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The International Institute of Health Management Research, New Delhi

(10 March to 31 May 2023)

A Project Report On

“Involvement of male members in care receive during the Antenatal period: A cross-sectional study in Goyla Dairy, Southwest Delhi”

By

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PG/21-23/078

Under the guidance of

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PGDM (Hospital & Health Management)

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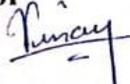
International Institute of Health Management Research

New Delhi

CERTIFICATE

Mr. Rahul Chauhan of IHMR, Delhi has worked on the project **“Involvement of male members in care receive during the Antenatal period: A cross-sectional study in Goyla Dairy, Southwest Delhi”** from **10 Mar 2023** to **31 May 2023**. Primary data collection through structured and semi-structured questionnaires. The questionnaires were divided into two parts: one capturing social demographic profiles and the other assessing men's involvement in antenatal services. The study population consisted of men of reproductive age who lived with their partners and had biological children aged up to 2 years.

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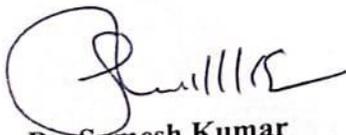
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Mr. Rahul Chauhan has successfully carried out the study designated to him during dissertation period & his approach to the study has been sincere, scientific & analytical.

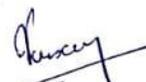
The Dissertation is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.


Dr. Sumesh Kumar

Associate Dean, Academic & Student Affairs

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Dr Vinay Tripathi

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Certificate of Approval

The following dissertation titled " Involvement of male member in care receive during the Antenatal Period: A Cross-sectional Study in Goyla Dairy, South West Delhi" at "IIHMR Delhi" is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of PGDM (Hospital & Health Management) for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

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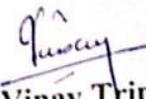
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This is to certify that **Mr. Rahul Chauhan**, a graduate student of the **Post-Graduate Diploma in Health & Hospital Management** has worked under our guidance & supervision. He is submitting this dissertation titled "**Involvement of male members in care receive during the Antenatal period: A cross-sectional study Goyla Dairy, Southwest Delhi**" in partial fulfillment of the requirements for the award of the **Post-Graduate Diploma in Health & Hospital Management**.

This dissertation has the requisite standard & to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.


Dr. Vinay Tripathi
Associate Professor, Mentor
IIHMR, New Delhi

Officer In Charge,
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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled "**Involvement of male members in care receive during the Antenatal period: A cross-sectional study in Goyla Dairy, Southwest Delhi**" submitted by **Mr. Rahul Chauhan**, Enrollment No. **PG/21-23/078** under the supervision of **Dr Vinay Tripathi** for award of Postgraduate Diploma in Hospital & Health Management of the Institute carried out during the period from **10 Mar 2023** to **31 May 2023** embodies original work & has not formed the basis for the award of any degree, diploma associateship, fellowship, titles in this or any other Institute or other similar institution of higher learning.



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Name of the Organisation in Which Dissertation Has Been Completed: *IIMR Delhi*

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Attendance:

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Deliverables: *Primary study on involvement of members
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Strengths: *Communication, Skills*

Suggestions for Improvement:

Suggestions for Institute (course curriculum, industry interaction, placement, alumni):

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Signature of the Officer-in-Charge/ Organisation Mentor (Dissertation)

Date: *23 June*

Place: *Delhi*

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Date: Jun 2023

Mr. Rahul Chauhan

“Involvement of male members in care receive during Antenatal period”: A cross-sectional study in Goyla Dairy, Southwest Delhi”.

Abstract:

Introduction: Male participation in skilled antenatal care (ANC) and delivery care remains a global challenge for safe motherhood. Approximately 210 million women experience pregnancy each year, with 15% encountering complications that lead to over 500,000 maternal deaths. The World Health Organization envisions quality care for every pregnant woman and newborn. Cost-effective interventions are available to prevent or treat severe maternal complications, which could significantly reduce the global burden of maternal and neonatal diseases. ANC plays a crucial role in reducing maternal and perinatal morbidity and mortality by addressing complications directly and indirectly reducing risks during labor. However, male involvement in ANC is hindered by various barriers. Promoting male participation in ANC can improve maternal health outcomes and support women throughout pregnancy. **Methodology:** This cross-sectional study was conducted in the peri-urban area of Qutub Vihar, Goyla Dairy, in New Delhi, from April 2023 to May 2023. The target population consisted of approximately 2,500 residents. The study focused on men of reproductive age who lived with their partners and had biological children up to 2 years old. A sample size of 106 individuals was determined using a population survey and simple random sampling method. Structured and semi-structured questionnaires were used for data collection, covering socio-demographic profiles and men's involvement in antenatal services. The study protocol was approved by the IIHMR Research Review Board, and data analysis was performed using SPSS statistics 23. **Result:**The

study found that the majority of male partners (92.5%) were aware of antenatal care (ANC) services, and most wives were registered for ANC check-ups during the first trimester. Mothers-in-law played a significant role in encouraging ANC visits. Male partners demonstrated knowledge about ANC procedures and advised their wives on exercise and delivery plans. The study highlights the need for targeted interventions to improve awareness among a small proportion of participants and promote comprehensive support for pregnant women. **Conclusion:** In conclusion, this study in Goyla Dairy, South West Delhi, emphasizes the importance of increasing awareness and promoting male involvement in antenatal care (ANC). While a majority of male members showed awareness of ANC services, efforts are needed to reach the small proportion lacking awareness. Timely ANC registration rates need improvement, and involving other family members in supporting ANC attendance should be encouraged. Targeted education programs are necessary to enhance male participation, leading to improved maternal and child health outcomes.

Keywords: Male involvement, Antenatal, Awareness.

Introduction:

Male participation in skilled ANC and delivery care is still a problem for safe motherhood throughout the world [1]. Each year, approximately 210 million women go through pregnancy [1], and out of those, around 30 million (15%) encounter complications, resulting in over 500,000 maternal deaths [2]. The World Health Organization (WHO) envisions a world where “every pregnant woman and newborn receives quality care throughout the pregnancy, childbirth, and the postnatal period” [3]. In the year 2015, developing countries had Around

99% of maternal deaths and total of 2.6 million infants were born stillborn. [3]. Evidence suggests that cost-effective interventions are available to prevent or treat nearly all severe maternal complications, highlighting their potential to save lives [3]. By implementing these interventions optimally, it is estimated that almost two-thirds of the global burden of maternal and neonatal diseases could be reduced [3]. Antenatal care (ANC) refers to the healthcare services delivered by trained healthcare professionals to expectant women and adolescent girls [3,4]. The primary goal of ANC is to promote optimal health conditions for both the mother and baby throughout the pregnancy period [3,4]. The components of ANC include risk identification; prevention and management of pregnancy-related or concurrent diseases; and health education and health promotion [3,4]. Antenatal care (ANC) plays a crucial role in reducing maternal and perinatal morbidity and mortality in two ways. Firstly, it directly addresses pregnancy-related complications by detecting and treating them promptly [3,5]. Secondly, it indirectly contributes to reducing risks during labor and delivery by identifying women and girls who are at a higher risk of developing complications, allowing for timely referral to the appropriate level of healthcare [3,5]. This comprehensive approach ensures better health outcomes for both mothers and babies [3,5]. In addition, as indirect causes of maternal morbidity and mortality, such as HIV and malaria infections, contribute to approximately 25% of maternal deaths and near-misses, ANC also provides an important opportunity to prevent and manage concurrent diseases through integrated service delivery [3,5,6]. Depression during pregnancy can have serious implications for all family members [3,7]. Antenatal depression often precedes postnatal depression and causes great suffering to the woman and her family [3,7]. When maternal depression is not adequately managed, it can have detrimental effects on the developing fetus [3,7]. These effects stem from issues like

substance abuse, inadequate prenatal care, and even suicide attempts [3,7]. Mood and anxiety disorders during pregnancy are linked to negative outcomes such as compromised fetal well-being, poor obstetric outcomes (e.g., low birth weight, preterm delivery, and high body mass index), and persistent behavioural issues in children [3,7].

Male involvement in maternal health is hindered by various barriers, including limited knowledge, social stigma, feelings of shyness or embarrassment, and work-related responsibilities [8]. The involvement of men in antenatal care (ANC) has been shown to enhance the utilization of maternal health services [9]. Despite the increasing recognition of the significance of male participation in ANC, it remains relatively limited, particularly in developing nations [9]. A low rate of male involvement in ANC has been linked to impeding efforts to improve maternal health and experiencing obstacles, ultimately leading to maternal mortality [9]. Various factors have been identified as influential in male participation in antenatal care (ANC), including occupation, ethnicity, religion, waiting time, staff information, and attitude [9]. According to a study, men's engagement in reproductive health services is significantly associated with factors such as education, employment, income, access to media, and the number of living children. These factors play a role in shaping the level of male involvement in ANC services [9]. Another study also shows that Insufficient communication between couples often leads to Men lacking knowledge or awareness of women's intentions regarding healthcare seeking, resulting in a limited understanding of women's reproductive needs [8,9]. Also, the extended waiting time for antenatal services at healthcare facilities has been identified as a contributing factor to the low level of male involvement in maternity care [8,9,10].

In India, according to data from NFHS-5 (2019-21), a significant percentage of women who received antenatal care (ANC) for their most recent live birth in the past five years underwent essential examinations and procedures such as weight measurement, blood and urine sample collection, abdominal examination, and blood pressure measurement, with coverage ranging from 67% to 97% [11]. Additionally, more than half of the women received information on specific pregnancy complications, including convulsions, vaginal bleeding, prolonged labor, high blood pressure, and severe abdominal pain, with percentages ranging from 60% to 68%. Furthermore, about 80% of women were informed about where to seek help in case of pregnancy complications [11].

Regarding supplementation, 88% of women who had given birth in the past five years received or purchased iron and folic acid (IFA) tablets during pregnancy [11]. However, only 44% of them took the tablets for at least 100 days, as recommended. Additionally, only 31% of women took an intestinal parasite drug during pregnancy [11]. Relating these findings to male involvement in antenatal care, it is crucial to recognize that male partners can play a significant role in supporting women throughout their pregnancy.

In order to improve these indicators, it is important to encourage and educate men about the importance of ANC, their role in supporting women's health, and their involvement in ANC services [7,8,9]. Men can actively participate by accompanying their partners to ANC visits, being present during discussions with healthcare providers, and assisting with medication adherence [9]. By promoting male involvement in ANC, there can be enhanced support and understanding among couples, leading to better maternal health outcomes [9,10].

The limited involvement of men in antenatal care (ANC) has been associated with decreased efforts to improve maternal health and increased risks of maternal mortality [9]. Men often lack preparedness and willingness to engage in ANC, contributing to the low rate of male participation [9,10]. So, through this study our Aim is to evaluate the level of male participation and factors associated with male participation in Antenatal Care.

Objective:

- To assess the awareness and knowledge of male members on antenatal care and related service provisions.
- To assess the involvement of male members towards the antenatal care and related services as received by the women.
- To examine the enabling or inhibiting factors which influences male involvement.

Methodology:

The Research study utilized a cross-sectional design and was conducted in the peri-urban area of Qutub Vihar, Goyla Dairy, located in the Southwest district of New Delhi. The Study was conducted from April 2023 to May 2023 with the objective of investigating the involvement of male individuals in receiving care during the antenatal period. The Targeted population in this area was approximately 2,500 residents. The Study participants were men of reproductive age who resided with their partners and had biological children aged up to 2 years.. For inclusion in the study, it was necessary for the men to live together with their spouses in the

same household, and their partners had to either have one child or be pregnant. Married men who don't live with their partner will not be included in the study.

According to the Stat Cal sample size calculator in Epi Info, a population survey using simple random sampling requires a sample size of 106 individuals. This estimation takes into account an expected frequency of 17.7 percent, a margin of error of 5 percent, a design effect of one, and a confidence level of 95 percent.

The study employed a random sampling method, selecting participants based on their fulfillment of the selection criteria. Structured and semi-structured questionnaires were used for data collection. The questionnaires were divided into two parts: one capturing social demographic profiles and the other assessing men's involvement in antenatal services. The IIHMR Research Review Board approved the protocol for the study. Upon receiving informed consent, data was collected using a structured questionnaire designed with the help of a Google form. The questionnaire aimed to gather information on socioeconomic characteristics, as well as assess knowledge, awareness, and factors that either enable or hinder male involvement in antenatal services. The Modified Kuppaswamy Scale was employed to evaluate the socioeconomic status of the participants. Statistical methods, including SPSS statistics 23, were used for data analysis.

Result:

The primary study was conducted to assess the awareness and knowledge of male members on antenatal care and related service provisions. We have collected data from 106 male partners. We prepared the semi-structured questionnaire, and we got the following result.

➤ Social demographic profiles:

Table: 1 Shows the socio-demographic profile: The majority of husbands/male participants fall into the age range of 26-35, with a total frequency of 72 (68.00%). A smaller percentage of husbands/male participants fall into the age groups of 41-45 (5.70%). The largest proportion of husbands/male participants (50.00%) have completed Higher Secondary school (12th grade). Also, most husbands/male participants (83.00%) follow the Hindu religion. The highest frequency of male participants/husbands (34.00%) are employed in the private sector. Both agriculture and casual labour occupations have the same frequency, with 6.60% of male participants/husbands engaged in each. The highest frequency of male participants/husbands (43.40%) falls in the income range of 10001-15000. The smallest frequency (0.90%) belongs to male participants/husbands with an income greater than 30000.

Table 1: Socio -demographic characteristics

Characteristics	Frequency	Percentage
<i>Age of husband/male participant.</i>		
26-30	36	34.00%
31-35	36	34.00%
36-40	28	26.40%
41-45	6	5.70%
<i>Education Status of the male Participant/husband</i>		
Secondary school(10th)	34	32.10%

Higher Secondary school(12th)	53	50%
Graduate	19	17.90%

Religion of the male Participant/husband

Hindu	88	83%
Muslim	12	11.30%
Sikh	6	5.70%

Occupation of the male Participant/husband

Agriculture	7	6.60%
Casual labour	7	6.60%
Non- agriculture	15	14.20%
Private sector	36	34.00%
Public/Govt.	16	15.10%
Wages salary earner	25	23.60%

Income Status of the male Participant/husband

5001-10000	14	13.20%
10001-15000	46	43.40%
15001-20000	28	26.40%
20001-25000	13	12.30%
25001-30000	4	3.80%

>30000

1

0.90%

➤ Assessing men's involvement in antenatal services:

Are you aware about ANC services?

106 responses

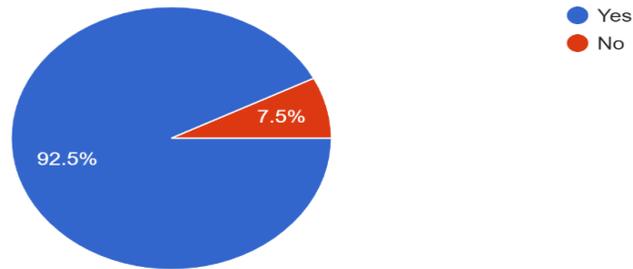


Figure:1 This figure indicates how many male members are aware of ANC services. So, the majority of 98 male member (approximately 92.5%) are aware of ANC services, while a smaller portion of 8 male member (approximately 7.5%) are not aware.

Do you know when did your wife got registered for ANC check-up?

106 responses

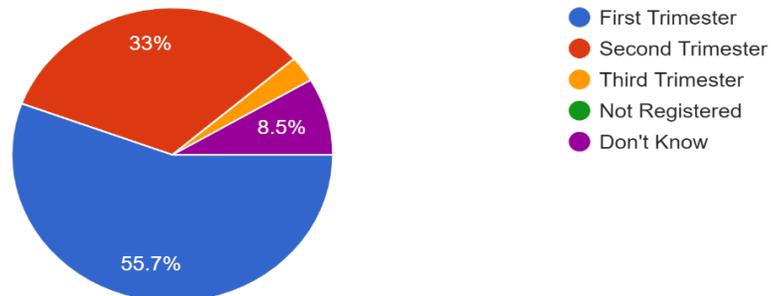


Figure 2: This figure shows whether the male members are aware or not aware of ANC registration during their wife pregnancy. The majority of wives according to the male member (approximately 55.7%) got registered for ANC check-up during the first trimester of their pregnancy. Around 33% of wives got registered for ANC check-up during the second trimester. A small percentage of wives (approximately 2.8%) got registered for ANC check-up during the third trimester.

Who accompanied/encouraged your wife to Visits ANC?
106 responses

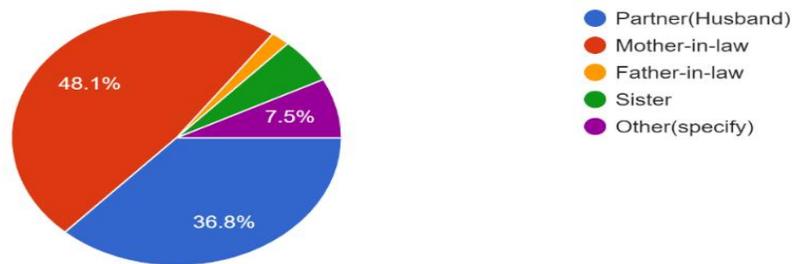


Figure 3: Most male member wives (approximately 48.1%) were accompanied or encouraged by their mothers-in-law to visit ANC. Around 36.8% of wives were accompanied or encouraged by their partners (husbands) to visit ANC. A small percentage of wives (approximately 7.5%) mentioned other individuals as their accompanying or encouraging factor. These could include sisters, fathers-in-law, and other specified individuals.

Are you aware about number of ANC visit during pregnancy? If Yes, then how many ANC visit's there during pregnancy?

106 responses

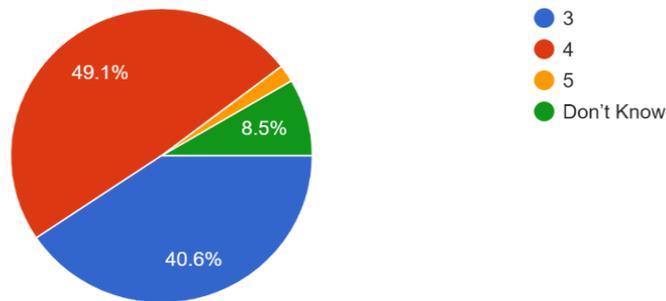


Figure 4: Around 49.1% of respondents mentioned having 4 ANC visits during their wife pregnancy and a small percentage of respondents (approximately 8%) were unsure or didn't provide a specific number of ANC visits.

During antenatal check-up did you know any of these following measures had done at least once?

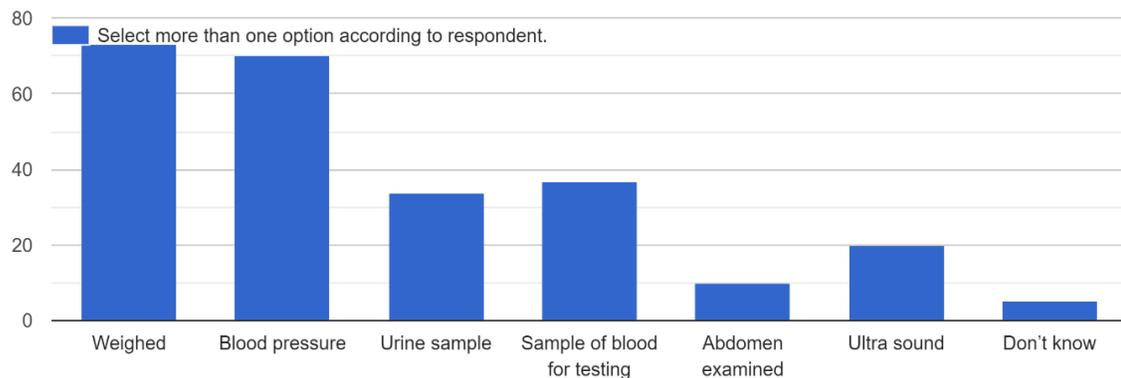


Figure 5: It seems that there are approximately 75 male members who are aware that their wives undergo weight and blood pressure checks during ANC (Antenatal Care) services. Additionally, 15 male members knows that abdominal examination is also conducted during

ANC services. However, the remaining 10 male members have no idea about the various checkups and facilities provided to their wives during ANC.

Does your wife take advice on IFA intake through counselling?
106 responses

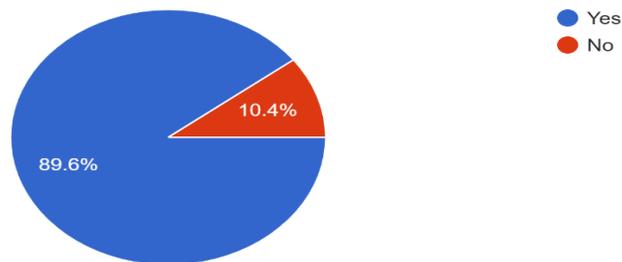


Figure 6: Based on the provided data, it appears that the person's wife seeks advice on IFA intake through counselling intermittently. Out of the total responses, there are 95 male member of "Yes" and 11 male member of "No." in the responses.

Do You know the colour of the medicine prescribed for IFA Supplementation?
106 responses

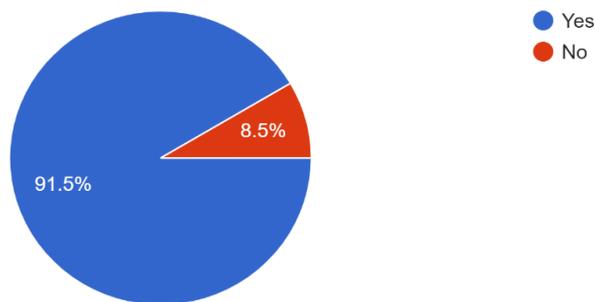


Figure 7: The figures indicate whether male members know the colour of IFA tablets or not. There are 97 male member (91.5%) of "Yes" and 9 male member (8.5) of "No" in the responses.

Are you aware about the Iron rich consumable Foods during Pregnancy?

106 responses

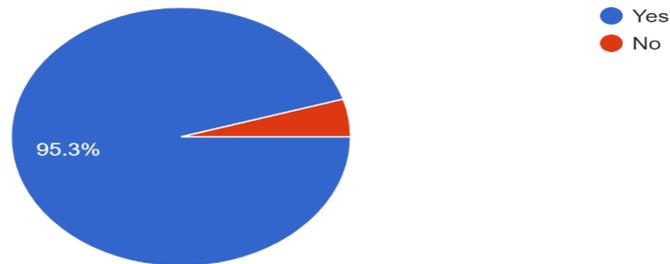
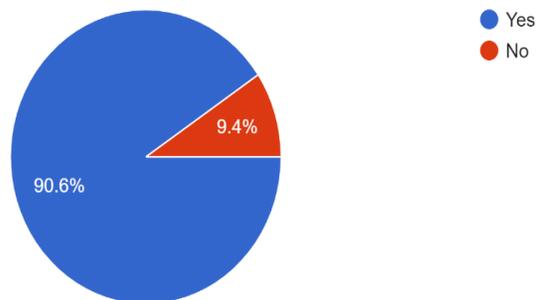


Figure 8: Based on the response received, it appears that there are varying levels of awareness about iron-rich consumable foods during pregnancy. Out of the total responses 106, there are 101 male members of "Yes" and 5 male members of "No."

Have You accompanied your wife for VHND session?

106 responses



Figure

9: Based on the response, it appears that the individual has accompanied their wife for VHND (Village Health and Nutrition Day) sessions. Out of the total responses, there are 96 male members of "Yes" and 14 male members of "No." in the responses.

What information they provide/discussed in VHND session

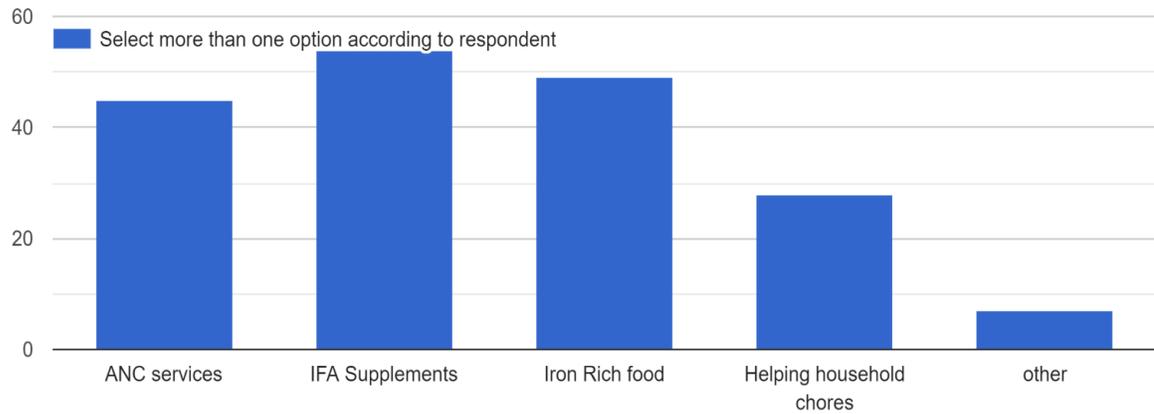


Figure 10: The Bar diagram shows the information provided during the VHND sessions, it' seem by an average of 45 male members that their wives are provided information about ANC services, IFA (Iron and Folic Acid) supplements, iron-rich foods, and assistance with household chores. However, 8 male members have no idea about the information provided to their wives during VHND sessions.

Did you remind your wife to exercise during Pregnancy as recommended?
106 responses

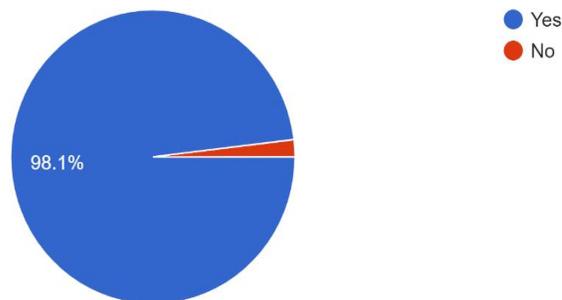


Figure 11: The figure above shows whether the individual reminds their wife to exercise during pregnancy or not. Out of the total responses, there are 108 male member (98.1%) of "Yes" and 2 male member (1.8%) of "No."

Did you plan the Time and Place of delivery with your wife?
106 responses

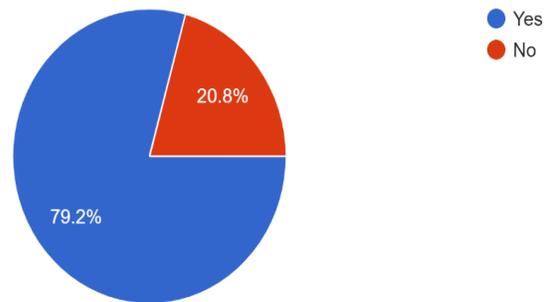


Figure 12: Have the husbands discussed/Plan with their wives about Time and Place to have the delivery. Out of the total responses, there are 84 male member (79.2%) of "Yes" and 22 male member (20.8%) of "No."

Discussion:

The involvement of male members in the care received during the antenatal period is a crucial aspect of maternal and child healthcare. This cross-sectional study conducted in Goyla Dairy, Southwest Delhi aimed to explore the level of male member involvement in the antenatal care received by their wives.

The data provides valuable insights into the level of awareness and involvement of male members in various aspects of antenatal care. The majority of male members (approximately 92.5%) are aware of ANC services, indicating a positive trend towards understanding the

importance of prenatal healthcare. However, a smaller portion of male members (approximately 7.5%) still lack awareness in this regard, highlighting the need for targeted educational initiatives to bridge this gap.

It is encouraging to note that a significant proportion of wives (approximately 55.7%) got registered for ANC check-ups during the first trimester, which is considered ideal for early detection and management of potential pregnancy-related complications. However, there is room for improvement, as a notable percentage of wives (approximately 33%) registered during the second trimester, and a smaller percentage (approximately 2.8%) registered during the third trimester. Timely ANC registration is crucial for ensuring optimal maternal and fetal health outcomes.

The data also indicates the influence of different individuals in encouraging wives to visit ANC. It is noteworthy that a significant proportion of wives (approximately 48.1%) were accompanied or encouraged by their mothers-in-law, highlighting the role of extended family support. Additionally, around 36.8% of wives were accompanied or encouraged by their partners (husbands), indicating a positive level of involvement from male members. However, a small percentage of wives (approximately 7.5%) mentioned other individuals as their accompanying factor, suggesting the presence of a diverse support network.

The figures related to IFA intake, knowledge about IFA tablet color, awareness of iron-rich consumable foods, and attendance at VHND sessions collectively demonstrate varying levels of awareness and involvement among male members. While the majority of male members show positive engagement, there is still a need for further education and awareness campaigns to ensure comprehensive support for their wives' health during pregnancy.

It is encouraging to see that a significant majority of male members (approximately 98.1%) remind their wives to exercise during pregnancy, emphasizing the recognition of physical activity as an essential component of maternal well-being. However, there is a notable percentage (approximately 20.8%) of male members who have not discussed or planned with their wives about the time and place of delivery, indicating the importance of facilitating open communication and shared decision-making in this aspect.

Overall, this data highlights both positive aspects and areas for improvement in the involvement of male members during the antenatal period. It underscores the significance of targeted education, increased awareness, and active participation of male members to ensure comprehensive support for their wives' health and well-being throughout pregnancy.

Limitation:

The limitations of this study include possible response bias due to self-reported data, limited generalizability to other regions, the cross-sectional nature of the study, a focus primarily on male member perspectives, the absence of exploration of barriers and facilitators, and a lack of assessment of health outcomes. Despite these limitations, the study adds to the existing knowledge on male member involvement in antenatal care, and further research is needed to address these limitations and develop effective strategies for engaging male members in supporting maternal health.

Conclusion:

In conclusion, this study in Goyla Dairy, South West Delhi highlights that the majority of male members (92.5%) are aware of ANC services, indicating a positive trend in recognizing the importance of prenatal healthcare. However, a small proportion (7.5%) still lacks awareness and requires targeted education.

Timely ANC registration was observed in approximately 55.7% of wives during the first trimester, but efforts are needed to increase early registration rates for better prenatal care.

Male members play a supportive role, with mothers-in-law (48.1%) and partners (36.8%) encouraging wives to attend ANC appointments. Involvement of other family members should be encouraged.

VHND sessions provide valuable information to wives, including ANC services, IFA supplements, and dietary guidance. However, improved communication and outreach are needed as a few male members (8) remain unaware.

Overall, involving male members in antenatal care is crucial. Targeted education and awareness programs are necessary to ensure their active participation and support for their wives' maternal health, leading to improved outcomes for mothers and children in Goyla Dairy and similar communities.

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SURVEY QUESTIONNAIRE

The questionnaires were divided into two parts: one capturing social demographic profiles and the other assessing men's involvement in antenatal services.

Title of the Research: Involvement of male members in care receive during the Antenatal period: A cross-sectional study in Goyla Dairy, Southwest Delhi”

Informed Consent: Namaste. My name is _____. I am working with (International institute of Health Management & Research, IIHMR, Delhi). I’m conducting a study on “*Involvement of Male Participation in Antenatal care during pregnancy*” information that we collect from households and individuals will help to complete my dissertation work and the study findings will helps to make better health policy in the state. Your household will be selected for the study. This questionnaire usually takes about 30-40 minutes. All of the answers you given will be confidential and will not be shared with anyone. This study will be conducted for academic proposes. Your participation in the study is voluntary. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

Do you have any questions?

ANSWER ANY QUESTIONS AND ADDRESS RESPONDENT'S CONCERNS.

Do you agree to participate in this survey?

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED 1



RESPONDENT DOES NOT AGREE
TO BE INTERVIEWED 2⇒END

Rahul D report

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