

## Improving the Reproductive Health of Married and Unmarried Youth in India

### Influence of Men and Boys on Youth Reproductive and Sexual Health: Husbands' Involvement in Maternal Care in Rural Maharashtra, India

The reproductive health field is focusing greater attention on men's role in women's reproductive health. However, much of the research to date has overlooked issues related to adolescents. As part of a youth reproductive health intervention study, the Foundation for Research in Health Systems (FRHS), with the International Center for Research on Women (ICRW), examined patterns of husbands' participation in seeking health care for their adolescent wives' antenatal, delivery and postnatal care.

#### Findings

- Young couples experience pregnancy and childbearing in a context of early marriage, social pressure for early childbearing, and restricted mobility and decision making for young women.
- Men know about the need for maternal care: More than two-thirds are aware of the need for antenatal, delivery and postnatal care and feel a responsibility to accompany their wives for treatment and to pay for routine care as well as treatment of problems during pregnancy and delivery.
- Fewer husbands accompany their wives for routine antenatal and delivery care than treatment for pregnancy or delivery problems.
- Men commonly believe that maternal care is a woman's affair, a belief that is reinforced by attitudes and conditions in the health centers, and which contributes to husbands' limited participation in maternal care among young couples.

*Socio-cultural context:* The mean age at marriage among the study participants was 23 for men as compared to 16 for women. Thus, while men married as adults, women tended to marry as adolescents. These young couples face enormous pressure from both families and peers to bear children soon after marriage. Consequently, 86 percent of the wives of sample husbands reported at least one pregnancy by age 22. Young wives have limited mobility and depend on husbands or other family members to take them to a health center. Husbands may not take the time to accompany their wives to a health center unless they perceive it to be necessary. However, pregnancy care is sought relatively promptly, especially for the first child, given the high value placed on proving fertility early in marriage.

**Figure 1: Profile of Sample Husbands**

Average age:	27 years
Mean age at marriage:	23 years
Average education:	9 years
Average family size:	6
Total sample:	972

Source: FRHS-ICRW

*Husbands' awareness of maternal care:* A majority of husbands were aware of the need for maternal care and understood that problems could arise during pregnancy, but a smaller number knew details. While 77 percent of husbands said that women should seek antenatal care, only one-third knew about all the available antenatal care services. A majority 85 percent said care is needed during delivery, and most husbands (72 percent) reported the deliveries should take place in health institutions rather than at home. Interviews with husbands revealed that though they may not know medical details, they help wives follow treatment advice, and they are concerned about nutrition and other care within the home environment.

*Husbands' responsibility and participation in wives' care:* Most husbands felt responsible for routine maternal care and treatment of health problems. Men indicated they want to participate in maternal care. Yet awareness and a sense of responsibility did not translate into participation: Only about half of husbands accompanied wives for routine care.

**Figure 2: Husbands' knowledge, responsibility and participation in their wife's maternal care**

Routine care (%)	Antenatal care	Delivery	Postnatal care
Knows about need for care	77%	85%	69%
Feels responsible to accompany	81	86	68
Accompanied for care	54	29	51
<i>Treatment of problems (%)</i>			
Knows problems can arise	85%	83%	71%
Feels responsible to accompany	88	96	91
Accompanied for treatment	72	78	80
<i>Percent who accompany for routine care if:</i>			
Aware of need for ANC	57%	30%	53%
Not aware of need for ANC	39	20	38
<i>Percent who accompany for treatment of problems if:</i>			
Accompanied for routine care	90%	95%	95%
Did not accompany for routine care	52	65	65

Source: FRHS-ICRW



Husbands were more likely to accompany their wives to a health center and pay for treatment when there were health problems. In both instances, husbands participated more often by paying for care than accompanying their wives. Interviews suggest that husbands may be discouraged from accompanying their wives because of the belief that maternity is a women's affair and because young women often go to their natal home for delivery. Health center environments also can serve as a barrier for men.

*Characteristics of knowledgeable, participating husbands:* Men who were better educated, married later and whose wives were educated and older when they married knew more about and were more likely to participate in all three phases of care antenatal, delivery or postnatal. Experience mattered. Many young men who were first-time fathers-to-be were less likely to know about health care and problems than their peers whose wives had been pregnant in the past. Those whose wives had been pregnant before were more likely to accompany their wives for care, be it antenatal, delivery or postnatal routine care or treatment of problems. Similarly, husbands who accompanied their wives for routine care in one phase of maternity were more likely to accompany them for other maternity-related care or treatment of problems.

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## Recommendations

- Efforts to educate men on maternal care should go beyond basic information to include specific information on maternal services, precautions and problems.
- Health systems should improve conditions such as the lack of privacy that make it difficult for husbands to participate in their wives' care and identify other ways health care staff could encourage husbands to be present.
- Men's involvement needs to be defined more broadly to include husbands' support to young wives in negotiating with key decision makers such as mothers-in-law, particularly where young women have limited say over their care.

### Community-based Approach to Young Married Women's Reproductive Health (2001-2006)

Study site: Parner and Ahmednagar blocks of Ahmednagar district in Maharashtra state, western India.

Target group: Married women younger than 22, their husbands and mothers-in-law.

Objective: Assess the effectiveness of social mobilization and improved government services for youth reproductive and sexual health.

Study design: Pre-intervention qualitative interviews were conducted among 207 young women, their husbands, marital families and health providers between 1996 and 1999. A census of 1,866 married women younger than 22 was conducted in 22 villages in 2001. A survey of 972 of these women's husbands was administered in 2003.

### About the Adolescent Reproductive Health Program in India

The Foundation for Research in Health Systems (FRHS) is a nongovernmental organization with offices in Ahmedabad, Delhi and Bangalore, India. FRHS's study on husbands' involvement in the maternal care of their wives was part of a broader multi-partner program, led by the International Center for Research on Women (ICRW), aimed at improving girls' reproductive health. This research program, the Adolescent Reproductive Health Program in India, was funded by the Rockefeller Foundation.