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Original Research Article

A study of male friendly approach in obstetrics and gynaecology outpatient department

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ABSTRACT

Background: Involvement of male relative in management of female reproductive disorders is low in many countries including India. Active participation of male relatives by establishing male friendly approach in Obstetrics and Gynecology (OBGY) outpatient department is a novel concept. This study explores the perceptions of male relatives accompanying the patients regarding male friendly approach which constitutes attitude of medical and paramedical staff towards them, involvement of male relatives in counseling and their role in decision making in obstetrics and gynecology outpatient department.

Methods: This prospective study was carried out over three months in Obstetrics-Gynecology outpatient department of a tertiary care teaching hospital. Male relatives accompanying the patient were enrolled in the study. The participants were allowed to remain present at the time of history taking and post examination counseling. They were also asked to be part of the decision making whenever required. Feedback from the male relatives was obtained using a questionnaire.

Results: Out of 450 patients attending the OBGY Outpatient Department (OPD) during the three months study period 100 were accompanied by male relatives. Participation in decision making was the commonest reason for accompanying the patient (36%). All the male relatives involved in this study were satisfied with the approach of doctor and paramedical staff and 85% were willing to accompany their female relative at every visit.

Conclusions: Making health services for women more male friendly would increase participation of male relative in healthcare of female reproductive disorders. This can improve women's health and eventually reduce maternal and neonatal morbidity and mortality.

Keywords: Male friendly approach, Women's health

INTRODUCTION

An intricate inspection and examination of one's body is a source of anxiety mixed with hesitance for every woman. A glimpse into history demonstrates that until recently examination of women was handled by females likely to ensure comfort and privacy. In compliance with religious doctrine, men were not allowed to be present at rituals related to birth and other gynecological

examinations. In India, traditionally women and their relatives also prefer female relatives to accompany them when they attend obstetric and gynecology (OBGY) outpatient department (OPD) of public hospitals unlike in Western countries. A husband at antenatal and gynaecology clinic is quite uncommon in many communities and it is unthinkable to find men accompanying their partner or other female relative during antenatal care or gynaecological examinations.¹

Men sometimes accompany their wives to the antenatal clinic although they are rarely included in the counselling.

With change in society greater and greater numbers of nuclear families are found in urban scenario. Many families migrate for the purpose of better work opportunities. This is one of the factors for change in age old social customs. More and more female patients are being accompanied by male relatives either by compulsion or choice. The importance of involving men in reproductive, maternal and child health programs has gained increasing recognition since the mid-1990s when key international conferences in Cairo and Beijing highlighted the tremendous benefits of actively engaging men for the health of men, women as well as children.²⁻⁸ In many aspects of life other than women's health worldwide, men tend to be the decision makers within families.² Male friendly approach in OBGY outpatient department is a novel approach and basic need of the day. Male friendly approach constitutes attitude of medical and paramedical staff towards male relative accompanying the female patient, involvement of male relatives in counseling and their participation in decision making in reproductive health care. To our knowledge no study in this context has been published. Hence this study was undertaken at obstetrics and gynecology outpatient department of tertiary care teaching hospital.

METHODS

This study was conducted in OBGY outpatient department (OPD) of GCS medical college and research centre in Ahmedabad city of Gujarat state in India. It is a tertiary care teaching hospital catering to healthcare needs of nearby city areas as well as rural population in the vicinity of the city. The study was carried out during period of February 2013 to April 2013. Prior written approval of Institutional ethics committee for the study was obtained. Patients attending the antenatal and gynecology OPD with male relatives were enrolled in the study. Written informed consent was obtained from each participant. Both new and old cases were included in the study. Male relatives were allowed to remain present by the side of patient at the time of history taking, post examination counseling and education. Male relatives were also allowed to participate actively in decision making. At the end of the visit feedback was obtained from participants about their experience with medical and paramedical staff and active participation in their female relative's care using the questionnaire prepared by the author and prevalidated as follows.

Questionnaire:

- Why he has accompanied the female relative?
- How does he feel about entry in OPD?
- How did he feel about participation in history taking, post examination counseling and decision making?
- Attitude of doctor and paramedical staff.

- Is it worth spending time accompanying the patient?
- Would you like to attend the outdoor with your female relative again?
- Should male relatives be allowed in OBGY outdoor?

RESULTS

Out of 450 patients attending the OPD during study period, 100 (22.2%) were accompanied by male relatives. All 100 participated in the study. Out of 100 patients 47 were antenatal and 53 were attending gynecology outdoor. Table 1 shows socio-demographic features of male relatives accompanying the patients. Age ranged between 18 to 60 years with maximum 69% in age group of 18 to 30 years. Mean age was 28±9 years. Among the total respondents maximum 66% belonged to lower socioeconomic status.

Table 1: Demographic features of male relatives (N=100).

Characteristic	No. (%)
Age (Yr)	
18-30	69
31-40	22
41-50	6
51-60	3
Socioeconomic status	
Low	66
Lower Middle	30
Upper Middle	4
Mode of transport to the hospital	
Public Transport (Bus)	20
Auto Rickshaw	50
Two Wheeler	2
Bicycle	1
Walking	3
Education	
Illiterate	9
Primary	39
Secondary	31
Graduate	21
Religion	
Hindu	94
other	6

Hindus constituted 94% of participants and 90% of patients were accompanied by their husband (Table 2).

Table 2: Relation of male relative to the patient.

Relation of male relative to patient	Number
Husband	90
Father	3
Brother	2
Son	5

Most common mode of transport was auto-rickshaw, bus and two wheelers. Seventy percent males had primary or secondary level of education.

Table 3: Reasons for accompanying patients (N=100).

Reason for accompanying patients	Number
Concern over health of relative	22
Woman cannot travel alone	10
No other relative available to accompany	32
Decision making	36

Table 3 shows the reasons for accompanying the patients. Decision making was most the frequent reason (36%) followed by non-availability of any relative to accompany the patient (32%).

Regarding decision making for further management, only 9% decisions were made jointly by patient and accompanying relative, the rest being made only by male relative. Out of 100 participants 85 responded that they felt good in entering the OBGY OPD and participating in counselling and decision making. All found the attitude of doctors and paramedics good. Eighty nine percent felt it was worth attending OPD with female relative and 85% said they would again accompany the patient. Almost all (98%) opined that men should be allowed to accompany women patients.

Table 4: Feedback of participants (N=100).

Question	Response		
	Like	Neutral	Can't say
How does he feel about entry in OPD?	85	14	1
	Good	Average	Can't say
How did he feel about participation in history taking, post examination counseling, decision making?	85	14	1
Attitude of doctor and paramedical staff	100	0	0
	Yes	May Be	No
Is it worth spending time in OPD with the patient	89	10	1
Would you like to accompany patient in every visit	85	12	3
Male relative should be allowed in OPD or not	98	0	2

DISCUSSION

As expected only 22% patients attending OBGY OPD were accompanied by male relatives of whom 90% were husbands. In countries like India, most of the women visit the gynecologist in public hospital with female relatives like mother, mother in law, sister, and sister in law etc. Usually men shy away from these matters despite their concern over female relative's health. However, nowadays with changing social scenario particularly in urban set up it may be necessary for male relatives to attend the OPD with their female relatives. To our knowledge this is the first study of its kind from India and hence no comparative data are available. None the less our findings prove low involvement of male counterparts in the health care of women at a public hospital. As most of the patients attending public hospitals belong to low socioeconomic status, loosing income of daily wages could be one of the major reasons for not accompanying the patient. In our study ninety percent of patients were accompanied by their husband. In urban set up, families are becoming nuclear. Migration due to jobs has become common so husband is the only one who has to accompany wife. He has to discuss the issues with the doctor and participate in decision making for obstetrics and gynecological problems.

This was a golden opportunity to educate them for general female healthcare, pregnancy and its complications, contraception and gynecological

problems. Father, brother or any other male relatives was less frequently accompanying the patients. There were different reasons for accompanying the patient, they ranged from concern over their spouse's health to perceived need for decision making in health care related issues. Most common reason was to participate in decision making, followed by non-availability of other relative to accompany the patient. This would mean the later group accompanied patient by compulsion and not voluntarily. An important finding of the study was that in decision making there is male dominance. Only 9% of decisions were combined that means female had significantly low participation in decision making. Men not only act as decision-makers for women and children's access to health services, but also through abuse or neglect, men's actions can have a direct bearing on the health of their female partners. Men hold social and economic power and have tremendous control over their partners, especially in developing countries. They decide family size and whether or not their spouses will utilize available health care services.⁹ However most of the times they avoid accompanying their spouse to health care facilities due to different reasons. Among the reasons given for men not accompanying their partners on OBGY visit was the belief that it is a women relatives' duty and a feeling of embarrassment. This shows the influence of cultural beliefs prevailing in our society. Other reasons were being busy with their own jobs. Feedback regarding male friendly approach from the male relatives was an important part of the study which

showed that 85 to 100% male relatives were satisfied and happy with the approach. The warm welcome of males by the medical and paramedical staff elevated their comfort level. Male involvement enables men to support their spouses to utilize obstetric and gynecological health services. This would lead to a reduction in all three phases of delay: delay in the decision to seek care; delay in reaching care and finally, 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 positive impact on obstetric and gynaecological outcomes.¹⁰ The study elaborates an important social aspect that leads to more and more male involvement by encouraging them using friendly approach in Obstetrics and gynecology outdoor services. Male accompaniment with females represents a window of opportunity for information; education, and communication so that they will make appropriate choices during pregnancy, delivery and gynaecological conditions especially when they are in danger. However, this opportunity is often missed and compounded by different associated factors.¹¹⁻¹³ Most of the reproductive health programs fail to address these factors. Enhancement of male involvement is necessary to improve female health as well as maternal morbidity and mortality in developing countries like India.

CONCLUSION

To conclude the study reveals low participation of men in reproductive healthcare of their woman counterparts. Concern over health of female relative was less common reason for accompanying than participation in decision making and non-availability of other relatives. Majority of participants belonged to low socioeconomic class. Male friendly approach can improve the prevailing situation as reflected in feedback from the participants.

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