MEN'S PARTICIPATION IN HEALTH CARE 16

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The 2004 MDHS collected information on men's participation in their wives and children's health care. This information enables family planning and health programme managers to gauge men's role in taking care of the health of their family. In Malawi, where maternal mortality is high, this information will help health programmers to advise men on care necessary for mothers during pregnancy, delivery, and the postpartum period.

In the 2004 MDHS, male respondents who had fathered a child born in the five years preceding the survey were asked a series of questions on the care for the child's mother during pregnancy, delivery, and during the six weeks after delivery. These men were also asked various questions related to their child's health care and their knowledge of reproductive health.

16.1 ADVICE OR CARE RECEIVED BY MOTHER DURING PREGNANCY, DELIVERY, AND AFTER DELIVERY

Table 16.1 presents, based on the father's report, the percentage of last births in the five years preceding the survey for which mothers received advice or care from a health care provider, by type of advice or care and father's background characteristics. The data show that 96 percent of fathers report that mothers of their last child received antenatal care, 74 percent report that care was received during delivery, and 80 percent say that the mother received care during the six weeks after delivery.

Father's reporting receipt of antenatal, delivery and postnatal care does not differ consistently by age. Fathers in urban areas and fathers with more education are more likely to report that their child's mother received care during and after delivery. Wealth index does not have a strong relationship with father's reporting of receipt of antenatal care for their last birth. However, fathers in the highest wealth quintile are more likely than fathers in the lower wealth quintiles to report that the mother of their last child received delivery care and care after delivery.

Fathers in the Central Region are slightly more likely than fathers in other regions to report advice or care during pregnancy and delivery. Among the oversampled districts, reporting of antenatal care varies little. However, the proportion of fathers reporting that a health care provider attended their child's delivery ranged from 61 percent in Salima to 87 percent in Mulanje and the percentage of fathers reporting postnatal care during the six weeks after delivery ranges from 56 percent in Kasungu to 92 percent in Blantyre.

It is interesting to compare the reports of fathers to those of women who gave birth in the five years before the survey. For antenatal care, 96 percent of fathers report that the mother of their last child received care from a health professional, compared to 93 percent of women (see Chapter 9). For delivery assistance by a health care provider, the figures are more discrepant—74 percent for fathers compared to 57 percent from mothers. Differences in question wording could account for some of the difference. It should also be noted that fathers and mothers are not necessarily reporting on the same children.

Table 16.1 Care received by mother during pregnancy, delivery, and after delivery

Percentage of men who fathered a child in the five years preceding the survey who report that the mother of the most recent birth received care from a health care provider during pregnancy, delivery and postpartum, by father's background characteristics, Malawi 2004

Background characteristic	During pregnancy	During delivery	During the six weeks after delivery	Number of fathers
Age				
15-19	*	*	*	10
20-24	97.4	73.6	81.1	212
25-29	97.4	76.1	80.1	435
30-34	95.3	74.7	80.6	369
35-39	95.0	72.9	74.7	213
40-44	97.5	71.1	83.9	183
45-54	93.7	70.2	81.4	148
Residence				
Urban	96.5	87.0	91.9	253
Rural	96.2	71.4	77.7	1,317
Region				
Northern	95.7	71.4	69.1	189
Central	96.0	67.6	73.3	675
Southern	96.6	80.6	89.3	706
District				
Blantyre	95.3	84.0	92.1	127
Kasungu	94.2	65.6	56.2	77
Machinga	97.0	79.1	84.8	57
Mangochi	97.5	68.4	90.1	84
Mzimba	95.2	67.3	58.4	103
Salima	97.6	61.3	79.4	43
Thyolo	97.0	73.7	90.7	87
Zomba	99.1	73.2	84.6	76
Lilongwe	94.5	64.9	73.5	236
Mulanje	94.9	87.0	76.6	54
Other districts	96.8	77.5	83.0	627
Education				
No education	94.7	64.4	75.0	255
Primary 1-4	96.4	68.9	75.8	412
Primary 5-8	96.0	76.4	80.7	559
Secondary+	97.5	83.1	87.7	342
Wealth quintile				
Lowest	95.3	69.2	75.8	208
Second	95.3	67.7	74.0	347
Middle	96.5	71.7	77.1	393
Fourth	96.2	74.7	82.7	347
Highest	97.5	87.4	91.6	276
Total	96.2	73.9	80.0	1,570

Note: An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

16.2 MAIN PROVIDER DURING PREGNANCY, DELIVERY, AND AFTER DELIVERY

Information on the main provider of payment for services received from a health care provider during pregnancy, delivery, and six weeks after delivery provides insight into the financial arrangements for reproductive health services among Malawian families. This information is also useful in finding out why mothers do not receive advice or care during and after delivery.

Table 16.2 shows, based on father's report, the percentage of last births in the five years preceding the survey for which mothers received care from a health care provider, by the main provider of payment for services during pregnancy, delivery and six weeks after delivery. The majority of fathers report that maternal care services were free: 76 percent receive free antenatal services, 66 percent receive free care during delivery, and 86 percent receive care free of cost during the six weeks after delivery. Fathers reported providing payment for antenatal care for 19 percent of all births receiving antenatal care, 27 percent paid for delivery care themselves, and 12 percent paid out of pocket for services during the six weeks after delivery.

Table 16.2 shows that insurance pays for only a small proportion of services received before, during and after delivery: 1 percent for antenatal care, 3 percent for delivery, and 1 percent for care during six weeks after delivery.

Table 16.2 Main provider for payment for maternal care

Among men who fathered a child in the five years preceding the survey for which they report the mothers received care from a health care provider, percent distribution by the main provider of payment for services during pregnancy, delivery and six weeks after delivery, Malawi 2004

Main provider of payment	During pregnancy	During delivery	During the six weeks after delivery
Free	76.4	66.4	85.6
Insurance	1.4	3.0	1.0
Respondent	19.4	27.3	11.8
Child's mother	0.4	0.3	0.4
Respondent and child's mother	0.4	0.5	0.5
Respondent's family	0.2	0.6	0.2
Child's mother's family	0.4	0.4	0.4
Other	0.2	0.4	0.0
Missing	1.2	0.9	0.1
Total	100.0	100.0	100.0
Number	1,510	1,160	1,256

16.3 REASONS FOR NOT GETTING CARE DURING PREGNANCY, DELIVERY, AND AFTER DELIVERY

Table 16.3 shows reasons for lack of care for mothers during pregnancy, delivery and after delivery based on father's report. This information is important for health care providers to know why mothers are not receiving advice or care from a health care provider and may help policy makers to intervene with relevant policies and programs in the area. Data on reasons for lack of care during

the antenatal period is based on a small number of cases, requiring caution in interpreting the figures.

It is interesting to note that half of fathers say that distance to a health facility is the major problem for getting care for delivery; 33 percent of fathers cite the same obstacle for obtaining antenatal care. It is worth noting that 44 percent of fathers say that their child's mother did not get care after delivery because they do not think that the care is necessary. Overall, more than one fifth of fathers say that lack of knowledge of the importance of care during the antenatal, delivery and postpartum periods is the main reason why women are not getting care in this period.

Table 16.3 Reason for not getting care during pregnancy, delivery, and after delivery

Percentage of last births in the five years preceding the survey for which mothers did not receive advice or care from a health care provider (based on father's report), by reason for not getting care during pregnancy, delivery and six weeks after delivery, Malawi 2004

Reason	During pregnancy	During delivery	During the six weeks after delivery
Not necessary	(10.1)	10.0	43.7
Not customary	(2.2)	1.8	2.0
Respondent did not allow	(3.3)	0.6	1.3
Too costly	(12.4)	4.3	4.6
Too far, no transport	(32.7)	50.1	16.7
Poor service	(0.0)	3.1	1.6
Lack of knowledge	(27.7)	21.3	24.0
Other	(11.7)	8.2	6.2
Missing	(0.0)	0.6	0.0
Total	100.0	100.0	100.0
Number	46	393	279

Note: Figures in parentheses are based on 25-49 unweighted cases.

16.4 DECISIONMAKING ON CHILD'S HEALTH CARE

The 2004 MDHS also collected information from fathers on who usually decides what to do when a child is ill. This question was asked of men for their youngest child under five who lives with them. The findings are presented in Table 16.4. The data show that fathers and mothers are the main decisionmakers on their child's health care in case of illness. Fathers make decisions for 87 percent of the children, while mothers make decisions for 64 percent of the children. Female and male relatives decide for the health care of 3-4 percent of children.

The age of the child's father is not strongly related to the decisionmaker of the child's health. However, female and male relatives are likely to make decisions on a child's health when the child's father is young (20-29). Decisionmaking on the health care of the child is more likely to be carried out by the child's father in rural areas and by the child's mother in urban areas. In urban areas, female and male relatives and other persons are more likely to have a say in the health care of the child than in rural areas.

Table 16.4 Decisionmaker in child's health care

Among men who fathered a child in the five years preceding the survey and living with them, percentage reporting decisionmaker on health care for the youngest child in case of illness, by father's background characteristics, Malawi 2004

Background characteristic	Decisionmaker							Number of fathers
	Respondent	Child's mother	Respondent's wife/partner, not child's mother	Female relative	Male relative	Other	Child never ill	
Age								
15-19	*	*	*	*	*	*	*	2
20-24	87.6	58.9	0.0	8.8	7.7	0.0	4.9	153
25-29	87.3	68.1	0.3	5.1	6.9	2.0	1.0	368
30-34	85.3	64.3	0.9	1.8	1.4	2.3	1.9	315
35-39	84.3	63.3	1.5	1.2	1.6	0.0	6.8	185
40-44	89.8	65.1	0.5	0.4	0.6	0.6	0.7	161
45-54	90.2	61.2	0.2	3.4	1.8	0.0	0.0	125
Residence								
Urban	74.3	78.0	0.7	5.4	8.0	4.0	1.6	190
Rural	89.1	62.0	0.6	3.1	3.0	0.7	2.5	1,121
Region								
Northern	75.6	55.4	1.5	0.9	1.2	0.9	1.8	163
Central	91.7	65.8	0.6	4.5	7.4	1.0	2.8	580
Southern	85.4	65.4	0.3	3.1	0.6	1.5	2.1	567
District								
Blantyre	77.0	56.8	0.0	0.0	0.0	6.2	4.5	94
Kasungu	88.1	53.5	2.8	0.0	0.7	0.0	4.3	69
Machinga	93.0	68.7	1.0	1.1	0.0	0.0	0.0	47
Mangochi	91.4	33.8	1.1	0.0	0.0	0.0	0.0	65
Mzimba	85.1	62.1	0.0	1.5	2.2	1.5	2.4	91
Salima	86.1	49.7	1.9	4.7	7.7	0.0	3.3	38
Thyolo	84.9	46.0	0.0	1.9	0.0	0.0	3.8	71
Zomba	78.6	71.4	0.0	4.6	2.8	2.7	0.0	64
Lilongwe	88.4	79.6	0.0	9.6	16.5	1.8	4.7	200
Mulanje	94.8	84.6	1.4	7.3	1.5	2.3	0.0	37
Other districts	88.2	66.2	0.6	2.8	1.4	0.4	1.6	533
Education								
No education	90.3	61.6	0.4	1.1	3.5	0.5	0.9	220
Primary 1-4	89.8	60.7	0.8	4.9	3.1	0.6	2.3	350
Primary 5-8	86.8	64.6	0.2	3.2	3.4	0.9	3.2	471
Secondary+	80.7	70.7	1.2	3.9	5.3	3.0	2.3	267
Wealth quintile								
Lowest	87.8	55.8	0.7	5.7	7.0	0.3	2.8	172
Second	91.8	61.3	0.5	2.4	1.9	0.5	1.6	298
Middle	87.8	65.1	0.6	3.6	3.1	0.6	2.0	339
Fourth	88.5	66.4	0.4	2.3	2.5	0.7	2.3	287
Highest	76.3	71.3	0.9	4.3	6.2	4.5	3.9	214
Total	87.0	64.3	0.6	3.4	3.7	1.2	2.4	1,310

An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

The data show that father's role in their child's health care decreases with education. For example, 90 percent of fathers with no education make decisions on their child's health care compared with 81 percent of fathers with at least secondary education. Similarly, the father's role in making decisions on his child's health is negatively related to his wealth status; fathers in the highest wealth quintile are less likely to make decisions on their child's health than fathers in the lower wealth quintiles. The mother's influence in decisionmaking largely fills the gap.

At the district level, more than 90 percent of fathers in Mangochi, Machinga and Mulanje decide on what to do when their children are sick. Fathers in Blantyre and Zomba are less likely to make decisions about health care when their child is sick (less than 80 percent). The role of mothers in making decisions on their children's treatment ranges from 85 percent in Mulanje to less than 50 percent in Thyolo, Salima, and Mangochi.

16.5 MEN'S KNOWLEDGE OF PREGNANCY COMPLICATIONS

In the 2004 MDHS, male respondents were asked about their knowledge about pregnancy complications. Table 16.5 shows the results. The data show that two in three men (65 percent) have no knowledge of any signs or symptoms that indicate that the pregnancy may be in danger. The most often cited sign of pregnancy complication is vaginal bleeding (11 percent). Abdominal pain and swelling of hands and feet are mentioned by 8 percent each of men, while high fever and difficult labour are mentioned by 7 percent and 6 percent of men, respectively.

As expected, older men are more likely to know about pregnancy complications. The percentage of men with no knowledge of pregnancy complications declines with increasing age. Never married men, who are presumably young, are the most likely to not know any pregnancy complications (82 percent).

However, a man's knowledge of signs of pregnancy complications increases with his education. Table 16.5 shows that men with secondary or higher education are the most knowledgeable of signs of pregnancy complications, while men with no education are the least knowledgeable. This is true for all signs of complications except prolonged labour. The percentage of men who mention this problem ranges from 8 percent for men with no education to 6 percent for men with secondary and higher education.

Table 16.5 Knowledge of pregnancy complications

Percentage of men by knowledge of pregnancy complications, according to background characteristics, Malawi 2004

Background characteristic	Pregnancy complications								Number of men
	Vaginal bleeding	High fever	Abdominal pain	Swelling of hands and feet	Difficult labour for 12 hours or more	Convulsions	Other	Don't know	
Age									
15-19	3.3	2.0	2.1	1.5	2.5	0.0	3.7	88.2	650
20-24	6.8	5.4	5.0	6.0	6.4	0.6	12.4	70.7	587
25-29	10.4	6.8	9.5	8.2	4.7	2.0	20.0	60.8	634
30-34	15.7	8.1	11.3	11.6	4.0	1.9	18.0	54.5	485
35-39	14.4	10.1	9.8	8.2	4.9	3.3	19.7	57.9	294
40-44	17.3	11.6	14.2	12.2	9.4	2.5	19.7	51.5	282
45-54	18.9	9.6	8.3	12.5	10.8	2.9	18.3	48.6	329
Marital status									
Never married	5.0	3.4	3.8	3.1	3.4	0.5	7.4	81.6	1,084
Married/living together	13.9	8.6	9.8	10.3	10.3	2.2	18.8	56.1	2,079
Divorced/separated/ widowed	18.7	6.7	15.3	9.7	9.7	0.0	21.7	45.3	56
Residence									
Urban	11.1	3.5	6.8	7.8	3.6	0.8	8.8	72.3	669
Rural	10.9	7.6	8.0	7.8	6.0	1.8	16.4	62.8	2,593
Region									
Northern	16.4	5.1	18.1	3.4	2.9	3.3	15.3	61.1	423
Central	8.6	6.4	5.9	7.5	6.5	0.5	23.1	61.9	1,370
Southern	11.6	7.6	6.6	9.2	5.4	2.1	7.1	68.6	1,468
District									
Blantyre	12.0	1.1	5.8	7.9	2.5	0.0	4.7	73.2	316
Kasungu	15.0	6.0	16.5	9.3	11.6	1.0	31.7	47.6	156
Machinga	13.7	7.7	13.0	5.2	10.2	7.9	1.7	76.5	114
Mangochi	17.1	10.7	6.7	20.2	2.4	0.0	8.4	63.6	150
Mzimba	9.0	3.7	10.2	4.0	3.0	1.2	21.1	62.6	212
Salima	6.1	6.3	5.1	8.1	4.0	0.0	23.4	63.6	78
Thyolo	22.1	13.7	11.4	20.2	10.2	6.6	5.2	44.4	169
Zomba	6.9	6.0	5.6	1.8	3.7	0.0	5.5	79.4	159
Lilongwe	5.6	2.1	3.7	5.7	2.8	0.0	16.8	73.7	542
Mulanje	13.3	28.7	11.2	9.7	14.5	5.2	24.6	29.4	114
Other districts	10.9	7.5	7.8	6.7	5.9	1.7	16.5	64.6	1,250
Education									
No education	8.5	5.8	4.9	5.8	7.8	1.0	9.5	71.9	383
Primary 1-4	7.5	5.2	6.7	5.8	6.2	1.5	11.9	70.4	798
Primary 5-8	10.9	6.6	7.9	7.9	4.3	1.5	15.2	66.1	1,220
Secondary+	15.3	8.9	9.9	10.3	5.6	2.0	19.5	54.7	859
Wealth quintile									
Lowest	8.2	4.9	6.7	6.0	4.3	1.5	16.0	70.0	412
Second	9.5	6.7	6.5	7.5	5.4	2.0	15.6	63.4	640
Middle	9.1	8.0	9.1	7.4	6.3	1.3	18.4	62.7	699
Fourth	13.3	8.2	9.3	8.4	7.4	1.7	14.0	62.8	709
Highest	12.9	5.4	6.8	8.6	3.8	1.4	11.4	66.8	802
Total	10.9	6.8	7.8	7.8	5.5	1.6	14.9	64.8	3,261

Knowledge of pregnancy complications varies by residence. Ignorance of signs of pregnancy complications is surprisingly high among fathers in urban areas (72 percent), although they tend to

be better educated and have better access to information than their counterparts in the rural areas (63 percent). Men in the Northern Region are more likely to have no knowledge of pregnancy complications (74 percent) than men in Central Region (68 percent) and Southern Region (61 percent).

Men's knowledge of pregnancy complications is inconsistent across wealth status quintiles, except on vaginal bleeding. Men in the highest wealth quintile are more likely to mention this problem than other men.

In general, knowledge of pregnancy complications among men in the most urbanised districts in Malawi is limited. Few men in Blantyre and Lilongwe know about high fever (1 percent and 2 percent, respectively), and only 3 percent know about prolonged labour. Knowledge of pregnancy complications is much higher in less urbanised districts. For example, vaginal bleeding is known to 22 percent of men in Thyolo, compared to only 6 percent in Lilongwe and Salima. High fever is highly recognised among men in Mulanje district (29 percent).