

Attitude and Participation of Men Regarding Prenatal Care, Childbirth, and Postpartum Care in Kashan City, Iran

Abstract

Background: Men's involvement in perinatal care has benefits including reduced preterm childbirth, and better development of children. This study was conducted with the aim to determine the attitude and participation of men in prenatal, childbirth, and postpartum care. **Materials and Methods:** This cross-sectional study was performed on 280 men in industrial units in Kashan city, Iran (November 2014–March 2015). The participants were selected using cluster sampling method. They completed a researcher-made three-part questionnaire. The data were analyzed using independent-samples *t* test and analysis of variance (ANOVA). **Results:** The mean (SD) score of men's attitude and practice regarding perinatal care were 40.12 (5.00) and 61.65 (6.87), respectively. A significant difference was observed between the practice of men with different education levels ($F_{2,75} = 3.63, p = 0.001$). **Conclusions:** The participation of men in perinatal care was low. It is recommended that healthcare providers make visits in the presence of husbands and simultaneously provide training for the couples during the perinatal period.

Keywords: Attitude, Iran, men, patient participation, prenatal care

Introduction

According to the International Conference on Population and Development (ICPD), the concept of male participation in maternal care can be defined as accompanying a spouse to receive maternity care, participation in home affairs, and the provision of health advice to a pregnant woman.^[1] The norms of healthcare systems as well as sociocultural norms (social stigma against male involvement) have attributed to the lack of involvement of men in maternal care.^[2-4] A study in Nigeria found that the level of knowledge of men about maternal health was moderate, but their involvement in giving care was poor and 50% of them had a good attitude towards maternal care.^[5] This shows that men are lagging behind in their responsibilities to improve maternal health.^[5] The study by Mersha showed men's low knowledge of the danger signs of childbirth, and participation in birth preparation in north western Ethiopia.^[6] Researchers recommended that policies and strategies that can improve the awareness of men and enhance their engagement in the maternal care be advocated.^[6]

A study in Shahroud showed that men had relatively low participation in home

tasks and childcare, which is attributable to the gender roles accepted in the Iranian culture.^[7] However, in another study, the vast majority of Iranian women reported that their husbands helped them during pregnancy.^[8] In Iran, where culture has been shown to be an important factor in women's access to reproductive health centers, little is known about men's views on maternal health. Given that the residents of the city of Kashan, Iran, have strong religious beliefs and still adhere to old mores, it is essential to first assess the men's attitudes toward and participation rate in these matters.^[9,10] Hence, this study was conducted to assess the attitudes of men toward and their participation in prenatal, childbirth, and postpartum care.

Materials and Methods

This cross-sectional study (part of a larger research project) was conducted in November 2014 to March 2015 on 280 male workers of 5 selected industrial units in Kashan. Sample size was estimated as 255 individuals using the formula for estimating a ratio, based on the results of a former study in which 79% of men helped their spouses during pregnancy, and considering

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a type one error of 0.05 and a measurement error of 5%. However, considering the possible attrition, 280 individuals were recruited in this study. From among public and private companies and factories, 5 factories with the highest number of personnel were selected and sampling was performed among these factories using cluster sampling method. The inclusion criteria included living with one's wife, having an experience of pregnancy or childbirth during the last 3–4 years or spouse's pregnancy at the time of the study, and willingness to participate in the study. The data collection tool used was a three-part questionnaire made by the researchers through an extensive review of related literature. The questionnaire was culture-based and gender-sensitive. The first part of the questionnaire included 14 questions on the participants' age, education level, place of residence, housing situation, years of marriage, marital satisfaction, occupation, monthly income, spouse's education, gestational age, sex of children, type of childbirth, current pregnancy, and unwanted pregnancy. The second part of the questionnaire included 11 questions on the individual's attitude toward men's participation in perinatal care. The items were scored on a Likert scale ranging from "Completely agree" to "Completely disagree". The total score of this section was 44. The third section of the questionnaire consisted of 17 questions on the subjects' actual participation in the perinatal care of his spouse. The items were scored on a Likert scale ranging from "Completely agree" to "Completely disagree", and the total score of this section was 68. In terms of attitude and practice, earning 33.39 was considered as poor, 33.40-66.60 as moderate, and 66.61-100 as good. The face and content validity of the questionnaire was confirmed by 10 faculty members of midwifery, and the overall Content Validity Ratio (CVR) of the questionnaire was 0.99. The reliability of the questionnaire was assessed using Cronbach's alpha ($\alpha = 0.70$). The data were analyzed using independent-samples *t* test and analysis of variance (ANOVA) in SPSS software (version 16; SPSS Inc., Chicago, Illinois).

Ethical considerations

This study was approved by the Ethics Committee of Kashan University of Medical Sciences, Iran (registration code: IR.KAUMS.REC.1393.3.21). All ethical considerations were observed according to the Helsinki declaration. All participants signed a written informed consent for being involved in the study.

Results

The mean (SD) age of the men was 35.12 (5.80) years. At the time of the study, 16% of the participants' spouses were pregnant. In addition, 24.30% had been married for less than 5 years. Most of the men (45.00%) had high-school education. Moreover, their wives mostly had high-school education (46.80%). Furthermore, 86.10% of the women were housewives. Other characteristics of the participants are listed in Table 1. The mean (SD) scores of attitude and participation were 40.12 (5.00) and 61.65 (6.87), respectively.

The level of attitude and participation of the men is presented in Table 2. Most participants agreed that it is necessary for them to attend the medical visits of their pregnant wives, but the participants agreed with the entry sign 'The entrance of men is forbidden' above the midwifery room door.

Most of the men considered infant care as their own duty, and they did not consider themselves as submissive to women if they helped their spouse. They often helped their spouse with household chores and monitored their nutrition and nutritional supplements. In most cases (62.10%), the participants themselves took their spouse to the hospital for childbirth. No significant associations were found between the participants' attitude and their demographic characteristics ($p > 0.050$). However, a significant association was found between the participants' practice and their education level ($F_{2,75} = 3.63, p = 0.001$).

Discussion

The findings indicated that most participants had a positive attitude toward participation in perinatal care and had a high rate of participation in household chores during their spouse's pregnancy; however, they had a lower rate of participation in perinatal visits in health centers and hospitals. Previous studies have linked husbands' presence in the prenatal care to increased use of maternal health services.^[11,12] Because when men realize the importance of prenatal care, their

Table 1: The distribution of absolute and relative frequency of demographic characteristics of men participating in the study

Demographic variables	n (%)
Housing status	
Leased	53 (19.00)
Private	196 (70.00)
Mortgaged	4 (1.30)
With the husband's family	19 (6.80)
With the wife's family	8 (2.90)
Duration of marriage (year)	
<5	68 (24.30)
6-10	106 (37.90)
11-15	59 (21.00)
>15	47 (16.80)
Marital satisfaction	
Very low	1 (0.40)
Low	2 (0.70)
Relatively low	7 (2.50)
Relatively high	58 (20.70)
High	117 (41.70)
Very high	95 (34.00)

Table 2: The level of attitude and practice of men in prenatal, childbirth, and postpartum care

Level Variable	Good n (%)	Medium n (%)
Attitude	197 (70.40)	83 (29.60)
Practice	202 (72.10)	78 (27.90)

involvement with their partner increases, and thus, they encourage and support their spouses to use services.^[13] In a developing country, this positive attitude can manifest itself in the form of the husband's permission and the provision of resources to access maternal services such as transportation to the hospital for delivery, payment of fees, etc.,. In this study, men were willing to attend pregnancy visits, but also agreed that men should not be allowed to enter the midwifery room. This finding might be attributable to the participants' religious beliefs, because every man and woman is interested in being cared for in a private setting. A previous study showed that women prefer to have their husbands with them in the midwifery room.^[10] These findings suggest that both men and women are interested in men's participation in prenatal care. Therefore, safe maternity protocols should include the presence of husbands in prenatal care visits and provision of training related to pregnancy. Moreover, due to the religious context, it is recommended that a special room be considered for women and their spouses in healthcare centers and labor room; thus, other people can be prevented from entering and their privacy can be protected.

In this study, most men had a positive attitude toward helping their spouses during pregnancy (in household chores, babysitting, and monitoring their spouse's nutrition). They did not see this as social stigma or humiliation. This finding was in contrast with those reported by Mortazavi and Mirzaii^[7] and Simbar *et al.*^[8] Although these differences in findings might be attributed to cultural differences, these studies^[7,8] mostly assessed the women's opinions, whereas we only examined men's attitudes. The traditional view opposes men's participation in maternity care and yet there is no model or guideline for men's participation in this area.^[11]

In this study, men with higher education levels had better performance in the pregnancy care of their spouses. These findings were consistent with that of Mortazavi and Mirzaei^[10] and Tweheyo *et al.*^[12] Low-literate men have less information about pregnancy, the care needs of pregnant women, sexual behavior during pregnancy, and the signs of the need for medical care, and this inevitably affects their performance. Thus, it emphasizes the need to target men for training programs on maternal health care and the participation of men in the designing and implementation of maternal health services. This study had some limitations; we did not assess the women's attitudes toward men's participation in perinatal care. Therefore, concurrent assessment of the couple's views is suggested. Another limitation of the study was that we asked participants about how they had handled their spouse's pregnancies over the past 3–4 years, and this may expose them to recall bias.

Conclusion

Most of the men who participated in this study had a positive attitude toward participation in maternity care. They had taken their pregnant spouses to healthcare centers or hospitals, but had not entered the midwifery room and had not participated in the care of women during childbirth and the postpartum period.

The results of this study showed that over the years, men's beliefs and attitudes toward their participation in household chores and pregnancy care have changed and are improving; however, training is necessary to increase participation in care during this period. In terms of men's performance, most of the participation was housework and financial support, and thus, the involvement of men in the women's care system can help improve their participation in antenatal, postnatal, and postpartum care. Health care providers should take care of pregnant women in the presence of their husbands. It is also recommended that couples be trained together in a few visits during the pregnancy and postpartum period.

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Conflicts of interest

Nothing to declare.

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