Male Partner Involvement in Antenatal Care: *A Crucial Step Towards Improved Maternal Health in India*

Amit Banerjee -- Research Scholar, Geography Deptt., The University of Burdwan, West Bengal, India

BACKGROUND:

Male partner involvement in maternal health care utilization is an important contributor to maternal health, especially in male-dominated societies. It plays a pivotal role in achieving better health outcomes in India. In recent years, there has been a growing recognition of the importance of involving male partners in the antenatal care process

RATIONALE:

1) Pregnancy can be emotionally challenging for women, and the presence and support of male partners can reduce stress and anxiety. Emotional well-being is a critical aspect of maternal health

2) The rationale for this study is strongly rooted in the need to improve maternal and child health

3) This study gives the potential to inform many policy attentions, interventions and health care practices that can positively impact maternal and child health in India

OBJECTIVE:

To investigate the patterns and determinants of male partner involvement during the antenatal period in India

DATA SOURCE:

The study relies on data sourced from the fifth round of the National Family Health Survey (NFHS) which is a cross-sectional nationally representative survey conducted during 2019-2021

STATISTICAL ANALYSIS:

- This study employs bi-variate analysis to identify initial associations between male partner involvement and various socio-demographic, economic and geographical factors

- The odds ratios (OR) were employed as a standard means of interpreting the impact of the predictor variables on the outcomes in the logistic regression

Region wise male partner attendance during ANC visit in India
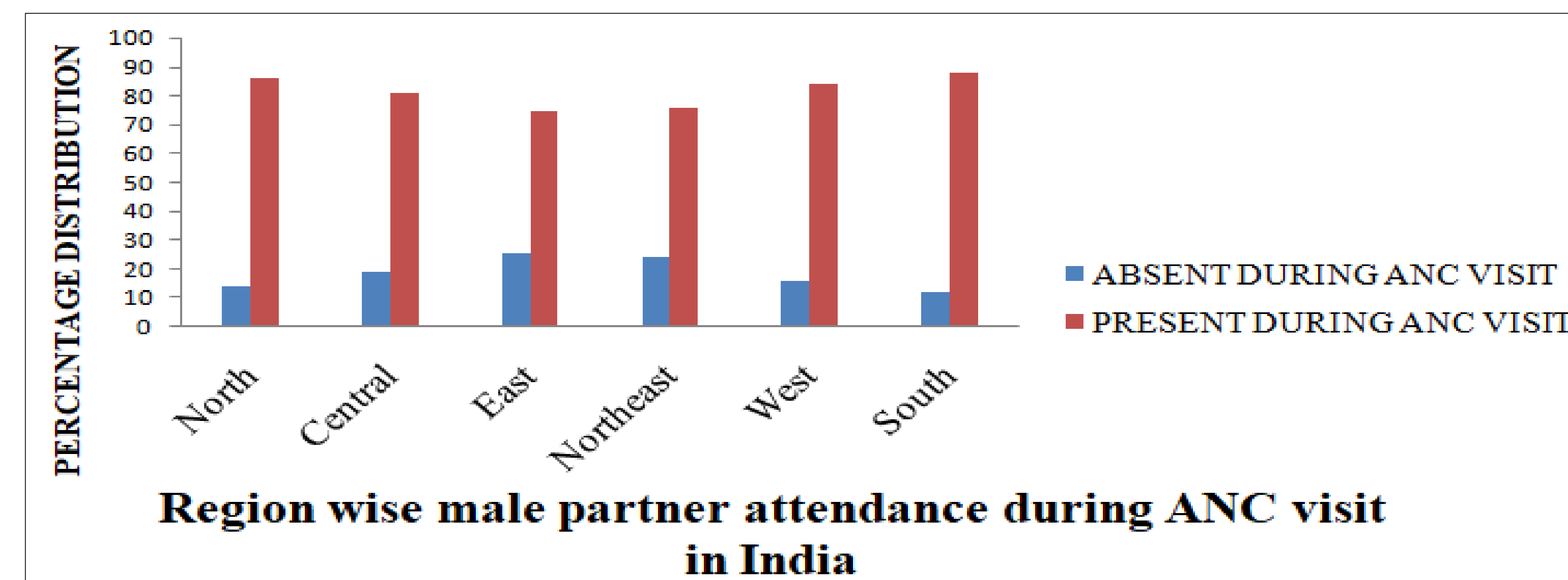
MAJOR FINDINGS :

✓In 2019-21, about 81% reported that their male partners had accompanied them to ANC contacts

✓There are multiple influences that shape male partners' attendance in ANC. These are male partner's education, household wealth, region, religion, number of children ever born, media exposure, male working status, women education and women autonomy

Background characteristics	Male partner attendance in ANC (N=12,411)	
	% (N)	OR (95% CI)
Individual level characteristics for men		
Male partner's age at birth		
<20 (Ref.)	96.1 (40)	1.00
20-34	80.8 (9,232)	0.70 (0.29, 1.69)
>34	82.2 (3,139)	0.84 (0.34, 2.04)
Male partner's educational status		
Higher (Ref.)	88.0 (2,300)	1.00
No education	70.0 (1,403)	0.59*** (0.49, 0.73)
Primary	74.5 (1,586)	0.65*** (0.54, 0.79)
Secondary	82.8 (7,122)	0.75*** (0.65, 0.88)
Caste		
OBC (Ref.)	82.6 (4,789)	1.00
SC	78.5 (2,450)	0.95 (0.83, 1.09)
ST	78.6 (2,518)	1.12 (0.96, 1.29)
Others	82.3 (2,654)	0.98 (0.85, 1.13)
Religion		
Others (Ref.)	82.7 (1,338)	1.00
Hindu	81.8 (9,290)	1.65*** (1.39, 1.97)
Muslim	78.7 (1,783)	1.63*** (1.32, 2.02)
Male partner's working status		
Yes (Ref.)	81.9 (11,251)	1.00
No	73.1 (1,160)	0.84** (0.72, 0.97)
Individual level characteristics for women		
Women educational status		
Higher (Ref.)	86.7 (1709)	1
No education	71.3 (2523)	0.44*** (0.36, 0.52)
Primary	77.0 (1626)	0.45*** (0.37, 0.55)
Secondary	83.8 (6553)	0.70*** (0.59, 0.82)
No. of children ever born		
1 (Ref.)	84.1 (4,638)	1.00
2-3	81.2 (6,187)	0.81*** (0.74, 0.91)
4 or more	71.3 (1,586)	0.66*** (0.56, 0.77)
Women decision-making		
Yes (Ref.)	81.6 (11653)	1
No	80.5 (758)	1.15* (0.98, 1.33)
Household level characteristics		
Household wealth status		
Richest (Ref.)	89.4 (1,913)	1.00
Poorest	71.0 (2,823)	0.55*** (0.44, 0.69)
Poorer	78.0 (2,812)	0.65*** (0.53, 0.80)
Middle	82.1 (2,487)	0.70*** (0.57, 0.85)
Richer	86.4 (2,376)	0.87 (0.71, 1.06)
Place of Residence		
Urban (Ref.)	83.8 (2,823)	1.00
Rural	80.1 (9,588)	1.11 (0.97, 1.27)
Household size		
<5 (Ref.)	82.4 (3,434)	1.00
5 or more	80.7 (8,977)	0.95 (0.85, 1.06)
Region		
South (Ref.)	88.0 (1,574)	1.00
North	86.1 (2,514)	0.84* (0.69, 1.03)
Central	80.8 (3,191)	0.66*** (0.55, 0.80)
East	74.5 (2,144)	0.61*** (0.50, 0.75)
Northeast	75.9 (1,733)	0.54*** (0.43, 0.67)
West	84.0 (1,255)	0.75*** (0.60, 0.95)
Community level characteristics		
Media exposure		
Yes (Ref.)	85.1 (7,070)	1.00
No	75.5 (5,341)	0.85** (0.77, 0.95)
*Notes: OR-Odds ratio; ***p<0.01, **p<0.05, *p<0.1*		

✓State-wise presence of male partner is highest in Sikkim followed by Andaman & Nicobar Island (UT) and Odisha, and lowest in Meghalaya followed by Mizoram and Nagaland

✓Male partner attendance was higher in the Southern region rather than Central, Eastern, Western and North-Eastern regions. The Eastern, North-Eastern and Central regions show some of the worst indicators in maternal health service utilization (Ali et al., 2020; Paul & Pandey, 2023). Therefore, encouraging male partner involvement in these regions could be a potential strategy to improve maternal health outcomes

IMPLICATIONS:

✓In summarize, if the 'janitors' are not made aware of maternal care, it will be difficult to achieve the maternal health SDG targets. Ignorance, apathy and lack of concern on the part of men act as barriers to achieving India's maternal and child health goals

✓Women's empowerment and maternal and child health need to be given equal importance to men

✓Concerted action should be taken to strengthen efforts to educate families, especially husbands, about reproductive and maternal health. Although India's RMNCH mentions family involvement in maternal and child health, this study sheds light on the poor mass media exposure, basic education, gender-unequal family environments, poverty, high fertility and regional inequality regarding maternal and child healthcare, which demands immediate policy attention

✓In this context, programmes should be implemented and monitored based on the understanding of local gender dynamics on how decisions are being made and executed

References:
1. Ali, B., Dhillon, P., & Mohanty, S. K. (2020). Inequalities in the utilization of maternal health care in the pre- and post-National Health Mission periods in India. *Journal of Biosocial Science, 52*(2), 198-212. https://doi.org/10.1017/S0021932019000385
2. Paul, P. L., & Pandey, S. (2023). An examination of the factors associated with male partner attendance in antenatal care in India. *BMC Pregnancy and Childbirth, 23*(1), 532. https://doi.org/10.1186/s12884-023-05851-8