

**ORIGINAL RESEARCH ARTICLE****INVOLVEMENT OF MALE IN BIRTH PREPAREDNESS IN TULSIPUR MUNICIPALITY OF DANG DISTRICT NEPAL**CK Bhusal ^{1*}, S Bhattarai ²¹ Department of Community Medicine, National Medical College Teaching Hospital, Birgunj, Nepal² Nursing Department, National Medical College Teaching Hospital, Birgunj, Nepal**Correspondence to: Chetkant Bhusal, MPH student, Department of Community Medicine, National Medical College Teaching Hospital, Birgunj, Nepal.**Email: ck_akash3112@yahoo.com***ABSTRACT**

Male in patriarchal societies of developing countries are identified as decision makers in all aspects of life. Every pregnant woman faces risk of life-threatening obstetric complications. A birth-preparedness package promotes active preparation and assists in decision-making for healthcare seeking in case of such complications. The present study attempted to assess the involvement of male in birth preparedness in Tulsipur Municipality of Dang District. A Descriptive Cross Sectional Study was conducted among 125 male including husbands of pregnant women and fathers of under one children in 2011, to assess the involvement of male in birth preparedness. Purposively record was reviewed from the Rapti Zonal Hospital as well as Municipality office, and respondent were identified using snowball sampling from community. More than half 52.8% of the respondents heard about Birth Preparedness. Nearly half 44.36% of the respondents plan for preparedness of birth, more than half 56.8% had thought to plan if emergency situation or complication arises during pregnancy and childbirth. Most 69.6% of the respondent has planned the place for giving birth to their child. Nearly half 51.8 % of respondent have plan for visiting their wives to Skill Birth Attendants. Only few 12.5% of the husbands had planned for transportation facility and identified Blood Donors if required'. About half 48% of the husbands are accompanying their wife for Antenatal Care. Most 88% of the husbands help their wives in household activities during pregnancy and childbirth. It shows that about half of the male were involved in Birth Preparedness.

Key words: *Antenatal care, Birth Preparedness, Male Involvement, Pregnancy.***DOI:** <http://dx.doi.org/10.3126/jcmc.v5i4.16550>**INTRODUCTION**

Birth preparedness is advance planning and preparation for delivery. Birth preparedness helps to ensure that women can reach professional delivery care when labour begins and can also help reduce the delays that occur when women experience obstetric complications.¹ Birth preparedness is the process of planning for normal birth and anticipating the actions needed in case of emergency.² Birth preparedness and complication readiness include many elements, including: (a) knowledge of danger signs; (b) plan for where to give birth; (c) plan for a skilled birth

attendant; (d) plan for transportation; (e) birth companion; and (f) identification of compatible blood donors in case of emergency.²

Globally, an estimated 585,000 women die as a result of pregnancy and childbirth (maternal mortality) and perhaps 15 times as many suffer injury or infection (maternal morbidity). Most of these deaths and disabilities happen to women of developing countries, where pregnancy and child birth are leading causes of death, and where the risk of death is 50 to 100 times greater than in developed countries.³ The birth plan

is very important strategy in developing countries, where obstetric services are poor and thus contribute significantly in maternal and neonatal morbidity and mortality.⁴ Attendance of husband at antenatal clinic is rare in many communities and it is difficult to find men accompanying with their partners during ANC and delivery.⁵ Male involvement enables men to support their spouses to utilize obstetric services and couple would adequately prepare for birth complications. This would lead to a reduction in all three phases of delay: delay in decision to seek care; delay in reaching care; and delay in receiving care. The male partner can play a crucial role especially in the first and second phases of delay in developing countries and thereby positively impact birth outcomes.⁶ A woman in developing countries are either under collective decision making with their partners or completely depends on male partner's decision on issues of reproductive live.⁷

As male are decision maker, male should be aware about the need of care during pregnancy, delivery and after childbirth. Husbands not only support their partners by accompanying and providing financial resources during medical checkup but also play important role in decision making in various stages of pregnancy health care delivery which can make the difference between life and death for women.⁸ Increasing husband's knowledge on healthcare facilities may reduce the delay in decision making for seeking care from trained providers for management of obstetric complications.⁹ Involvement of male is necessary; their knowledge regarding care needed help to reduce the rate of mortality and morbidity. So husband's knowledge in such context plays an important role in order to reduce maternal mortality and infant mortality rate.

Methods

A Descriptive Cross Sectional research design was applied to identify the male involvement in Birth

Preparedness in Tulsipur Municipality of Dang District Nepal from 1st April 2011 to 28th November 2011. Purposively record was reviewed from the Zonal Hospital, also municipal records were reviewed for the registered birth to identify the under one children. Snowball technique was used to trace out respondent in different communities. Husbands of pregnant women and fathers of under one children aged 19-70 of different wards of Tulsipur Municipality of Dang district Nepal were interviewed face to face using the semi-structured questionnaire to study their involvement in their wives pregnancy, pregnancy related complication, childbirth. Altogether 125 male were interviewed. The inclusion criteria were normal male whose wives were pregnant and father's whose children were less than one year and the exclusion criteria were husband's with previous documented history of mental illness, father's whose children cross the age of 12 month at the date of data collection and husband and father who did not give consent.

Verbal informed consent was taken from each respondent. Participants were free to decide whether to participate on the study or not. The study was given ethical approval by ethical board of HOPE International College Satdobato Lalitpur Nepal. The information collected through semi-structured questionnaires was rigorously edited and coded before entering into the software than Microsoft Excel 2007 was used for data entry. Descriptive statistics were used for analysis of data using frequency table, percentage, and cross tabulation. Than SPSS-16 software was used for data analysis.

Results

The respondent ranged from 19 years to 70 years with mean age of 27.22 years. Only 3.2 % of the respondents were illiterate. About 22% of them were involved in agriculture. Nearly half 47.2 % had nuclear family. Regarding the income of the

respondent 40.8 % of them earned more than 10000 rupees per month. (Table-1)

Table 1: Socio demographic characteristics (n=125)

Characteristics	Frequency	Percent
Age groups (in years)		
15-24	46	36.8
25-34	68	54.4
35-44	7	6.4
45 Above	3	2.4
Occupation		
Agriculture	27	21.6
Business	21	16.8
Services	26	20.8
Student	12	9.6
Educational Status		
Primary	29	23.2
Lower Secondary	33	26.4
Secondary	24	19.2
Higher Secondary	18	14.4
Above Higher Secondary	17	13.6
Illiterate	4	3.2
Family Type		
Nuclear	59	47.2
Joint	56	44.8
Extended	10	8.0
Monthly Income		
1000-5000	46	36.8
5000-10000	28	22.4
Above 10000	51	40.8

More than half 52.8% of the respondents heard about Birth Preparedness. Of the sample 44.36% of the respondents planned for preparedness of birth. Beside 56.8% had thought to plan if emergency situation or complication arises, 43.2 have not still planned in such situation. Nearly half 48% of the husbands accompany their wife for ANC. (Table-2)

Table 2: Involvement in Birth Preparedness

Characteristics	Frequency	Percent
Heard about Birth Preparedness (n=125)		
Yes	66	52.80
No	59	47.20
Planning for Birth Preparedness		
Yes	55	44.36
No	69	55.64
Thinking to plan during Emergency		
Yes	71	56.8
No	54	43.2
Accompanying wife for ANC		
Yes	60	48.0
No	65	52.0

Out of 55 male respondents having planned for Birth Preparedness; majority 84 % had managed the money for complication and more than two-third 69.6 % had planned the place for delivery, more than half 51.8% had plan for SBA. Out of 71 respondents who had thought to plan only if emergency or complication arises 11.5 % had identified compatible blood donors and, 70.8 % planned for visiting their wives to SBA, about one-fifth 20.8 % plan for transportation and greater than one- third thought to manage the money during emergency condition of their wives.(Table-3)

Table 3: Planning for Birth Preparedness

Characteristics	Planning before Birth (%) (n=55)	Thinking to plan during emergency (%) (n=71)
Where to give birth	69.6	
Plan for SBA	51.8	70.8
Plan for Transportation	12.5	20.8
Identification of compatible Blood Donors	12.5	11.5
Management of money for complication	84	26.4

Most of the entire respondents 88% help their

wives in household activities during pregnancy and childbirth. Among 110 respondents who helped their wives during pregnancy and childbirth, 25.9% helped them due to the weakness of their wives in that period; very few i.e. only 5.6 % of the husbands helped in the complicated situation, and 16.7 % of them helped thinking gender equality. Similarly out of 15 respondents 70.6 % did not help their wives due to their own busy schedule, 5.9 % replied due to their weakness in old age. About half 50.4% of husbands took decision by themselves whereas only few 12.9 of their wives decided in their household activities.

Table 4: Helping wife in Household Activities during pregnancy and childbirth

Characteristics	Freq.	%
Yes	110	88.0
No	15	12.0
If yes: Reason (n=110)		
For good Health of mothers and baby	28	25.9
Due to weakness	28	25.9
Because of difficulties	35	32.4
Due to complication	6	5.6
Due to love	21	19.4
Gender equality	18	16.7
If no: Reason (n=15)		
Due to busy schedule	12	70.6
Not being at home	4	23.5
Due to weakness	1	5.9
Decision making taken in the family		
Himself	63	50.4
His wife	61	12.9
His mother	38	30.4
His father	20	16.0

Discussions

This study examined the different elements for the birth preparedness and complication readiness. In the context of planning for Birth Preparedness, place to give birth to the new life, plan for SBA, transportation, identification of blood donors in normal condition as

well as preplan of such things in case of emergency, accompanied their wives for ANC, helping their wife during pregnancy and complication, decision making in the household are very important for the involvement of male in preparedness of birth.

This study shows that only about half of the male partner heard about the Preparedness of Birth. According to most studies, male partner involvement in maternal and child health is still low in many countries.^{10,11,12}

This study revealed that nearly about half of the respondents planned for preparedness of birth but slightly more than half of the respondent thought to plan only when emergency arises during pregnancy and childbirth, nearly about two third of the respondent had planned the place for giving birth to their child This indicates more than half of the husband's involvement in birth preparedness. The survey conducted by NDHS 2006 showed the similar result i.e. slightly more than half of the husbands' involvement in Birth Preparedness.¹³

The present study explains that nearly half of respondent had planned for visiting their wives to SBA this may be due to the accessibility of health worker other than SBA in the municipality however most of the studies conducted in Nepal and Northern Uganda shows that about half of husbands arranged SBA for delivery and several men were actively involved in birth plans and complication readiness when their spouses were pregnant or in labour.^{14,15,16}

This study showed that only few of the husbands had planned for transportation facility which may be due to the accessibility of transportation facility at any time and seems they are not very worried for transportation however the survey conducted by NDHS 2006 showed that very few of the husbands' arranged for transportation.¹³

This present study also reported that about half of the husbands are accompanying their wife for ANC visit. Other previous studies conducted at Nepal and Kenya showed similar results.^{12,17}

The previous study results suggested that more than half of the husbands help their wives in household's and other activities during postpartum period.¹⁴ The current study pointed that most of the husbands help their wives in household activities during pregnancy and childbirth.

This study highlighted that out of 15 respondents who had not helped their wife, most of males reported due to busy schedule. Another study conducted in Kathmandu pointed that the reasons said by males for not to accompany their partners on ANC visit was being preoccupied with work.¹⁵

More than half of husbands in this study take decision by themselves. The study conducted in Puerto Ricans on US showed that husbands not only support their partners by accompanying and providing financial resources during medical checkup when they seek care but also play important role in decision making in various stages of pregnancy health.¹⁸ Another study conducted by Smith K. showed that Household heads and Husbands are the primary decision makers regarding pregnancy-related care.¹⁹

Conclusion

It shows that about half of the male were involved in Birth Preparedness. Therefore effective education should be provided to the husbands with rational to improve the maternal and child health. Though, it was planned to include only husband of pregnant women however due to the time limitation few i.e. 10 fathers of under one children were included in the study which may mislead the purpose of this study. Because the information they may provided from their past experiences or they may learn from their previous mistakes. This along with smaller sample size was the limitation of the study. We suggest

and strongly recommend a large population based comprehensive study including only husband of pregnant women on this topic.

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