

Men's knowledge and awareness of maternal, neonatal and child health care in urban Afghanistan- Descriptive cross sectional study

Abstract

Background

The status of men's knowledge and awareness on maternal, neonatal and child health care are largely unknown in Afghanistan and the effect of community focused interventions in improving men's knowledge is largely unexplored. This study identifies the extent of men's knowledge and awareness on maternal, neonatal and child health.

Methods

This is cross sectional comparative study which was carried out in 2nd urban district of Kabul city in 2016. Care International's health program operates to improve maternal, neonatal and child survival' interventions in majority of communities in mentioned district. The intervention comprises a number of components including improving awareness of family planning, identification of pregnancy, providing antenatal, delivery and postnatal care, newborn care, under-5 child basic assistance in community health care sub centers, referral of complications . In addition, communities are empowered through social mobilization and advocacy on best practices in maternal, neonatal and child health. The study aims to identify men perception pertaining to MNCH care.

Results

Overall men's knowledge on maternal care was satisfactory, for example, Men preferred a higher age as women are giving birth to their first baby in comparison to women. Agreement that underage marriage poses risks to mothers and their children health is slightly rated higher by men than women. Both men and women knowledge on long term birth spacing methods were minimal or nonexistent. Emphasis on importance of completing ANC was weighed more by women than men. In both gender, less than (5%) knew whether pre term regular contraction is a danger sign of pregnancy. Both genders confirm that husbands are prime decision makers on location the of delivery and seeking reproductively health care services.

Conclusion

Improvement in men's knowledge in target district is likely. Emphasis of behavior change communications messages should be placed on danger signs of pregnancy, birth preparedness, referrals and on newborn care. As men are prime decision makers on many dimension of family life, these messages may be best directed to men by targeting informal meeting places like market places and mosques.

Keywords: Men's knowledge, Improving Maternal, Neonatal and Child Health (MNCH), Women's reproductive health, Newborn Care, Afghanistan

Background

Male partner involvement in women's reproductive health as well as maternal and child health care has attracted considerable attention since decades. The International Conference on Population and Development (ICPD) in Cairo (UN, 1994) and the 4th World Conference on Women in Beijing (UN Women, 1985) drew attention to women's health and the need to have men more involved in the promotion of sexual and reproductive health. Although the notion of 'men as partners' was contested in Cairo by some of the women's movements , both conferences emphasized men's shared responsibility and active partnership in sexual and reproductive health and promotion of gender equality.

Changing and improving the way men are involved in reproductive health problems can also have positive impact on women's, men's and children's health. Evidence also shows that men can prevent unintended pregnancies, reduce unmet need for Family Planning (FP), foster safe motherhood and practice responsible fatherhood. In the USA, partner involvement in pregnancy has increased antenatal care considerably (Martin, 2014). Even in India, a maternity care model that encouraged husband's participation in their wives' antenatal and postnatal care found positive changes in knowledge, gender roles and decision-making (Caleb, 2004)

In Afghanistan, predominantly a patriarchal society, women's access to social, economic, politico-legal and health care institutions is largely mediated by men. Within the household and in the public sphere, men control women's sexuality, their choice of marriage partner, their access to labor and other markets and their income and assets. This affects women's health and health-seeking behavior in several ways, firstly, by controlling behaviors and decision-making authority of husbands and elderly members, secondly, through neglect and low prioritization of women's health issues and finally, because of cultural beliefs that morbidity during pregnancy a normal consequence of pregnancy.

The objective of the study is to identify men's knowledge and awareness of their wives' MNCH practices, and highlight their decision-making influence on maternal, neonatal and child health issues.

Methods

Study setting

This cross-sectional comparative study was conducted in 2nd urban district of Kabul city, Afghanistan. This district is broadly representative of urban districts in Afghanistan where internally displaced people and rural population who seek economic opportunity in cities reside.

Active involvement of the men/husbands needs to be ensured as they are usually the decision-makers in the families. Therefore, there is need for certain activities to be designed to improve their role in maternal, neonatal and child health (MNCH) in the community.

Study population

This study included male respondents resided in the same community where community based maternal, neonatal and child interventions are being implemented.

Sampling

As mentioned earlier, respondents for this survey were male residents of 2nd district and the study team used convenient sampling of 119 men. In analysis stage, we compared the data from this study with baseline assessment data on women collected from the same district in Nov. 2015.

Survey instrument

Structured questionnaire was used to collect socio-demographic information, men's knowledge on reproductive history of women, maternity care, newborn care, and newborn and under-5 childhood illnesses. The questionnaire also focused on use of family planning methods, taking maternity and newborn care. We also collected information on who took the decision regarding the use of FP and receiving maternity care.

Data collection

The questionnaire was constructed based on the MNCH baseline survey 2015 questionnaire. It was pre-tested and finalized in Feb. 2016. Six male enumerators and were recruited and trained. They subsequently listed households and collected data related to 119 individuals.

Data analysis

The collected data were cleaned, stored and analyzed using SPSS version 11.5. The analysis involved calculation of summary statistics used in comparing men perception with women. The data on women was collected during MNCH project baseline assessment.

Ethical approval

Informed consent was taken from the participants before every interview. Confidentiality was maintained by removing all identifiers of the respondents during data entry.

Results

This section mostly includes the comparison views between men and women respondents

Background characteristics of respondents

The mean age of men respondents was significantly higher than women respondents. Assessment on access to education established that a higher percentage (56.96%) of women had not attended school as compared to (33.61%) of men. A higher percentage of men had completed primary and secondary education while women recorded a higher percentage of not completing the primary and secondary schools. A considerable percentage of male respondents completed university ([Table1](#)).

	Female	Male
Mean Age (SD)	30.5(±6.7)	37.75(±11.46)
Education Status		
Never attended school	56.96%	33.61%
Pre-primary /Nursery	4.56%	5.04%
Primary, not completed	7.85%	6.72%
Primary, completed	9.37%	8.40%
Secondary, not completed	7.09%	5.04%
Secondary, completed	9.11%	22.69%
College/University	3.54%	15.13%
Vocational/ adult education	1.52%	3.36%

[Table 1](#)

Background characteristics

Men's knowledge on selected maternal, neonatal and child health issues

Age at marriage and conception

The responses on the ideal age for a woman to have the first baby were variable by gender. While men on average preferred women to have their first baby at the age of 20.40 years, women themselves preferred conception at a lower age (17.85 years). A Higher percentage (70.15%) of men reported being aware that early pregnancy increases the risk of complications which can lead to the death of mother and their child as compared to women respondents (67.23%). However, however more than three quarter agree that marriage below age of 18 can lead to serious pregnancy complications and death of mother and their children but still a considerable percentage of respondents disagree if underage marriage poses any risk. (Table [\(Table 2\)](#)).

Variables	Women (n=375)	Men (n=119)	P value
Preferred age at giving birth to the first baby (Mean)	17.85	20.4	
Agree (%)	70.15%	67.23%	
Disagree (%)	22.96%	20.17%	
Don't know (%)	6.63%	12.61%	

[Table 2](#)

Age at marriage and conception

Birth spacing methods

Obvious variations were also noticed pertaining knowledge on various methods of birth spacing among women and men. A higher percentage of women (74.11%) wished to delay pregnancy or space births as compared to men (66.67%). Considering the decision making of men, a substantial proportionate of women who wished to delay their pregnancy still (32.58%) didn't use any birth spacing method. More women (23.04%) reported to have knowledge on condom as a way of birth spacing followed by pills (21.60%) and then injection (19.62%). Men reported more awareness beside above on Inter Uterine Device-IUD and injections.

There has been clear evidence from both genders that knowledge on long term methods of birth spacing was minimal, if not lacking, both male and females recorded less than 5% if they know anything about IUDs, tubal ligations and implants.

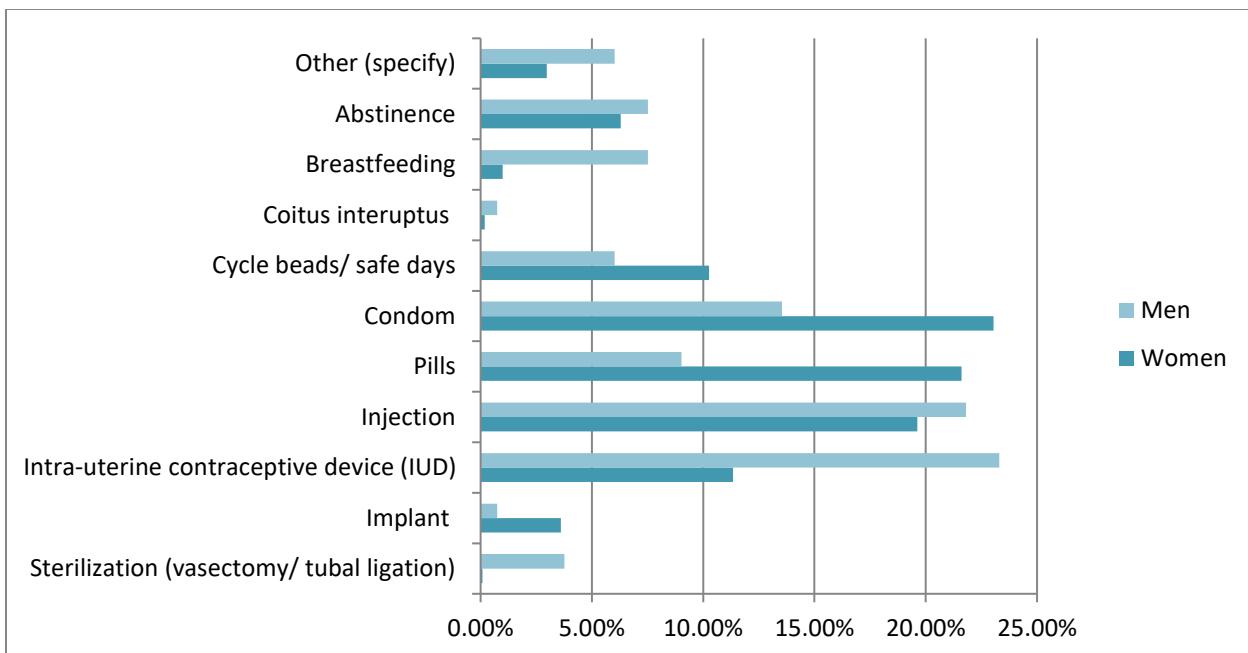


Figure 1

Birth Spacing Method

Ante Natal- ANC Care

However, women emphasis on importance of completing ANC (86.56%) was somewhat higher than men (66.945%) but there is not extensive difference between perception of men and women on giving birth in a health facility.

Row Labels	Women	Men
Agreement if ANC is important		
Agree	86.56%	66.94%
Disagree	13.44%	15.70%
Location of delivery		
Health Facility	86.46%	85.71%
Home	12.76%	14.29%

Table 3

Importance of ANC Care

Men were well aware that advice for pregnant women regarding better dietary intake, resting in the day time, intake of iron folic acid and not doing heavy work should be given during ANC. Few men knew that advice on newborn care, family planning, birth preparedness and cell number of health worker should also be given during ANC.

Danger signs of pregnancy

Less than (10%) of men knew about pre term regular contraction, swelling of hands and face and gush of fluid from vagina as danger signs of pregnancy. Because of men decision making power, it is important they have information on all danger signs of pregnancy so they would allow and facilitate seeking care by women.

The mostly known danger signs by men included persistent back pain (30.35%), vaginal bleeding (28.86%), pelvic or abdominal pain (19.90%).

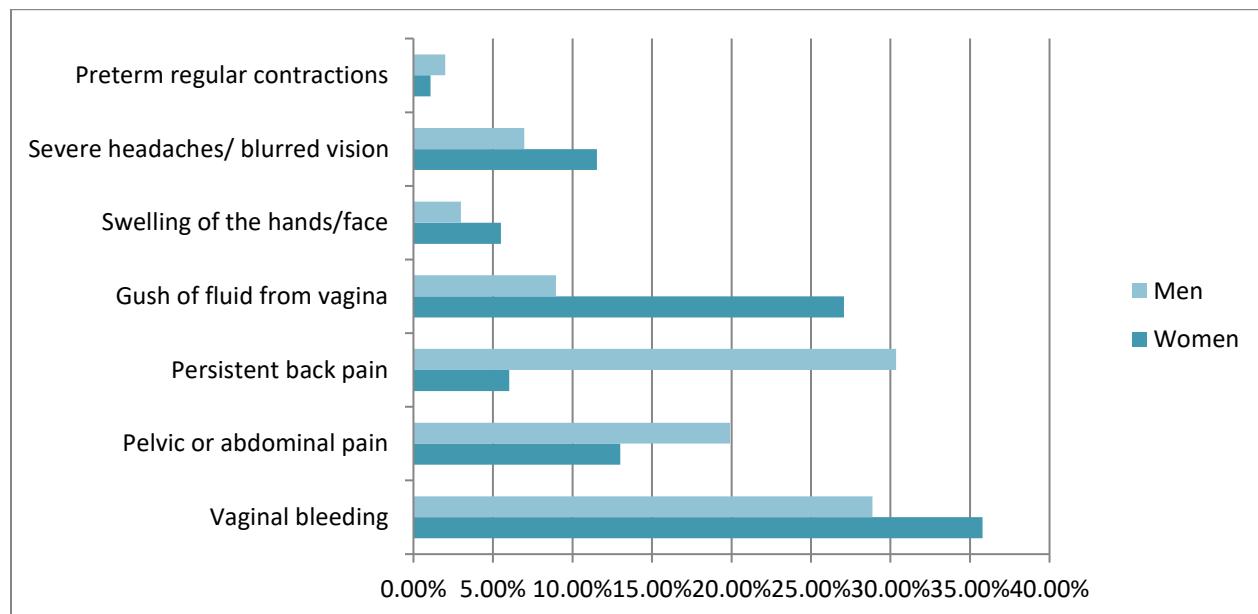


Figure 2

Pregnancy danger signs

Neonatal health danger signs

One of the key activities of the MNCH program is to increase the knowledge of community members on neonatal danger signs. The male respondents were asked about their current knowledge on neonatal danger signs, the questions were spontaneous. More than three quarters of (83%) of the men respondents knew diarrhea/dehydration; (75%) of men respondents knew about the difficult or rapid breathing. Most mentioned symptoms by women included fever (19.25%) followed by difficult /rapid breathing (18.65%), poor suckling (16.24%) and skin color change (11.28%).

Decision-making

Both men and women indicated the first decision maker on where women would give birth to a baby is largely made by husband. Men indicate the husband (40%) make decisions; women with slightly lower percentage (35.76%) confirm that men and his relatives are authoritative decision makers.

Discussion

This study aimed to identify the extent of men's knowledge and awareness of MNCH issues. We found that generally men's knowledge and awareness was relatively high although there were few notable exceptions such as danger signs, long term family planning methods, willingness to delay pregnancy, and birth preparedness.

It appears that MNCH interventions have already started improving many aspects of men's knowledge such as the content of antenatal care and the importance of determining birth attendant, provided that the interventions are of sufficient duration.

Antenatal care is an important determinant of safe delivery, and safe delivery is a proxy indicator for monitoring progress in maternal mortality. Men's knowledge regarding age at first delivery and ANC (services and advice) is very convincing. However, cannot conclude though this level of knowledge was due to the presence of the MNCH project, as the project recently started its activities in target area.

Although certain obstetric emergencies cannot be predicted through antenatal screening, women as well as men can be educated to recognize and act on symptoms leading to potentially serious conditions. Low attention of men for arranging transport for emergency is a concern and will need to be addressed as part of behavior change communication. Men knowledge on many danger signs of pregnancy such as pre term regular contraction, swelling of hands and face and gush of fluid from vagina was nonexistent so related messages need to be included on men education package. In particular, the low levels of men's knowledge on specific components of neonatal danger signs such as poor such suckling and skin color change was notable. The knowledge of men on essence of completing ANC by their wives was significantly lower than women themselves. A greater proportion of men reported that they took decisions regarding MNCH. Therefore, promoting joint decision-making in target community settings is anticipated to be undertaken.

Conclusions

With improved communication intervention a critical mass of men can be built up, who are aware of what can be done to improve women's and children's health, particularly, in relation to delivery, essential newborn and postpartum care. Program interventions should be directed to informal situations such as market places and mosques in order to reach as many men as possible. In terms of the content of behavior change communication messages, we concluded that deficiencies are likely to exist in men's knowledge of two crucial and lifesaving components preventing danger signs of pregnancy and newborn health.

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