Journal of Nurses & Midwives Pakistan

...

ORIGINAL STUDY

A Comparative Study of Family Support to Women Attending Antenatal Clinics at Public and Private Sector Hospitals in Karachi, Pakistan

Iqra Qureshi & Mehtab Karim

Shaheed Zulfikar Ali Bhutto Institute of Science and Technology University, Karachi, Pakistan.

Citation:
Qureshi I, Karim M. A Comparative Study of Family Support to Women Attending Antenatal Clinics at Public And Private Sector Hospitals in Karachi, Pakistan. JNMP. 2024;4(2):85-93.

Corresponding Author Email:
iqra.qureshi@zu.edu.pk

DOI:
https://doi.org/10.63047/JNMP.v4.i2.2024.85-93

Funding:
The author(s) received no specific funding for this work.

Conflicts of Interests:
The authors have declared that no competing interests exist.

Received 02/10/2024
Accepted 02/11/2024
First Published 01/12/2024

Abstract

Background: Family support during pregnancy can be defined as the act of providing emotional assistance, such as expressing care and concern, or informational guidance, such as communicating important information. The most accountable family member in the preservation of pregnancy and childbirth is the Husband. The study aims to assess the socioeconomic determinants of husbands' support to women during pregnancy attending antenatal clinics (ANC) at public or private sector hospitals.

Methodology: The study was a descriptive cross-sectional conducted over four months and included n=400 pregnant women,15 to 49 years of age from Civil Hospital (Public) and Saifee Hospital (Private), Karachi using Purposive sampling techniques. Statistical analysis was done by SPSS using chi-square tests to check the associations between variables.

Results: The study revealed that there was a significant association between the reproductive age of the women, the husband's and wife's levels of education, the husband's income, and the wife's gravida on whether the husband accompanied them during ANC, with a p-value <0.000. However, the gestational week did not show an association with the husband accompanying the wife for ANC, with a p-value >0.000. Over twice the percentage of husbands accompanied their wives who attended private sector hospitals compared to those attending public sector hospitals (58% against 27.5%, respectively).

Conclusion: This study successfully identifies a public and a private sector hospital where the husband accompanies women to antenatal clinics. Overall, this study concluded that in the private sector, the husband accompanying their wife was much greater when compared to a public sector hospital, in Karachi.

Keywords

Family support, maternal health, husband involvement, antenatal care, public and private hospitals

Introduction

Family support during pregnancy can be defined as the act of providing emotional assistance, such as expressing care and concern, or informational guidance, such as communicating important information. Pregnant women may benefit from family involvement through decreased maternal stress and the encouragement of positive maternal behaviors[1, 2]. And the maintenance of emotional security during this crucial life event and the period of transition to parenthood[3].

Knowledge of pregnant women's pregnancy may also grow with family engagement[1, 4]. However, the majority of studies on family engagement in pregnancy have been carried out in developing countries. There is an absence of information on the effects of additional familial support, such as the involvement of the mother's and father's families in the pregnancy, on the psychological health of expected women[1, 5].

The most accountable family member in the preservation of pregnancy and childbirth is the husband, where in the husband must possess the ability to be SIAGA (Ready, Delivery, and Guard), a husband who is consistently prepared when their partner requires assistance, displays heightened vigilance, and takes preemptive measures upon observing any indications. Furthermore, the husband should exhibit awareness about the dangers connected with pregnancy.

Accompanying the partner throughout the process of pregnancy and childbirth examinations and ensuring the well-being and security of the wife and infant are crucial responsibilities of the spouse. Being a readily available husband substantiates the unwavering support provided to the wife during her pregnancy[6-8].

The World Health Organization (WHO) characterizes Antenatal Care (ANC) as the provision of care to pregnant women, as well as young women, by skilled health professionals. The primary purpose of this care is to ensure optimal health status throughout the pregnancy. The components of ANC encompass the identification of potential risks, preventive measures, and the management of concurrent or coexistent pregnancy-related ailments. Moreover, health education and promotion are integral components of ANC[9,10].

Clinicians and public health professionals are primarily concerned with improving mother's health, particularly during pregnancy. Initiatives to enhance pregnant women's mental health have the potential to reduce discrepancies in maternal and newborn health. One way to achieve health equity in birth outcomes may be to improve psychological health during pregnancy.

The main aim of the study was to assess the socioeconomic determinants of husband's support to women during pregnancy attending antenatal clinics (ANC) at public or private sector hospitals. This was a cross-sectional descriptive study as outcomes might not be quantified as such to accept or reject the null hypothesis. Women who receive support from their family during pregnancy are more likely to attend all recommended visits, adhere to medical advice, and receive appropriate care. This leads to the enhancement of maternal and child health outcomes, encompassing a decrease in maternal mortality rates, a reduction in preterm birth and low birth weight rates, and a decline in neonatal mortality rates.

Methodology

This was a descriptive cross-sectional study design aimed at determining the family support provided to women during pregnancy who attended ANC at public and private sector hospitals in Karachi. The study duration was four months.

The participants were pregnant women attending two tertiary care hospitals belonging to middle-income and low-income families in Karachi. The study was conducted at two different hospitals in Karachi: a public hospital (Civil Hospital) and a private hospital (Saifee Hospital). Women aged 15

to 49 years were chosen to focus on the crucial period during which women are biologically capable of reproduction and socially engaged in family planning decisions.

Pregnant women in specific trimesters of pregnancy were included to ensure a targeted approach, allowing for the analysis of health outcomes and interventions pertinent to each trimester – the first trimester for early development, the second for continued fetal growth, and the third for final preparations for childbirth. The number of pregnancies, including the current pregnancy, was recorded to capture the comprehensive reproductive history of the participants.

Participants diagnosed with mental health problems were excluded from the study to ensure that the research findings were applied to a population capable of providing informed consent and comprehending the study requirements. Women with high-risk pregnancies characterized by serious medical problems were excluded to maintain a focus on general maternal health outcomes. Divorced women, women separated from their husbands, and women whose husbands were not living with them (either residing in another country or city) were also excluded. This exclusion criterion was implemented to maintain consistency in the marital status and living arrangements of the study participants, facilitating a more targeted analysis of maternal health within the context of cohabitation with a spouse. Women who were unable to participate in the study were also excluded.

The sample size was calculated to be 384 using a sample size formula, and a total of 400 pregnant women were interviewed. Participants were selected through a purposive sampling method. Before implementing the data collection tool on a larger scale, a pilot test was conducted with a small group to identify and address any issues with the questionnaire.

The questionnaire was pre-tested among 10 married pregnant women who were asked to fill it out anonymously. This helped in refining the questionnaire to ensure clarity of the questions. After obtaining approval from sZABIST University, data collection was carried out for two months at both public and private hospitals.

The interviews focused on the pregnancy experiences of women, the networks of support, health practices (such as antenatal care visits), and the sources of pregnancy-related information. Before filling out the consent form, the primary investigator explained the nature of the research and answered each participant's questions regarding the questionnaire. These interviews were conducted while adhering to the safety protocols implemented due to the COVID-19 pandemic.

Detailed notes were taken during each session to capture significant narratives and participants' non-verbal cues. A pre-coded questionnaire was used, which had four sections: The first section consisted of socio-demographic characteristics, including the age of the women, wife's level of education, husband's level of education, husband's income, mother tongue, woman's gravida, and the gestational week. The second section had six questions based on whether the husband and other relatives accompanied the woman during ANC. The third section had six questions on family support during pregnancy (from the spouse, family members, and friends), the types of support received (emotional, financial, and informational), and family member involvement in accompanying the woman to clinics. It also assessed the perception of the importance of family support during ANC visits. The fourth section had two questions based on the level of the husband's participation during ANC. This information provided valuable insights into the dynamics of family support during pregnancy in both types of hospitals.

For data analysis, the Statistical Package for the Social Sciences (SPSS version 24) was used. Frequencies and percentages were computed for

all categorical variables. For inferential statistics, the Chi-square test was used to determine whether the husband's accompaniment for ANC differed between public and private sector hospitals in Karachi.

Result

The results showed information collected from 400 married pregnant women who attended antenatal clinics at public and private sector hospitals in Karachi. Descriptive analysis was conducted for the demographic and socio-economic characteristics of the women through frequency and percentages. Inferential statistics were undertaken to find associations between the socio-economic characteristics of the women and support during pregnancy. For this purpose, the chi-square test was applied to measure the association among the variables.

A majority (30.1%) were below 25 years old, 55.8% were 26-34 years old, and 13.4% were 35 years or older. A majority of their husbands (41.7%) had completed Bachelor's or Master's degrees. However, about one-third (32%) had not completed Matric, and about one-fourth (26.3%) had completed Matric or Intermediate level. A majority of the women (37%) had completed Bachelor's or Master's degrees. However, about one-third (33.5%) had not completed Matric, and about one-fourth (29.5%) had completed Matric or Intermediate level. The women belonged to diversified ethnic groups; over two-thirds reported Urdu as their mother tongue, 15.3% reported their mother tongue as Balochi, 11.8% as Punjabi, Sindhi, Pashto, or other languages. Since 30% of the women were below 25 years old, 32% were pregnant for the first time. Meanwhile, 25.1% were pregnant for the second time, 16% for the third time, and 27.1% for the fourth time or more. Most families belonged to lower and lower-middle-income groups; 22.8% reported a family income of less than Rs.30,000, 49.8% reported an income of Rs.31,000-50,000, 18.3% reported an income of Rs.51,000-70,000, and 9.3% reported an income of more than Rs.70,000. One-fourth of the women (25.2%) were in the first trimester of gestation, 23.8% were in the second trimester, and 50.8% were in the third trimester (Table 1).

The association between the husband's level of education and whether the husband accompanied the wife during ANC, indicating a substantial increase in the percentage of husbands accompanying their wives during ANC as their level of education increased. The relationship was highly significant with a p-value <0.000 (Table 2).

The association between the age of women and whether the husband accompanies the wife during ANC, indicating an increase in the percentage of husbands accompanying their wife during ANC as their age of women increased. The relationship was highly significant with a p-value <0.002 (Table 3).

The association between the wife's level of education and whether the husband accompanies the wife during ANC, indicating a substantial increase in the percentage of husbands accompanying their wife during ANC as their level of education increased. The relationship was highly significant with a p-value <0.000 (Table 4).

The association between the wife's gravida and whether the husband accompanies her during ANC, indicating substantial decreases in the percentage of husbands accompanying their wives during ANC as their number of pregnancies increased. The relationship was highly significant with a p-value <0.000 (Table 5).

The association between the husband's Income and whether the husband accompanies for ANC indicating a substantial increase in the percentage of husbands accompanying their wives during ANC as their income increased. The relationship was highly significant with a p-value <0.000 (Table 6).

The association between gestational weeks of pregnant women and whether the husband accompanies them during ANC, indicating no

difference in the percentage of husbands accompanying their wives during ANC as their gestational week increased. The relationship was insignificant with a p-value >0.970 (Table 7).

Women attended public and private sector hospitals for ANC, and later, the husband's education, income, and the woman's gravida were controlled for. Out of 400 pregnant women, 50% of the respondents were from the public sector (Civil Hospital, Karachi), and 50% of the respondents were from the private sector (Saifee Hospital, Karachi).

Women attending public hospitals for ANC are usually from lower socioeconomic backgrounds as compared to those attending private hospitals. Besides, due to better facilities available at private hospitals, husbands may feel more comfortable accompanying their wives attending private hospitals. Over twice the percentage of husbands accompany their wife who attends private sector hospitals as compared to those attending public sector hospitals. This difference could be for several reasons, such as lower income of husbands due to which they are unable to take off from their jobs, or lower level of education. The relationship is highly significant with a p-value <0.000 (Table 8).

Table 1: Socioeconomic- Demographic characteristics of the study participants.

Characteristics	N	Percent
Age of Women		
Up to 25years	123	30.8
26 to 34 years	223	55.8
35-49 years	54	13.4
Husband's Level of Education		
Below Matric	128	32.0
Matric & Intermediate	105	26.3
Graduation & Master's Above	167	41.7
Wife's Level of Education		
Below Matric	134	33.5
Matric & Intermediate	118	29.5
Graduation & Master's Above	148	37.0
Mother Tongue		
Urdu	151	37.8
Punjabi	47	11.8
Balochi	61	15.3
Sindhi	48	12.0
Pashto	47	11.8
Other	46	11.5
Woman's Gravida		
First	128	32.0
Second	100	25.1
Third	64	16.0
Fourth or more	108	27.1
Husband's Income (per month)		
Less than Rs.30000	91	22.8

Rs.30000 – 50000	199	49.8
Rs.51000-70000	73	18.3
More than Rs.70000	37	9.3
Gestational Weeks of Pregnant Women		
First Trimester	102	25.2
Second Trimester	95	23.8
Third Trimester	203	50.8

Table 2: Association between Husband's level of Education and whether the Husband accompanies during ANC

		Husband's Level of Education			
		Below Matric	**Matric & Intermediate**	**Graduation & Master above**	**p-value**
Whether Husband Accompanies During ANC	Yes(N)	30	37	104	0.000
	Percent	23.4	35.2	62.3	
	No(N)	98	68	63	
	Percent	76.6	64.8	37.7	
Total		100.0	100.0	100.0	

Table 3: Association between the Age of Women and Whether the Husband accompanies during ANC

		Age of Women			
		Up to 25 years	**26-34 years**	**35-49 years**	**p-value**
Whether the Husband accompanies during ANC	Yes (N)	41	108	22	0.002
	Percent	33.3	48.4	40.7	
	No (N)	82	116	32	
	Percent	66.7	51.6	59.3	
Total		100.0	100.0	100.0	

Table 4: Association between the Wife's level of Education and whether the Husband accompanies them during ANC

		Wife's Level of Education			
		Below Matric	**Matric & Intermediate**	**Graduation & Master above**	**p-value**
Whether the Husband accompanies during ANC	Yes(N)	23	54	94	0.000
	Percent	17.2	45.8	63.5	
	No (N)	111	64	54	
	Percent	82.8	54.2	36.5	
Total		100.0	100.0	100.0	

Table 5: Association between Wife Gravida and Whether the Husband Accompanies during ANC

		Wife Gravida				
		First	**Second**	**Third**	**Fourth or more**	**p-value**
Whether the Husband accompanies during ANC	Yes(N)	77	45	21	28	0.000
	Percent	60.6	45.0	32.8	25.9	
	No (N)	50	55	43	80	
	Percent	39.4	55.0	67.2	74.1	
Total		100.0	100.0	100.0	100.0	

Table 6: Association between Husband's Income and whether the Husband accompanies during ANC

		Husband's Income				
		Less than Rs.30000	**Rs.30000-50000**	**Rs.51000-70000**	**More than 70000**	**p-value**
Whether the **Husband accompanies during ANC**	Yes(N)	15	93	38	25	0.000
	Percent	16.5	46.7	52.1	67.6	
	No (N)	76	106	35	12	
	Percent	83.5	53.3	47.9	32.4	
Total		100.0	100.0	100.0	100.0	

Table 7: Association between Gestational Weeks and whether the Husband accompanies during ANC

		Gestational Weeks			
		1st trimester	**2nd trimester**	**3rd trimester**	**p-value**
Whether the Husband accompanies during ANC	Yes(N)	43	40	88	0.970
	Percent	42.2	42.1	43.3	
	No (N)	59	55	115	
	Percent	57.8	57.9	56.7	
Total		100.0	100.0	100.0	

Table 8: Association between attending public and a private sector hospital and whether the husband accompanies during ANC

		Public Hospital	**Private Hospital**	**p-value**
Whether the Husband accompanies during ANC	Yes(N)	55	116	0.000
	Percent	27.5	58.0	
	No (N)	145	84	
	Percent	72.5%	42.0%	
Total		100.0	100.0	

Discussion

There is a significant association between women's age, their level of education, their husband's level of education, their husband's income, and women's gravida on whether the husband accompanies them during ANC. However, the gestational week did not show association with the husband accompanying the wife for ANC. While comparison of a public and a private hospital whether the husband accompanies them during ANC.

There is a significant association between women's gravida in both public and private hospitals. There is also a significant association between the husband's levels of education on whether the husband accompanies them during ANC in a private hospital. However, the husband's level of education does not show association with the husband accompanying the wife for ANC in a public hospital.

There is also a significant association between the husband's income on whether the husband accompanies them during ANC in a public hospital. However, the husband's income does not show an association with the husband accompanying the wife for ANC in a private hospital. This study endeavors to ascertain how husbands are involved in accompanying their wives during pregnancy and childbirth.
Additionally, it seeks to identify the variables that have a substantial impact on the husband's participation, as well as understand the influence of significant variables on the husband's involvement in accompanying their wives throughout the process of pregnancy and childbirth.

A study published in the Indian Journal of Forensic Medicine & Toxicology showed that the more elevated the level of education, the more comprehensively husbands understand the risk associated with pregnancy and the undeniable reality that pregnancy is not solely the responsibility of women[11]. Similarly, another study about "Socio-demographic factors associated with women's perspectives on male involvement in antenatal care, labor, and childbirth" shows that younger women are more inclined to get support from their husbands during ANC[3]. The reason may be that younger women are more likely than older women to feel scared and anxious during pregnancy.

The analysis further revealed that the occupation of the husband has a significant influence on his participation in ANC visits. Research conducted in Pakistan shows that the level of income directly impacts the extent to which the husband's involvement in ANC visits. It has been noticed that individuals with lower incomes are less likely to actively involve themselves in ANC visits[12]. Finally, parity was another determinant here. The finding summarized that having more children could lead to fewer husbands being involved in the number of ANC visits[13].

The study revealed that whether the husband accompanies antenatal clinics measures in two health care facilities should be tailored based on socio-demographic factors such as the reproductive age of women, husband's and wife's level of education, husband's income, wife gravida, mother tongue and gestational weeks of women. This study successfully identifies a public and a private sector hospital where the husband accompanies women to antenatal clinics. Overall, this study concluded that in the private sector, the husband accompanying their wife was much greater when compared to a public sector hospital in Karachi.

This research underscores the critical importance of examining the dynamics of maternal care, specifically emphasizing the often-overlooked element of family support during pregnancy. Recognizing that the support a pregnant woman receives from her family can profoundly influence her well-being. This holistic approach is crucial for designing interventions that encompass not only the clinical aspects of care but also the social and family dimensions.

There are a few limitations identified in this study, Due to time limitations, study settings were

selected on a convenience basis. Women at only one public and one private hospital were contacted therefore the results cannot be generalized for Karachi. Besides, due to the cross-sectional study design, we could not identify the cause-and-effect relationship.

It is recommended that future studies collect data from multiple hospitals under public and private administration to better understand the outcomes. Moreover, it is recommended for future studies to organize awareness initiatives for husbands to ensure their complete support and provision of adequate antenatal care throughout and after pregnancies.

Conclusion

This study successfully identifies a public and a private sector hospital where the husband accompanies women to antenatal clinics. Overall, this study concluded that in the private sector, the husband accompanying their wife was much greater when compared to a public sector hospital, in Karachi.

Acknowledge

The authors would like to thank all the participants who took part in the study.

References

1. Hawkins M, Misra D, Zhang L, Price M, Dailey R, Giurgescu C. Family involvement in pregnancy and psychological health among pregnant Black women. Appl Nurs Res. 2021;35(1):42-8.
2. Alio AP, Lewis CA, Scarborough K, Harris K, Fiscella K. A community perspective on the role of fathers during pregnancy: a qualitative study. BMC Pregnancy Childbirth. 2013;13:1-11.
3. Mohammed S, Yakubu I, Awal I. Sociodemographic factors associated with women's perspectives on male involvement in antenatal care, labor, and childbirth. J Pregnancy. 2020;2020(1):6421617.
4. Wiradnyani LAA, Khusun H, Achadi EL, Ocviyanti D, Shankar AH. Role of family support and women's knowledge on pregnancy-related risks in adherence to maternal iron-folic acid supplementation in Indonesia. Public Health Nutr. 2016;19(15):2818-28.
5. Yargawa J, Leonardi-Bee J. Male involvement and maternal health outcomes: systematic review and meta-analysis. J Epidemiol Community Health. 2015;69(6):604-12.
6. Rumaseuw R, Berliana SM, Nursalam N, Efendi F, Pradanie R, Rachmawati PD, et al. Factors affecting husband participation in antenatal care attendance and delivery. IOP Conf Ser Earth Environ Sci. 2018;222:160-8.
7. Setyobudihono S, Istiqomah E, Adiningsih S. Husband influences on pregnant women who following consumption iron supplementation program. Procedia Soc Behav Sci. 2016;222:160-8.
8. Mullany BC, Becker S, Hindin MJ. The impact of including husbands in antenatal health education services on maternal health practices in urban Nepal: results from a randomized controlled trial. Health Educ Res. 2007;22(2):166-76.
9. Lisnawati L, Sumiaty S, Fadliah U. Husband Support and the Activity of Health Officers to Antenatal Care (ANC) Visits of Pregnant Women. Urban Health. 2019;2(1).
10. World Health Organization. WHO recommendations on antenatal care for a positive pregnancy experience. World Health Organization; 2016.
11. Rohmah N, Yusuf A, Hargono R, Laksono AD. Determinants of teenage pregnancy in Indonesia. Ind J Foren Med Toxicol. 2020;14(3):2105-10.
12. Maken ZH, Nasir Idrees I, Zahid A, Zulfiqar A, Munib A, Hassan F, Mahmood R. Factors influencing father's antenatal and perinatal involvement in maternal health care. J Matern-Fetal Neonat Med. 2018;31(19):2569-75.
13. Wai KM, Shibanuma A, Oo NN, Fillman TJ, Saw YM, Jimba M. Are husbands involved in their spouses' utilization of maternal care services? A cross-sectional study in Yangon, Myanmar. PloS one. 2015;10(12):e0144135.