

2002

Men in maternity study: A summary of the findings from pre-intervention interviews with women and their husbands attending antenatal clinics at ESIC facilities in Delhi

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Recommended Citation

Mishra, Anurag, Leila Caleb-Varkey, Anjana Das, Emma Ottolenghi, Dale Huntington, Susan E. Adamchak, and Shahina Begum. 2002. "Men in maternity study: A summary of the findings from pre-intervention interviews with women and their husbands attending antenatal clinics at ESIC facilities in Delhi," FRONTIERS Research Update. New Delhi: Population Council.

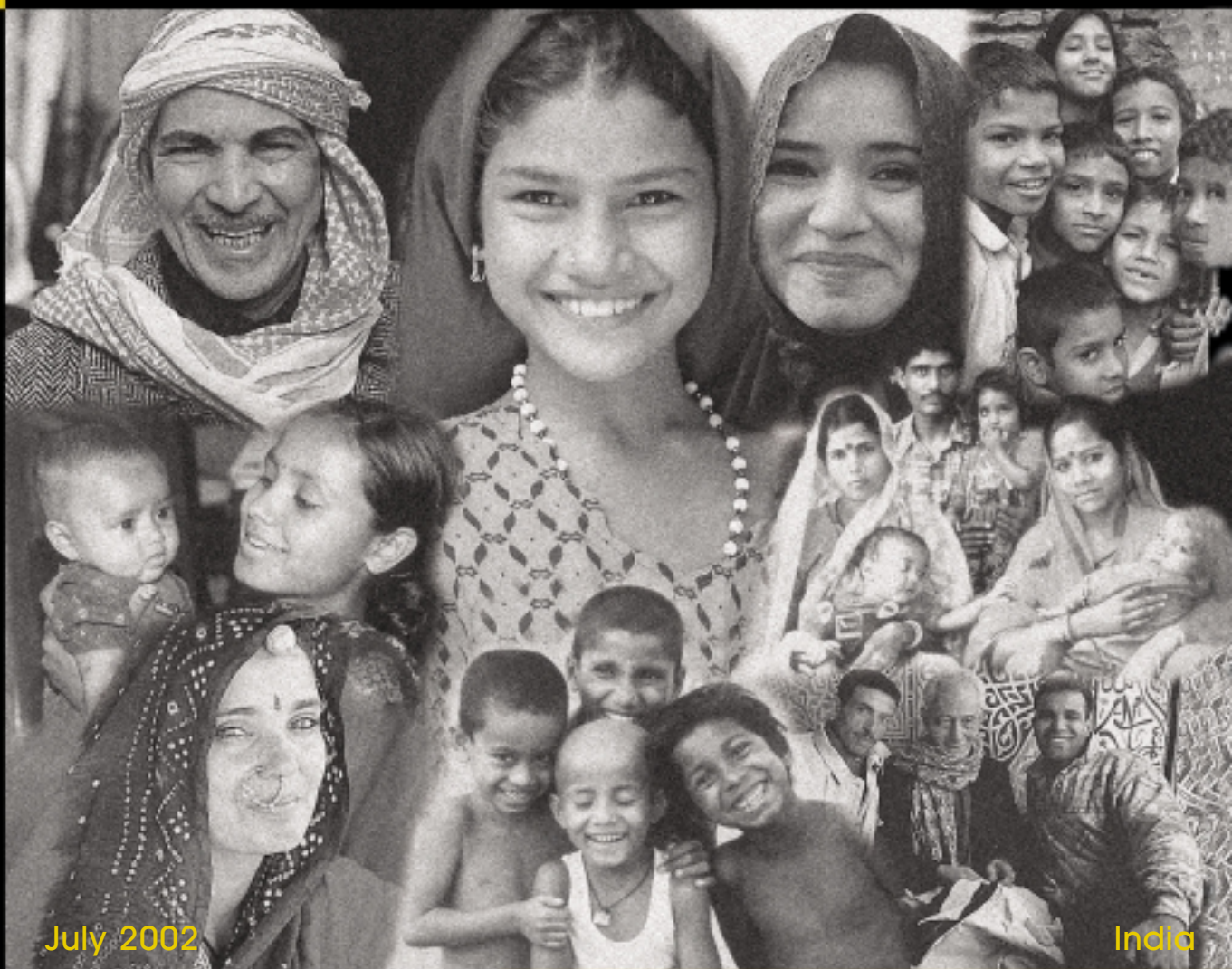
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FRONTIERS

RESEARCH UPDATE



Men in Maternity Study:

A Summary of the Findings from
Pre-Intervention Interviews with Women and
their Husbands Attending Antenatal Clinics
at ESIC Facilities in Delhi

BACKGROUND

Most family planning and reproductive health programs focus exclusively on women. This environment is often not welcoming or understanding of the needs of men. Men are excluded from maternity care interventions on the premise that they would not be interested or that they would be uncomfortable. The result is that while women receive the bulk of reproductive health education, gender dynamics make men the primary decision-makers. In many

sexually transmitted diseases (STIs) more effectively since men are more often symptomatic.

POPULATION COUNCIL'S ROLE

The Frontiers in Reproductive Health program, a USAID funded project of the Population Council is addressing these issues through an operations research (OR) study that investigates the effects of male participation in a new model of maternity care that is gender sensitive and provided at the

The MiM study is underway in six dispensaries across New Delhi operated by the Employees' State Insurance Corporation (ESIC), an autonomous social security organization for industrial workers regulated by an Act of Parliament under the Ministry of Labour, Government of India. ESIC provides medical care and insurance to enrolled populations (workers earning less than Rs. 6,500 per month). In New Delhi, medical services are provided to approximately 2.2 million people through their network of five hospitals, stand-alone emergency facilities, day-care centers and 34 dispensaries. Young men living in low-income areas of New Delhi account for a major proportion of the caseload at these dispensaries.

settings, men act as gatekeepers to women's access to reproductive health services and often hold the decision-making power over matters such as when and where to seek emergency obstetric care, the place of delivery and use of family planning methods during the postpartum period.

There is a growing awareness and acceptance that men have an important influence on women's health and also have distinct reproductive health needs of their own. Reaching out to men as partners may improve spousal communication and may help in early decision-making for seeking care if complications arise and may also help define couples' sexual and reproductive behavior, goals and perceptions. Services for men can also address

primary care level. The immediate objectives are to increase the use of family planning methods in the postpartum period and to promote STI primary preventive practices in men and women. The three year study called Men in Maternity (MiM) is being conducted in South Africa and India. In India, the project is collaborating with the Employees State Insurance Corporation (ESIC). The MiM intervention is facilitating the inclusion of men in their wives' antenatal and postpartum care with couple and individual counseling during pregnancy and at six weeks postpartum. The central elements of the intervention are (a) counseling which focuses on healthy pregnancy behaviors, attention to danger signs in

The Frontiers in Reproductive Health program, a USAID funded project of the Population Council is addressing these issues through an operations research (OR) study that investigates the effects of male participation in a new model of maternity care that is gender sensitive and provided at the primary care level. The immediate objectives are to increase the use of family planning methods in the postpartum period and to promote STI primary preventive practices in men and women.

pregnancy and postpartum family planning including LAM and improving knowledge of STIs and HIV, their prevention and treatment in cases of male urethritis symptoms and male or female genital ulcers, (b) Universal antenatal Syphilis screening and treatment of both husband and wife in positive cases.

STUDY DESIGN

The OR study uses a quasi-experimental study design to examine the effects of the intervention. Along with the Men in Maternity (MiM) collaborating partners, Population Council staff chose six of the 34 ESIC dispensaries in Delhi with high antenatal clinic attendance as sites for the study. Three of these were assigned as intervention sites and three as control sites. A sample size of 450 pregnant women was estimated for each site, keeping in mind the key variables and the likelihood of a loss of participants during the follow-up six-month postpartum interview period. All pregnant women attending the ANC during the study period were screened and asked to participate in the study if they met the following criteria:

- They were between 10 and 26 weeks of gestation.
- They were likely to be present in Delhi at the same residential address at six months postpartum.
- They consented to participate in the study/be interviewed and agreed to ask their husbands to be involved (after being fully informed about the

study and read the informed consent statement in the questionnaire).

In the control and intervention sites, 486 and 581 pregnant women were interviewed, respectively. Since the intervention involves men in their wives' antenatal and postpartum care, an attempt was made to interview all husbands of the women at the intervention sites after they consented. In 84 percent of the couples, husbands accompanied the women to at least one of her early antenatal visits and agreed to participate in the study, the remaining 16 percent may be interviewed at home in the postpartum period if their wife and they agree to be interviewed. A total of 488 husbands were interviewed at the intervention sites. Refusal rates among women were low: 3.6 percent at the control sites and 1.3 percent at the intervention sites.

BASELINE SURVEY FINDINGS

The data presented in this Update derives from a detailed Preliminary Findings Report (MEN IN MATERNITY STUDY: Results from the Pre-Intervention Survey of Pregnant Women and their Husbands at the Three Intervention and of only Women at Three Control Employees' State Insurance Corporation Dispensaries in Delhi, India). Interviews took place in all cases only after consent was first taken from the woman. These interviews were conducted during November 2000 - November 2001.

General Characteristics

This section describes the study populations and provides a comparison of individual and household characteristics of the intervention and control group women in order to establish comparability between the two groups. Table 1 gives a detailed comparison. The interviews with

women and men included some basic questions about their socio-demographic characteristics. The results from these questions reveal that women in the control and intervention sites are similar in terms of most individual and household characteristics. For instance, approximately one-third are illiterate, while 15

percent have more than a high school education in both groups. Most women mentioned that they lived as nuclear families while approximately one-third lived with their husband and other relatives. Only a few women mentioned that they usually lived in their ancestral village and not with their husbands in Delhi.

Table 1: General Characteristics of Respondents

	Proportion of respondents (Female)			Proportion of respondents (Female)	
	Control (N=486)	Intervention (N=581)		Control (N=486)	Intervention (N=581)
Age			No. of living children		
Less than 20	7.6	7.1	None	37.8	32.7
20-24	53.9	48.7	One	39.3	36.0
25-29	29.0	34.8	Two	16.9	22.9
30 and above	9.4	9.5	Three	4.9	5.9
			Four or more	1.0	2.6
Education			House ownership		
Illiterate	33.1	35.6	Own house	39.9	41.7
Up to 5 years schooling	3.7	4.0	Privately rented	56.8	55.2
6 - 10 years schooling	32.3	34.1	Provided by employer	2.7	3.1
More than 10 years	15.2	15.1	No response	0.6	-
Currently married			Number of rooms used for sleeping		
Yes	100	100	One	70.6	65.9
			Two	20.2	23.1
Total household members			Three or more	9.3	11.0
1-2	17.9	17.4	Working for money		
3-4	54.7	48.5	Yes	11.5	7.7
5-6	16.7	23.1	No	88.5	92.3
7 and above	10.7	11.0	Currently living with partner		
Duration of marriage			Only with spouse	61.5	54.9
Less than 2 years	16.5	15.0	Living apart from spouse	0.4	0.5
2-4	29.8	26.0	Living with extended family	38.1	44.6
5-7	25.5	25.8			
8-10	16.5	18.2			
11 and above	11.7	15.0			

The interviews with women and men included some basic questions about their socio-demographic characteristics. The results from these questions reveal that women in the control and intervention sites are similar in terms of most individual and household characteristics.

Women tend to be less educated than their husbands, younger in age by approximately five years and less likely to be working outside the home. In most cases, men stayed home at night but 12 percent of women reported that their husbands were away at night at least one week per month.

Pregnancy History and Desire for Another Child

This cohort of women was generally young and of low parity, however a sizable proportion mentioned having had a pregnancy loss (10 percent) either through miscarriage or medical termination of pregnancy (MTP).

The average duration of marriage for couples was 6.3 years and the mean number of living children for the control group was 0.92 and 1.10 for the intervention group. The median age of the youngest child was around two years. For 23 percent of the women from the intervention group and 29 percent of the control group this was their first pregnancy. Most women reported that this pregnancy was

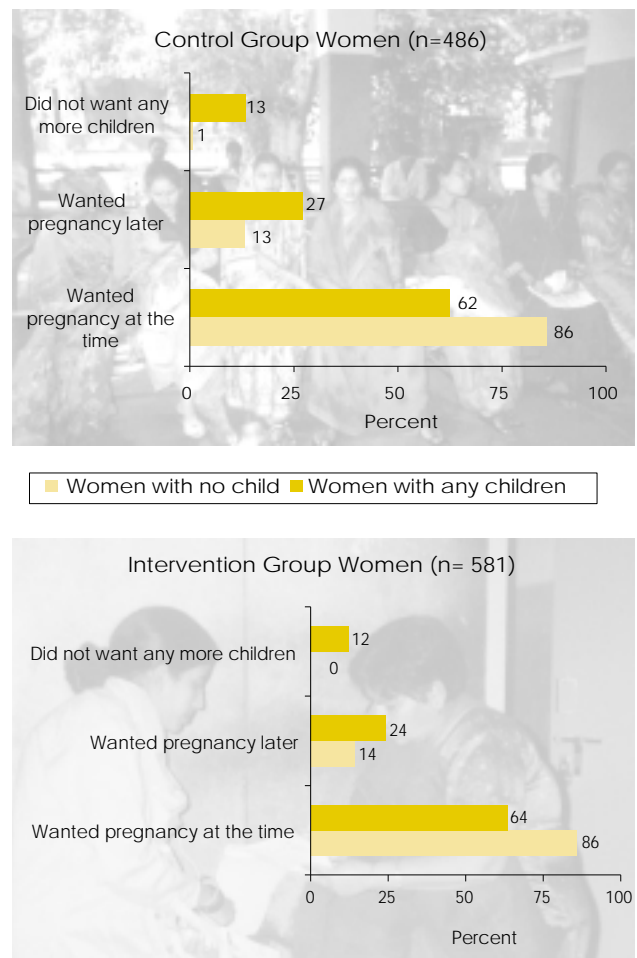
desirable since they did not have any children or only one child. Half of the women with two or more living children, however, reported that they would have liked to postpone this pregnancy or not have any more children.

The following sections present data for men and women only from the Intervention Sites on key reproductive health issues such as family planning, maternity and child care, spousal communication and support, and on sexually transmitted infections (STIs).

Family Planning

This section provides a summary of information on men's and women's knowledge of the fertile period, family planning use and

Figure 1: Desire for Current Pregnancy



desire for children after this pregnancy.

The survey asked whether respondents had ever used any family planning method in the past and the method used. Twenty five percent of women

reported that they had used a method and 64 percent revealed they intended using a method in the future. A much higher proportion (40 percent) of men reported having ever used a family planning method and a lower proportion (56 percent)

reported that they intended using a method in the future.

Female sterilization was the favored family planning method. Forty three percent women with at least one child reported that they planned to undergo a female sterilization procedure while 41 percent of men reported female sterilization as their preferred method. Intention to use a family planning method varied by parity among women as demonstrated in Table 2. The most often mentioned source of method was the ESIC facility followed by a private provider.

Men mentioned more family planning use than women, reporting higher condom use and oral pill use. A third of women with at least one child reported having used a family planning method in the past and 11 percent of nulliparous women also reported having used a method in the past.

An analysis of family planning use and intentions demonstrated that among the first time pregnant women, most women wanted the pregnancy at the time, however in those with at least one other child, 24 percent would have wanted to delay the pregnancy and at least 13 percent stated that they had not wanted any more children. However their perceptions and desire of this pregnancy did not necessarily match their use of family planning method in the past. Only a few women with no child reported using a method of contraception at the time they became pregnant while 5.9 percent with at least one child

Figure 2: Postpartum Family Planning Intention among Respondents with at least One Child

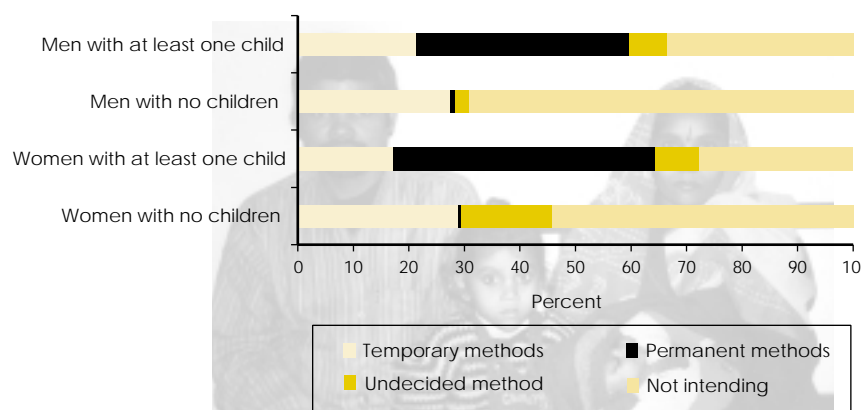


Table 2: Family Planning Knowledge, Use and Intention to Use a Method in the Future

	Women with no child (N=190)	Women with at least one child (N=391)
Family planning knowledge		
Know fertile days of menstrual cycle correctly	2.8	10.8
Knowledge of Lactational Amenorrhoea Method	0.0	0.0
Ever used a family planning method	11.1	31.7
Using a family planning method at the time of conception	0.2	5.9
Wanted pregnancy at current time	85.9	63.5
Future intentions		
Want another child after this child	91.6	24.6
Intend to use a family planning method in the future	45.8	72.4
Intend to use a spacing method in the future	28.9	17.1
Total number of women	190	391

Among the first time pregnant women, most wanted the current pregnancy. Only those with at least one other child, 24 percent would have wanted to delay the pregnancy. At least 13 percent stated that they had not wanted any more children. However their perceptions and desire of this pregnancy did not match their use of FP method in the past. Only a few women with no child reported using a method of contraception at the time they became pregnant while 5.9 percent with at least one child were using a method at the time of conception.

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Among those who had used contraception, 15 percent revealed that they were using a method when they became pregnant, suggesting that counseling on correct and consistent use of a family planning method needs to be addressed.

A review of the family planning data reveals that the most frequently mentioned pattern is to not use any family planning method before the second birth, followed by a desire for female sterilization. This is however prevalent once the couple has had at least one son. The survey did find exceptions: 28 percent of nulliparous women and 17 percent of women with at least one child intend to use a spacing method after this child. This high unmet need is also reflected from the fact that although women tend to state that they desire spacing, information on age of the last child shows that in 25 percent of cases birth would occur before the previous child was even 24 months old.

Maternity and Child Care

This section provides a brief summary of information collected about women's and men's knowledge of maternity care, breastfeeding and childhood immunization. Table 3 summarizes the results from the baseline survey related to spousal communication on maternity care and couples' knowledge and intentions about maternity and childcare.

Of the women who had children, 95 percent said that her youngest child had received any immunization. In a third of the cases, the husband was responsible for taking the child or accompanying his wife to the clinic for this visit. Intention to breastfeed is universal, but 15 percent women felt that this may not be exclusive and seven percent women were undecided. Antenatal care was seen as a time to assess maternal and fetal health and potential problems. Most women reported that their husbands encouraged them to attend these services and they felt welcomed at the clinic.

Spousal Support during Pregnancy and Inter-spousal Communication

It is hypothesized that male participation in maternity care will result in greater communication between men and women on subjects related to reproductive health and child care. The baseline survey included questions about couple communication and desire for involvement of husbands in reproductive health care.

Women expect husbands to share in household tasks when pregnant, especially lifting heavy objects. Both men and women feel that men should accompany them to antenatal visits and women would like them present in the room during consultations and during discussions on maternity care and family planning. A large number of couples have discussed health and childcare during this pregnancy but few mentioned discussing STIs.

Table 3. Spousal Communication and Support during Maternity and Child Care

Maternity and Child Care: Spousal Support and Communication	Women (N=581)	Men (N=488)
Desire husband's involvement:		
Accompany wife to ANC clinic and wait	97.4	98.2
Be in the room during examination	64.4	77.7
Be in the room during family planning consultations	98.1	98.0
Discussed these topics with spouse during pregnancy:		
Maternity care	79.5	80.1
New baby's health	36.5	74.6
Sexually transmitted infections	8.1	30.3
Family planning	48.0	44.7
Antenatal care services:		
Report knowing any signs of complications in pregnancy	10.3	21.1
Report husband encouraged them to attend antenatal clinic	77.6	94.3
Reason for attending the antenatal clinic:		
To find out the pregnancy is normal	55.9	62.7
To find out if there are any problems	47.8	59.8
To get vaccinations	31.8	19.7
To get vitamins/iron	24.6	18.9
Feel men are welcome at the ANC/PNC clinic:		
Yes	93.1	84.8
No	0.0	11.9
Don't know	6.9	3.3
Spousal support: Desired physical help during pregnancy, frequently mentioned responses:		
Household chores	64.7	60.0
Carry heavy loads	18.6	27.3
Look after children	8.8	1.0
Breastfeeding:		
Intend to breastfeed exclusively	77.6	83.6
Immunization: Child accompanied by:		
Mother	10.5	17.5
Father	28.6	28.3

Most men and women are unaware of any life threatening or serious conditions during pregnancy that they should be alert for and seek medical attention. Prompt recognition and immediate care seeking in the face of a danger sign are considered among the most important life-saving behaviors in pregnant and immediate postpartum women.

Spontaneous multiple answers to questions on knowledge of life threatening problems during pregnancy and child birth documented the number of men and women mentioning one of the following: fever, bleeding, swelling of hands and face, high blood pressure, prolonged labor and premature rupture of membranes. Both men and women knew very few of these conditions.

Fifty two percent of women mentioned that they have discussed what to do in the event of an emergency and she is required to be taken to the hospital. All the women reported that her husband would assist her to get to the hospital in case of any emergency or any danger signs of pregnancy. More than three-fourths of the women said they discussed maternity care and plan for birth with their husbands. About half of the women said they discussed family planning.

Sexually Transmitted Infections

This section provides information on knowledge, perceptions and

reported symptoms suggestive of STIs among men and women interviewed. Both men and women were asked if they knew about HIV/AIDS and STIs and if they had experienced any

symptoms themselves. Key results are reported in Table 4.

The percentage of women and men aware of HIV/AIDS is higher than the percentage aware of

Table 4: Knowledge, Perception and Reported Symptoms of STIs among Women and Men

	Women (N=581)	Men (N=488)
Ever heard of STIs	29.8	68.9
Ever heard of HIV/AIDS	48.5	93.4
Knowledge of protection from STIs or HIV/AIDS		
Stay faithful to your husband/wife	53.7	25.7
Use condoms	23.3	37.1
Avoid sharing razors and needles	45.2	35.8
Knowledge about condoms and dual protection		
Prevent or protect from pregnancy	54.9	25.0
Prevent or protect from STI/HIV/AIDS	0.3	2.7
Prevent both STI/HIV/AIDS and pregnancy	23.6	69.5
Perceived risk of acquiring an STI or HIV/AIDS		
No chance	33.9	92.4
Some chance	5.7	1.8
High chance	0.3	0.0
Already infected	0.5	0.0
Reported symptoms suggestive of STIs in the past six months		
Husband had pain / burning urination and urethral discharge	1.4	9.2
Self-report of genital sore or ulcer	1.2	1.4
Treatment seeking		
Any treatment or advice sought (multiple response)	100.0	64.4
ESIC provider	37.5	37.7
Private doctor	75.0	42.2
Among those who sought treatment		
Stopped having sex during treatment	12.5	65.5
Used condom	37.5	10.3
	(N=7)	(N=29)

Spontaneous multiple answers to questions on knowledge of life threatening problems during pregnancy and child birth documented the number of men and women mentioning one of the following: fever, bleeding, swelling of hands and face, high blood pressure, prolonged labor and premature rupture of membranes. Both men and women knew very few of these conditions.

STIs. About 30 percent of women and 69 percent of men have heard of STIs or "hidden illness" as literally translated from the Hindi term, whereas about half of the women and 93 percent of men have heard of the disease called HIV/AIDS, which means that approximately twice as many men than women have heard of these diseases.

In order to understand whether respondents are aware of symptoms of STIs, they were asked if they knew any symptom of STIs in men and women, separately. Significantly only about one-fifth of men and one percent of women could mention any symptoms of STIs in men (78.5 percent of men and 99 percent of women said they did not know any symptoms of STIs in men). Only 3.3 percent men said that pain or burning with urination, 2.5 percent said that genital discharge and 3.7 percent said that sores or ulcers were manifestations of STIs in men.

When asked specifically, what the pain or burning sensation occurring during urination meant, more than half of the men (51 percent) stated that it indicated an STI or a health problem that needed medical consultation. Among women eight percent identified them as symptoms of disease. When asked the significance of a genital sore or ulcer in a man or a woman, 57 percent of men identified it as a disease and 37 percent stated they did not know any significance. To the same question, only 2.2 percent of women stated that a genital sore

or ulcer indicated a disease and 89 percent did not know the significance.

The perception of risk for acquiring an STI and/or HIV/AIDS was low among men and women. Ninety two percent of men and 34 percent of women clearly mentioned they had no chance of being infected. However, about 60 percent of women did not know about their chances of contracting infections. Only about eight percent women mentioned having discussed STIs and HIV/AIDS with their husbands.

Condoms and Dual Protection

Condoms are more likely to be viewed as a contraceptive method than a barrier against STIs, however many men and women are aware of the dual protection value that condoms offer in the prevention against STIs including HIV/AIDS. Less than two percent of the men and women reported symptoms of genital sores or ulcer in the past six months.

In the cases of reported genital ulcers all the women and half of the symptomatic men reported treatment. Among men with symptoms of urethral discharge, one-third of the men did not report seeking any treatment and 44 percent reported using condoms or abstaining while on treatment.

SUMMARY

- Data revealed that the number of MTPs/elective abortions increased with

parity, indicating an unmet need for family planning in the ESIC population.

- Other strong indicators of unmet need included a birth interval of less than 24 months in 25 percent of the women who had a living child, despite a stated desired by 42 percent of the women for delaying or preventing the current pregnancy.
- Of the women who preferred to wait at least two years before having another child, 44 percent stated they intend to use a family planning method. Of those women who did not want more children, only 68 percent stated they intended to use a family planning method.
- Almost all women and men stated that they would like to attend ANC services jointly. Two-third of the women wished to have the husbands present during the physical exam and labor and birthing, as did three-fourth of the men. This is a surprisingly high proportion given traditionally held perceptions on gender roles and the current situation where men accompanied their wives but did not participate in antenatal and postpartum services.
- Reproductive health knowledge, including fertility cycle, danger signs in pregnancy, importance of exclusive breastfeeding, LAM, and HIV/AIDS was uniformly low in the population represented by the interviewed men and women.

When asked the significance of a genital sore or ulcer in a man or a woman, 57 percent of men identified it as a disease and 37 percent stated they did not know any significance. To the same question, only 2.2 percent of women stated that a genital sore or ulcer indicated a disease and 89 percent did not know the significance.

However, in all cases, men appeared to know more than their spouses, even about women's reproductive health.

- Although most men had heard of HIV/AIDS, most women had not, and both genders possessed low specific knowledge of this disease. STI knowledge was even lower, particularly men's knowledge of urethral discharge symptoms as indicative of an STI. Women had extremely limited knowledge of any STIs and their symptoms.
- Women and to a lesser extent men, had very low knowledge of danger signs in pregnancy, birth and immediate postpartum.

These differences may be attributed to husbands' higher educational level and exposure to media/IEC by virtue of their working outside the home.

CONCLUSIONS

The results of the baseline survey suggest that the women from the control and intervention groups share almost similar individual and background characteristics. A general comparison of male and female data on the same question suggests that men are more likely to give a positive response than women, as frequencies for all variables with a yes-no response show higher proportions of men responding yes.

Results reinforce the evidence from the literature that the Men in

Maternity interventions are addressing issues that are locally relevant. For example, the survey suggests that both men and women would like their husbands to be involved in maternity care; that there is an unmet need for postpartum family planning methods; and that more information on sexually transmitted infections and HIV/AIDS is vitally needed. Besides these differences in levels of knowledge and perceptions on most issues between men and women suggests that communication on all these reproductive health issues between spouses should be encouraged.

The success of the MiM intervention in meeting the need for reproductive health information and communication to change behaviors on these critical issues will be assessed through a survey of the same population six months after the birth of the child.

The Population Council is an international nonprofit, nongovernmental institution that seeks to improve the wellbeing and reproductive health of current and future generations around the world and to help achieve a humane, equitable, and sustainable balance between people and resources. The Council conducts biomedical, social science, and public health research and helps build research capacities in developing countries. Established in 1952, the Council is governed by an international board of trustees.

This publication was made possible through support provided by the Office of Population, Health and Nutrition of the UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID), under the terms of Cooperative Agreement Number HRN-A-00-98-00012-00. The opinions expressed herein are those of the author and do not necessarily reflect the views of USAID.

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Chris Parker, M.A.*

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■ PRODUCED AND PRINTED BY:
macro graphics.comm pvt. ltd., New Delhi

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