

## **Background and Objective of the Study**

According to World Health Organisation (WHO) report 2014, about 800 women die every day globally from pregnancy related causes. Also, that 99 per cent of all maternal deaths occur in developing countries, while more than half of the 99 per cent occurred in sub-Saharan Africa. In Nigeria, about 145 women die every day due to pregnancy related causes. A woman's chance of dying from pregnancy and childbirth in Nigeria is put at 1 in every 13. In addition, Nigeria account for about 13 percent of the global maternal death rates with an estimated 36, 000 women dying in pregnancy or at child birth each year (Demographic Health Survey 2013).

Over the years, the issue of maternal health has been predominantly seen and treated as a secondary feminine matter. The representation of men, and their resulting dominance, among those responsible for the planning and provision of health care, has had serious consequences for the health status of women and girls, particularly in developing countries (Taiwo and Olusheyi, 2007).

In most African countries, maternal health issues which include family planning, pregnancy and childbirth have long been regarded as exclusively women's affairs (MullickKunene and Wanjiru, 2005). Although the health of mothers are determined by many factors including socio-economic status and environmental factors, one important and crucial factor that has been neglected over the years is the role of men as a determinant of health of mothers (Mullick et al., 2005).

Several studies have examined different factors that could undermine maternal health but little exists on the role of men in promoting maternal health. Against this background, this study investigates factors influencing men's participation in maternal healthcare. Specifically, the study investigates the influence of patriarchy, economic and religious factors on men's participation in maternal health.

## **Methods**

This study was used exploratory designs to investigate the determinants of men's participation in maternal health. The design relied on qualitative method of data collection using a semi-structure interview guide. The respondents were purposively selected based on the criteria that the respondent must be a married man whose wife has ever given birth and living together with the wife or wives. The study was conducted in two different locations in Lagos state, Nigeria. These preliminary results are based on responses of 30 respondents out of the total number of 40 respondents.

Data collected from the in-depth interview through the use of recording tape were transcribed and analysed based on the objectives of the study. Content analysis of the transcribed interviews was manually done.

### **Preliminary Results and findings**

Results from the study indicated that patriarchy was a major factor that influenced the attitude of men towards maternal health and their participation in it. The patriarchal behaviours of the respondents were demonstrated through the following areas.

#### **Attendance at Antenatal and Postnatal Services**

The data show that the men were less concern about antenatal services their wives receive and considered such programmes as exclusively within the purview of women. Most of the men interviewed had never followed their wives for such services. They do not get actively involved in the maternal health of their wives such as monitoring how regularly their wives go for antenatal care, what activities took place or even care to know when the next appointment is.

#### **Polygyny**

Findings from the study revealed that marriage type is a determinant of men's participation in maternal health. Polygyny refers to the state or practice of having two or more wives at the same time. Some men who practised polygyny were found to have, after providing the finances completely absolved themselves from all maternal health related matters. Some of the respondents interviewed claimed they have never attended any maternal health related activity with their wives and this was because they wanted to avoid conflicts in their homes which may arise if they are perceived to have favoured one wife over the other.

## **Economic Consideration and Men's participation in Maternal Health**

### **Financial Barriers**

Coping with the direct and indirect costs of maternal health is of great concern to the respondents, most of whom are still battling with how to meet other family demands.

Direct costs are defined as monetary and in-kind payments incurred by households when seeking healthcare for maternal, new-born, and child ill health. They range from travel costs and payments for medicines, supplies, consultations, and hospital stays, to informal payments made to healthcare providers at home or at a health facility.

Indirect costs are the opportunity costs of employment and income forgone as a consequence of the search for treatment for maternal, new-born, and child ill health. These include the opportunity costs of travel time, waiting time, and visit time, for both the woman and her husband. Some of the respondents are of the view that the financial burden of taking care of a pregnant woman is too heavy due to the delicate conditions attached to pregnancy.

The implication is that some pregnant women, whose husbands cannot afford hospital bills, resort to self-medication and substandard medical attention from poorly trained nurses who run drug stores and carry out treatments to ill-informed patients.

### **Job Demands and Time Factor**

The inability of some men to accompany their wives to antenatal and or postnatal care services were attributed to economic reasons. The need to meet the high financial needs of the family makes it difficult for husbands to leave work to go with their wives for maternal health services such as antenatal and postnatal sessions. From the interviews conducted, it was observed that the employed and self-employed men had no time for antenatal or postnatal sessions with their wives although not all of them are as a result of their jobs.

A vast majority of the respondents explained that it was difficult for them to leave their places of work to attend to maternal health programmes with their wives such as antenatal and postnatal sessions. Even those who had private businesses said they cannot afford to stay away from their

work and stand the risk of losing customers who may come in their absence. This means that the respondents cannot bear to forgo their economic interests in favour of maternal health matters.

### **Religious factors**

Findings from the study revealed that religious beliefs could have a effect on the involvement of men in maternal health as some respondents gave responses that indicated that they had religious beliefs which could be anti-maternal health. Some respondents stated that their religious doctrine forbade them to receive orthodox medical care. They explained that their faith is based on the teachings that God is able to heal them and keep them in perfect health thus they need not desecrate their body with man-made substances. Some depend on religious birth attendants for delivery and care could be risky as these attendants may not be able to handle complications when they arise.

### **Conclusion and Recommendations**

The ubiquity of patriarchy played a dominant role in the participation of men in maternal health. Most of the respondents perceive maternal health as a woman's main domain. Most of the respondents have never attended any maternal health related programme with their wives owing to their belief that such programmes fall outside the jurisdiction of men.

Polygyny was discovered to have also negatively influenced the participation of men in maternal health. Respondents who had more than one wife stated that they do not actively get involved in the maternal health of their wives so as to prevent any conflict that may emanate from their perceived favouritism by either of their wives.

Economic factors played major role in the participation of men in maternal health. Most of the respondents could not afford to leave their places of business to attend antenatal and postnatal care programmes with their wives. Some of them who had private businesses mentioned that the time they would spend with their wives at the clinic could be directed to more economically productive ventures.

Religiosity was also a factor in maternal health as some respondents strictly hold on to the belief that any form of medication is against the plan of God for man and thus they neither take drugs nor herbs and their wives deliver their babies in the church with the help of prayer warriors.

There is the need for government and non-governmental organizations to carry out massive sensitization programmes aimed at enlightening men on the importance of them having adequate knowledge of maternal health issues and also educating them on the benefits of them being actively involved in the maternal health.