International Journal of Nursing, Midwife and Health Related Cases
Vol.9, No.1, pp.52-68, 2023
Print ISSN: 2397-0758 (Print),
Online ISSN: 2397-0766 (Online)
Website: https://www.eajournals.org/
Publication of the European Centre for Research Training and Development -UK

Male Involvement in Maternal-and-Child-Health Care: Perceptions of Midwives, Women and Men in PHCs in Aba, Abia State

Norah Nnenna Nwachukwu

doi: https://doi.org/10.37745/ijnmh.15/vol9n15268 Published June 12, 2023

Citation: Nwachukwu N.N. (2023) Male Involvement in Maternal-And-Child-Health Care: Perceptions of Midwives, Women and Men in PHCs in Aba, Abia State, *International Journal of Nursing, Midwife and Health Related Cases*, Vol.9, No.1, pp.52-68

ABSTRACT: *Male involvement in MCH care is an effective strategy to combat maternal and child health problems during pregnancy, child-birth and postpartum period. This study explored the perceptions of women, men and nurse-midwives regarding male involvement in MCH care in Aba, Abia State. Three objectives and corresponding research questions were raised for the study. Focus group qualitative research method/design was adopted. Three sample groups comprising of 10 women, 10 men and 10 nurse-midwives participated in the study. Purposive sampling technique was used for sample selection. The primary sampling units were the four selected primary health care centres (PHCs) in Aba. Instruments for data collection were the Focus Group Discussion Guides (FGDG) for women, men and nurse-midwives. The instruments were validated. The two tape recorders used in this study were pretested to ascertain their functionality before the actual focus group discussion sessions commenced. Focus group qualitative data were collected from women, men and nurse-midwives, using the respective FGDG. Audio tape recording of discussions with participants were done. Qualitative data collected from the study were analysed using qualitative data analysis technique. Results revealed the perception of women, men and nurse–midwives in Aba regarding male involvement in MCH care. The women focus group results showed ways of men involvement in MCH Care; women expectations of their partners during pregnancy; and factors affecting women's perception of male involvement in MCH care. The men focus group results showed men's opinions regarding their involvement in MCH care; and factors that restrict their involvement in MCH care. The nurse-midwives focus group results showed factors discouraging male involvement in MCH care; men's responsibilities in MCH care; and benefits of male involvement in MCH care. Recommendation was made to Abia State ministry of health to develop intervention programme to encourage men involvement in MCH care.*

KEYWORDS: male involvement, maternal-and-child-health care, midwives, women, men, PHCs, Aba, Abia state

INTRODUCTION

The issue of maternal and child health care is now becoming a global concern. Yaya et.al. (2018[b]) noted that if the future health and welfare of the society and subsequent generations

are to be enhanced, then efforts to promote and maintain maternal and child health should be constantly instituted.

In the views of Alexander (2018), maternal and child health (MCH) is the health care field that focuses on the determinants, mechanisms and systems that promote and maintain the health, safety, wellbeing, as well as appropriate development of children, their mothers and families in communities and societies, in order to enhance the future health and welfare of society and subsequent generations. World Health Organization (WHO, 2019) explained that the health care programme called "maternal and child health (MCH)," concentrates on health issues concerning women, children and families. The MCH programme offers access to recommended prenatal, antenatal, neonatal and postnatal care, and infant and maternal mortality prevention, mental health care for the mother and child, as well as the screening of newborn babies, child immunizations, child nutrition, and services for children with special health care needs.

It is well known that pregnancy and child birth are conditions that most often expose some expectant mothers to life threatening complications, such as obstetric haemorrhage, infection, eclampsia, obstructed labour, and hypertension being induced by pregnancy, and severe anaemia. These and many other pregnancy and childbirth -related complications are among the main causes of maternal mortality among women (UNICEF, 2020). Maternal mortality is the death occurring during pregnancy, labour, delivery or postpartum. In Nigeria, maternal mortality rate remained one of the highest among countries of the world, with 917 death cases in every 100,000 live births (WHO, 2019). As estimated by WHO (2020), it is likely that 1in 22 Nigerian women is at risk of dying due to pregnancy, childbirth, abortion or postpartum complications. Okonofua, et al., (2018) attributed the increasing rate of maternal and neonatal mortality in Nigeria to health care utilization barriers such as delay in making decision to seek maternal health care, delay in locating and arriving at health care facility, and delay in receiving care from skilled birth attendant when the pregnant woman gets to the health facility.

Expectant mothers generally require adequate support and effective health care attention at the antenatal, neonatal and postnatal levels, in order to achieve optimum maternal health. In the health care sector, the term "maternal health" stands for the health of the woman during pregnancy, childbirth and postpartum period. According to Eshiet, et al., (2016), maternal health can be improved if women receive necessary support and afford appropriate health care services at the periods of pregnancy, child-birth and postpartum.

The providers of support and maternal health care services to women include the males. Male involvement in maternal health care is vital to improve the health outcomes for the mother and the child. Men control family resources. They provide food, also decide where the wife and the child should go for health care services and also provide money and transport to grant them access to health care facility for the services. Yargawa and Leonardi-Bee (2015) considered that male involvement is the active engagement of men in activities and issues relating to the health care of the mother and child, may be, at the levels of pregnancy, child-birth or postpartum; and the provision of financial support for pregnancy-related and childbirth

expenses, and taking a shared health care decision with the wife on health care issues. The United Nations report, as quoted by Craymah, et al., (2017), conceptualized male involvement in MCH care as a wholehearted involvement of men in reproductive health issues of the women and children, with the aim of ensuring adequate health care.

Mbadugha et al., (2019) found that male involvement in maternal care is obvious in the areas of providing financial assistance to cover pregnancy-related and childbirth expenses, accompanying wife to hospital, providing support to wife during pregnancy, childbirth or postpartum, and making preparation for birth by arranging for their place of delivery, transportation, and even blood donation, if required. However, in patriarchal societies, certain tradition and customs do not seem to allow male partners to accompany their wives (partners) to the clinic for antenatal or postnatal care services, and they are not expected to be present to see when their wives give birth to their babies (Chattopadhyay, 2022).

The perception of pregnant women on male involvement in maternity care of their wivestend to vary. Emelonye et al., (2017) observed that in developing countries majority of pregnant women appreciate the involvement of male attendance and spouses during labour and delivery. In South Africa, Mthombeni, et al, (2018) found that majority of postpartum mothers had preferred and received care from male caregivers and spouses, describing them as being respectful, sympathetic and caring. In the study conducted in Ghana, Aziato, et al., (2017) found that majority of women who received continuous support from their husbands during labour were reassured. They were highly comforted and encouraged (emotionally) to bear the pain that comes with labour and delivery. Another study by Bohren, et al., (2017) confirmed that the women who received continual spousal support experienced shorter labour periods, and reduced need for drugs such as oxytocin, analgesia and anaesthesia. They also had reduced need for instrumental deliveries and admission to a caesarean section. These observations give evidence that male partners' involvement in maternity care of their wives bring about improvements in the utilization of health services during pregnancy, increased antenatal care visits, adequate birth preparedness and improved maternal health outcomes.

In the area of Child health care, Jorosi-Tshiamo, et al., (2018) reported that child health care is an issue of great concern among health experts. Every child (aged 0 – 18 years) depends on parents for health care, especially in the areas of feeding, sleeping safety, ensuring regular visits to health facilities during sickness, and meeting health care appointments for check-ups and immunizations, and other forms of health care. World Health Organization (2017) defined child health as a state of physical, mental, intellectual, social and emotional wellbeing and not merely the absence of disease or infirmity.

Child health care is important in helping the child to achieve optimal health. Zvara, et al., (2018) noted that father's involvement in the health care of the child (particularly new-born infant) is important because children cannot access health care services by themselves. They cannot also determine adequate diets, or change the environment they are being raised without the help of adult care-givers.The children are wholly dependent on their parents for their needs, particularly in the areas of disease prevention and health care provisions.

Muheirwe& Nuhu (2018) found that men's engagement in the health care of children contribute to a reduction in child mortality. The reason is that men's decision in the family regarding health care usually influence or affect their children's access to health care services. However, the extent of male involvement in child health care tend to vary by location. In developed countries,fathers are deeply involved in their children's health care, and they felt more influential in child health-related decision-making (Zvara, Schoppe-Sullivan & Kamp-Dush, 2018). In Western Uganda, Muheirwe and Nuhu (2018) observed that men were more actively involved in maternal health care than in child health care. Socio-cultural factors such as educational background, location of residence, cultural norms and values, gender, age and nature of occupation had certain negative influence on men's participation in child care services/activities (Jorosi-Tshiamo, et al., 2018). Similar findings may be obtained in Aba, Abia State, Nigeria.

Considering the importance of male involvement in maternal and child health (MCH) care, one would think that men are wholly accepted and encouraged to participate in maternal and child health issues. Oyo, et al (2019) stated that male involvement in antenatal care, intra-natal and postpartum care has been of utmost importance, but very little is being done about it in Nigeria. Oyo et al, further observed that in Nigeria only the respondents from Yoruba tribe had good perception of male involvement in the maternity care services of their wives during pregnancy, labour, childbirth and postpartum. The menfrom the tribe of Igbo, Hausa and Edo had poor perceptions about men engagement in MCH care. In another study, Mbadugha, et al., (2019) found that many Nigerian men feel reluctant to follow their partners to the antenatal clinic or support them during pregnancy and childbirth because of the belief that issues about pregnancy and labour are entirely women's affairs.

In Zambia, according to Bwalya (2015), majority of pregnant women do not appreciate the presence of male midwife attendance or male partners during delivery. Some argued that male partners and caregivers or midwives would not understand what a woman is going through during pregnancy, labour and puerperium. They feelthat it is a taboo for male midwives to attend to women in labour or to conduct deliveries. They debunk the notion that male midwives are usually kind and accommodating to patients under their care.

In Cameroon, Abeer and Yousria (2011) quoted in Azebri, et al, (2015), reported that Muslim women believed that it is a taboo for a man to see the nakedness or private part of another man's wife, so they do not accept male midwives to attend to them during labour and delivery. They also feel that maternal and neonatal care arewomen's issue and thus men do not get directly involved. Most men claimed that they have no business in MCH programmes because such issues areculturally perceived as women's affairs. Muheirwe and Nuhu (2018) observed that it is not common for men in Africa to take their children to the hospital, unless the mother is sick.

However, some studies present positive perception of men regarding their involvement in children's health care. As stated by Garfield and Isacco (2019), fathers willingly participate in

the health care activities of their children by providing food, getting involved in physical activities with them, and taking the children to the hospital for medical care. They also keep watch on the children's well-being and development, and also try to understand the children, in order to know how to respond when they become sick. However, some fathers expressed being reluctant to adhere to their children's medical advice, and lacking confidence in the healthcare setting. Heymann, et al (2019) observed that men involvement in the health care of their sick children will enhance the children's quick recovery from sickness. Men viewed their involvement in child health-related decision-making as an aspect of their responsibilities. Minton and Pasley (2015) observed that when fathers exert their influence over parenting decisions, they work toward ensuring effective implementation of their decisions by providing financial support and other necessary assistance required to support their children.

The perceptions of nurse-midwives on male involvement in maternal and child health care is also considered in this study. According to Okeke et al., (2016),the nurse-midwives believe that men engagement in maternal health could improve family planning, which promotes child-spacing, and gives the woman enough time to recover from the previous pregnancy. They further believe that men can offer support for the professional care provided to women during pregnancy by different health workers, such as the midwives, nurses and doctors. This support tends to be very important in reducing maternal deaths from pregnancy-related causes. The men or male partners also play crucial role in women's utilization of antenatal services by arranging for transportation to the clinic, and paying for the services.In line withNgwibete, et. al. (2021), the nurse-midwives perceived that male involvement in maternal and child health care can enhance prompt utilization of health care services and mitigate the occurrence of obstetric complications.

In Aba, Abia State, there seem to be no specific study conducted in the State to ascertain the perspectives of the people concerning male involvement in maternal and child health care. It is likely that the people's perception on the subject of male involvement in MCH care would be negative, if investigated. The people of Abia State are of Igbo origin. They seem tohave strong cultural beliefs concerning male involvement in maternal and child health care. Such cultural beliefs might influence the people's perceptions as regards male involvement in maternal and child health care. Based on these premises, the perceptions of nurse-midwives, women and men regarding male involvement in maternal and child health care in Aba, Abia State, need to be investigated, in order to generate base-line data that will guide the development of any necessary intervention programme.

Aim and Objectives

This study aimed atexploring the perceptions of nurse-midwives, women and men regarding male involvement in maternal and child health care in primary health care centers in Aba, Abia State, Nigeria.

The objectives of the study are:

1. To explore the perceptions of women regarding male involvement in maternal and child care in primary Hhealth Care centers in Aba, Abia State.

2. To find out the perceptions of men regarding male involvement in maternal and child care in Aba, Abia State.

METHODOLOGY

The study used qualitative research method/design. This study has three population groups (nurse-midwives, women and men). The nurse-midwives population consisted of those who were registered or licensed, and currently providing maternity and child health-related care at the public health facilities in Aba, Abia State (Abia State Ministry of Health, 2022). Sample of 10 nurse-midwives, 10 women and 10 men were drawn from four primary health care centres (PHCs) randomly selected from the fourteen PHC centers in Aba, Abia State, for the study. The decision to use the minimal sample size of 10 per group of respondents was guided by the fact that the typical size of a focus group discussion is 6 to 12 participants (Eeuwijk & Angehrn, 2017). Purposive sampling technique was used to choose the samples of 10 nurse-midwives, 10 women and 10 men for the study. Three separate Focus Group Discussion Guides (FGDG) were used for data collection in this qualitative study. They are (1) Focus Group Discussion Guide (FGDG) for Nurse-Midwives, (2) Focus Group Discussion Guide (FGDG) for Women, and (3) Focus Group Discussion Guide (FGDG) for Men. The Focus Group Discussion Guide (FGDG) for Nurse-Midwives contains ten items. The qualitative data from the focus group discussion with nurse-midwives, women and men in the study were analyzed using qualitative data analysis method. This method involved audiotape recording of the participants' discussions. The following steps were taken for qualitative data analysis:

1. **Data collection**: The focus group discussions held with women, men and nurse-midwives generated rich data for the study. The discussions were tape recorded, and complementary notes were taken on observational issues that were not recorded.
2. **Transcribing of data**: This was done by listening to the tape recorded discussions and writing them out or transcribing them on paper.
3. **Familiarisation with the data**: This was done by playing and listening to the audio-tape recordings of the focus group discussions. The written transcripts, and the observational notes taken during the group discussion were read several times. This helped the researcher to become familiar with the whole discussion details, before sorting out themes and sub-themes that emerge from the discussions.
4. **Identification of themes:** This was done by writing out the identified theme on the margin of the transcript. The sub-themes, phrases, ideas, and concepts found in the written transcripts were also highlighted. The identified themes, sub-themes, ideas and concepts emerging from the transcripts were arranged by categories.
5. **Indexing:** This was done by carefully scrutinising the information in the transcript, and sorting out quotations. Comparisons were made between quotes from individual discussions, and quotes from group discussions, in order to identify consistency of information.
6. **Charting:** This is done by lifting the highlighted quotations from the transcripts(original context) and re-arranging them under suitable themes and sub-themes.

Indexing and charting are the processes of managing and sorting out data in focus group qualitative research. By these processes, the researcher is able to compare and contrast

information from the focus group discussion and arrange similar information (quotes) together, and discard irrelevant information. This task helped to reduce the volume of information used in the study.

Interpretation of data: the following headings were adopted for interpreting the coded qualitative data:

i. Words: Consideration was given to the actual words used by the participant and their meaning.

ii. Context: Consideration was given to the previous experience of the participants in relation to male involvement in maternal and child health care, which actually influenced the context of the discussion.

iii. Internal consistency: The researcher considers whether the participant was consistent in holding to his opinion or whether he changes in opinion. This designates the positive or negative perception regarding male involvement in MCH care.

iv. Frequency and extensiveness of comments: The researcher considers how often a comment or view is made, and the number of participants who express that particular view (extensiveness of comments).

v. Specificity of comments: More attention was placed on respondents' responses that were based on specific personal experience as opposed to generalized situations.

vi. Intensity of comments: The depth of feeling in which comments are expressed marked the intensity of comments. Some men respondents, for example, used more negative terms to describe their involvement in maternal health care of their wives, whereas many women use more positive terms to express their perception of male involvement in MCH care.

vii. Big ideas: Consideration was given to recurring concepts that emerge from the various discussions.

The analysis was done under themes that emerged from the transcript evaluation. Some comments of the respondents were quoted verbatim.

RESULTS

Women Focus Group Results

In this group, ten women participated in the focus group discussions and expressed their opinions regarding male involvement in maternal and child health care. Their ages were between 30-43 years. Some of the women participants were self-employed, and others were civil servants. Few of them had tertiary level of education, others had secondary education. Some of the participants were Christians, while others were Muslims. They were selected from both urban and rural areas.

The women responses to the focus group discussion items were tape-recorded, transcribed, analysed and interpreted. Four themes were identified from their qualitative data: perception; ways that men get involved in maternal and child care; women expectations of their partners during pregnancy; and factors affecting women's perception of male involvement in maternal and child health care.

Perception

Three sub-themes or domains emerged from the main theme (perception). These were defining male involvement, awareness, and views about male involvement in MCH care.

Defining male involvement in MCH care

The participants cited that their understanding of male involvement in MCH care reflects on their willingness to encourage their male partners to participate in maternal and child care activities. Participant 3 in the women group, (aged, 35years; from urban area) said,

" *If my male partner shares my feelings as a pregnant woman, supports me and care about me and my child, that would be an excellent way of him getting involved in MCH care."*

Participant 5 (aged 33 years, a Christian from rural area) said, *"Male involvement in MCH care would be an exciting experience to the women, I need to encourage my husband to get involved."*

Awareness of male involvement in MCH care

The participants have shared expression of being aware of the practicality of male involvement in MCH care, particularly in arranging for transportation to the clinic and providing adequate money needed for the health care expenses during pregnancy, childbirth or postpartum. But, they pondered over ways of creating balance between awareness of men's participation in MCH care and the socio-cultural restrictions to gendered social roles.

Participant 2 in the women group (aged 41 years, tertiary education level, and civil servant), said, *"I am aware of the practical involvement of men in the care of their wives during pregnancy and childbirth. But, the extent of their involvement is restricted by culture, depicting men as having no role in women's affairs during pregnancy, labour and childbirth."*

Views about male involvement in MCH care

The women participants shared their views on male involvement in maternal and child health care based on their experience. They stressed that their male partners' involvement in maternal and child health care are always very helpful. One of the participants said: "*I always like to go with my husband to the clinic during antenatal visits and delivery. I feel strong when I see him staying by me."*(Participant 7). Another participant commented that: "*Almost all the women are happy for the government decision to encourage men to be more involved in maternal and child health issues. They are very helpful in their support to the women during antenatal visits and child delivery, even at the postnatal level*." (Participant 10, tertiary education level).

Other women (particularly from the urban area) in the focus group expressed similar positive views regarding male involvement in MCH care. However, a woman (Participant 1, from the rural area) voiced that *"her husband would never accompany her to the clinic, and he would not like to participate in any form of maternity care activities, but he will provide money for the things needed in the hospital."*

Ways that Men Get Involved in Maternal And Child Health Care

The women were undisputed that their husbands, have been providing for their transportation to health care facilities during antenatal visits and delivery. Participant 4 (aged 30 years, from

rural area with secondary level of education), said, "*Sometimes my husband gives me transport fare, sometimes he carries me to the hospital."* Another participant said, "*In my case if I am pregnant my husband do take me to antenatal clinic for the services, if he is around. But if he is not around, he does arrange a driver that will take me to the clinic and take me back*."(Participant 3).

The women further shared that some men accompany their wives to the clinic, where they also receive education about pregnancy processes, related danger signs and corresponding solutions. A woman said, "*I would want my husband to be with me in the clinic because if there is any danger sign he will know. He will also know his responsibility if any occurs."* (Participant 6).

Women Expectations of Their Partners During Pregnancy

The women discussed extensively on what they expect of their male partners doing pregnancy. Participant 9 said, *"I expect my male partner to provide financial assistance to enhance my access to health care facilities, and support my utilization of health care services. But, I do not want him to decide the health care facility to go for antenatal care, except on agreement with me."*

The physical presence of the male spouses, with their wives, at the health facility during antenatal visit, labour and childbirth, tends to be very important to the women. One of the participants said, *"I want my husband to be with me during labour to help rub my back, hold my hand and pray with me, and also witness what women experience during child delivery."*(Participant 6).

In the postnatal period, the women discussed the support they expect from their partners doing the period. Participant 2 (aged 30 years, from urban) said, *"I want my husband to support me in doing household chores in order to relief me of some tasks, and enable me get rest while nursing the new born."*

However, this expectation may be misinterpreted. Participant 8 (aged 38years, from rural area) said, *"I will like my husband to help me in doing some certain household chores, but in my case where we live in rural area, my mother in-law if she sees my husband doing those things, she will think that the woman is directing the man on what to do."*

Factors Affecting Women's Perception of Male Involvement in Maternal And Child Health Care

The women shared the view that the woman's level of education would influence her perception of partner's involvement in MCH care. Participant 10 (aged 37 years, tertiary education level) said, *"The highly educated women will vary in their perception of male involvement in maternal and child health care, compared to the less educated women. The educated women will be bold enough to request their partners' involvement in maternal and child health care. The less educated women will be timid and afraid of their partners, and they may have negative perception of male involvement in maternal and child health care."*

The women collectively shared the view that employment status of both the male partner and the wife, would affect women's perception of male involvement in maternal and child health care. For instance, Participant 3 said, "*I barely see my husband. He is always away for business,*

but, I will be very happy if he can be around with me in the hospital. That will really strengthen our bond as husband and wife."
The women also identified and discussed location of residence as a factor that exert negative influence on their perception of male involvement in maternal and child health care. Consider the view of this rural woman: "*In my case where we live in rural area, my mother in-law if she sees my husband doing those things, she will think that the woman is now telling the man what to do."* (Participant 8).

Men Focus Group Results
Ten men participated in this focus group qualitative study. Their ages range between 32 and 45 years. Some of them were self-employed, and others were civil servants. The participants had tertiary level of education, but, few of them had secondary education. The participants comprised of Christians, and few Muslims. They were selected from both urban and rural areas. The men focus group participants were identified by numbers ranging from 11-20, for ease of acknowledging the quotes of a particular participant.

The men's focus group discussions were tape-recorded, transcribed, and analysed. Two themes emerged from the men's qualitative data transcription pertaining to male involvement in maternal and child health care. These were: opinion regarding male involvement in maternal and child health care and factors that restrict male involvement in maternal and child health care.

Men Opinion Regarding Their Involvement in maternal and child health Care
Four sub-themes or domains emerged from this main theme. These were accompanying wife to the clinic, extent of male involvement in MCH care, male involvement in MCH care as an expression of love, and fathers' involvement in children's health care.

Accompanying wife to the clinic
The men discussed their opinions about accompanying their wives to the clinic for antenatal care. Participant 14 (aged 36 years, from urban area) said, *"I don't have the time to follow my wife to the hospital. If I do that I will have to close my shop. But, I can send my maid to go with her.*"
Participant 19 (aged 42 years) said, *"By my opinion, I do not think that it is proper for me to follow her to the clinic. I just give her money. I am a businessman."*
A civil servant said*, "If am busy in the office, I cannot go to drop her in the hospital. I give her money."*(Participant 12, aged 44years).
Participant 17 said, "*Sometimes I will just go and drop her in the hospital. Sometimes I will stay there, and after antenatal care, I just drop her back at home."*
Another participant said, *"I accompany my wife to the clinic and stay with her. I provide items she need and give her enough money."* (Participant 15).

Extent of male involvement in maternal and child health care

Considering the extent of male involvement in MCH care, one of the participant said, *"Sometimes you may not have money in the pocket, and money is needed at home to buy food for the family. At the same time you are called by the nurse to come to the hospital and pay for drugs for your pregnant wife, and also give money for other services. This situation is unbearable. I will decide to go for business or job first, at least to get money to buy food for my family, and whenever there is a chance I will follow my wife to the hospital and stay with her there*." (Participant 15, 37 years old).
Participant 11 (33 years old, from urban area, tertiary level of education and Christian background), said, "*I go with my wife to the clinic for antenatal care, and during that time, I stay with her, and help her to run errand, like getting drugs and other things. In case any thing is needed in the hospital, I will provide them."*

Male involvement in MCH care as an expression of love
Participant 13 said, *"I considered my involvement in maternal and child health care as an expression of love and care. It echo's my commitment and support to my wife. It shows that I am a supportive partner."*
Participant 16 said, "*When my wife gives birth safely. This gives me joy, and also indicates that I care for her very well during pregnancy. I always take her to the clinic. I encourage her to perform regular physical exercises at home, and I support her. This increase my love to my wife and my child.*"

Fathers' involvement in children's health care
On opinion regarding fathers' involvement in children's health care, the participant 16 said, "*I feel it is proper for the father to show adequate care for the child*."
Participant 12 said, *"I do carry my child. I also take him to the hospital in order to give him adequate health care."*

DISCUSSION

The perception of men and women regarding their involvement in maternal and child care was explored through qualitative focus group discussion method in Aba, Abia State. From the thematic analysis of contents of the men's focus group discussions, two themes were identified. These were men's opinion about their involvement in MCH care, and factors that restrict male involvement in MCH care.

Further categorisation on the theme "men's opinion about their involvement in maternal and child health care" generates four sub-themes or domains. These were accompanying wife to the clinic, extent of male involvement in MCH care, male involvement in MCH care as an expression of love, and fathers' involvement in children's health care.

The findings about men accompanying their wives to the clinic for antenatal care in Aba, Abia State, were discouraging. One of the respondents said:" *I don't think it is proper for me to follow her to the clinic"* Another said: *"I don't have the time to follow my wife to the hospital."* This finding lends support to Muheirwe and Nuhu, (2019), who found that most men do not

accompany their partners to family planning, or ANC consultations and during labour, or delivery.

The men rather prefer to send their maids to go with their wives to the hospital on their behalf, as expressed by one participant: "… *I can send my maid to go with her.*" Others prefer to give money to their wives for transport fare to the hospital, as reflected in the following quotes: "*... I just give her money. I am a businessman."*Another participant (44 years old, civil servant) said, *"If am busy in the office, I cannot go to drop her in the hospital. I give her money."* These actions tend to frustrate the women's expectation of having the physical presence of their spouses at the health facility during antenatal visit, labour and childbirth.

However, some of the men focus group participants expressed positive perception regarding their involvement in maternal and child health care. These men accompany their wives to the clinic for antenatal care, and stay with them in case of any errand that is needed in the hospital like getting drugs and other things, as reflected in the quotes: *"I accompany my wife to the clinic and stay with her. I provide items she need."* Another participant said, "*I go with my wife to the clinic for antenatal care ... and help her to run errand, like getting drugs and other things."*

The present findings contradicted that of Kululanga, et al., (2012), who found that men in Malawi are not involved in pre-natal, antenatal and postnatal activities because clinic issues are culturally perceived as women's affairs.

Findings on extent of male involvement in MCH care revealed mixed impression. One participant said, *"...whenever there is a chance, I will follow my wife to the hospital and stay with her there*." Another said, "*I go with my wife to the clinic for antenatal care… In case any thing is needed in the hospital, I will provide them."* The first quote "*whenever there is a chance ..."* depicts low extent of male involvement in MCH care.The second quote, "*I go ..."* reflects positive and high extent of male involvement in MCH care. From these results, it can be said that the women whose husbands are less involved in MCH care are not likely to attain improved physical and emotional health outcomes, compared to the women whose husbands are highly involved in MCH care.

Findings on male involvement in MCH care as an expression of love was exciting. One of the men participant said, *"I considered my involvement in maternal and child health care as an expression of love and care. It echo's my commitment and support to my wife."* Another participant said, "*When my wife gives birth safely. This gives me the joy that I care for her very well during pregnancy. And this increases my love to my wife and my child.*"

From the findings, it is obvious that men involvement in MCH care is a measure of expressing love to their wives and children, the men will be motivated to be more involved in MCH care, as it creates excellent emotional benefits to the family (father, mother and the child). In addition, their wives would be happy and healthy, and the aim of promoting male involvement in MCH care would be fully achieved.

Findings on fathers' involvement in children's health care in Aba, Abia state, was impressive. One participant said, "*I show adequate care for the child*." Another participant said, *"I do carry my child. I also take him to the hospital to give him adequate health care."*

These findings (fathers carrying the children, and taking them to the hospital for adequate health care) revealed that fathers do spend quality time with their children, and care adequately about their health and welfare. The findings correspond with that of Garfield and Isacco (2019), who reported that fathers were involved in many health care tasks designed to keep their children healthy. These tasks include tracking immunizations, administering medications, attending doctor appointments, providing health insurance, and caring for their sick children.

On factors that restrict male involvement in maternal and child health care, the men focus group participants identified three dominant factors. These were time factor, cultural factor and fear of stigmatization.

The finding on time factor as a restrictive influence on male involvement in maternal and child health care, was not appealing. One participant said, "I *can … not to take care of my wife and children. … my business and other things occupy my time*."(Participant 13, 38years old). Another participant said, "… *when I ask my employer for permission to go with my wife to the clinic, my employer will say: 'Stay at work'. When I am not given the permission, how will I go?"(Participant 17,* civil servant, 45 years old).

Time factor due to engagement in business or time demanding secular job does not enable men in Aba, Abia State to take care of their wives and children. This situation is serious, because the very essence of promoting male involvement in MCH care would be defeated due to lack of time for men to get involved. The men need to be encouraged to make out time for engagement in MCH services. The present finding is in agreement with that of Isacco and Garfield (2010), who found that fathers endorsed time factor due to work schedule as one of the reasons for not attending doctors' visits for maternal and child health care.

Cultural factor was also implicated as a factor that restrict male involvement in maternal and child health care in Aba, Abia State. The finding was evident from the men focus group discussions. One participant said, "*Our society let us think that maternal and child health care is for women. It is not very necessary that men should get involved in women affairs.*" (Participant 20). The cultural belief of the people does not allow men to take active part in maternity and child care activities at the antenatal and neonatal levels. This finding is consistent with that of Mbadugha, et al., (2019), who reported that men involvement in maternity care may be restricted by some cultural beliefs such as maternity care being regarded as exclusively a woman's matter. But, culture seem to allow men to celebrate when their babies are born. This was evident from the quotes of a participant, who said, "*I have to prepare myself after discovering that I am expecting a child*."

Fear of stigmatization was another factor that restrict male involvement in maternal and child health care. Finding revealed that men refuse to go with their wives to the first antenatal clinic visit because they will take HIV test with their wives. They are afraid of being stigmatized if they are tested positive of HIV. In this regards, one respondent said, "*The health care providers want men partners to attend the first antenatal clinic visit with their wives and take HIV test, a lot of people will fear testing for HIV because if they are HIV-positive, they will be stigmatized*." This finding has implication for health policy development. It should be mandatory for both husband and wife to attend first antenatal visit and test for HIV, before the wife is registered for antenatal care. This will make for early diagnosis of HIV cases, and consequent follow-up.

CONCLUSION

This study was conducted to elicit focus group qualitative data on perceptions of women, men and nurse-midwives regarding male involvement in maternal and child health care in Aba, Abia state. Based on the findings, it was concluded that women and nurse –midwives in Aba have very good perception regarding male involvement in maternal and child health care, but majority of the men in Aba have very poor perception regarding their involvement in maternal and child health care. The women in their perception expect the men **(**their partners) to provide financial assistance to enhance their access to health care facilities, and support their utilization of health care services. They further expect the physical presence of their spouses at the health facility during antenatal visit, labour and childbirth. At the postnatal period, the women want their partners to support them in doing household chores to relief them and enable them get rest while nursing the new born. However, the women do not want their male partners to decide the health care facilities to go for antenatal care and childbirth, except on agreement with them. The factors that restrict some women's perceptions of male involvement in maternal and child health care were rural location where cultural factors play a role; lower level of education and employment status where men tend to be busy with their businesses than to be involved in maternal and child health care.

Men do not accompany their wives to the clinic for antenatal care. They prefer to give them money or direct their maids to accompany them. Only few men in Aba, Abia State expressed positive perception regarding their involvement in maternal and child health care.. When it comes to children's health care, the Aba men (fathers) are very highly involved. They expressed very positive perception regarding their involvement in child health care. Generally, the extent of male involvement in maternal and child health care is mainly restricted by time factor. They do not have enough time to spend with their wives and children because of their involvement in businesses and secular jobs.

Considering the nurse-midwives opinions, it was concluded that time factor, as well as the nagging or complaining nature of the wife, and money influenced the extent of male involvement in maternal and child health care. The men responsibilities in relation to maternal and child health care were found to be making financial provision to their wives and children, and supporting them physically and emotionally. Taking them to the hospital for antenatal check-up, staying with them there, and reminding them to take their routine drugs, encouraging

them and praying for them in their heart, and also helping in purchasing drugs prescribed by the doctor, and assisting them to maintain daily exercise routine, and helping in doing household chores. It was further concluded that male involvement in maternal and child health care, are beneficial as it makes the woman feel loved, and gives her sense of belonging. It builds good relationship between the wife and the husband, and also create a deep bond between the father and the child.

Contributions to Knowledge

The findings of this study showed that the Aba women of Abia State, Nigeria express positive views about male involvement in maternal and child health care. This implies that in developing intervention package to promote male involvement in maternal and child health care, the positive perception of the women regarding male involvement in MCH care should be given priority attention. The intervention strategy should focus strongly on removing all barriers to effective male involvement in MCH care, such as cultural barriers and unfavourable health institutional policies, to ensure that the home/hospital settings are convenient enough to promote and strengthen sustainable male partners' involvement in MCH care. The findings further implied that the Abia State hospital management committee needs to educate health personnel in health care facilities on ways to accommodate male partners in MCH care activities.

Findings involving men in Aba, Abia State, further revealed that men (male partners) have negative views or perception regarding their involvement in maternal and child health (MCH) care. The men's negative perception of their involvement in MCH care tend to frustrate the women's expectation ofhaving the physical presence and support of their spouses at the health facility during antenatal visit, labour and childbirth. This situation may lead to emotional health problem on the part of the women.

The findings on men's negative perception of their involvement in MCH care further indicate that the international bodies, including World Health Organisation (WHO) and International Conference on Population and Development (ICPD) that promote male involvement in MCH care as a means to enhancing positive maternal and child health outcomes, are yet to develop modality for effective sensitization and mobilization of men toward involvement in MCH care. It is envisaged that if appropriate intervention package is not developed by the international bodies (WHO & ICPD) to ensure sustainable involvement of men in maternal and child health care, the culture of the patriarchal African traditional society will inhibit the vision/goal of involving men in MCH care to advance positive improvements in maternal and child health outcomes.

Recommendations

Based on the findings, discussions and conclusions reached in this study, the following recommendations were made:

1. The management of health facilities and the ministry of health should develop health education package on male involvement in maternal and child health care for women and

nurse-midwives to encourage them to maintain their positive perception regarding male involvement in maternal and child health care.

2. The ministry of health should develop intervention programmes and sensitization campaigns that will be appropriate enough to encourage men involvement in maternal and child health care.

3. The ministry of health should also intensify community health education that will change the prevailing social-cultural norms and negative perceptions of men regarding their involvement in maternal and child health care.

REFERENCES

Abia State Ministry of Health (2021). Monthly antenatal clinic attendance report for Aba South LGA, Abia State. Unpublished. MOH.

Aborigo, R., Reidpath, D., Oduro, A., and Allotey, P. (2018). Male involvement in maternal health: perspectives of opinion leaders.

Akuezuilo, N., & Agu, U. (2018). *Research and statistical methods in education*. Chuks and Sons Publishers.

Alexander, G.R. (2021). Maternal and child health (MCH). *Encyclopedia of Health Care Management*. Thousand-Oaks, Sage publication.

Chattopadhyay, A. (2022). Men in maternal care: Evidence from India. *Journal of Biological and Social Science.* 44(2):129-153.

Cohen, S. and Wills, T.A. (2015). Stress, Social support, and the buffering hypothesis, *Psychological Bulletin*. 98(2), 310-357.

Craymah, J. P., Oppong, R.K., and Tuoyire, D. A. 92017). Male involvement in maternal health care at Anomabo. Central Region, Ghana. *International Journal of Reproductive Medicine.* Doi: 10. 1155/2017/2929013.

Davis, J., Vyankandondera, J., Luchters, S., Simon, D., & Holmes, W. (2015). Male involvement in reproductive, maternal and child health: a qualitative study of policy maker and practitioner perspectives in the Pacific. *Journal of Reproductive Health.* 13(1), 81-85.

Dawson, S., Manderson, L., and Tallo, V. (2023). *A manual for the use focus groups*. Boston: International Nutrition Foundation for Developing Countries (INFDC).

Drennon-Gala, D. (1994). The effects of social support and inner containment on the propensity toward delinquent behavior and disengagement in education (Doctoral dissertation). ProQuest Dissertations Publishing. 942562.

Eeuwijk, P. V. and Angehrn, Z. (2017). *How to Conduct a Focus Group Discussion (FGD): Methodological Manual.* Swiss Tropical and Public Health Institute.

Ejifugha, A.U. (2018). *Fundamentals of Research in Health Education.* Luso Publishers.

Emelonye, A. U., Vehvilainen-Julkunen, K., Pitkaaho, T., and Aregbesola, A. (2017). Midwives perceptions of partner presence in childbirth pain alleviation in Nigeria hospitals. *Journal of Midwifery*. 48:39-45.

Eshiet, U. I., Jackson, I. L., and Akwaowoh, A. E. (2016). High patronage of traditional birth homes: A report from Akwaibom, Southern Nigeria. *American Journal of Health Policy and Management* 1(1), 1-6.

Jorosi-Tshiamo, W. B., Mogobe, K. D. and Mokotedi, M.T. (2018). Male involvement in child care activities: A review of the literature in Botswana. *African Journal of Reproductive Health.* 8(1):12.

Mbadugha, C.I., Anetekhai, C. J., Obiekwu, A., Okonkwo, I. and Ingwu, J.A. (2019). Adult male involvement in maternity care in Enugu State, Nigeria: A cross-sectional study. *European Journal of Midwifery*. 3: 16.

UNICEF, (2020). Situation of women and children in Nigeria: the Challenges faced. UNICEF.

World Health Organization (WHO, 2019). Trends in Maternal Morality: 2015 to 2020: Estimates Developed by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. https://relieweb.int/report/world/trends-maternal-mortality -2015-2020-estimates-who-unicef-unfpa-world-bank-group-and.

World Health Organization (WHO, 2018). WHO recommendation on companionship during labour and childbirth. The WHO Reproductive Health Library; World Health Organization.

World Health Organization (WHO, 2015). WHO recommendations on health promotion interventions for maternal and newborn health. http://apps.who.int/iris/bitstream/handle/10665/172427/978241508742_report_eng.pdf (accessed 3 September 2022).

Yargawa, Y. and Leonardi-Bee, J. (2015). Male involvement and maternal health outcomes: Systematic review and meta-analysis. *Journal of Epidemiology and Community Health.* 69(6): 604-612.

Yaya, S., Bishwajit, G., Uthman, A., and Amouzou, A. (2018[a]). Why some women fail to give birth at health facilities: A comparative study between Ethiopia and Nigeria. *PloS One*. 13:1-11.

Yaya, S., Okonofua, F., and Ntoimo, L. (2018[b]). increasing women's access to skilled pregnancy care to reduce maternal and perinatal mortality in Rural Edo State, Nigeria: A randomized controlled trial. *BMC Global Health Research and Policy*. 3:1-10.

Zvara, B. J., Schoppe-Sullivan, A. J. and Kamp-Dush, C.M. (2018). Fathers' involvement in child health care: associations and prenatal involvement, parents' beliefs, and maternal gate keeping, *U.S. National Library of Medicine:* National academic press.