

Role of Husband in Maternal Health Care in Muslim Community

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Abstract

The objectives of the study were to examine the 'Role of husband in maternal health care in Muslim community. This study has been based on descriptive research design and it is quantitative in nature. In this study samples were collected by using stratified sampling method. The interview schedule was the main tool for data collection in this study. After collection information it was tabulated in chart diagram and analyzed and interpreted with the help of percentage. The findings of the study show that the socio-economic status of the people in that community is very low and hence the literacy rate is also low. Out of total 87 Muslim respondents 42.52 percent respondents were heard about maternal care and 57.47 percent respondent were not heard maternal cares. The conclusion of this research was Muslim women don't get proper maternal care by their husbands.

Keywords: maternal health, maternal mortality, Muslim women, pregnancy

Introduction

Maternal health is the health of women during pregnancy, childbirth, and the postpartum period. In the other word maternal health refers to the broad apparent and currently accepted means of providing promotive, preventive, curative and rehabilitative health care for mothers. It refers to health of women during pregnancy, childbirth and postpartum period and it is a very important component of reproductive health It encompasses the health care dimensions of family planning, preconception, prenatal, and postnatal care in order to reduce maternal morbidity and

In Nepal maternal health issues have predominantly been seen and treated as a purely feminine matter. This was because women get pregnant and give birth. Pregnancy and childbirth has been women's domain and maternal health care services have focused on women, with very little male involvement. Although men's participation in maternal and child health (MCH) care services is low, they play a vital role in the safety of their female partners' pregnancy and childbirth. The exclusion of men from MCH services reinforced the erroneous notion that pregnancy and childbirth was uniquely feminine and maternity units as exclusively meant for women. It has however been discovered that some women's access and utilization of MCH services depend upon their partners .Nepalese society is male dominated society. Male plays the vital role in their families. Male involvement in family planning has shown that men play a key role in family planning decisions. There are many reasons of male not involving maternal care like that social norms and value, lack of education, gender discrimination, poverty, lack of health services. In Jayaspur is not avoiding above problem so I am interested to study about the "Role of husband in Maternal Care in Muslim community.

Muslim women are facing the same problems as women in other developing nations. It is believed that Muslim women are not getting modern maternal health care when compared to women of the mainstream society and this is negatively affecting their population. Muslim women have been giving birth since time immortal and they have their own maternal health and child care practices. However, the researcher has concerned about the lack of modern health care facilities available to Muslim people. Muslim women are still doing not have access to modern health care, thus increasing the death due to pregnancy-related complications

Men's involvement in reproductive health is crucial, though their participation has been poorly demonstrated. Factors responsible for this include culture, religion, ignorance and socio-economic factors. Men are the primary decision makers of most families in developing countries; as such their involvement in maternal health issues could promote a better relationship between couples in the family and enhance maternal well being.

In Jaishpur maternal health issues have predominantly been seen and treated as a purely feminine matter. This was because women get pregnant and give birth. Pregnancy and childbirth has been women's domain and maternal health care services have focused on women, with very little male involvement. Mother's health is very sensitive issue since a mother's death can be devastating to the children left behind who may exposed to poor health, poverty, and exploitation. Mothers' health is one of the basic socioeconomic development and centers of the Muslim community. Therefore it is significant to carry out research on the maternal and child health issues of Muslim community. This present study is a broad attempt to analyze the situations faced by Muslim women during three stages of maternal health and also to analyze the roles of their husband in taking care of them. So, the problem of this study is stated as 'Role of husband in maternal health care in Muslim community'.

The general objective of the study is to examine the 'Role of husband in maternal health care in Muslim community'. The specific objectives of the study are as follows:

- a) To find out the socio-demographic and economic characteristics of the respondents.
- b) To find out the role of husband in maternal health care of their wives.
- c) To identify the actual situation of the involvement and participation of men in maternity, delivery, post-natal care.

Review or related literature and the research gap

Maternity care refers to the safe and high quality health care treatment given in relation to pregnancy and delivery of a newborn child. Maternity care is provided on the basis of the physical and psychosocial needs of the patient, the patient's entire family, and the newly born offspring.

In South Asia, it has been suggested that women who receive their husbands' approval and women whose husbands are concerned about pregnancy complications are more likely to use reproductive health services. However, men are not always encouraged to be involved during pregnancy and childbirth in the South Asian context. For example, men in Nepal are typically discouraged from involvement with pregnancy and childbirth.

WHO (2004) stated that a pregnant woman needs to have a reduced physical work load, and no night work during the second half of pregnancy as it may cause ill health to the mother, provoke pre-term birth or infants with low birth weight. Therefore, a pregnant woman needs complete absence from work from week 34 to 36 depending on her health status and physical workload. In the meantime, more than half of them indicate that they ever had a health problem during pregnancy (56.9 percent). The data suggest that a reduction in workload may be associated with lower levels of illness. However, further analysis of this is outside the scope of the present paper.

MOH (2001), Stated as maternal health care consists of various aspects and important care is highly optimized for promoting the health status of mother and child. The maternal health care services that a women receives during the pregnancy and at the time of delivery and after delivery is important for the well being of the mother and her child.

Sigdel (2014) was conducted a research work entitled “Knowledge and practice on antenatal and post natal care of Tharu women of Bardiya district. The main objectives of the study are to assess the Knowledge and practice on antenatal and postnatal care of Tharu women of Bardiya district. He was selected sample of 112respondent population of Tharu women who have less than five year one child. .He was selected sample population by using purposive sampling method .Interview schedule was the main tool in his study .

Wadenya (1999) was conducted a research work entitled “Determinants of male involvement in reproductive health at the community level: A case study in Bardiya and Doti districts” stated that traditional beliefs on health and health care have a bearing on husband’s role in maternity. Ignorance on health benefits from modern services and adherence to traditional health beliefs and remedies, for example the belief that pregnancy related complications were caused by witchcraft, are assumed to negatively affect domestic support. Similarly, husband who do not view their wife as equal partner, for example they justify beating her, are assumed not to support her much in household chores during her pregnancy.

Awasthi (2008) were Conducted a research work entitled “Male articipation in Maternal care in urban slums of district Agra”. The main objectives of this study were to assess the level of male participation during maternal care. This study was based on: Community based Cross sectional study design. Population of this study was Husbands whose wives delivered a child during last one year. The Major finding of this study was only 22.2 percent of husbands took advice from their wives in making family decisions.

Sharma and Leonard (2000) were conducted a study work entitled “Men as supportive partners in reproductive health” argued that one of the challenges for men’s participation in reproductive health is the as yet untapped potential to help reduce maternal mortality, as there was clearly a potential for a much greater role of men in safe motherhood initiatives. They have specified how men could help in safe motherhood; by providing resources and transport for ANC, and accompany women there if they want this; by arranging for skilled attendance during delivery; by knowing the danger signs of complications and avoiding delays in decision-making and transport; by ensuring good nutrition, rest and alleviating women’s workload during pregnancy and post partum, as well as the related physical, financial and emotional support.

From the above study, the researcher came to the conclusion that study hasn't been conducted at Jaispur, Banke regarding the maternal health and the role of husband in Muslim community. To fulfill the research gap, this study has been conducted and it is completely a new research on this topic.

Research Methodology

Rationale of the Selection of the Study Area

Study area was Nepalgunj Sub-metropolitan City ward no. 16, Jaispur of Banke District. Study area lies in the south of the Banke district. In this area, mainly Muslim community lives. In the east of this area, Piprahawa and Bhawaniyapur lies, sai in west, Paraspur in North and India in south. The total population of Jaispur is 6567. Among them 3359 are male and 3208 are female. The family member in this area is 964. Among the total population 82.54 percent are Muslim and 16.46 percent are Hindus. The total population of Muslim is 5321 (male 2719 and female 2602). The number of women having child below 5 years is 437. The total number of Muslim women (who have at least one under five year child) will be selected respondent in Jaishpur whole 87 Muslim communities by using the purposive sampling method.

Research Design

This study was based on descriptive research design and it was quantitative in nature. The total numbers of Muslim women (who have at least one under five year child) were selected respondent in Nepalgunj Sub-metropolitan city ward no. 16, Jaishpur in 87 Muslim communities. The study was basically descriptive, field based and exploratory in nature.

Nature and Source of Data

This study was conducted mainly on the basis of primary data. Primary data are collected from structured and unstructured questionnaire, interview and observation. However, some information obtained through secondary sources, the sources of secondary information are the published and unpublished document of the government, NGOs and Others.

Universe and Sample Size

According to village profile of Jaispur 6567 total population are residing in Jaispur VDC. There are 350 Muslim women who had at least one under five year child). The population of the study is the total number of Muslim women had at least one under five year child) of Nepalgunj Sub-metropolitan City ward no. 16, Jaishpur. 87 muslim women have been selected as individual respondents using simple random sampling method.

Sampling Procedure

The researcher was start to take the name with numbering of Muslim women (who had at least one under five year child) and give continue until the researcher target number i.e. 25 percent Muslim women who had at least one under five year child). At first the researcher to define and classified the study population than the researcher will select study population from the classified total population. Then the total numbers of Muslim women were selected

respondent in Nepalgunj, Jaishpur whole wards in 87 Muslim communities by using the stratified sampling method.

Data Collection Procedure

Data collection procedure was done by the researcher consulted with the respondents of study area in related area about the study purpose. The researcher visited the owner of each house of the selected household. After then, he requested to manage the fine to answer the given questions and filled up the questions and observation sheet was filled up by observing the maternal health care of the selection area.

Data Collection Tools and Techniques

The interview schedule is the main tool for data collection in this study. It will be divided in two parts. The first part was related to socio-demographic and economic status of the respondents and second part was related to the role of husband in the maternal health care and suggestion to improve the role of husband in maternal health care. This study mainly based on primary data collected by using questionnaire, interview and observation tools of data collection

Presentation and Analysis of Data

Men's involvement in reproductive health is crucial, though their participation has been poorly demonstrated. Factors responsible for this include culture, religion, ignorance and socio-economic factors. Men are the primary decision makers of most families in developing countries; as such their involvement in maternal health issues could promote a better relationship between couples in the family and enhance maternal well being. It has been observed that men's involvement in maternal health is a promising strategy for promoting maternal health observed that involving husband/partner and encouraging joint decision-making among couples may provide an important strategy in achieving women's empowerment; this will ultimately result in reduced maternal morbidity and mortality. It has also been observed that men's behavior and involvement in the maternity care of their pregnant partners can significantly affect the health outcomes of the women and babies. Role of Husband in Maternal Health Care was presented various aspects as follow.

Antenatal Care

Antenatal care after conception and before live birth .This includes regular check up, providing nutritional diet, relief from hard physical work proper rest and sleep, taking iron, calcium and vitamins tablets, T.T. immunization etc. in other words Antenatal care refers to the regular medical and nursing care recommended for women during pregnancy.

Knowledge about Maternal Care

Maternal health care is the most important component of Reproductive health. Prenatal, natal and post natal period is the sensitive period of women so role of husband is very important. In this study is related with the role of husband in maternal care. Prenatal, natal and post natal care is the main component of maternal care. The researcher was asked the respondent "Have you heard about maternal care?" Response of the respondent presented as following Table:

Table 1***Knowledge about Maternal Care***

S.N	Distribution	Respondents	
		Number	Percent
1	Yes	37	42.52
2	No	50	57.47
	Total	87	100.00

Source: Field Survey, 2022

Above table shows that out of total 87 Muslim respondents 42.52 percent respondents were heard about maternal care and 57.47 percent respondent were not heard maternal care .above table shows that majority of respondent were not heard about maternal care ,the reason that case is lake of education ,low assess of media or communication channel .

Husband Support to Take Food during Pregnancy

Pregnancy is an important period of women's life. It is essential to take more food in this period then other period. Husband must support to take good food to their wives in this period. In the study area, many respondents were found to take food from their husband's support which has been presented in the following table:

Table 2***Husband Support to Take Food during Pregnancy***

S.N.	Husband Support	Respondents	
		Number	Percent
1	Yes	63	72.41
2	No	24	27.58
	Total	87	100.00

Source: Field Survey, 2022

Table 2 shows that out of total 87 Muslim respondent 72.41 percent of the respondents were supported to take food and 27.58 percent of the respondents were not supported to take food by their husband. According to the table, most of the respondents' wives were supported to take food by their husband during pregnancy but comparatively Muslim respondent. Due to the low economic status and lack of education is the main influencing factors in this case.

Antennal Checkup

Antennal checkup is necessary for the women in pregnancy period. Without checkup mother and their baby cannot be healthy. So pregnancy must be checked up time to time for their wives from the husband. In this study area, most respondents were found checkup in many times from their husband's recommendation which has been presented in the following table

Table 3***Husband support to Antenatal Checkup***

S.N.	Description	Respondents	
		Number	Percent
1	Yes	27	31.034
2	No	60	68.96
	Total	87	100.00
		If yes	
1	One	12	44.44
2	Two	10	37.03
3	Three	5	18.51
	Total	27	100

Source: Field Survey, 2022

Table 3 reveals that out of 87 Muslim respondent's 31.034 percent Muslim respondent were get husband support to antenatal checkup. Majority of the Muslim respondents don't get husband's support to antenatal checkup .The reason of don't get support to antenatal check up was economic status of their husband ,educational level of their husband , Feeling of same, social norms and value etc.

Among 27 Muslim respondent only 44.44 percent Muslim respondents husband to support their wife one time antenatal checkup and 37.03 percent Muslim Respondents husband to support their wife two times antenatal checkup, Muslim respondents husband to support their wife three times antenatal checkup.

Taking TT Injection by their Husband's Recommendation

TT injection is necessary for the women in reproductive period. Mother and child can be healthier by taking TT injection without TT injection many types of diseases can be seen in their baby. So it is necessary to take TT at least three times for woman.

In this study area many women were found to take TT injection more than three times from their husband recommendation which has been presented in the following table 4.11.

Table 4***Taking TT Injection by their Husband's Recommendation***

S.N.	Recommend TT	Respondents	
		Number	Percent
1	one	20	22.98
2	Two	30	34.48
3	three	20	22.98

4	Did not take TT	17	19.54
Total		87	100.00

Source: Field Survey, 2022

Table 4 shows that out of total 87 Muslim respondents 22.98 percent Muslim of the respondents took TT injection in one time, 34.48 percent Muslim of the respondent took TT injection in two times, 22.98 percent Muslim of the respondent took TT injection in three times and 19.54 percent Muslim of the respondents did not take TT by their husband's recommended. Least of the respondent's husband did not take TT injection because of their busyness, lack of Education, etc.

Taking Iron Tablet by their Husband Help

Taking iron tablet is necessary for the pregnant women. Many women are suffered from anemia. Iron Tablet is necessary to fill enough blood in the body of pregnant women. Mothers and their babies' health is safe if they take iron tablet. It gives enough minerals for the pregnant woman. In the study area many wives were found to take iron tablet from their husband help which has been presented in the table 5.

Table 5

Taking Iron Tablet by their Husband Help

S.N.	Iron tablet	Respondents	
		Number	Percent
1	Husband help	16	18.39
2	Own self	57	65.51
3	Did not take Iron tablet	14	16.091
Total		87	100.00

Source: Field Survey, 2022

Table 5 shows that 18.39 percent Muslim of the wives took iron tablet from their husband, similarly 65.51 percent Muslim of the wives took own self whereas 16.091 percent Muslim wives did not take iron tablet.

The above table shows that most of the respondents were found to take iron tablet and least of the respondents did not take iron tablet by their husband help.

Problem of Health

Pregnancy and child bearing is a normal natural process but there are certain risks in Nepal, especially in the communities, women are having more than four pregnancies. Health problems of the mothers also increase in term of incensement in the pregnancy rate. As a result there are high maternal and child mortality due to health problems like anemia, premature delivery, still birth, infection, pyrexia, excessive bleeding, swelling feet and hand and severe

headache etc. are danger sign during pregnancy. With this reference, the available information is given in the table below:

Table 6***Problem of Health***

S.N.	Problem of health	Respondents	
		Number	Percent
1	Anaemia	31	35.63
2	Nausea	10	11.49
3	Polyuria	10	11.49
4	gastritis	25	13.20
5	No Problem	11	12.64
Total		87	100.00

Source: Field Survey, 2022

From above table 6 shows that out of total 87 Muslim respondents 35.63 percent of the respondents were suffered from anemia, 11.49 percent of the respondents were suffered from nausea, similarly 11.49 percent of the respondents were suffered from poluriya and gastritis where as 13.20 percent of the respondents had no problems of health in pregnancy period.12.24 percent respondents haven't any problem.

Nutritious Food during Pregnancy

Nutrition is the provision to cell and organisms necessary to support life. Many common health problems can be prevented or alleviated by nutrition. Eating a nutritious food can be beneficial and over to prevent a verity of disease including cancer. Good nutritious food is vital for good health, disease prevention is essential for healthy growth and development of their children and pregnant women.

The respondents who took nutritional foods during pregnancy are shown below in the following table 7

Table 7***Nutritious Food during Pregnancy***

S.N.	Recommended Nutrition Food	Respondents	
		Number	Percent
1	Meat and eggs	37	42.52
2	Meat and vegetable	24	27.58
3	Rice and vegetable	21	24.13
4	Vegetable and Fruits	5	5.74
Total		87	100.00

Source: Field Survey, 2022

Table 7 shows that Out of total 87 Muslim respondents, 42.52 percent of the responded used to eat meat and eggs, 27.58 percent of the respondents took meat and vegetable, similarly 24.13 percent of the respondents took rice and vegetable whereas 5.74 percent of the respondents used to eat vegetable and fruits. According to the table many respondents used to take meat and eggs and least of the respondents used to take vegetable and fruits.

Work Loads during Pregnancy

Pregnancy period is the impotent period in this period women need enough rest and sheep. Pregnancy women cannot pick up any loads husband must do high and low workloads working refer to physical or mental effort directed towards doing or making something. The duration of the respondents in the study area are shown below in table 4.15.

Table 8

Work Loads during Pregnancy

S.N.	Supporting Workloads by their Husband	Respondents	
		Number	Percent
1	High workloads	66	75.86
2	Low workloads	21	24.14
Total		87	100.00

Source: Field Survey, 2022

Table 8 reveals that out of total 87 Muslim respondents 75.86 percent of the respondents were supported in high workloads by their husband 24.14 percent of the respondents supported in low workloads by their husband From this table it comparatively concluded that Muslim respondent's husband were supported in high workloads by their wives.

Husband Recommendation to their Wives during Treatment Practice

Treatment is necessary for the pregnant women. Without proper treatment women and their children cannot be healthy. Treatment helps to make women and their children's health better. Husbands recommended to their wives in different place which has been presented in the following table 9.

Table 9

Husband Recommendation to their Wives during Treatment Practice

S.N.	Description	Respondents	
		Number	Percent
1	Health post	63	72.41
2	Baidhyas	-	-
3	Hospital	24	27.59
4	Other specify – Guruwa	-	-
Total		87	100

Source: Field Survey, 2022

Above table shows that Out of 87 Muslim Respondents 72.41 percent of the respondents were recommended to gone health post suffered from any diseases 27.59 percent of the respondents whereas recommended took their wives to hospital. According to the table most of the respondents were recommended to gone health post and were not recommended go to Baidhya for the treatment of disease.

Husband Recommendation to their Wives to Bear the Child

Many people live in villages in Nepal. Their living standard is poor and economic condition is weak. Women are living in poor condition. They cannot receive good nutritious food. There is the lack of knowledge to bear the child in hospital and health post. In many parts of the country women bear the children at their home. Now a day, many people are literate. They know about bearing the child in health post. This village is very near to the market. There is a health post in this village and many private clinics. So, husband recommend their wives to bear the child recommend in health post recommend and hospital, clinic which has been presented in the following table.

Table 10

Husband Recommendation to their Wives to Bear the Child

S.N.	Husband Recommendation to bear the child	Respondents	
		Number	Percent
1	Health post	19	21.83
2	Clinics	53	60.91
3	Home	15	17.24
Total		87	100.00

Source: Field Survey, 2022

Above table shows that out of total 87 Muslim respondents 21.83 percent of the respondents were recommended to their wives to bear child in Health post, whereas 60.91 percent of the respondents were recommended for clinic and 17.24 percent of the respondents were recommended to bear the children at home by their husbands. According to the table most of the women are recommended by their husband to bear the child in Clinic.

Husband Support in Household Activities

Husband's supports are necessary in house hold activities for the pregnant women. Household activities like cooking food, washing clothes, washing pots which have been presented in the following table 11.

Table 11
Husband Support in Household Activities

S.N.	Husband support in household activities	Respondents	
		Number	Percent
1	Cooking Food	15	17.24
2	Washing cloths	18	20.68
3	Washing pots	22	25.28
4	Others	32	36.78
5	Did not support in household activities	-	-
	Total	87	100.00

Source: Field Survey, 2022

Table 11 revealed that out of total 87 Muslim respondents 17.24 percent of Muslim respondents were supported in cooking food, 20.68 percent of Muslim respondents were supported in washing clothes, 25.28 percent Muslim respondents were supported in washing pots. Similarly 36.78 percent of Muslim .According to the table most of the respondents were supported in other work like farming, working out of house etc. by their husbands.

Role of Husband in Natal Care of their Wife's

It refers to the care of delivery period .Nearly all pregnant women can benefit from good nutritional habits prior to and during pregnancy. The increased number of birth defects during times of famine attests to the adverse effects of poor nutrition during pregnancy. Women who consume a standard Western diet (high in fat and sugar and low in complex carbohydrates) during pregnancy and breast-feeding may not be obtaining adequate amounts of essential vitamins and minerals; this can result in health problems for the newborn. Pregnant women should choose a well-balanced and varied diet that includes fresh fruits and vegetables, whole grains, legumes, and fish. Refined sugars, white flour, fried foods, processed foods, and chemical additives should be avoided.

Husband Support in Medical Care during Delivery

Medical care is necessary for the delivery women by husband support. Medical care is good to bear the child. It is not complex to the delivery. So the husband must support carefully to

their wives in delivery period. In the study area most of the husbands were found to support in management of necessary materials for their delivery a wife which has been presented in the following table 12.

Table 12***Husband Support in Medical Care during Delivery***

S.N.	Husband support in medical care during delivery	Respondents	
		Number	percent
1	Consolation	15	17.24
2	Psychological support	12	13.79
3	Taking to the hospital	47	54.02
4	Management of Necessary Materials	13	14.94
Total		87	100.00

Source: Field Survey, 2022

Table 12 shows that out of total 87 Muslim respondents 17.24Percent of the respondents were supported by consolation, 13.79 percent of the respondents in psychological support. 54.02 percent of the respondents supported while took the hospital, 14.94 percent of the respondents got support in management of necessary materials.

According to the table most of the respondents were supported in taking to the hospital and consolation and least of the respondents were supported management necessary material and psychotically by their husbands.

Role of husband in postnatal care

Postnatal care is pre-eminently about the provision of a supportive environment in which a woman, her baby and the wider family can begin their new life together. It is not the management of a condition or an acute situation. While most attention to pregnancy care focuses on the nine months of pregnancy, postnatal care is important as well. The postnatal period lasts six to eight weeks, beginning right after the baby is born. During this period, the mother goes through many physical and emotional changes while learning to care for her newborn. Postnatal care involves getting proper rest, nutrition, and vaginal care.

Reach to Medical Care during Maternity

There are many problems during maternity period of mother. Husbands must help their wives sufficiently while reaching to medical. Mothers are necessary good health, regular check up, health education and drugs etc. In the study area regular check up were found to reach sufficiently to medical care by their husbands which has been presented in the following table 13.

Table 13***Reach to Medical Care during Maternity***

S.N.	Medical care	Respondents	
		Number	Percent
1	Good health service	31	35.63
2	Regular check up	15	17.24
3	Health education	10	11.49
4	No medical care	31	35.63
Total		87	100.00

Source: Field Survey, 2022

Table 13 shows that altogether 87 Muslim respondents 35.63 percent of the respondents get good health service, whereas 17.24 percent of the respondents get regular check up, similarly 11.49 percent up the respondents get health education, 35.63 percent of the respondents did not get medical care by their husbands. Above table shows that most of the respondents get regular check up by their husbands.

Husband Psychological Support during Maternity

Maternity is the important period. In this period husband most provide psychological to their wives to make their good health which has been presented in the following table 14

Table 14***Husband Psychological Support during Maternity***

S.N.	Psychologically Support	Respondents	
		Number	Percent
1	Sympathize	12	13.79
2	Support mentally	28	32.18
4	No Psychologically Support	47	54.02
Total		87	100.00

Source: Field Survey, 2022

Table 14 shows that out of total 87 Muslim respondents 13.79 of the respondents were supported to sympathize psychologically supporting maternity. Whereas 32.18 of the respondents were supported mentally, on the other hand 54.02 percent of the respondents were not supported psychologically by their husbands. Above table shows that half of the respondents were supported in sympathize by their husband.

Husband Support during Postnatal Period

Many supports are needed in post natal period for their wives. They most supports in the following in the aspects like - care of the body, support in cooking food, washing clothes and caring of personal hygiene etc. In the study area, most of the respondents were found supported in cooking food by their husband who has been presented in the following table 15.

Table 15 Husband Supports during Postnatal Period

S.N.	Husband support	Respondents	
		Number	Percent
1	Washing cloths	9	10.34
2	Cooking food	11	12.64
3	Caring food	50	57.47
4	No support	17	19.54
Total		87	100.00

Source: Field Survey, 2022

Table 15 revealed that out of total 87 Muslim respondents 10.34 percent of the respondent got support in washing clothes, 12.64 percent of the respondents were supported in cooking food whereas 57.47 percent of the respondents were supported in caring food. On the other hand 19.54 percent of the respondents were not supported by their husband.

Types of Food to the Child

Many kinds of food are necessary to the child to make them healthy. There are many types of solid food to the child like - Sarbsottam Pitho Sattu, Jaulo, Rice vegetable mixture Dhiro, fruits etc. In the study area most of the respondents were found to feed to the following solid food. This has been presented in the following table 16.

Table 16

Types of Food to the Child

S.N.	Types of solid food	Respondents	
		Number	Percent
1	Jaulo	27	31.03
2	Sarbuttam pitho	20	22.98
3	Usual food	33	37.93
4	Others	7	8.04
	Total	87	100.00

Source: Field Survey, 2022

Table 16 shows that out of total 87 Muslim respondents 31.03 percent of the respondents fed Jaulo, 22.98 percent of the respondents fed Sarbottam Pitho, whereas 37.93 percent of the respondents fed usual food to their child. 8.04 percent of the respondents fed other food like sarlex, horlex etc. Above table shows that most of the respondents were feeding usual food to their child.

Findings of the Research

This study entitled “Role of husband in Maternal Health care in Muslim community of Nepalgunj, Jaishpur of Banke Districts. The objectives of the study were to examine the ‘Role of husband in maternal health care in muslim community. This study will be based on descriptive research design and it will be quantitative in nature. In this study sample was collected by using stratified sampling method. The interview schedule was the main tool for data collection in this study. After collection information it was tabulated in chart diagram and analyzed and interpreted with the help of percentage. The summary of findings of the study was as follow.

Role of Husband in Antenatal Care

- Out of total 87 Muslim respondents 42.52 percent respondents were heard about maternal care and 57.47 percent respondent were not heard maternal cares.
- Out of total 87 Muslim respondents 31.03 percent Muslim respondent were get husband support to antenatal checkup.
- 22.98 percent Muslim respondents took TT injection in one time, 34.48 percent Muslim respondent took TT injection in two times, 22.98 percent Muslim respondent took TT injection in three times, 19.54 percent Muslim respondents did not take TT by their husband’s recommended.
- 18.39 percent Muslim of the wives took iron tablet from their husband, 65.51 percent Muslim of the wives took own self whereas 16.091 percent Muslim wives did not take iron tablet.
- out of total 87 Muslim respondents 35.63 percent of the respondents were suffered from anemia, 11.49 percent of the respondents were suffered from nausea, similarly 11.49 percent of the respondents were suffered from polyriya and gastritis where as 13.20 percent of the respondents had no problems of health in pregnancy period. 12.24 percent respondents haven’t any problem.
- Out of total 87 Muslim respondents, 42.52 percent of the responded used to eat meat and eggs, 27.58 percent of the respondents took meat and vegetable, similarly 24.13 percent of the respondents took rice and vegetable whereas 5.74 percent of the respondents used to eat vegetable and fruits.
- Out of total 87 Muslim respondents 75.86 percent of the respondents were supported in high workloads by their husband 24.14 percent of the respondents supported in low workloads by their husband

- Out of total 30 Muslim Respondents 72.41 percent of the respondents were recommended to gone health post suffered from any diseases 27.59 percent of the respondents whereas recommended took their wives to hospital.
- Out of total 87 Muslim respondents 28.73 percent of the respondents supported care in antenatal period, whereas 71.27 percent of the respondents supported to take hospital.

Role of Husband in Natal Care of Their Wives

- Out of total 87 Muslim respondents 17.24 Percent of the respondents were supported by consolation, 13.79 percent of the respondents in psychological support. 54.02 percent of the respondents supported while took the hospital, 14.94 percent of the respondents got support in management of necessary materials.
- Out of total 87 Muslim respondents 17.24 percent of the respondents took meat and eggs, 20.68 percent of the respondents took vegetable and rice. 8.04 percent of the respondents took rice and bread whereas 54.02 percent of the respondents took others-milk, curd, ghee etc. in their husband support.
- Altogether 87 Muslim respondents 54.02 percent the respondents were helped while taking to hospital, whereas 13.79 percent of the respondents were helped psychologically, 32.18 percent of the respondents helped in collection of the money.
- Out of total 87 Muslim respondents 28.73 percent of the respondents were supported in care of delivery, 54.02 percent of the respondent were supported in taking to health post whereas 17.24 percent of the respondents were supported in others – like hospital, clinic etc
- Out of total 87 Muslim respondents 26.43 percent of the respondents were helped in household work, whereas 73.57 percent of the respondents were financially supported

Role of Husband in postnatal care of their wives

- Altogether 87 Muslim respondents 35.63 percent of the respondents get good health service, whereas 17.24 percent of the respondents get regular check up, similarly 11.49 percent up the respondents get health education, and 35.63 percent of the respondents did not get medical care by their husbands.
- Altogether 87 Muslim respondents 11.49 percent of the respondents were found crack nipple, whereas 37.93percent of the respondents were found heavy bleeding, 31.03 percent of the respondents were found back pain almost 19.54 percent of the respondents were not seen danger sign of maternity .
- Out of total 87 Muslim respondents 13.79 of the respondents were supported in sympathize psychologically supporting maternity. Whereas 32.18of the respondents were supported mentally, on the other hand 54.02percent of the respondents were not supported psychologically by their husbands.

- Out of total 87 Muslim respondents 90.80 percent of the respondents fed colostrums whereas 9.20 percent of the respondents did not feed colostrums to their infants.
- Out of total 87 Muslim respondents 25.28 percent of the respondents started solid food after five months, similarly 62.06 percent of the respondent started solid food after six months, whereas 12.64 percent of the respondent started solid food after seven months. Above table shows that most of the respondents were started solid food after six months.
- Out of total 87 Muslim respondent's respondents 90.80 percent of the respondents were still breast feeding, whereas 9.20 percent of the respondents were not breast feeding to their children.
- Out of total 87 Muslim respondents 31.03percent of the respondents fed Jaulo, 22.98 percent of the respondents fed Sarbottam Pitho, whereas 37.93 percent of the respondents fed usual food to their child.8.04 percent of the respondents fed other food like sarlex, horlex etc.

Conclusion

This study entitled Role of Husband in maternal health care in muslim. The major objectives of this study were to find out the role of husband in maternal health care of their wives. The findings of the study shows that the socio –economic status of the people in that community is very low and hence the literacy rate is also low it is found that among muslim respondents that is 22.98 percent the lowest number of illiterate, 40 percent literate, 11.49 primary level pass, 13.73 percent secondary level pass and only 5.74 percent muslim respondents above 12. Similarly out of total 87 muslim respondents 42.52 percent respondents were heard about maternal care and 57.47 percent respondent were not heard maternal care. Out of total 87 Muslim respondents 31.034 percent Muslim respondent were get husband support to antenatal checkup. Out of total 87 Muslim respondents 17.24Percent of the respondents were supported by consolation, 13.79 percent of the respondents in psychological support. 54.02 percent of the respondents supported while took the hospital, 14.94 percent of the respondents got support in management of necessary materials. Altogether 87 Muslim respondents 35.63 percent of the respondents get good health service, whereas 17.24 percent of the respondents get regular check up, similarly 11.49 percent up the respondents get health education and 35.63 percent of the respondents did not get medical care by their husbands.

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