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Address:

Faculty of Nursing Sciences,
College of Health Sciences,
Ladoke Akintola University of Technology,
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Tel: +2348033579737

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 - (a) Research papers that move away from orthodoxy and which really break new grounds in terms of methodology and findings.
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In this edition, eighteen (18) manuscripts scale through the eye of the needle of the Editor-in Chief. The title of the papers in this edition are: effect of cold compress on the reduction of musculoskeletal pain, swelling and hemarthrosis among orthopaedic patients in Lautech Teaching Hospital, Ogbomoso, Oyo State, Nigeria; Awareness of Prostate Cancer Screening Among Male Civil Servants In Egor Local Government Area, Edo State, Nigeria; Knowledge, Perception And Utilization Of Maternal And Child Health Care Among Women In Ogbomoso, Oyo State, Nigeria; Assessment Of Knowledge And Utilization Of Electronic Medical Records Among Nurses In Secondary Health Care Facilities In Jigawa State, Nigeria; Effect Of Midwife Led Educational Intervention On Knowledge Of Anaemia And Risk Factors Among Pregnant Women Attending Ante-Natal In Selected Primary Health Care Facilities In Osun State, Nigeria; Knowledge Of Health Implications Of Rape And Associated Factors Among Male Undergraduates In Ahmadu Bello University Zaria, Nigeria; Effectiveness Of Family Caregivers Centered Nursing On Knowledge Of Pressure Ulcer Prevention In A Tertiary Health Facility In Kano, Nigeria; Knowledge And Practice Of Malaria Prevention Among Expectant Mothers In Selected Primary Health Centers In Mushin Local Government Area, Lagos State, Nigeria; Prevalence Of Sexual And Psychological Abuse In Almajiri System Of Education In Zaria Local Government Area, Kaduna State, Nigeria; Assessment Of Male Involvement In Maternity Care In Selected Health Facilities In Ado Ekiti, Ekiti State, Nigeria; Educational Intervention On Knowledge Of Prevention And Self-Care Practices Of Selected Lifestyle Diseases Among Civil Servants In State Secretariat Oke-Mosan, Abeokuta Ogun-State, Nigeria; Nursing In An Age Of Change In Nigeria; Knee Replacement Surgery: The Role Of The Nurse In Patient Safety In The Operating Room, The Nigerian Perspective; Choice Of Places Of Delivery Among Women Attending Ante Natal Clinic At Ngwo Health Centre; Systematic Review On Adolescent Girls' Knowledge And Practice Of Menstrual Hygiene In Nigeria; Knowledge And Prevention Of Hypertension Among Patients Attending Medical Outpatient Department Of Garki Hospital, Abuja, Federal Capital Territory, Nigeria And Socio-Cultural Factors Influencing Nutritional Status In Under-Five Children In Akure North Local Government, Ondo State, Nigeria.

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Prof. Florence O. Adeyemo
The Editor-in-Chief

doctoradeyemo@yahoo.com **or** lautechjournal@gmail.com

LIST OF CONTRIBUTORS

- ABIODUN FUNMILAYO LAYENI** Faculty of Nursing Science,
College of Health Sciences,
Bowen University, Iwo, Osun State
Phone number: 09050000273
Email Address: funmiyeni99@gmail.com
- ABDULLAHIM.** Department of Art and Social Science,
Faculty of Education,
Ahmadu Bello University, Zaria- Nigeria
Phone No: 08169825372
Email: ummuhajara2014@gmail.com
- ABIOYE, ABIGAIL ADEBISI** Department of Maternal and Child Health Nursing,
School of Nursing Science,
Obafemi Awolowo University Teaching Hospital
Complex, Ile Ife
Phone No: 08035320808
Email: sundayabioye@gmail.com
- ADAMU-ADEDIPE FOYEKEMIO.** Department of Maternal and Child Health Nursing,
School of Nursing Science,
Crysland University, Ogun State.
Phone No: 08033462616
Email: foyekemiadamuadedipe@gmail.com
- ASADU L. CHINENYE** Nursing Department, University of Benin
Bethel Faith Medical Center,
Erediauwa, Ekenwa Rroad Benin City
Phone No: 07030255496
Email: chinenyeadu385@gmail.com
- AUWALUYUSHA'U** Jigawa State College of Nursing Science,
Birnin-kudu Campus. Nigeria
Phone: 08036825516, 08153365775
Email: auwalyushau1@gmail.com,
- ATTAHIR, I.** Department of Nursing Science,
Kaduna State University, Nigeria
Phone: 0806 913 4559
Email: drhaqqun@gmail.com
- ABDULRAHEEM, AMINA** Department of Nursing Science,
University of Maiduguri,
Borno State, Nigeria.
Phone No. 08065480186
Email: aminaabdulraheem@unimaid.edu.ng
- AFOLABI, ADEBUKUNOLAO.** Obafemi Awolowo University Teaching
Hospitals Complex, Ile-Ife, Osun-State, Nigeria
Phone No: 08034548318
Email: bukieafolabi@yahoo.com

ADAMU DALHATU

Department of Nursing Sciences,
Bayero University Kano, Nigeria
Phone No: 08039503072
Email: adamudalhatu206@gmail.com

ABOSEDE ADEKUNBI FAROTIMI

Department of Nursing Science,
Faculty of Clinical Science, College of Medicine,
University of Lagos.
E-mail: afarotimi@unilag.edu.ng
Phone No: 08025952450

ABDURRAHMAN SALIHU KOMBO

Department of Nursing Sciences,
Ahmadu Bello University, Zaria, Nigeria
Phone No: 08032916542, 08061307902
Email: aksalihu@abu.edu.ng

ABARIBE E. CHIDINMA

Department of Community Health Nursing,
Babcock University, Ogun State
Phone No. 07038991043
Email: abaribech@babcock.edu.ng

AGBEDIA CLARA

Department of Nursing Science,
Faculty of Allied Health Sciences,
Benson Idahosa University,
Benin City, Edo State, Nigeria.
Phone No: 08033814530
Email: oniovo4life@gmail.com

AIKABELI PRISCILLA O.

Department of Nursing Science,
Faculty of Allied Health Sciences,
Benson Idahosa University,
Benin City, Edo State, Nigeria.
Phone No: 07036404241
Email: emikeaikabeli@yahoo.com

ADEKEMISOLA R. JIMOH

Department of Nursing Science,
Faculty of Health Sciences,
National Open University of Nigeria,
Abuja, Nigeria.
Phone No: +2348034125028
Email: jadekemisola@gmail

AKINBOWALE BUSAYO TEMILOLA

Department of Nursing Science,
Osun State University, Osogbo
Busayo.akinbowale@uniosun.edu.ng
+2348034125952

AMINA MUHAMMED ALKALI

College of Nursing Science,
Ahmadu Bello University Teaching Hospital,
Zaria.
Phone No: +2348063729417
Email: ameenamama.83@gmail.com

BATURE F. U.

Department of Nursing Science,
Faculty of Allied Health Sciences,
College of Allied Health and Pharmaceutical Sciences,
Kaduna State University. Kaduna.
fatimabature143@gmail.com
08063166005

BALARABE F.

Department of Nursing Science,
Ahmadu Bello University,
Zaria. Kaduna State, Nigeria.
Phone No: +2348068345117
Email: fatimabalarabe68@gmail.com

BALARABE R.

Department of Nursing Science,
Ahmadu Bello University,
Zaria. Kaduna State, Nigeria.
Phone No: 08036436229
Email: hamdanrahma@gmail.com

BIDMUS, LATEEF IYANDA

Department of Community/Public Health Nursing,
Faculty of Nursing Sciences,
Ladoke Akintola University of Technology,
Ogbomoso, Oyo State.
Phone No: 08063068769
Email: lateefiyandabidmus@gmail.com

CHINEDUM I. AHAIWE

Department of Nursing Science,
Faculty of Nursing and Allied Health Sciences,
University of Abuja
Phone No: 09030545657
Email: ahaiwe2@aol.com

DALHAT K. S.

Department of Nursing Science,
Ahmadu Bello University, Zaria
Phone No: 07035385167
Email: dksani@abu.edu.ng

EDO-OSAGIE CHINENYENWA

Department of Nursing Science,
University of Benin
Phone No: 07030255496
Email: chinenyenwa.edo-osagie@uniben.edu

ELIZABETH M. JOSEPH-SHEHU

Department of Nursing Science,
Faculty of Health Sciences,
National Open University of Nigeria,
Abuja, Nigeria.
Phone No: +2347034487611
Email: ejoseph-shehu@noun.edu.ng,

ENUNWAONYE, HOSSANNA C.

Department of Nursing Science,
Faculty of Allied Health Sciences,
Benson Idahosa University,
Benin City, Edo State, Nigeria.
Phone No: 08033869339
Email: henunwaonye@biu.edu.ng

EZE, UCHECHUKWU ELIAS

Department of Nursing Sciences,
Faculty of Basic Medical Sciences,
College of Medicine,
Enugu State University of Science and Technology
Enugu, Nigeria
Phone No: 08063729836
Email: ezeuche@gmail.com

EZE, UCHENNA AUGUSTINA;

College of Nursing Sciences,
Bishop Shanahan Hospital,
Nsukka. Enugu State Nigeria
Phone No: 07034982423
Email: ucnurse66@gmail.com

FAROOQ M. A.

Department of Nursing Science,
Ahmadu Bello University, Zaria- Nigeria
Phone No: 08067271666
Email: farooooq2013@gmail.com

FOLAKEMI ESTHER AYO-IGE

Directorate of Health Services,
Federal Polytechnic, Ado Ekiti,
Ekiti State, Nigeria
Phone No: +2348038171464
Email: ayoigef@gmail.com

GBEMISOLA BOLANLE OGBEYE

Department of Nursing,
Faculty of Basic Health Sciences,
Federal University,
Oye Ekiti, Nigeria
gbemisola.ogbeye@fuoye.edu.ng;
gbemisolaogbeye@gmail.com
+2348033663305, +2348075753175.

ORCID NUMBER: <https://orcid.org/0000-0002-3620-2689>

HADIZAM. S.

Department of Nursing Science,
Ahmadu Bello University, Zaria- Nigeria
Phone No: 08037196349
Email: mohammedsanihadiza@gmail.com

HAYAT I. M. GOMMAA

Department of Nursing Science,
Ahmadu Bello University, Zaria, Nigeria
Phone No: 08096536406
Email: h_gommaa@yahoo.com

HUSAINI MUHAMMAD AIKAWA

Institute of Continuing Education,
Bayero University Kano, Nigeria
Phone No: 08032878751
Email: hmaikawa.sce@buk.edu.ng

IDRIS ABDULRASHID

Department of Nursing Sciences,
Bayero University Kano, Nigeria
aidris.nur@buk.edu.ng,
Phone:+2348063375818

JOELOJO ALUKO

Department of Nursing,
College of Health Sciences,
University of Ilorin,
Kwara State, Nigeria.
Phone No: 07015055376
Email: joelforfavour@gmail.com

KOMOLAFE O. FOLASADE

Department of Community Health Nursing,
Babcock University, Ogun State, Nigeria.
Phone No: +2348063137818, +2347038991043,
Email: folekomo@gmail.com

MUSA-MALIKI, A. U.

Department of Nursing Science,
Ahmadu Bello University,
Zaria. Kaduna State, Nigeria.
Phone No: +2347038159582
Email: aumusamali@abu.edu.ng

MUNGE MARY

Department of Nursing Science,
Faculty of Allied Health Sciences,
Benson Idahosa University,
Benin City, Edo State, Nigeria.
Phone No: 08068737793
Email: mmunge@biu.edu.ng

NIFEMI TUNRAYO BABALOLA

Department of Nursing,
College of Basic Health Sciences,
Achievers University, Owo,
Ondo State, Nigeria.
Phone No: +2348167705280
Email: nifeturayo@gmail.com

NDIE, ELKENAH CHUBIKE

Department of Nursing Science,
Faculty of Health Science,
National Open University of Nigeria.
University Village, Cadastral Zone,
Nnamdi Azikiwe Expressway, Jabi, Abuja, Nigeria.
Phone No: 09120048771, 07066789961
Email: chubuike2005@yahoo.com

NWANNERIA. C.

Department of Nursing Science.
Faculty of Allied Health Sciences,
College of Medicine,
University of Nigeria, Enugu.
Enugu State.
Phone No: +2348064854206
Email: ada.nwaneri.edu.ng

OKAFOR N. ANTHONIA

Department of Community Health Nursing,
Babcock University, Ogun State
Phone No: 08035273775

OPARANMA FLORENCE U.

Email: okafor@babcock.edu.ng
Department of Nursing Sciences,
Faculty of Basic Medical Sciences,
College of Medical Sciences,
Rivers State University Port Harcourt, Nigeria
Phone No: +2348123563395
Email: uche.florence2015@gmail.com

OYEWUMI ZACCHEUS OPEYEMI

Department of Community/Public Health Nursing,
Faculty of Nursing Sciences,
Ladoke Akintola University of Technology,
Ogbomoso,
Oyo State, Nigeria.
Phone No: +2348037689685
Email: zooyewumi@lautech.edu.ng

OYEWUMI LYDIA OMOWUMI

Department of Nursing Science,
Ladoke Akintola University of Technology
Open and Distance Learning Centre, Ogbomoso,
Oyo State, Nigeria.
Phone No: +2347039026486
Email: looyewumi@lautech.edu.ng

OYANA N. E.

Department of Nursing Science,
University of Benin, Benin City
Phone No: 08066643513
Email: nwakaegooyana@gmail.com

OWOPETU, CHRISTIANA ADETOUN

Department of Nursing Science,
Lead City University, Ibadan, Oyo-State
Phone No: 08060887574
Email: owopetuc@babcock.edu.ng

OPATUNJI FLORENCE OMOWUNMI

University teaching hospital,
Clinical Nursing Department Ibadan
Phone No: 08035909007
Email: opatunjiflorence@gmail.com

RAYMOND T. L.

Department of Nursing Science,
Ahmadu Bello University,
Zaria. Kaduna State, Nigeria.
Phone No: +2348027427378
Email: laurenciaray@yahoo.com

SANI H. M.

Department of Nursing Science,
Ahmadu Bello University,
Zaria. Kaduna State, Nigeria.
Phone No: 08032824193
Email: saneeshat4life@gmail.com

SALIHU A. K.,

Department of Nursing Science,
Ahmadu Bello University, Zaria, Nigeria,
Phone No: 08061307902
Email: aksalihu@abu.edu.ng

SANI M. S.

Nursing Science Programme,
Ahmadu Bello University Distance Learning
Center, Zaria- Nigeria
Phone No. 08032824193
Email: saneeshat4life@gmail.com

SALISU ALIYU

Department of Computer Science,
Ahmadu Bello University Zaria. Nigeria
Phone No: 08067993631
Email: aliyusalisu@abu.edu.ng

**SOWUNMI, CHRISTIANA
OLANREWAJU**

Department of Maternal and Child Health Nursing,
School of Nursing Science,
Babcock University, Ilishan-Remo, Ogun-State
Phone No: 08023500321
Email: lanresowunmi@gmail.com

**TEMITOPE EBUNOLUWA
OSHINYEMI**

Department of Nursing Science,
Faculty of Clinical Science,
College of Medicine,
University of Lagos
Phone No: 08127773528
E-mail: tososanya@unilag.edu.ng

VERA ONYINYECHITASIE

Department of Nursing Science,
Faculty of Clinical Science,
College of Medicine,
University of Lagos
Phone number: 08092774399
Email: 160709705@live.unilag.edu.ng

VICTORIA BOLANLE BROWN

School of Nursing,
University College Hospital, Ibadan, Oyo State
Phone number: 08037272857
Email: vicbrown2010@gmail.com

YUNUSA AHMAD

Department of Nursing Science,
Ahmadu Bello University, Zaria- Nigeria
Phone No: 08065954975
Email: yunusahmad8078@gmail.com

YUNUSA, U.

Department of Nursing Science,
Bayero University,
Kano State, Nigeria.
Phone No: +2348038199802
Email: uyunusa.nur@buk.edu.ng

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ASSESSMENT OF MALE INVOLVEMENT IN MATERNITY CARE IN SELECTED HEALTH FACILITIES IN ADO EKITI, EKITI STATE, NIGERIA

GBEMISOLA BOLANLE OGBEYE (RN., PHD), FOLAKEMI ESTHER AYO-IGE (RN., MSC), JOEL OJO ALUKO (RN., PHD) AND NIFEMI TUNRAYO BABALOLA (RN., BNSC.)

ABSTRACT

Globally, male involvement in maternal health care services has been identified as a critical predictor of improved maternal health outcomes. In a patriarchal country such as Nigeria, pregnancy and childbirth are typically considered to be completely a woman's domain, yet the role of males in maternity care in Africa is poorly researched, despite their economic domination and decision-making authority. This study therefore assessed the level of involvement of men in the maternity care of their partners in some selected health facilities in Ado Ekiti, Ekiti State. This study adopted a descriptive cross-sectional research design. Simple random sample technique was used to select 381 (respondents) spouses of booked pregnant women who met the eligibility criteria. The data were generated using adapted structured, questionnaires with a reliability coefficient of 0.82. Data were analyzed using Statistical Package for Social Sciences (SPSS) version 23.0 presented in frequencies, percentages, and tables. Inferential statistics were used for hypotheses testing at a 0.05% level of significance. The demographic result of this study shows that the mean age of the respondents was 33.5 ± 0.45 with most respondents within the age range of 30-39 years (37%). Further findings show that the educational status of majority of respondents are in secondary school (53.8%), those who are Yoruba (73.5%) with three children (50.9%). Result also indicates that the religion of majority respondents is Christianity (63.8%), the type of family is monogamy, (79%), resident in urban area (70.1%) and are artisans (33.9%). Further findings reveals that respondents are highly knowledgeable about maternal-related issues (70.6%), perception of respondents concerning certain roles men can be involved in pregnancy is positive (51%) and the level of involvement of participants is average (52%). Lastly, this study noted that the barriers to male involvement in maternity care include financial status

(57.1%), Lack of knowledge on the role of men in maternity care (65.8%) and Lack of facilities that involve males in maternity care (68%). Meanwhile, there is a significant relationship between respondents' knowledge of maternal-related issues and their involvement in pregnancy-related care. In conclusion, health promotion initiatives that provide men with useful information about what to expect and how to prepare for pregnancy, delivery, and postnatal should be organised.

Keywords; Male involvement; maternity care; knowledge; perception.

INTRODUCTION

Globally, more than half a million women still die annually as a result of complications of pregnancy and childbirth (World Health Organization, 2023). In Sub-Saharan Africa, 1 in 13 women die from pregnancy-related reasons; in industrialized countries, this number is 1 in 4,085 women. In 2020, about 70% of all maternal deaths were in sub-Saharan Africa (World Health Organization, 2023). According to Gopal et al (2020), for every maternal death, countless women experience temporary injuries, infections, and impairments during pregnancy or childbirth every year. The propensity to see maternal health as a problem that exclusively affects women has led to intervention efforts that primarily target women, especially mothers (Craymah et al., 2017). Men have been marginalized when it comes to reproductive health and Maternal and Child Health (MCH)

issues because the majority of maternal and child health programs aim to address the health needs of women and children by involving and educating expectant mothers and women in care-seeking practices for themselves and their children (Iliyasu et al., 2010). Male involvement in maternal health and well-being is a process of social and behavioral change required for males to take on greater responsibility in the care of women and children in Maternal and Child Health (MCH) care (Kishan, 2022). Certainly, it is impossible to overstate the importance of direct male involvement in lowering maternal mortality. The presence of men in the management of family resources and major decision-making that affects maternal health has been associated with favorable health outcomes for women and children (Lusambili et al., 2021). Men, who take active roles in their families and show concern for women access better health services (Isiugo-Abanihe, 2016). Evidence from previous studies indicates a strong correlation between improved mother and child health outcomes and male involvement (Gopal et al., 2020; Lusambili et al., 2021). Nevertheless, male involvement in maternity care is not carried out to its full potential, particularly in low- and middle-income nations where women may not have access to financial resources and decision-making authority (Sully et al., 2020; Gamberini et al., 2022).

The sociocultural barriers that surround men's participation in reproductive health concerns, especially those pertaining to maternity care, may make it unlikely that Sustainable Development Goal 3 will be achieved (Nasir et al., 2022). Empirical studies are necessary to determine whether midwives are willing to let men into the labor and antenatal wards and clinics, especially in a system where male spouses are traditionally kept out of the area when their partners are receiving care in the antenatal and labor wards on the grounds of protecting their clients' privacy. The International Conference on Population and Development (ICPD) recommended that further efforts be made to highlight men's

shared responsibilities and encourage their active involvement in maternity care in order to counteract this alarming trend (United Nations, 1994). Notwithstanding, most African countries still view pregnancy and childbirth as primarily women's issues; males are typically not permitted to accompany their wives for prenatal care or to be present in the labor room during delivery (Gibore & Bali, 2020). Men, on the other hand, dominate society and the economy, particularly in Nigeria. As such, they have a significant impact on their spouses, influencing things like the timing and terms of sexual activity, the size of the family, and access to healthcare (Makama, 2013). Men are therefore essential partners in improving mother health and lowering maternal mortality. Educating men about emergency obstetric situations and involving them in birth preparation and complication readiness are some strategies to involve men (Paulos et al., 2020). This is predicated on the idea that if men are more knowledgeable, they will be able to support their spouses' early use of emergency obstetric services. In a similar vein, anticipating and being ready for difficulties throughout labor could minimize all three stages of delays and improve the quality of birth outcomes (Sabageh et al., 2017).

Male involvement in maternal and child health refers to the process by which fathers and other community males help women and children get access to better healthcare facilities and services (Gopal et al., 2020). A male is considered involved in maternity care by being "present, accessible, available, understanding, willing to learn about the pregnancy process and eager to provide emotional, physical, and economic assistance to the woman carrying the child (Gopal et al., 2020). The level of male involvement in maternity care varies across communities and countries. Various factors that determine the level of male involvement could be socio-demographic, cultural, or even inherent factors in the health delivery systems (Anselm & Elvis, 2019; Annoon et al., 2020). This study seeks to assess the knowledge level of men on maternal-related issues, the

perception of men regarding specific roles in maternity care, male involvement in maternity care as well as possible barriers to male involvement in Ado-Ekiti, Ekiti State, Nigeria.

Objectives

This study seeks to:

1. determine knowledge level of men on maternal-related issues in maternity care in Ado-Ekiti, Ekiti State, Nigeria.
2. assess the perception of men in maternity care in Ado-Ekiti, Ekiti State, Nigeria.
3. determine the level of male involvement in maternity care Ado-Ekiti, Ekiti State, Nigeria.
4. Identify the possible barriers to male involvement in Ado-Ekiti, Ekiti State, Nigeria.

HYPOTHESIS

There will be no significant relationship between respondents' knowledge of maternal-related issues and their involvement in pregnancy-related care.

Sample Size determination

Sample size determination

$$n = \frac{Z^2 P(1 - P)}{d^2}$$

Z = The statistic corresponding to level of confidence

P = Expected prevalence of knowledge of Maternal care by men

d = allowable error or precision

(Annoon et al., 2020).

METHODOLOGY

Research Design: A cross-sectional descriptive design was used for the study.

Research Settings: This study was carried out in one primary, and one tertiary health facility in Ekiti State; one of the South-Western states in Nigeria. The tertiary facility has five units of wards in the Obstetrics and Gynaecology (O & G) department. The staff strength was about 54 nurses/ midwives and 10 O & G consultants. The primary health facility is a Comprehensive Health Centre, with about 20 midwives, 40 community health extension workers, 3 medical doctors, and 18 health attendants. It contains 1 labor room, 2 wards, and an open reception for antenatal clinics.

Target Population: The target population of this study comprises of husbands of booked pregnant women in the selected healthcare facilities in Ado Ekiti.

Inclusion criteria: Husbands of pregnant and postpartum women who were married, had formal education (can read and write), multigravidas and living together with their female partners.

$$Z = 1.96$$

$$P = 56.9\% [18]$$

$$d = 5\%$$

$$= \frac{(1.96)^2 0.569(1 - 0.569)}{0.05^2} = 376.84 \approx 377$$

Sampling Technique: Simple sampling was used to select 377 multigravida pregnant women who came to the antenatal clinic and postnatal women at the Infant welfare clinic whose spouses were around who met the eligibility criteria and willing to participate in the study filled the questionnaire and submitted.

Instrument for Data Collection: A structured questionnaire adapted from previous studies was used for data collection. The questionnaire was divided into 5 sections; Sections A: contained questions on social demographic data, Section B: Elicited questions on the perception of respondents concerning certain roles men can be involved in pregnancy, Section C: elicited questions on perception of men regarding specific roles in pregnancy related care, Section D: Identified the Involvement of Men in pregnancy related care while Section E: Contained questions on the barriers to male involvement in maternity care.

Data Collection Procedure: Questionnaires was prepared in both English and Yoruba languages. Attached with the questionnaires were written, informed consent, given to pregnant women to give to their partners (spouse) to fill, filled questionnaires were returned during the next clinic day (1 week). Data was collected for a period of one month.

Method of Data Analysis: Data collected were edited and cleaned, coded and entered directly into the statistical package for social sciences (SPSS) Version 25 variable view spreadsheet. The data were analysed and presented as frequency tables, percentage, mean and standard deviation. Chi-square was used to analyse the

relationship in the study hypotheses at 0.05 level of significance, using Statistical Package for the Social Science (SPSS) Version 25.

Ethical Consideration: A letter of introduction was obtained from the Afe Babalola University after the research proposal had been approved and the same was submitted to Ekiti State Ministry of Health, Ethics and Research Department. Approval to conduct the study was taken to the two health facilities. Permission to collect data was obtained from the heads of the selected health facilities. Rights and respect for human dignity such as confidentiality, non-maleficence, and justice were put into consideration. Written consent was attached to each of the questionnaires, the women were informed that participation is voluntary and this will not in any way affect their care.

RESULTS

Socio-demographic characteristics of the respondents

Table 1 shows the social demographic characteristics of the respondents. The mean age of the respondents was 33.5 ± 0.45 with most respondents within the age range of 30-39 years (37%). Further findings show that the educational status of majority of respondents is secondary school (53.8%), are Yoruba (73.5%) with three children (50.9%). Result also indicates that the religion of majority respondents is Christianity (63.8%), the type of family is monogamy, (79%), resident in urban area (70.1%) and are artisans (33.9%).

Table 1: Socio-Demographic Characteristics of the Respondents

Variables	Description	Frequency (N)	Percentage (%)
Age	20-29	141	37.0
	30-39	172	45.1
	40-49	56	14.7
	50-59	4	1.0
	60-69	8	2.1
Educational Status	Secondary	205	53.8
	Tertiary	176	46.2
Ethnicity	Yoruba	280	73.5
	Igbo	72	18.9
	Hausa	23	6.0
	Others	6	1.6
Number of Children	1	87	22.8
	2	92	24.1
	3	194	50.9
	More than 3	8	2.1
Religion	Christianity	243	63.8
	Islam	116	30.4
	Traditional	22	5.8
Family type	Monogamy	301	79.0
	Polygamy	80	21.0
Residence	Rural	114	29.9
	Urban	267	70.1
Occupation	Unemployed	5	1.3
	Farming	66	17.3
	Artisan	129	33.9
	Trading	118	31.0
	Office work	59	15.5
	Others	4	1.0

Knowledge level of men to maternal-related issues: Figure 1 below shows that majority (70.6%), of the participants had good knowledge of maternal-related issues (such as the need for tetanus toxoid vaccine and checking of packed cell volume in pregnancy and after delivery the importance of exercise,

good nutrition and adequate rest during pregnancy and childbirth, newborn care as solely the responsibility of the woman. etc) while 29.4%. had poor knowledge of maternal related issues. This study reveals that respondents are highly knowledgeable about maternal-related issues (70.6%)

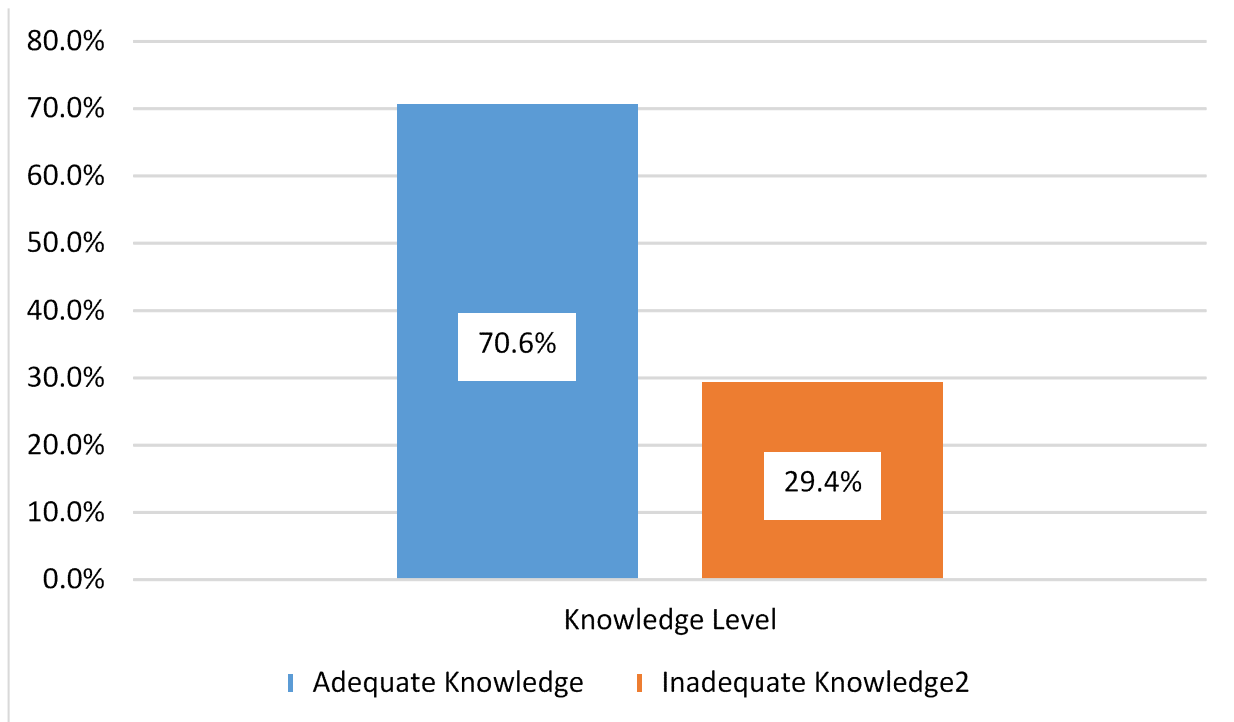


Figure 1: Knowledge Level of Men to Maternal related issues

Perception of respondents concerning certain roles men can be involved in pregnancy

The perception of respondents concerning certain roles men can be involved in pregnancy is represented in Table 2 below. Over two-thirds (73.2%) of the respondents agreed that men do have important roles to play during and after their wives' pregnancy. Meanwhile, 52.5% of the respondents were of the opinion that providing money to take care of expenses that arise from pregnancy related issues is the only role of men, less than half (46.7%)

also supported the fact that following their wives to the clinic is a form of idleness. However, more than half (61.7%) of respondents said men can assist with changing diaper for their infant, although, 62.5% of the respondents agreed that there is a need for men to be educated on what role they can play to ensure their wives are healthy before and after pregnancy. Findings reveal that perception of respondents concerning certain roles men can be involved in pregnancy is positive (51%)

Table 2: Perception of respondents concerning certain roles men can be involved in pregnancy

Items	Agree N (%)	Undecided N (%)	Disagree N (%)
Men do not have an important role to play during pregnancy since it is a woman’s issue to carry the pregnancy	279(73.2)	20(5.2)	82(21.5)
Men should be involved in the care of the new born	109(28.6)	25(6.6)	247(64.8)
Providing money to take care of expenses that arise from pregnancy-related issues is the only role of men in pregnancy related care	200(52.5)	30(7.9)	151(39.6)
The man needs to join the wife in making decisions that concern pregnancy	270(70.9)	20(5.2)	91(23.9)
Men should attend antenatal clinics with their wives	84(22.0)	16(4.2)	281(73.8)
Following your wife to the clinic is a form of idleness	179(47.0)	24(6.3)	178(46.7)
Men can assist with diaper changing for the infant	115(30.2)	31(8.1)	235(61.7)
Men who are involved in infant stimulation like singing are idle	226(59.3)	26(6.8)	129(33.9)
Post-abortion care is primarily a woman’s concern	242(63.5)	29(7.6)	110(28.9)
There is a need for men to be educated on what roles they can play to ensure the woman is healthy before and during pregnancy	238(62.5)	32(8.4)	111(29.1)

51%

Involvement of Men in pregnancy-related care: Figure 1 below shows that 52% of the participants are more involved in pregnancy-related care (such as; attending counseling sessions with the wife before pregnancy, reminding her to go to her clinic visits when she

was pregnant, taking care of domestic chores when she was pregnant, accompanied partner to labor ward etc) while 48% of men were less involved in pregnancy related care. This study therefore indicate that the level of involvement of participants is average (52%)

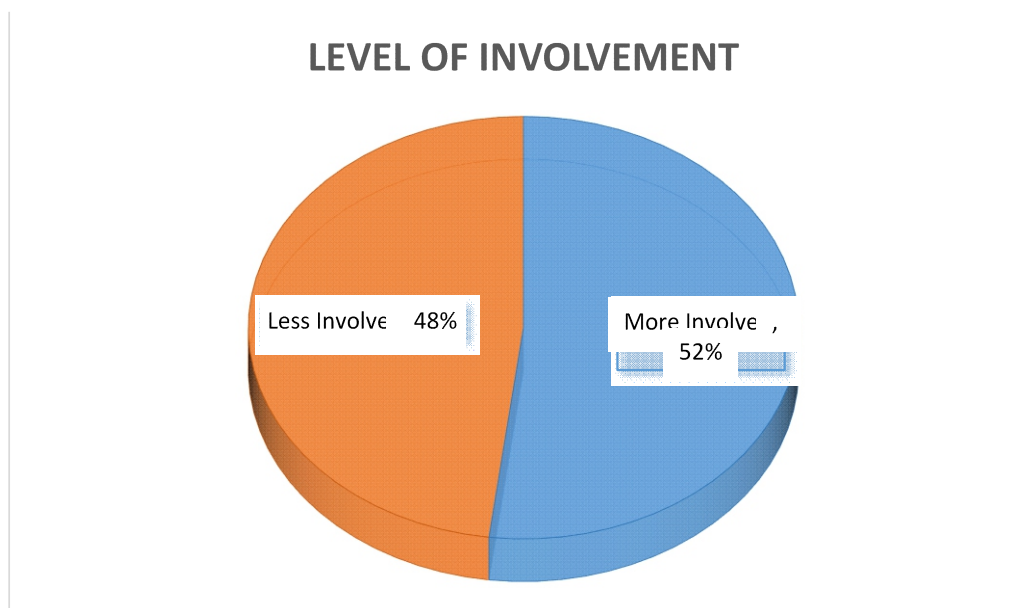


Figure 2: Involvement of Men in pregnancy-related care

Barriers to male involvement in maternity care

Table 3 shows the barriers to male involvement in maternity care. Lack of knowledge on the role of men in maternity care (35.4%) and lack of facilities in maternity (44.4%) were the major barriers identified by the respondents. However, 34.7% of the respondents reported their financial status as a barrier for the lack of support for their wives during pregnancy while

36.7 % reported work schedule as barrier. Mean while, only 10.8% and 16.5% reported cultural and religious belief as a barrier respectively. This study noted that the barriers to male involvement in maternity care include financial status (57.1%), Lack of knowledge on the role of men in maternity care (65.8%) and Lack of facilities that involve males in maternity care (68%).

Table 3: Barriers to male involvement in maternity care

	Always	Often	Sometimes	Rarely
Financial status	85(22.4)	132(34.7)**	109(28.7)	54(14.2)
Work schedule	80(21.0)	100(26.2)	61(16.0)	140(36.7)
Cultural belief	41(10.8)	94(24.7)	90(23.6)	156(40.9)
Lack of knowledge on the role of men in maternity care	135(35.4)	116(30.4)**	64(16.8)	66(17.3)
Rejection of assistance from female partner	64(16.8)	98(25.7)	77(20.2)	142(37.3)
Lack of facilities that involve males in maternity care.	169(44.4)	90(23.6)**	33(8.7)	89(23.4)
Religious belief	63(16.5)	92(24.1)	56(14.7)	170(44.6).

Significant**

Hypothesis testing (table 4) shows that respondents who had inadequate knowledge constituted 65 (58%) to the number of those who involved themselves less in pregnancy-related care while 47 (42%) were more involved. This implies that respondent's knowledge had a significant influence on the level of their involvement. The result was found to be statistically significant. (Chi-sq =6.36; df =1; p=0.013). Furthermore, the population of respondents who were less

involved compared to those who were more involved in pregnancy-related care was negligible both for those who had poor perception and those who had good perception. The statistical result also showed an insignificant p-value (Chi-sq =.63; df =1; pv =0.5).Hence, there is a significant relationship between respondents' knowledge of maternal-related issues and their involvement in pregnancy-related care.

4: Relationship between respondent knowledge of maternal-related issues and their involvement in pregnancy-related care (N=381)

Knowledge	Involvement		Chi-sq.	df	Pv	Remark
	Less Involved	More Involved				
Inadequate Knowledge	65 58.0%	47 42.0%	6.36	1	0.013	S
Adequate Knowledge	118 43.9%	151 56.1%				

DISCUSSION

This study was carried out to assess the knowledge, perception, and involvement of married men in maternity care in Ado-Ekiti, Ekiti State, Nigeria. The demographic characteristics of this study shows that the mean age of the respondents was 33.5 ± 0.45 with most respondents within the age range of 30-39 years. Further findings show that the educational status of majority of respondents is secondary school, who are Yoruba with three children. Result also indicates that the religion of majority respondents is Christianity, the type of family is monogamy, resident in urban area and are artisans.

This study reveals that respondents are highly knowledgeable about maternal-related issues. This study is in line with the result of Gilbert et al., (2022). who found that men with formal education have some levels of knowledge on reproductive healthcare. This study is also similar to Alemi et al., (2021), who observe high knowledge level of maternal-related issues among men in Afghanistan such as awareness of the warning symptoms of pregnancy, being aware of how many ANC visits constitute an adequate number of visits, being present during birthing, providing financial support, determining the appropriate medical facility for delivery, and making transportation arrangements. This study is consistent with Falade-Fatila, (2020) who noted that the knowledge level about maternal-related issues among respondents was above average in Ibadan, Nigeria. This study is contrary to Nyamai et al., (2022) who found that approximately majority of their respondents had poor knowledge about the minimum number of ANC visits required by pregnant women, and the warning symptoms in pregnancy. In addition, this study is not in line with Mbadugha et al. (2010) who documented poor knowledge level of maternal health care among respondents in Enugu, Nigeria. This study does not support Butawa et al., (2010) who documented poor knowledge level of maternal health care among respondents.

Findings of this study indicate that perception of respondents concerning certain roles men can be involved in pregnancy is positive. The writers penned that the assertions could not be far-fetched because of the environment the study took place as the majority of the respondents are from the Yoruba tribe where male dominance is obvious. This study is inconsistent to that of Gibore & Bali (2020) who noted that their respondents believed pregnancy and childbirth are regarded as exclusively women's affairs in most African countries. This study support Craymah et al., (2017) who observed positive perception of their respondents about men ensuring women to be healthy before and during pregnancy.

This study showed that the level of involvement of participants is average. This study is similar to Iliyasu et al., (2010) who found average level of involvement among participants in Northern Nigeria and also, Nyamai & Kenyatta, (2022) in Eastern Kenya. However, this study is at variance with the studies of Mapunda et al., (2022) and Alemi et al., (2021) where male partners' involvement in antenatal care was relatively high. This study is inconsistent with Dumbaugh et al., (2014) and Asmare et al., (2020) where they observed that male involvement in maternity care was very low.

This study noted that the barriers to male involvement in maternity care include financial status, lack of knowledge on the role of men in maternity care and lack of facilities that involve males in maternity care. This study is in support of Mapunda et al., (2022) and Dumbaugh et al., (2014) where male partners indicated their dissatisfaction with the demands of their jobs, which made them prioritize protecting their daily paychecks to overseeing their spouses during prenatal visits.

Many factors influence the engagement of males about maternity care, the factors identified in this study were financial status, work schedule, cultural belief, lack of knowledge on the role of men in maternity care, lack of facilities that involve men in maternity care, and religious belief; these factors can be summarily categorized as institutional and personal

factors/barriers, This study is consistent with Asmare et al., (2022) who noted that respondents have a strong attachment to their employment and rarely want to take time off.

CONCLUSION

This study reveals a picture of male involvement in maternity care. While the majority of men demonstrated a good knowledge of maternal-related care, several factors hinder their active participation which could be a result of their perception of certain paternal roles in maternity care. These eventually affected their being actively involved in maternal-related care, coupled with practical barriers like limited space in health facilities and inflexible work schedules. To bridge this gap and harness the potential of male support, it's crucial to implement targeted interventions at multiple levels. Expecting fathers should be equipped with knowledge and skills through health talks, seminars, informational pamphlets, etc. This can empower them to navigate their role effectively and confidently. Nurses should advocate for improved paternal leave policies to enable expectant fathers to resolve work-life conflict and be present for their partners.

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