

India Male Involvement

OR Summary 45

Men's Involvement in Partner's Pregnancy Yields Health Benefits

An intervention during prenatal consultations to increase men's involvement in their partners' maternal care increased couples' discussion and use of contraception and improved knowledge about pregnancy and family planning. The intervention is being expanded within the context of India's insurance scheme for industrial workers' families to hospitals and additional health centers.

Background

In India, men are often the primary decision-makers regarding women's health care, but they remain poorly informed about women's health. Between 2000 and 2003, FRONTIERS and the Employee's State Insurance Corporation (ESIC), a government-affiliated insurance agency for low-income workers, conducted a study on the effect of men's involvement in their partner's pregnancy. The study assessed the effect of men's involvement during antenatal and postnatal care on the couple's use of family planning and STI prevention. The intervention took place at six ESIC clinics in New Delhi, with three clinics serving as experimental sites and three as control sites. Twelve auxiliary nurse-midwives (ANMs) and 12 doctors were trained to provide couple and individual counseling.

At the experimental clinics, a total of 2,836 consenting women and 1,897 of their husbands received couple, individual, or same-sex group counseling on pregnancy care and danger signs, family planning, postpartum infant care, breastfeeding and lactational amenorrhea method (LAM), the symptoms and prevention of STIs, and correct condom use. They also received antenatal testing and, if necessary, treatment for syphilis. Couples were seen during the pregnancy and at six weeks postpartum. At control clinics, pregnant women received standard care, which normally included weight checks, information on nutrition, and a tetanus vaccination, but very little

counseling on pregnancy danger signs, family planning, or other reproductive health issues.

Findings

◆ Men were interested in participating in maternity care. Husbands were significantly more likely to attend the informational consultations at experimental clinics than at control clinics (28% versus 13%, respectively). Couples in the experimental sites reported more communication on family planning than control couples (84% versus 64%, respectively) and more joint decision-making on the issue (91% versus 71%).



Photo credit: Susan Adamchak/FHI

◆ Family planning use increased significantly at intervention sites compared to control sites. Use of family planning by women six months postpartum was 14 percentage points higher in the

intervention sites as compared to the control sites. The corresponding figure for men was 17 percentage points greater. Condoms were the most frequently used method, used by 66 percent of women and 71 percent of men among the subset using any method in experimental clinics (see Table). The proportion of men and women who intended to use a method in the future was also higher in the experimental sites.

Use of Family Planning Methods at Six Months Postpartum

	Experimental (%)		Control (%)	
	Women n=289	Men n=293	Women n=269	Men n=270
Currently using any FP method	59*	65*	45	48
Pills	9	8	7	6
IUD	8	7	8	8
Condoms	66	71	66	71
Sterilization (F)	11	10	15	13

*p<.05

◆ Knowledge of STIs did not increase significantly after the intervention. In general more men than women knew about STIs (66% versus 32%). Prevalence of syphilis was very low, and only two men reported STI symptoms during individual counseling. It is not clear whether this is because the ANC/family planning/STI integration initiative was unsuccessful or because the prevalence of STIs is low among young expectant couples.

◆ Significantly more men and women in the intervention group than the control group knew that condoms provide dual protection from STIs and pregnancy. Yet gender-based disparities continue: twice as many men than women knew of dual protection (89% versus 48%).

◆ Providers were satisfied with the strategy and expressed interest in its continuation. A fundamental change mentioned was the way they now approach clients and communicate with them. Providers reported that husbands were interested in participating in the new services. All the intervention group clients who received couple counseling reported that they were satisfied with the maternity care services.

◆ Marginal costs for the intervention for three clinics over a two-year time period added up to approximately US\$17,900. Total marginal expenditure per year per clinic was less than \$1,000, mainly consisting of supplies and materials. No new staff was required and changes in staff routines were possible without increasing providers' work hours.

Utilization

◆ Based on the demand for male involvement and the intervention's positive impact and reasonable cost, ESIC is expanding the intervention to 10 clinics in 2003-2004 and plans to extend it to its 34 clinics and five hospitals in Delhi by 2005. FRONTIERS is providing technical assistance to institutionalize training and supervisory capacity on the model within ESIC, and will monitor and evaluate progress for one year.

Policy Implications

◆ Efforts to implement and scale up interventions should build on existing infrastructure and elicit the participation and support of managers. Participants in the India intervention said that management involvement, capacity for information management, and supervisory capacity supported the successful intervention and will likely facilitate its expansion to other sites.

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Source: Varkey, Leila Caleb, Anurag Mishra, Anjana Das, Emma Ottolenghi, Dale Huntington, Susan Adamchak, and M.E. Khan. 2004. "Involving men in maternity care in India," *FRONTIERS Final Report*. Washington, DC: Population Council. Available on our website at www.popcouncil.org/frontiers/frontiersfinalrpts.html or by e-mail: frontiers@pcdc.org

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