given by them are discouraging and show their negative attitude. Some of men visit ANC clinic to know the growth of baby & health status of wife (40%) this represents positive attitude of men towards antenatal care of women,

When husband asked about how they are involved in antenatal care, half of the respondents replied that taking care of diet of women during pregnancy is taking care of women in pregnancy, 40% of husband perceived that escorting wife to antenatal clinic makes their involvement in antenatal care, 22% male thinks that helping woman in household work is way taking care of women during pregnancy.

Chapter 7

❖ Conclusion

Study shows that male partner involvement in antenatal care is low in jasol village Major factors for male's low participation in ANC is lack of knowledge regarding Antenatal care, Negative approach of men towards Antenatal care. Socio-cultural factors such as age, education, economical condition, decision making regarding woman health, & receiving information from health worker regarding ANC care also influences male to participate in antenatal care.

Making husbands aware of ANC care & empowering with knowledge about ANC care would help in increased participation of husbands in ANC care which eventually leads to increased utilization of maternal health services & improved outcome of maternal health.

❖ Recommendation –

This study reveals that lack of knowledge regarding antenatal care is major constraint in male participation in ANC so overcome this constraint male also equally empowered with information, special efforts should be taken to create awareness among male partners about ANC care, for this health workers such as ASHA or ANM will be involved in counseling of pregnant woman as well as her husband regarding antenatal care. Once husband get information he can take care of woman, takes correct and timely decisions which can avoid delay in taking decision.

Policy makers while formulating policies of maternal health rather than only focusing on woman also consider involvement of their male partner in their care, develop plans and strategies to encourage male involvement in overall maternal care.

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