Communication on Maternal Health in Rural Areas of Delhi: Couple’s Views

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Abstract: This study paper analyzes the couple communication on maternal health in rural areas. This following is the section wise description of the paper. Firstly, the paper looks into socio-economic profile of couple. It also traces the utilization of maternal health care services. The paper focuses on various aspect of husband-wife communication on maternal health. Lastly, the paper concludes and suggests by emphasizing the importance of husband-wife communication related to maternal health. Maternal health is a crucial concept in women's health; it is related to pregnancy and child birth. The study revealed that two level of husband-wife communication that is high and low level communication on maternal health. The study finds that educational status of women and nuclear family association to high level of husband-wife communication on maternal health in rural areas.

Keywords: Couple Communication, Maternal Health, Family Planning

Introduction

Couple communication is essential component for provide the emotional support of women during maternal period. It is also significant for husband to understand his wife feeling and situation during pregnancy and after child birth. As well as it lead to understand importance of proper usage of maternal health care services for mother and their new born child during pregnancy and after the child birth by both husband and their wives. Couple communication related to antenatal care, natal care, after child birth and family planning issues. One woman shared that ‘pati se pregnancy aur delivery ki baat karne se bahut see pareshani dur hoti hai, sath hi achcha lagata hai, kyonki wah bhi samajhate hain.’ (Woman can share her pregnancy and delivery related problems with her husband, it can help in preventing them and also she has a feeling of satisfaction as spouse is empathic). Another one shared that ‘mein keval apane pati se khulkar baat kar sakati hun, baki parivar ke sadsyo se baat karne mein dar lagata hai’ (I can openly communicate my health problems only with my husband. But I have fears to communicate with other family members). Now-adays, women themselves recognize that sharing maternal healthcare matters with their husbands provides emotional support and satisfaction to women and promote healthy relation between couples. It helps in resolving various problems as both husband-wife understand each other’s situation very well. Communication is the key of resolving any issues related to marital life between couples and is perhaps the most vital aspect of married people in ensuring their mental well-being. Husband-wives communication is essential for women to their share positive and negative feeling, stress and anxiety during pregnancy, during delivery and after delivery. Moreover, husband's concerns provide emotional and mental support to the wife during and after pregnancy. It also creates sense of responsibility, care and concerns among husbands for their wives. “Couple communication defines men see communication as a means of conveying information and demonstrating status, whereas women see, it as a means of interacting and establishing emotional ties” (Tannen, 1990; Thorne & Henely, 1975 cited in Fitzpatrick & Vangelisti, 1995). Next, one woman mentioned that ‘batchit karane se manasik tanaaw kam hoti hai aur pareshani bhi dur ho jati hai. (Communication helps in overcoming mental stress and problems). Husband-wife Communication is most often considered as important way to help or ensure the husband participation in maternal health care. On the other hand, one set of women respondent think that maternal healthcare is only women's domain and not husband's concerns. In this regards, one woman shared that ‘ek aadami ek aurat ke dard ko 116 nahi samajh sakata hai, keval aurat hi aurat ki pareshani ko samajh sakati hai’ (a man cannot understand the pain of a woman, only a woman can understand another woman's health problems during pregnancy and after delivery). Further, one of woman shared that ‘mai apani pregnancy se sambandhit pareshani apani saas ko batati thi. Uanche jyada pata hai. Kyoki ye aurato ki bate hoti hai. (I have shared pregnancy related problems with my mother-in-law, she knew more about it, as it is women's concerns). It is also significant to understand the husband-wife communication on maternal health care services. It can be generally said that the greater the communication between the husband-wife, the greater is the probability of their participation in maternal health care services and helps in ensuring the good health of mother and her new born child. This is also implied in Ecological Approach to Family well-being. Several studies have shown that the husband-wife communication on family planning methods is significant. A study by Mishra, et al. (2002) finds that more than three-fourths of the women said they had discussed maternity care and plan for birth with their husbands. About half of the women said they had discussed family planning.

Couple communication on family planning is most important for facilitating the efficient use of family planning methods.
or contraceptives among spouses. A study by Mukherjee (1975) shows that there is nonexistence of inter-spouse communication in matters pertaining to family planning in Meghalaya, Tamil Nadu and Haryana. It also brings out that absence of couple communication was more profound in rural areas than in urban areas. Another study by Koenig, Simmons and Misra (1984) shows that communication between spouses is lower among couples who use non-medical methods. Levels of communication are higher among couples who use medical methods such as condoms and contraception. Further, a study by Acharya and Suresender, (1996) shows that husband-wife have good communication about family planning practices in Bihar (67.7 percent) and Tamil Naidu (70.2 percent). Kamal (1999) finds that use of modern contraceptives has increased because of frequent discussions between couples on family planning in Bangladesh. Only 29.2 percent of husband-wife never discuss on the same. Another study by Feyisetan (2000) brings out that usage of contraceptive is higher among marital partners where there is inter-spousal communication or who discuss and take joint decisions on contraception. Other studies revealed that better husband-wife communication have significant role to play in use of family planning methods. It also a strong positive impact of husband-wife communication on contraceptive use in Nepal (Azimi & Atiya, 2003 & Link, 2011).

Further, a study by Berhane, Biadgilign, Amberbir, Morankar, Berhane and Deribe reveals that 60.3 percent of husbands had ever discussed family planning with their wives and husband approval of family planning method is more likely to depend on couple communication on family planning in Angolela Tera District, Amhara Region of Ethiopia (2011). A cross sectional study conducted in Assosa Town of Ethiopia, finds that 82.0 percent of couples (one or both spouses) reported having communication on family planning (Zewdu, 2002). The data from Kenya Demographic and Health (1989) reveals that 83 percent of couples (one or both spouses) reported having family planning communication with their partner. It also leads to approval of use of family planning methods (Lasee & Becker, 1997). Another, data from the Kenya Demographic and health survey (1998) finds that couple communication about family planning lead to improving knowledge of partner’s attitude or in promoting approval (Dodoo, Ezeh & Owuor, 2001).

A review paper based on Pakistan Demographic and Health Survey (1990-1991) shows that a couple's approvals of family planning, knowledge of a source of family planning and communication about family planning are correlated with the desire to have limited number of children, and the association is particularly strong among couples in the rural areas (Mahmood & Ringheim1997). Another, the review study from the national level Pakistan Demographic and Health Survey (1990-91) states that the changes in husband's attitude as well as exposure to family planning messages in the media along with women's level of education are the main factors of generating couple communication about family planning. (Farooqui,1994).

The data from Navrongo Health Research Centre (NHRC) panel surveys state that spousal communication does, indeed, predict use of contraceptive behavior, even when other factors are controlled (Bawah, 2002). The data from urban family life survey (1967) in Hong Kong, state that women with high level of couple communication are most likely to have desire pregnancies and thereby have fewer unwanted pregnancies (Mitchell, 1972). Further, study by Sharan and Thomas (2002) finds that couple who had not already been discussing family planning, exposure of campaign led to communication and use of family planning methods in Nepal. The study reveals that lack of communication between the husband-wife on their acceptance of contraceptive and whenever it occurred, it was initiated by the husband - that too after having two or three children in Agra of Uttar Pradesh (Khan & Patel, 1997). A study by Kaida, Kipp, Hessel and Kondelule (2005) finds that spousal communication about family planning issues is generally poor in Mpigi District, central Uganda. A qualitative study by Mosha, Ruben and Kakoko (2013) finds that urban women shared family planning issues with their husbands as compared to rural areas where women could not say about family planning issues before their partners in Mwanza of Tanzania.

The reviewed studies revealed that lack of couples communication leads to low usage of family planning methods while high level of husband-wife communication have positive impact in terms of better usage of family planning methods as well as initiative joint decision-making on adoption of family planning. In general, couple communication plays a vital role in preventing unwanted pregnancies or multiple pregnancies.

**Rational of the study**

Couple communication on maternal health care of their wives has hardly gained importance in Indian society. On the other hand, Husband-wife communication on family planning has been considered of critical importance in western countries. Unfortunately there is scant research husband-wife communication on the family planning and reproductive health of women. Literature of review indicates that none of the research studies focused on the importance of couples’ communication on maternal health care. On the other hand, couples’ communication in family planning has gained more importance as compare to communication on maternal health care.
Objective

The following main objectives of study were:

1. To study socio-economic background of parents of infants in Burari.
2. To understand about usage of maternal health care services by women.
3. To appraise the level of communication among husband-wife on maternal health.

Research methodology

The study approach to quantitative research method has been used. The study was descriptive research design as it focused on describing the various aspects of rural couples communication related to maternal health care services. The present study was conducted in the Holambi Kalan north-west and Dichaon Kalan villages south-west district of Delhi. Sample size consisted of 80 couples (40 couple from each district) were selected by using non-probability method of snowball sampling technique for the purpose of interview. Only those couples were included who have up to one year old child. For the purpose of interview technique, data were collected through semi-structure interview scheduled for women respondents. The data collected from the selected sample were coded scored, tabulated and analyzed using appropriate statistical package for social science.

Findings

I. Socio-demographic profile of couples in rural areas

Age of couples

Table no. 1

Area-wise distribution of age of couples

<table>
<thead>
<tr>
<th>Age (in years)</th>
<th>Rural No. of Women (%)</th>
<th>No. of Men (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-24</td>
<td>31.3</td>
<td>11.3</td>
</tr>
<tr>
<td>25-34</td>
<td>68.7</td>
<td>77.5</td>
</tr>
<tr>
<td>35 plus above</td>
<td>-</td>
<td>11.2</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

The study shows that while in the age category of 25 to 34 years couple from rural areas show higher proportion.

Educational status of women and husbands: The study shows that 5 percent of women were illiterate. On the other hand, 75 percent of women and 80 percent of men were studied school. The equal proportions (20 percent) of men and women in rural area had completed college.

Area wise of occupation of women: The highest proportions (95 percent) of women respondents from rural areas were housewives. Only 5 percent of respondents belonging to rural areas were working (teachers & ANMs).

Area wise distribution of religion and castes of couples: The most (96.2 percent) rural couples were Hindus and only 3.8 percent Muslim.

Caste distribution shows that 12.5 percent from general category. Next, 33.8 percent of couples were Scheduled Castes. Another, more than a-half (52.5 percent) of couples belonged to Other Backward Classes (OBCs).

Native state of couples: In the rural areas, 1.2 percent couple were from Uttar Pradesh, 1.2 percent from Bihar, 3.8 percent from West Bengal, 2.5 percent from Haryana and 91.3 percent from Delhi.
Types of family of couples: Majority (77.5 percent) of couples from rural areas stay in joint family. Joint family system still exists in rural areas. Only 22.5 percent of couples stay in nuclear family.

Area wise types of house of couples: Most (97.5 percent) of couples were from rural areas living in pucca house and only 2.5 percent of them were in half thatched house. In rural areas all the couples have their own houses.

Occupational status of husbands: The smallest proportions (12.5 percent) of husbands were in government jobs. The largest proportions (46.2 percent) of men were in private sector such as working in shops, factories, driver etc. Further, 6.2 percent of husbands were engaged in daily wagers and another 22.5 percent of men were having their business. Only 8.8 percent of man was engaged in farming activity. Only one husband was studying and other two were unemployed.

Monthly income of husbands: Among the men, 35 percent of had monthly income between Rs.5,000 to 10,000. Another 8.8 percent of husbands had monthly salary between Rs.1,000 to 5,000 and 17.5 percent of husbands had an income between Rs.10,000 to 15,000. Only 7.5 percent of husband had monthly income above Rs. 15,000.

II. Use of Maternal Health Care Services

Table no. 2 Distribution of use of maternal Health Care Services by women

<table>
<thead>
<tr>
<th>Sources of services</th>
<th>Maternal health services</th>
<th>No. of respondents in rural areas (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dispensary</td>
<td>Govt. hospital</td>
</tr>
<tr>
<td>Antenatal check-up</td>
<td>52.5</td>
<td>26.2</td>
</tr>
<tr>
<td>Natal / institutional delivery</td>
<td>1.2</td>
<td>48.8</td>
</tr>
<tr>
<td>Child immunization</td>
<td>71.2</td>
<td>12.5</td>
</tr>
</tbody>
</table>

Sources of full antenatal check-ups services: The table no. 2 shows that 52.5 percent of women received antenatal services from the dispensary. Only 26.7 percent of women received antenatal facilities from the government hospital. The equal proportions 1.2 percent of women availed antenatal services from the private clinic, Anaganwadi and charitable hospital.

Place of delivery of her last child: Data (table no.2) show that the highest proportions (48.8 percent) of births took place in government hospital. On the other hand, 41.2 percent of births took place in private hospital. The equal proportions (1.2 percent) of delivery took place at private clinic and charitable hospital. Next, 2.5 percent of births took place at home. Another, 3.8 percent of births took place at ESI hospital.

Child immunization services: Child immunization is vital for the foundation of healthy life. The highest proportions (100 percent) of children had received immunization services. Women mentioned that child received immunization services from various sources like dispansary (71.2 percent), government hospital (12.5 percent), private hospital (10.0 percent), private clinic (2.5 percent), ESI (1.2 percent), Anaganwadi (1.2 percent) and charitable hospital (1.2 percent). The highest proportions of children availed immunization services from dispensary.

Table no. 03 distribution of couple communication on maternal healthcare

<table>
<thead>
<tr>
<th>Statements</th>
<th>No. of couples</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rural</td>
</tr>
<tr>
<td></td>
<td>Almost always (%)</td>
</tr>
<tr>
<td>Antenatal Care</td>
<td></td>
</tr>
</tbody>
</table>
Pregnancy related feelings  | 149 (93.1%) | 7 (4.4%) | -
---|---|---|---
Feel hesitation  | 2 (1.2%) | 4 (2.5%) | 150 (93.8%)
Wife comfortable  | 149 (93.1%) | 7 (4.4%) | -
Husband talk kindly  | 149 (93.1%) | 5 (3.1%) | 2 (1.2%)
Husband talks gently  | 147 (91.9%) | 7 (4.4%) | 2 (1.2%)

Natal Care

Delivery related problems  | 134 (83.8%) | 15 (9.4%) | 7 (4.4%)
Delivery related feeling  | 134 (83.8%) | 20 (12.5%) | 2 (1.2%)

Post-natal Care

Newborn child's health  | 133 (83.1%) | 16 (10%) | 7 (4.4%)
Problems emerging after child birth  | 132 (82.5%) | 23 (14.4%) | 1 (0.6%)
Interest in post natal care  | 142 (88.8%) | 12 (7.5%) | 2 (1.2%)

Family Planning

Talk about family planning  | 61 (38.1%) | 18 (11.2%) | 3 (1.9%)
Nervous to discuss  | 2 (1.2%) | - | 80 (50%)
Husband share particular method  | 17 (10.6%) | 29 (18.1%) | 36 (22.5%)
Husband become aggressive  | - | 3 (1.9%) | 79 (49.4%)
Husband takes interest  | 74 (46.2%) | 8 (5%) | -

Table no.03 looks into the details of couple communication related to maternal healthcare among rural husband-wife. Most of the couples from rural areas take more interest and as well as communicate about antenatal care, natal care, post-natal care and family planning.

**Pregnancy related feelings:** In the study 93.1 percent of couples shared almost always pregnancy related feelings. Only 4.4 percent of couple sometime shared pregnancy related feelings.

**Feel hesitation:** In the study, the highest proportion (93.38 percent) of couples cited that never feel hesitation related to pregnancy care. Only 1.2 percent of couples almost always feel hesitation related to pregnancy care. Another 2.5 percent of couples mentioned that sometime feel hesitation related to pregnancy care.

**Wife comfortable:** Above table (no. 3) show that 93.1 percentage of couples cited that their wives almost always comfortable to discuss about the pregnancy related feelings. Only 4.4 percent of couples mentioned that their wives sometime comfortable for the same.

**Husband talk kindly:** Findings show that 93.1 percent of couples shared that their husband almost always talk kindly during the pregnancy. Only 3.1 percent of sometime and 1.2 percent of almost never their husband talk kindly during pregnancy cited by couples.

**Husband talks gently:** Results show that 91.9 percent of couples shared that their husband almost always talk gently during the pregnancy. Only 4.4 percent of sometime and 1.2 percent of almost never their husband talk gently during pregnancy.
pregnancy mentioned by couples.

**Delivery related problems**: The largest (83.8) proportion of couples almost always discussed delivery related problems. Only 4.4 percent of couples never discussed delivery related problems. Likewise, 9.4 percent of couples sometime discussed delivery related problems.

**Delivery related feeling**: The highest (83.8 percent) proportion of couples almost always shared delivery related feelings. Likewise, 12.5 percent of couples sometime shared delivery related feelings. Only 1.2 percent of couples almost never shared delivery related feelings.

**Newborn child’s health**: In the present study, 83.1 percent of couples almost always shared newborn child’s health issues. On the other hand, 10 percent of sometime and 4.4 percent of couples almost never shared newborn child’s health issues.

**Problems emerging after child birth**: In the study, 82.5 percent of couples almost always shared problems related after delivery. On the other hand, 11.2 percent of couples sometime shared problems related after delivery.

**Interest in post natal care**: The largest (88.8 percent) proportion of couples almost always take interest in the post-natal care. Next 7.5 percent of couple sometime take interest in the post-natal care.

**Talk about family planning**: Results show that 38.1 percent of rural couple almost always talk about family planning. Only 11.2 percent of rural couples sometimes and 1.9 percent of them almost never talk about family planning.

**Nervous to discuss**: Above table no. 03 show that half (50 percent) of rural couple almost never feel nervous to discuss family planning matter. Whereas 1.2 percent of rural couple almost always feel nervous to discuss family planning matter.

**Husband share particular method**: It reflects that 22.6 percent of rural couples almost never discussed family planning methods. Only 10.6 percent of rural couples almost always shared family planning methods.

**Husband become aggressive**: Only 1.9 percent of rural couples mentioned their husband almost always become aggressive during family planning. Nearly 49.4 percent of rural couple revealed that their husbands almost never become aggressive during family planning.

**Husband takes interest**: Nearly half (46.2 percent) of rural couples almost always takes interest related to family planning. Only 5 percent of rural couples sometime takes interest related to family planning.

**Level of Couple Communication on Maternal Health Care**: There were fifteen statements in which twelve positive and three negative statements. Further, the responses were assigned weight, ‘3’ to ‘almost always’, ‘2’ to ‘sometimes’ and ‘1’ to ‘almost never’ for the positive statements. Whereas, the responses were assigned weight, ‘3’ to ‘almost never’, ‘2’ to ‘sometime’ and ‘1’ to ‘almost always’ for the negative statements. The theoretical range is from 8 to 45. This is divided into two groups: lower level (8-30) and higher level (31-45). Overall analysis reveals that more than a-half (51.2 percent) of couples have lower level of husband-wife communication and 48.8 percent of them have higher level of husband-wife communication on maternal health care in rural areas.
Conclusion and Suggestions

Communication between husband and wife is the crux of their relationship. More than a half of women frequently shared information and feelings related to antenatal, natal and post natal care. However, less than one fourth of the women could discuss freely matters related to family planning with their husband. Addressing culture of silence is required to increase discussion on and adoption of family planning methods between couples.

In rural areas, it implies that men are comfortable to discuss common pregnancy and child birth related matters and the cultural taboo to talk about sex and family planning methods make them hesitant even to converse with their wife. Consequently, important matters like planning number of children and child spacing remain un discussed impacting maternal and child health.

Educated women have better and frequent communication with their husband on matters related to maternal health care. These couples who communicate well have shown greater usage of family planning methods. Husband-wives communication on maternal healthcare is helpful to ensure healthy mother and healthy newborn child. Study shows that couple communication has linkage of proper and timely usage of maternal healthcare services by women.

Couple communication has potential to enhance husband-participation in maternal health. Couple-communication has direct and strong bearing on level of satisfaction among women on their husband’s participation.

References


