

Social Support Provided By Men to their Spouse during Last Pregnancy

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Abstract

Background: Social support provided by men during pregnancy is critical in the promotion of maternal health and improving pregnancy outcomes. Few studies have reported the social support men provide during pregnancy, its influence on pregnancy and outcomes. This study investigated social support men provide to their spouses during pregnancy.

Methodology: This cross-sectional study utilized proportionate sampling technique to select 220 mothers across 6 Primary Health Centers (PHCs) that provide antenatal care (ANC) services in Ibadan, Nigeria. A validated quantitative instrument with 18-point knowledge scale on social support was used for data collection. Data were analyzed using descriptive and inferential statistics at $p=0.05$.

Results: Respondents mean age was 27.6 ± 5.5 years. Over a third (36.8%) of the respondents were accompanied to the ANC clinic by their husbands. Majority (96.4%) of the respondents had good knowledge of social support (17.0 ± 2.6). Almost all (98.6%) reported being made happy and given peace of mind by their husbands during pregnancy. Parity and family type were significantly related to social support men provide in helping to take care of other children and identifying wife's fears and worries and subsequently offer encouragement respectively.

Conclusion: Though men were generally supportive of their wives during pregnancy, they were not directly involved in their antenatal care. A template can be developed by the government to include sessions where men can be taught ways they can support their spouses during pregnancy. This is important for positive pregnancy outcomes and reduction in maternal mortality.

Keywords: Social Support; Pregnancy; Men.

Introduction

Social support may be physical or emotional, for example, interpersonal communications^[1] and could involve exchange of resources between individuals and are perceived by both parties to promote the health of the recipient^[2]. There are different practices related to social support including spousal attendance at antenatal visits, financial support to make hospital visits, provision of useful health information during pregnancy and emotional support (showing care and affection) during labor and childbirth^[3].

Pregnancy is a critical state for women and provision of social support and effective attention is of great importance during this period. However, in many African countries, the period of antenatal care and childbearing is viewed mainly as a woman's affair and men are usually exempted or it is considered less duty for men.^[4] Similar perspectives are conventional in other countries

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within sub-Saharan Africa with regards to pregnancy and childbirth^[5] and feminization of maternal health issues abound^[6].

Male partner involvement is recognized as a key factor in the effort to improving maternal health, and general promotion of the health and wellbeing of mothers and babies, thus decreasing occurrences of maternal and infant mortality, pre and post-delivery^[7]. Despite the importance of this context of men's support during pregnancy, few studies in Nigeria have highlighted levels of social support provided by men during pregnancy from the perspectives of women attending primary health care^[8-10]. In addition, the influence on pregnancy outcomes and factors influencing social support provided by men during pregnancy are also limited. This study sought to fill these gaps in knowledge.

Materials and Methods

A cross sectional design was adopted for this study. Two hundred and twenty mothers were proportionately selected across the 6 PHCs that offer ANC out of the 14 PHCs in Ibadan North Local Government Area. Mothers with babies between 0-6 months who consented to participate were included in the study.

Validated and pretested interviewer-administered questionnaires were used to elicit information from the mothers on demographic characteristics, knowledge on social support, ways social support was provided during last pregnancy, changes in social support as pregnancy advanced, factors influencing social support men provide during pregnancy and effects of social support on pregnancy outcomes.

Knowledge on social support was assessed on an 18-point scale and scores ≤ 9 were categorized as poor while scores > 9 were categorized as good knowledge. Descriptive and inferential statistics at $p=0.05$ were used to analyze the data.

Results

Socio-demographic characteristics

The mean age of the respondents was 27.6 ± 5.5 years and it ranged from 17 to 46 years. As shown in Table 1, almost all of the respondents (98.6%) were married and Yoruba (90.5%). Most of the

respondents (93.6%) had monogamous family and about half of the respondents (53.6%) had secondary school education. Majority of the respondents (87.3%) have had between 1 to 3 pregnancies, but a slightly higher percentage (90.0%) have had between 1 to 3 children. The predominant occupations among the respondents were trading (40.9%) and artisan (40.5%).

Table 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
Occupation		
Civil servant	18	8.2
Trading	89	40.9
Artisan	89.1	40.5
Student	7.0	3.2
Professionals (doctors, bankers, engineers.)	9.9	4.5
Full Housewife	5.9	2.7
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

Knowledge of social support

Table 2 showed the respondents' knowledge of social support. Their mean knowledge score was 17.0 ± 2.6 and 96.4% had good knowledge of the social support that should be provided by their husbands. Majority of respondents correctly stated that their husband should show care and affection (96.8%) and ask about their fears and worries (95.9%), as forms of emotional support. In addition, majority (94.5%) correctly stated that assistance with domestic work (94.5%), providing money when needed (96.4%) and providing education in relation to their pregnancy status (93.6%) were forms of social support.

Table 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%

Ways by which men provided social support to their spouses during pregnancy

Respondents' reported ways by which their spouses provided social support during pregnancy were subdivided into four (4) categories for ease of comprehension.

Emotional ways of providing social support

Many of the respondents reported that their spouses helping with back massage (62.3%), helping identify fears and worries and encouragement with kind words (95.0%), meeting sexual demands during pregnancy (93.6%) and ensuring that the pregnant wife is happy and have peace of mind (98.6%) were ways that emotional social support was provided by their spouses during pregnancy (Table 3).

Instrumental ways of providing social support

Less than half of respondents (36.8%) stated that their husbands accompanied them to the antenatal clinic while 32.7% stated that their husbands transported them to and from the antenatal clinics. However, majority (96.4%) reported that provision of money for clinic bills and other needs, helping with some house chores (81.4%) were instrumental ways their spouses provided social support (Table 3).

Informational ways of providing social support

Majority of the respondents (83.6%) reported that encouragement to book early at the antenatal clinic, reminders of appointments at the clinic (89.1%) and advice on ways to be healthy throughout pregnancy (94.5%) were informational ways their spouses provided social support (Table 3).

Appraisal ways of providing social support

Majority of the respondents mentioned being asked for feedback about antenatal clinic visits when spouses were not present (92.7%) and monitoring of their nutritional intake (93.2%) were appraisal ways their spouses provided social support (Table 3).

Table 3: Ways by which men provide social support to their spouses during pregnancy (N=220)

Variable	(N)	(%)
Emotional social support 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 social support 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 social support 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 social support provided		
Asked for feedback from the clinic when he is not present	204	92.7
Monitored my nutritional intake	205	93.2

Perceived changes in social support provided by men as pregnancy advances

Emotional Social Support

Massaging the back when tired

Many of the respondents (60%) reported that back massage at first trimester decreased as pregnancy advanced (36.4% and 13.6% at second and third trimesters respectively).

Identifying fears and worries and encouraged with kind words

Many of the respondents (67.3%) however reported that identification of their fears and worries and encouragement with kind words by their spouses increased throughout the pregnancy period (67.3%, 66.4%, 72.4%; first to third trimester).

Meeting sexual demands during pregnancy

Less than half of the respondents (41.0%) reported having their sexual demands met during the first trimester, decreased to 19.8% at second trimester and increased to 45.8% at third trimester.

Making wife happy and giving peace of mind

Majority of the respondents (91.6%) reported that their spouses made them happy and gave them peace of mind throughout the pregnancy period.

Instrumental Social Support

Accompanying to clinic

Despite the fact that overall, only 36.8% of the respondents' husbands were reported to have accompanied the women to the clinic, this increased from 43.2% (first trimester) to 45.7% at third trimester.

Transporting to and from the clinic

Respondents reported that transporting them and from the clinic increased from 28.2% at second trimester to 46.2% at the third trimester.

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

Majority of women reported that provision of help with house chores increased from 43.1% at first trimester to 66.1% at the third trimester.

Helping in taking care of other children

About half of the respondents reported that provision of help regarding care of other children by spouses remained same (49.6%) at first and second trimester but however increased to 59.2% at the third trimester.

Informational Social Support

Encouragement to keep ANC appointments

Provision of encouragement to keep antenatal visits were reported by more than half (51.4%, 50.9%, 55.1%) of the respondents at the 1st, 2nd, and 3rd trimesters respectively.

Reminders of appointments at the clinic

Less than half of the respondents (46.6%) and (46.3%) reported being provided with a high level of this support at the 1st and 2nd trimester but this increased during the third trimester (54.4%).

Appraisal Social Support

Asking for feedback about clinic visit

The level of this support was highest at the third trimester with many of the respondents (56.9%) reported that this support was provided by spouse.

Monitoring of nutritional intake

More than half of the respondents (60.7%) received 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.

Factors influencing social support men provide to their spouses during pregnancy

Respondents reported that the 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%) and attitude of health workers (59.5%) were some of the factors influencing social support men provide to their spouses during pregnancy.

Table 4: 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 having 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

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

Majority of the respondents stated that the social support provided by their spouses during pregnancy had positive effects. Responses included: 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%).

Table 5: 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

Test of hypothesis

Three hypotheses were tested to show the association between sociodemographic factors and

social support provided by spouses during pregnancy. These associations were tested using chi-square. Parity and family type were statistically significantly related to social support provided by men in helping to take care of other children ($\chi^2=6.864$, $P=0.009$) and identifying wife's fears and worries and encouraging with kind words ($\chi^2=8.496$, $P=0.004$) respectively (Table 6).

Table 6: Relationship between parity, family type and husband's social support provided during pregnancy

Social Support	Number of children		χ^2	Df	P-value
	1-3	>3			
Husband taking care of other children					
Yes	114	19	6.864	1	0.009*
No	84	3			
Social Support	Family Type		χ^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			

P-value is less than 0.05 for social support, helping to take care of other children as a social support.

P-value is less than 0.05 for social support of identifying fears and worries and encouraging with kind words.

Discussion

The findings of this study provided a reported overview of different categories of social support provided by men to their wives during pregnancy. The age of respondents was similar to the age range of women of reproductive age (15-45years) in Nigeria, which was between 17 to 46 years^[11]. The Nigerian Demographic Health Survey (NDHS)^[11, 12] reported that fertility is high among women between age 25 and 29years. Majority of the respondents were within the fertility period, with the potential of having more children and identifying ways through which social support was provided by their spouses during pregnancy was important for this cohort. Findings would be useful in educating and encouraging men on the importance of providing social support to their spouses during pregnancy, and possible effects on pregnancy outcomes.

Majority of the respondents 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 results were corroborated by other studies^[13, 14], where most of the participants agreed that men's role during pregnancy is to provide emotional and moral support. Most women expected their husbands to pay their bills during pregnancy and majority highlighted support by their husbands through provision of financial needs during pregnancy^[9]. The social support that men can provide to their spouses, for example support in antenatal care (ANC), is important in improvements for maternal health with a potential to reduce maternal mortality^[13]. Findings from this study showed that few women reported that their spouses accompanied them to ANC^[10]. This might be because the patriarchal nature of the society in which this study was conducted where pregnancy related issues and especially ANC attendance are usually viewed as woman's responsibility in many quarters.

According to the respondents, social support changed as pregnancy advanced. Instrumental support in terms of assisting with some house chores and taking care of other children were reported to be high at advanced stages of the pregnancy. This can be attributed to the physiological changes at advanced stages of pregnancy which usually hinders or could prevent a pregnant woman from being able to effectively carry out the normal activities in the house.

Long waiting hours at the ante natal clinic was identified by many respondents as one of the factors influencing social support provided by men to their spouses during pregnancy. This was corroborated by other studies, which highlighted that long waiting and extended time for receiving antenatal and laboratory services discourage men from attending their spouses' antenatal clinic^[15, 16]. These findings indicate promotion of policies that encourage some time off work for men on their spouses' antenatal dates. Antenatal health services should also encourage men's visit for antenatal care by reducing the time spent or delineating a specific time for each woman's visit. Furthermore, attitude of health workers was another factor identified by many respondents as a hindering factor that could be responsible for poor support of men towards antenatal visits^[6, 5]. Low or lack of respect for men as men, especially in the society in this context, could

discourage men's attendance, and thus involvement, in spouses' antenatal care.

Respondents stated that the social support they were provided by their spouses during pregnancy had positive effects on their pregnancy outcomes. These findings were similar to that of another study, where mothers reported good outcomes as a result of the support provided during pregnancy with babies with gestational age of over thirty-eight weeks, easy progressive labor and majorly reduced maternal and neonatal complications^[17]. This was further corroborated by another study which reported less stressful pregnancy, increased emotional security and wellbeing^[9].

Conclusions

As a patriarchal society, decision making processes in relation to access to health care services, and initiation and utilization of maternal health services are usually influenced by men for women. To improve maternal health, with the view of reducing maternal mortality, men have to be seen as critical partners and their involvement encouraged at every stage of pregnancy. This can be done by providing them with the knowledge and information about the demands and expectations of pregnancy, and the vital roles they are to play in ensuring pregnancy positive outcomes. Also, beliefs about pregnancy being a woman's domain and feminine matter requires attention, as some men still view accompanying their spouses to ANC and assisting their pregnant wives to reduce workload during pregnancy as inappropriate. Hence, educating men about the positive effects of providing holistic support to their wives (in terms of emotional, informational, instrumental and appraisal social support) during pregnancy is crucial. In addition, further education on the negative effects of not providing such support, at every stage of pregnancy, would assist in changing all the misconceptions and beliefs about support during pregnancy, and provide men with adequate information on the extent they can be involved during pregnancy.

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