

PERCEIVED NEED FOR SPOUSAL SUPPORT IN MATERNITY CARE AND PSYCHOSOCIAL CHALLENGES AMONG COUPLES IN ABUJA, NIGERIA**Ifedayo Busola EDU**Department of Nursing,
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cmndikom@gmail.com**ABSTRACT**

Globally, implementation of continuous spousal support in maternity care remains a challenge despite being known as one of the best practices during childbirth. This study examined the perceived need for spousal support and psychosocial challenges of maternity care in Abuja, Nigeria. This mixed method survey was carried out among 196 couples who had had at least one child from the selected communities. A structured questionnaire was used to elicit information and was analysed using descriptive statistics. Qualitative data was thematically analysed. The mean age of husbands was 41.12±8.87 years; wives was 35.68±7.94 years. Couples had positive perception of spousal support with husbands (90.9%) and wives (95.7%). The reported presence of spouse at delivery of baby was similar, 34.8% by husbands and 36.9% by wives. Major psychosocial factors identified were work schedule (93.6%) for husbands and marital challenges (95.6%) for wives. Poor communication; couples' perception of maternity care; distance to facility were their major challenges. The qualitative studies showed some discordant responses in their willingness. The couples had positive perception of spousal support but there is need for increased sensitization of couples as willingness to partake in spousal support is just fair. The hospital environment should be more conducive for spouses.

Keywords: psychosocial challenges, spousal support, maternity care, male involvement, couples.



INTRODUCTION

Maternal and child health care has purely been women affairs with the focus of maternal health programming in many African countries including Nigeria, primarily has been on women (Ganle & Dery, 2015; Morhason-Bello, Adedokun, Ojengbede, Olayemi, Oladokun, & Fabamwo, 2009) and this has led to the erroneous belief that pregnancy and child birth is simply for women alone and not involving their spouses (Craymah, Oppong, & Tuoyire, 2017). Globally, spousal support in maternal and child health care remains a challenge to effective maternal health care accessibility and utilization (Craymah, et al, 2017; Ampim, 2013). Although, best practices for continuous support during childbirth are known, they are not generally implemented globally (Bohren, Hofmeyr, Sakala, Fukuzawa, & Cuthbert, 2017).

It has been observed that, occasionally, some spouses are willing to support their wives in maternity care for example, attend antenatal clinic and be present at the delivery, however, the wife refused her spouse and in other times the hospital staff did not allow it. It was also seen of recent that both the woman and his spouse were ready to have spousal support in maternity care, but the man's parents did not support the idea; hence, it was not implemented. Various attempts to getting spouses involved in maternity care as proved abortive overtime and this has slowed down its full implementation. This can be seen in rare/low participation of men in Antenatal care visits, labour and post natal care. The few ones who would have loved to participate are being discouraged by their wives unwillingness, hospital policies, time and availability and lack of hospital facilities. On the other end, some women see no need for spousal support (Morhason-Bello, Olayemi, Ojengbede, Adedokun, Okuyemi, & Orji, 2008; Mullany, 2006).

Spousal support has the potential to deliver considerable benefits for maternal health, for example spousal support could help in dealing with delays that can occur in life such as delay in decision making, delay in recognising the problem, delay in accessing health care facility, delay in transportation etc (Ganle, Parker, Fitzpatrick, & Otupiri, 2014). There is dearth of evidence on spousal support in maternity care (Odoi-Agyarko, 2003) assessing its effect on specific maternal health outcomes in the developing world; further high quality studies need to be performed (Yargawa, & Leonardi-Bee, 2015). Thus, the need to include spouses in maternal health promotion and education, to increase both their knowledge and participation in the birth process (Vehviläinen-Julkunen & Emelonye, 2014; Emelonye, Pitkäaho, Aregbesola, & Vehviläinen-Julkunen, 2016). This will help to deepen understanding of spousal support in maternal health care; hence serve as a guide for policy design.

This study aims to examine the perceived need for spousal support and psychosocial challenges of maternity care. The objectives of the study include; to assess couples' perception of the need for spousal support in maternity care; to identify the psychosocial factors influencing spousal support; to assess the level of utilization of spousal support; to investigate the perceived challenges influencing spousal support; to evaluate couples' willingness to allow for spousal support.

METHOD

Study design: This study adopted a mixed research design (qualitative and quantitative).

Study setting: The study was conducted in four randomly selected communities (Nyanya, Karshi, Orozo and Karu) in Abuja Municipal Area Council (AMAC) of Federal Capital territory (World Population Review, 2019).

Participants: The study targeted couples living together in AMAC and had had at least one successful uneventful pregnancy, labour and delivery with at least one baby in the last one year.

Sample size was determined using Fisher's formula to arrive at 196 couples.

$$n = \frac{Z^2 pq}{d^2}$$

Z = Standard normal deviation (1.96)

p = 15% (male involvement in maternal health in Enugu), Mbadugha, Anetekhai, Obiekwu, Okonkwo, & Ingwu, 2019).

$$p = 15/100$$

$$= 0.15$$

$$q = 1.0 - 0.15 = 0.85$$

d = degree of accuracy required (0.05)

$$n = \frac{1.962 \times 0.15 \times 0.85}{0.05^2}$$

$$= \frac{0.4898}{0.0025}$$

$$n = 195.9 \approx 196$$

Thus, it means 196 couples, i.e. 392 respondents.

Proportional allocation was used to assign sample size to each community based on their estimated population.

Sampling technique

A systematic random sampling was used to randomly select couples (participants) for the study from the 4 selected wards/communities using the formula $k = N/n$.

$$N = 1800$$

$$n = 196$$

Therefore, $k = 1800/196$

$$k = 9.18 \approx 9.$$

Hence, couples (participants) were selected at every 9th house.

Instrument for data collection: A semi-structured interviewer administered questionnaire was used to collect descriptive data for a period of 4 weeks from respondents who met the inclusion criteria and consented to participate in the study. An indepth oral interview was used to collect qualitative data from couples who didn't fill up the questionnaires.

Data Analysis

The data was analysed by a Statistician using IBM Statistical Product for Service Solutions (SPSS 25.0 version). Univariate analysis was used to determine proportions and summary statistics. Data were presented in tables and graphs. Bivariate analysis was used to determine association between variables using chi square test. Level of significance was determined at p-value less than 0.05.

Socio demographics data were analysed using descriptive statistics and were presented in frequency tables, charts and percentages.

Ethical Considerations

The study proposal was submitted to Federal Capital Territory Health Ethics Committee of Nigeria and permission to carry out the study was collected.

The purpose of the study was explained to respondents. Informed consent was obtained from the respondents.

Confidentiality of Data

The identity of the respondents was not be elicited. The information was collected, coded and no names or identifiers were recorded. The names of the respondents were not written in the questionnaire nor added to publications or reports from the study. In addition, respondents were assured of confidentiality of the information provided.

Beneficence to participants

The researcher believes that the findings in this study will encourage policy makers to know how best to incorporate the views of husbands and wives in maternity care. This will enhance

family-centered care, promote positive birth outcomes, reduce delay in seeking medical help and of course reduce maternal and infant mortality.

Non-Maleficence to participants

This study did not pose any risk to the participants; it didn't require any invasive procedure. It only required their time in participation.

Voluntariness

No participant was coerced into participating in the study. Participants were allowed to withdraw their consent at any time during the course of the study. Participation is highly voluntary.

RESULTS

Sociodemographic Characteristics of Participants

The mean age of husbands was 41.12 ± 8.87 years and for wives 35.68 ± 7.94 years. Majority of the respondents (husbands 65.8%; wives 53.5%) had tertiary education. A higher percentage of couples were into business, 52 (27.8%) husbands and 49 (26.2%) wives. This is shown in **table 1**.

Table 1: Socio-demographic characteristics of study participants

		Husband	Wife
Age (%)	21-30 years	27 (14.4)	63 (33.7)
	31-40 years	79 (42.2)	90 (48.1)
	41-50 years	56 (30)	25 (13.4)
	>50 years	25 (13.4)	9 (4.8)
Educational qualification (%)	Primary and below	14 (7.5)	19 (10.2)
	Secondary	50 (26.7)	68 (36.4)
	Tertiary	123 (65.8)	100 (53.5)
Ethnic group (%)	Yoruba	94 (50.3)	84 (44.9)
	Igbo	31 (16.6)	41 (21.9)
	Hausa	17 (9.1)	9 (4.8)
	Others	45 (24.1)	53 (28.3)
Religion (%)	Christianity	146 (78.1)	141 (75.4)
	Islam	41 (21.9)	46 (24.6)
Occupation (%)	Business	52 (27.8)	49 (26.2)
	Civil Servant	40 (21.1)	31 (16.6)
	Artisans	47 (25.5)	52(27.8)
	Health workers	5 (2.7)	7 (3.7)
	Public servant	43 (22.9)	48 (25.7)



Income (Naira) (%)	10,000-30,000	18 (9.9)	56 (29.95)
	31,000-51,000	75 (40.1)	77 (41.2)
	Above 51,000	94 (50.3)	54 (28.9)

Perception of spousal support in maternity care**Table 2: Perception of spousal support in maternity care**

	SA (%)		A (%)		UN (%)		D (%)		SD (%)	
	Husband (N=187)	Wife (N=187)	Husband (N=187)	Wife (N=187)	Husband (N=187)	Wife (N=187)	Husband (N=187)	Wife (N=187)	Husband (N=187)	Wife (N=187)
Maternity care is care of a woman before, during and after pregnancy	122(65.2)	128(68.4)	49 (26.2)	49(26.2)	6 (3.2)	4 (2.1)	4 (2.1)	5 (2.7)	6 (3.2)	1 (0.5)
Pregnancy is solely woman's affair	25 (13.3)	26 (13.9)	41 (21.9)	31(16.6)	16 (8.6)	8 (4.3)	55 (29.4)	60(32.1)	50 (26.7)	62 (33.2)
Spousal support in maternity begins before the woman is confirmed pregnant	80 (42.8)	84 (44.9)	71 (38.0)	66(35.3)	16 (8.6)	10 (5.3)	13 (7.0)	18 (9.6)	7 (3.7)	8 (4.3)
Husbands should accompany their wives to ANC	38 (20.3)	55 (29.4)	68 (36.4)	70(37.4)	40 (21.4)	14 (7.5)	34 (18.2)	41(21.9)	7 (3.7)	7 (3.7)
Husbands who accompany their wives to ANC are being dominated by their wives	14 (7.5)	15 (8.0)	23 (12.3)	20(10.7)	20 (10.7)	16 (8.6)	70 (37.4)	76(40.6)	60 (32.1)	60 (32.1)
Women do not like their spouses present during delivery	14 (7.5)	14 (7.5)	39 (20.9)	35(18.7)	39 (20.9)	47 (25.1)	59 (31.6)	65(34.8)	36 (19.3)	26 (13.9)
Husbands should encourage their wives to make use of skilled birth attendants	94 (50.3)	93 (49.7)	70 (37.4)	62(33.2)	12 (6.4)	14 (7.5)	8 (4.3)	13 (7.0)	3 (1.6)	5 (2.7)
Knowledge of danger signs in maternity	58 (31.0)	57 (30.5)	66 (35.3)	83(44.4)	41 (21.9)	20 (10.7)	13 (7.0)	24(12.8)	8 (4.3)	3 (1.6)
Pregnancy could result in complications	58 (31.0)	67 (35.8)	85 (45.5)	84(44.9)	28 (15.0)	18 (9.6)	10 (5.3)	11 (5.9)	6 (3.2)	7 (3.7)
Husbands should be present with wife in the delivery room	46 (24.6)	62 (33.2)	51 (27.3)	40(21.4)	58 (31.0)	40 (21.4)	24 (12.8)	40(21.4)	8 (4.3)	5 (2.7)
Women need to have pregnancy check-up and booking the month the pregnancy is confirmed	110(58.8)	118(63.1)	59 (31.6)	53(28.3)	10 (5.3)	10 (5.3)	6 (3.2)	5 (2.7)	2 (1.1)	1 (0.5)



Vol. 25 No.3 2022

AJPSSI

The perception of spousal support in maternity care both by wives and their spouses on **table 2** shows that majority of 65.2% husbands and 68.4% of wives strongly agree that maternity care is the care of the woman before, during and after pregnancy. 26.7% husbands and 33.2% of wives strongly disagree that pregnancy is solely women's affairs. Meanwhile, 35.3% and 44.4% husbands and wives respectively have knowledge of danger signs in pregnancy and a higher percentage of 45.5% husbands and 44.9% wives agree that pregnancy could result in complications.

There was a significant percentage of couples (90.9% husbands and 95.7% wives) have positive perception of spousal support than negative perception with (9.1% husbands and 4.3% wives) as shown in **Figure 1**.

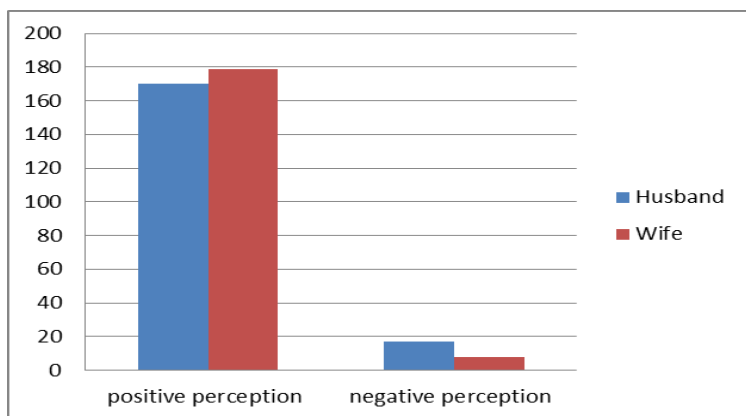


Figure 1: perception of spousal support in maternity care

Psychosocial factors influencing spousal support in maternity care

Ten items were listed in this study as the psychosocial challenges influencing spousal support in maternity care as agreed by husbands and wives respectively (i) Age 51.9%, 49.2% (ii) cultural beliefs 70.6%, 62.6% (iii) finance 60.4% 64.7% (iv) work schedule 93.6%, 72.2% (v) marital challenges 91.4%, 95.7% (vi) unwanted/unplanned pregnancy 81.8%, 91.4% (vii) poverty 76.5%, 86.6%, (viii) educational level 36.9%, 33.2% (ix) Woman's approval 73.8%, 65.8%, (x) polygamy 65.8%, 62.6%. This result shows that work schedule and marital challenges are the major psychosocial factors influencing spousal support amidst others. This is shown in **table 3**.

TABLE 3: Perceived Psychosocial factors influencing spousal support in maternity care

Perceived challenges of spousal support in maternity care

Eight items were listed in this study as the perceived challenges for spousal support in maternity care as agreed by couples (i) Nurses attitudes 57.8%, 56.1%, (ii) cultural beliefs 58.3%, 55.1% (iii) Hospital policies 43.3%, 49.7% (iv) inadequate hospital facilities 56.1%, 56.2% (v) poor communication between couple 89.4%, 91.4% (vi) Husbands perception of maternity care 74.3%, 64.7% (vii) lack of privacy in delivery room 62%, 51.5% (viii) Distance to the health facility 27.8%, 36.3%. This result shows that poor communication between couple and husbands' perception of maternity care are the major perceived challenges of spousal support in maternity care. **This is shown table 4**.

Psychosocial factors	Husband (N=187)		Wife (N=187)	
	Yes (%)	No (%)	Yes (%)	No (%)
Age	97 (51.9)	90 (48.1)	92 (49.2)	95 (50.8)
Culture	132 (70.6)	55 (29.4)	117 (62.6)	70 (37.4)
Finance	113 (60.4)	74 (39.6)	121 (64.7)	66 (35.3)
Work schedule	175 (93.6)	12 (6.4)	135 (72.2)	52 (27.8)
Marital challenges e.g living apart	171 (91.4)	16 (8.6)	179 (95.7)	8 (4.3)
Unwanted or unplanned pregnancy	153 (81.8)	34 (18.2)	171 (91.4)	16 (8.6)
Poverty	143 (76.5)	44 (23.5)	162 (86.6)	25 (13.4)
Educational level	69 (36.9)	118 (63.1)	62 (33.2)	125 (66.8)
Woman's approval	138 (73.8)	49 (26.2)	123 (65.8)	64 (34.2)
Polygamy	123 (65.8)	64 (34.2)	117 (62.6)	70 (37.4)

Table 4: Perceived challenges of spousal support in maternity care

Perceived challenges	SA (%)		A (%)		UN (%)		D (%)		SD (%)	
	Husband (N=187)	Wife (N=187)	Husband (N=187)	Wife (N=187)	Husband (N=187)	Wife (N=187)	Husband (N=187)	Wife (N=187)	Husband (N=187)	Wife (N=187)
Attitudes of the nurses	37 (19.8)	38 (20.3)	71 (38.0)	67 (35.8)	23 (12.3)	22 (11.8)	42 (22.5)	56 (29.9)	14 (7.5)	4 (2.1)
Cultural beliefs	31 (16.6)	37 (19.8)	78 (41.7)	66 (35.3)	26 (13.9)	19 (10.2)	39 (20.9)	50 (26.7)	13 (7.0)	15(8.0)
Hospital policies	27 (14.4)	37 (19.8)	54 (28.9)	56 (29.9)	21 (11.2)	16 (8.6)	68 (36.4)	60 (32.1)	17 (9.1)	18(9.6)
Inadequate hospital facilities	35 (18.7)	43 (23.0)	70 (37.4)	62 (33.2)	19 (10.2)	17 (9.1)	47 (25.1)	49 (26.2)	16 (8.6)	16(8.6)
Poor communication between couple	59 (31.6)	53 (28.3)	108 (57.8)	118 (63.1)	10 (5.3)	5 (2.7)	8 (4.3)	10 (5.3)	2(1.1)	1(0.5)
Husband's perception	46 (24.6)	29 (15.5)	93 (49.7)	92 (49.2)	36 (19.3)	39 (20.9)	9 (4.8)	23 (12.3)	3 (1.6)	4 (2.1)
Lack of privacy in delivery room	38 (20.3)	47 (25.1)	78 (41.7)	50 (26.7)	29 (15.5)	33 (17.6)	35 (18.7)	50 (26.7)	6 (3.2)	7 (3.7)
Distance to the health facility	23 (12.3)	27 (14.4)	29 (15.5)	41 (21.9)	26 (13.9)	16 (8.6)	61 (32.6)	73 (39.0)	47 (25.1)	30(16)

Husbands and wives’ report on spousal support/presence during delivery

Most men were not really able to provide support as they were not around with their wives during delivery as only 65 (34.8%) were present, their wives similarly reported that 69 (36.9) were able to provide support during childbirth as presented on **figure 2**.

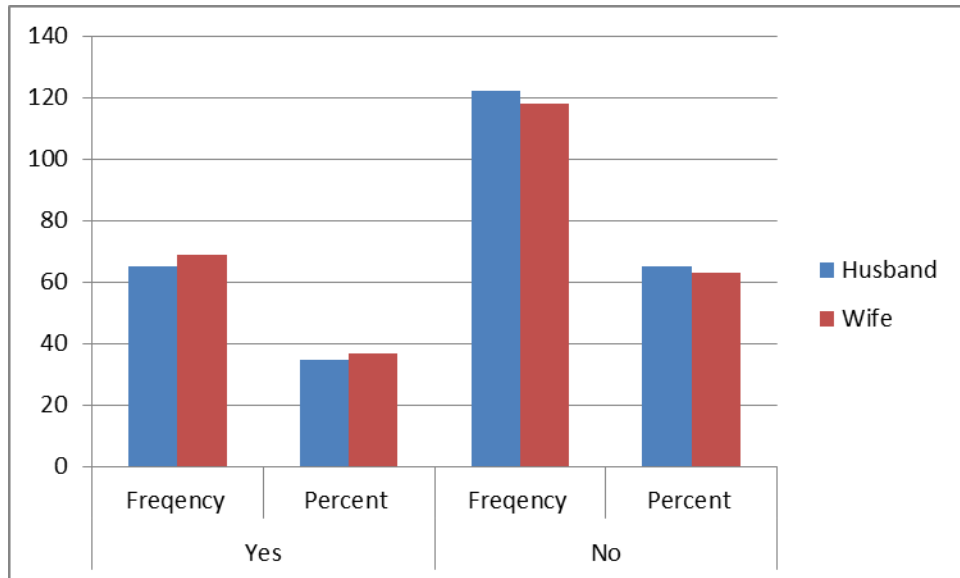


Figure 2 Respondents’ Reported Support/Presence during the delivery of baby

Qualitative Result

Husbands and wives’ willingness to partake in spousal support in Maternity care

Husbands and wives (couples) willingness in spousal support was thematically analysed based on 3 sub themes.

Table 5: Perception/Knowledge

Perception of spousal support	Frequency	Percentage
Finance	6	60
Emotional support	2	20
Physical support	2	20

Both husbands and wives revealed a moderate knowledge of spousal support, which seems to be a little higher among wives. Women believe and desire that men should give them full support in all aspects of maternity care - financial, material, presence, emotional etc. This was explained by a woman,

“My husband gives me all I ask for in pregnancy even things I don’t ask for. He does more than I expect” (wife, aged 28)

However, it is in contrast with some men who believe that spousal support in maternity care is just financial, the rest are not necessary (Olugbenga-Bello, Asekun-Olarinmoye, Adewole, Adeomi, & Olarewaju, 2013)

“Once, she asks for money, I give her, the rest are her business, my own is just to give her money (husband, aged 40).

A higher percentage of couples support that maternity care in pregnancy, labour and delivery is very important and makes pregnancy less stressful.

Table 6: Attending ANC/delivery with spouse

	Frequency	Percentage
Husbands' Interest	2	20
Wife's approval	3	20
Others	5	50

It was a 50/50 thing. However, the mixed feelings were high. It was either the wife wanted it but the man does not or the man wanted it but the wife does not. No two (2) couple agreed to have it together. *"I would have loved or wanted my spouse to attend antenatal clinic with me, but He will not agree to do it and even the environment will not encourage it"* (wife, aged 25). In contrast some women do not like the idea at all of a man attending ANC or delivery as documented by Morhason-Bello, Adedokun, Ojengbede, Olayemi, Oladokun & Fabamwo, (2009); Morhason-Bello, Olayemi, Ojengbede, Adedokun, Okuyemi, & Orji, (2008). Some statements include *"For what? What is he coming to do? Is there any man in ANC? It is women's affairs not men. I go dey go clinic come house come give report, make him just dey bring money"* (wife, aged 34years). *"Even if the nurse allows him to enter the labour ward, I go pursue am out. I don't like the idea at all. When baby is out, he will see him/her"* (wife, aged 30years)

The men's views were obviously not different as many think it's all about my job, my work or that they don't have a business there. Like *"what am I going there to do? Are they sharing money there? I can't even go there and sit among other women"* (husband, aged 41 years). *Kini mo fe lo se nibe? Se mi o ni ibise ti mo n lo ni? (What am I going there to do? Don't I have work place I am going to? (Husband, aged 35years). Can you be in labour ward with your wife? The view is different as a man consented to it. "If the rule and nurses allow it, why not?" (Husband, aged 35years)*

Table 7: Barriers or challenges to spousal support

Barriers	Frequency	Percentage
Nurses' attitude	4	40
Hatred for nurses	1	10
Non-conducive hospital environment	1	10
Work schedule	3	10
ANC population	1	10

Husband and wife's willingness to partake in spousal support is a major challenge or barrier to spousal support. If both couples are not willing to have spousal support together without any part missing, then there is a challenge. Some men are willing to do anything for their spouse provided she is safe with the baby, but the issue of coming to clinic with them is a major challenge (Mullany, 2006).

"I cannot go the hospital with my wife, just because I hate to see nurses. Some nurses, don't know how to talk, they talk anyhow to anybody and I don't want anyone to insult me, but if any nurse talks anyhow to me, I talk back at her" (husband, aged 38years).



One major barrier to spousal support was seen as the attitudes of the nurses towards people. *“I see the way nurses talk and react to people and I cannot stand my wife facing such huge talks, I rather stay away”*. (Husband, aged 39years)

Another challenge is the unconducive environment of the antenatal clinics and the overcrowding of the hospitals such that even the women are short of chairs.

“In my hospital, pregnant women are always very many, sometimes 130, sometimes 100, the least may be 80. At times pregnant women will be sitting on blocks because the chairs are not enough. I can't stand my spouse coming to face such rigorous event, it is usually not easy with the women” (wife, aged 30).

It is not the same in some other hospitals as the population is not as many as in government hospitals, but in private. How many people can register in private hospitals? Besides the timing does not favour the men as they have to be in their work places.

In conclusion, Husbands and wives' willingness to partake in spousal support is minimal as there is no 100% willingness from both sides.

DISCUSSION

Perception of Spousal Support in Maternity Care

There is an overall positive perception of spousal support in maternity care by both husbands and wives, though with a higher percentage among the wives (95.7%) than their spouses (90.9%). According to World Health Organization, 2019; World Health Organization (2010) Maternity care is care of a woman before, during and after pregnancy. This fact was agreed upon by most of the couples. Likewise, most of them had knowledge about danger signs in pregnancy. However, pregnancy is not solely women's affairs is disagreed by 55.11% husbands and 65.3% wives in their responses. This is a contrast to (Kululanga, Sundby, Malata, . *et al.* (2011) who states that pregnancy and childbirth continue to be viewed as solely a woman's issues. A larger percentage of couples know that pregnancy can result in complications. Hence, husbands need to encourage their wives to make use of skilled birth attendants. This will help to monitor the woman's health properly during pregnancy and beyond, thereby preventing complications that may arise and possible death as a larger percentage has said they are aware of the danger signs in pregnancy. This is in agreement with study by Ampt, Mon, Than, Khin, Agius, Morgan, Davis, Luchters (2015) which stated that when men know the danger signs of pregnancy and delivery, they may act as life-saving agents, more likely to act fast to save the lives of their wives, ensuring that their wives get appropriate attention in obstetric emergencies. In the same vein, couples do agree that their husbands should be in delivery room with their wives, but this is seen not to be in practice as most hospital facilities do not encourage nor support the point that husbands should be in delivery room with their wives (Nkuoh, Meyer, Tih, & Nkfusai, 2010).

In the same vein, spousal support is perceived to be financial, emotional and physical supports but perceived to be more of financial support. This is supported by a response in qualitative study. *Once, she asks for money, I give her, the rest are her business, my own is just to give her money.*

There is no association between perception of spousal support and level of utilization of spousal support among couples.

Psychosocial Factors Influencing Spousal Support in Maternity Care

In this study, psychosocial factors that influence spousal support were identified to be age, cultural beliefs, finance, work schedule, marital problems, unwanted or unplanned pregnancy and poverty, level of education, woman's approval and polygamy. Five items were identified as the major factors that influence spousal support.



Work schedule Bagenda, Batwala, Orach, Nabiwemba, & Atuyambe (2021) was the topmost major factor identified with 93.6% husbands and 72.2% wives agreeing that some work schedules do not allow for or encourage spousal support. This is also supported by a statement in qualitative study that says “*Se mi o nise ni? Kini mo fe lo se ni antenatal clinic?*”(Don't I have work? What am I going to do in Antenatal clinic?). This has affected spousal support in antenatal care (Ampim, 2013) as husbands do not attend ANC with their wives because the timing for ANC is same as when husbands should be at work.

Cultural belief was also major factor identified by 70.6% husbands and 62.6% wives. Some cultures do not support that husbands should be part of their wives birthing or delivery process. This is supported by a study in Nepal by Lewis, Lee, Simkhada (2015) which stated that “The culture stops men being involved; the culture is not to touch the woman (who has just delivered), not only the husband. No one should touch the woman for up to seven days”

Marital challenges such as separation, divorce, husband and wife not living together were identified by 91.4% husbands and 95.7% wives.

Economic factors Bagenda, Batwala, Orach, Nabiwemba, & Atuyambe (2021) such as finance were also identified as a major factor by the respondents in the study. This means that if the man is financially capable, the woman will be supported but if not, the reverse is the case. In the same vein, women who are gainfully employed are likely to contribute to their health care and get additional support from their spouses, but if a woman isn't employed then she is likely to be dependent thereby not using skilled birth services.

The woman's approval of spousal support is another major factor identified by 73.7% husbands and 65.8% wives. This shows that the woman's disposition to spousal support either makes her to get supported by her spouse or not.

Level of education was identified by 36.9% husbands and 33.2% wives as against majority who belief that level of education has nothing to do with spousal support. This is in contrast to a study by Akintaro & Olabisi (2014) that there is association between spousal level of education and their level of participation in ANC. Other factors include psychosocial challenges, Nurses' attitudes, cultural beliefs, hospital policies, inadequate hospital facilities. These were beyond the control of the spouses.

Level of utilization of spousal support in maternity care.

There is a high level of utilization of spousal support in Nigeria, as seen in the results with most variables. Majority of the men 55.1% responded not to attend antenatal clinics with their spouses and 57.2% wives affirmed that their spouses do not attend antenatal clinics with them. This is similar to a study conducted by (Asefa, Geleto, & Dessie, 2014) which shows that high proportion of the women was not accompanied by their male partners. In contrast, 44.9% of husbands attend ANC with their spouses. This is in line with Ganle, & Dery (2015) that states that 42% of the women were accompanied for antenatal visits.

This is majorly followed by the major barrier to husbands following their spouses to ANC is because of their work schedule. Many husbands have to be at work when their wives are at ANC. Similarly, 97.7% wives were financially supported by their spouses which is in agreement with Sokoya, Farotimi & Ojewole (2014) which stated that 97% were financially supported by their husbands. This is supported by report in the qualitative study that spousal support is perceived to be more of financial support. There seems to be an improvement with husbands accompanying their spouses to the hospital for delivery but a decline in number present at birth. In this study, 91.4% husbands accompany their spouses to the hospital which was immediately confirmed by 93.6% wives but 34.8% of husbands stay in the delivery room with their spouses. This is in contrast with a study conducted by Emelonye, Pitkäaho, Aregbesola, & Vehviläinen-Julkunen (2016) which showed that 72.5% men accompanied their wives to the hospital and 63.9% were present at the birth. In Post Natal, 88.8% of husbands assist their spouses in household chores. This is in line with a study conducted by Ganle, & Dery (2015) who stated that 82.5% of respondents assist in household chores. There seems to be a slight improvement. Most facilities delivery rooms lack privacy for the women, not to talk of having a man in there. Depending on how the delivery room is, most facilities are like conference room, no separate facility per woman. Hence it is difficult to allow any man in



where there are other women. No privacy. This is a reason why most husbands are not in the delivery room with their spouses. They are only in the near-by for easy contact but not in the delivery room to give moral support.

Perceived challenges of spousal support in maternity care

This research work identified eight (8) items as the challenges to spousal support in maternity care, viz; attitudes of the nurses; cultural beliefs; hospital policies; lack of enough facilities in the hospitals; poor communication among couples; husband and wife's perception of maternity care; lack of privacy in the hospital delivery room; distance to the health facility.

Poor communication among couples was seen to be the prevalent challenge influencing spousal support as agreed upon by 57.8% husbands and 63.1% wives. This is supported by a statement by Kakaire, Kaye, & Osinde (2011) that poor communication between women and their spouses is associated with poor spousal involvement in maternity care.

Similarly, it was identified that couple's perception about spousal support also favour or mar spousal support as 49.7% of husbands and 49.2% wives agreed that husbands' perception of maternity inhibits spousal support. This one factor is the perception of pregnancy care as a female role while men are family providers (Kululanga, Sundby, Malata, *et al.*, 2011). However, some women perceive spousal support as solely female affairs as seen in of the qualitative study where a woman was asking what a man was doing in antenatal clinic. Couples' perception that spousal support is mainly financial was seen to be a challenge, as seen in the qualitative study,

"Once, she asks for money, I give her, the rest are her business, my own is just to give her money (husband, aged 40)."

Another major challenge identified by couples is nurses' attitudes to patients. 38% of husbands and 35.8% of wives identified poor nurses' attitudes to patients as a major challenge (Mullany, 2006).

This is also seen in the qualitative analysis where the husband says

"I hate to go to the hospital because of some nurses, their attitudes are terrible, I can't stand them talking anyhow to my wife or myself, I rather stay away" (husband, 38years).

Unconducive environment/poor hospital facilities were also identified as a barrier to spousal support, as some spouses would have loved to be in antenatal clinic and /or delivery rooms with their wives but because the facilities are not even enough for the women, talk less of having any man around (Tweheyo, Konde-Lule, Tumwesigye, & Sekandi (2010). This is seen as stated by the wife in a qualitative study

"In my hospital, pregnant women are always very many, sometimes 130, sometimes 100, the least may be 80. At times pregnant women will be sitting on blocks because the chairs are not enough. I can't stand my spouse coming to face such rigorous events; it is usually not easy with the women" (pregnant wife, aged 30).

There is no association between the educational status of husbands and wives and utilization of spousal support in maternity care.

Willingness to Allow for Spousal Support in Maternity Care

The study has shown that couples' willingness in spousal support is minimal as no two couple are willing to partake in all spheres of spousal support. It was discovered that if a wife is willing to have spousal support in all the three (3) levels of maternity care, the husband is not interested in at least one, and vice versa. The understanding of spousal support is still very poor making willingness to partake in spousal support fair.



Limitation/ Strength of the Study

Using a mixed method was a great strength for the study. We were able to get first-hand information from the couple outside the questionnaires. It shows that spousal support does exist only that it is not being practiced equally in the 3 areas of maternity care.

However, getting responses was not easy especially for the indepth oral interview as either of the couples may not be available as at the time of visiting for interview which made us to have more than one trip.

As much as possible, we avoided spouses filling for each other to avoid getting same responses.

Policy Implications

Policy makers and hospital managements should establish an institutionalized clinical practice on the need and use of spousal support in the three (3) spheres of maternity care.

Results showed that hospital settings contribute to low willingness to partake in spousal support Hence, hospitals should provide and ensure enough spaces and facilities are made available to accommodate spouses who accompany their wives to clinic both for ANC and delivery.

Nurses as well should be sensitized on the need to be gentle but firm while dealing with pregnant women. Nurses should devise means to get husbands involved in attending ANC with their wives and also being in attendance at the delivery room.

Findings from the study show that there is low willingness of spousal support. Hence, general public (couples) should be sensitized on what spousal support really means that is cuts across pre pregnancy, pregnancy, delivery and post-natal. Hence, both husbands and wives should see spousal support as a joint task and not one sided.

Policies should be made to have a preconception care where intending couples will be educated on what spousal support really is. It goes beyond mere finances; husbands should be available physically, emotionally and psychologically. Couples should be encouraged to be willing to partake in spousal support, not that husband will be willing and the wife will not be willing or vice versa. Both should be willing.

There is overall high level of utilization and positive perception of spousal support in maternity care. However, there is need for improvements and practicality.

Conclusion

Findings of this study have shown the need for spousal support among couples. There is need to keep encouraging and sensitising couples or intending couples that spousal support cuts across the three levels of maternity care. Some psychosocial factors identified to influence spousal support include age, some cultural beliefs, economic factors such as finance, marital problems etc. Nurses' poor attitudes, poor hospital facilities among others were seen to be challenges of spousal support in maternity care. However, level of utilization of spousal support is high but willingness to partake in spousal support is seen to be fair. Hence, spousal support in maternity care is still on the average in Abuja Municipal Area Council. Though with positive perception and high utilization, there is still low willingness. Hence, there is need for continuous sensitisation of couples on the need for spousal support. Challenges like unconducive hospital environment and cultural myths against spousal support need to be addressed.

FIGURES

**Declaration of interest**

There is no competing nor conflicting interest in this research work.

Funding

This research was self-funded.

Acknowledgement

We appreciate all our respondents and research assistants for being part of the success of this study.

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