

HUSBAND'S ROLE IN WIFE'S PREGNANCY: A STUDY BASED ON THE THADOU TRIBES OF MANIPUR.

Dr. Tonjam Joshila Chanu*

Prof. MC Arunkumar*

Abstract

Husband's behavior and involvement in the maternity care of their pregnant partners can significantly affect the health of the women and their babies. This study aims to understand the perception, attitude and behavior of husband regarding their role and involvement during antenatal and delivery care among the Thadou tribes of Manipur. Overall men were positive in their views of antenatal and delivery care and maximum numbers of men "advice" their wives to attend for antenatal and delivery care. However, majority of the husbands were not involved "directly" during maternity check-up. Increasing community awareness and knowledge about the importance of male involvement and increasing accessibility antenatal clinic can reduces some of the barriers.

Key words: Husband's behavior, Perception, Thadou, Awareness, Accessibility

* **Anthropology Department, Manipur University**

INTRODUCTION:

A woman can, of course, control her pregnancy without her husband's cooperation; yet when men and women are aware of and responsive to each other's health needs, they are more likely to obtain necessary services. Every time a woman is pregnant, she risks a sudden and unpredictable complication that could result in her death and injury. Thus, reproductive health has largely been thought of as a woman's concern over the year (Greene and Biddlecom, 2000; Pachauri, 2001) and the programmes and policies in the past have focused almost exclusively on women. However, in recent years, the reproductive health field has shifted its attention to include men's role and involvement in women's reproductive health, recognizing that men's attitude, knowledge and behavior can strongly influence women's health choice. (Drennan, 1998). It has also been studied that men's behavior and involvement in the maternity care of their pregnant partners can significantly affect the health outcomes of the women and babies (Stycos, 1996). During pregnancy and delivery men can give important psychological and emotional support to the woman (Early, 2001). The role of husband in reproductive health interventions might help to foster a better understanding between the husband and wife, which in turn affect the utilization of services and maternal health of woman. The 1994 International Conference on Population Development in Cairo was among the first International declaration of the importance of involvement of men in reproductive health programmes. Moreover, the 4th World Conference on women, Beijing (1995) also pointed towards the need for involving and encouraging men to take responsibility for their sexual and reproductive behavior, advocating that men are in a position to change attitudes and practice through their position as community religious and political leaders. However, they should also take individual responsibility as husbands and fathers to become involved in changing social attitudes including taking responsibility for reproductive health issues. Keeping this view, the present study will discuss, about husbands' perceptions of their role during their wives' pregnancy in respect of their antenatal and delivery care among the Thadou community of Manipur.

In India context, particularly in patriarchal society, women's access to social, economic, politico legal and health care institution is largely mediated by men. Within the household and in the public sphere, men control women's sexuality their choice of marriage partners, their access to labour and other markets and their income and assets. Many studies have revealed that men

are the key decision makers for women's choice of health care services even though they have limited knowledge (Murthy et. al., 2002). In such societies, pregnancy and delivery as a female domain, therefore men are often not expected to accompany their wives to the antenatal care clinic. Thus, men are the primary decision makers regarding women's health care and information on male role in antenatal care will be vital for enhancing safe motherhood program in the country. Women are lacking autonomy in reproductive decision making especially in contraceptive use, man can contribute to the improvement in women's health and consequently overall improvement of women's status (Singh et.al., 1998).

Study Tribe:

Family is the smallest unit of traditional Thadou community. The father or husband is head who supervised all the matters related to the family. Thadou follows patriarchal system. Women have no property right under any circumstances. However, Thadou women in comparison with the women of the caste hierarchy enjoy more freedom in various walks of life. Traditionally, a marriage is arranged by parents. The traditional attitude/culture of a community has influencing women for home delivery despite of the availability of health care. In Saikul, particularly among the Thadous, child births are mostly carried at home (Joshila and Arunkumar, 2015) even though pregnant women visited nearly 100% for antenatal care in health centre. This could be attributed to the prevalent psycho-social and cultural beliefs among the women.

Data collection:

This paper focuses on husband's knowledge of involvement in maternal care. Both quantitative and qualitative data were employed to set the socio-cultural context and to provide a richer interpretation of the quantitative data on husband's role. The data was collected from the 157 ever married men aged (20-55) of the Saikul town areas of the Saikul. The Saikul town is consists of 13 vengs (locality). Most of the vengs are Thadou community and they followed Christianity. The study implies the simple random sampling for selecting the veng and family. The information was collected with the help of structure questionnaire. The questionnaire focused on male involvement during pregnancy and included questions about participation, accompanying women to and attending at ANC. The study used a qualitative approach involving

semi-structured and interviews in order to get more information about the Antenatal care awareness among the husband.

The demographic profile study of 157 men showed that 4.5 percent of men were in the primary level, 49 percent of them were in high school level. 21 percent of men were qualified for higher secondary and 25.5 percent were in graduation qualifications. The present study also collected the information of the husbands. It is found that majority of the husband 36.91 percent were agriculturist, 33.8 percent of husbands were engaging for Government service. Nearly 24 percent commands in working in private sector and remaining 5.7 percent were running for business.

Role of husband in wife pregnancy:

The pregnancy period is to be “normal” as described by the majority of the men and reported changes in the relationship with their wives. They felt women became “lazy” and “demanding” as soon as they confirmed their pregnancy. Some reported pregnant women could be hostile towards their husband. Most men aware a healthy variety of foods, reducing workload and birth preparations are essential for pregnant women. In an interview, one husband aged 34 mentioned, “I know she should take rest during these months”. As heads of the family, financial providers and decision makers, most of the husband felt responsible for providing these needs during pregnancy. Although most men acknowledge that pregnant women should not perform heavy household activities, it seems apparent that cultural beliefs, gender roles and social stigma create barriers against this. “I can’t do those household activities because I will be despised by the neighbours and my relatives, so it is a shame for me” (one husband of 42 aged). Men typically reported their role during pregnancy as providers.

Male perception on Antenatal care:

Generally most of men described pregnancy as something very common and not a particularly special moment in life. Thadou men were generally positive about their wives visiting ANC. Even though some do not know what is happening during ANC, majority mention positive benefits as it is shown the fig 1. Regarding men’s role joining women to ANC men responded that husbands traditionally are not involved in pregnancy related issues, perceiving it as a “women only matter”, “I was not experienced before” (35 years old husband). Many men

reported that lack of knowledge concerning pregnancy and related risk factors contributed to lack of awareness about the importance of their involvement with pregnancy related issues.

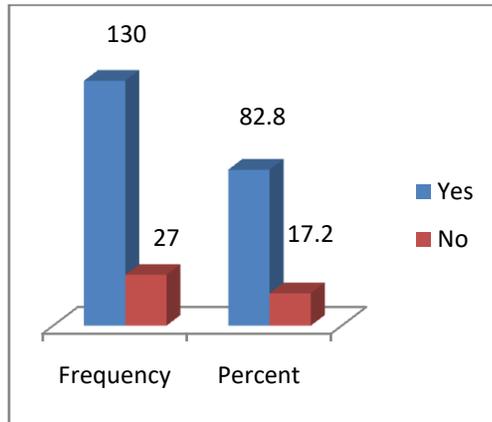


Fig. 1: shows the number of male participation on ANC

Additionally, they reported feeling uncomfortable when accompanying their wife to visiting ANC and waiting for them outside. It was often reported that lack of knowledge concerning pregnancy and related risk factors contributed to lack of awareness about the importance of their involvement with related issues. At the same time, a positive attitude towards male involvement during ANC visit is informed by majority of the Thadou husbands. The relative figure is shown below:

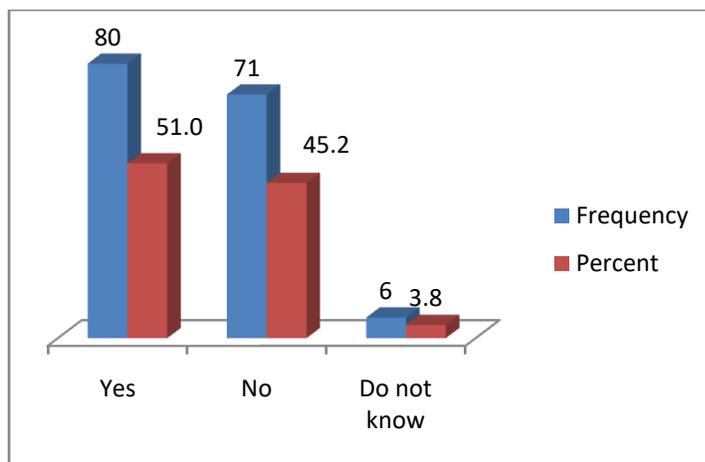


Fig 2: Shows the number of husband who accompanied wife at least one during ANC Visit.

Male's role on child birth:

It is confirmed from the husband's perception on Antenatal visiting that husband encouraged women to seek antenatal care, understanding that it was in the best interest of the mother and

child but never felt it necessary for them to attend or to be there during delivery. Rather it was the man's role to make sure there was money available for the delivery and post natal care. Some men also identified other roles including making sure the women were eating properly, ensuring their wives were not straining themselves physically and taking care of the children during labor.

Majority of Thadou men reported that a hospital or health facility was the best place to deliver a baby as it is shown in figure 3. In an interview one man 42 aged mentioned that, "Complication could be better managed because they were staffed by qualified personnel and had the necessary equipments". However, despite this stated preference of hospital based delivery care some men narrated that using a TBA was sometimes inevitable because whilst delivery care services were affordable in hospital, the flexibility of payment for TBA services payment easier. A husband of 35(aged) said that, "There is no (fixed) rate of payment for TBA services and she is nearby to us also".

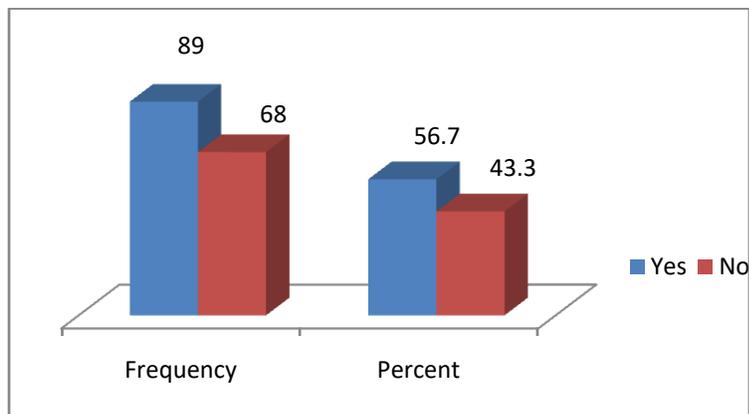


Figure 3: Number of male showing the preference of hospital delivery.

Attitude of the Husband:

The present study analyses the characteristics of an ideal father in the context of pregnancy and child birth. The character of the ideal father was described as someone who cared, provided emotional and financial support and tried as much as possible to find out what was wrong with his spouses. The participants were described in details the activities, attitudes and behaviors that described the role of ideal men their wives pregnancies. Some participants reported that they made attempts to fulfill their responsibilities in spite of constraints such as job obligation, family

obligation and busy schedules. One young man aged 28 had this to say, “I am in Central Active Service, but I took leave on her maternity ground and was there in hospital for her delivery.”

However some participants felt deep fear about witnessing something going wrong, and were not so eager to be present during delivery. They believed that doctors knew what to do and would do what is best for the patients. They felt that they have limited role during child birth, beyond financial and emotional support.

It is also observed from the study that most of the men appeared concerned about the severe complications their wives had developed. They expressed anxiety about their wives’ illness were eager to support their wives. They however identified personal relationship, family and community commitments which acted as barriers to their full involvement in the wives health care.

Conclusion:

Role of husband during pregnancy and child birth plays a vital role in the safety of their female partner’s pregnancy and child birth by ensuring access to care and provision emotional and financial to support and guarantying women’s access to reproductive health services in general. The main finding of this study is the overall positive perception of men regarding the attendance of their wives at ANC, but passive attitude towards their own involvements attributed mostly to external factors. This is similar to other studies showing a contradiction between men’s positive attitudes, while at the same time their participation and effort to be involved was low.

Long waiting time and long duration of ANC at health centre were reported as well, however, this did not seem to be major influence. Nevertheless, for male involvement to be possible, health facilities need to be more receptive and positive about the involvement of men. Traditional gender roles and family structure remain important in Thadou community, influencing household practices and decision making also during pregnancy.

Despite existing barriers and challenges to male involvement, most of the men seem supportive of increasing male involvement during pregnancy and attendance of men during ANC. With these positive perceptions, increased awareness of the importance of male role and the provision

of tools to increase accessibility of men to health centre, there are ample opportunities to increase male attitudes and active participation during pregnancy.

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