

**FAMILY-FOCUSED INTERVENTION STUDY ON MALE SPOUSAL  
INVOLVEMENT IN MATERNITY CARE  
IN SELECTED TEACHING HOSPITALS IN SOUTH-WEST NIGERIA.**

**BY**

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## **DEDICATION**

This work is dedicated to the glory of God.

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**TABLE OF CONTENTS**

<b>CONTENT</b>	<b>PAGE</b>
Title	i
Authorization To Copy	ii
Certification	iii
Dedication	iv
Acknowledgement	v
Table of contents	vi
List of tables	viii
Abstract	ix
<b>CHAPTER 1: INTRODUCTION</b>	<b>1</b>
1.1 Background of the study	1
1.2 Statement of problem	3
1.3 Research Questions	4
1.4 General Objectives of the Study	4
1.4.1 Specific Objectives	4
1.5 Significance of the Study	5
1.6 Limitations of the study	6
1.7 Delimitations	6

1.8 Operational Definition of Terms	6
<b>CHAPTER 2: LITERATURE REVIEW</b>	<b>8</b>
2.1 Overview of men involvement in maternity care	8
2.2 Influence of gender roles on reproductive behaviour	9
2.3 Rationale: why engage men in reproductive health	10
2.4 Potential benefits of male involvement in maternity care	12
2.4.1 Prevention of STDs	13
2.4.2 Reduction of maternal mortality and morbidity	14
2.4.3 Promotion of successful postnatal experience	16
2.4.4 Successful antenatal experience	16
2.4.5 Marital satisfaction and healthy men reproductive lifestyles	16
2.4.6 Promotion of maternal mental health and men's own health	16
2.4.7 Promotion of contraceptive use	17
2.4.8 Male Involvement In Infant Health And Development	18
2.4.9 Meeting men and women desire for greater male involvement	19
2.5 Expected men's role in reproductive health	21
2.5.1 Helping pregnant women stay healthy	22
2.5.2 Arranging for skilled care during delivery	23
2.5.3 Avoiding delays in seeking care	23

2.5.4 Helping after the baby is born	23
2.6 Challenges to Male Involvement	24
2.6.1 Traditional or current Gender Norms	25
2.6.2 Communication difficulties between men and women about sexual and reproductive health	25
2.6.3 Health Workers and Health Facilities	26
2.6.4 Logistic Factors	26
2.7 Gaps in Male Focused Health Services	27
2.8 Policies on Male Involvement in Maternity Care	28
2.9 Strategies for Male Involvement	30
2.9.1 General Principles for increasing Male Involvement	31
2.9.2 community-based initiatives	32
2.9.3 Workplace-Based Initiatives	33
2.9.4 Group education	34
2.9.5 Mass Media Campaigns	34
2.9.6 Clinic-based initiatives to engage men	34
2.10 Theoretical Framework	35
2.10.1 Application of the Theory to the Study	38
2.11 Framework for the study	39



2.12 Research Hypothesis	39
<b>CHAPTER 3: METHODOLOGY</b>	<b>40</b>
3.1 Research Design	40
3.2 Research Setting	40
3.3 Target Population	41
3.4 Sample and Sampling Technique	42
3.5 Data Collection Instrument	43
3.6 Validity	44
3.7 Reliability	44
3.8 Pilot Study	44
3.9 Training of Research Assistants	44
3.10 Procedure for Data Collection	44
3.11 Ethical Consideration	46
3.12 Technique for Data Analysis	47
<b>CHAPTER 4: DATA ANALYSIS</b>	<b>48</b>
Hypothesis Testing	59
<b>CHAPTER 5: DISCUSSION OF FINDINGS</b>	<b>71</b>
5.1 Discussion of Findings	71
5.2 Summary	76

5.3 Conclusion	77
5.4 Implications for Nursing Practice	77
5.5 Recommendations	77
5.6 Suggestion for Further Studies	78
References	79
Appendices	88

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**LIST OF TABLES**

<b>TABLE</b>	<b>PAGE</b>
4.1 Socio-Demographic Profile of Respondents	48

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**LIST OF FIGURES**

<b>FIGURE</b>	<b>PAGE</b>
2.1 Andersen’s Behavioural Model of Health Service Utilization	39
2.2 Framework for the study	41
4.1: Percentage Of Yes Answer Of Couples On Knowledge Statement Of Roles Of Men In Maternity Care At Pre-Intervention	50
4.2: Average Likert Scale Score Of Couples On Acceptance Statement Of Roles Of Men In Maternity Care At Pre-Intervention	52
4.3 Participation of Male partner in Intrapartal care	54
4.4: Impact Of Intervention On Study Group Couples’ Knowledge Of Roles Of Men In Maternity Care.	55
4.5: Proportions Of Yes Answers To Questions On Knowledge Of Roles Of Men In Maternity Care Among Study Group Couples	56
4.6: Impact Of Intervention On Study Group Couples’ Acceptance Of Roles Of Men In Maternity Care.	57
4.7: Average Likert Scale Score Of Questions Acceptance Of Roles Of Men In Maternity Care Among Study Group Couples.	58

## ABSTRACT

This study explored the impact of family focused intervention package on acceptance of male spousal involvement in maternity care among couples in two University Teaching Hospitals. It evaluated couples' knowledge about roles of men in maternity care; determine couples' acceptance of male spousal involvement in maternity care; and determine the impact of educational intervention on male spousal willingness to participate in intrapartal care; couples' knowledge and acceptance of roles of men in maternity care.

Simple randomization was employed to select two teaching hospitals and purposive sampling technique was used to select sixty eight (68) subjects. Quasi-experimental design was employed using questionnaire to explore information on each couple's demographics, knowledge of roles of men in maternity care and acceptance of male spousal involvement in maternity care. An educational package was used to educate the couples in the study group. Analysis of data was done using appropriate descriptive and inferential statistical techniques.

The results of the study revealed that majority (73.1%) of the couples have good knowledge of roles of men in all aspects of maternity care. However, above average (51%) of study and control groups did not want male partners to accompany female partners to antenatal clinic while 54% of the two groups will not want husbands to support spouse psychologically during delivery by staying with her. This study also revealed that men and women partially accepted male spousal involvement in majority of maternity activities as the average Likert scale score is 3.7 although the two groups did not accepted that husbands should support spouse psychologically during delivery by staying with her as the average likert score is less than 3. The educational intervention made a significant impact on willingness of male partner to participate in intrapartal care, as all (100%) of the male partner in study group enter into the labour room with their wives and participated in rendering the intrapartal care and there was a significant improvement in knowledge and acceptance of study group after the intervention. The hypothesis tested showed that there is no significant difference between the two groups' knowledge and acceptance of roles of men in maternity care at pre-intervention. It further revealed a significant difference of  $p < 0.0001$  in couple's knowledge and acceptance at pre and post-interventions for the study group.

In conclusion, the result of the study revealed that couples are fairly knowledgeable about roles of men in maternity care. Above average of the couples accepted male involvement in maternity care, the male partners are willing with further enlightenment to participate in intrapartal care and the knowledge and acceptance can be improved with good sensitization.

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## CHAPTER ONE

### INTRODUCTION

#### 1.1 Background to the Study

Pregnancy and childbirth are privilege functions of women which are essential for the survival of human species but often accompanied with potential risk that women deserve to be protected from. The responsibility for protecting women from the risk summons for collective support of the entire family notably the husband, the community and the state as a whole. According to the report of World Health Organization(WHO) and United Nations Fund for Children(UNICEF)(2013) in Geneva on maternal mortality in 2013, every day, approximately 800 of these women still die daily as a result of preventable complications of pregnancy and childbirth.

A disproportionately high burden of these deaths (99%) is borne by developing countries, including Nigeria (WHO and UNICEF, 2014). With maternal mortality ratio of 1,500 per 100,000 births and an estimated 55,000 deaths annually, Nigeria accounts for nearly 10% of the global estimates of maternal mortality (Iliyasu, Abubakar, Galadanci & Aliyu, 2010). This disturbing trend call for global attention at the International Conference on Population and Development (ICPD) and at the Fourth Conference of Women in Beijing on men's reproductive. Resolutions of both meetings advocated for men's shared responsibility, promotion of men active involvement in responsible parenthood, and reproductive and sexual health behaviour. It was also opined that special efforts should be made to emphasize men's shared responsibility and promote their active involvement in maternity care ( EbbaSecka, 2010).

In spite of the resolutions, most cultures, especially in Africa, continue to regard pregnancy and childbirth as exclusively women's domain. Therefore, men are often not expected to accompany their wives to the antenatal care (ANC) clinic or postnatal clinic and are not expected to attend labour or birth of their children (Kwambai, Dellicour, Ameh, Person, Achieng, Mason, Laserson and Kuile 2013). In spite of men's social and economic dominance in African countries especially in Nigeria; as decision maker for the family, they exert a strong influence over their wives and decisions around when, where and even if, a woman should have access to healthcare often fall to men (Kwambai et al, 2013).

Despite the benefits of male involvement in maternal health care services, the majority of interventions and services to promote safe reproductive health including care during pregnancy and childbirth in most countries have been exclusively focused on women (Nantamu, 2011). This can put women at serious risk of unwanted pregnancy and infection; in pregnancy, male sexual behaviour can affect the health outcomes of both mother and baby. Their lack of participation in family planning, antenatal and postnatal consultations means that they do not benefit from any information given by health care providers, regarding the health of mother and baby, or about their role. In addition, men are rarely exposed to clinic reproductive health services as they tend to seek care for Sexually Transmitted Infections (STIs) in the private sector, and condoms can be obtained from clinics without contact with providers (Nantamu, 2011; Mullick, Kunene & Wanjiru, 2005).

Reproductive health has emerged as an organisational framework that incorporates men into Maternal and Child Health (MCH) programmes. However, evidences have shown that men are excluded from maternity care due to the influence of tradition, culture, and a number of factors centred on health service delivery issues (Nantamu, 2011; Mullick, Kunene & Wanjiru, 2005).



The issue of accessibility of Reproductive Health (RH) services to men is a logistical and cultural problem (Nantamu, 2011). The exclusive use of services by women has, to a great extent, made RH services unfriendly for men. In South Africa, the lack of services designed to involve men in fertility regulation or reproductive choice, was identified in 1994 in an assessment of reproductive health services (Mullick, Kunene & Wanjiru 2005). Nigeria as a country does not have any documented regulation designed to involve male in maternity care. This quasi-experimental study conducted in South Western part of Nigeria, explored the couples' perception of male involvement in antenatal, intrapartal and postnatal care services.

## 1.2 STATEMENT OF PROBLEM

Pregnancy and Childbirth are regarded as exclusively women's affairs in most African countries. In Nigeria, women depend heavily on men for access to healthcare, timing and conditions of sexual relations and family size. Studies reveal that men are the key decision makers for women's choice of health care services even though they have limited knowledge (Kululanga, 2011; Theuringl Mbezi, Luvanda, Jordan-Harder, Kunzs & Harms 2009). Research also indicates that differences in socio-cultural norms of acceptable sexual behaviour for men and women may put women at greater risk of STIs because of their partners' sexual behaviours, especially during pregnancy when both the woman and foetus are exposed to the risk, and when there may be greater probability of male extra-marital sexual relations due to norms of abstinence during pregnancy and ignorance on the part of the men ( Kadiri, Ahmad and Mustaffa, 2014;Varkey, Mishra, Das, Ottolenghi,Huntington, Adamchak, Khan & Homan 2004).

Poor level of male involvement in maternity care have contributed to the late antenatal attendance by mothers, poor reproductive lifestyles of men, increased need of pain relief during

labour for women, postnatal depressive symptoms, anxiety that usually accompany childbirth and high rate of maternal morbidity and mortality.

Despite that men have an important role to play in efforts to improve maternal and child health, reports have shown that men are isolated or even presented as obstacles and not seen as part of the problem. A study that was carried out by Steen (2011) concluded that many fathers experience their place in maternity care as being '*not-patient*' and '*not-visitor... in an undefined space*'. NHS Data (2005), equally reported that many mothers feel that their partners receive little or no support.

The reality of motherhood in Nigeria is often accompanied with difficult experiences and women need to be supported by their male counterparts to abate the situation. There is dearth of knowledge as to the level of acceptance of male spousal involvement in maternity care by men and their partners in Nigeria. Although, few studies available have focused on men only without inviting them to participate in maternity care and measuring the impact of their participation on the maternal and child health indicator. The need for integration of male spouse into antenatal, intrapartal and postnatal care services is essential. This study has therefore been designed to answer the following research questions:

- Are couples knowledgeable about the roles of men in maternity care?
- Do couples accept male spousal involvement in maternity care?
- Will educational intervention increase male spousal willingness to participate in intrapartal care?
- What impact will educational intervention have on couples' knowledge and acceptance of roles of men in maternity care?

#### 1.4 GENERAL OBJECTIVE

The study determine the impact of family focused intervention package on the acceptance of male spousal involvement in maternity care among couples in two University Teaching Hospitals in South West Nigeria.

#### 1.4.1 SPECIFIC OBJECTIVES

The specific objectives of this study are to:

- evaluate couples' knowledge about roles of men in maternity care;

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