

**TITLE: WOMEN'S PERCEPTION ON MALE SUPPORT  
DURING PREGNANCY AND CHILD DELIVERY IN ONDO  
STATE, NIGERIA.**

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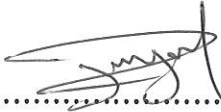
**A RESEARCH PROJECT SUBMITTED TO THE DEPARTMENT OF  
DEMOGRAPHY AND SOCIAL STATISTICS, FACULTY OF SOCIAL  
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AWARD OF BACHELOR OF SCIENCE (B.Sc) HONS IN DEMOGRAPHY  
AND SOCIAL STATISTICS**

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## CERTIFICATION


This is to certify that (FolayemiAkintorinwa) of the Department of Demography and Social Statistics, Faculty of Social Sciences, carried out a Research on the Topic “Women's perception on male support during pregnancy and child delivery in Ondo State Nigeria” in partial fulfillment of the award of Bachelor of Science (B.Sc) in Federal University Oye-Ekiti, Nigeria under my Supervision



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**PROJECT SUPERVISOR**

13/10/2016

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**DATE**



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**DATE**

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**EXTERNAL EXAMINER**

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**DATE**

## **DEDICATION**

The project is dedicated to God Almighty and my parent Mr. and Mrs. C.A.

Akintorinwa

## ACKNOWLEDGEMENT

I have taken effort in this project. However, it would not have been possible without the kind support and help of God, many individuals and organization; I would like to extend my sincere thanks to all of them. I am highly in debt to [mother and child clinic] for their kind co-operation and encouragement which help in completion of this project. I would like to express my gratitude toward my parent Mr. and Mrs. C.A. Akintorinwa for their kind co-operation and encouragement which help me in completion of this project. I will like to express my special gratitude and thanks to my sibling especially Dr. O.J. Akintorinwa for his support and encouragement. Also my thanks and appreciation go to my supervisor Prof. P.O. Ogunjuyigbe and other lecturers Dr. Nitomo, Dr. Odunsina, Dr. Adeyemi, Mr. Shittu, Miss. Alex and Mr. Babalola for their support and encouragement, and also I say a big thank you to all the non academic staff. My thanks and appreciation also go to my friends AgbadeAbioye, OlatunjiMosunmola, AyilaraDolapo, OlanrewajuLarua, Mustapha Oluwasegun, AkinolaVictoria, OmolojaAyomide, OtukoyaOmolara, OgunleyeTaiwo, OfobutuAyodeji, Adeyemisunday and Etim Sharon and people who have willingly helped me out with their abilities.

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## **ABSTRACT**

This study examines women's perception on male support during pregnancy and child delivery in Ondo State Nigeria. Mixed method were used to obtained information from the respondents, using both qualitative and quantities approach, quantitative level questionnaire were administered on 50 respondents and twenty- one womenwere interviewed at qualitative level to know their perception on male support during pregnancy and child delivery. In this study the main outcome measured is perception of women on male support during pregnancy and child delivery. Result showed that majority of the respondents were within age 15-34years, most of them have knowledge about male support during pregnancy and child delivery. Almost all the respondents claimed that husband support during pregnancy and child delivery is very important. Some of the respondents were of the opinion that husband support make pregnancy less stressful and provide emotional security. The study concluded that special programmes should be organized for the husbands of expectant women, in order to increase their knowledge and awareness about the physical, emotional and socio-economic needs of their pregnant wives, emergency obstetrical conditions, and also engage them in birth preparedness and complication readiness.

## CHAPTER ONE

### 1.0. INTRODUCTION

Pregnancy and childbirth continue to be regarded as exclusively women's affairs in most African countries. Men generally do not accompany their wives for antenatal care, neither are they expected nor encouraged to be in the labour room during delivery(Zllyyasu 2010) The role of men in maternity care in Africa is understudied, despite their economic dominance and decision-making power. In Africa(Nigeria inclusive), pregnancy and childbirth continue to be viewed as solely a woman's issues and maternal health issues have predominantly been seen and treated as a purely feminine matter(Kahair, 2011). Asides these, most men have not succeeded in providing total and holistic care and support for their pregnant wives in three major aspects of optimum health which are; physical, emotional and socio-economical. Studies have however consistently demonstrated that husbands' support in prenatal care is the most essential factor in promoting the health of pregnant mothers and infants as well as reducing maternal and infant mortality during pregnancy, labour and delivery, thereby improving maternal health and reducing maternal mortality from pregnancy induced hypertension, abortion-related complications, post-partum hemorrhage, obstructed labour and puerperal psychosis.

Men's participation in maternal and child health (MCH) care services is low. Studies have observed that men play a vital role in the safety of their female partners' pregnancy and childbirth .Moreover, the exclusion of men from MCH services reinforced the erroneous notion that pregnancy and childbirth were uniquely feminine and maternity units as exclusively meant for women .Studies have consistently demonstrated that husbands' role in prenatal care is the most essential factor in promoting the health of pregnant mothers and reducing maternal and infant mortality during pregnancy and delivery periods, and this makes men critical partners in

the improvement of maternal health and reduction of maternal mortality. Additionally, most researches on male involvement in reproductive health in Africa have shown a significant improvement in pregnancy outcomes when women were supported by their husbands during the various stages of maternity.

Strategies for involving men include raising their awareness about the physical, emotional and socio-economical needs of the pregnant woman, emergency obstetric conditions, and engaging them in birth preparedness and complication readiness. Enable them support early spousal utilization of emergency obstetric services, which would reduce the incidences of hypertensive disorders and psychiatric problems in pregnancy.

As in many African countries, Nigerian men are socially and economically dominant and they exert a strong influence over their wives, determining the timing and conditions of sexual relation and family size. As in many other patriarchal societies, pregnancy, childbirth and child-care are regarded as exclusively women's affairs in Nigeria. Because of this disturbing trend, the International Conference on Population and Development (ICPD) urged that special efforts should be made to emphasize men's shared responsibility and promote their active involvement in maternity care.

Most cultures, especially in Africa, regard pregnancy and delivery as a female domain; therefore, men are often not expected to accompany their wives to the antenatal care (ANC) clinic or be present during delivery. As decision maker for the family, decisions around when, where and even if, a woman should have access to healthcare often fall on men. Particularly in patriarchal societies, the health status of women and children suffer especially where women have little control over family finances, little say in decision making and restricted freedom of



movement. A study in Tanzania found that households headed by men were associated with more home based deliveries, while in Pakistan high decision making power by men was linked to low utilization of ANC and delivery care services. The International Conference on Population and Development in Cairo and the Fourth World Conference on Women, Beijing pointed towards the need for involving and encouraging men to take responsibility for their sexual and reproductive behaviour, advocating that men are in a position to change attitudes and practice through their positions as community, religious and political leaders. However, they should also take individual responsibility as husbands and fathers to become involved in changing social attitudes including taking responsibility for reproductive health issues.

Male involvement in pregnancy and childbirth influences pregnancy outcomes. It reduces negative maternal health behaviors, risk of preterm birth, low birth weight, fetal growth restriction and infant mortality. There is epidemiological and physiological evidenced, that male involvement reduces maternal stress [by emotional, logistical and financial support], increases uptake of prenatal care, leads to cessation of risk behaviors (such as smoking), and ensures men's involvement in their future parental roles from an early stage. While there are reports of negative experiences [such as being ignored or marginalized], there are reports of positive experiences such as receiving timely attention and adequate support from health care providers. Negative experiences may lead to difficulty in men's and women's adjustment to pregnancy, childbirth and parenthood (consequently limiting the support men provide to their partners in the postpartum period). Nigeria's Ministry of Health has a policy that supports male involvement in reproductive health. The ways in which the policy is implemented might discourage men from playing active roles. Despite the importance attached to men's involvement in Nigeria, there is limited research on male involvement during pregnancy and childbirth in Nigeria, particularly from the men's

perspective, which hampers development of contextualized appropriate interventions. The objective was to gain a deeper understanding of male involvement during pregnancy and childbirth by exploring men's perceptions, experiences and practices.

This study therefore intends to investigate the perceptions of women of childbearing age in Ondo state of husband's or partner's support of their spouses during pregnancy, labour and delivery. The study targets women of child bearing age who have had one or more pregnancies because they are in the best position to report ways in which their husbands supported them during pregnancy, labour and delivery, and also the effect it had on the outcome of their pregnancies.

### **1.1. STATEMENT OF THE PROBLEM**

Studies have observed that men play a vital role in the safety of their female partners' pregnancy and childbirth (Kakaire, 2011). However, their involvement has been slow, and the lack of progress is a likely contributor to the sub-optimal advancement towards the achievement of the United Nations Millennium Development Goal (MDG) to reduce maternal mortality by 75% between 1990 and 2015 [The Millennium Development Goals Report 2011.] Attempts to encourage men to participate in ANC and childbirth have been promoted by individual health facilities in Nigeria, with mixed successes and failures. Most efforts have been centered around sexual and reproductive health issues such as condom use, family planning decision making and prevention of mother to child transmission (PMTCT) of HIV [Aluisio, 2011] .Figures are not available on the number of male partners that accompany their wives, either for ANC or delivery care, but based on anecdotal evidence these are low in the Nigeria setting. In order to improve men's participation, reasons for their poor or reluctant involvement need to be explored. Yet, to date, with the exception of a study around HIV testing and counseling in ANC set up in Nigeria

men's perceptions have not been explored ,and information from other resource poor settings is limited and may not be transferrable to the current setting due to unique cultural and economic factors.

This research is necessary to enlighten populace on the importance of male involvement in pregnancy and child delivery.

## **1.2. RESEARCH QUESTIONS**

1. Do women consider husbands' support during pregnancy and child delivery important?
2. What do women consider to be the effect of husbands' support during pregnancy and child delivery?
3. In what ways do husbands support their wives during pregnancy and child delivery?

## **1.3. RESEARCH OBJECTIVES**

### **General objective**

The main aim of this study is to gain a deeper understanding of women perception on male support during pregnancy and child delivery.

### **Specific objectives**

#### **The specific objectives include**

To examine husband's support during pregnancy and child delivery.

To examine the way in which husband's support their wife during pregnancy and child delivery.

To investigate what women consider to be the effect of husband support during pregnancy and

child delivery

#### **1.4. JUSTIFICATION**

Most of the studies that has been conducted on this topic concentrate on men that is the researchers only asked question from the men about how they support their wives during pregnancy, they did not asked the woman about their view on male support that is how their husband support and care for them during pregnancy. In this study my questions will be direct to the women to known their view about how their husband support them during pregnancy and child delivery and I believed they will be able to give right information because they are in the position to tell if their husband support them or not. And so This study is being carried out in order to call the attention of male to the need and to support their wife during pregnancy and child delivery, because most male consider pregnancy and child delivery as majorly woman work. Some male think that following their wife to antenatal is just a waste of time. They believed that woman should be the only one that will do everything without their support and they do not help the woman in house shore. With this study they will be able to know the important of helping woman during pregnancy and child delivery.

#### **1.5. DEFINITION OF TERM;**

**Pregnancy:** The period from conception to birth. After the egg is fertilized by a sperm and then implanted in the lining of the uterus, it develops into the placenta and embryo, and later into a fetus. Pregnancy usually lasts 40 weeks, beginning from the first day of the woman's last menstrual period, and is divided into three trimesters, each lasting three months.

**Perception:** the way you think about or understand someone the ability to understand or notice something easily it can also be defined as the way that you notice or understand something using

one of your senses

**Delivery:**Expulsion or extraction of the child and fetal membranes at birth.

**Support:** To give help or assistance to someone. It can also be defined as to maintain (a person) by supplying with things necessary to existence.

**Male:** male in this study refers to the husband of the respondent. Male designating the sex that has organs to produce spermatozoa for fertilizing ova.

## CHAPTER TWO

### 2.0. LITERATURE REVIEW

#### Globally

A study conducted on positive health outcome of fathers' involvement in pregnancy and childbirth paternal support in European reviewed that the main goal of antenatal care is to prevent health problems in both infant and mother. This care includes planning for pregnancy and continues into the early neonatal and postpartum period. During pregnancy, prenatal care consists mainly of examinations that focus on the status of the developing fetus and preparations for a safe delivery. In most western European countries maternal and infant health care services make sure that males were involved and support their wives during pregnancy and also child delivery and as well as bringing up the child i.e. post natal care they do this by inviting the father to attend anti natal, check- up as well as parent training that usually involved both parent. This study was also done by using quantitative method which involved the use of article and it shows that 80% of the respondents were active and participated in antenatal and postnatal(Ahlborg, 2001)

This also shows that some of the countries in European especially in (Scandinavia) special training were given to target father, it shows that the father who participated in the training were actively involved in the antenatal and the postnatal activities. It also showed that some fathers complained that they were left out because parent education classes tend to focus more on women and the motherhood and they are often talked about fathers' concern and situations. This study also showed that 40% of the respondent (fathers) did not feel that the midwives talk to them directly during consultations. This studies also showed that the open discussion use among the mother and infant services are unfair to the father as the mother are more familiar to talk

about pregnancy and the birth.(Bremberg 2006). Furthermore, a qualitative study of seven, expectant and first-time fathers, found that most of the fathers had a sense of not only being marginalized during pregnancy, but also experienced feelings of insufficiency, inadequacy, anxiety, and insecurity. This indicates the importance of also recognizing the father's situation and their need for support in handling their transition into fatherhood. and also quantitative, quasi-experimental study of 83 prospective fathers also underline this, as she found that men who were recognized in their new position of becoming fathers, and who experienced emotional support during the pregnancy, showed better physical and psychological health. This focused on fatherhood and reproductive health. The aim of this study has been on how European men's involved in pregnancy delivery and post natal period can be related to better health outcome for the men themselves as well as for their pattern and children wellbeing[Plantin, 2007]

. This study showed that men that are recognized in their new position of having become father and who are experienced emotional support during the pregnancy show better physical and psychological health. Furthermore, it has been shown that men can offer important psychological and emotional support to women during pregnancy and delivery. The limitation of this study is that it make use of article and the source of information is not indicated i.e. it adopted the result from difference article both the combination of quantitative and qualitative and this study does not show a particular location for the study.

## **In African**

A study conducted on male partner attendance of skilled antenatal care in pre-urban Gulu district, Northern Uganda. It showed that all most all the respondent are household head that is they are bread winner of the family (99.1%) and majority of the respondent are famer because the research was conducted in rural area (81.5%) and almost all the respondent were legally

married whether in traditional way or religion way and due to this all most all the respondent were willing and ready to follow their wives to pre natal care that is 95% of the respondent. About 96% of the respondent that is 318 out of 331 respondents considered that followed their spouse(wives) prenatal are benefited, and what they considered as the benefit are: Hiv screening, monitoring foetal growth and also identifying complication in pregnancy. Some of the respondent fined out that there some problem associated with prenatal care which are; long waiting time, lack of transport means and also fear of being tested for Hiv. The result also showed that male that are educated mostly accompany their wives to prenatal or antenatal care [Raymond, 2010].The limitation of this study is that the respondent which are only male may want to define themselves because the woman are not considered to know their opinion. And almost all the respondents were are famer, so due to their job they have time to accompany their wives to antenatal.

A study conducted on men's perception, practices, and experienced during the care for women who developed childbirth complication in mulago hospital Uganda. The objective of this study is to gain a deeper understanding of male involvement during pregnancy and child birth by exploring men's perceptions, experience and practices the objective of this study is to know how male involve and support their wives during pregnancy.ie. How they support them may be emotional support, financial support or in the household shores. Men's involvement during pregnancy and child birth play a vital role in the safety of their female partners pregnancy and child birth by ensuring access to care and provision of emotional and financial( Abubarkar,2010). Some of the respondent (male) considered following their wives to antenatal as their responsibility. The respondent which are male have a different description of their relationship some see their selves as partner, some spouse, some husband, some spouse, some



lover and some as the father of the unborn child. With this the respondents which are male perceived that the way male see their relationship will determine the way they will care and support their wives during pregnancy and child delivery. Some of the respondent concluded that if “if is the man that is responsible for the pregnancy he should support and care for the woman”. Some of the respondent said their ultimate goal is to support their wives in every thing's. (kaye, 2011). The limitation of this study is that the respondent are mainly male which affect the result because they will defend their selves and also male that don't followed their wives to antenatal were not interviewed. And also women were not interviewed to know if truly the male support them during pregnancy and child delivery.

A study conducted on perspectives of men on antenatal and delivery care utilization in rural westerner Kenya. This study was designed to provide the insight into men's perception of maternal health service and also to identify some of the factors that encourage male support and also those that discourage male support and also following their wives to antenatal. Some of the respondent said that they did not tell them when they are pregnant “they want ahead and tell their mother in law or a trusted female friend”, and this is one of the factors that discourage them from following their wives to antenatal. Some of the respondent said that they only assisted their wives when the pregnant is late i.e. when there are ready to give birth. Some also said that they followed their wives to antenatal because they (women) fail to disclose some important information for them (Mullick, 2005). The limitation of this study is that it only involved male the attention of female are not called because some women did not know the important of their husband supporting them during pregnancy and child delivery, especially this our African continent.

A study that is conducted on Perceptions of, attitudes towards and barriers to male

involvement in newborn care in rural Ghana. It showed that some men do not help their wives in taking care of the new baby they do not help them in any ways both physical and emotion way. The only way they help is to provide for their needs that is wives and the new born baby. Men's roles in newborn care in this context were perceived as mostly limited to the provision of money and some decision making surrounding care seeking. While many men were interested in increasing their involvement in newborn care they encountered barriers including gendered and generational divisions of labour and space. Male involvement alone should not be an outcome measure as male involvement can include a variety of behaviours, some of which may have little effect on performance of healthy practices and may even be detrimental to women. Rather, interventions using a male involvement strategy to improve maternal health require a thorough understanding of socio-cultural contexts and any potential negative effects increased male involvement could have on women's autonomy. Strategies to include men in newborn care and other maternal and child health interventions should be mutually empowering for both women and men[Barker, 2010].

Evidence from other areas of maternal and child health suggest that it is worth exploring the impact of male involvement interventions on newborn health. Intervention design requires a thorough understanding of socio-cultural contexts including men's and women's perceptions of male involvement and potential barriers or consequences of increasing male involvement. Their findings on newborn care from central Ghana suggest that men currently have little involvement in physically performing newborn care tasks but are involved as providers of money and as the decision maker for care seeking when mother or baby are sick. Some men reported providing verbal instruction and supervision but this was almost exclusively through general reminders, not specific health behaviour advice. Their analysis confirms findings from other studies

demonstrating that many men are interested in increased involvement in maternal and child health and that men already engage in some positive behaviors (Turan 2001). They found that many men embrace the importance of newborn care and that some already go against deeply entrenched cultural norms to carry out healthy practices such as exclusive breastfeeding, institutional delivery and joint decision making with their partners. A willingness to be involved is a necessary first step in behaviour change and men's already-existing positive behaviours and attitudes should be built upon as entry points for supporting and increasing involvement along the entire continuum of maternal and child health care. There are many ways in which men could be involved in newborn care interventions that range from giving reminders and providing support to actually carrying out care tasks. For example, interventions can engage with current constructs of masculinity by framing antenatal care, birth preparedness/complication readiness and performing care tasks to assist mothers as part of men's traditional responsibility as head of household (Adeleye 2011). This study also showed that women, both new mothers and senior women such as mother-in-laws, can be complicit in maintaining strict gender divisions and generational power dynamics that prevent men from increasing their involvement. Some studies also indicating that in many traditional societies' senior women such as mother-in-laws, grandmothers and aunts wield a great amount of influence over maternal and child care practices, especially those concerning newborns and young children [Aubel, 2012]. Wives and senior women with influence over newborn care, therefore, should also be engaged in exercises in gender transformation so they better understand the benefits of male involvement and can support men in expanding their roles as fathers. [the actor of this study is not indicated] The limitation of this study is that There were some limitations to our study. The formative research was not specifically designed to explore male involvement; while men were asked questions on

their involvement in newborn care women were not asked about their opinions on male involvement which limited their ability to incorporate their perspectives into their analysis.

A study that was conducted on Men's involvement in care and support during pregnancy and childbirth Gambia. The aim of this study is to explore the socio cultural factor that influenced men support during pregnancy and child delivery and it showed that the study found that women mostly initiated to seek antenatal care, but men eventually decide. Decision making power of men was grounded in religious obligations, cultural and traditional factors and the conventional view of husbands being providers and custodians of monies. Gambia, mothers, mother's in-laws and elderly female relatives in the communities had substantial influenced on women's decision to seek delivery care. Reproductive communication between couples was restricted by cultural beliefs and individual dispositions. Men's knowledge on danger signs was reported limited in this study, but most male informants expressed interest to learn about danger signs. Transport fares were mostly provided by husbands in the urban areas where means of communication were as well easier. In contrast to the urban areas, husbands were reported to have hardly provided transport fares for women to access antenatal care, but involved in arrangement of transport for women to access delivery care. Men mostly stayed at home when women sought antenatal and delivery care. Reasons of men's non escort were derived from husband's job responsibilities, long waiting time of antenatal and laboratory services, repeated antenatal visits, cultural restrictions and husband-wife large age difference as old men married young girls and felt discomfort to be with them in the clinics. The use of mobile phones were reported to help in reaching men where their supports were needed by their partners in emergency obstetric situations to either donate blood or run errands. Men who escorted their partners to clinics were sometimes subjected to gossip by their male counterparts and

interestingly by women found in the clinics while in the process of seeking pregnancy care. Foreign nationals escorted their wives and relatives to get the opportunity to negotiate for what was regarded as expensive antenatal and delivery fees. They also served as interpreters between service providers and their partners and relatives. Husband's presence during the delivery process was restricted by cultural and religious beliefs, attitude of midwives, limited space in clinics and non-cubicle structured labour wards compromising women's privacy. Spouses who got the opportunity to witness their partners' delivery process expressed satisfaction, sense of companionship, love and support and feelings of empathy and sympathy. This study concluded that the involvement of men in pregnancy and child birth in the Gambia was restricted by myriad of socio- economic and cultural factors including men's limited knowledge on danger signs, as well as health service and structural factors and finally advocates for men's education on their reproductive responsibilities [the actor of this study is not indicated]. The limitation of this study is that it only looks at the socio cultural factors that affect men support during pregnancy and delivery, without taking into consideration the other factors that affect them for supporting their wives during pregnancy and child delivery [Ebba, 2010].

## **In Nigeria**

A study conducted on Spousal Participation in Labor and Delivery in Nigeria. This work is a literature reviewed and it showed that there is poor performance about male participation in labour and delivery process of their children especially in the Northern Nigeria (32%) [Abubakar, 2010]. Also in southern part of the country where majority of studies on spousal participation in delivery have been conducted, the situation is slightly better with some studies reporting about 63% participation [Umeora, 2011]. Notwithstanding, this result is still poor as it

reported that only men who are educated with high social status make up this percentage. In general, childbirth is perceived to be exclusive women affair in which case men are rather at the background providing all the financial support and making decisions regarding the choice of maternity care. Since spouses play this important role in the family and irrespective of the fact that this important aspect of physical and psychological support in the delivery process is grossly overlooked, it is only rational to encourage them to support their wives during labor in the health-care facility. As it has been demonstrated in several studies [National Population Commission (NPC) and ICF Macro. Abuja, Nigeria: NPC and ICF Macro; 2008], that women overwhelmingly prefer their husbands as their support companion during childbirth vis-à-vis midwives or other relatives, it is unfortunate that women in Nigeria still go into labor and delivery without spousal support except for the assistance of ever busy midwives that women overwhelmingly prefer their husbands as their support companion during childbirth vis-à-vis midwives or other relatives, it is unfortunate that women in Nigeria still go into labor and delivery without spousal support except for the assistance of ever busy midwives [Penny, 2002] It should however be noted that in some instances, spouses are subtly dissuaded from participating in the labor by unfriendly hospital settings and staff or through unequivocal inscriptions on the labor ward door such as “you are not needed here.[ Ziliyasu] Although the World Health Organization recommends the practice whereby prurient women are allowed to have a birth companion of choice [World Health Organisation 2013],the reverse is obviously the practice in Nigeria.

A study conducted on Perception, attitude and involvement of men in maternal health care in a Nigerian community reviewed that majority of the respondent were married (77.6%), skilled (39.8%), also 40.6% of them had post-secondary education. Most of the respondents were

Muslim (51.9%) and the respondents were more of the Yoruba ethnic group. Most of the respondents were aware of maternal health care, majority of the respondents heard about family planning and many of the respondents understood family planning as means for controlling family size, 98.9% of the respondents know that women need special care during pregnancy and child delivery and majority of the respondents were aware that there is antenatal care which were 93.9%. Most of the respondents which were men do not support their wives during pregnancy which is 29.1%. [Adeomi, 2013]

## **2.1. Theories of Perception**

Perception is a person's ability to be aware of and understand what is happening in his or her environment. The theories of perception have developed around the way the mind processes information that sensory organs [eyes, ear, skin, and nose] send to it. The organs send signals to the brain, which uses them to create memories, make decisions and reflect on the problem.

On a straightforward view, we directly perceive the world as it is. The way that things look, feel, smell, taste, and sound is the way that they are. We see colours, for example, because the world is coloured. This view of perception is called, somewhat dismissively, naive realism. Plausibly, perception is a lot more complicated than this. Though things may appear to be coloured to us, our experiences of colour are merely representative of the surface properties of objects; the physical property of reflecting certain wavelengths of light and the colour red as we experience it are two quite different things. This has led to representative realism, which suggests that perception is not the passive process that the naive realist suggests, that we do not simply receive information about the world through our senses. Rather, we are actively involved in perception, supplying much of the content of our experiences, and must bear this in mind if we are to know what the world is really like in itself. More extreme than either naive or

representative realism is idealism. Idealists, persuaded by the thought that we have direct access only to our experiences of the world, and not to the world itself, have questioned whether there is anything beyond our experiences. A more recent theory that bears some similarities to idealism has also been proposed: phenomenism. The different theories of perception are;

- Adverbial theory
- Disjunction theory
- Visual perception theory
- Self-theory

In this project I make use of self theory which is type of perception theory. Self-perception theory is the theory of self-awareness. A person creates an attitude or belief of another person's attitude during a situation through observation and reflection of the cause of his or her own behaviour, the person believe that his or her own attitudes, inner feelings, and abilities are derived from his or her external behaviours or the way in which he or she interacts with the world. It asserts that people develop their attitudes (when there is no previous attitude due to a lack of experience, etc. and the emotional response is ambiguous) by observing their own behavior and concluding what attitudes must have caused it. The theory is counterintuitive in nature, as the conventional wisdom is that attitudes determine behaviors. Furthermore, the theory suggests that people induce attitudes without accessing internal cognition and mood states. [Robak, 2010]. People decide on their own attitudes and feelings from watching themselves behave in various situations. This is particularly true when internal cues are so weak or confusing they are effectively put the person in the same position as an external observer.



The person interprets their own overt behaviors rationally in the same way they attempt to explain others' behaviors. This is related to my project because the way women will think their husband should support them may be different from the way their husband supports them, they may need their husband's support in the emotional aspect while their husband may be supporting them in the financial aspect. They can also behave in some ways which they think their husband should understand whereas he may not understand them. Also the way some women react during pregnancy is also different from the way they behave when they are not pregnant and they may think that is right whereas it is not and they will use it to judge their husband.

#### Feminist theory

Feminist theory is one of the major contemporary sociological theories, which analyzes the status of women and men in society with the purpose of using that knowledge to better women's lives. Feminist theorists also question the differences between women, including how race, class, ethnicity, sexuality, nationality, and age intersect with gender. Contemporary sociologist Patricia Hill Collins is known throughout the field for developing, deploying, and popularizing the concept of intersectionality in her theory and research. Feminist theory is most concerned with giving a voice to women and highlighting the various ways women have contributed to society. There are four main types of feminist theory that attempt to explain the societal differences between men and women.

#### Types of feminist theory

- Gender Differences
- Gender Inequality
- Gender Oppression
- Structural Oppression.

In this project I make use of gender inequality and gender oppression now little explanation on gender inequality and gender oppression.

Gender inequality: Gender-inequality theories recognize that women's location in, and experience of, social situations are not only different but also unequal to men's. Liberal feminists argue that women have the same capacity as men for moral reasoning and agency, but that patriarchy, particularly the sexist patterning of the division of labor, has historically denied women the opportunity to express and practice this reasoning. Women have been isolated to the private sphere of the household and, thus, left without a voice in the public sphere. Even after women enter the public sphere, they are still expected to manage the private sphere and take care of household duties and child rearing. Liberal feminists point out that marriage is a site of gender inequality and that women do not benefit from being married as men do. Indeed, married women have higher levels of stress than unmarried women and married men[Humm,2003]. And gender oppression is also explained below

Gender Oppression: Theories of gender oppression go further than theories of gender difference and gender inequality by arguing that not only are women different from or unequal to men, but that they are actively oppressed, subordinated, and even abused by men. Power is the key variable in the two main theories of gender oppression: psychoanalytic feminism and radical feminism. Psychoanalytic feminists attempt to explain power relations between men and women by reformulating Freud's theories of the subconscious and unconscious, human emotions, and childhood development. They feel that conscious calculation cannot fully explain the production and reproduction of patriarchy. Radical feminists argue that being a woman is a positive thing, but that this is not acknowledged in patriarchal societies where women are oppressed. They identify physical violence as being at the base of patriarchy, but they think that patriarchy can be defeated if women recognize their own value and strength, establish a sisterhood of trust with

other women, confront oppression critically, and form female separatist networks in the private and public spheres[Barry,2002].

With the little explanation of gender inequality and gender oppression we can see that women are consider to the household work alone even though they are pregnant they will be the one that will do the whole work alone that is going to antenatal and also getting home to prepare the food and take care of the children at home if she has given birth before. Men take pregnancy and child delivery as women work without try to help them at home. Responsibility on pregnancy and child delivery is solely on women alone in this country that is they believe their [men] duties is to provide financial need alone women are oppressed when it comes to issue of pregnancy and child delivery.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.0. STUDY DESIGN**

The study employed mixed method that is both qualitative and quantitative method. Qualitative research method is a generic research approach in social science according to which research take its departure from insider perspective on social action. Qualitative research aim to explore behavior rather than describing it. A qualitative approach can help generate broader understanding of the issue. Qualitative methods also allow non-restricted answers in contrast to quantitative methods in which questions are structured and tied and thereby restrict answers. Focus group discussions were conducted with use of self-designed interview guides adapted to each category of informant interviewed. And also quantitative analysis which involves the use of questionnaire, which was given to the respondents and they filled it themselves in the field.

#### **3.1. BACKGROUND OF THE STUDY AREA**

This study was conducted in mother and child health center, located in Akure south local government Akure in Ondo State Nigeria. Mother and child center is one of the health centers . The aim of this health center is to ensure the safety of pregnant woman (before, during and after birth), in order to reduce maternal mortality in the state, and Nigeria as whole.

#### **3.2. THE STUDY POPULATION**

The study population includes the pregnant woman with delivery experiences who attend mother and child clinic. Pregnant women with delivery experience were selected in order to provide the opportunity to share their experiences in their current pregnancy and reflection of previous pregnancies and deliveries.

#### **3.3. SAMPLE SIZE AND SAMPLING PROCEDURE:**

A purposive sampling of 21 pregnant women who attended Mother and Child Health Centre. Information were gotten from both indigenes of Akure and those residing in Akure but they're not indigene of Akure. Three focus group discussions were conducted in group of seven. Pregnant women selected in the clinic on antenatal days. Each woman offered consent to participate and was privately interviewed in the clinics. And also questionnaire was given to 50 respondents, which was used to get more information and to also enhance the qualitative data.

### **3.4. DATA COLLECTION**

Participants were selected purposefully by maximum variation sampling to represent a variety of age groups, education level and socio-economic status. All the interviews took place on the day participants were approached, and were conducted in one of the private offices on the ward. This is a descriptive and interpretive theory of social action that explores subjective experience of individuals and meanings they attach to the experiences. Schutz's theory emphasizes the spatial and temporal aspects of experience and social relationships. Social phenomenology takes the view that people living in the world of daily life are able to ascribe meaning to a situation and then make judgments. We explored the participants' description of the relationship with the patient, their roles and responsibilities (during pregnancy and childbirth), and the specific activities they undertake (in relation to the spouse's health care). I further explored perceived specific benefits and barriers to men's involvement in their spouse's health care, as well as perceived strategies to increase male involvement during pregnancy and childbirth. Each interview lasted for 30 minutes and were conducted in English and Yoruba. And also the questionnaire was distributed to respondent which enhance the information gotten from qualitative data.

### **3.5. DATA PROCESSING AND ANALYSIS.**

Data was analyzed using deductive content analysis [Elo, 2008]. The transcripts were read to identify patterns of words, phrases or statements across dataset that were important description of the essence of the phenomenon. Such constellation of words or statements relate to the same central meaning. These constituted the meaning units and contained aspects related to each other through both their content and context. Codes were assigned to these meaning units. Similar or related codes were aggregated later into categories and themes through a method of abstraction [Graneheim, 2004]. The agreement on which codes and categories were generated was by consensus. The codes were aggregated according to the identified meaningful patterns into categories that were exhaustive and mutually exclusive. A theme was identified as a consistent pattern found in the information that described or interpreted aspects of the phenomenon [Elo2008]. Handwritten notes recorded the body language, the approach to responses (such as eagerness or hesitancy) and the participants' mood during the conversations, so that the responses could be interpreted in the context in which they were made. And also spss was used to analyzed quantitative data.

### **3.6. Field experience:**

It was so stressful because it involves a lot of process first write a letter to seek their permission, before I was allow seeing the matron it was a very long process. And after seen the matron another things is the respondent themselves, some were shy while some were not, even some don't want to talk at all because I was recording what they are saying. Actually it was also interesting because I sat with the in the antenatal room listen to the way they are talking and also watching the way they are doing and also enjoying the advice given to them by the nurse.

## CHAPTER FOUR

### 4.0 QUANTITATIVE ANALYSIS

**Table 1: Socio-demographic characteristics of respondents (n=50).**

Variable	Frequency	Percentage
<b>Age groups [years]</b>		
15-24	23	46
25-34	17	34
35+	10	20
<b>Total</b>	<b>50</b>	<b>100</b>
<b>Religion</b>		
Christianity	42	84
Islam	8	16
<b>Total</b>	<b>50</b>	<b>100</b>
<b>Ethnic</b>		
Yoruba	42	84
Igbo	8	16
<b>Total</b>	<b>50</b>	<b>100</b>
<b>Marital status</b>		
Married	50	100
<b>Total</b>	<b>50</b>	<b>100</b>

Table 1 showed that majority of the respondents were within age 15-24 which [46%] and majority were Christian[84%] a high proportion of the respondents were Yoruba's which is [84%] and all respondent are married.

### **Table 2: important of husband support**

Husband support during pregnancy and child delivery is important

Variable	Frequency	Percentage
Husband support during pregnancy and child delivery is important		
Yes	48	96
No	2	4
<b>Total</b>	<b>50</b>	<b>100</b>

Women do not need husband support during and child delivery		
Yes	4	8
No	46	92
<b>Total</b>	<b>50</b>	<b>100</b>

**Table 2** showed that 48 respondents [96%] indicate that husband support during pregnancy and child delivery is very important.

**Table 3: Responses of the participant on the positive effect of husband's support during pregnancy and child delivery**

Variable	frequency	Percentage
Husband's support make less stressful		
Agree	45	90
Disagree	5	10
<b>Total</b>	<b>50</b>	<b>100</b>
Husband's support provides emotional security		
Agree	46	92
Disagree	4	8
<b>Total</b>	<b>50</b>	<b>100</b>
Lack of husband's support bring about lack of sleep		
Agree	30	60
Disagree	20	40
<b>Total</b>	<b>50</b>	<b>100</b>
Frequent headaches due lack of husband support		
Agree	25	50
Disagree	25	50
<b>Total</b>	<b>50</b>	<b>100</b>
Lack of husband support bring about emotional disturbance		
Agree	41	82
Disagree	9	18
<b>Total</b>	<b>50</b>	<b>100</b>



**Table 3: effect of husband support**

Ninety percent [90%] of the respondent said that husband's support make pregnancy less stressful for them, and also 92% said that their husband's support provided emotion security, sixty percent [60%] were of the opinion that lack of husband support brings about lack of sleep, generally the women believe that husband's support provide positive effect, make pregnancy less stressful and provide emotional support.

**Table 4: Ways by which their husband support them during pregnancy and child delivering**

Variable	Frequency	Percentage
Husband provided financial		
Yes	49	98
No	1	2
<b>Total</b>	<b>50</b>	<b>100</b>
Husband encouraged booking at ante natal visit		
Yes	46	92
No	4	8
<b>Total</b>	<b>50</b>	<b>100</b>
Husband accompanies you to ante natal visit		
Yes	36	72
No	14	28
<b>Total</b>	<b>50</b>	<b>100</b>
Husband help with house chores		
Yes	44	88
No	6	12
<b>Total</b>	<b>50</b>	<b>100</b>
Husband was present at delivery of the baby		
Yes	36	72
No	14	28
<b>Total</b>	<b>50</b>	<b>100</b>
Husband helps in shopping for the things		

Yes	40	80
No	10	20
<b>Total</b>	<b>50</b>	<b>100</b>
Husband buys fruit when coming from work		
Yes	43	86
No	7	14
<b>Total</b>	<b>50</b>	<b>100</b>

**Table 4:** shows that ninety-eight percent [98%] of the respondent were financially supported by during pregnancy, ninety- two percent [92%] said that their husband encouraged them to book for ante natal clinic, seventy-two percent [72%] were followed to ante natal clinic by their husband. Most of the respondents eighty-eight percent [88%] said that their husband help them to do some house work, while seventy-two [72%] said that their husband was present during delivery,

**Table 5: Danger of husband support during pregnancy and child delivering**

<b>Variables</b>	<b>Frequency</b>	<b>Percentage</b>
Lack of husband support is dangerous		
Yes	45	90
No	5	10
<b>Total</b>	<b>50</b>	<b>100</b>
Lack of husband support can lead to miscarriage		
Yes	28	56
No	22	44
<b>Total</b>	<b>50</b>	<b>100</b>
Lack of husband support can lead to mental breakdown in pregnancy		
Yes	34	68
No	16	32
<b>Total</b>	<b>50</b>	<b>100</b>
Lack of husband affect the		

brain of the baby in the womb		
Yes	19	38
No	31	62
<b>Total</b>	<b>50</b>	<b>100</b>
Lack of husband support can lead to complication during labour and delivery		
Yes	35	70
No	15	30
<b>Total</b>	<b>50</b>	<b>100</b>
Lack of husband support can lead to hypertension during pregnancy		
Yes	33	66
No	17	34
<b>Total</b>	<b>50</b>	<b>100</b>

**Table 5:** shows that ninety percent [90%] of the respondent understood the danger of lack of support during pregnancy and child delivery, fifty-six percent [56%] said that lack of husband support can lead to miscarriage, sixty-eight [68%] said that lack of husband support can lead to breakdown during pregnancy, generally all the women believe that lack of husband support is dangerous

#### 4.1. ANALYSIS OF QUALITATIVE DATA

Based on three focus group discussion conducted on women perception on male support during pregnancy and child delivery. Nine [9] factors were identified based on women perception about the way their husband supports them. These include house chores, financial support, emotional support, sex, yes, care and lowliness. They were 21 respondents which most of them is within age 20-34, most of the respondents were Christian, others are Muslim

Research question one does your husband follow you to antenatal?

Most respondents said yes that their husband follow them to antenatal care because is part of their responsibility one of respondents said " *yes because is part of his responsibility we both make love together, we should both take the responsibility together, so he followed me to antenatal but he is not around today due to some reasons*" [Christian, 25years].

Research question 2: what are the factors that prevent your husband from following you to antenatal?

Some of the respondent that said no, that their husband do not follow them to antenatal said their husband work prevent them from following them to antenatal because their husband were busy with their work and they were no give the opportunity to leave their work and follow them to antenatal. One of the respondents said " *my husband goes to work and he not allow to leave the working place without permission and he can't be taking permission every week.*" [Christian, 22]"

Research question 3: what do you consider to be the role of your husband during pregnancy and child delivery?

Some of the respondent said that their husband should care for them and also always be there for them so that they will not feel lonely one of the respondents that take about care said " *he should be caring always be there for you, you guys talk together about your presence situation*" [Christian, 27years].

And also one of the respondent that talk about loneliness said " *he should be with me all the time so that I will not feel lonely*" [Muslim, 22years].

Research question 4: what is the danger of lack of husband support?

Some of the respondents believe that lack of husband's support may cause headache, miscarriage,

hypertension etc. Due to inadequate support from the husband the wife may be experience some challenges pertain to their health one of the respondents said *“it causes headache, high blood pressure and sometime lead to miscarriage” [Christian, 27years]*

Research question 5: what do you think your husband should but refused?

Few of the respondent talked about this that there are some aspects where they want their husbands to help them but they refused some of the respondent that talk about only emphasized more on sex that some time they want their husband to satisfy them in term of sex but they refused. one of the respondent said

*“I want my husband to have sex with me sometime, and he will refuse and I need it in order to avoid tears during the process of giving birth. [Christian, 24years].*

Research question 6: in what ways does you husband support you during pregnancy and child delivery?

Most of the respondents mention some ways by which their husband help them during pregnancy and child delivery which are financially, emotionally and also house chores. Some of the respondents said that their husband provide for them in term of finances, one of the respondents said Some of the respondents that talked about emotionally said that their husband support yhem in term of emotion by rubbing their back, massaged their bodies, and also feel the way the baby is moving in their bodies. One of the respondents said *“my husband is with me all the time, he rubbed my back massaged my body also feel the way the baby is moving my body” [Christian, 22 years]*. And also some of the respondents that said their husband help the with the house chores like cooking, fetching water, sweeping and washing clothes. One of the respondent said *“my husband helped me a lot because during pregnancy there will be sometime that you will be weak, so he helped me to washed clothes, fetched water and also cook” [Christian,33years ]*.

depression and emotional breakdown in pregnancy as a danger of lack of support from husband.

The study revealed that many of the women understood the importance of husbands support during pregnancy, labour and delivery. It is important that the some women who did not totally understand the importance of husbands support should be educated. Also, women should be encouraged by the nurses to bring their husbands for antenatal appointments because it was discovered in this study that some men do not accompanied their wives to antenatal visits. This is important because if the men also attend the sessions, they will positively reinforce what their wives are taught, and also be alert to detect danger signs early. If this is done, more husbands will practice breathing exercises with their wives.

## **CHAPTER FIVE**

### **SUMMARY, CONCLUSION AND RECOMMENDATION**

#### **5.0. SUMMARY**

This study was on women perception of male support during pregnancy and child delivery in Ondo State Nigeria. It showed the way husband helped during the period and hour they want their husband to support them. Quantitative and also qualitative methods were used to collect information from the respondent.

The study showed that men do not participate in antenatal care; because they believed that pregnancy and child delivery do not concern. In spite of their economic dominance and decision-maker power. In Nigeria pregnancy and child delivery continue to be seen as women issue, so maternal health issues have been seen and treated as purely women matter. previous studies has shown that men do not see reproductive issues as their concern they have provided for them financially so other things should be taking care of by their wives. Studies have shown that women that have their husband support during pregnancy and child delivery are at a very low risk, because husband support reduced frequent headache and high blood pressure. It also showed that men were ignored during antenatal that the mid wives and the nurse only focused on the women alone which discourage them from following their wives to antenatal. And also men are not allow to enter the labour room with their wives this also has discourage men from participating in the antenatal and child delivery

#### **5.2. CONCLUSION**

The findings of this study offer a better understanding about the importance of husbands' support and danger of lack of support during pregnancy, labour and delivery. The perception that

some women may have that their pregnancy is theirs and theirs alone should be addressed, and women should be made to understand that no matter how strong they are, they still need the assistance of their spouses to encourage them, reduce their physical stress and also give them emotional security. It is therefore important that nurses encourage men to be more involved in the care of their wives during pregnancy, labour and delivery. A major sign of this involvement would be their presence at their wives antenatal appointments, which would enlighten the men more about their wives' pregnant state, and also foster a sense of shared responsibility for the pregnancy.

### **5.3. RECOMMENDATIONS**

The study findings revealed that even though many of the women in this study were supported physically, emotionally and financially by their husbands, most of the women's husbands were not involved with their maternity care. Based on this finding, it is recommended that:

1. Special programmes should be organized for the husbands of expectant women, in order to increase their knowledge and awareness about the physical, emotional and socio-economic needs of their pregnant wives, emergency obstetrical conditions, and also engage them in birth preparedness and complication readiness.
2. Nurses or mid wives should make it compulsory for husbands of women receiving antenatal care to attend a number of sessions and appointments during with their wives.
3. Women who are not accompanied by their husbands to the antenatal clinic should be followed up by nurses or mid wives and visited at home to get the men involved.



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## APPENDIX

### QUESTIONNAIRE

#### Question guide for interview

- Does your husband follow you to antenatal?
- What are the factors that prevent your husband from following you to antenatal?
- What do you consider to be the role of your husband during pregnancy and child delivery?
- What are the dangers of lack of husband support during pregnancy and child delivery?
- What do woman think her husband should in order to support her during pregnancy and child delivery and he did not do?
- In what way does your husband support you during pregnancy and child delivery?

## Questions for quantitative

### Topic: Women's perception on male support during pregnancy and child delivery

Good morning/afternoon/evening ma. My name is AKINTORINWA FOLAYEMI. I am a 400 level student of Federal University Oye- Ekiti, Ekitit State Nigeria,from department of demography and social statistics. I am here in this hospital to carry out research on the above topic. As this study is going on, I will be grateful if you can participate by answering some questions. All the information provided will be treated with utmost confidentiality.

#### SECTION A

Socio demographic

Age (i) 15-24 (ii) 25-34 (iii) 35+

Religion (i) Christianity (ii) Islam (iii) Traditional (iv) Others

Ethnicity (i) Yoruba (ii) Igbo (iii) Hausa (iv) Others

Marital Status (i) married (ii) Single (iii) Separated (IV) Divorced

#### SECTION B

Important of husband's support.

	Yes	No
1. Husband support during pregnancy and child delivery is important.		
2. Women do not need husband during pregnancy and delivery.		

SECTION C

Effect of husband's support during pregnancy and delivery

Statement	Agree	Disagree
3. Husband's support make pregnancy less stressful		
4. Husband's support provides emotion security.		
5. Lack of husband's support brings about lack of sleep.		
6. Frequent headaches due to lack of husband's support.		
7. Lack of husband support brings about emotional disturbance.		

SECTION D

Ways by which husband give support

Statement	Yes	No
8. Husband provided financial support		
9. Husband encouraged to book at the ante natal visit		
10. Husband accompanies you to ante natal visits		
11. Husband help with house chores		
12. Husband was present at the delivery of the baby		

13. Husband helps in shopping for the baby things		
14. Husband buys fruit when coming from work		

## SECTION E

### Dangers of lack of husband's support

Statement	Yes	No
15. Lack of husband support is dangerous –		
16. Lack of husband support can lead to miscarriage		
17. Lack of husband support can lead to mental breakdown in pregnancy		
18. Lack of husband support can affect the brain of the baby in the womb		
19. Lack of husband support can lead to complication during labour and delivery		
20. Lack of husband support can lead to hypertension during pregnancy		