Improving Male Participation in Maternal Healthcare-Seeking Behavior

Tin Afifah, Anissa Rizkianti, Ika Saptarini, Mukhammad Fajar Rakhmadi

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Introduction

Context and Significance of the Problem

Maternal health is important for safe delivery and a healthy baby; furthermore, it goes beyond safe childbirth—the health of the mother plays a critical role in human resources development and determines the quality of the next generation. Optimum maternal health can be achieved when the community is empowered to leverage resources for maternal health improvement. One underlying cause of the high maternal mortality rate (MMR) in Indonesia is a delay in recognizing pregnancy danger signs and subsequently deciding to seek care. One factor that influences this delay is decision making in a family, which is often an interactive process that involves the woman, her husband, and other family members. A woman's limited authority in making decisions that relate to her reproductive rights may hamper her ability to receive adequate healthcare.[1]

Maternal health programs that have been implemented in Indonesia to date have not optimized the role of men. One example is the Mother-Friendly Movement (*Gerakan Sayang Ibu*, GSI) in which the community works alongside the government to perform activities that will improve women's quality of life and accelerate maternal and neonatal mortality rate reduction (MMR/NMR). However, several studies report that cultural barriers have limited GSI's success.[2,3] A number of issues that influence the health and well-being of women originate within the patriarchal structure that has been prevalent in Indonesia for generations.

Executive Summary

Socially, women are in a vulnerable position, with limited authority to make decisions regarding their reproductive health. Decision making in a household remains dominated by men. It is imperative that efforts be made to bridge this gap in decision making.

In a patriarchal system, women are not empowered to decide what is best for their health. Husbands hold the authority to make decisions regarding their wife's reproductive rights,

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which is evidence of gender inequality and the subordinate position of women in the society. Culturally, maternal and child healthcare is also perceived as the sole responsibility of women. Thus, it is critical that the government and community champion gender-sensitive legislation and empower women within the various social strata of society to have full decision-making authority over their reproductive health rights.

Perceptions Regarding Policy

Efforts to achieve gender equality in Indonesia are manifested in several government policies:

- **Presidential Instruction (*Inpres*) No. 9/2000** regarding gender mainstreaming in national development, which instructs all ministers, heads of government/nongovernment agencies, secretaries of high-level institutions, commander of the Armed Forces, chief of the National Police, Attorney General, and governors and heads of districts to mainstream gender into the planning, development, implementation, and monitoring and evaluation of all policies, programs, and national development activities that have a gender perspective, in line with the task, function, and authority of each agency.
- **Joint Circular Letter (*SEB*)** of the Minister of National Development Planning/Head of BAPPENAS, Minister of Finance, Minister of Home Affairs, and Minister of Women Empowerment and Child Protection No. 270/M.PPN/11/2012, No. SE-33/MK.02/2012, No. 050/4379A/SJ, No. SE-46/MPP-PA/11/2011, regarding the National Strategy (*Stranas*) to accelerate gender mainstreaming though gender-responsive planning and budgeting.
- **Presidential Regulation (*Perpres*) No. 2/2015** on the 2015–2019 Medium-Term National Development Plan (*RPJMN*) that contains (1) sustainable development mainstreaming, (2) governance mainstreaming, (3) and gender mainstreaming.

High MMR is one gender issue in the field of health that requires priority management. The Ministry of Health (MOH) has issued several gender-sensitive policies, established a Gender Mainstreaming Team for Health, and implemented a gender-responsive health budget.

Several health policies also aim to increase the role of men in maternal health improvement:

- ***Desa Siaga* (Alert Village) Program:** Calls for the involvement of family and the community to prevent maternal death by promptly preparing for a referral.
- ***Suami Siaga* (Alert Husband) Slogan:** Focuses on promoting the husband's involvement during pregnancy and childbirth for overall maternal and neonatal health (MNH).
- **Birth Preparedness and Complication Readiness (BP-CR/*P4K*) Program**: As a midwife-facilitated activity, aims to actively engage the husband, family, and community in making preparations for obstetric complications that may arise during pregnancy, childbirth, and postpartum to ensure a safe delivery. The *P4K* intervention is implemented alongside the *Desa Siaga* Program.
- **The MCH Book:** Records a child's health data to monitor his/her growth and development. It contains the child's immunization schedule, a guideline for a balanced diet, and other essential health information for the family.

- **Pregnancy Class (KIH) Program:** Aims to increase pregnant women's knowledge and skills regarding pregnancy, danger signs of complications, childbirth, postpartum care, newborn care, various myths, and infectious diseases. Women also learn about the need to obtain a birth certificate for their baby. Pregnancy classes meet routinely; one input indicator monitored for the class is the percentage of husbands/family members who attend classes.

Although these programs emphasize male participation, their implementation has not been optimal. Some programs, such as the *Desa Siaga* Program, have lost their momentum and have been overshadowed by other local-level programs (such as the Healthy Living Community Movement [*GERMAS*]). In addition, all of the programs implemented have revolved around antenatal care (ANC) and traditionally have targeted women and not specifically men. Efforts to improve maternal and child health are therefore hampered by this lack of gender balance when it comes to education about MNH. Husbands must have the same knowledge as their pregnant wives to be more positively involved in maternal and child healthcare.

It is therefore necessary to create initiatives that specifically equip men with maternal health information and educate them on early detection of maternal emergencies to ensure they can be fully prepared for childbirth and any associated complications, including transport and taking care of their wives and children.

Methods

We conducted quantitative analysis using data from the Indonesia Demographic and Health Survey (IDHS) 2017 to understand the relationship between the level of women's participation in decision making in the household and use of maternal health services by using logistic regressions. We measured use of maternal health services through use of ideal ANC, delivery assisted by skilled health workers, and delivery in health facilities. The quantitative analysis used the Women's Participation Index as a proxy for the level of women's participation in the household (Box 1).

Box 1. Women's Participation Index

A composite index that measures women's participation in three decisions:

(1) maternal healthcare

(2) major household expenses

(3) visits to family or relatives

Score of 1: Given for every decision in which the woman is involved, either alone or jointly with her husband/parent/ other family member.

Score of 0: Given for every decision that is made without the woman's involvement.

The participation index is obtained from the sum of the scores, which ranges from 0 to 3. The final participation index is divided into four categories as follows:

- None (index value of 0)
- Low (index value of 1)
- Medium (index value of 2)
- High (index value of 3)

Results

Women's Participation in Maternal Healthcare Use

Women's participation in household decision making is quite good. The 2017 IDHS reports that more than half of the women surveyed have a high participation index (Figure 1). Almost one-fifth of women have a medium index of participation,

whereas those who do not play a role in family decision making or have a low index of participation are below 15 percent (Figure 1). Education is directly related to women's participation in decision making; women with higher education also have higher participation index scores, which relates to their increased role in decision making (Figure 2). Education serves as a factor that can empower women to assume full authority in the household decision-making process.

Figure 1. Women's Participation Index

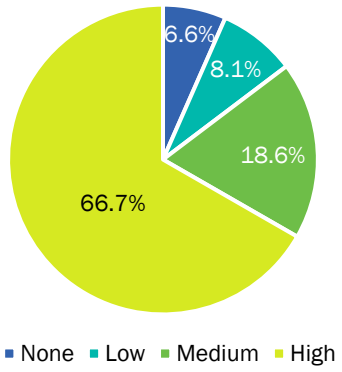
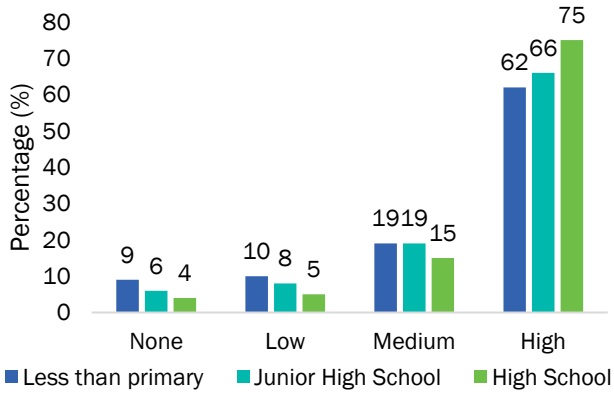


Figure 2. Women's Participation Index, by Education



The 2017 IDHS analysis shows a significantly positive association between women's participation index and four ANC visits (K4), which is the minimum number of ANC visits recommended (Table 1). Women with a higher participation index are more empowered and more likely to use maternal healthcare, such as ANC. However, higher participation index does not necessarily result in higher skilled birth attendance or higher health facility-based delivery. These facts may be due to the low bargaining power that women have in decision making on emergency care and childbirth. The patriarchal society of Indonesia places men as the main decision-makers in the family.

During an emergency, the decision to seek care can have significant consequences for both the mother's health and her unborn child, and the husband and family serve as the main actors in this decision-making process. A woman's authority to make decisions in such a situation is often limited. Thus it is critical that women be better empowered to prepare for complications and make plans for childbirth that can provide the healthcare that they need.

The *P4K* and KIH pregnancy class are two community-based programs that the MOH relies on to improve the knowledge of women, their husbands, and families, and facilitate optimal birth preparedness and planning, with the goal of optimizing use of maternal healthcare. Findings on the influence of these two Indonesia programs are mixed. One study found that the husbands' support and attention significantly influenced pregnant women's participation in pregnancy classes.[4] Another study on delivery attendance in East Nusa Tenggara found that husbands and families play a major role in women's decision making during childbirth.[5] Other research indicates that active participation of husbands and families in birth preparedness and delivery planning has not been apparent in the midwife-facilitated *P4K* Program.

Table 1. Relationship Between Women's Participation Index and Maternal Healthcare Use

Women's Participation Index	ANC		Skilled Birth Attendance		Facility-based Delivery	
	AOR	95% CI	AOR	95% CI	AOR	95% CI
None (ref)	1		1		1	
Low	1.39	(0.84–2.30)	1.38	(0.54–3.57)	0.72	(0.41–1.26)
Medium	1.63**	(1.07–2.48)	1.36	(0.61–3.00)	0.91	(0.56–1.48)
High	1.69***	(1.17–2.45)	1.57	(0.77–3.21)	0.99	(0.64–1.54)

AOR: Adjusted odds ratio; 95% CI: 95% confidence interval **denotes p-value<0.05; ***denotes p-value<0.01

Men's Participation in Maternal Healthcare Use

Although there is a wealth of literature on women's participation in MNH decision making, there are limited studies available to understand men's participation in women's use of maternal healthcare. A study in Indonesia analyzed behavior of husbands participating in maternal healthcare decision making. It found that husbands were involved in monitoring the growth of the fetus through the MCH Book, and also actively reminded their wives to attend pregnancy check-ups. Another study found that pregnant women's behavior during ANC and delivery was very much influenced by their husbands' behavior. More research is needed to understand how to improve husbands' participation in the decision to seek care for maternal complications to prevent maternal morbidity and mortality.

Discussion and Policy Recommendations

Based on the results of this study, we recommend the following policy changes:

1. As one strategy to reduce MMR and neonatal mortality rate, intensify maternal health programs that are more gender sensitive, with men as the primary target.
2. Incorporate an additional component into the package of ANC services to inform men about expectations during pregnancy, thereby enabling them to also recognize danger signs and take action during emergency situations. Husbands must have the same comprehension about maternal health as pregnant women.
3. Develop an informational and educational book to equip men with information on maternal danger signs, emergency management, and maternal healthcare.
4. Revitalize the *Suami Siaga* Initiative to more optimally involve men.
5. Allow paternity leave, particularly for spouses of civil servants, as stated in the Regulation of the Head of the National Civil Service Agency (BKN) No. 24/2017.

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Contact Us

Badan Litbangkes
Jalan Percetakan Negara No. 29,
Jakarta-Indonesia, 10560
www.litbang.kemkes.go.id
sesban@litbang.depkes.go.id
Facebook: Badan Litbang Kesehatan
Instagram: @balitbangkes

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