Involving Men in Safe Motherhood

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IN VolvemeN Of MeN iN SAFE MoTHERHOOD

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The Cairo and Beijing conferences have brought into sharp focus the need for involving men in safe and responsible parenthood. The large number of articles on this subject and the growing number of conferences, research projects and debates testify the importance of the issue, both from a programmatic point of view as well as that of a process for bringing about a gender balance in men’s and women’s reproductive rights and responsibilities.

According to the ICPD Plan of Action: “Special efforts should be mad to emphasis men’s shared responsibility and promote active involvement in responsible parenthood; sexual and reproductive behaviour including family planning; prenatal and maternal health; prevention of sexually transmitted diseases including HIV; Prevention of unwanted and high risk pregnancies; shared control and contribution to family income, children's education, health and nutrition; recognition and promotion of the equal value of children of both sexes. Male responsibilities in family life must be included in the education of children from the earliest ages; emphasis should be placed on the prevention of violence against women and children”

The agenda set by the Plan of Action for involving men to share these responsibilities as equal partners is clearly not confined to the use of contraceptives or to promoting their involvement in women's reproductive health. It is much broader and comprehensive. It demands the development of a true partnership between men and women: men as partners should be conceived under the broader gender issue and as a means for bringing about the gender power equation, a balance and equity in authority, independence and the decision making process in all spheres of life.

The present paper addresses only one aspect wherein men’s participation and shared responsibility is desired and emphasized – that of responsible parenthood. More specifically, the paper is based on a field study and discusses how to involve men in safe motherhood.

Data
Data for the study were drawn from an ongoing study conducted by the Centre for Operations Research and Training (CORT), Baroda, which examines sexual behaviour and reproductive health problems of couples in the context of family dynamics. The unit of the study is the family and it covers all ever-married men and women aged 15–60 years living in the family. Details of the study design and sampling procedure are given elsewhere.

The present study looks at data collected from the interviews of 460 couples, randomly selected from 14 villages of Bhadarva PHC area in Baroda district in Gujarat. A total of 620 ever married women and 460 men were interviewed. However, after rejection those cases in which either only the husband or wife had been interviewed, 384 couples
remained. These couples constituted the study sample and were interviewed separately. Both the wife and husband were asked whether she/his wife had been pregnant during the last two years. Those who reported pregnancy were further probed about the type of antenatal care (ANC) services the women had received and whether she had suffered from any complications during her pregnancy. Likewise, each woman and her husband were separately asked whether she/his wife was suffering or had suffered during the last three months from any reproductive health problem or disease and, if yes, the type of problem or disease she was suffering/had suffered from. The intention of asking these questions to the husband was to assess how far they were aware of the health problems of their wives. The accuracy of the information provided by them was assessed by comparing their responses with those of their wives. In the case of a discrepancy, the wife's answer was taken as correct.

In addition to the data obtained from the quantitative survey, qualitative information was also collected through focus group discussions (FGD) and in-depth interviews of some of the men and women. These qualitative data provided useful complementary information on the perception of men and women on involving men in ensuring safe motherhood and the health care of their wives. A total of four FGDs and 14 in-depth interviews (of six men and eight women) were conducted to get the required information.

Findings
The findings of the study are presented in two parts. The first, presents the findings of the survey that is, the extent of awareness among the husbands of the antenatal services, which their wives had received during her last pregnancy, what pre or postnatal complications had occurred, if any, and their health status with respect to reproductive health problems. The second part of the paper, largely based on qualitative data, presents the views of men and women with respect to involving men in safe motherhood, that is, to what extent would women want to involve men in an area which has been traditionally their domain, and to what extent are men prepared to take on the responsibility of ensuring safe motherhood for their wives/partners.

Observations from the Quantitative Survey
This section compares the responses of the spouses in relation to reported pregnancy during the last two years, pre and postnatal complications, and reproductive health problems with a view to assess the husband's awareness of and concern for the wife's health.

Consistency in Reported Pregnancy by Husbands and Wives
The husbands and wives were asked individually whether the wife was currently pregnant or had been pregnant any time during the last two years. Table 1 which presents the analysis of their responses shows considerable inconsistency between the husband's and wife’s responses to this question.
Table 1: Consistency between husband’s and wife’s response on reported pregnancy during the last two years

<table>
<thead>
<tr>
<th></th>
<th>Both reported pregnancy</th>
<th>Wife reported pregnancy but husband did not</th>
<th>Husband reported pregnancy but wife did not</th>
<th>Both reported “No pregnancy”</th>
<th>Total N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>113</td>
<td>88</td>
<td>5</td>
<td>178</td>
<td>384</td>
</tr>
<tr>
<td>Percent</td>
<td>29.4</td>
<td>22.9</td>
<td>1.3</td>
<td>46.4</td>
<td>100.0</td>
</tr>
<tr>
<td>Percent*</td>
<td>54.8</td>
<td>42.7</td>
<td>2.4</td>
<td>-</td>
<td>100.0 N=206</td>
</tr>
</tbody>
</table>

* Percentages are base on the 206 cases wherein either one or both spouses reported a pregnancy

Table 1 shows that among the 384 couples, in 206 cases either or both partners reported at least one pregnancy during the reference period. In another 178 cases, both spouses did not report a pregnancy. Thus, the level of consistency between the responses of the husbands and wives was about 76 percent. However, if the percentages are calculated taking only those couples where at least one partner reported a pregnancy as the base, the level of under-reporting becomes much more conspicuous. For example, among these 206 couples, only in 113 cases (54.8 percent) did both the husband and wife report a pregnancy. In over two-fifths of the cases (42.7 percent) though the wife reported a pregnancy, the husband did not, and interestingly, in five cases (2.4 percent) the husbands positive responses were not corroborated by the wives. Such high under-reporting of pregnancy by the men (husbands) is surprising. The data are being analysed to check which pregnancies were not reported by the husbands. Though detailed analysis is yet not available, preliminary observations show that suspected and early pregnancies as well as pregnancies which ended in early abortion (spontaneously or induced) were generally not reported by the husbands. Moreover, some pregnancies which culminated in a live birth but the child had died soon after, were not reported by the husbands; many of these were girls.

Husband’s awareness of antenatal care received by their wives.

Analysis of the responses on antenatal care by the 113 couples where both husband and wife had reported a pregnancy during the reference period is given in Table 2.

Table 2: Reported ANC by the couples during the last pregnancy (Percentages)

<table>
<thead>
<tr>
<th></th>
<th>Both husband and wife said “yes”</th>
<th>Wife said “yes” husband said “No”</th>
<th>Wife said “yes” husband said “Do not know”</th>
<th>Husband said “yes” wife said “No”</th>
<th>Both said “No”</th>
<th>Total (N=113)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANC check-up was done</td>
<td>44.2</td>
<td>13.3</td>
<td>8.8</td>
<td>25.7</td>
<td>8.0</td>
<td>100.0</td>
</tr>
<tr>
<td>IFA tablets were taken</td>
<td>57.5</td>
<td>23.9</td>
<td>4.4</td>
<td>8.0</td>
<td>6.2</td>
<td>100.0</td>
</tr>
<tr>
<td>TT injection was given</td>
<td>42.5</td>
<td>41.6</td>
<td>6.2</td>
<td>4.4</td>
<td>5.3</td>
<td>100.0</td>
</tr>
</tbody>
</table>

A close examination of Table 2 shows that only about half of the men were correctly aware of the status of antenatal care received by their wives during the last pregnancy. For instance, in 44 percent of the cases, both husband and wife reported that during the last pregnancy an antenatal check-up had been done, while about 8 percent of both reported that it had not been done. Husband–wife responses were inconsistent in the remaining 48 percent of the cases. Thus, among 22 percent of the couples, while the
wife reported to have undergone a medical check-up during her last pregnancy, the husband either reported it wrongly i.e. said "No" (13.3 percent) or was unaware of it (8.8 percent). Further, about a fourth of the husbands (26 percent) claimed that their wives had received an ANC check-up during her last pregnancy even though she had not. Similar inconsistencies in the responses of the husbands were observed with respect to the use of IFA (iron and folic acid) tablets and TT injections (Table 2). The findings thus clearly indicate that in the study area the involvement of men in the health care of their wives during pregnancy were quite limited and only about half of them were even aware of the antenatal care received by their wives.

_Husband’s awareness of the pre- and post-natal complications experienced by his wife._

Figure 1 and 2 present the responses of the husbands and wives to the question on the pre and post-natal complications experienced by the wives during the last pregnancy. The analysis revealed that almost 80 percent of the women had faced one or the other complication. Some of the more frequently reported problems were: swelling of feet (13 percent), severe anaemia (8 percent), severe and continuous vomiting (28 percent), lower abdominal pain (9 percent) and pelvic discharge, (10 percent). An analysis of the husbands’ responses indicated that only a little over a quarter (28 percent) of the husbands were aware that their wives had suffered any such problem during pregnancy. In about half of the cases (52 percent) where women had reported a pregnancy-related complication, 47 percent of their husbands had not reported any and 5 percent said that they were not aware that she had any such complication.

A similar pattern was observed in the case of post-natal complications. While about half of the wives (48 percent) reported one or the other complication, only 11 percent of their husbands reported to have been aware of it (Figure 2). Some of the more frequently reported post-natal complications were: excessive bleeding (4 percent), high fever (15 percent),
and lower abdominal pain (12 percent). About 3 percent of the wives also reported loss of consciousness.

These percentages were calculated on the basis of the total number of couples (that is 113) where both spouses had reported that the wife had received an ANC check-up, and not on the basis of the number who reported postnatal complications. If the percentages are calculated on the latter basis, the figures reported above will be almost doubled.

The high level non-awareness of the men with regard to the prenatal check-up and the pre and postnatal complications suffered by their wives could be partly due to:
- the extremely low level of husband–wife communication on matters relating to reproductive process which has been documented in several studies, 15-18
- the social practice, particularly in the early stage of reproductive life, of the women going to her parental home and staying there for at least 40 days after the delivery. Thus some of the complications which the woman faces during pregnancy or the early postpartum period are likely to remain unnoticed by the husband.

**Husband’s Awareness of the Reproductive Health Problems of His Wife**

As in the case of antenatal care and pre and post-natal complications, men were generally unaware of their wife’s reproductive health (RH) problems. The analysis revealed that of the 384 couples interviewed, in 274 cases (71 percent), the women reported one or the other reproductive health problem. But, when the husband’s and wife’s answers were compared, both the husband and wife had reported an RH problem only in 22 percent of the cases. Further, in about 50 percent of the couples, while the wife reported at least one RH problem, the husband did not report any such problem faced by her (Table 3).

| Table 3: Reproductive health (RH) problems of women as reported by them and their husbands (Percentages) |
|-------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|
| % reporting at least one RH problem              | Both husband and wife reported RH problem; husband reported no problem | Both reported no problem | Total RH problems reported by the wives |
| % reporting at least one RH problem              | 21                                                                 | 50                                                                | 29                                                                | 71                                                                |
| Type of RH problem                               | Reported by both husband and wife | Reported only by wife | All women** |
| Menstrual problems                               | 29                                                                | 21                                                                | 24                                                                |
| Excessive vaginal discharge                      | 35                                                                | 1                                                                 | 21                                                                |
| Lower abdominal pain                             | 39                                                                | 14                                                                | 21                                                                |
| Lower back ache                                  | 29                                                                | 23                                                                | 24                                                                |
| Burning sensation during urination               | 6                                                                 | 10                                                                | 9                                                                 |
| Increased frequency of urine                     | 3                                                                 | 6                                                                 | 5                                                                 |
| Difficulty in controlling urine                  | 1                                                                 | 3                                                                 | 2                                                                 |
| Itching in/around vagina                         | 1                                                                 | 7                                                                 | 5                                                                 |
| Pain during intercourse                          | –                                                                 | 6                                                                 | 4                                                                 |
| Mass/swelling from vagina                        | –                                                                 | 1                                                                 | *                                                                 |
| Ulcer/sores in genital region                     | –                                                                 | 1                                                                 | *                                                                 |
| TOTAL                                           | 83                                                                | 191                                                               | 274                                                               |

*Less than one percent **Because of multiple response percentages add up to more than 100
Table 3 indicates that 21–24 percent of the women were suffering from menstrual problems, excessive vaginal discharge, and lower abdominal pain (Table 3). A burning sensation during urination, increased frequency of urine and itching in/ around vagina was reported by 9, 5 and 5 percent of the women respectively. A small proportion (4 percent) also reported pain during intercourse.

A definite diagnosis of the problem based on reported symptoms alone and without a laboratory assessment or even a physical examination is difficult. However, the data shows that while almost two–thirds of the wives had reported symptoms of some reproductive health problem, only about one–fifth of their husbands were aware of it, or had mentioned it in their interviews.

**Observations from Qualitative Data**

The preceding section has clearly demonstrated that in general, at least half of the men were not aware of their wives' health status or the prenatal care services, which their wives had received during their last pregnancy. At this juncture it is difficult to assess whether this indicates a lack of men's concern towards the health and care of their wives during pregnancy or it reflects the social segregation of the roles and responsibilities of men and women in which reproductive processes such as antenatal care and ensuring a safe delivery are considered to be 'women's affairs' in which men have only a limited role to play. Their presence and help are mainly required during emergencies. Perhaps the truth lies somewhere in between. The qualitative information collected through focus discussions and in–depth interviews of a few men and women support this proposition to some extent.

While conducting the qualitative analysis, four issues were repeatedly checked both with the men and women informants. These were: perceived importance of medical check–up of the woman during pregnancy; perceived role of the husband in ensuring proper care of his wife during pregnancy; should the husband accompany his wife to the clinic for and antenatal check–up, and should he be present during her medical examination or delivery. The following paragraphs highlight the main findings.

**Perceived Need for an Antenatal Check–up**

In general, both the husbands and wives supported the need for a medical check–up during pregnancy. They were of the view that it would help in the timely detection of pregnancy related complications, if any, and would ensure the safe delivery of the child. As one woman informant said:

"*Pregnant women must undergo a medical check–up. A doctor can detect problems, if any, in the baby or in the mother. It is beneficial for both.*"

Similar views were expressed by the male informants. A typical reply was:

"*Early check–up of pregnant women is necessary to avoid problems during pregnancy and delivery.*"
However, both among the men and women there were some informants who felt that a pregnant woman should undergo a medical check-up only if there is a problem. As Shantaben, a 37-year-old woman said:

“No, I do not think there is any need to go for a medical check-up during pregnancy. I never did it. It is good to get medically examined only if the woman feels some problem. Otherwise, what is the point of getting examined by a doctor?”

Umesh, a 27 year-old man, expressed a similar view:

“I do not think there is any need for the medical check-up of a pregnant woman unless there is some problem. If the child inside the stomach has some problem or the woman is feeling pain, one should consult a doctor or go to the government hospital.”

The findings indicate that conditional support to the medical examination of a pregnant woman came more from the male than from the female informants. Interestingly, one women informant supported a medical check-up during pregnancy and pregnancy registration at a clinic not because it is required but more because “during an emergency it will be easy to get help from there”.

**Perceived Role of the Husband in Antenatal Care**

With regard to questions on who should be responsible for the pre and post-natal care of the woman, both male and female informants said that it was the husband’s responsibility. However, the manner in which the informants responded to the query indicated the difference in their perceptions of the roles and responsibilities of men and women in respect of antenatal care. In general, women were of the opinion that the husband should take care of his wife: he should look into her health needs and ensure that during pregnancy she gets all the required care and moral support. As one of the woman informants put it:

“The husband should take care of his wife during her pregnancy. He should take interest in all pregnancy related matters. He can take the responsibility of all heavy work required in the home such as lifting of water so that his pregnant wife does not have to do it.”

Most of the women informants felt that in reality, things are quite different. According to them very few men do what they should do. Two informants however, felt that during the first pregnancy men often take somewhat more care of their wives but when they occur repeatedly, it becomes a routine thing and women do not get any special attention either from their husbands or from the other family members like their mothers-in-law.
Two of the informants did not see much of a role of the husband in the care of his pregnant wife. As Shantaben put it:

“The husband can at the most take his wife to the clinic or otherwise ensure that some one else from the family or a neighbour accompanies her. What else will the husband do in such matters?”

Discussions with male informants revealed that though most of them had mentioned that it was the men’s responsibility to take care of the health needs of his wife during the pre and post-natal period, their verbatim statements indicated that they were more concerned about highlighting their authority and decision making power in such health care matters. Some of the typical answers given by the male informants are reproduced blow:

“Men of the household, particularly the husband, is equally responsible for the care of his wife during her pregnancy. The women can discuss such matters only with her husband or other women of the family. It is the husband or elder male members of the family who decide where or to which clinic women should be taken. Women have no freedom in such matters but men have all the freedom and power to decide.”

In the words of another male informant:

“It is the husband’s responsibility that she (the wife) should be checked up by a good doctor. The husband should understand what problem, if any, she has and accordingly he would make the arrangement for treatment and care. Involving only women of the household in pregnancy-related issues and ignoring men (husbands) is not correct. After all the husband has to take all decisions…”

Arvind, yet another male informant said:

“I do not think the husband’s role is only to take care of financial matters related with pregnancy or delivery. It is mainly his responsibility to ensure that his wife undergoes all necessary check-up, gets proper food at home and take proper rest. However, women should also take care of themselves. Often they themselves neglect their health. The husband can’t stay at home all the time.”

He further added:

“Decisions regarding place of delivery or clinic to be contacted is decided on the basis of her condition and suggestions by elderly men or the village doctor. Ultimately, it is the husband who takes the final decision in all such matters. Women do not know about these things.”

Umesh, a 27 year–old illiterate man, having no children, said:

“In the matter of pregnancy care other women in the family should be consulted. The doctor should mainly advise the pregnant woman about the care she should take during her pregnancy. Ultimately, she has to take care of herself. However, if
the woman is not able to understand the instructions of the doctor, then they should be explained to her husband. Often women are not as wise as men.

“If the husband understands all details of pregnancy, the complications and her health status, it would help in giving timely treatment. It would also help him to decide which clinic/hospital should be consulted as ultimately he has to pay the cost of treatment and transportation.”

Should the husband accompany his wife to the clinic for an antenatal check–up?

Both focus group discussions and in–depth interviews showed that while most of the women wanted men to accompany their wives to the clinic for a medical check–up, relatively fewer men were enthusiastic about it. In general, however, their attitude was quite favourable. Most of the women felt that it is not only important that men should accompany their wives to the clinic, but it was equally important that the service provider (doctor) should explain to them the status of the pregnancy and the care to be taken at home. According to them, such counselling of the husband would be useful in making, men more responsible towards their wives' health needs. As Anitaben, a 21 year–old woman, said:

“The doctor should explain everything to the husband so that he understands all about pregnancy, delivery and related complications. He should be informed about food and work. With such understanding he may him self start helping his wife, take the responsibility of fetching water and similar other hard work. He may also take better care of his wife.”

Kantaben, a 29 year–old women with primary level schooling, expressed a similar view:

“Only the husband should take his wife to the clinic for medical check–up. He should be told all about pregnancy, delivery and its complications. Doctor could help him understand these things in a better way. He (the husband) should have feelings for wife. He should not accompany her to the clinic just for paying money. He should understand the condition of his wife and give the care required. Such an understanding could be helpful for the wife. It may also help in making the husband less demanding, for sex during pregnancy and immediately following delivery. They should know that sex should be avoided during the first two to three months and in 7th–8th months of the pregnancy.”

The following verbatim statements of the male informants clearly reflect that overall they were in agreement that men should accompany their wives to the clinic for an antenatal check–up. They felt that it would help them in understanding the condition of their wives and the care to be taken at home. However, their answers also indicate that they were less enthusiastic about it as compared to the women informants. They perceived several constrains in doing so.

“It is better if the husband accompanies his wife to the clinic for her medical check–up. He would take better care of his wife, if he is fully aware of the problems. However, every time the husband need not go along with her. He has other
responsibilities also. On the other hand, if the wife is samajdar (wise) then she may even go alone for the check-up. But the presence of other women is always better as they (women) talk more openly among themselves."

Nanubhai, a 30 year-old man, expressed a similar view:

"Doctors should inform all about pregnancy care, delivery and complication to both husband and wife. After all, the husband has to take the decision. Without the knowledge of ANC, how will he realize what is the situation or what is the emergency?"

He further added:

"I agree that the husband should accompany his wife when she goes for a medical check-up. However, every time he should not be asked to come with his wife for all her ANC check-ups. He does not always have time as he has several other responsibility including earning for the family."

Aravind Chuhan, a 28 year-old man with six years of schooling, said:

"Yes the husband could also accompany his wife to the clinic for an antenatal check-up. However, I feel these (pregnancy/delivery) are women's affairs and women would understand them better. Men can help only from the outside. What will men do by going every time to the clinic? Moreover, doctors also do not want us there."

Objection by the services provider to the presence of men at ANC clinics was mentioned by two other male informants as an important cause for not accompanying their wives to the clinic. As one of the informants put it:

"Accompanying my wife to the clinic is not necessary. He (the husband) is anyway ask to stay outside. However, if the doctor wants the husband to come together with his wife and to explain to him everything about pregnancy then it is a different thing. It will be useful for the husband also. But the doctors hardly have anything to do so."

Should the husband be present at the time of the wife's medical examination and delivery?

It is generally argued that if husband is present during the antenatal check-up of his wife or at the time of her delivery, he will become much more sensitive to the contraceptive and health needs of his wife. Besides, the presence of the husband on such occasions gives great moral support to women. However, in India for ages this support has generally been provided by the mother/ mother-in-law or the close relatives of the woman. Further, in Indian society, the presence of men (husbands) on such occasions is generally not approved and is considered a matter of shame.
These issues were discussed in detail both with the men and women informants during the FGDs and in-depth interviews. As expected, both the men and women were against the presence of the husband (man) at the time of an internal examination or delivery. The opposition was much stronger to the presence of men during a delivery and none of the men or women informants supported this idea. However, opposition to the husband’s presence during an ANC check-up of his wife was not as strong. While one–woman informant supported the idea, two men informants felt that if it is necessary and the doctors want it that way, they would not oppose the idea. In a normal situation however, they felt that the man’s presence was not required. The following quotations present their typical answers:

“It is good, if one’s husband has knowledge about pregnancy and its complications. It is also good, if the husband is around during delivery time. But in our community a man will feel too shy to stand amongst the women. In fact, many would not like a man’s presence on such an occasion.” (Women informant)

“The husband should be present during consultation and also internal examination so that he also understands what is needed and what is not during pregnancy...However, during delivery, the husband is not needed because other women will be there to help. The husband has no role in such matters.” (Women informant)

“The husband should accompany his wife, but not necessarily be present during the consultation/ examination or delivery. On such occasions both women and men feel uncomfortable in the presence of each other. In the presence of her husband, the women may not share all her problems with the doctor because of shyness. But he is needed to be around because if the delivery has to be a Caesarean, the husband’s signature is required (women informant).

Ganpat Singh, a 30 year–old male commenting on this issue said:

“The presence of the husband, when the wife is being examined is not required. We (men) hardly know what and why the doctor is examining. Similarly, the husband should not be present during her delivery. What he will do there? In our society, this will be considered a shameful act. During delivery when elderly women relatives like the mother and sister–in–law are present, we cannot go to our wives in their presence. This is a matter of mariyada (tradition).

Similar views were expressed by other informants also. In the words of Ashok Vaghela, a 26 years–old male informant, with 12 years of schooling:

“The husband should not be necessarily present, when his wife is being examined. If it is only to give her support in lying down for the examination or help her in getting up, the nurse is there. What will the husband do? However, if the wife is illiterate and unable to explain her problems or can’t understand what the doctor is saying, in that case it is good if husband is present….No, at the time of delivery the husband’s presence in the delivery room is not required.”
Discussion
The paper brings out several important points. First, currently, men are hardly involved in any pre or post-natal care of their wives. These activities are still mostly considered as ‘women’s affairs’ and generally elderly women of the family or from the neighbourhood provide the required support. As the paper shows, almost half of the men were not aware that their wives had received antenatal care. Similarly, only a few knew about the pre and post-natal complications or reproductive health problems, which the women had faced or were facing at the time of interview. This perhaps partly shows the lack of concern of men towards their wives’ health. At the same time, perhaps it also reflects the social environment which strictly segregates roles and responsibilities by gender, discourages husband-wife communication particularly on reproductive processes but helps in sustaining a social structure where physical and moral support to the pregnant women are provided by the entire family rather than the husband alone.

As the qualitative data show, while the men strongly feel that the health care of women is the responsibility of their husbands, they also feel that in the matter of pregnancy and delivery, it is mainly the other (elderly) women in the family who are responsible for providing both physical and moral support to the women. They not only take their physical care but also advice them on ‘do’s’ and ‘do nots’, and psychologically prepare them for motherhood. In the absence of elderly women in the family this role is often partially assumed by a chachi (elderly women in the neighbourhood). However, in such situations, the husband has greater responsibilities and has to provide all the required physical and moral support. In a normal situation, the man’s role is more confined to be physically available around the home to assist and take decisions in case of an emergency and to ensure that the financial requirements are provided. They also perceive that women do not have much awareness about clinics nor can they understand the cost implications of preferring one or the other clinic; therefore, men have to take all such decisions.

The study also clearly brings out that men in general have a positive attitude towards accompanying their wives to clinics and are eager to know the details about pregnancy and its related complications. They rightly felt that if men knew these details, they could be more helpful to their wives and could take decisions at the right time. This is a positive and encouraging attitude of men and should be strengthened through the mass media and other advocacy programmes. Programme managers should take advantage of it by introducing the concept of joint counselling of the husband and wife in all consultations related to reproductive matters. However, at present, social and cultural restrictions at the family level and the attitude of service providers of not allowing men at the clinics or not feeling the necessity of joint counselling of spouses about the care required during pregnancy is a major hindrance in involving men in safe motherhood or making them partners in reproductive processes.

The negative attitude of service providers as a major hindrance in involving men in reproductive health and safe motherhood has been recently pointed out by other researchers. This points to the need of gender sensitisation of the providers on the one hand and the introduction of these concepts in the curriculum of medical
schools on the other. The need for joint counselling of husband and wife during ANC care should be emphasized during “on the job training” of doctors as well as other health providers at the grassroots level.

While one should encourage and can fully endorse men accompanying their wives to clinics and joint counselling of the spouses, presently, in the Indian context, the presence of the husband during a medical examination of his wife and her delivery is clearly not a priority or could be considered as a strategy for involving men in reproductive health and safe motherhood. Interventions to enhance husband wife communication on all matters and sharing each other’s concerns will perhaps in the present context be more rewarding. While planning interventions to enhances men’s involvement in reproductive health and safe motherhood, care should be taken not to weaken or destroy the existing traditional support system which is helpful to women and from where they draw moral support and confidence to face the problems and difficulties associated with motherhood. It is critical that before promoting any new idea of concept, its desirability and usefulness in the local social and cultural contexts is debated and examined. Indeed, the same is true while planning strategies for promoting men as partners in reproductive health and contraception also.

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