

Male Partners' Involvement in Institutional Delivery in Rural Ethiopia: Community Based Survey

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Abstract

Background: The involvement of men in the maternal health programs increases utilization of various reproductive health services. However, the failure to incorporate men in maternal health promotion services has had a serious impact on the health of women and children. This study was aimed to assess male partners' involvement in promoting institutional delivery of spouse and its associated factors among households who have children of age 0-12 months in Lemo woreda, Southern Ethiopia.

Method: Community-based cross-sectional survey was conducted among 335 households who have children aged 0-12 months selected by multi-stage sampling. Pretested and structured questionnaire via face-to-face interview technique was used for data collection. Data were entered using EPI info version 3.5.3 statistical software and analyzed using SPSS version 20 statistical package. Descriptive statistics was used to describe the study population in relation to relevant variables. Bivariate and multivariate logistic regression was also carried out to see the effect of each independent variable on the dependent variable.

Results: Male partner's involvement in promoting institutional delivery was 38.2%. Personal income [AOR: 0.288, 95% CI: .0116, 0.719] and knowledge of male partners towards institutional delivery [AOR: 2.9, 95% CI: 1.521, 5.51] were positively associated; while perceived cost of delivery service [AOR: 1.79, 95% CI: 1.059, 3.04] was negatively associated with male partners involvement.

Conclusion: Male partner's involvement in promoting institutional delivery was found to be low. Efforts should be made to improve awareness of the male partner's on institutional delivery through community based health education.

Keywords: Male involvement; Institutional delivery; Ethiopia

Introduction

There were an estimated 287,000 maternal deaths worldwide in 2010. Of which, 99% of deaths occur in developing nations. Sub-Saharan Africa accounted for 56 percent of these deaths. A woman's lifetime risk of dying from pregnancy-related complications in developing countries is 45 times higher than in developed countries [1]. Improving maternal health is one Millennium Development Goals (MDGs) adopted by the international community at the United Nations Millennium Summit in 2000. Fifth MDG aims at reducing the maternal mortality ratio (MMR) by 75% between 1990 and 2015. Its' aim also seeks to achieve a 5% annual decline in MMR. But, globally the annual percentage decline in MMR between 1990 and 2008 was only 2.3% [2]. Child survival project has achieved significant improvements in a number of maternal and child health indicators. But deliveries by skilled providers are still very low, and this is partially attributed to low male partner involvement in delivery issues and specifically failure by male partners in supporting their spouses to access institutional delivery [3]. Male involvement in maternal health care has been described as a process of social and behavioral change that is expected from men to take part in more responsible way in maternal health care with the purpose of ensuring women's and children's health [4]. The concept of male involvement in maternal health is now being promoted as an essential element of World Health Organization initiative for making pregnancy safer. However, the failure to incorporate men in maternal health promotion programs by policy makers, program planners and implementers has had a serious impact on the health of women, and the success of programs as well [5]. In developing countries most community give lower position to women. In effect, women are either under collective decision making with their partner or they completely depend on the male partner's decision on issues that affect their health [6]. In Ethiopia, the proportion of births attended by skilled personnel is very much lower than other sub-Saharan Africa countries. According to Ethiopia

Demographic and Health Survey (EDHS), in 2011 births attended by skilled personnel was only 10%. In this country, women traditionally have suffered socio-cultural and economical discrimination and have had fewer opportunities than men for personal growth, education, and employment [7]. Therefore this study set out to assess male partners' involvement in promoting institutional delivery of spouses' which is important for reduction of maternal mortality.

Methods

Study design and area

Community-based cross-sectional survey was conducted between March and April 2014 among 335 households who have children aged 0-12 months in Lemo woreda, Southern Ethiopia. Lemo is located at 235 km away from the capital Addis Ababa. The total population of the woreda was estimated to be 144,244 at the end of 2013; with 51% female. Majority of the population lives in rural areas. The woreda has no hospital but, 7 health centers, 14 private clinics and 33 health posts [8]. The study populations were male partners' having children's of age 0-12 months from selected kebeles in the study area. By taking proportion of male involvement (P) 12% [9], 95% CI, 5% margin of error, design effect of 2 and 10% non-response rate, the total sample size was calculated to be 356. Multi-stage sampling was used. First

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seven Kebeles were randomly selected from thirty five kebeles in the woreda (district). Out of the seven selected kebeles, a total of 356 sample households were selected by systematic sampling techniques. The number of households sampled from each kebele was proportional to the total number of households thereof.

Data collection tools and procedures

Data were collected by face to face interview technique using a structured and pretested questionnaire adapted from the survey tools developed by African Medical and Research Foundation (AMRF), Child and Reproductive Health Programme [3]. The questionnaire was translated to local language (Hadiya) and back to English to maintain conceptual consistency. A total of 10 diploma nurses were recruited for data collection. The data collection was supervised by four degree nurses. The interviewers and supervisors were given two day training.

Data processing and analysis

The filled questionnaires were checked for completeness and entered into EPI INFO version 3.5.3 statistical software and then exported to SPSS version 20 for further analysis. Descriptive statistics was used to describe the study population in relation to relevant variables. Both bivariate and multivariate logistic regression models were used to identify associated factors. Odds Ratios and their 95% Confidence Intervals were computed and variables with p-value less than 0.05 were considered as significantly associated with the outcome variable.

Data quality assurance

Data quality was controlled by giving trainings and appropriate supervisions for data collectors. The overall supervision was carried out by the principal investigator. A pre-test was conducted on 10% of the questionnaire on one adjacent kebele of the woreda which was not included in the study. Appropriate modifications were made after analyzing the pretest result before the actual data collection.

Ethical consideration

Ethical clearance was obtained from Lemo woreda health office. After the purpose of the study has been informed, written consent was obtained from each study participants. Confidentiality was maintained by making the data collection procedure anonymous.

Results

Socio-demographic characteristics respondents

Out of the expected 356 participants, 335 were enrolled making the response rate 94.1%. The mean age was 35.67 years (SD=7.6). Majority (83.6%) were Hadiya by ethnicity. Two third (63.9%) of participants identified Protestant as their religion. Most (92%) of the respondents were unemployed. With regard to educational status, 116 (34.5%) of the respondents can't read and write (Table 1).

Male partner's involvement in promoting institutional delivery

Male partners' over all involvement in promoting institutional delivery were only 38.2%. Only 15.5% were involved in discussing the issue with their relatives (Table 2).

Knowledge of male partners on institutional delivery

Participants were asked 11 questions to assess their knowledge on institutional delivery and they were categorized in to two groups based on their score in relation to the mean. The mean score was 5.5. Three

fourth (74.6%) of the respondents were found to have good knowledge, while a substantial proportion (25.4%) of the respondents was not. Majority (80.6%) reported that they had known about ANC follow up of their spouses. Regarding reasons for taking their spouse to health facility for delivery; 59.1% said to avoid delay in getting medical care in case of emergency, 62.1% said to get access to skilled, and 64.5% did so to get immediate treatment for mother and new born. While 2.4% of them said they did not know why institutional delivery is important. When asked about pregnancy related complications, 57.3% mentioned

Variables	Frequency	Percentage (%)	
Age category	20-29	67	20
	30-39	178	53.1
	40-49	74	22.1
	≥50	16	4.8
Religion	Protestant	214	63.9
	Orthodox	57	17
	Muslim	36	10.7
	Other	28	8.4
Ethnicity	Hadiya	280	83.5
	Kambata	25	7.5
	Gurage	14	4.2
	Others	16	4.8
Occupation	Unemployed	308	92
	Private employee	19	5.6
	Civil servant	8	2.4
Educational status	No formal education	206	61.5
	Primary school	102	30.4
	Secondary school and above	27	8
Personal income	<490	93	27.7
	490-800	160	47.8
	>800	82	24.5
Cost of healthy facility services	Can afford	183	54.6
	Cannot afford	152	45.4

Table 1: Socio-demographic characteristics of study participants in Lemo woreda, Ethiopia 2014, n=335.

Variables	Frequency	Percentage (%)	
Accompanied their spouse for ANC follow-up	Yes	148	44.2
	No	187	55.8
Birth preparedness support by male partners for recent child	Yes	244	72.8
	No	91	27.2
Discussed with health provide	Yes	95	28.4
	No	268	80
Discussed with their friends	Yes	67	20
	No	283	84.5
Discussed with their relatives	Yes	52	15.5
	No	283	84.5
Decided to deliver in health institution for current child	Yes	137	40.9
	No	198	59.1
Prevalence of male partners' involvement	Yes	128	38.2
	No	207	61.8

Table 2: Distribution of male partner's involvement in skilled delivery in Lemo woreda, Ethiopia, 2014, n=335.

vaginal bleeding as a sign of complication, and 4.5% reported they did not know sign of pregnancy complication.

Factors influencing partner's involvement in promoting institutional delivery

The association between socio-demographic characteristics, knowledge, personal income, cost of delivery service and male involvement were assessed. Personal income, Cost of delivery service and knowledge of male partners were found to have significant and independent effect on male partner's involvement in promoting institutional delivery. Male partners who had monthly income between 490-800 birr were 71% [AOR: 0.29, 95% CI: 0.116, 0.719] less likely to promote their spouses to attend institutional delivery when compared to those with monthly income above 800 birr. Cost of health facility services was significantly associated with male partner's involvement in promoting institutional delivery. Male partners who said cost of health services are affordable were about 2 [AOR: 1.79, 95% CI: 1.05, 3.04] times more likely to participate in promoting institutional delivery as compared to those who said cost of health services are not affordable. Respondents who have good knowledge were about 3 times [AOR: 2.9, 95% CI: 1.52, 5.5] more likely to promote institutional delivery than those who had poor knowledge (Table 3).

Discussion

Maternal death is avoidable leading cause of adult female death in developing countries [10]. Maternal death and disability is a tragedy that has no single cause or solution [11]. But, the single most important intervention lies in ensuring that all deliveries are assisted by skilled health professionals [12]. This cannot be achieved without ensuring men involvement especially in patriarchal society like Ethiopia [13]. Thus this study was aimed to assess male partners' involvement in promoting institutional delivery of a spouse and its associated factors among households who have children of age 0-12 months in Lemo woreda, Southern Ethiopia. Male partners' involvement in promoting institutional delivery was 38.2%. This finding was lower than the findings of studies done in Uganda (43%) [14] and Shashemane town, Ethiopia (69.9%) [15]. However, it was higher than the finding of study

conducted in India on male participation in maternal care (32.5%) [16]. The variables Personal income, Cost of delivery service and knowledge of male partners were significantly associated to male partner's involvement in promoting institutional delivery. The association of personal income and male involvement was positive indifferent studies of Rwanda [17] and Kenya [18] which is consistent with the current study. The likelihood of getting involved in promoting spouses institutional delivery attendance increases as a personal income gets higher. Those male partners who had income between 490-800 birr were 71% less involved in promoting their spouses institutional delivery when compared to those with income greater than 800 and above. Because, if families income is low they will be short-handed to cover delivery costs which will inhibit the husband from promoting institutional delivery; on the other hand as the family income gets higher their ability to cover health costs will improve; which will also increase the probability of the husband to promote spouses institutional delivery. Knowledge on institutional delivery was a significant predictor for male partners' involvement in promoting institutional delivery. Male partners who had good knowledge on institutional delivery were about three times more likely to get involved in promoting institutional delivery than those who had poor knowledge. The finding was in line with other study done in India [19] and Mali [20]. Having good knowledge about institutional delivery could influence male partner's involvement in promoting institutional delivery. The reason might be explained by the possibility that those with good knowledge understand well possible birth complications; so that they encourage their spouses to give birth in health institutions. The present study showed that male partners who can afford cost of health facility services were two times more likely to participate in promoting institutional delivery as compared to those who were not. This result was in line with the research done in Ethiopia [7] and Kenya [18].

Conclusion

Male partner's involvement in promoting institutional delivery was inadequate. Having good knowledge on institutional delivery, higher personal income and cost of delivery service were factors associated with high male partners' involvement in promoting institutional

Variables	Male involvement		COR (95%CI)	AOR (95% CI)	
	Yes	No			
Age	20-29	32 (47.8%)	35 (52.2%)	3.96 (1.03, 15.18)	3.53 (0.76, 16.45)
	30-39	70 (39.3%)	108 (60.7%)	2.80 (0.77, 10.21)	3.65 (0.88, 15.16)
	40-49	23 (31.1%)	51 (68.9%)	1.95 (0.50, 7.52)	2.48 (0.56, 10.82)
	≥50	3 (18.8%)	13 (61.8%)	1	1
Occupation	Civil servant	7 (87.5%)	1 (12.5%)	1	1
	Private employee	1 (5.3%)	18 (94.7%)	0.008 (0.00, 45)	8.20 (0.45, 148.01)
	Unemployed	113 (38.4%)	181 (61.6%)	0.08 (0.01, 0.73)	0.08 (0.007, 1.04)
	Others	7 (50%)	7 (50%)	0.14 (0.01, 1.48)	0.097 (0.75, 2.6)
Educational level	No formal education	69 (33.5%)	137 (66.5%)	0.232 (0.085, 0.638)	0.93 (0.24, 3.61)
	Elementary	46 (41.8%)	64 (58.2%)	0.33 (0.11, 0.937)	1.11 (0.28, 4.39)
	Secondary and above	6 (31.6%)	13 (68.4%)	1	1
Knowledge	Good	109 (43.6%)	141 (56.4%)	2.68 (1.52, 4.74)	2.9 (1.52, 5.51)
	Poor	19 (22.4%)	66 (77.5%)	1	1
Perceived cost of services	Affordable	80 (43.7%)	103 (56.3%)	1.68 (1.07, 2.63)	1.79 (1.06, 3.04)
	Not affordable	48 (31.6%)	104 (68.4%)	1	1
Personal income	<490	67 (44.4%)	84 (55.6%)	1.14 (0.71, 1.84)	0.91 (0.41, 2.01)
	490-800	8 (14.5%)	47 (85.5%)	0.24 (0.10, 0.55)	0.28 (0.11, 0.71)
	>800	53 (41.1%)	76 (58.9%)	1	1

Table 3: Bivariate and multivariate logistic regression analysis output of factors associated with male partner's involvements on promoting institutional delivery in Lemo woreda, Ethiopia, 2014, n=335.

delivery of spouses. Efforts should be made to improve awareness of the male partner's on institutional delivery through community based health education.

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