



International Journal of Advanced Community Medicine

E-ISSN: 2616-3594
P-ISSN: 2616-3586
IJACM 2019; 2(2): 185-190
Received: 19-03-2019
Accepted: 21-04-2019

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Knowledge and perception of men about postnatal care: Community based study

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DOI: <https://doi.org/10.33545/comed.2019.v2.i2c.69>

Abstract

Background: Men's supportive behavior in reproductive and child health services utilization plays a crucial role towards the better future of mother baby and family. This study is trying to assess husband's knowledge attitude and practice in postnatal care, childcare and family planning.

Materials and Methods: Community based cross-sectional study was conducted in urban field practice area of Jawaharlal medical college, Belagavi over a period of one year. 400 husbands of women in the age group of 18-45 years having at least one living child in the age group of 12-24 months and residing in the urban field practice area for at least one year preceding the survey taken as study subjects. Pre structured questionnaires were used to collect the data. Statistical analysis was done using chi square test to find out the association between men's participation and various sociodemographic variables with the help of SPSS version 18.

Results: The study pointed out that as a decision maker wife alone has a minor role. Husband wife (51.25%) together took the decision of place of delivery. 70% of men has good knowledge about exclusive breast feeding and weaning time of the baby. Majority (87.85%) of men accompanied their kids to immunization. 92% of men are aware of family planning methods only 29% of men used condom. Majority (73.5%) of men supports tubectomy. Only 3.25% respondents were in favor of vasectomy. Young age, with higher education level and higher socioeconomic status belongs to Hindu religion showed more involvement in accompanying their kids to immunization and more awareness of family planning.

Conclusion: This study pointed out the gap in the knowledge and practice among men on various vital areas of RCH issues. Though men are aware, their participation is depending on many. More emphasis should be given on improving the knowledge and participation by incorporating many men centered reproductive and child health programmes.

Keywords: Postnatal care, husbands role, knowledge, family planning, exclusive breast feeding

Introduction

India is the second most populous country in the world and it is estimated that by 2024 India will most likely overtake china to become the most populous in the world. So many health measures and programmes are being undertaken by government to achieve the utmost health of the country. In developing countries like India Maternal mortality, infant mortality, malnutrition and exploding population is a huge public health issue. The Infant Mortality Rate (IMR) and maternal mortality rate (MMR) which is widely accepted as a crude indicator of the overall health scenario of a country ^[1]. In spite of many efforts country is not able to achieve the goals of millennium development goals 5 (MDG 5) though India's MMR has reduced by 77% from 556/100000 live births in 1990 to 130/100000 live births in 2016 ^[2]. The present level of IMR (33 infant deaths per thousand live births, for the year 2017) is about one-fourth as compared to 1971 (129 infant deaths per thousand live births). IMR at all India level has declined from 53 to 33 in last decade. Men's involvement in reproductive and child health services utilization plays a crucial role towards the better future of mother, baby and family. In a traditional country like India where man is hierarchically considered as chief decision maker of the family issues and being the sole person in the family who decides and fulfills most requirements of the family, undoubtedly responsible for the maternal health, child health and reproductive health. Male dominance – physically, mentally and socially can put the women and child health at risk.

The country with the largest number of women with unmet need for contraception is India. Approximately 13 percent of currently married women between the ages of 15 and 49 in

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India have an unmet need for contraception [3]. Especially in the developing countries, women have a little or no say on matters which affect their reproduction or reproductive health. They need consent of their husbands before accessing to health care or using contraception. Reproductive health is intricately linked to issues of women’s and children’s health education, gender equality and many more [4]. There needs to be greater recognition of the fact that decision-making on contraceptive use is the shared responsibility of men and women and programmes should cater to men as FP users. As part of this broader view, reproductive health programmes started to focus their attention on the role of men as it relates to women’s access to and utilization of reproductive health services [5].

The concern that emerged from both the International Conference on population and Development (ICPD) held at Cairo in 1994 and the World Conference on Women at Beijing in 1995 highlighted that neither women nor men are likely to enjoy good reproductive health, until they are able to discuss sexual matters and make reproductive decisions together and the need of male involvement in family planning and RCH [6,7].

In developing countries women are being considered as subjects of research for fertility and family planning. However, very little research has been focused on men. Exploring men's maternal child and reproductive health knowledge is particularly important in a developing country like India where most women have restricted control over their lives and completely dependent on husbands [5]. Meagre knowledge of reproductive health issues among men may act as a barrier for women to seek care for health problems. Keeping this background in view, the present study has been undertaken with the objective of assessing husband’s knowledge attitude and practice in postnatal care, childcare and family planning.

Methodology

This was a cross sectional study conducted over a period of one year from January 2015 to December 2015 in urban field practice area of department of community medicine, Jawaharlal Nehru medical college (JNMC), Belagavi. Husbands of women in the age group of 18-45 years having at least one living child in the age group of 12-24 months and residing in the urban field practice area of Urban Health Centre, at least one year preceding the survey were selected as study subjects. Considering the prevalence of 50% with relative precision of 10% the sample size calculated was 382 and it was rounded off to 400. In the area of urban health center (UHC), total numbers of children in the age group of 12-24 months were 522, as per the information collected from under-five register maintained by ANM’s (auxiliary nurse midwife) of UHC. Out of 522 children, 400 cases were selected by simple random sampling method by using random number table. All the husbands were interviewed by using predesigned pre structured questionnaire after

obtaining written informed consent. Along with the sociodemographic characteristics, the knowledge and behavior of men regarding postnatal, childcare and family planning services utilization by women was studied. Socioeconomic classification was based on modified B.G. Prasad’s classification [8, 9]. Data was analyzed using statistical package for social sciences (SPSS) version 18, percentages were used for comparison and Pearson’s chi-square test to find out the association.

Results

A total of 400 men were interviewed, the mean age of the study subjects was 30.4±3.66. 61% of the husbands belong to 30 years and less. Considering wife’s age 57.25%, 40.5%, 2.25% belongs to age 15-24, 25-34 and ≥35 years respectively. 47.5% nuclear family, 52.2% joint family comprises 43% Hindus 57% Muslims. Only 2% were illiterates, 28.2% were graduation and 42% completed their secondary school. 35.5% were professionals and only 5.5 % were semiskilled laborers. According to modified B.G. Prasad’s socioeconomic classification majority (30.5%) belongs to class II and 1.5% belongs to class V. (Table 1). As education status considered majority of the husbands (42%) and wives (37.50%) studied up to secondary school. (Graph 1)

Table 1: Socio-demographic profile of the participants

Variables	Numbers	Percentages
Age of husband(years)		
<30 years	245	61.2
31-40 years	145	36.2
>40 years	10	2.5
Age of wife(years)		
15-24 years	229	57.25
25-34 years	162	40.5
≥35 years	9	2.25
Religion		
Hindu	172	43
Muslim	228	57
Type of family		
Nuclear family	190	47.5
Joint family	210	52.5
Socio economic status		
Class I	78	19.5
Class II	122	30.5
Class III	103	25.75
Class IV	91	22.75
Class V	6	1.5
Number of children the couple had at the time of the study		
1 child	230	57.5
2 children	145	36.2
≥3 children	25	6.3

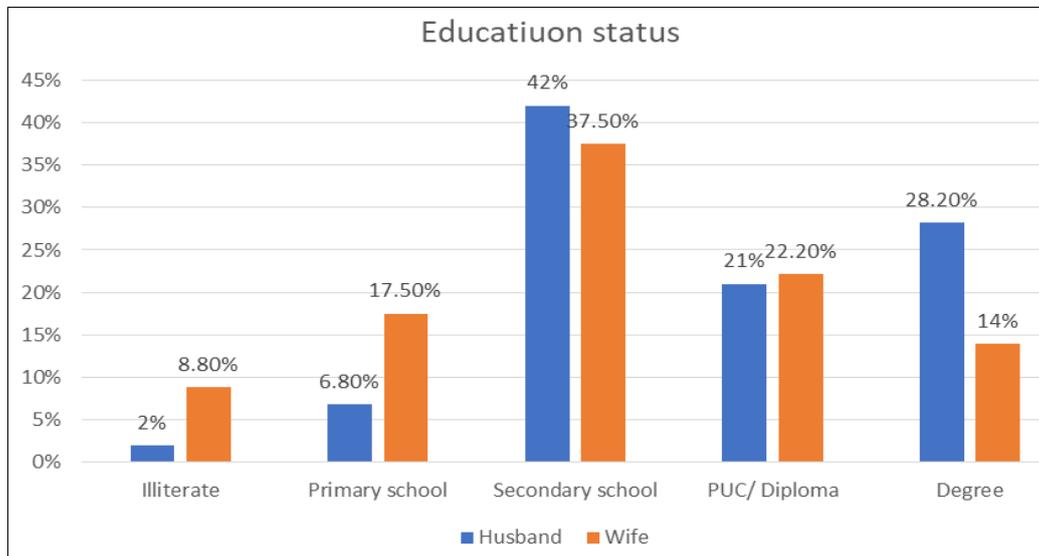


Fig 1: Education of husbands and wives

In present study, in 13.5% of cases husband decided. 2.8% wife decided and 51.2% cases both husband wife together decided the place of delivery. Only 42% husbands bared the delivery expense.52.2% cases wives’ parents paid the expenses. 83.25% wives’ parents took care of the wife and baby only 1.2% husbands took care of the wife after delivery.59.2%husbands said initiation of breast feeding should be within half an hour to four hours of birth of the baby, 16.2% husbands said within half an hour, 19% were

not aware. 70% husbands opined that exclusive breast feeding should be for 0-6 months, 20.2% said6 months-1 year had no knowledge. When asked about the ideal time for weaning 70.2%, 4.2%, 25.2% of husbands said6months-1year, 0-6months and no idea respectively. 87.75% study participants accompanied.51.85%men accompanied for twice, 24% once and only 1% men accompanied for more than three times to the immunization of the baby.

Table 2: Knowledge and practice of husbands about maternal and childcare

Variables	Numbers	Percentages
Who decided the place of delivery		
Husband	54	13.5
Wife	11	2.8
Together	205	51.2
Parents/in laws	130	32.5
Who paid the delivery expenses		
Husband	180	45
Wives Parents	209	52.2
Husbands parents	11	2.75
Who took care of wife after delivery		
Wife’s parents	333	83.25
Husbands parents	55	13.7
Husband	5	1.2
Herself	7	1.8
Ideal time of initiation of breast feeding for the baby		
Within half an hr.	65	16.2
Half to 4 hr.	237	59.2
4hr to 24hrs	22	5.5
Don’t know	76	19
Exclusive breast feeding means how many months?		
0-6 months	280	70
6months – 1year	81	20.2
Don’t know	39	9.8
Ideal time of weaning		
0-6months	17	4.2
6months -1year	281	70.2
Don’t know	102	25.2
Accompanied child to immunization		
Yes	351	87.75
If yes, how many times		
Once	96	24
Twice	207	51.8
More than three times	48	12

In the present study, 92% husbands were aware of family planning methods. 79.5% husbands reported that they had used family planning after the last childbirth. 58.25% practiced temporary family planning methods and 21.25% adopted family planning methods. 42.5% used Copper T, 27.6% used condom and 27.9% were on Combined Oral Contraceptive pills. 59.5% cases, husband and wife together

decided about the use of family planning method, 37.2% husband only decided, 2.5% wife only decided and in 0.8% cases, others decided about the usage of family planning methods. 73.5% husbands opined that wife should undergo tubectomy and 3.25% husbands supported vasectomy. (Table 3)

Table 3: Knowledge and practice of husbands about family planning

Variables	Numbers	Percentages
Awareness of family planning methods		
Yes	368	92
Used any FP methods after the last delivery		
Yes	318	79.5
Method of FP practiced		
Temporary	233	58.25
Permanent	85	21.25
None	82	20.5
If temporary which method was practiced		
CU-T	99	42.5
Condom	69	29.6
OCP	65	27.9
Decision maker of using FP methods		
Husband	149	37.2
Wife	10	2.5
Together	238	59.5
Others	3	0.8
Who should undergo permanent FP procedure		
Husband	13	3.25
Wife	294	73.5
Not yet decided	93	23.25

Men aged 30 years and less (82% $p=0.516$), degree holders (92% $p=0.001$) semi-professionals (86.2% $p=0.053$) belongs to Hindu (88.4% $p<0.001$) religion from joint family (87.1% $p <0.001$) with class II (81.6%) and III (81.1%)

socioeconomic status having one kid (85.7% $p=0.005$) shows more participation in accompanying his baby to immunization.

Table 4: Association of husband accompanying his baby to immunization with various socio-demographic factors

Variable	Husband accompanying baby to immunization		Chi square value	P value
	Yes	No		
Age				
<30 years	201(82%)	44(18%)	1.324	0.516
31-40 years	112(77.2%)	33(22.8%)		
41-50 years	8(80%)	2(20%)		
Education				
Illiterate	4(50%)	4(50%)	18.02	0.001
Primary school	22(81.5%)	5(18.5%)		
Secondary school	129(76.8%)	39(23.2%)		
PUC/Diploma	62(73.8%)	22(27%)		
Degree	104(92%)	9(8%)		
occupation				
Professional	113(79.6%)	29(20.4%)	9.363	0.053
Semiprofessional	106(86.2%)	17(13.8%)		
Skilled	51(77.3%)	15(22.7%)		
Semiskilled	13(59.1%)	9(41%)		
Unskilled	38(80.9%)	9(19.1%)		
Religion				
Hindu	152(88.4%)	20(11.6%)	12.560	<0.001
Muslim	169(74.1%)	59(25.9%)		
Type of family				
Nuclear family	138(72.6%)	52(27.4%)	13.253	<0.001
Joint family	183(87.1%)	27(12.9%)		
Socioeconomic status				
Class I	57(73.6%)	21(26.9%)	3.355	0.340
Class II	99(81.1%)	23(18.9%)		
Class III	84(81.6%)	19(18.4%)		

Class IV	76(83.5%)	15(16.5%)		
Class V	5(83.3%)	1(16.7%)		
Number of children the couple had				
1 child	197(85.7%)	33(14.3%)	10.474	0.005
2 children	107(73.8%)	38(26.2%)		
≥3 children	17(68%)	8(32%)		

Men of age 31-40 years (94.5%), professionals (99.3% $p<0.001$) completed their degree (99.1% $p=0.001$) belongs to Hindu (94.2%) religion from nuclear family (93.7%) with class I (98.7%) II (95.1%) and class III (96.1% $p<0.001$) socioeconomic status having 3 and more kids (96%) shows more awareness of family planning. Professionals with higher education level and higher socioeconomic class show high level of family planning awareness and the finding is statistically significant.

Table 5: Association of husband awareness of family planning with various socio-demographic factors

Variable	Husband awareness of family planning		Chi square value	P value
	Yes	No		
Age				
<30 years	223(91%)	22(9%)	0.828	0.369
31-40 years	137(94.5%)	8(5.5%)		
41-50 years	8(80%)	2(20%)		
Education				
Illiterate	0(0%)	8(100%)	106.0	0.001
Primary school	22(81.5%)	5(18.5%)		
Secondary school	153(91.1%)	15(8.9%)		
PUC/Diploma	81(96.4%)	3(3.6%)		
Degree	112(99.1%)	1(0.9%)		
Occupation				
Professional	141(99.3%)	1(0.7%)	56.117	<0.001
Semiprofessional	110(89.4%)	13(56.5%0)		
Skilled	59(89.4%)	7(10.6%)		
Semiskilled	12(54.5%)	10(45.5%0)		
Unskilled	46(97.9%)	1(2.1%)		
Religion				
Hindu	162(94.2%)	10(5.8%)	1.959	0.162
Muslim	206(90.4%0)	22(9.6%)		
Type of family				
Nuclear family	178(93.7%)	12(6.3%)	1.395	0.238
Joint family	190(90.5%)	20(9.5%)		
Socioeconomic status				
Class I	77(98.7%)	1(1.3%)	33.208	<0.001
Class II	116(95.1%)	6(4.9%)		
Class III	99(96.1%)	4(3.9%)		
Class IV	71(78%)	20(22)		
Class V	5(83.3%)	1(16.7%)		
Number of children couple had				
1 child	212(92.2%)	18(7.8%)	0.744	0.692
2 children	132(91%)	13(9%)		
≥3 children	24(96%)	1(4%)		

Discussion

Men’s awareness and knowledge are vital for taking correct decisions at right time. In the present study 51.2% cases, husband and wife together took the decision about the place of the delivery, in 13.5%, 2.8% cases husbands wives took the decision respectively. In 52.25% deliveries wife’s parents paid the expenses, 45% cases husband paid the expense of the delivery. A study conducted at Agra showed that majority of couples 71.39% did not take decision together about delivery [10]. A study conducted in Uttar

Pradesh showed that wives basically agreed with the decisions taken by their husbands [11]. A study done at rural Uganda showed, in 25% of cases husbands paid, in 30% other family members paid the money for delivery expense [2]. majority 83.25% cases woman’s mother took care after delivery, 1.8% cases woman took care of herself and husband took care of wife in 1.2% only. A similar study conducted at Delhi reports that women in the course of survey have commented that their husband would advise rest but did not do anything to ensure rest after delivery [12]. Men’s participation in post-natal care of the wife was negligible and so some promotive activities should be undertaken to improve the men’s participation in post-natal care of the women. In the present study, 70% husbands knew 0-6 months as the ideal period of exclusive breast feeding, 9.8% had no knowledge. Around 70.2% husbands opined 6 months-1year is the correct weaning time and 25.2% had no knowledge. Abhinaya *et al.* 75.3% fathers had babies exclusively breast fed between 4-6 months of age.58.1% had knowledge about breastfeeding before baby’s birth [13]. Dutta *et al.* and Soltani *et al.* reported the similar findings [12, 14]. Bhatta *et al.* states those men who were uneducated or had primary level education were aged 25 years or above, had formal employment were more likely to encouraged exclusive breast feeding [15].

In our study, 87.75% husbands accompanied their children to immunization. Among those who accompanied their kids for immunization, 51.85% husbands accompanied twice times, 24% accompanied only once. Swapna *et al.* showed that 29% of men reported taking child to immunization most of the times and 84% men sometimes17. A study conducted in Delhi and Nepal states that 13.8% and 10.9% of men accompanied their children to the immunization respectively [12, 15].

In the present study husbands (82.5%) aged 30 and less who were graduates (92%) belongs to class V (83.5%) Socioeconomic status from Hindu (88.4%) community who lived in joint family (87%) showed higher accompaniment of their kid to immunization. As the education level and socioeconomic status of husband increased, the men accompanying their baby to the immunization increased and it was found to be statistically significant. A study done in Nepal showed that those men who were uneducated or had primary level education and were aged 25 years or above were more likely to accompany and men with high income were less likely accompany their partners for immunization of children [17].

In the present study, 92% husbands were aware of family planning methods. 79.5% husbands had used family planning methods after the last delivery. Among those who practiced 58.25% used temporary method and 21.25% used permanent family planning methods. Among those who used temporary methods 42.5% were using Copper T, 27.6%were using condom and 27.9% were on OC pills. In 59.5% cases, husband and wife together decided about the use of family planning methods, 37.2% cases husband decided, only in 2.5% cases wife decided about the usage of

family planning methods and shows that women's autonomy in decision making is still minimal. Majority (73.5%) of the husbands opined that wife should undergo tubectomy; only 3.25% husbands opined that husband should undergo vasectomy. Hindus from nuclear families were found to have high level of family planning awareness. Linges *et al.* reported similar outcome^[18]. Swapna *et al.* reports that only 27% men were using contraceptives. 94.3% men said that they would prefer tubectomy as a permanent method of contraception^[16]. A similar study conducted at Delhi showed that vasectomy was adopted by only 1.8 percent of the males and another 13.8 percent used condom^[19]. Rekha *et al.* reported Most husbands preferred that their spouse should be sterilized (53.8%). Family planning methods were actively practiced by 71.2%. Most of the subjects opined that special family planning services for men would encourage the utilization of male contraception. Most of the men (87.8%) were aware of male contraception in the market with those from the lower Socio-economic status (86.9%) having almost equal awareness as compared to upper Socio-economic status (92.3%). This could be due to active awareness programs held in the community and also information about contraceptives^[20]. Lingies *et al.* showed the discussions on the usage of family planning methods were significantly low^[18]. Reddy *et al.* 18% felt that either of the couple (whoever is well informed) should make the decision while 8% said that decision maker should be the wife^[21]. Data also showed that women were taking the lead in the case of adopting family planning methods. The findings showed that women were the ones opting for methods like sterilization rather than men^[2].

Conclusion

Though men had a good knowledge about postnatal care, childcare and family planning their involvement is limited due to various sociodemographic issues. So, these factors should be considered during maternal health programmes development. The MCH programmes should reform their communication methods and policies in a manner that includes men as both enablers and beneficiaries, hence making them responsible partners.

Ethics approval: Obtained from Institutional Ethical Committee

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