SOCIAL SUPPORT PROVIDED BY MEN TO THEIR SPOUSES DURING LAST PREGNANCY AMONG MOTHERS ATTENDING SELECTED PRIMARY HEALTH CENTRES IN IBADAN NORTH LOCAL GOVERNMENT, OYO STATE.

BY

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DEDICATION

I dedicate this work to my best friend who has taken me one step at a time all the way "JESUS", my wonderful husband who has always supported me in all that I do Adeyemi Philip and my precious gift Iyanuoluwa Nathan.

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ABSTRACT

Social support provided during pregnancy by the husband to the spouse is described as an exchange of resources between two intimate partners that is, the man and his pregnant wife. Theseresources can be provided by the man in various forms;for example, encouraging with kind words (emotional), accompanying to the ante natal clinic(ANC) (instrumental), advising on health lifestyle throughout pregnancy (informational) and asking for feedback after each ANC visits (appraisal). Pregnancy is a physiological state during which social support is of great importance. In spite of this, men have been unable to provide it holistically during pregnancy due to the dynamics of gender roles and the patriarchal nature of Nigeria and this has contributed to her high mortality rates, ranking her second globally. The main objective of this study was to investigate the social support men provide to their spouses during pregnancy so as to identify its effects on pregnancy outcomes.

The study design was a retrospective cross sectional design. A multistage sampling method was adopted in the study to select 220 mothers across 6 Primary Health Centers (PHCs) that offer antenatal care services, out of the 14 PHCs in Ibadan North Local Government in Ibadan. Both qualitative and quantitative instruments were used for data collection. The qualitative data (FGD) was analyzed thematically. Themes were generated and categorized based on similarities and differences in the participant's opinions within and across the groups, which was triangulated with the quantitative data. Statistical Package for Social Sciences (SPSS) version 21 was used for quantitative data entry and analysis of the data was carried out using descriptive and inferential statistics at p=0.05. Knowledge on social support was assessed on an 18 point scale and scores ≤9 were categorized as poor knowledge while scores >9 were categorized as good.

The mean age of the respondents was 27.6± 5.5 years and it ranged from 17 to 46 years. Majority (96.4%) of the respondents have good knowledge about social support. Almost all were made happy and given peace of mind by their husbands during pregnancy(98.6%). Less than half(36.8%) of the respondents were accompanied to the ANC by their husbands. This is consistent with the qualitative reports where participants did not state accompanying to ANC as a way of providing social support by the husband during pregnancy. The findings only revealed significant relationship between parity, family type and social support provided by

men in taking care of other children(x^2=6.864,p=0.009) and identifying fears and encouraging with kind words(x^2=8.496,p=0.004) respectively.

The results from both qualitative and quantitative studies, revealed that even though men are generally supportive of their wives during pregnancy they are not directly involved in the maternity care of their wives, just a few accompanied their wives to ANC. Male friendly sessions should be included in the ANC to capture the men and encourage their presence at the ANC.

Key words: pregnancy, social support, men, spouse.

Word count: 478

CERTIFICATION

I certify that this work was carried out by Babatunde Oyenike Oluwakemi in the Department of Health Promotion and Education, Faculty of Public Health, College of Medicine, University of Ibadan, Ibadan, Nigeria.

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ANC - Antenatal Clinic

DHS - Demographic Health Survey

LGA - Local Government Area

MCH - Maternal and Child Health

MDG - Millennium Development Goal

UNDPHDR-United Nations Development ProgrammeHuman Development Report

NDHS - National Demographic and Health Surveys

NPC-National Population Council

SPSS - Statistical Package for Social Science

WHO - World Health Organization

PHCs-Primary Health Centres

ICPD-International Conference on Population Development

PPD-Post Partum Depression

RH-Reproductive Health

Definition of Terms

- **Social support**: refers to care and affection provided to an individual by someone or a group of people.
- **Spouses**: women that is carrying the pregnancy of a man or partner.
- **Pregnancy**: refers to a period when a woman has a child is her womb.
- **Ante natal clinic (ANC)**: clinic meant for pregnant women where they are offered maternal health care services during pregnancy.
- **PHC**: The primary health center is the lowest form of health facility established by the government where health is brought to the door step of the community it is easily accessible and affordable.
- **Maternal Mortality:** death of a woman during pregnancy.

CHAPTER ONE

INTRODUCTION

1.1 Background of study.

Social support refers to the emotional and material resources that are provided to an individual through interpersonal communications (Moak and Agrawal, 2009).It is an exchange of resources between at least two individuals; theseresources can be perceived by the provider or the recipient to be intended to promote the health of the recipient (Chen, Kuo, Chuo and Chen, 2007).Social support includes three main aspects, each of which may be experienced as positive or negative: emotional (feeling loved, valued, and appreciated), informational (advice or guidance), and instrumental (tangible help) (Toronton, Kieffer, Salabarria-pena, Odoms-yong, Willis and Kim, 2006).Theseafore mentioned supportscan provided by the husband in many forms; transporting his wife to a qualified provider or hospital for antenatal visits, providing household money to make that visit, giving helpful informational support during pregnancy, and offering emotional support during labor and childbirth (Carter,2002).

Pregnancy is one of the critical state for women during which the need for social support is of great importance and it requires effective attention. It significantly affects some women's life with stress while others do not get affected even when they encounter the most severe and dangerous conditions. (Nierop, Brakitas, Zimmermann and Ehlert, 2006).However, 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 labor room during delivery. (Iliyasu, Abubakar, Galadanci and Aliyu, 2010).In sub-Saharan Africa, pregnancy and childbirth continue to be viewed as solely a woman's issue(Kakaire,Kaye and Osinde, 2011) also maternal health issues have predominantly been seen and treated as a purely feminine matter (Kululanga ,Chirwa, Malata and Sundby, 2011). Besides 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. According to Kukunlanga et al., (2011), 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, labor and delivery, thereby improving maternal health and

reducing maternal mortality from pregnancy induced hypertension, abortion-related complications, post-partum hemorrhage, obstructedlabor and puerperal psychosis.

Male partner involvement is a key factor that cannot be ignored in the effort to improving maternal health (USAID,2010).When men are part of ante natal and post natal clinics,such that they partake in the education given at the clinics, there would be an increase in their knowledgeand appreciation of the need for these services; identifying the danger signs and so facilitate their spouses'utilization of health services especially in emergencies(Tweheyo,Konde-Lule,Tumwesigye and Sekandi,2010). A study by Nwokocha (2007), have revealed 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.

Plantin, Olukoya and Ny (2011),indicated that fathers' involvement in pregnancy and childbirth, such as attending antenatal and postnatal clinic or staying in the delivery room during labor and delivery, could produce positive health outcomes for the father, mother and child (Plantin et., 2011). Examples of health outcomes identified by Alio,Bond, Padilla, Heidelbaugh and Parker(2011) include; healthy live birth, decreased possibility for low birth weight and reduced premature birth. In a study carried out by Adeniran, Aboyeji, Fawole, Balogun, Kikelomo, Adesina and Adeniran (2015), it was discovered that although 82.4% desired their husbands support during pregnancy in form of accompanying them for ANC visits only 59.1% experienced it during their last pregnancy this showed that men's involvement is low.

Alio (2011), opined that the approach towards father's involvement during pregnancy needs to be changed and future research, policies and practices need to focus on the role of men during pregnancy. In addition to this, 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.

1.2 Statement of problem

The dynamics of gender roles especially in a patriarchal society like Nigeria affects maternal roles adversely through male domination, female dependency, low status of women and socio-economic status, cultural beliefs and practices (Kaikare, 2011).

These have unpleasant implications for maternal health utilization which result in high maternal mortality and morbidity. The gender inequality index of Nigeria is very low with Nigeria ranking 153 out of 186 countries (UNDPHDR, 2013).Access to quality health care during pregnancy and delivery are vital forces in influencing maternal morbidity and mortality. Regrettably, it is the men that do not bear the burden of pregnancy and child birth that virtually decide the fate of their spouses including use of treatment issues (Nwokocha,2007).

World Health Organization (WHO) in 2014, commissioned a global systematic review of the impacts of male involvement interventions on Maternal, Newborn and Child Health (MNCH) care-seeking outcomes and identified 13 intervention studies in low- and middle-income countries (Davis, Luchters and Holmes, 2012). Despite limited data from rigorously-evaluated intervention studies, the review concluded that involving men in MNCH education and services could positively influence MNCH-related behaviors including antenatal care attendance, use of health facilities and a skilled attendant at birth, birth preparedness, maternal nutrition, and workload (Ditekemena, Matendo, Koole, Colebunders, Kashamuka and Tshefu, 2011).Yet the quality of the evidence was low and inconsistent. No studies examining the effects of male involvement in MNCH on essential health outcomes such as birth weight, infant mortality or maternal mortality were found.

Nwokocha, (2007) 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 essential partners in the improvement of maternal health and reduction of maternal mortality. Besides,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(Nwokocha, 2007).There is therefore need to put in place interventions in 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 as it is believedthat increased awareness of men will increase their physical, emotional and socio-economical support of their wives, and enable them support early spousal utilization of emergency obstetric services, which would reduce the occurences of complications during pregnancy such as hypertensive disorders and psychiatric problems in pregnancy.(Iliyasu, Abubakar, Galadanci, and Aliyu,2010).

According to Sokoya, Mosunmola, Farotimi, Adekunbi,Ojewole and Foluso (2012), some of the dangers of lack of husbands' support during pregnancy, labor and delivery as reported by the women include miscarriage during the first trimester. Sokoya et al., (2012), also reported that 94% of the women reported the development of hypertension as a danger and possible complications during labor and delivery by 186 participants as a danger of lack of support from their husbands. This finding is supported by Iliyasu et al., (2010) study in which antenatal women reported depression and emotional breakdown in pregnancy as a danger of lack of support from husband.Some of these dangers of lack of husbands' support are some of the indicators for maternal mortality in Nigeria. This study therefore seeks to investigate the social support provided by men to their spouses during pregnancy, how they provide this support, the factors that influence the support men provide and the effects (on pregnancy/outcome) of the social support provide to their spouses during pregnancyamong women in Nigeria.

1.3 Justification of study

The international conference on population (1994), urged that special efforts should be made to emphasize men's shared responsibility and promote their active involvement in maternity care (Iliyasu et al., 2010); male partner involvement is a key factor that cannot be ignored in the effort to improving maternal health (USAID, 2010).

However, in Nigeria, the predominant cultural belief is that pregnancy is solely the woman's domain and that the man's job is to get the woman pregnant, after which he takes a break from participating, only to return when she delivers. As a result of this, it is rare to see men accompany their wives to the clinic ; it is almost a taboo, and this belief prevents men from showing supportive care to their wives during pregnancy, as they don't want to be seen as effeminate (Eseme,2015).

Despite the importance of this context of men's support during pregnancy,few studies in Nigeria has highlighted social support provided by men during pregnancy (Sokoya et al., 2014; Adeniran et al, 2015 and Plantin et al., 2011), the effect of social support provided by men during pregnancy on pregnancy outcomes and factors influencing social support provided by men during pregnancy. This study aims to address this gap in social support men provide, how they provide it, its effects on pregnancy outcomes and what influences the social support men provide to their spouses during pregnancy by providing intervention strategies through its findings in the development of template to improve men's participation and support throughout pregnancy with the aim of improving pregnancy outcomes and reducing maternal mortality.

1.4 Research Questions

This study answered the following questions:

1. What is the knowledge of mothers on social support?
2. What are the ways by which men provide social support to their spouses during pregnancy?
3. Does the social support provided by men to their spouses change as pregnancy advanced?
4. What factors influence the social support men provide to their spouses during pregnancy?
5. What were the effects of social support provided by men to their spouses during pregnancy on pregnancy/outcome?

1.5 Broad Objective

The broad objective of this study was to investigate the social support provided by men to their spouses during pregnancy among mothers attending Primary Health Centers in Ibadan North Local Government Area, Oyo State.

1.6 Specific Objectives

The specific objectives of this study were to:

1. Assess the knowledge of delivered mothers attending selected PHCs in Ibadan North Local Government on social support.
2. Identify ways by which men provided social support to their spouses during pregnancy.

3. Determine changes in social support provided by men to their spouses during pregnancy as pregnancy advanced.

4.Identify the factors that influence the socialsupport men provide to their spouses during pregnancy.

5. Assessthe effects of social support provided by men to their spouses during pregnancy on pregnancy outcome.

1.7Hypothesis

The following null hypothesis tested by the study are as follows:

1.There is no significant relationship in the parity of the spouse and the social support provided by men during pregnancy.

2.There is no significant relationship in the family type and the social support provided by menduring pregnancy.

3. There is no significant relationship in the educational status of the spouse and the social support provided by men during pregnancy.

1.8 Study Variables

Independent variables include: age, educational status, ethnicity, religion, occupation, parity, family structure/type

Dependent variables include: social support provided by men to their spouses during their last pregnancy.

CHAPTER TWO
LITERATURE REVIEW

2.1 Introduction

Social support refers to the emotional and material resources that are provided to an individual through interpersonal communications (Moak, 2010). Social support is an exchange of resources between at least two individuals; resources perceived by the provider or the recipient to be intended to promote the health of the recipient (Chen, Kuo, Chou and Chen, 2007).Perception of social support during times of stress may have a positive impact on health by helping alter perceptions of threat, lower anxiety, and increase coping ability. Additionally, cognitive aspects of social support may serve as a buffer, which may attenuate physiological reactivity to stress. Social support requires the existence of social relationships, with their structure, strength and type determining the type of social support available. These may take many forms; emotional support and may sustain an individual either long term or short term and instrumental which may help an individual master their emotional burdens (Williams, 2005).Social support comes from different sources, such as family, friends, community or spouse(Eskenazi, 2006).

2.2 Social Support

Social support is the term used to describe the functional content of social relationships. Social support differs from other functions of social relationships because it is consciously provided by the sender and is intended to be helpful to the receiver. This distinguishes it from other forms of social influence that are intentionally negative or passively experienced by the receiver. Social support often attempts to influence the behaviors of the receiver in a caring, trusting, and respectful context, (Heaney and Israel, 2002). Social support can be divided into four broad types of supportive behaviors: emotional support, instrumental support,

informational support, and appraisal support. We draw upon the first three categories of social support--emotional, instrumental, and informational--to describe the type of support provided by husbands to their wives. However, there were also situations where the husband did not provide any of these types of support to his wife.

2.2.1Emotional support/involvement

Emotional support involves the provision of empathy, love, trust and caring, it could also be in form of prayer, which is a way of expressing love or care when the husband is not present physically,although it is not always perceived by the woman as supportive and it only has a positive influence when seen as helpful by the recipient (Heaney and Israel, 2002). Scott(2016), described emotional support physical comfort such as hugs, pats on the back as well as listening and empathizing and this can be provide by a friend or spouse listening to your problems and letting you know they felt the same way too.

According to Gareth (2016), significant others like the husband have an important emotional role to play during pregnancy which can help the mother and the growing baby. Emotional health of a woman can reduce her stress level, thus reducing her blood pressure and assisting her in making positive healthy choices for her and her unborn child. Emotional support can also help boost her self-esteem during this time of great change in her body which in turn has positive impact on her mental health. Men support their spouses during pregnancy in various ways which are;

- Ask questions about fears, worries, and concerns and listen to answers without judging it. The concerns might seem disproportionate but pregnancy brings extreme concerns and fears for the future and the unknown.
- Attend antenatal classes together. Although the expectant mother is the one carrying the child, when a partner is involved in this manner it reassures the woman know she is not in the journey alone.
- Seeking counsel together when necessary.Untreated prenatal depression can escalate to full blown post-partum depression which may be more demanding to manage once baby is at home and is requiring care.

- Ask the mother to be about her ideal birth plan(either per vagina or via caesarian section) and let her make decision as this might be more comforting to her she is to make decisions that will affect her body and her unborn child.

2.2.2Instrumental support

Instrumental support involves the provision of tangible assistance that directly helps a person in need,which can be provided by the husband to his wife by provision of money for hospital fees and arranging for transportation to attend hospital appointments (Heaney and Israel,2002).

Gareth (2016), described some tangible social support during pregnancy as thus; Be prepared to take care of household chores that are either no longer safe for the mom-to-be to accomplish or ones with which she struggles. These include things like

- Changing the cat litter (Toxoplasmosis is a virus that can be found in used cat litter and is very harmful during pregnancy) or carrying heavy item.
- Help with preparing for delivery by selecting items for the baby and helping to assemble the crib, car seat, and high chair.
- Work with pregnant partner to do the mundane, such as contact insurance agencies, for medical cost planning and changes to life policies.

Even though pregnancy can be a time of challenges and struggles, when partners work together to maintain a healthy relationship and mom to be feels loved and supported, the pregnancy, and delivery and beyond can be positive experiences.

2.2.3Informational support

Informational support involves the provision of advice and suggestions that a person can use to address a problem. This in the context of pregnancy can be provided by the husband allowing the wife utilize maternal health care services, through provision of his opinion on the type of health care provider the wife should use and making the final decision as regards it (Israel and Heaney,2002).According to Gjerdingen,Froberg, and Fontaine(2011), social

support and its relationship to maternal health indicates that emotional, tangible, and informational support are positively related to mothers' mental and physical health around the time of childbirth. The importance of various types of support changes with the changing needs of women as they move from pregnancy to labor and delivery, and then to the postpartum period. During pregnancy, emotional and tangible support provided by the spouse and others is related to the expectant mother's mental well-being. In addition, informational support in the form of prenatal classes is related to decrease maternal physical complications during labor and delivery, and to improved physical and mental health postpartum. Mothers who have the support of a companion during labor and delivery experience fewer childbirth complications and less postpartum depression. Mothers' postpartum mental health is related to both the emotional support and practical help (eg, housework and child care activities) provided by the husband and others. Health care providers are in a unique position to educate prospective parents about the importance of social support around the time of childbirth and may play a critical role in mobilizing support systems for new mothers.

2.3 Family Structure and Social Support

In addition to neglecting support from other members of a woman's social network, thetendency to focus on support from a woman's intimate partner in the maternal postpartumdepression literature has led to a focus on women in traditional, married unions (Letourneau, Nicole, Linda, Miriam, Kathy, Cindy-Lee, Christina and Janet, 2007). In turn, we know very little about the effects of social support from different sources among women in non-traditional family structures. Because of pronounced differences in social networks among non-traditional families (e.g. single-mother families, cohabiting families), there is reason to believe that the effects of social support may be conditional on family structure. For example, women who give birthoutside of marriage are more likely to experience partnership instability (Meadows, Sara, and Jeann, 2008). .

2.4 Social Support and Postpartum Depression

Definitions of social support emphasize the perception or provision of resources availableto an individual from those within his or her social network (Dunkel andBrooks 2009;Thoits 2011). A substantial body of evidence has accumulated documenting the beneficial effects of

social ties and supportive relationships on mental health outcomes in general (Thoits, 2011), and maternal postpartum depression in particular (Webster, Joan, Catherine, Velacott, Noelle and Lisa, 2011). Much in line with the literature on major depression (Horenstein, Jeffrey, and Sheldon, 2008), women who report higher levels of social support have been found to report fewer symptoms of depression following childbirth compared to women with less supportive networks (Webster et al., 2011). Moreover, low social support has been found to be one of the strongest predictors of PPD across several meta-analyses of risk factors (Robertson, Emma, Sherry, Tamar, and Donna, 2004) highlighting the importance ofsupportive relationships for maternal well-being during the postpartum period.

2.5Sources of Social Support

The variety of support providers in a woman's social network may be equally importantin improving or sustaining mental health during the postpartum period. In the literature examining risk factors for postpartum depression, however, a woman's spouse or intimate partner is generally considered to be the primary source of support (Hopkins and Campbell 2008; Gremigni, Paola, Laura, Valentino, Andrea, and Angelo,2011). As such, perceptions of support from other members of a woman's social network, including family members and friends, areoften overlooked in the Post Partum Depression (PPD) literature (Gremigni et al., 2011). Indeed, support from an intimate partner has been found to be a consistent and significant protective factor for postpartum depression (Dennis and Letourneau 2007).According to Feldman, Brondolon Ben –Dayan, Scwartz (2008), another way social support can be classified is by source. Inthe working place context typical sources are co-workers, supervisors and the organization ingeneral, it can be provided informally by;spouse, other family members, friends,neighbors,or formally by professionals outside work place;pastors,doctor or therapist.

2.6 Importance of social support during pregnancy

According to Maharlouei, (2015) there are several reports regarding the efficacy of social support in promoting the health status of communities that nobody can dispute it. As a result, women who form nearly half of the societies' population are at center of attention. In fact, women are considered as a vulnerable group who experience sundry upheavals, including

menarche, pregnancy, breastfeeding and menopause; of which, pregnancy could be mentioned as a major contributory factor. During pregnancy most expecting mothers not only experience physiologic and hormonal changes, but also they are psychologically surrounded by the concept that they may not be able to handle the upcoming new circumstances. Therefore, they are in great need for social support to be enabled to overcome all these.

It has been well-documented that expecting mothers who have benefited from the emotional support of their spouse, family, and even the social networks during pregnancy are less likely to be affected by the peri-partum complications. For instance, pregnant mothers who have been well buttressed by their family would be less frequently affected by psychological problems, such as distress, anxiety disorders and depression, which results in utterly less preterm labor (Mirabzadeh , Dolatian, Forouzan, Sajjadi, Majid and Mahmoodi,2013).

Moreover, a very few of them would experience post-partum depression- a state which may result in disaster for families (Morikawa, Okada, Ando, Aleksic, Kunimoto and Nakamura, 2015). Furthermore, weaker social support from the (Ma, Huang, Yao, Ma, Meng and Ma, 2015) community, adjusted for other factors, has shown to be significantly associated with the presence of oral clefts in neonates. It could be explained by the premise that less effective social support during pregnancy would end in higher level of cortisol secretion; consequently, biological sensitivity to psychological distress would be increased. Thus potentially exposing the fetus to the harmful (Giesbrecht, Poole, Letourneau, Campbell and Kaplan, 2013) effects of cortisol. The major role of maternal support during pregnancy on infants' health as well as maternal health, especially postpartum mental health corroborates that health policy makers should put a premium on emotional support for mothers during pregnancy. This could be conducted by holding educational classes for expecting parents, which would result in remarkably more mutual understanding between couples. Subsequently, the mother would benefit not only from her husband's emotional support but also from his practical help, including child care activities.

2.7Defining male involvement during pregnancy

Male involvement has been variously defined, with two broad theoretical approaches emerging from the literature. The first considers male involvement to be a marker of gender equity as part of a social determinants of health framework (WHO, 2008). Adopting more

equitable gender roles such as joint decision-making within couples and shared control of household tasks or parenting is posited to lead to healthier behaviors and improved care-seeking. The second approach sees male involvement as more instrumental; the direct assistance provided by men to improve their partners' and children's health through the perinatal period. This approach is 'gender-neutral'Barker, (Ricardo and Nascimento, 2007) or 'gender blind' (WHO, 2010) in that it considers men's actions independent of their gendered roles. In fact, there is a risk that it mayreinforce gender norms that disempower women (Mullany, Hindin and Becker, 2006; Cater,2002). These approaches are two ways of conceptualizing male involvement rather than categories of the different ways in which men can be involved. Evidently, practical activities such as helping with housework or attending childbirth may also challenge gender norms. The differenceis that an instrumental approach sees the behavior (such as attending birth) as an end in itself, whereas a gender equity approach examines its potential to combat gender inequities that contribute to poor health.

It is difficult to measure male involvement in a way that captures both the practical assistance provided by men to women, and the many ways that men can challenge prevailing gender norms. There are no established indicators for measuring involvement in the literature (Byamugisha,Tumwine, Semiyaga and Tylleskar, 2010) and few authors are explicit about their own notionsof involvement or their choice of indicators. Different indicatorshave been used to represent different types of involvement, including inter-spousal communication, attendance at antenatal care (ANC) and childbirth, and support provided during pregnancy. Each indicator used on its own cannot be said to constitute involvement (Clark, Yount and Rochat, 2008), and some authors have combined multiple indicators into an index to capture a broader notion of involvement (Mullany, Hindin, and Becker,2006; Byamugisha, Tumwine, Semiyaga and Tylleskar,2010; Iliyasu, Abubakar, Galadanci and Aliyu 2010; Aung,2009).

2.8Roles of men during pregnancy, childbirth and delivery

In a study by Adeniran, Aboyeji, Fawole, Balogun, Adesina, and Adeniran (2015),it was observed that,during the antenatal period, women want their partners to accompany them to the antenatal clinic as many times a possible as well as to ultrasound examination. The percentage of men who accompanied their partners to antenatal clinic was higher than 18.7%

from Northern (Iliyasu, Abubakar, Galadanci and Aliyu,2015)and 24.0% from South West, (Olugbenga-Bello, Asekun-Olarinmoye, Adewole, Adeomi, Olanrewaju, 2013)Nigeria although men's presence at previous delivery in this study was lower compared to 27.1%(Olugbenga et al., 2013)and 63.9%(Olayemi, Bello, Aimakhu, Obajimi and Adekunle,2009)in South West, Nigeria.

Majority (80.8%) of participants want their partners to be educated during antenatal period. The priority topics for discussion suggested by the participants in this study focused on the effect of pregnancy on the woman, sexual activities and the need for male partner support during pregnancy. These were similar to the report of a previous study among women by Nejad, (2005).The physiological effect of pregnancy on a woman is reduction in her ability to perform household chores and in sexual desire especially in the first and third trimesters (Brown, Bradfor and Ling,2008) .In addition, this study found that many participants were in commuter marriages and the male partners work in other cities making them unavailable. Commuter marriages are characterized by one spouse being resident in the family home, often with work and child-care responsibilities, while the other spouse works and lives away from home for extended periods. In this study it was discovered that some of the reasons why men do not provide support to their wives during labor and delivery were because they do not know what to do during labor and delivery(Nejad,2005)thus making them feel unwelcomed even though it has been found to improve contraception uptake and birth spacing (Morhason-Bello, Adedokun, Ojengbede, Olayemi,Oladokun and Fabamwo, 2009). Reddamma (2010), noted in a study that husbands provided support in the following ways: fetching water, bringing nutritious food, arranging and accompanying their wives at prenatal care visits, advising their pregnant wives not to carry heavy loads and providing money for transportation and medical costs. Therefore, husbands must be taught various methods of assisting and supporting their wives during pregnancy.

2.9Factors that influence social support provided by men to their spouses during pregnancy.

In a study conducted by Secka 2010, some factors that influence social support provided by men during pregnancy were discussed;

- Husband's Occupation: men's company and physical support of women to seek antenatal and delivery care was merited by most informants but largely restricted by myriad of factors. Some men felt it was their responsibility to escort women to clinics and offer physical support when needed, but this was affected by men's job responsibility. Men were seen and felt that they are the providers. It was further expressed by men that their absence from work and been present in the clinic together with their partners could leave children without food, as they felt absence from work would grossly affect the income of the family. Most informants reported low income and would require more hours at work to make up (Secka,2010).
- Long waiting time of antenatal and laboratory services:husband's limited time to be with their spouse in the clinic was further complicated by long waiting time for antenatal and laboratory tests and results. Many expressed feelings that they spend long time in clinics to receive antenatal and laboratory services which they cannot afford due to work demands.

Other factors discussed by Secka, 2010 include;

- Socio-demographic factors: like age, level of education, ethnicity, marital status, average monthly income and religion and so on,were seen to affect the kind and level of male involvement in maternal health. For instance, Byamugisha, Tumwine, Semiyaga, and Tylleskär (2010), believed that socio-economic and cultural influencesdetermine gender roles that hinder male partner's involvement in RH.
- Knowledge and Attitude: while men's knowledge of and attitude towards women'sreproductive health needs are themselves influenced by socio-cultural and demographicfactors, they affect male participation in maternal health. Men's knowledge ormisconceptions about their partner's maternal health needs determine, to a large extent, howthey respond financially, physically, and emotionally to those needs. According to Jooste and Amukugo (2012), much of the reproductive health problems women face could be prevented if male partners were equipped with adequate knowledge and skills in respect of Reproductive Health.

Georgia (2012), also highlighted some factors that influence men's involvement which were categorized into three; demographic characteristics which include; ethnicity, religion, level of education and number of wives, socio cultural factors; beliefs, gender norms in the

community and traditional approaches to ANC and institutional factors as gender inequity in the society, family influence, attitude of service providers.

Dumbaugh, Agyemang, Manu, Asbroek, Kirkwood and Hill (2014), highlighted some Socio-cultural barriers men face in supporting their spouses during pregnancy. Social; gendered divisions of labor and space, especially during pregnancy/birth/childrearing, maternal and child health spaces 'inaccessible' to men due to gender and/or generational dynamics, pressure to embrace dominant socio-cultural definition of masculinity and no support for 'alternative masculinities' – men are ridiculed for stepping outside gender 'boundaries'. Economic;men must work to support families financially, often required to travel away from home to work, employer and/or national policies do not allow men time from work during pregnancy, childbirth, post-partum periods and

Institutional; health and gender programs often only target women, men remain uneducated on relevant health behaviors, and health facilities are not welcoming to /prohibit me.

2.10Male involvement and maternal outcomes

Sexton, Flynn and Lancaster(2012), discussed that husband's support/care provides a protective effect on maternal depression. The practical demonstration by husbands in ways like assisting with child-care and household chores and his emotional supportexpressed through boosting his partner's self-esteem in her ability to care for the baby could help explain this protective effect against maternal depression.(Stewart, Robertson and Dennis, 2003).

Yigarwa and leonerdee-bee(2015), discussed that male involvement has beneficial impacts on maternal health in terms of improving utilization of maternal health services(ANC attendance) and this correlates with the findings of the studies conducted byRedshaw and Henderson (2013); Tweheyo, Konde-Lule and Tumwesigye(2010),that husband's attendance of ANC was linked to increased maternal service utilization. This could be explained by the fact that men's knowledge about the importance of maternal health services increases with active participation which I turn makes them more likely to encourage and support their spouses to use them. (Kakaire, Kaye and Osinde, 2011).

Furthermore in a study by Yargawa and Leonardi-Bee, (2015), male involvement was associated with decreased likelihood of childbirth complications,as men's offer of practical support can reduce women's workload during pregnancy and allow adequate rest,this practical support could translate through pregnancy to childbirth,where the risk may be minimized.Examples of some other health outcomes include healthy live birth, decreased possibility for low birth weight and reduced premature birth among others (Alio, Bond, Padilla, Heidelbaugh, and Parker, 2011). Straughen, Caldwell, Youngand Misra (2013), highlighted some pregnancy outcomes that could be prevented by social support from the partner to the spouse during pregnancy as; pregnancy loss, preterm birth and low births weight. According to Collins, Dunkel-Schetter, Lobel, and Scrimshaw (1993), women who received more prenatal support experienced better progress in labor and delivered babies who appeared healthier 5minutes after birth, as indicated by their Apgar rating. Independent from the amount of support a woman received, those who were more satisfied with that support delivered babies with higher Apgar scores. When broken down by the type of support received, prenatal task, material, and informational support appeared most important for infant Apgar score, whereas prenatal task, material, and confiding support contributed disproportionately to labor progress.

Sokoya, Farotimi and Ojewole (2014), discussed that women from the four selected hospitals in Ogun state considered husbands' support during pregnancy, labor and delivery important. Some of the effects of husbands support described by the women are encouragement, emotional security and lower level of stress. A study by Yargawa and Leonardi-Bee, (2014) demonstrated statistically significant beneficial impacts of male involvement on maternal health through reduced odds of maternal depression and improved utilization of maternal health services (relating to SBA and postnatal care).It also revealed that male involvement was also associated with decreased likelihood of childbirth complications. Furthermore, the synthesis of evidence suggests that male involvement during pregnancy and at post-partum appear to offer statistically significant maternal health benefits than male involvement during delivery.

Stewart, Robertson and Dennis,(2003) opined that, husband's practical support in terms of assisting with child-care and household chores, and his emotional support expressed via

boosting his wife's self-esteem in her ability to care for the baby could help explain this protective effect against maternal depression. Besides, in developing countries where practices adverse to maternal mental health—such as gender inequality and domestic violence—are common, the impact of a husband's support/care can go a long way in boosting maternal mental health.A study linked husbands' attendance of ANC with increased maternal health service utilization. This was explained by Redshaw and Handerson (2010); Tweheyo, Konde-lule and Tumwesigy (2010), that men's knowledge about the importance of maternal health services increases with active participation, which in turn makes them more likely to encourage and support their wives to use them. In a developing country setting, this acquired knowledge could also translate into the husbands' grant of permission and provision of resources for accessing maternal services such as transportation to hospital for delivery, payment of user fees and so on(Ahmed, Hossain and Quaiyum, 2011).

Olugbenga-Bello, Asekun-Olarinmoye, Adewole, Adeomi and Olarewaju (2013), opined thatmen's presence and their participation at the health facilities during antenatal care visit of their wives will help boost the morale of their wives and also bring about a greater sense of commitment of both parents to having healthy mothers and babies. Furthermore, male involvement was associated with decreased likelihood of childbirth complication. It has been reported in literature that men's offer of practical support can reduce hypothesize that this offer of practical support could translate through pregnancy to childbirth, where the risk of complications may be minimized.

A study on husbands support and its effect on outcome of pregnancy among postnatal mothers by Faridkot and Punjab (2001) reveals that majority (65.34%) of respondents' husband gave good emotional (84%), social (73.34%), economical (57.33%) and informational (41.34%) support during pregnancy. Haobijam, Sharma and David (2010) in a study to assess family support and its effects on maternal and neonatal outcome discovered that 75% of the mothers had good outcome of maternal health having hemoglobin level of 10-13mg/dl, 52.5% were gestational age of >38 weeks, 62.5% were in normal progress of labor. Majority (92.5%) of the mother had no complications and 45% of the mothers were discharged before 3 days and another 45%were discharged within 3-5 days. And 60% of the

neonates were born term, majority 90.5% were having Apgar score of 7-10 range, 47.5% had birth weight between 2500-3500gms and 75.5% were having the head Circumference.

In a study by Jodibala, Usha and Sudesh (2010), on the relationship between the family support and outcome of pregnancy in terms of maternal health and neonatal health revealed that there was a strong positive relationship. In addition, male involvement fosters adequate complication readiness and birth preparation in the form of recognizing danger signs and making arrangement for SBA among other things (Yargawa and Leonardi-Bee, 2014).

According to Bhatta (2013), this in turn prevents delays in accessing care, decreases risk of developing complications and also averts maternal mortality.Iliyasuet al.,(2010) discussed that antenatal women reported depression and emotional breakdown in pregnancy as a danger of lack of support from husband. Recommendations were made in this study that increased awareness of men will increase their physical, emotional and socio-economical support of their wives, and enable them support early spousal utilization of emergency obstetric services, which would reduce the incidences of hypertensive disorders and psychiatric problems in pregnancy, which are part of the dangers identified in the study.

A study by Kim,Connolly and Tamim, (2014)showed that the relationship between social support and PPD was not significantly different for teen mothers as compared to adult mothers. It suggests that mothers despite their age were at equal risk for PPD when they did not receive any or minimal support after childbirth. Despite the variability in definition of social support, studies have shown that higher levels of support were associated with lower prevalence of PPD among mothers (Liabsuetrakul, Vittayanont and Pitanupong, 2007*)*. In a study inclusive of women of all ages, Liabsuetrakul et al, (2007)found that one of the important and significant post-partum predictors of PPD was social support, however, social support during pregnancy was not a significant predictor.The absence or lack of support from their partners was eminent among teen mothers as they were more likely to be single (unmarried and/or not living with their partners) (Health report 2012).

Ampt, Mon, Than,Khin, Paul, Morgan,Davis and Luchters (2015), found out that men with greaterlevels of knowledge about sexual and reproductive health are more likely to be involved in their wives' pregnancies and newborn care. This may be a result of men learning

through their involvement, for example gaining knowledgeof high-risk pregnancies after accompanying their wife to ANC. Conversely, menmay become more involved because greater knowledge makes them aware of the potential dangers of pregnancy and childbirth and the importance of care-seeking; in this case, interventions aiming to improve men's knowledge of sexual and reproductive health may have a positive impact on their degree of involvement. Besides, Ampt et al., (2015), suggested that families with more children had lower male involvement, that family size may influence men's participation in maternal and newborn health.

THEORETICAL FRAMEWORK

The theoretical framework for this study will be based on Social Learning Theory by Albert Bandura. This emphasizes the importance of observing and modeling the behaviors, attitudes and emotional reactions of others. Bandura (1977) states: "learning would be exceedingly laborious, not to mention even hazardous, if people had to rely solely on the effects of their own actions to inform them what to do. Fortunately, most human behavior is learned observationally through modeling: from observing others, one forms an idea of how new behaviors are performed, and on later occasions this coded information serves as a guide for action". Social learning theory explains human behavior in terms of continuous reciprocal interaction between cognitive, behavioral and environmental influences.

Social Learning Theory Concepts

Reciprocal Determinism: The dynamic interaction of the person, behavior and the environment in which the behavior is performed.

Environment: Factors that are physically external to the person, and include opportunities for social support.

Observational Learning: Behavioral acquisition that occurs by watching the actions and outcomes of others' behavior within the environment.

Self-Efficacy: The person's confidence in performing a particular behavior. It increases through; information, encouragement, modelling and practice.

Expectations: Anticipatory outcomes of a behavior, and the values that a person places on a given outcome.

Individual (Demographic Characteristics); parity of the woman (the number of previous pregnancies the woman had), ethnicity, religion, occupation, marital status and level of education.

Environment: factors that are physically external to a man based on this study are culture and tradition (Patriarchal Society), For instance, society frowning at a man assisting with house chores or accompanying the wife to the ANC, influence of neighbors on the social support provided by men during pregnancy by not encouraging the man to offer support to the spouse during pregnancy. This can also be some of the factors that influence social support a man will provide to his spouse during pregnancy.

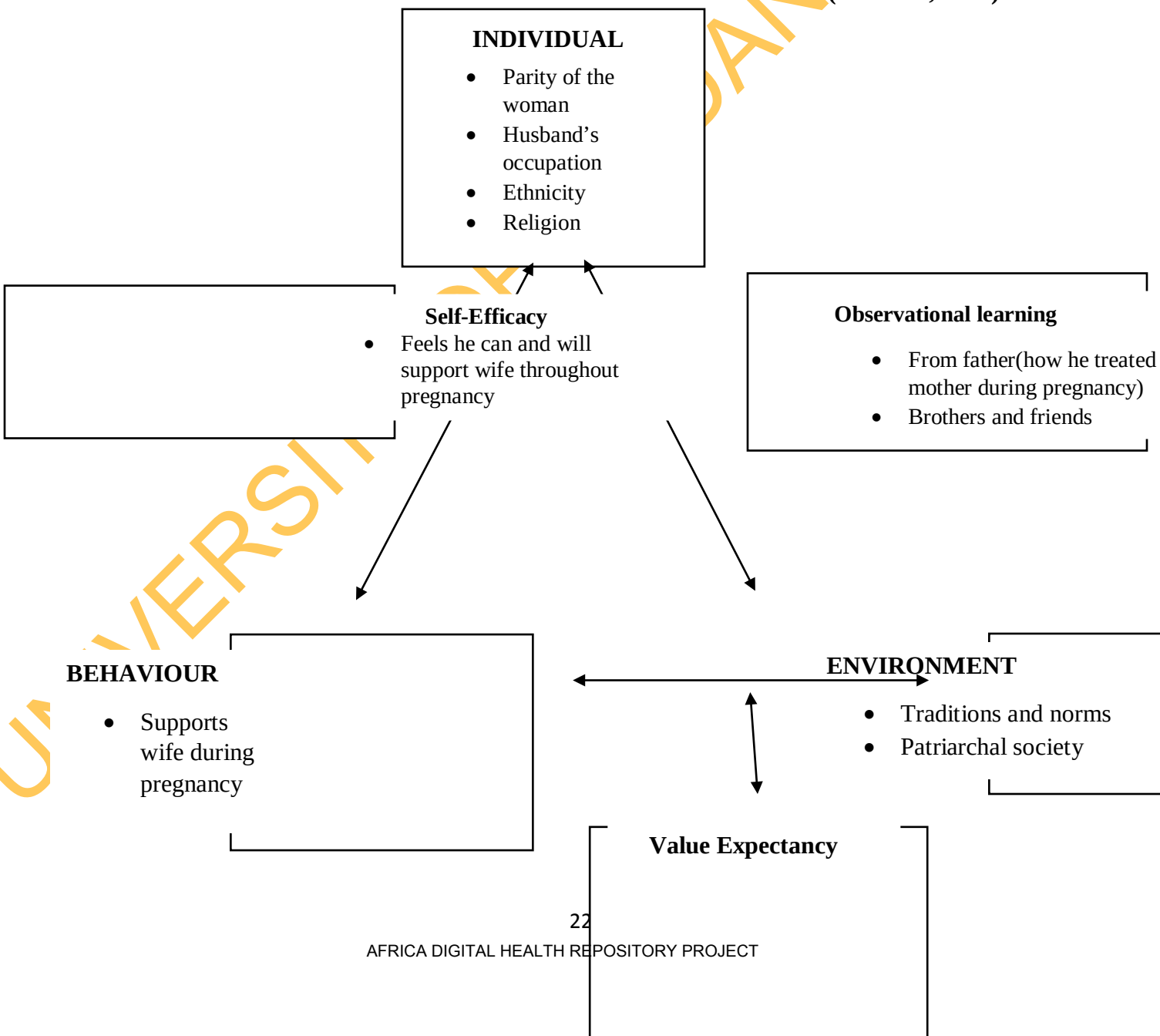
Behavior:this could be expressed in terms of ways by which social support can be provided by men to their spouse during pregnancy; emotional (showing care and affection, encouraging with kind words), instrumental (assisting with some house chores, taking care of other children), informational(advising on healthy living and good nutrition during pregnancy) and appraisal (asking for feedbacks from the spouse after each hospital visit when absent).

Value expectancy: anticipatory outcome of a behavior which in relation to this study are the expectedeffects of social support provided by men during pregnancy or positive pregnancy outcomes due to provision of social support by men during pregnancywhich include;healthy child and mother, absence of complications throughout pregnancy, easy delivery, attendance at the ANC throughout pregnancy by the pregnant woman.

Observational learning: this could be associated with the factors that influence social support provided by men during pregnancy such as examples from friends' support of their wife during pregnancy, family members,and examples from parents and societal belief about pregnancy being feminine affair.

Self-efficacy: the man's confidence in providing social support throughout pregnancy is increased through the benefits or effects of his support on the pregnancy and its outcomes as improving the health of the mother and reducing maternal mortality as these outcomes serves as a means of encouraging the man to be supportive throughout pregnancy.

SOCIAL LEARNING THEORY CONCEPTUAL FRAMEWORK (Bandura, 1977).



- Mother healthy and safe throughout pregnancy.
- Healthy and life birth.

2.12Application of social learning theory to the questionnaire

Individual: These refers to the personal characteristics of the respondents.These are presented in questions 1,2,3,4,5,6,8,9 and 10 (Appendix 3).

Environment: These are factors that are physically external to a man.These are presented in the questionnaire as factors that influences social support provided by men to their spouses during pregnancy in questions 60, 62, 63, 65, 66 (Appendix 3).

Behaviour: This is expressed in terms of ways by which men provide social support to their spouses during pregnancy as presented in questions 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34 and 35 (Appendix 3).

Value expectancy: This is the anticipatory outcome of a behavior which in relation to this study are effects of social support on pregnancy outcomes as presented in questions 67, 68, 69, 70, 71, 72, 73 and 74 (Appendix 3).

Observational learning: This is behavioural acquisition that occurs by watching the actions of other's behavior. This is presented in the questionaire in question 63 (Appendix 3).

CHAPTER THREE
RESEARCH METHODOLOGY

3.0 Introduction

This chapter outlines the methodology that was used to obtain the research data. The study setting, study design, study population, sample and sampling procedure, data collection procedure, data analysis and ethical consideration are all described in the chapter.

3.1 Study Design

A retrospective cross sectional design was used to identify the social support provided by men to their spouses during last pregnancy among delivered mothers attending infant welfare clinic in selected Primary Health Centersin Ibadan north Local Government Area, Oyo state Nigeria.

3.2 Study Area.

Ibadan North Local GovernmentArea is the study area which is located approximately on longitude 8°5' East of the Greenwich meridian and latitude 7°23' North of equators. According to the 2006 population census (provision result); it has a proportion of 306,763 the male population is given as 153,039 and female population as 153,756 (source ERN (National Bureau of Statistics). This local government consists of multi-ethnic nationalities

predominantly dominanted by the Yoruba, Igbo, Edos, Urhobos, Itsekiris, Ijaws, Hausas, Fulani and foreigners who are from Europe, Asia and other parts of the world. The inhabitants are mostly traders, university and polytechnic lecturers, civil servants, students etc. The Local Government Area also houses several health care centers such as University College Hospital, Jaja health care centers, Adeoyo Hospital and several Maternity Centers and dispensaries as well as several primary health centers.

Ibadan North Local Government Area comprises of twelve wards and fourteen primary health centers.The fourteen Primary Health Centers is divided into type 1(offers ANC with other health care services and this includes; Idi Ogungun PHC, Basorun PHC, Agbowo PHC, Barika PHC, Sango PHC and BodijaPHC, type 2(do not offer ANC but offer other health care services) which includes;Samonda PHC, Sabo PHC, Obasa PHC, Oke Are PHC, Oke – Itunu PHC and Agodi gate PHC and type 3(health post); Ashi and Yemetu

3.3 Study Population

The study population consists of mothers attending selected Primary HealthCenters in Ibadan North Local Government Area, Oyo state.

3.4 Inclusion Criteria

Mothers attending selected Primary Health Centers in Ibadan North LGA with babies less than 6months old, who consent to participate in the study.

3.5 Exclusion Criteria

Mothers attending any of the selected Primary Health Centers but whose babies are more than 6months old and those who do not consent to participate in the study.

3.6Sample Size Determination

The study sample for this research was calculated using the model by (Araoye, 2003)

$N=z^2pq\ /d^2$

Where p = prevalence(that is, the proportion of the target population estimated to have a particular phenomenon of interest in the study)

Where p= 15%) from a recent study on perception on husband's support during pregnancy, labor and delivery (Sokoya et al. 2014)

q = 1-P = 1-0.15 = 0.85

z = confidence limit (95%) = 1.96

d = level of precision (0.05)

Therefore n = $\frac{(1.96)^2 \times 0.15 \times 0.85}{0.05 \times 0.05}$ = 195.9 approximately 200

A non-responsive rate of 10% of 200 = 20. Therefore, 20 was added to the sample size calculated to make the sample size 220 in order to address any possible case of incomplete response or no response in the instrument.

3.7 Sampling Technique

This study employed a multi-stage sampling technique involving four stages:

Stage 1: The list of the 14 Primary Health Centers (PHCs) were obtained from the programme officer of Ibadan North Local Government Area, which was stratified into 3 Categories. Type 1(those that offer ANC services) which are6 in number, Type 2(those that do not offer ANC services)6 in number and Type 3(health post)2 in number.

Stage 2: Purposive sampling method was used to select the 6 PHCs those that offer ANC (Type 1).

Stage 3: Proportionate sampling method was used to select the number of mothersfrom each of the 6 PHCs, (See Table 1).

Stage 4: Random selection of mothers who consent to participate in the study at each of the 6 PHCswere selected until the sample size was reached.

$$\frac{Average\ no\ of\ attendees\ \times total\ sample\ size}{sum\ total\ number\ of\ attendees} = The\ proportion\ to\ be\ selected\ in\ each\ PHCs$$

Table 1: Proportional Allocation for each stratum of PHCs

Primary Health Centers	**Average number of attendees**	**Proportionate Sampling**
1.Idi Ogungun	70	$\frac{70 \times 220}{230} = 67$
2.Agbowo	30	$\frac{30 \times 220}{230} = 29$
3.Sango	35	$\frac{35 \times 220}{230} = 33$
4.Bodija	45	$\frac{45 \times 220}{230} = 43$
5.Basorun	20	$\frac{20 \times 220}{230} = 19$
6.Barika	30	$\frac{30 \times 220}{230} = 29$
	TOTAL=230	TOTAL=220

3.8 Instrument for data collection

Qualitative and quantitative instruments were used for data collection. Some of the questions on both instruments were obtained from literature and through the professional views of the supervisor. The quantitative instrument was modified with the findings from the qualitative reports.

i*Qualitative instrument*: Focused Group Discussion(FGD) guide was used to obtain qualitative data from mothers(see Appendix I). The Focused Group Discussion (FGD)guide had two sections. The first section was the introduction while the second part contained 10 questions on knowledge on social support, ways by which men provide social support during pregnancy, changes in social support as pregnancy and parity advances and the effects of social support on pregnancy/outcome.

ii*Quantitative instrument*: The quantitative instrument was interviewer administered questionnaire. Thiscontainedfive sections; section A focused on socio demographic details of respondents with variables such as gender,age of respondents,religion,and parity and so on. Other sections(B-F) contained questions on ways husbands provided social support to their spouses during pregnancy,changes in social support as pregnancy advanced, factors that influence the support provided by men to their spouses during pregnancy and the effects of

the social support provide to their spouses during pregnancy on pregnancy outcomes respectively.

3.9Validity of the instruments

Validity describes the expected measure and the accuracy of the research method and instrument. The instruments were developed in English with its validity ensured through extensive literature search on men's involvement in utilization of health care services by their spouse. The drafts were developed with the assistance of my research supervisor so as to ensure face and content validity. Corrections made by my supervisor were adopted to improve the instruments. The questions written in English were translated to Yoruba and back to English to aid the understanding of the respondents. The review by research supervisor and other lecturers were adequately undertaken to provide face validity.

3.10 Reliability of the instruments

Reliability is the extent to which an instrument yields the same result in repeated trials. Thequalitative instrument was pretested at Ibadan North East Local Government Area among 8 nursing mothers attending the infant welfare section of the primary health center of the Local Government. The quantitative instrument was pretested among 22 infant welfare clinic attendee mothers (representing ten percent of the sample size) at the Ibadan North East Local Government. Copies of the pretested questionnaires were cleaned, coded, and entered into the computer. The Cronbrach's alpha model technique of SPSS (version 21) was used to determine the reliability coefficient of the questionnaire (Cronbach alpha is a measure of internal consistency that is, how closely a set of items are as a group). In this approach, a reliable coefficient greater than 0.50 was regarded as reliable. The Cronbach alpha technique gave a reliability of 0.70.

3.11 Data Collection Procedure

Qualitative data: Letter of introduction obtained from the Medical Officer of Health of Ibadan North Local Government Area was presented to the matron of each PHCs after which

the researcher and the other assistants (secretary, timekeeper and audio recorder) were introduced to the mothers. Mothers who gave consent to participate in the Focus Group Discussion were selected. The Focus Group Discussions were held in one of the offices in each of the primary health centers with FGD guide constructed in Yoruba which lasted not more than one hour within the period of waiting for their babies to be immunized to encourage full participation. Participants were provided with adequate information about the study and what is expected of them as well as the ground rules, permission was obtained for audio recording of the discussion. The same questions were asked in each group in the same order and exact wording. The FGD was facilitated by the researcher, with the help of three other persons; the time keeper who kept track of the time, the secretary who was documenting the discussion and the audio recorder. With participants in the FGD ranging from 6 to 8 in each group. Findings from the FGD were used to improve the quantitative instrument before proceeding with data collection.

Quantitative data:The data collection took place after a week training of research assistants on the purpose of the study, interpersonal communication, and data collection procedures. An interviewer-administered questionnaire constructed in English and in Yoruba for some mothers who would not be able to converse properly in English language was administered under the supervision of the principal investigator and the research assistants. After a favorable response from the ethics review board and a letter of introduction from the Medical Officer of Health at the Ibadan north local government area to each of the matrons of the Primary Health Centersthe questionnaires were administered to mothers during the period of waiting for their babies to be immunized (in the morning) with the discretion and direction of the matron after obtaining approval from her. The mothers wereinformed about the nature of the study and assured of confidentiality and anonymity by the researcher, prior to distribution of the questionnaires. During the process of data collection, the mothers were asked to communicate any questions that require clarification. All administered questionnaires were thoroughly examined for completeness by researcher and research assistantsafter collection. A total of 220 questionnaires were administered to eligible respondents.

3.12Data Management and Analysis

Qualitative data analysis: The audio recording of the exchange of pleasantries session was first played to affirm the proper functioning of the audio recorder before the commencement of the FGD. The audio recordings of the FGD was transferred to the computer system for better audio presentation.The voice notes were played over several times for clarity after which each was transcribed verbatim with no identification attached to each participant except for pseudonyms (alphabets).Similar opinions as well as varying views were collected. Transcripts were analyzed thematically, using content analysis. Similar and different themes were developed within and across the groups. Each opinion was put in italics form, including the speaker's means of identification for easy comprehension and identification

Quantitative data analysis: All copies of the questionnaire were checked by the investigator one after the other for the purpose of completeness and accuracy. Also, the questionnaire were reviewed and edited for random and systematic error and possible corrections made, serial number were assigned to each of the administered questionnaire for easy reference and identification. Coding guide was developed for the questionnaire to code and enter each question into the computer for analysis. Analysis was done with the use of statistical package IBM SPSS version 21.The data was entered into the computer and subjected to descriptive(mean, median, mode) and inferential(Chi square) statistical analysis. Knowledge was assessed on an18- point scale with scores ≤9 categorized as poor while scores >9 were categorized as good knowledge. Information obtained was summarized and presented in Table and Figures.

3.13Ethical Considerations

Ethical approval was sought from the Oyo State Ministry of Health Ethical Review Committee and letter of introduction applied and gotten from the Medical Officer of Health of the Ibadan North Local Government to each matron of the Primary Health Centers. Informed consent was obtained from the participants verbally. Permission was obtained from each of the matrons of the selected Primary Health Centers. Confidentiality of the respondents' information supplied was ensured by allocating pseudonyms (alphabets) to each

respondent in the FGD and identification number to each questionnaire (respondents 'name was not included in the questionnaire).

Ethical issues like confidentiality, opportunity to decline interview at any stage and non-exposure to risk and grand rules during the conduct of the FGD were discussed with each respondents. Only respondents who gave informed consent (i.e. are able to demonstrate an understanding of the objectives of the study) were recruited into the study.Data collected was used for the purpose of this research and were kept confidential on a password protected computer to avoid unauthorized access; questionnaires serially numbered to avoid missing were stored in a safe place.

3.14 Beneficence

The outcome of the research is of benefit not only to the participants, but also to the health sector such that programs aimed at increasing the knowledge and awareness of husbands of pregnant women about the emotional, physical and socio economic needs of their spouses during pregnancy so as to promote their participation and involvement throughout the period of pregnancy with the view of improving pregnancy outcomes and reduce maternal mortality. Also to involve health care providers in encouraging men to be more involved in the care of their wives during pregnancy by having a positive attitude which would encourage them to be present at their wives antenatal visits thus enlightening them about their wives' state and also foster a sense of shared responsibility for the pregnancy.

3.15 Limitations of study

The findings might not be generalized to the entire number of women attending various primary healthcenters in Ibadan North LGA of Oyo state as not all the primary health centers in Ibadan north local government was used. The questions on social support, although it captured the four basic types were a bit lengthy for the mothers, a shorter version of the questionnaire will be advised for future studies. Also the research was based on the last pregnancy only the findings cannot be used as a representative of the support provided in other previous pregnancies.

CHAPTER FOUR

RESULTS

This chapter outlined the results of this study which are the qualitative results that is, the thematic analysis of the Focus Group Discussion (FGD) and the quantitative results.

4.1Qualitative results

The opinions of participants during the focus group discussion are highlighted in this section. There were 6 homogenous groups (all women) from the FGD, each participant contributed willingly to the discussions at one point or the other.

4.1.1. Knowledge on social support provided by men during pregnancy.

Almost all the participants described that men's support during pregnancy is the man making the woman happy during pregnancy. This opinion was common amongst older women across the FGD groups,the following statement represents their opinion.

"There are a lot of support a man can provide during pregnancy but first they should make ushappy because of the condition a lot of women get irritable and whatever they do should not make the men angry but they should know it is the condition that is responsible for it".(PHC 1a)

"What I think is that happiness during pregnancy is that main thing because if man makes a woman happy it will encourage the woman even if she initially does not want to do something if she sees the way that man behaves it will prompt her to do a lot of things. Happiness is the main thing". (PHC 1b)

"What I can say is for that man to be making the woman happy and whatever she wants at that time the husband should do it for her so that she would not be brooding that is what I can say".(PHC 3a)

On the other hand, some of the participants believed it is when the man does not deprive the woman sexually as expressed in the comments below is what it means for a man to support his spouse during pregnancy;

"The support a man can provide is in the area of sex". (PHC 3c)

"What I can say about it is that the husband should be sexually intimate with the woman during pregnancy so that she can have a safe delivery just as they usually tell us at the clinic".(PHC 3 b)

4.1.2Ways of providing social support by men during pregnancy

The ways expressed by some women as means by which a man can provide support to his spouse during pregnancy are; assisting with house chores and taking care of other children as assisting with these is a great relief during pregnancy and promotes comfort. The following are some of the opinions.

"If other children wants to go to school they should be able to take them to school and also bring them back after school closes and then if the domestic chores are quite much they should help out"". (PHC 1a)

Helping her with some house chores that she has been doing before but because there is limit to what she can do now during pregnancy so that it would not have any adverse effect on the unborn child". (PHC 4g)

"There are several ways a man can help a woman during pregnancy if the work is getting too much for her he can help with taking care of other children and fetch water". (PHC 5 d &g)

4.1.3 Women's experiences during pregnancy and how it is dealt with.

Across the groups most of the women discussed that spitting, vomiting and loss of appetite are the most common experiences during pregnancy and a man can support the woman by helping with cooking, encouraging and bearing with her knowing pregnancy is temporary and these experiences will wear off as pregnancyadvances. Their opinions were expressed as follows;

"Women go through a lot of experiences during pregnancy some spits, some vomits, some cannot even eat the food prepared by them, he should help and know that the condition is temporary and the man need to endure and if the woman would not eat whatever she cooks the husbands needs to know that about her such a husband should help her cook so that she can eat till she is able to cook and eat". (PHC 2f)

"The man should show love and endure even as the woman is spitting and vomiting some women are even irritable during pregnancy such a man should endure and bear

with her that since she does not behave this way normally but it is as a result of the pregnancy".(PHC 3d)

4.1.4Changes in men's roles as pregnancy advances

Across the groups all the women agreed that there are changes inmen's roles as pregnancy advances although the changes were said to be increasing by some mothers with three children and below while the otherswho has three children and above described the changes as reducing. Those that described the changes as increasing as pregnancy advanced discussed as follows;

"There are changes, as the pregnancy advances and the man sees that ha! My wife is pregnant and the heavy things that he does not normally assist her with he would help with it seeing that she cannot bend and she is heavy to do some things and he would even assist her at the peak of the pregnancy more than before and as it advances I believe the support the husband gives should also increase". (PHC 2b)

"There would be changes because he would know that the woman is getting weak unlike when the pregnancy was 1month ,going to 6months or 9months the support would be high because he knows she is now heavy than before".(PHC 5 a)

While the others (mothers withthree children and above) described the changes as reducing as pregnancy advances from the following comments,

"As pregnancy advances a man should support the wife .There are ways he can support the wife when the pregnancy is almost term and the woman needs to work to ease delivery process so she would not lying around like it was at the early stage of pregnancy that the support should be high, as pregnancy advances the support reduces as the woman needs to exercise". (PHC 3c)

"As pregnancy advances there should be changes in the support provided by a man because there is a time when a woman needs to exercise and that is when pregnancy is advancing like 8months she should not just rely on the husband because he has been helping her all the things the husband has been doing for her at the early stage as pregnancy advances she should endeavor and force herself top do them while the husband reduce what he has been doing at this stage she has to force herself because the body would not want to work but despite that she needs to exercise because of the period of delivery".(PHC 4f)

In contrast some explained that there should not be changes in the support men provide as pregnancy advances as long as the man loves his spouse love covers all faults they argued. This was expressed by the women in the following comments;

"The support should not change if the man really love his wife then if he does not support her and she breaks down physically he would be the one running around". (PHC 1a).

"There should not be any difference that the bump is out or not should not mean that the man should not have sex with his wife, neither does it mean that he should not provide swat he should provide for her". (PHC 3b)

4.1.5. Changes in men's support as parity increases.

Majority of the women in the 6 FGDs agreed that there would be changes in the support men provide as parity increases most of them attributed this to increase in demands in the house this opinion was described by mothers who have more than a child.Some identified the changes in support by the men as increasing while some described it as reducing as parity increases.

Those that described the support as reducing as parity increases explained that;

"There could be changes if a woman already has 3children and it also depends on the spacing in between them example, a man might feel that since the other children are

old enough to wash and fetch water which were the things he normally does to support the woo man he will reduce them during the fourth pregnancy and leave it to the older children but he would then assist the woman with the things they are unable to do". (PHC 1c)

"There would be changes if other children are old enough to do some things there would be reduction in what the husband does the husband would just assist with the ones that child cannot do another way the man can support is if in the hospital one has been asked to buy this or that he should buy it for one". (PHC 4e)

While others explained the changes as increasing as follows;

"Yes as one have more children the support also increases, and the man also sees that there are more children in the house more work to be done which one cannot do alone he would assist except if the woman has house help so as a woman gives birth to more children the support a man provides also increases". (PHC 2f)

"As a woman gives birth? As a woman gives birth so also does the support a man provides increases like if the man has two older children to bend to bathe them would be difficult while she is pregnant if the woman normally wakes up 5;30a m if it is that 5;30am that she is just starting to sleep due to the pregnancy if it is a responsible man he can bring the children out and bathe them and also assist her to cook and allow her rest if it is a woman that normally wakes up to do her chores but if otherwise, he might not, but if it someone that he already knows is hard working he would bear with her coupled with the love he has for her". (PHC 2g)

4.1.6. Additional support men can provide during pregnancy

Some women said provision of money to meet their needs during pregnancy is what men should do more in addition to what they have been doing during pregnancy so that they can be able to purchase all that they need for the baby and their wellbeing. Their opinion was explained as follows,

"They should be caring, provide money for all the things we need to buy for the baby".(PHC 1f)

"The most important thing is money if there is money other things are little if a woman gets what she wants at the time she needs it so I do not think there anything more that they can do and the man helps the love between would grow stronger, there would not be any issue that my wife is now old". (PHC 4 a)

"They should take care of us provide money for baby thing so that there would not be any disappointment at the hospital". (PHC 5a)

While some said being more intimate with women sexually during pregnancy to ease delivery is what men should do more in addition to what they have been doing this is based on the belief that having sex during pregnancy especially towards terms widens the vagina opening thus making delivery easy such that there would not be need to widen the vagina through a cut and invoke more pain during labor. Their opinion was expressed as follows,

"They should pray for us and be intimate with us sexually, some things they ought to be doing for us during pregnancy but that their ego is preventing them from doing they should suppress their ego and assist us pls".(PHC 1d)

"They should be constantly intimate with us sexually so that it would make delivery easy and birth opening roomy". (PHC 1b)

"What they can do! Our nurses usually say we should allow our husbands to have sex with us, they should not deprive us they should take care of us so that we can take care of the baby". (PHC 4 f)

In contrast some women discussed that men should continue what they have been doing that there is nothing more for them to do to support during pregnancy,

"They should continue with what they have been doing". (PHC 3c)

"They should continue with what they are doing". (PHC 5d)

4.1.7. Impact of husband support during pregnancy.

Most of the women in the groups identified "easy delivery" as the impact the support a man provides have and also "healthy baby" according to them a woman that is well taken care of during pregnancy would give birth to healthy baby as the baby derives his or her nutrients from the mother . The following are some of their remarks,

"There a lot of impact a man that support his wife can have on her a woman her husband assist during pregnancy when she wants to deliver she would deliver with ease and a woman that is still bending to do things at 7months the baby might aspirate fluid so when the man assists the baby would also be healthy too". (PHC 2f)

"If we are well taken care of it would reflect in the health of the baby see my baby is not up to 3months and he is looking big and fresh it reflects the kind of support my husband provided to me, because if the woman is not eating well the baby would be small for his age and have retarded growth. A man that allows his wife to go for ANC and you provide money for the drugs prescribes it is because you want it to show on your baby as well but if a man refuses to provide what the woman needs by the time she delivers the baby would not be healthy they would have to place the baby on some drugs again and all". (PHC 3f)

4.1.8. Factors influencing the support men provide during pregnancy.

The factor identified by most of the women across the groups was the woman's behavior and attitude they expressed that a woman's bad attitude towards the husband or nagging attitude

about the little support the man provides while she is pregnant could cause the man to pull back even in the little he is providing. Their opinions were expressed as follows,

> *"It is the women that causes it the way a woman talks there some things a man would want to do but when a woman feel that he has to do it and you stand on the fact that he has to do that thing we should not behave that way but see it that they are only assisting us they are the husbands and we are the wives". (PHC 2e)*

> *"Yes if the woman is also putting a lot of problems on the man if she is not behaving like a good woman should in a matrimonial home that could prevent him from providing the support he ought to during pregnancy if she doesn't respect him". (PHC 4b)*

In contrast a few of the woman discussed that there is nothing that should prevent a man from supporting his spouse during pregnancy. The following were their comments;

> *"I do not think anything should prevent a man from supporting his wife during pregnancy since this stage of pregnancy is a delicate stage he should help her with all that is necessary". (PHC1g)*

> *"I do not think there should be anything preventing men from supporting their wives during pregnancy but some men some of the fellow tenants or friends would say the woman is fetish that is why she has been able to manipulate her husband to be assisting in house chores or his friends might say I cannot assist my wife to do all these kind of work is she carrying the baby with her hands or legs? A man that discusses what operates in his home with outsiders would not be able to provide support to such a woman during pregnancy but a man that loves his wife regardless of what outsiders say he would not mind as everyone is meant to man his own house". (PHC 3a)*

4.1.9. Other things to promote men's support during pregnancy

Most women discussed that making the men happy is what can be done to promote their support during pregnancy as well as praying for them as they said the spiritual aspect is the most important as they cannot carry through with the pregnancy successfully without the help of God as the men are also limited. Below are some of their comments,

> *"Patience is what a woman needs and present things before them with respect, make them happy some women if the man gets home late she would approach him in an aggressive manner you do not need that one you would just solve whatever it is amicably if a man is happy there is nothing you ask from him that he would not give you".(PHC 2a)*

> *"We should love them unconditionally for a pure heart and one should stand on the truth towards the man such that the man can also vouch for the woman that she cannot do anything that is not morally right, it will make them happy and willing to support and everyone would be happy and the children would also prosper and everyone would be happy" (PHC 4g).*

4.2 Quantitative results

The quantitative are organized into six sections which included: Socio demographic characteristics, Knowledge on Social Support, Ways by which men provide social support to their spouses, Change in social support provided by men at 1st, 2nd, and 3rd trimesters, Factors that influence the social support men provide to their spouses during pregnancy and Effects of social support provided by men to their spouses during pregnancy on pregnancy outcomes.

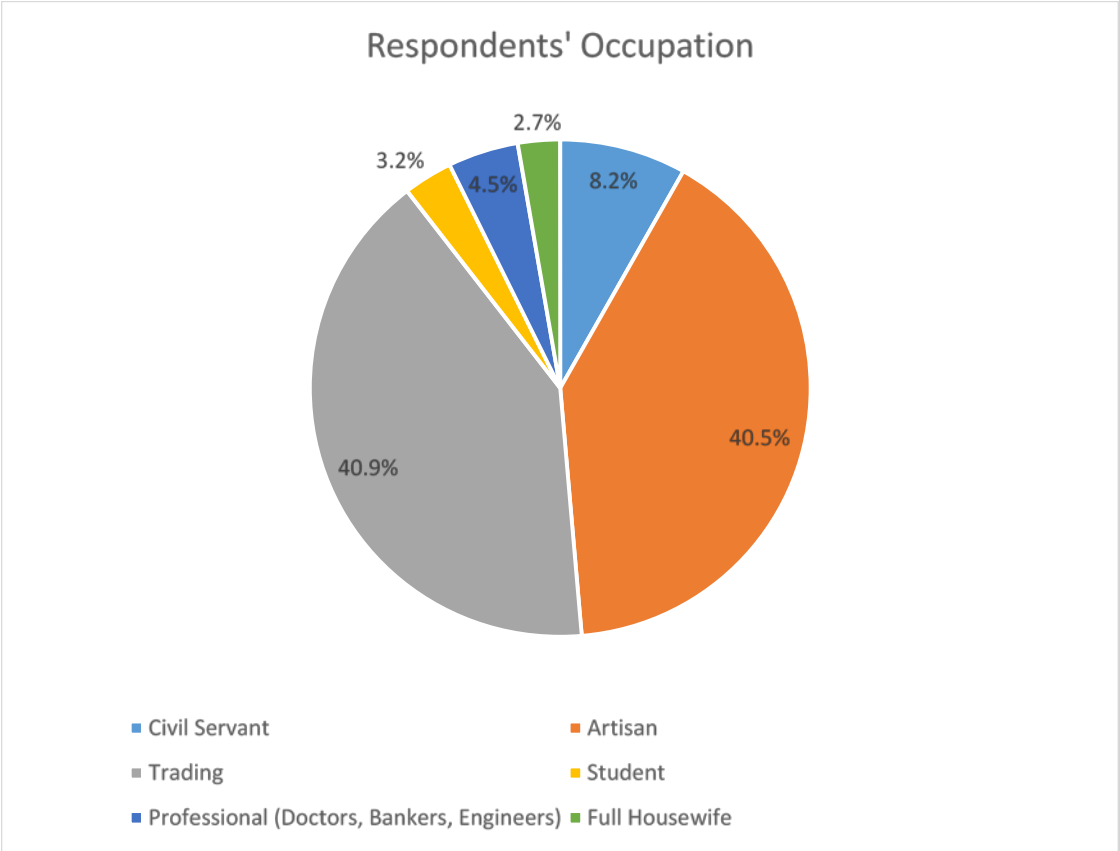
4.2.1 Socio-demographic Characteristics

The mean age of the respondents was 27.6±5.5 years and it ranged from 17 to 46 years. More than a quarter (33.6%) fell between 27 – 31 years' age bracket. Almost all of the respondents (98.6% were married and Yoruba (90.5%). Most of the respondents (93.6%) had monogamous family while only a little more than half of the respondents (53.6%) had secondary school education. The predominant occupations among the respondents were trading (40.9%) and artisan (40.5%).50% of the respondents are Christians and 50% Muslims. Majority of the respondents (87.3%) have had between 1 to 3 pregnancies but a higher percentage (90.0%) have had between 1 to 3 children. Other information are presented in Tables 4.1.

Table 4.1: Socio-demographic characteristics of the respondents (N=220)

Socio-demographic Variable	Frequency (N)	Percentage (%)
Age		
17 - 26 years	99	45.0
27 - 36 years	106	48.2
37- 46 years	15	6.8
Marital Status		
Single	3	1.4
Married	217	98.6
Educational Status		
No formal education	1	.5
Primary education	28	12.7
Secondary Education	118	53.6
Tertiary education	73	33.2
Religion		
Christianity	110	50.0
Islam	110	50.0
Ethnicity		
Igbo	16	7.3
Hausa	5	2.3
Yoruba	199	90.5
Family type		
Monogamous	206	93.6
Polygamous	14	6.4
If married, Husband Occupation		
Professional(Medical Doctors, engineers and bankers)	31	14.1
Artisan	56	25.5
Civil Servant	35	15.9
Unemployed	2	.9
Trader	76	34.5
Long distance Driver	12	5.5
Clergy	5	2.3
Student	3	1.4
How many time have you been pregnant		
1-3 pregnancies	192	87.3
3 pregnancies and above	28	12.7
Number of Children		
1-3 Children	198	90.0
3 Children and above	22	10.0

Figure 4.1: Respondents occupation (N=220)



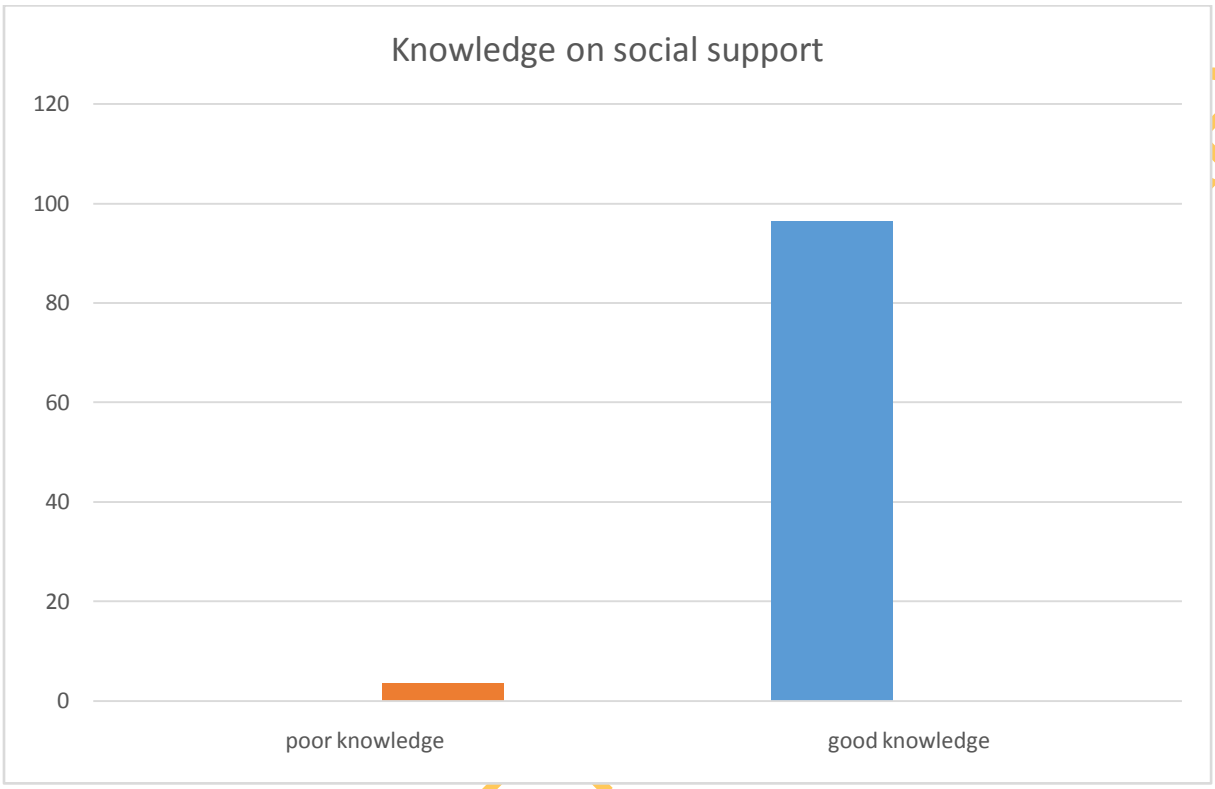
4.2.2 Knowledge on Social Support

The mean knowledge score obtained by the respondents was 17.0±2.6 and almost all the respondents (96.4%) had good knowledge on social support that should be provided by their husbands.Almost all of them correctly stated their husband should show care and affection (96.8%) and also ask about their fears and worries (95.9%) as forms of emotional supports.This corroborates the report of the FGD were majority of the participants explained that a peaceful environment and being made happy is what means to be provided social support by the man during pregnancy. Almost all of the respondents (94.5%) also correctly stated that the following as instrumental social supports to be provided by husbands; assistance with domestic work (94.5%), providing money when needed (96.4%) and accompanying to the hospitals during appointment (88.6%). Other responses are presented in Table 4.2.

Table 4.2: Knowledge on Social Support (N=220)

Knowledge Variable	(N)	(%)
Emotional Social support		
To be shown care and affection	213	96.8
To be asked about fears and worries	211	95.9
Instrumental Social support		
To be assisted with some domestic work	208	94.5
Husband providing money when needed	212	96.4
To be accompanied during hospital appointments	195	88.6
Informational Social support		
Giving of advice and guidance at the time needed	209	95.0
Educating on healthy lifestyle based on one's medical state	206	93.6
Appraisal Social support		
To be reminded of medical appointments	209	95.0
To be reminded on the importance of healthy living	213	96.8
Level of Knowledge		
Poor Knowledge	8	4.6
Good knowledge	212	96..4

Figure 4.2: Knowledge of respondents on social support



4.2.3 Ways by which men provide social support to their spouses during pregnancy

Emotional ways of providing social support

Many of the respondents (62.3%) stated massaging of the back when tired as one of the ways social support was provided during pregnacy while almost all of them mentioned that men provided social support by helping identify fears and worries and encourage with kind words (95.0%), meet sexual demands during pregnancy (93.6%) and ensuring that the pregnant wife is happy and given peace of mind.This finding is consistent with the FGD reports where majority of the woman explained that assisting with house chores are ways social support can be provided during pregnancy.

Instrumental ways of providing social support

Fewer respondents (36.8%) stated accompanying to antenatal clinic while only 32.7% stated transporting to and fro the antenatal clinics. However, majority (96.4%) mentioned provision of money for clinic bills and other need while 81.4% also mentioned helping with some house chores. Other responses are presented in Table 4.3.

Informational ways of providing social support

Majority of the respondents (83.6%) mentioned encouragement to book early at the antenatal clinic while a higher percentage (94.5%) mentioned advice on ways to be healthy throughout pregnancy. Majority (89.1%) also mentioned being reminded of appointments at the clinic.Other responses are presented in Table 4.3.

Appraisal ways of providing social support

Almost all the respondents (92.7%) mentioned being asked for feedback from the clinic when he is not present while 93.2% also mentioned monitoring of nutritional intake. Other information are presented in Table 4.3.

Table 4.3: Ways by which men provide social support to their spouses during pregnancy (N=220)

Variable	(N)	(%)
Emotional Ways social support was provided		
Massaged back when tired	137	62.3
Identified fears and worries and encouraged with kind words	209	95.0
Met sexual demands during pregnancy	206	93.6
Ensuring I am happy and given peace of mind	217	98.6
Instrumental Ways social support was provided		
Provided money for clinic bills and other needs	212	96.4
Accompanied to antenatal clinic	81	36.8
Transported to and fro the ante natal clinic	72	32.7
Helped with some house chores (e.g sweeping, washing of clothes, cooking....)	179	81.4
Helped in taking care of other children	133	60.5
Prayed for me and baby at all times	214	97.3
Informational Ways social support was provided		
Encouraged me to book early at the antenatal clinic	184	83.6
Reminded me of appointments at the clinic	196	89.1
Advised me on ways to be healthy throughout pregnancy	208	94.5
Appraisal Ways social support was provided		
Asked for feedback from the clinic when he is not present	204	92.7
Monitored my nutritional intake	205	93.2

4.2.4 Change in Social Support provided by men as pregnancy advances

i.Emotional Social Support

Massaging back when tired

More than half of the respondents (60%) provided low level of this support at the first trimester but this tends to decrease to only 36.4% and 13.6% at the second and third trimesters respectively. Almost three quarter (65.7%) provided high level of this support at the third trimester. Other information is presented in Table 4.4.

Identifying fears and worries and encouraged with kind words

Majority of the respondents (67.3%) provided this support at the first trimester which later increased to 72.4% at the third trimester. Other information is presented in Table 4.4.

Meeting sexual demands during pregnancy

Less than half of the respondents (41.0%) provided a high level of this support during the first trimester. This later decreased to just 19.8% at the second trimester and later increased to 45.8% at the third trimester. Other information is presented in Table 4.4.

Making wife happy and giving peace of mind

Almost all the respondents (91.6%) provided a high level of this support and it remained constant throughout pregnancy. Other information is presented in Table 4.4.

ii. Instrumental Social Support

Accompanying to clinic

Despite the fact that only 36.8% of the respondents' husband provided this support, only 43.2% of those that provided this support provided it at a high level and this decreased to 28.4% at second trimester but later increased back to 45.7% at the third trimester. Other information is presented in Table 4.5.

Transporting to and from the clinic

Only a few of the respondents' husband (35.5%) provided this support of which 42.3% of them provided it at a high level. This also decreased to about 28.2% and later increased to 46.2% at the third trimester. Other information is presented in Table 4.5.

Helping with some house chores (e. g sweeping, cooking and washing of clothes)

Only 79.1% of the respondents provided this support out of which 43.1% provided it at a high level during the first trimester. This percentage later increased to 66.1% at the third trimester.This corroborates the report of the FGD where some of the participants discussed that the social support provided by men increases as pregnancy advances due to the fact that the woman would be weaker and would be unable to do the things she does before.Other information is presented in Table 4.5.

Helping in taking care of other children

A little more than half of the respondents (56.8%) provided this support of which only less than half (49.6%) provided it at a high level. This however increased to 59.2% at the third trimester. Other information on other change in other social support provided by men are presented in Table 4.5.

iii. Informational Social Support

Encouraging to keep ANC appointments

More than half (51.4%), (50.9%) and (55.1%) of the respondents provided high level of this support at the 1st, 2nd and 3rd trimesters respectively.

Reminding of appointments at the clinic

Less than half of the respondents (46.6%) and (46.3%) provided a high level of this support at th 1st and 2nd trimester but this increased during the third trimester as more than half (54.4%) provided this support. Other responses are presented in Table 4.6.

iv. Appraisal Social Support

Asking for feedback from clinic

High level of this support was highest at the third trimester with more than half of the respondents (56.9%) provided this support although about a third (38.4%) also provided moderate support at the third trimester.

Monitoring Nutritional intake

More than half of the respondents (60.7%) provided high level of this support at the first trimester. This reduced a bit to 56.5% at the second trimester but later increased to 64.9% at the third trimesters. Other information are presented in Table 4.7.

Table 4.4: Change in Emotional Social Support provided by men at 1st, 2nd and 3rd trimesters

Level of social support	1st trimester N (%)	2nd trimester N (%)	3rd trimester N (%)
Massaging back when tired (N= 140)			
Low	84(60.0)	51(36.4)	19(13.6)
Moderate	29(20.7)	74(52.9)	30(21.4)
High	27(19.3)	16(11.4)	92(65.7)
Identifying fears and worries and encouraged with kind words (N=214)			
Low	26(12.1)	20(9.3)	10(4.7%)
Moderate	43(20.1)	52(24.3)	49(22.9)
High	144(67.3)	142(66.4)	155(72.4)
Meeting sexual demands during pregnancy (N=212)			
Low	75(35.4)	74(34.9)	62(29.2)
Moderate	50(23.6)	96(45.3)	53(25.0)
High	87(41.0)	42(19.8)	97(45.8)
Making wife happy and giving peace of mind (N=214)			
Low	4(1.9)	5(2.3)	2(0.9)
Moderate	14(6.5)	13(6.1)	16(7.4)
High	196(91.6)	196(91.6)	196(91.6)

Table 4.5: Change in Instrumental Social Support men provide at 1st, 2nd and 3rd trimesters

Level of social support	1st trimester	2nd trimester	3rd trimester
Providing money for clinic bills and other needs (N=213)			
Low	4(1.9)	3(1.4)	6(2.8)
Moderate	31(14.6)	36(16.9)	28(13.1)
High	178(83.6)	174(81.7)	179(83.6)
Accompanying to clinic (N=81)			
Low	34(41.9)	26(32.1)	24(29.6)
Moderate	12(14.8)	32(39.5)	18(22.2)
High	35(43.2)	23(28.4)	37(45.7)
Transporting to and from the clinic (N=78)			
Low	30 (38.5)	24(30.8)	21(26.9)
Moderate	15(19.2)	32(41.0)	22(28.2)
High	33(42.3)	22(28.2)	36(46.2)
Helping with some house chores (e,g sweeping, cooking and washing of clothes) (N=174)			
Low	42(24.1)	25(14.4)	12(6.9)
Moderate	57(32.8)	78(44.8)	47(27.0)
High	75(43.1)	71(40.8)	115(66.1)
Accompanying to shop for baby things (N=168)			
Low Social Support	101(60.1)	101(60.1)	101(60.1)
Moderate social support	16(9.5)	17(10.1)	14(8.3)
High social support	51(30.4)	50(29.8)	54(32.1)
Helping in taking care of other children (N=125)			
Low Social Support	31(24.8)	23(18.4)	14(11.2)
Moderate social support	32(25.6)	42(33.6)	39(31.2)
High social support	62(49.6)	62(49.6)	74(59.2)
Prayed for wife and the baby (N=210)			
Low Social Support	2(0.9)	3(1.4)	3(1.4)
Moderate social support	32(15.2)	30(14.3)	24(11.4)
High social support	176(83.8)	177(84.3)	183(87.1)

Table 4.6: Change in Informational Social Support provided by men at 1st, 2nd and 3rd trimesters

Level of social support	1st trimester	2nd trimester	3rd trimester
Encouraging to keep to ANC appointments (N= 214)			
Low Social Support	26(12.1)	17(7.9)	11(5.1)
Moderate social support	78(36.4)	88(41.4)	85(39.7)
High social support	110(51.4)	109(50.9)	118(55.1)
Reminding of appointments at the clinic (N=204)			
Low Social Support	26(12.7)	16(7.8)	12(5.9)
Moderate social support	83(40.6)	95(46.6)	81(39.7)
High social support	95(46.6)	93(46.3)	111(54.4)
Advising on ways to be healthy throughout pregnancy (N=209)			
Low Social Support	19(9.0)	12(5.7)	8(3.8)
Moderate social support	100(47.8)	109(52.2)	93(44.5)
High social support	90(43.0)	88(42.1)	108(51.7)

Table 4.7: Change in Appraisal Social Support provided by men at 1st, 2nd and 3rd trimesters

Level of social support	1st trimester	2nd trimester	3rd trimester
Asking for feedback from the clinic when he is not present (N=211)			
Low Social Support	17(8.0)	13(6.2)	10(4.7)
Moderate social support	90(42.7)	100(47.4)	81(38.4)
High social support	104(49.3)	98(46.4)	120(56.9)
Monitoring nutritional intake (N= 214)			
Low Social Support	18(8.4)	16(7.4)	11(5.2)
Moderate social support	66(30.8)	77(35.9)	64(29.9)
High social support	130(60.7)	121(56.5)	139(64.9)

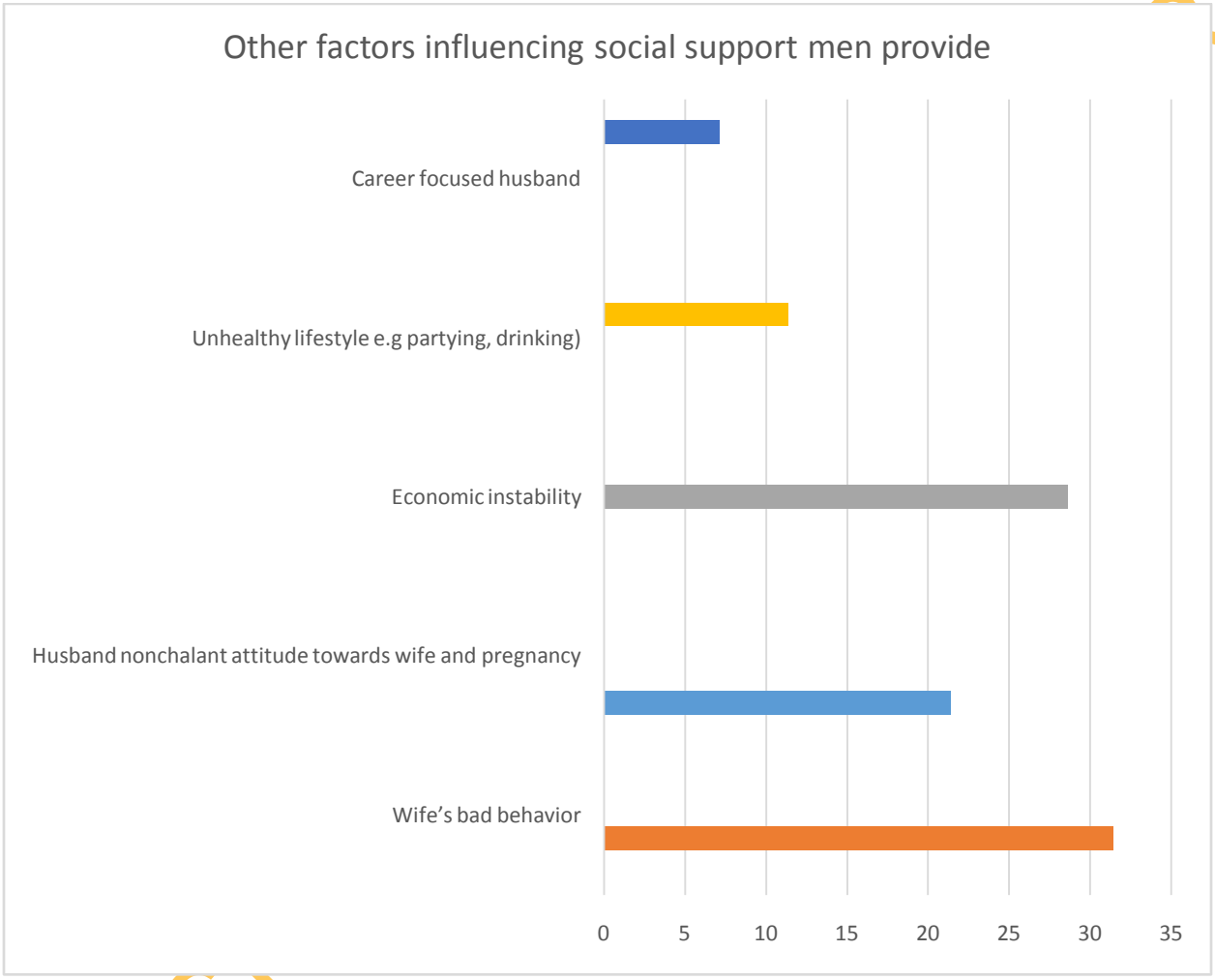
4.2.5 Factors influencing social support men provide to their spouses during pregnancy

The following are some of the factors influencing social support men provide to their spouses during pregnancy as mentioned by the respondents; Waiting time in the health facility (58.2%), husband's occupation (56.8%), husband's income (52.3%), husband's educational level (49.1%), family type (58.2%), husband family members (40.9%). Another factor mentioned by almost half of the respondents (45.7%) in the quantitative is wife's bad behavior,this corroborates the report of the FGD where most of the participants explained that the wife's bad behavior and attitude towards the husband is the major factor that could influence the social support men provide during pregnancy if she nags and complains about the little support the man provides. Other factors mentioned are presented in Table 4.8.

Table 4.8: Factors influencing social support men provide to their spouses during pregnancy (N=220)

Variables	Frequency (N)	Percentage (%)
Husband's occupation	125	56.8
Waiting time in the health facility	128	58.2
Husband's income (husband not buoyant)	115	52.3
Husband's educational level	108	49.1
Husband does not know about the need to be present at ANC	116	52.7
Family type (e.g. polygamous)	128	58.2
Health Worker prohibit husband from waiting/healthcare provider's attitude	131	59.5
The Society frowns at husband assisting in house chores	94	42.7
Husband lives in another city	123	55.9
Husband family members (e.g. mother-in-law complains the wife is fetish and prevents her from having access to his son)	90	40.9
Husband's friends	95	43.2
Husband has mistress outside the home	133	60.5
Neighbors (husband has been turned into a slave)	93	42.3
Society frowns at husband accompanying to ANC	91	41.4

Figure 4.3: Other factors influencing social support men provide (N=70)



4.2.6 Effects of social support provided by men to their spouses during pregnancy

Almost all the respondents stated that the social support provided by their spouses had the following effects during pregnancy; No premature birth or miscarriage (98.2%), baby had a normal weight (97.7%), baby was not admitted after delivery (97.3%), no complication throughout pregnancy (98.2%), no still birth (98.2%), no depression at any time during pregnancy (98.2%), ANC attendance throughout pregnancy (88.6%) and easy delivery (98.6%).These findings are consistent with the report of the FGD. Most of the participants identified easy delivery and healthy baby as the effect of social support provided by men on pregnancy/ outcome.

Table 4.9: Effects of social support provided by men to their spouses during pregnancy (N=220)

Effects of social support provided by men	Frequency (N)	Percentage (%)
Had no premature birth or miscarriage	216	98.2
Baby had a normal weight	215	97.7
My baby was not admitted after delivery	214	97.3
Had no complication throughout pregnancy (e.g. bleeding, hypertension, anemia)	216	98.2
Had no still birth (baby delivered dead)	216	98.2
No depression at any time during pregnancy	216	98.2
Attended ANC throughout pregnancy	195	88.6
Easy Delivery	217	98.6

4.3 Test of hypothesis

4.3.1 Hypothesis 1

The Null hypothesis states that there is no significant relationship in the parity of the spouse and social support provided by men during pregnancy. Chi-square was used to test for association .The results indicated that there is no significant relationship in the other ways by which social support is being provided by men during pregnancy(meeting sexual demands, making happy and giving peace of mind, identifying fears and worries,praying for me and baby, accompanying to the ANC,transporting to and from the ANC ,reminding of clinic appointment, advising on ways to live healthy throughout pregnancy).The result only showed significant relationship between parity and social support of helping to take care of other children (Table 4.10).This corroborates the report of the FGD where mothers with more than a child described changes in social support men provide during pregnancy as either reducing or increasing as parity increases .

Table 4.10: Relationship between parity and husband's social support provided during pregnancy

Social Supports	Number of children		x^2	Df	P-value
	1-3	> 3 children			
Husband helping to take care of other children					
Yes	114	19	**6.864**	**1**	**0.009***
No	84	3			
Massage back when tired					
Yes	122	15	**0.363**	**1**	**0.547**
No	76	7			
Identified fears and worries and encouragement with kind words					
Yes	188	21	**0.011**	**1**	**0.918**
No	10	1			
Met sexual demands					
Yes	185	21	**0.136**	**1**	**0.713**
No	13	1			
Made happy and given peace of mind					
Yes	195	22	**0.338**	**1**	**0.561**
No	3	0			
Provided money for clinic bills and other needs					
Yes	190	22	**0.922**	**1**	**0.337**
No	8	0			
Accompanied to Antenatal clinic					
Yes	76	5	**2.086**	**1**	**0.149**
No	122	17			
Transported to and from the clinic					
Yes	68	4	**2.349**	**1**	**0.125**

No	130	18			

Social Supports	**Number of children 1-3 > 3 children**		x^2	**Df**	**P-value**
Helped with some house chores (e.g Sweeping, washing clothes…)					
Yes	161	18	**0.003**	**1**	**0.954**
No	37	4			
Prayed for me and the baby at all times					
Yes	192	22	**0.685**	**1**	**0.408**
No	6	0			
Encouraged me to book early at the ANC					
Yes	166	18	**0.059**	**1**	**0.808**
No	32	4			
Reminded me of appointments at the clinic					
Yes	177	19	**0.187**	**1**	**0.665**
No	21	3			
Advised me on ways to be healthy throughout pregnancy					
Yes	188	20	**0.627**	**1**	**0.429**
No	10	2			
Asked for feedback from the clinic when he is not present					
Yes	184	20	**0.120**	**1**	**0.729**
No	14	2			
Monitored my nutritional intake					
Yes	183	22	**1.789**	**1**	**0.181**
No	15	0			

P-value is less than 0.05 for social support,helping to take care of other children as a social support, therefore the null hypothesis is stated as there is a significant relationship between parity and husband's social support in helping to take care of other children.

4.3.2. Hypothesis 2

The Null hypothesis states that there is no significant relationship in the family type and social support provided by men during pregnancy. Chi-square was used to test for association. The result indicated that other ways by which men provide social support to their spouse during pregnancy has no significant relationship with the family type of the spouse except for social support of identifying fears and worries and encouraging with kind words.The results are presented in the Table 4.11.

Table 4.11: Relationship between respondents' family type and husband's social support provided during pregnancy.

Social Support	Family Type		x^2	Df	P-value
	Monogamous	Polygamous			
Identify fears and worries and encouragement with kind words					
Yes	198	11	**8.496**	**1**	**0.004***
No	8	3			
Massaged my back when tired					
Yes	129	8	**0.167**	**1**	**0.682**
No	17	6			
Met my sexual demand duringpregnancy					
Yes	194	12	**1.575**	**1**	**0.210**
No	12	2			
Was made happy and given peace of mind					
Yes	204	13	**3.713**	**1**	**0.054**
No	2	1			
Provide money for clinic bills and other needs					
Yes	199	13	**0.525**	**1**	**0.469**
No	7	1			
Accompanied to Antenatal clinic					
Yes	75	6	**0.234**	**1**	**0.628**
No	131	8			
Transported to and from the Antenatal clinic					
Yes	66	6	**0.697**	**1**	**0.404**
No	140	8			

Social Support	Family Type		x^2	Df	P-value
	Monogamous	Polygamous			
Helped with some house chores (e.g					

sweeping, washing clothes……)					
Yes	169	10	**0.973**	**1**	**0.324**
No	37	14			
Helped in taking care of other children					
Yes	123	10	**0.753**	**1**	**0.385**
No	83	4			
Prayed for me and baby always					
Yes	201	13	**1.099**	**1**	**0.295**
No	5	1			
Encouraged me to book early at the Antenatal clinic					
Yes	174	10	**1.628**	**1**	**0.202**
No	32	4			
Reminded me of appointments at the clinic					
Yes	183	13	**0.218**	**1**	**0.640**
No	23	1			
Advised on ways to be healthy throughout pregnancy					
Yes	195	13	**0.083**	**1**	**0.774**
No	11	1			
Asked for feedback from the clinic when he is not present					
Yes	191	13	**0.000**	**1**	**0.985**
No	15	1			
Monitored my nutritional intake					
Yes	192	13	**0.002**	**1**	**0.960**
No	14	1			

P–value is less than 0.05 for social support of identifying fears and worries and encouraging with kind words.Therefore, the null hypothesis is stated as there is significant relationship in the family type and social support of identifying fears and worries and encouraging with kind words provided by men during pregnancy.

4.3.3Hypothesis 3

The Null hypothesis states that there is no significant relationship in the educational status of the spouse and social support provided by men during pregnancy. Chi-square was used to test for association and the result is presented below.The results indicated no significant relationship in the educational status of the spouse and all the forms of social support (emotional, instrumental, informational and appraisal).The results are presented in Table 4.12

Table 4.12: Relationship between respondents' educational status and social support provided by men during pregnancy

Social Support provided by men	Education Status				x^2	Df	P-Value
	NFE	P	S	T			
Massaged my back when tired							
Yes	1	13	72	51	**5.467**	**3**	**0.141**
No	0	15	46	22			
Identified my fears and worries and encouraged with kind words							
Yes	1	25	114	69	**2.657**	**3**	**0.448**
No	0	3	4	4			
Met sexual demands during pregnancy							
Yes	1	26	112	67	**0.842**	**3**	**0.839**
No	0	2	6	6			
Was made happy and given peace of mind							
Yes	1	28	117	71	**1.662**	**3**	**0.645**
No	0	0	1	2			
Provide money for clinic bills and other needs							
Yes	1	28	113	70	**1.263**	**3**	**0.738**
No	0	0	5	3			
Accompanied to Antenatal clinic							
Yes	1	11	42	27	**1.866**	**3**	**0.601**
No	0	17	76	46			
Transported me to and from the clinic							
Yes	1	10	36	25	**2.509**	**3**	**0.474**
No	0	18	82	48			
Helped with some house chores (e.g sweeping, washing of clothes…							
Yes	1	20	95	63	**3.282**	**3**	**0.350**
No	0	8	23	10			

NFE-No formal education, P-Primary, S-secondary, T-Tertiary.

Social Support provided by men	Education Status				x^2	Df	P-Value
	NFE	P	S	T			
Helped in taking care of other children							
Yes	1	17	67	48	**2.179**	**3**	**0.536**
No	0	11	51	25			
Prayed for me and baby at all times							
Yes	1	28	115	70	**1.354**	**3**	**0.716**
No	0	0	3	3			
Encouraged me to book early at the Antenatal clinic							
Yes	1	21	98	64	**2.620**	**3**	**0.454**
No	0	7	20	9			
Reminded me of appointments at the clinic							
Yes	1	25	110	60	**5.769**	**3**	**0.123**
No	0	3	8	13			
Advised me on ways to be healthy throughout pregnancy							
Yes	1	26	114	67	**2.270**	**3**	**0.518**
No	0	2	4	6			
Asked for feedback from the clinic when he is not present							
Yes	1	25	110	68	**0.632**	**3**	**0.889**
No	0	3	8	5			
Monitored my nutritional intake							
Yes	1	27	111	66	**1.566**	**3**	**0.667**
No	0	1	7	7			

NFE-No Formal Education, P- Primary, S –Secondary, T-Tertiary.

P-value for all social supports are greater than 0.05 hence, the null hypothesis is accepted.There is no significant relationship between educational status of the spouse and social support provided by men during pregnancy.

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

Introduction

This chapter discusses socio-demographic characteristics of the respondents, knowledge of mothers on social support, ways by which men provide social support to their spouses during pregnancy, changes in social support provided by men during pregnancy as pregnancy advances, factors influencing the social support provided by men during pregnancy, effects of social support provided by men to their spouses during pregnancy on pregnancy/outcomes. This chapter ends with the conclusion and recommendations including suggestions for further studies.

5.1 Socio demographic characteristics of the respondents

From this study, the age range of the respondents fell betweenthe women of reproductive age range (15-45years) in Nigeria, which is age 17 to 46 years (NDHS, 2013).The NDHS, (2013) reported that fertility is high among women between age 25 and 29years. Majority of the respondents are within the fertility period, with the potential of having more children,therefore there is need to identify ways through which they were provided social support during their last pregnancy by their husbands so that reasons for lack of social support during previous pregnancies can be identified to prevent occurrence in future pregnancies through encouraging the men on the importance of providing social support to their spouses during pregnancy and the effects on pregnancy outcomes as it relates to reducing maternal mortality.

5.2 Knowledge of mothers on social support

Most of the mothers have good knowledge about social support majority agreed that to be shown care and affection is what social support is, this corroborates the findings from the FGD where most women agreed that being made happy is what they can describe as social support.Schetter (2015), opined that social support entails many things, including helping with tasks or material assistance, acceptance, listening and making someone feel cared for and valued.

5.3 Ways by which men provide social support to their spouse during pregnancy

Majority of the women in the quantitative aspect of the study identified the following as ways by which they were provided social support during pregnancy; being made happy and given peace of mind, prayed for at all times during pregnancy, and provided money for clinic bills during pregnancy.This is supported by Olugbenga-Bello, Asekun-Olarinmoye, Adewole, Adeomi Adeleye and Olarewaju (2013), where most of the participants agreed that men's role during pregnancy is to provide emotional and moral support.A study by Olayemi, Bello, Aimakhu, Obajimi and Adekunle (2015), revealed that about most women expect their husband to pay bills during pregnancy. Sokoya et al., (2015) discussed that most women were supported by their husbands through provision of financial needs during pregnancy.

Men are essential partners for the improvement of maternal health and reduction of maternal mortality and this can be clearly demonstrated in the area of antenatal care (ANC) where in their social, emotional and economical support cannot be undervalued (Olugbenga- bello et al.,2015). It was discovered from this study that only a few women were accompanied to ANC,this can be attributed to the fact that we are in a patriarchal society were pregnancy is viewed as woman's domain and ANC for pregnant woman alone. Also, most of the women that participated in this study are also from the Yoruba tribe. This is supported by a study conducted by Olayemi et al., (2015) where only less than half of the women that participated in the study were accompanied by their husbands to ANC and majority of these women were Yoruba. Also in a study conducted by Adeniran et al., (2015) just slightly above half of the total participants were accompanied by their husbands to ANC and this study was conducted in Nigeria.

A male companion at antenatal care is unusual and spousal participation during labor and delivery in Nigeria is poor (Vehvilainen‐ Julkunen and Emelonye, 2016).A qualitative report by Doe(2013), revealed that although most of the woman in the study expressed the desire for their partners to accompany them to antenatal clinic, still less than half of the women were accompanied by their partners during pregnancy.During prenatal period, woman desire

that their partners accompany them to antenatal clinic as many times as possible as well as to ultrasound examination. The percentage of men who accompanied their partners to antenatal clinic was less than half (18.7%) in a study conducted in a northern part of the country (Iliyasu et al., 2013) while just a slight difference was observed from a study conducted in the south west 24.0% (Olugbenga-Bello, 2013).On the other hand the qualitative aspect of this study revealed that assisting with house chores and taking care of other children are ways by which men can provide support to their wives during pregnancy. This is similar to the comments of some women from a qualitative report (Doe, 2013), wherein the woman expressed that when a woman is pregnant the man should assist the woman in taking care of the children.

Some men also supported helping the women during pregnancy is a way of providing support to them during pregnancy as revealed by from a qualitative report amongst men where they accepted that when their spouses are pregnant it is their responsibility to attend to the house chores. (Comrie- Thompson, Mvhu, Makungu, Nahar, Khan, Davis, Hamdani, Stillo, and lutchers, 2015).From a study by Brittain (2014), the following are the ways identified in which partners could be supportive during pregnancy which are; helping at home; looking after other children; enquiring about the pregnancy and the content of the antenatal visits; providing money to go to the clinic; reminding her of her antenatal visit dates; giving her massages; and washing her legs and feet when advanced pregnancy made this difficult.

5.4 Changes in social support as pregancy advances

According to the qualitative report from this study most women described that there are changes in the social support provided by men to their spouses during pregnancy as pregnancy advanced. While some expressed the changes as increasing due to the fact that the woman would be unable to do the things she finds easy to do during the early stage of the pregnancy according to them bending to do house chores would be getting difficult as the pregnancy advances as a result more support would be required from the man.This is similar to the findings of the quantitative aspect where instrumental support in terms of assisting with some house chores and taking care of other children was high at advanced stage of the pregnancy.

Some described the changes as reducing as pregnancy advanced as expressed in the FGDthis is as a result of the believe that once pregnancy is advancing a woman needs to exercise more and this involves doing more of house chores in order to hasten the labor process and aid contractions.The FGD report from this study also revealed changes in support men provide as parity advances this findings has not been revealed in previous studies. Some of these changes were expresssed by the women as increasing base on the fact that with more children demand and needs in the house increases which the pregnant woman would not be able to meet hence, the support of the man would rise to meet these house needs. On the other hand some women commented that it reduces if the pregnant woman has older children who could handle some of the house chores while the husband attends to the one that they are unable to tackle.In the same light a qualitative report revealed that men also see helping the woman with taking care of other children as part of the support they are to provide to their spouse during pregnancy (Alio et al., 2013).Besides, the inferential statistical analysis also revealed a significant relationship in the support provided by men in taking care of children and parity of their spouse.

5.5 Factors influencing social support provided by men to their spouses during pregnancy

Long waiting hours at the ante natal clinic is identified by most respondents from the quantitative aspect of this study as one of the factors influencing social support provided by men to their spouses during pregnancy. Over half of the total respondents agreed to this (58.2%). Secka (2010), discussed in a study that, husband's limited time availability to be in clinics together with their spouses was further complicated by long waiting time for antenatal and laboratory services. In this study, many of the women expressed feelings that they spend long time in clinics to receive antenatal and laboratory services and husbands cannot just waste their precious times in clinics for hours waiting for services. This finding is also supported by Nkuoh, Meyer, Tih, and Nkfusai (2010), long waiting time at some facilities discourage men, as most of them will want to go back to their work place quickly. In a study by Secka (2010), some of the men expressed difficulty in spending time in waiting as explained by them that their absence from work and been present in the clinic together with

their partners could leave the children without food, as many felt an hour absence from work will result in struggle to make ends meet the next day as most of the respondents reported having limited income and needed more hours of work to meet their survival.

Attitude of the health worker is another factor identified by most of the respondents, about 59.5% of the respondents agreed that health worker's attitude could influence the support a man would provide to his spouse during pregnancy. This is supported by a study by Kukulanga et al., (2011) and Kakaire et al., (2011) where they discussed that men desire respect and to be treated as men so in situations where the health workers attitudes are seen to be disrespectful, men are likely to draw back in their involvement in maternity care. In a study by Najala and Wamala (2012), over half of the men discussed that the health workers harsh attitude limited their involvement and support to their spouses during prenatal period.

Other factors identified by some of the respondents from the quantitative aspect of the study is women's bad attitude this is consistent with the findings from the FGD report were most of the women agreed that women's bad attitude could be a factor that influence the social support men provide during pregnancy this could be related to the ego of men and the patriarchal society where every man demands and expects to be respected and where this is not provided, they might feel insulted and draw back.

On the other hand some women from the FGD report explained that nothing should be a factor that would influence the social support a man would provide to his spouse during pregnancy as pregnancy is a delicate stage and the experiences of this stage temporary. According to them, where there is love there should be no excuse.

5.6 Effects of social support provided by men to their spouses during pregnancy.

Support may assist an individual gain, regain, or use her energy during periods where adaptation seem difficult and there is increase in demands in terms of energy and resources, thus this cannot be unsurprising to affect the health of a woman during pregnancy.

Social support serves as an environmental link and influences a woman's experiences and the outcome of pregnancy. Respondents from the quantitative aspect of the study stated that the social support they were provided during pregnancy has positive effect on their

pregnancy/outcomes. The following were the effects of the social support as stated by the respondents; no premature birth or miscarriage, baby had a normal weight, baby was not admitted after delivery, no complication throughout pregnancy, no still birth, no depression at any time during pregnancy, ANC attendance throughout pregnancy and easy delivery. This findings is similar to that discussed in a study by Haobijam, Sharma, and David (2010), where mothers stated good outcome as a result of the support provided during pregnancy over half of the respondents had babies with gestational age of >38 weeks, were in normal progress of labour, majority of the mothers had nocomplications and a few of the mothers weredischarged before 3 days. Also,over halfof the neonates were born term, majority were having Apgar score of 7-10 range and had birth weight between 2500-3500gms. Sokoya et al., (2014) discussed in a study the positive effects of socials support provided by husband on pregnancy outcomes as follows; husband support made pregnancy less stressful, husband's provision of needs gave emotional security and respondents were encouraged by husband's support.

Gjerdingen, Froberg, and Fontaine (2011), discussed that informational support in form of prenatal classes is related to decrease maternal physical complications during labor and delivery, and to improved physical and mental health postpartum. According to them, mothers who have the support of a companion during labor and delivery experience fewer childbirth complications and less postpartum depression. Besides, the postpartum mental health of a mother is related to both the emotional support and practical help (e.g., housework and child care activities) provided by her husband and others during pregnancy.

Yargawa, Leonardi-Bee (2015), opined that there is statistically significant beneficial impacts of male involvement on maternal health through reduced odds of maternal depression and improved utilization of maternal health services (relating to SBA and postnatal care). In this study, male involvement was also associated with decreased likelihood of childbirth complications. Furthermore, the synthesis of evidence from this study suggests that male involvement during pregnancy appear to offer statistically significant maternal health benefits than male involvement during delivery.Most of the women from the FGD expressed easy delivery and healthy baby as the impact the support a man provide can have on

pregnancy/outcome. This can be related to the fact that it is from the mother's nutrients that the baby would be nourished hence a healthy mother gives birth to a healthy child.

5.7 Implication of the findings for Health Promotion and Education

Pregnancy is a state accompanied with several physiological changes in the body of a woman this changes results in increase in demand for energy, care, affection, resources and when there is disparity in what is being provided and the demand problem arises. The significant others of the woman at this stage majorly are responsible for assisting in meeting these demands but most especially the husband. As a result involving men as key partners at every stage of the

pregnancy would play a major role in promoting the health of the mother, improving the pregnancy outcomes thereby reducing maternal mortality. Social support has been described as a means of exchanging resources between two individuals. Husbands can provide this in various forms, emotional (showing care and affection), instrumental (assisting with house chores), information (giving advice), appraisal (asking for feedbacks where necessary on care received by the woman).From this study it was discovered that men have still not being able to provide this social support holistically and there are certain factors which have been identified has influencing the support they provide to their spouses during pregnancy.In a bid to promoting men involvement in this sensitive stage health promotion and education would through series of planned and organised activities help to bring about a voluntary change in behaviour of men in those areas where they are lagging behind through the adoption of the health education strategies for promoting health. Which include the following;

Community organization: Through community mobilization where in the stake-holders in the community like community leaders, leaders of the men's organization, traditional and religious leaders in the community would could influence the belief that accompanying a pregnant wife to hospital and with some house chores is not a taboo. Once these stakeholders are being brought to the light of the need for men to assist in taking work load off their pregnant women and the need for them to be educated about the demands and expectations of pregnancy they would change the misconceptions being held by men and it would go a long

way in promoting men's involvement as they are respected by the members of the community.

Public enlightenment: Through the use of jingles, songs dramas and behavioural change materials where pictures of opinion leaders and public figures can be used together with caption of encouraging men to get involved throughout the period of pregnancy can be adopted so as to serve as role models.

Training: Training of health workers on interpersonal relationship and customers care service such that they are taken through good communication skills and how they can relate with this men in such a way that they would feel at home and their ego would not be bruised whenever they accompany their wives to the health institutions during antenatal visits days and other days. Besides men can also be taken through training using any of the health education settings like work place, churches, mosques and communities by male peer educators and the use of behavioural change materials where they can see what could occur when a man support his wife throughout pregnancy and would could occur when a man refuse to serve as a partner all through pregnancy. What they can see and feel and is being taught by a man of their age range would have a lasting effect in their consciousness.

Policy formulation and implementation: Policies can be formulated with men being considered as part of the clients to be present at the health institutions. Template can be developed in such a way that the health talk given to pregnant women would also capture these men such that they would see accompanying their wives to ANC as worthwhile as they are being educated too. These policies should be communicated throughout the three tiers of the government in such a way that employers can also be carried along in that they would permit men to leave the work on a day their wives has to be at the hospital.

Reorientation of health systems and services: Health systems and services can be re-oriented in such a way that is men friendly and not gender biased in terms of the environment, spacing, and arrangement such that it accommodates men and the services rendered should be timely as most men complain of long waiting hours at the health centres

as reasons why they are not encouraged to accompany their wives. Also health institution could adopt a means of capturing men through sending invites through text messages or cards through their wives on the need for them to be present at the antenatal clinic and that women with their husbands in attendance would be attended to first. All programs and strategies to improving male involvement should be such that it respects men's position as the head of the home especially in a patriarchal society like Nigeria.

5.8 Conclusion

Nigeria is a patriarchal society where in decision making, access to quality health services, initiation and utilization of maternal health services by women during pregnancy is determined by men. In order to improve maternal health with the view of reducing maternal mortality men have to be seen as critical partners in reducing maternal mortality and their involvement encouraged at every stage of pregnancy.This can be done by providing them with the knowledge and the information about the demands and expectations of pregnancy and the vital roles they are to play in ensuring pregnancy / outcomes improves.

Also, beliefs about pregnancy being a woman's domain and feminine matter requires attention as some men still see accompanying their spouses to ANC and assisting their pregnant wives to reduce workload during pregnancy as inappropriate. Hence, educating them about the positive effects of providing holistic support to their wives (in terms of emotional needs, informational, instrumental and appraisal) and the negative effects of not providing holistic support at every stage of pregnancy would assist in changing all these misconceptions and beliefs about pregnancy and provide them with adequate information and to what extent they are meant to be involved during pregnancy.

5.9 Recommendations

Based on the findings from this study the following recommendations are made in order to improve maternal health through promoting men's involvement during pregnancy with the view of reducing maternal mortality;

1. Government policy which put into consideration (ascertained) men with pregnant women such that they are excused from work on days their wives are to be at the hospital, this has to

be communicated throughout all the tiers of government and to even private employers. It should be such that it is punishable under the law for employers that refuse to conform.

2. Health Centres should be men friendly and be accommodating to men in terms of the spacing and arrangement to accommodate men that come with their wives.

3. Federal ministry of health should develop template that would include programmes that can capture men during antenatal visits which is communicated throughout the state and local government.

4. Health workers should be taken through training on interpersonal relationship and good communication skills especially towards the male gender.

5.10 Suggestion for further studies

1. Further studies should focus on mothers' previous pregnancies rather than last pregnancy and should not be age limiting in terms of the babies.

2. Challenges of health care providers in providing male friendly maternity services can also be explored so that if these challenges are identified then measures can be put in place to address them.

3. Socio cultural factors and male involvement during pregnancy can also be explored to encourage male participation during pregnancy.

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APPENDICES

Appendix 1

Dear mothers,

My name is Oyenike Babatunde, a postgraduate student of the department of Health Promotion and Education, Faculty of Public Health College of Medcine, University of Ibadan. I want to carry out a study on "**social support provided by men to their spouses during last pregnancy among mothers attending selected Primary Health Centres in Ibadan North Local Government Area, Oyo State".** The purpose of this study is to assess the social support men provide to their spouses during pregnancy. The findings from this study will help in developing template on involving men throughout pregnancy with the aim of improving maternal health and pregnancy outcomes thus reducing maternal mortality in our society.

Your identity, responses and opinions will be kept strictly confidential and will be used for the purpose of this research only. Please note that you do not have to write your name on this questionnaire, also try to give honest answers to the questions as much as your maximum cooperation will assist in making this research a success.

Your participation in this research is entirely voluntary and if you choose not to participate you will not be affected in anyway.

DATE----------/-----/------

SIGNATURE----------

SERIAL NUMBER----------

Appendix 2

Focus Group Discussion Guide adapted from Georgio, (2012)

My name is OYENIKE O BABATUNDE a masters of public health student from the department of health promotion and education, university of Ibadan. I am carrying out a research on SOCIAL SUPPORT PROVIDED BY MEN TO THEIR SPOUSES DURING PREGNANCY AMONG MOTHERS IN IBADAN NORTH LOCAL GOVERNMENT AREA, OYO STATE.

The outcome of this study will provide useful information in addressing factors that are responsible for poor pregnancy outcomes and maternal mortality among pregnant women in Oyo state. You are invited to participate in this Focused Group Discussion, which involves providing answers to the questions relating to male involvement in pregnancy. The interview will last for about 45minutes, there are no right or wrong answers we are only interested in your views on what you think men's role should be during pregnancy period. We assure you that all the information you provide will be kept strictly confidential and used for research purposes only.

In order for us to better capture your views the following will be done during the interview:

Audio taping of whatever is been said for accountability

Reporting; handwriting of all discussions.

Time keeping; to keep track of time by time keeper.

Procedures/ Ground Rules

There are no right or wrong answer(s); we only want to know your personal opinions on the issue.

It is important that you respond to the questions honestly,

Everyone would be given an opportunity to share their views.

No need to raise your hand, only one person will be permitted to talk at a time.

No official breaks but going to washroom is allowed.

Now that you have fully understood the research process I would like to obtain a voluntary decision before we proceed.

YES ( ) NO ( ), Thumb print …….

Demographic data of participants

First name

Age

Occupation

Ethnicity

Religion

Educational Level

Occupation

Family type

Parity

Husband's Occupation

1. What do you understand by men's support during pregnancy?

What do men being involved in pregnancy mean to you?

2. Women go through a lot of different experiences during pregnancy. Did men in this locality get involved in helping deal with some of those problems?

Can yougive examples?

3. How should men be involved at all during pregnancy?

4. What roles do men in this area currently play during pregnancy?

5. What are the roles men in this locality have always played? Or have the role of men changed over the years?

If there are changes, then what has changed?

6. Does this roles also change as pregnancy advanced?

Probe: if there were changes, can some of those changes be mentioned?

7. What impact can husband's involvement have on a woman and her pregnancy/outcome?

Probe: if it had impact, can some of the impacts be mentioned.

8. In addition to the roles men play, what should they do or can do more to assist during pregnancy?

9. What are the factors/reasons that you know which may prevent them from being more involved than they are at the moment?

What are the obstacles?

10. Can the obstacles be removed/overcome? How?

THANKS FOR YOUR TIME AND COPERATION.

Atoka fun iforo wani lenuwo

Oruko temini OYENIKE O BABATUNDE Akeko ile iwe giga ti unifasiti ti ilu Ibadan Eka ti Igbelruge ati eko eto ilera, ile iwe imo iwosan, ti ilu Ibadan. Mo je ikan lara awọn egbe ti ohun gbe igbese lati se iwaadi kan ti akole re je" Ipa iranlowo ti awon okunrin nse fun awon iyawo won ninu oyun ti won nigbeyin laarin awon alaboyun ti won losi ile iwosan eka tin se itoju awon alaboyun ni ijoba ibile arewa ni ilu Ibadan, ijoba ipile Oyo".

Ati peyin lati darapo mon iwadi ati iforo wani loenu wo laarin awon egbe, Ani igbagbo wipe abajade ti oba jeyo ninu iwadi yi yio pese eri to daju laati da oju ija ko awon nkan ti ohun sokun fa ijamba ti oromo oyun nini ati iku laarin awon alaboyun ni ipinle oyo Afe bayin jiroro ni eye osoka ni-ijinle, asi royin lati pese idahun si awon ibeere tiowa ninu iwe Ìfọrọwánilẹnuwò lori awon ohun pataki ti oromo iranlowo ti awon okunrin nse fun awon iyawo won ninu oyun ti won nigbeyin laarin awon alaboyun ti won losi ile iwosan eka tin se itoju awon alaboyun ni toto ati biobaseye.Elee yan lati yọra kuro ninu iwadiyi ni igbakigba ti o ba fẹ, sugbon inu wa yio dun ti eba le darapo mowa akoni gbayin lakoko rara. Anfi dayin loju wipe gbogbo nkan ti abaso ninu iwadi yi niyio wa ni fifipamon laarin wa. Lati se aridaju ifi pamo awon idahun yin ninu iwadi yi, gbogbo ami Ìdánimọ yin, gegebi oruko ni ati yo kuro ninu ibeere wonyi, gbogbo awon esi yin ninu iwadi yi niyio wa ni asiri ati ni fififpamo laarin wa aosi lo fun idi ti omowe yi fi hun se iwadi nikan.lati le gba ero yin to peye lori iwadi yi awon nkan woni ni ohun ti amaa lo fun iwadi yi ;Aoma gba ohun awon eniyan sile nitori kialese akole ti okun oju osuwon

Riroyin ati aakosile gbogbo iforowanileko wa gbogbo

Itosonan/ofin/ ilana

kosi ibere ti otonan tabi tikotairisi yin nikan ni afemon; Ejowo ose dadan ki eso otito lai fikanpe meji.

Oni kaluku ni kioma so iriri tire lotooto.

koni lo kie nan owosoke kieto soro rara, eyan kan pere ni oni anfani lati soro leekan.

Kosi akoko ti gbogbo eniyan le sere loo sugbon ale losi ile igbonse nigbakigba ti oba wuwa

Nigbati ati mo gbogbo nkan ti ani lati mo lori iwadi yii ao fe gba ami idani loju wipe tokantokan ni efe dara pomo a ninu iwadi yii ki afi le ti siwaju.

Mosetan lati kopa ninu iwadi yii

Beeni ( ) Beeko( ) Teka……..

Awon nkan idanimon nipa olukopa ninu iwaadi

Oruko baba yin

Eto omo odun melo ni ojo ibi ti ese kehin

Iru ise wo lenshe

Omo eya wo niyin

Elesin wo niyin

Iwe melo ni eka

Iru ise wo lenta

Iru ebi wo ni etiwa

Omo melo ni olorun jogun funyin

Iru ise wo ni okoyin nshe

1. Kini emon si iranlowo ti awon okunrin nshe fun awon iyawo won nigba ti won bawa ninu oyun?

Bere lekun rere: Kini eyin mo ti ouje iranlowo ti okunrin ounpese fun irawo re ninun oyun

2. Awon obinrin man la orisirisi ipenija koja ninu oyun, nje ololufe re ra yin lowo bi lati koju awon ipenija won yi.

Probe: Nje eleso apere iranlowo na bi?

3. Ona wo ni elero wipe oye ki awon okunrin yio ma pase iranlowo ati atilehin fun awon iyawo won ninu oyun?

4. Ipa wo ni awon okunrin agbegbe yi kopa lori pipese iranlowo ati atilehin fun awon iyawo won ninu oyun?

5. Awon ipa wo ni awon okunrin agbegbe yi tikopa lori pipese iranlowo ati atilehin fun awon iyawo won ninu oyun? Nje ipa ti awon okunrin nko yi ti yato ni?

Bere ni pato: Ti ayipada bawa, kini ayipada na?

6. Nje Iyato wa ninu iranlowo ti awon okunrin pese fun awon iyawo won ninu ipo oyun gege bi oyun won se gaa si?

Bere ni pato: Ti iyato bawa, kini awon iyato won yi?

7. Awon ipa wo ni atilehin ti awon oko nse fun yin ninu oyun ni lori oyun/abajade oyun yin?

Bere ni pato:Nje ele so,tabi daruko ni pato awon ipa won yii

8. Lafikun, lori awon ipa ti awon okunrin nko, kini elero wipe oye ki awon okunrin maase si lati tunbo ranyin lowo ninu oyun?

9. Kini awon idi ti elero wipe ole maaje ki ele pese iran lowo fun iyawoyin ni botito ati botiye ju bayi lo lowolowo?

Kini awon idena na?

10. Nje alebori ipenija tabi idena yi?

Awon ona wo lale gba lati bori won?

ESE PUPO FUN AKOKO YIN ATI DIDARAPO MOWA NINU IWADI YI.

Appendix 3

QUESTIONAIRE.

INFORMED CONSENT FORM

My name is **OYENIKE O BABATUNDE** a masters of public health student from the department of health promotion and education, university of Ibadan. I am carrying out a research on **SOCIAL SUPPORT PROVIDED BY MEN TO THEIR SPOUSES DURING LAST PREGNANCY AMONG MOTHERS ATTENDING POSTNATAL CLINIC IN IBADAN NORTH LOCAL GOVERNMENT, OYO STATE.**

It is expected that the outcome of this study may provide evidence that is useful in addressing factors that are responsible for poor pregnancy outcomes and maternal mortality among pregnant women in Oyo state. You are invited to participate in this research, which involves providing answers to the question below, information provided will be kept confidential and used for research purposes only. Also research is risk free and participation is entirely voluntary.

Thank you for your cooperation

Part II

I have read the information above concerning the study and I understand what will be required of me if I take part in the study. All my questions concerning the study have been asked by Oyenike Babatunde .I agree to take part in this study.

Research identification number…….

Respondent's signature /thumb print……..

Name of interviewer…….

QUESTIONNAIRE ON SOCIAL SUPPORT PROVIDED BY MEN TO THEIR SPOUSES DURING LAST PREGNANCY AMONG DELIVERED MOTHERS ATTENDING POSTNATAL CLINIC IN SELECTED PRIMARY HEALTH FACILITIES IN IBADAN NORTH LGA, OYO STATE.

Date of interview: ……..

Section A: Demography

1. Age as at last birthday (in years): ……

2. Marital Status:

(a) Single [ ] (b) Married [ ] (c) Divorced [ ] (d) Separated [ ] (e) Widow [ ] f. Cohabitating [ ]

3. Educational Status:

(a) No formal Education [ ] (b) Primary [ ] (c) Secondary [ ]

(d) Tertiary [ ]

4. Religion**:**

(a) Christianity [ ] (b) Islam [ ] (c) Traditional religion [ ]

(d) Others (specify)…….

5. Ethnicity**:**

(a) Igbo [ ] (b) Hausa [ ] (c) Yoruba [ ]

(d) Others (specify)…….

6. Occupation:

(a) Civil Servant [ ] (b) Artisan [ ] (c) Others Specify……

7. If married, occupation of spouse…….

8. How many times have you been pregnant (including miscarriages/ abortion)

……

9. What is the number of living children……...

10. Family type. Monogamous [ ] Polygamous [ ]

Section B: Knowledge of women on social support.

What do you understand by social support? Social support is	**Yes**	**No**
Emotional		
11. To be shown care and affection.		
12. When you are asked about your fears and worries.		

Instrumental	**Yes**	**No**
13. To be assisted with some domestic work.		
14.When ones' husband provides money when needed		
15.To be accompanied during hospital appointments		

Informational	**Yes**	**No**
16. When you are given advice and guidance at the time needed.		
17. To be educated on healthy lifestyle based on one's medical state).		

Appraisal	Yes	No
18. To be reminded of medical appointments.		
19. To be reminded on the importance of healthy living.		
20. Others……..		

Section C:Ways by which men provide social support to their spouses during pregnancy.

Ways social support was provided	Yes	No
Emotional		
21. Massaged my back when tired.		
22. Identified my fears and worries and encouraged with kind words.		
23.Met sexual demands during pregnancy		
24. Was made happy and given peace of mind.		

Instrumental	Yes	No
25. Provided money for clinic bills and other needs		
26. Accompanied to Antenatal clinic		

27. Transported to and from the Antenatal clinic.		
28. Helped with some house chores (e.g. sweeping, washing of clothes, cooking….)		
29. Helped in taking care of other children.		
30. Prayed for me and baby at all times.		

Informational	**Yes**	**No**
31. Encouraged me to book early at the Antenatal clinic.		
32. Reminded me Of appointments at the clinic.		
33.Advised me on ways to be healthy throughout pregnancy.		

Appraisal	**Yes**	**No**
34 Asked for feedback from the clinic when he is not present.		
35. Monitored my nutritional intake.		
36. Other ways……..		

Section D: Change in social support provided by men as pregnancy advanced.

How will you rate it (1 to 4-low, 5 to 9-moderate, >10- high)

Change in social support as pregnancy advanced	**1st trimester (0-3months)**	**2nd trimester (4-6months)**	**3rd trimester (7-9months+)**
Emotional			
37. Massaged my back when tired.			
38. Identified my fears and worries and encouraged with kind words.			
39. Met sexual demands during pregnancy.			
40. Was made happy and given peace of mind.			

Instrumental	**1st trimester (0-3months)**	**2nd trimester (4-6months)**	**3rd trimester (7-9months+)**
41. Provided money for clinic bills and other needs			
42. Accompanied to clinic.			
43.Transported to and from the clinic			
44. Helped with some house chores (e.g sweeping, cooking, and			

washing of clothes).			
45.Accompanied to shop for baby things			
46. Helped in taking care of other children			
47. Prayed for me and the baby.			

Informational	**1st trimester (0-3months)**	**2nd trimester (4-6months)**	**3rd trimester (7-9months+)**
48. Encouraged me to keep to my ANC appointments			
49. Reminded me of my appointments at the clinic.			
50. Advised me on ways to be healthy throughout pregnancy.			

Appraisal	**1st trimester (0-3months)**	**2nd trimester (4-6months)**	**3rd trimester (7-9months+)**
51.Asked for feedback from the clinic when he is not present			
52. Monitored my nutritional intake.			

Section E: Factors that influence the social support men provide to their spouses during pregnancy.

Factors	Yes	No
53.Husband's occupation		
54.Waiting time in the health facility		
55. Husband's income (husband not buoyant).		
56.Husband's educational level		
57.Husband does not know about the need to be present at ANC		
58.Family type(e.g polygamous)		
59. Health worker prohibit husband from waiting/health care provider's attitude.		
60.The society frowns at husband assisting in house chores		
61.Husband lives in another city		
62. Husband family members(e .g mother in-law complains the wife is fetish and prevents her from having access to his son)		
63. husband's friends		
64. Husband has mistress outside the home		
65. Neighbors (husband has been turned into a slave)		
66.Society frowns at husband accompanying to ANC		
67. Others specify……..		

Section F. Effects of social support provided by men to their spouses during pregnancy on pregnancy outcomes.

Effects of social support on pregnancy/outcome	**YES**	**NO**
67.Had no premature birth or miscarriage		
68.Baby had a normal weight (>2.5kg)		
69.my baby was not admitted after delivery		
70.Had no complication throughout pregnancy(e.g bleeding, hypertension, anemia)		
71.Had no still birth(baby delivered dead)		
72.Was not at any time depressed during pregnancy		
73.Attended ANC throughout pregnancy		
74. Easy delivery		
75. Others specify……..		

Thanks for your time and cooperation.

IWE IBEERE

Mokiyinwipe eku dede iwoyi o, oruko mi ni OYENIKE O BABATUNDE, Akeko ile iwe giga ti unifasiti ti ilu ibadan Eka ti Igbelruge ati eko eto ilera, ile iwe imo iwosan, ti ilu Ibadan. Mo je

ikan lara awọn egbe ti ohun gbe igbese lati se iwaadi kan ti akole re je" Ipa iranlowo ti awon okunrin nse fun awon iyawo won ninu oyun ti won nigbeyin laarin awon alaboyun ti won losi ile iwosan eka tin se itoju awon alaboyun ni ijoba ibile arewa ni ilu Ibadan, ijoba ipile Oyo". Ani igbagbo wipe abajade ti oba jeyo ninu iwadi yi yio pese eri to daju laati da oju ija ko awon nkan ti ohun sokun fa ijamba ti oromo oyun nini ati iku laarin awon alaboyun ni ipinle oyo Afe bayin jiroro ni eye osoka ni-ijinle, asi royin lati pese idahun si awon ibeere tiowa ninu iwe Ìfọrọwánilẹnuwò lori awon ohun pataki ti oromo iranlowo ti awon okunrin nse fun awon iyawo won ninu oyun ti won nigbeyin laarin awon alaboyun ti won losi ile iwosan eka tin se itoju awon alaboyun ni toto ati biobaseye.Elee yan lati yọra kuro ninu iwadiyi ni igbakigba ti o ba fẹ, sugbon inu wa yio dun ti eba le darapo mowa. Anfi dayin loju wipe gbogbo nkan ti abaso ninu iwadi yi niyio wa ni fifipamon laarin wa. Lati se aridaju ifi pamo awon idahun yin ninu iwadi yi, gbogbo ami Ìdánimọ yin,gegebi oruko ni ati yo kuro ninu ibeere wonyi, gbogbo awon esi yin ninu iwadi yi niyio wa ni asiri ati ni fifipamo laarin wa aosi lo fun idi ti omowe yi fi hun se iwadi nikan.

Adupe pupo fun didapo mowa ninu iwadi yi..

IPIN KEJI

Motika alaye lori iwadi mositi yanannan akori iwadi na, ositi ye mi finifini lori ipa ti maa ko ninu iwadi naa. Gbogbo ibeere ati ohun to rumiloju lori iwadi nan ni arabirin Oyenike Babatunde ti bere, ositi salaye lokunkundun lesese mositi faramo lati darapo mon iwadi yi.

Ibowolu ti oludahun/ tabi iteka atanpako ti oludahun

Ojo/Osu/Odun----------

IBEERE LORI ATILEYIN TI AWON OKUNRIN PESE FUN AWON IYAWO WON NINU OYUN TI WON NIGBEYIN LAARIN AWON ALABOYUN TI WON LOSI ILE IWOSAN EKA TIN SE ITOJU AWON ALABOYUN NI IJOBA IBILE AREWA NI ILU IBADAN, IJOBA IPILE OYO.

Ojo ti ase iforowani lenu wo:……..

Ipin A (Akoko): Demography

1. Omodun melo ni yin ni ojo ibi ti ese keyin (Ni odun):…….……

2. Ipowo ni ewa nipa igbeyawo:

(a) Nkogbeyawo ri [ ] (b) Motigbeyawo [ ] (c) Moti geyawo ri sugbon ofin titu waka [ ] (d) emi ati ololufe mi tituka [ ] (e) Opo nimi [ ] f. Emi ati ololufe mi ngbepo sugbon akoti se igbeyawo[ ]

3. Iwe melo ni eka:

(a) Nko kawe rara [ ] (b) Ile iwe alakoko bere [ ] (c) Ile iwe girama [ ]

(d) Ile iwe eko giga [ ]

4. Elesinwo ni yin**:**

(a) Kristiani [ ] (b) Musulumi [ ] (c) Elesin abalaye [ ]

(d) Imiran (eso pato)…….

5. Omo eya wo niyin**:**

(a) Igbo [ ] (b) Hausa [ ] (c) Yoruba [ ]

(d) Imiran (Esopato)…….

6. Iru isewo ni enshe:

(a) Onise ijoba [ ] (b) Onise owo [ ] (c) Imiran eso pato...……

7. Ti ebati gbeyawo, iru isewo ni ololufeyin nse…….

8. Emelo ni eti loyun ri (pelu oyun tio wale tabi eti esesisi ni ti ewadogbon si)

……

9. Omo melo ni olorun jogun funyin……...

10. Iru Ebi yin: Ile olobirinkan [ ] Ile olorogun [ ]

Ipin keji B: Imo awon obirin lori atileyin.

Kini emo nipa atileyin ti awon ebi,alabagbe ati alabase n pese?atileyin yi je	**Beeni**	**Beeko**
Atileyin je		
11. Lati ri itoju ati ife		
12. Nigbati ebani eni bere lori eru ati edun okan yin		

Atileyin je	**Beeni**	**Beeko**
13. Riri iranlowo lori ise ile		
14. Nigbati oko eni ba pese owo nigbati eyan ni lo re.		
15.Ti tele eni losi ile iwosan fun ayewo		

Atileyin onitoni je	**Beeni**	**Beeko**
16. Nigbati mobari eni pese imoran ati itosana nigabti moba nilore		
17 Riri imoran lori igbe aye oni ilera ti opeye lori ipo ti eni wa. .		

Atileyin Je	Beeni	Beeko
18. Riran eni leti lori ipade fun ayewo ni ile iwosan		
19.Riran eni leti lori Pataki gbigbe igbe aye oni ilera		
20.Omiran eso ni pato……		

Ipin keta: Ona ti awon okunrin ngba lati pese iranlowo fun awon iyawo won nigba ti wonba wa ninu ipo iloyun.

Ona ti oko mi gba lati pese atileyin fun mi ninu oyun ni,	**Beeni**	**Beeko**
Ona ti oko mi gba se atileyin yi		
21.Okomi bami fi owo wo eyin mi nigbati oba remi		
22. Okomi bamikedun pelu awon awon iberu ati edun okan mi, osintun bami soro itunnu lati petu similokan.		
23. Oko mi bami ni ajo sepo ni igbati mobere.		
24. Okomi munu midun osi fi mi lokan bale		

Onati okomi gba pese atileyin yi	Beeni	Beeko
25. Okomi pese owo ti mosan ni ile iwosan ati fun oun elo miran		
26. Okomi telemi losi cliniki ti eka oloyun		
27. Okomi gbe lo ati gbemi pada lati cliniki(ti oloyun)		
28. Okomi ran milowo pelu awon ise ile (bi,gbigbale,fifo aso,didana)		
29.Okomi ranmi lowo lati toju awon omo yoku		
30. Okomi gbadura fun mi ati omo inu mi ni gbogbo igba		

Ona ti oko gba se atileyin yi	Beeni	Beeko
31. Okomi lo ro mi lati fi oruko sile lakoko ni cliniki awon oloyun		
32. Okomi ranmileti nipa ipade mi ni cliniki		

33. Oko mi lamiloye lori awon ona ti molegba lati wa ninu ilera jakejado ninu oyun.		

Ona ti oko mi gba se atileyin yi	**Beeni**	**Beeko**
34 Oko mi man beere abajade nigbogbo igba ti kobasi ni ile iwosan pelu mi.		
35. Oko mi nse abojuto ounje jije migbogbo ninu ooyun		
36. Omiran eso ni pato……		

Ipin D: Iyato ti owa ninu iranlowo ti awon okunrin pese fun awon iyawo won ninu ipo oyun gege bi oyun won se gaa si.

Bawo ni ese fe seosun won re. (1 to 4-NiKekere, 5 to 9-Niwontunwonsi, >10- oga gan)

Iyi pada ninu iranlowo ti okonpese ninu oyun	**Osu akoko ninu oyun (0-3months)**	**Ninu osun keerin si osu kefa ninu oyun (4-6months)**	**Ninu osu keje si ikesan ninu oyun(7-9months+)**
Ona ti okomi gba se atileyin yi			
37. Okomi bami fi owo wo eyin mi nigbati obati remi.			

38. Okomi bamikedun pelu awon awon iberu ati edun okan mi,o sin bami soro itunnu lati petu similokan.			
39.Okomi bami ni ajosepo nigbati mob a fe e.			
40.Okomi mu inu mi dun osi fi mi lokan bale			

Atilehin	**Ninu osu kinni si osu keeta (0-3months)**	**Ninu osu kerin si osu kefa (4-6months)**	**Ninu osu keje si ikesan ninu oyun (7-9months+)**
41. Okomi man pese owo fun ayewo ni ile iwosan ati fun gbogbo awon nkan miran ti mo nilo.			
42. Okomi man tele milo si ile iwosan.			
43. Okomi gbemi losi ile iwosan ni eka ti awon.			

44. Oko mi manran mi lowo pelu awon ise ile kookan nigbati mowa ninu oyun.			
45. Okomi man telemi losi oja lati lo ra nkan omo.			

Ona ti okomi gba se atileyin	**Ninu osu kinni si osu keeta (0-3months)**	**Ninu osu kerin si osu kefa (4-6months)**	**Ninu osu keje si ikesan ninu oyun (7-9months+)**
46. Oko mi man gbaminiyanju lati maalo fun ayewo ni ile iwosan ilera fun awon alaboyun			
47. Oko mi man ranmi leti awon ipade ti moni pelu awon osise eleto ilera ni ile iwosan.			
48. Won gbami ni imoran lori ona ti mole gba lati ni ilera tiopeye ninu oyun.			

Ona ti okomi gba se atileyin	**Ninu osu kinni si osu keeta (0-3months)**	**Ninu osu kerin si osu kefa (4-6months)**	**Ninu osu keje si ikesan ninu oyun (7-9months+)**
49. Oko min manbere funesi abajade lati ile iwosan ni gbati ko ba si ni ile.			
50. Okomi nse amojuto awon ounje timonje ninu oyun			

Onati okomi gba se atileyin	**Ninun osu kini si osu keta (0-3Months)**	**Ninu osu kerin si osu kefa (4- 6Months)**	**Ninu osu kaarun si ikesan (7- 9 Months+)**
51. Okomi ama bere ibajade ayewo lati cliniki ti oba wa ni ibe.			
52. Okomi moju to oun jije mi ninu oyun.			

Ipin kaarun:AwonOhun isokunfa atilehin ti awon okunrin pese fun awon iyawo won ninu oyun.

Awon ohun ti ohun isokunfa	**Beeni**	**Beeko**
53.Ise ti okomin nse		
54.Akoko ti afin duro ni ile iwosan kiwon to dawa lohun ni ile iwosan		
55. Iye owo ti oko min ngba.		
56.Iye iwe ti oko ka		
57. Oko ko ni imon rara nipa iwulo ti oromo titele iyawo won wa si ile iwosan eka ti awon alaboyun.		
58.Iru ebi(e.g Ile olorogun)		
59. Awon osise eleto ilera kojale lati jeki oko duro si ile iwosan ni eka ti awon alaboyun tabi iwuwasi awon osise eleto ilera.		
60. Awujo wa ko fayegba ki oko maa ran iyawo re lowo.		
61.Oko mingbe lagbegbe miran		
62.Awon ebi oko mi(niya oko, wipe mo ti logun fun oko mi n si jekin won oma le ri)		
63.Awon ore oko		

64.Oko ni ale si ta		
65. Awon al aba gbe		
66.Awujo ofi aye gba ki oko ma tele iyao lo si cliniki ti awon oloyun		
67. Omiran so ni pato……..		

Ipin kefa. Awon ipa ti atilehin ti awon oko nse fun awon iyawo won ninu oyun ni lari abajade oyun.

ipa ti atilehin ti awon oko nse fun awon iyawo won ninu oyun ni lari abajade oyun	**Beeni**	**Beeko**
68.Koni ipa lori rirobi lai toojo		
69.Omo na awuwo boseye (>2.5kg)		
70. Nko ni eje riru ninu oyun.		
71. Nkoni ipenija ninun oyun /kosi saare ninu oyun rara.		
72.Nkoni bi abiku		
73.Nkoni irewesi okan ninu oyun		
74.Molo fun ayewo ni ile iwosan eka iwosan awon alaboyun		
75. Imiran (eso pato)…….		

Appendix 4

CODING GUIDE

Social support provided by men to their Spouses during last pregnancy among mothers attending selected Primary Health Centres in Ibadan North LGA, Oyo State.

QUESTION	VARIABLE NAME	VARIABLE QUESTIONS/STATEMENTS	VARIABLE LABEL	CODE
Q1	AGE	Age at last birthday		
Q2	MARST	Marital status	Single	1
			Married	2
			Divorced	3
			Separated	4
			Widow	5
			Cohabiting	6
Q3	EDUST	Educational status	No formal education	1
			Primary	2
			Secondary	3
			Tertiary	4
Q4	REL	Religion	Christianity	1
			Islam	2
			traditional	3
			others	4
Q5	ETHN	Ethnicity	Igbo	1
			Hausa	2
			Yoruba	3
			Others	4
Q6	OCCUPTN	Occupation	Civil servant	1
			Artisan	2
			Others	3
Q7	SPOUSE	If married occupation of		

	OCCUPTN	spouse		
Q8	NO OF PREGN	How many times have you been pregnant (including abortions and miscarriages)		
Q9	LIVN CHIDRN	What is the number of living children		
Q10	FAM TYP	Family type	Monogamous	1
			Polygamous	2
SECTN B	SOCL SUPPRT	what do you understand by social support		
Q11	EMOTIONAL	To be shown care and affection	Yes	1
			No	2
Q12		When you are asked about your fears and worries.	Yes	1
			No	2
Q13	INSTRUMENTAL	To be assisted with some domestic work.	Yes	1
			No	2
Q14		When ones' husband provides money when needed	Yes	1
			No	2
Q15		To be accompanied during hospital appointments	Yes	1
			No	2
Q16	INFORMATIONAL	When you are given advice and guidance at the time needed.	Yes	1
			No	2
Q17		To be educated on healthy lifestyle based on one's medical state).	Yes	1
			No	2
Q18	APPRAISAL	To be reminded of medical	Yes	1

		appointments	No	2
Q19		To be reminded on the importance of healthy living.	Yes	1
			No	2
Q20		Others……..		
SECTION C	Ways of providing socials support			
Q21	EMOTIONAL	Massaged my back when tired.	Yes	1
			No	2
Q22		Identified my fears and worries and encouraged with kind words.	Yes	1
			No	2
Q23		Met sexual demands during pregnancy	Yes	1
			No	2
Q24		Was made happy and given peace of mind.	Yes	1
			No	2
Q25	INSTRUMENTAL	Provided money for clinic bills and other needs	Yes	1
			No	2
Q26		Accompanied to Antenatal clinic	Yes	1
			No	2
Q27		Transported to and from the Antenatal clinic	Yes	1
			No	2
Q28		Helped with some house chores (e.g. sweeping, washing of clothes, cooking….)	Yes	1
			No	2
Q29		Helped in taking care of other children.	Yes	1
			No	2
Q30		Prayed for me and baby at all	Yes	1

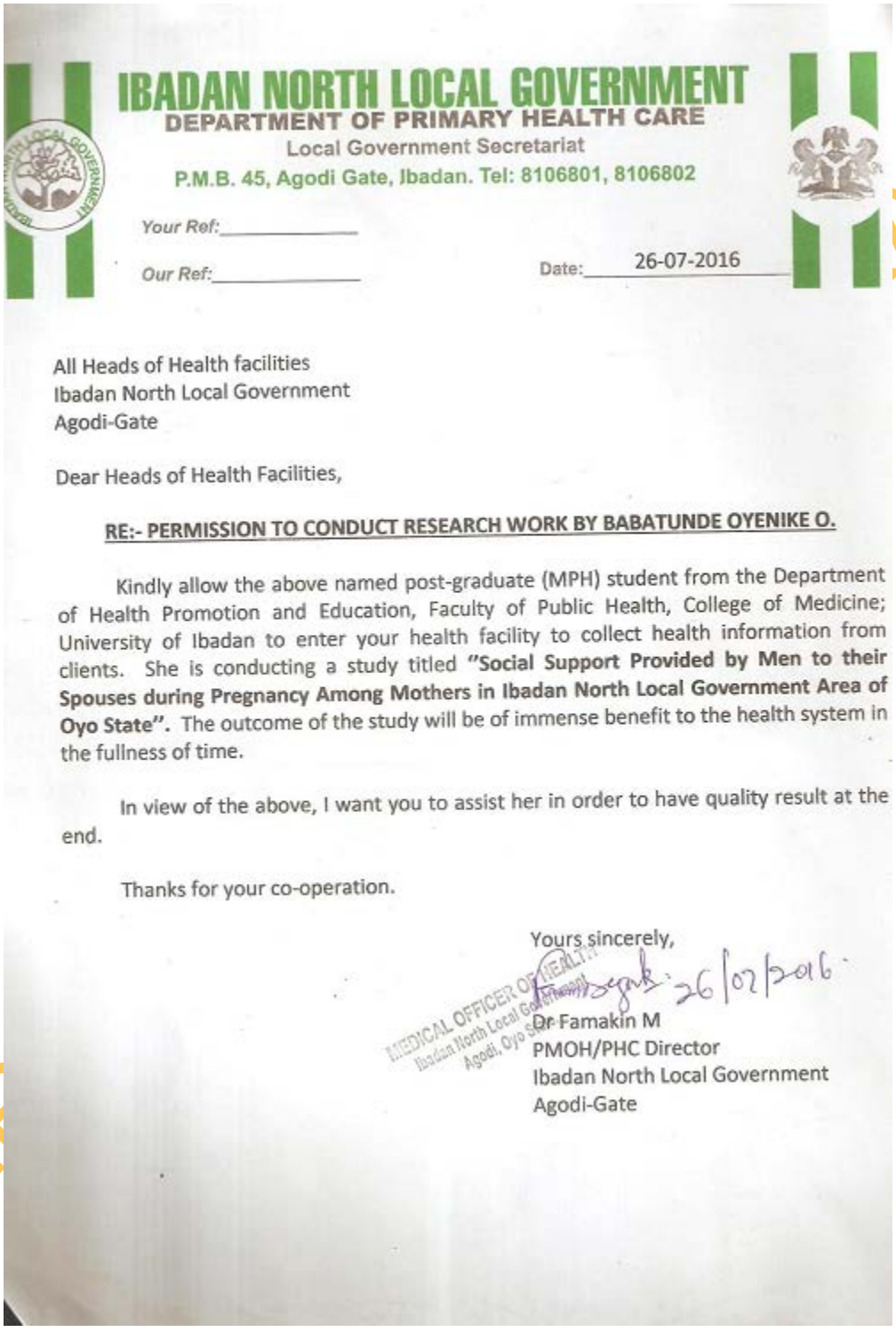
		times.	No	2
Q31	INFORMATIONAL	Encouraged me to book early at the Antenatal clinic	Yes	1
			No	2
Q32		Reminded me Of appointments at the clinic		
			Yes	1
			No	2
Q33		Advised me on ways to be healthy throughout pregnancy	Yes	1
			No	2
Q34	APPRAISAL	Asked for feedback from the clinic when he is not present.	Yes	1
			No	2
Q35		Monitored my nutritional intake.	Yes	1
			No	2
Q36		Other ways	Yes	1
			No	2
SECTIOND	CHNGE IN SOC SPPRT			
Q37	EMTIONL	Massaged my back when tired	Low	1-4
			Moderate	5-9
			High	>10
Q38		Identified my fears and worries and encouraged with kind words.	Low	1-4
			Moderate	5-9
			High	>10
Q39		Met sexual demands during pregnancy	Low	1-4
			Moderate	5-9
			High	>10
Q40		Was made happy and given peace of mind.	Low	1-4
			Moderate	5-9
			High	>10

Q41	INSTRUMENTAL	Provided money for clinic bills and other needs	Low	1-4
			Moderate	5-9
			High	>10
Q42		Accompanied to clinic.	Low	1-4
			Moderate	5-9
			High	>10
Q43		Transported to and from the clinic	Low	1-4
			Moderate	5-9
			High	>10
Q44		Helped with some house chores (e.g. sweeping, cooking, and washing of clothes	Low	1-4
			Moderate	5-9
			High	>10
Q45		Accompanied to shop for baby things	Low	1-4
			Moderate	5-9
			High	>10
Q46		Helped in taking care of other children	Low	1-4
			Moderate	5-9
			High	>10
Q47		Prayed for me and the baby.	Low	1-4
			Moderate	5-9
			High	>10
Q48	INFORMATIONAL	Encouraged me to keep to my ANC appointments	Low	1-4
			Moderate	5-9
			High	>10
Q49		Reminded me of my appointments at the clinic.	Low	1-4
			Moderate	5-9
			High	>10
Q50		Advised me on ways to be healthy throughout pregnancy.	Low	1-4
			Moderate	5-9

			High	>10
Q51	APPRAISAL	Asked for feedback from the clinic when he is not present	Low	1-4
			moderate	5-9
			High	>10
Q52		Monitored my nutritional intake.	Low	1-4
			Moderate	5-9
			High	>10
Q53	FACTRS	Husband's occupation	Yes	1
			No	2
Q54		Waiting time in the health facility	Yes	1
			No	2
Q55		Husband's income (husband not buoyant).	Yes	1
			No	2
Q56		Husband's educational level	Yes	1
			No	2
Q57		Husband does not know about the need to be present at ANC	Yes	1
			No	2
Q58		Family type(e.g. polygamous)	Yes	1
			No	2
Q59		health worker prohibit husband from waiting /health worker's attitude	Yes	1
			No	2
Q60		The society frowns at husband assisting in house chores	Yes	1
			No	2
Q61		Husband lives in another city	Yes	1
			No	2
Q62		Husband family members(e .g	Yes	1

		mother in-law complains the wife is fetish and prevents her from having access to his son)	No	2
Q63		husband's friends	Yes	1
			No	2
Q64		Husband has mistress outside the home	Yes	1
			No	2
Q65		Neighbors (husband has been turned into a slave)	Yes	1
			No	2
Q66		Society frowns at husband accompanying to ANC	Yes	1
			No	2
Q67		Others specify……..		
Q68	EFFCTS ON PREG	Had no premature birth or miscarriage	Yes	1
			No	2
Q69		.Baby had a normal weight (>2.5kg)	Yes	1
			No	2
Q70		.my baby was not admitted after delivery	Yes	1
			No	2
Q71		Had no complication throughout pregnancy(e.g. bleeding, hypertension, anemia)	Yes	1
			No	2
Q72		Had no still birth(baby delivered dead)	Yes	1
			No	2
Q73		Was not at any time depressed during pregnancy	Yes	1
			No	2
Q74		Attended ANC throughout pregnancy	Yes	1
			No	2
Q75		Easy delivery	Yes	1
			No	2

Q76		Others specify……..		



IBADAN NORTH LOCAL GOVERNMENT

DEPARTMENT OF PRIMARY HEALTH CARE

Local Government Secretariat

P.M.B. 45, Agodi Gate, Ibadan. Tel: 8106801, 8106802

*Your Ref:*_____

*Our Ref:*_____

Date: 26-07-2016

All Heads of Health facilities
Ibadan North Local Government
Agodi-Gate

Dear Heads of Health Facilities,

RE:- PERMISSION TO CONDUCT RESEARCH WORK BY BABATUNDE OYENIKE O.

Kindly allow the above named post-graduate (MPH) student from the Department of Health Promotion and Education, Faculty of Public Health, College of Medicine; University of Ibadan to enter your health facility to collect health information from clients. She is conducting a study titled **"Social Support Provided by Men to their Spouses during Pregnancy Among Mothers in Ibadan North Local Government Area of Oyo State".** The outcome of the study will be of immense benefit to the health system in the fullness of time.

In view of the above, I want you to assist her in order to have quality result at the end.

Thanks for your co-operation.

Yours sincerely,

MEDICAL OFFICER OF HEALTH
Ibadan North Local Government
Agodi, Oyo State

26/07/2016

Dr Famakin M
PMOH/PHC Director
Ibadan North Local Government
Agodi-Gate

TELEGRAMS.....

TELEPHONE.....

MINISTRY OF HEALTH

DEPARTMENT OF PLANNING, RESEARCH & STATISTICS DIVISION

PRIVATE MAIL BAG NO. 5027, OYO STATE OF NIGERIA

Your Ref. No. .....

All communications should be addressed to the Honorable Commissioner quoting

Our Ref. No. AD 13/ 479/ 195

2nd September, 2016

The Principal Investigator,
Department of Health Promotion and Education,
College of Medicine,
University of Ibadan,
Ibadan,
Oyo State.

Attention: Babatunde Oyenike

ETHICAL APPROVAL FOR THE IMPLEMENTATION OF YOUR RESEARCH PROPOSAL IN OYO STATE

This is to acknowledge that your Research Proposal titled: "Social Support Provided by Men to Their Spouses During Pregnancy Among Mothers in Ibadan North Local Government, Oyo State" has been reviewed by the Oyo State Review Ethical Committees.

2. The committee has noted your compliance. In the light of this, I am pleased to convey to you the full approval by the committee for the implementation of the Research Proposal in Oyo State, Nigeria.

3. Please note that the National Code for Health Research Ethics requires you to comply with all institutional guidelines, rules and regulations, in line with this, the Committee will monitor closely and follow up the implementation of the research study. However, the Ministry of Health would like to have a copy of the results and conclusions of findings as this will help in policy making in the health sector.

4. Wishing you all the best.

Dr. Abbas Gbolahan
Director, Planning, Research & Statistics
Secretary, Oyo State, Research Ethical Review Committee