

Comparison of Awareness of Men and Women on Maternal, Neonatal and Child Health in Urban Afghanistan

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Abstract

The level of men's awareness on Maternal and Child Health (MCH) is largely not researched in Afghanistan. The interventions to increase men knowledge and awareness on maternal and children health have not systematically been studied. This is a cross sectional study which compares men and women's awareness on maternal and children health dimensions in an urban setting in Afghanistan. Care International's health program has implemented community based women and child health project in 2nd district of Kabul city. The project's interventions included: 1) Undertaking community based surveillance of mothers of reproductive age. 2) Organizing health education sessions on safe motherhood, child care, and birth planning for mothers enrolled in surveillance through house to house visits. 3) Establishing community support groups to facilitate peer to peer education on pregnancy danger signs, pregnancy complications, and accessing quality care 4. Establishing Community Health Centers (CHC), where community midwives receive basic uncomplicated cases. The project is planning to involve men to support women's health care seeking behavior. The respondents covered 119 men and 341 women living in the same district. The data collection team utilized random sample selection approach to interview the respondents.

Overall men's awareness on MCH except on the age of mother at first birth was negligible. Men preferred a higher age for a woman to give birth to their first baby comparing to women themselves. Men also rated highly whether underage marriage poses risks to women and their children. Women and men both awareness on long term birth spacing methods, was minimal or non-existent. They also confirmed that husbands are the prime decision makers to select the location for the delivery. Women Men didn't respect women's birth spacing choices and they didn't have sufficient knowledge about pregnancy complications. Women weighed higher the importance of completing Ante Nata 1 Care (ANC) than men.

Keywords: Awareness of men and women; Maternal, neonatal and child health (MNCH); Women's reproductive health; Afghanistan

Introduction

Men participation in MCH health has invited considerable international focus during previous decades. The global conference on population and development in Cairo [1] and the fourth international conference on women in Beijing's [2], invited significant courtesy to women' health and the need to have men contribute to mothers and children' health interventions. Initially, the involvement of men in women' health was challenged by some feminist movements but both conferences approved that men's cooperation in women's health would endorse equity.

The body of research indicates that men can help reduce unwanted pregnancies, decrease unmet necessity for birth spacing and promote safe motherhood. For example, in United States of America-USA, men participation in reproductive health contributed to an increase in ANC visits. In India, involvement of men in their wives ANC and Post Natal Care-PNC visits lead to improve awareness, gender roles and support [3].

In Afghanistan, access of women to social, and economic opportunities is inadequate; men facilitate political and health care opportunities for them. At family and community level, men control women's sexuality, choice of spouse, job, income, and assets. This in many ways influence women's health and their health care seeking attitude. This influence on women is made through men's controlling behavior in household and their decision-making power [4].

This study intends to measure men and women awareness on MCH issues and highlights men's decision-making influence on women's health care seeking behavior.

Methods

Study setting

Kabul as the capital city of Afghanistan has more than five million population. This capital city faced huge difficulties [5]. The progressive arrival of migrants has added to other difficulties and created numerous illegal residents [6]. The illegal residents stand for eighty percent of whole city population [7]. Most of them are urban poor who have no access to health care services except public health facilities where the services are provided for free [7].

The study was carried out within second urban district of Kabul city in Afghanistan. This district is a broad representative of all urban districts in Kabul. Large proportions of this district population comprise internally displaced people and rural population who seek economic opportunities in cities.

Sampling

This is a cross sectional study. A sample of 341 households was estimated from 3000 households which benefited from this project.

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Sample size was calculated based on 95% confidence interval and 5% margin error. The houses were selected randomly. In the houses, the men and women who met the criteria were requested to participate in the study. The research team enrolled 119 men and 341 women. The inclusion criteria for men included: i) who are married, ii) their wives are at reproductive age and iii) their wives benefited from the project. The inclusion criteria for women included i) are married ii) at child bearing age iii) have benefited from the project.

Survey instrument

The research team used a semi structured questionnaire to collect data on socio economic characteristics of respondents, their awareness about reproductive history of women, maternity care, new born care, childhood diseases and family planning. It also captured information on decision making influence of men on women's family planning and reproductive health choices.

Data Collection

The questionnaire was pretested with 15 men and 15 women. The questionnaire was amended based on pre-test findings. Additionally, six data collectors were recruited and trained. They initially listed the households, then, interviewed individuals who met the inclusion criteria.

Data Quality Assurance

Fifteen percent of all completed questionnaires were checked for the completeness and accuracy. The research team entered the data in Microsoft Access 2013. The entered data were cross matched with completed questionnaires to correct any data entry errors. The cleaned entered data was exported to SPSS.22 for statistical analysis. The statistical analysis estimated the summary statistics and proportions for men and women's awareness.

Ethical Consideration

The questionnaire included the informed consent section. The data collectors were reading the informed consent section before the interview and highlighting that respondents' participation in the study was voluntary. The data collectors ensured respondents about confidentiality of their provided information. Unique identifiers were applied to all questionnaires and personal data were removed from the data base.

Results

This section compares awareness among men and women on MCH. This section also highlights their decision-making pattern for making health related choices.

Characteristics of respondents

The average age of men was found higher than women. Assessment on access to education established that 56.96% of women had not attended school as compared to 33.61% of men. A higher percentage of men had completed primary and secondary education in contrast to women. A meaningfully higher percentage of men respondents completed university compared to women (Table 1).

Age at first pregnancy

The answers for best age of a woman to have first baby were different based on gender. Men on average preferred women to have their first baby by age of 20.40 years, women themselves favored conception at 17.85 years. 70.15% of men compared to 67.23% of women stated that

premature conception enhances the danger of complications and such complications may result in death of mothers and their children (Table 2).

Birth spacing methods

Noticeable difference of awareness was observed on various birth spacing methods among men and women. A significantly lower percentage of men 56.67% desired their wives to delay pregnancy or space births as compared to women themselves 74.11% (P=0.0002). Other birth spacing methods showed a mix picture of awareness in both genders (Table 3).

In both genders, the awareness on long term birth spacing methods was negligible if not lacking. Both gender reported less than 5% awareness about IUDs, tubal ligations and implants.

Antenatal - ANC care

However, a significantly higher number of women 86.56% stress on the importance of completing ANC than men but there is no extensive difference between men and women perception on giving birth in a health facility.

Danger signs of pregnancy

	Female	Male	P<0.05
Mean Age (SD)	30.5 (± 6.7)	37.75 (± 11.46)	
Education Status			
Never attended school	56.96%	33.61%	0.0001
Pre-primary/Nursery	4.56%	5.04%	
Primary, not completed	7.85%	6.72%	
Primary, completed	9.37%	8.40%	
Secondary, not completed	7.09%	5.04%	
Secondary, completed	9.11%	22.69%	
College/University	3.54%	15.13%	0.0001
Vocational/ adult education	1.52%	3.36%	

Table 1: Respondents characteristics.

Variables	Women (n=341)	Men (n=119)	P<0.05
Preferred age at giving birth to the first baby (Mean)	17.85%	20.4%	0.5326
Agreement that premature conception put women and their child at risk	70.15%	67.23%	0.5473
Disagreement that premature conception put women and their child at risk dangerous	22.96%	20.17%	0.5244

Table 2: Age at first conception.

Variables	Women (n=341)	Men (n=119)	P<0.05
Preference on delay of pregnancy	56.67%	74.11%	0.0002
Awareness on different birth spacing methods			
Abstinence	6.00%	8.00%	0.0911
Breastfeeding	2.00%	8.00%	0.0032
Cycle beads	10.00%	6.00%	0.1921
Condoms	27.00%	13.00%	0.0021
Pills	24.00%	8.00%	0.0000
Injections	19.00%	24.00%	0.2481
Intra Uterine Contraceptive Device (IUD)	10.00%	25.00%	0.0001
Implant	2.00%	4.00%	0.0001
Sterilization (vasectomy/tubal ligation)	0.00%	4.00%	0.0000

Table 3: Birth spacing method.

Variables	Women (n=341)	Men (n=119)	P<0.05
Vaginal bleeding	3.00%	27.00%	0.0001
Pelvic or abdominal pain	13.00%	20.00%	0.0681
Persistent back pain	6.00%	30.00%	0.0001
Gush of fluid from vagina	27.00%	9.00%	0.0001
Swelling of hands and face	6.00%	3.00%	0.2084
Severe headaches	12.00%	7.00%	0.1318
Preterm regular contraction	0.50%	1.00%	0.0551

Table 4: Pregnancy danger signs.

The overall level of awareness among men on pre-term regular contraction, swelling of hands and face and gush of fluid from vagina as danger signs of pregnancy was less than 10%. The awareness among women on pre-term contraction, vaginal bleeding, swelling of hands and face and persistent back pain was also less than 10%. The mostly known danger signs by men included persistent back pain 30 %, vaginal bleeding 27% and pelvic or abdominal pain 20%. The level of awareness on vaginal bleeding and persistent back pain was significantly higher in men than women (Table 4).

Decision-making on the location of delivery

Men and women indicated that husband decides on the location of delivering birth to a baby but a significantly higher proportion of husbands 40% perceived they are decision makers; than women 27.76% (P=0.0118).

Discussion

This study aimed to compare the extent of men and women's awareness of MNCH issues in study area. We found that men's awareness except on the age of mother at first birth was negligible.

Mothers mean age for delivering first baby in Afghanistan is 20.1 years [8]. Men on average preferred women to have their first baby by age of 20.40 years, women themselves favoured conception at 17.85 years. Pregnancy under 18 years is an important public health problem with a high rate of marriages at a young age, along with poor prenatal and postnatal care [9].

Though it is realized that the target group in family planning are the females and especially, women of childbearing age, it is averred that the male is an important partner for reaching positive or negative implications for the practice. In this context, the decision to have or not to have children is the male's and invariably his decision. Their decisions are invariably in favor of having children, as more children further enhance his status as a man in society [10]. A significantly lower percentage of men 56. 67% desired their wives to delay pregnancy or space births as compared to women themselves 74.11% (P=0.0002).

ANC is an important prerequisite of safe delivery. It is a proxy pointer regarding monitoring of maternal mortality reduction [11]. Women awareness on importance of ANC is significantly higher than men. 42 % of men indicated ANC as not important. Considering the influential role of men in family decisions, it is necessary to work with them regarding ANC essence.

The awareness of danger signs in pregnancy can be regarded

as one of the ways to eliminate the first level of delay. This delay is a critical factor influencing maternal mortality. The role of men as decision makers cannot be overlooked in this regard. The awareness level on pregnancy complications among both men and women show a mixed picture but highlight the needs for improvement for further improvement [12].

Conclusion

It is obvious that men in comparison to women have a significantly low awareness about advantages of birth spacing, ANC and pregnancy complications. By further educating men, there will be a critical mass of people who will be promoting mothers and children health.

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