

Fathers Involvement in Maternal Health: Need of Father's Friendly SRHR
Consultation Services in Rural Bangladesh

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Abstract

This article deals with the need of father friendly SRHR services to ensure maternal health in rural community. Using qualitative research methods this research tries to evaluate whether consultation service on SRHR (Sexual and Reproductive Health and Rights) by the Health Service providers increases men's involvement in maternal health care in northern Bangladesh. The first part deals with the background and contexts of the paper shedding light on the traditional practices of fatherhood in relation to maternal health care in rural Bangladesh. It shows that fathers traditionally denies to take part in maternal care issues even though there is a huge network of Maternal Care established by the government of Bangladesh. The second part of this paper describes the process of sensitizing the health service providers designed by CMMS and Promundu US so that they set up father friendly SRHR (Sexual and Reproductive Health and Rights) consultation services to encourage and engage fathers in maternal care. The third part deals with the specific cases of fathers who were motivated by the health service providers and took part in maternal health care. Based on these cases in the conclusion the paper argues that father friendly consultation services can increase their involvement in maternal health services that ultimate results in improved maternal health.

Keywords: *Gender sensitization of health service provider, fathers involvement in maternal health care*

1. Introduction

There has been strive for development from the very beginning of civilization, but still setting the indicators of development has been a crucial challenge. The initial emphasize on economic development shortly turned towards sustainable development where emphasize is on the long-term stability of the economy and environment. Health is always a prioritized issue, SDG promotes it too through ensuring healthy lives and well-being for all. Being beyond medical issues, different studies revealed many factors to be intertwined with health. Especially the discrepancy between the statistics of maternal health in different parts of the world makes it seems one of the biggest socio cultural issues. And gender insensitivity has been found to be responsible for the low performance here.

1.1 Traditional practices of fatherhood in relation to maternal health care

Analysis of the supply side shows that the Government of Bangladesh has built a huge network of health services including sexual and reproductive health services, throughout the country; since independence, the government's population policy was based on the need to curb population growth and the program was treated as a model whereby development goals were achieved through an assertive maternal and child health based family planning program.

But the analysis from the demand side shows the loopholes. Family planning program since its inception in 1960 considered the issue that women bear the risk of pregnancy and child birth and initially targeted women (Ghafur, 2005). From 1978 to 1997 a total 28,000 'family welfare assistants' were employed to make home visits and they used to tell "women" about contraceptive methods (Phillips and Hossain, 2003). Many women who previously perceived they do not have any reproductive choices have been presented with options and assisted in choosing among them. Thus, it could be conferred that women got a bit empowered that they have resources and choices over their own body to control births (Schuler et.al, 1995). But targeting women only had some loopholes. Prevailing cultural norms prohibited female workers to talk to the men and male workers were also no longer actively involved at the community level (Ghafur, 2005). However, such exclusion of men has severe drawbacks. This isolation made the men feel that they do not have any role to play in family planning. They not only ignored participation, they needed to be made sensitive to the issues regarding contraception use of their wives. Study by Schuler et al (1995) suggested that the husbands did not object taking pills or other methods. But when the wives got any physical problem due to that they used to blame their wives for sickness and used to scold for the extra money spent for the treatment as they hold that authority from the prevalent gender norms. Men themselves also denied to use contraceptive methods due to traditional "masculine" attitudes, lack of awareness, lack of mutual decision making with wife, extreme religiosity, lack of medical coverage regarding male contraception use...etc. (News Network, 2005). Thus prevalence of male methods has been quite low in our country, as well as the mutual discussions between couples regarding these. On the other hand regarding maternal health care seeking, most men think women's mobility should be restricted to the domestic domain and hence the rate of women's health service seeking behavior automatically gets reduced. The strategy could be accompanying men with women. But, however, an action research, titled "Prio baba Campaign", through which the argument of this paper proceeds, reveals that even when wives

are pregnant, husbands hardly take them to doctors or hospitals unless there is any emergency. Considering pregnancy as gynecological problems, they depend on other female members of the family to take their wives to doctors. In most cases following the decisions of elders, they also choose to deliver their babies at home with the help of local midwife. In traditional ethnic communities like Mahato, husbands are not allowed to touch the newborn and mother for seven days at least. Even during wife's pregnancy, husbands' sexual demands remain same in most cases. Male participants from Cox's Bazaar, Pabna and Natore said their wives never allowed them touching during pregnancy which made them feel refused. Rather caring wives while they are pregnant, they expect them to care more. It seems that lack of knowledge regarding sexual and reproductive health coupling with the traditional patriarchal attitude among husbands contribute to their enactment of violence regarding sexual activity. Men usually get information or knowledge from their elders or friends and peer group. As in most cases there is no male health worker available in the villages, they do not feel comfortable to share their problems with female local health staffs. Majority of them were found to have little knowledge about contraceptives except contraceptive pills and condoms with a very few knowing about injections. They strongly believe that it is wife's duty to use contraceptive.

Hence an action research has been conducted as part of this campaign with the objective of increasing men's participation in maternal, sexual and reproductive health. This campaign conducted community dialogue sessions with the fathers of 0-5 years old child and with the health service providers as well to sensitize them about men's participation in this regard.

1.2 Fathers Involvement in Maternal Health: The Process

Bangladesh has been involved in MenCare Global Fatherhood campaign initiated by Promundo US through the Action Research project titled "Prio Baba", implemented by Center for Men and Masculinities Studies. The project has been being implemented in different communities of Rangpur, Sirajgonj, Pabna, Natore and Cox's Bazaar. The overarching objective of this action research is to sensitize the fathers about Reproductive Health Issues, Mother and Child care, Shared Household Chores and against Violence against Women and Children etc. As part of this objective, a total of 600 health care providers have been engaged in gender sensitization workshops. The health care providers, however, include family planning workers from the public health system, nurses, pharmacists and local level medical

practitioners. The aim of Gender Sensitization Workshops with Health Service Providers is to sensitize them on the importance of engaging men in maternal, newborn and child health as an entry point into positive fatherhood.

The rationale for involving the health service providers was to explore how the health sector can play a key role in the accelerated expansion of father participation in caregiving and shared responsibility with the mother. Emphasis is given on how the Providers can develop health centers as simple with integrated approaches to engage with fathers. This project considers it as important to work with health workers to focus on their attitudes toward engaging fathers. Health professionals are sensitized to behave in gender-equitable way with inclusive attitudes towards the father to invite fathers into the discussions, communicate directly with him, provide more guidance on what to expect as new parents, and promote joint responsibility. The prime aim of the Gender Sensitization Workshop is to make the health Service Providers treat the father as an equal partner; not as a secondary actor. The strategies designed by MenCare global Fatherhood campaign, that the health service providers learn are that when men are in the consultation room, they should be encouraged to continue their involvement. If they are not present, the health professional should encourage the mother to bring the father.

The prime role of the gender sensitized health service providers is to suggest the urgencies and scopes of men's involvement in sexual and reproductive health issues including maternal and child care. They educate not only the mothers, but also the fathers about pregnancy-related illnesses, such as gestational diabetes, gestational hypertension and urinary tract infections; they particularly inform about signs and symptoms that indicate an obstetric emergency, and provide them with a list of action steps to follow if an emergency occurs. They are also informed about the location of maternal health service centers. In any emergency then, men would be able to take necessary steps being the decision maker and the most mobile person in the family. The fathers come to know from the health service providers that though he cannot breastfeed, he can support mother and child in many other important ways, e.g. he can perform housework, and care for the child when he or she is not breastfeeding. The course of sexual activity during and after pregnancy is a major concern, and hence as the mothers have little say in this regards, the fathers are told about abstaining from sexual activity immediately following childbirth for a period of about six weeks. In a context, where women's mobility is so low, fathers are informed about the importance of the child's health check-ups so that he would ensure that.

One major urgency of engagement of father is that the prenatal, pregnancy and postpartum care issues are not only about the health of the mother and the child, overall healthy environment is needed for the development of the child. Hence the fathers are advised to look after his own mental health, to avoid unhealthy behaviors such as alcohol and drug use, and definitely physical and psychological violence. The health service providers promote attitudes of mutual support, collaboration and dialogue between mother and father that allow them to better address the anxieties and concerns often generated during pregnancy.

And, however, the health service providers also promote that those children who had an involved father early on have, on average, fewer behavior problems, better cognitive development, better performance in school and less stress during adulthood. These have been the encouraging quotes for the fathers to redefine their fatherhood.

It is also kept under the responsibility of the health service providers to promote that family planning is not the concern of women only; there is scope for men to participate in the decision of contraceptive uses, conceiving etc. The gender sensitized health service providers encourage the couples to talk openly with each other on their sexual and reproductive issues.

2. Findings and Discussion

2.1 Fathers involved in maternal care: stories of some fathers who were motivated to change

“When I heard that my wife was pregnant, I became happy, really. But as everyone tells to take special care of the pregnant women, I was very annoyed about that. My wife used to scream when she was not feeling well and it made me more annoyed. Taking care of her seemed to be very disgusting to me. I decided to send her to her father’s house so that I can be in peace. I don’t know whether she had any medical check-up or not. When my baby was born, the in laws informed me and told me to come to see her with some money as she had some complications and needed to go to hospital. I had no money that time. I gave the excuse of my work and denied to there that day. Thus I avoided all the responsibilities. But now, after understanding all these, I fear if my wife missed to get anything that she needed, would it raise any harm to my baby? Will my child treat me as a good father after knowing all these? I am really worried about these. My wife is pregnant again. And I am very much concern about everything. I am saving money for any emergency. I have been with my wife as much as I can.”

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This is how Abu Salek (28) from Pakuriasharif, Rangpur described his realization. His story reveals that he brought up with the attitude that the husbands are hardly responsible for maternal health care. The reason behind his attitude is that he was brought up in a community where such attitudes were commonplace. Now question arises there must be some challenges that Salek had to face to redefine his responsibilities as father. Salek replied as such

“My mother, being a woman does not want me to take care of my wife. She said that these are not the responsibilities of a man. Men around me doubt if I have any shame or not that I am so much concern about my wife. But I know, if I deny doing that, it could hamper my baby’s life. Is it possible to accept that being a father?”

Experiences of the women, whose husbands’ are now motivated to take care of them, are precious too. One woman named Minoti Rani (22) from Kuribishya, Rangpur said

“I am eight months pregnant; I have another baby of 3 years. At the time of her birth I did not have any medical checkup. Field workers used to visit but they only supplies contraceptives pills. They sometimes told for medical check up during pregnancy but we cannot move alone, and do not know the locations of health service centers. And I fear my husband so much that I never told him for any check up. The baby was born in home. He did nothing special for that. But this time, some health service providers came and sat with them several times. They have made my husband take special care of me. He has stopped beating me, even shouting loudly. Collect water; take part in small chores with me. He is also arranging van, money for any emergency. I love it very much.”

Such stories confirmed the scopes for fathers’ involvement in maternal care. Though there would be challenges, it can be conferred that when the health service providers tell something, people value that more, and when the fathers are also the agents, more comprehensive positive change can be expected.

3. Conclusion

Maternal health is never a woma’s concern only, it is not intertwined with the child only too. Being the father of the child, its the responsibility of the men to take it as a prime concern. There has always been social diversities, different contextual challanges, but there is always scope for redefinition. Fatherhood is linked with ensuring maternal health all the way. Unless

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fathers are involved in ensuring maternal health, unless the health service providers welcome them as active agents, development can hardly be grasped.

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