

# Indicators of Spousal Support For Good Pregnancy Outcome among Women Attending Antenatal Clinic at Adeoyo Maternity Teaching Hospital, Ibadan, Oyo State, Nigeria

## ABSTRACT

**Aims** Spousal support in prenatal care is an important factor in promoting both maternal and infant health. This study assessed the indicators (physical, financial, emotional and social support) that is considered to be important for good pregnancy outcome among pregnant women.

**Study design:** The study was a descriptive cross-sectional design which involved women attending antenatal clinic at Adeoyo Maternity Teaching Hospital, Ibadan, Oyo State, Nigeria.

**Place and Duration of Study:** Women attending antenatal clinic at Adeoyo Maternity Teaching Hospital, Ibadan, Oyo State, Nigeria were sampled for this study, between December 2020 and January, 2021.

**Methodology:** A total of three hundred and ninety-eight (398) pregnant women were randomly sampled for the purpose of this study. Data were collected from the respondents through the use of semi-structured questionnaire. Descriptive and inferential statistics were used for data analysis.

**Results:** Findings reveal that the mean age of respondents was  $30 \pm 5.6$  years and 90.7% of them were married. In respect to occupation, 62.3% of the respondents were business women. Findings showed that 53% of the respondents specified that their pregnancy were multiparous while 47% stated that their pregnancy were primiparous. Results showed that 7.3%, 8.1%, 4.2% and 7.8% considered physical support only, financial support only, emotional support only and social support only as important indicators for spousal support. However, 72.6% of the respondents specified that all the indicators (physical, financial, emotional and social support) are considered to be important for good pregnancy outcome support with pregnancy outcome.

**Conclusion:** Based on the findings, it was concluded that physical, social, financial and emotional support were considered important for good pregnancy outcome. It is recommended that spouse should give their wives necessary supports required during pregnancy and child birth.

*Keywords: Physical Support, Social Support, Financial Support, Emotional Support, Pregnant Women.*

## 1. INTRODUCTION

Pregnancy is a process which brings in series of changes in various perspectives of a woman's life <sup>(1)</sup>. Lack of support is related with poor labour development, low birth-weight, preterm labour, anxiety and depression and neural tube defects. Social support is required by women during pregnancy <sup>(2,3)</sup>. In Africa, pregnancies are commonly regarded as feminine problem. Spouse acquaintance at antenatal care visit and during delivery at the labour room is rare. Attitude of men towards maternal health is ascribed to the practice of male supremacy called patriarchy <sup>(4)</sup>.

Men regularly take autonomous decisions that concerns women's health and see pregnancy and child delivery as women's issue. On the other hand, the spouse can provide empathy, emotional support, partake in the preparation for the arrival of the new baby and provide support by accompany their wives to the hospital for antenatal clinic sessions and delivery <sup>(5,4)</sup>.

Moreover, Spouse must support their pregnant women in seeking for adequate maternal care services by providing them with sufficient money <sup>(6)</sup>.

Similarly, men can influence pregnancy and child's delivery through reacting to problems, in quest of medical attention, paying for transport fare and apportioning household incomes<sup>(7)</sup>. Likewise, men should ensure that their pregnant wives are discouraged from partaken in energetic work specifically during their third trimesters due to high danger of complications occurrence<sup>(8)</sup>. During pregnancy, women with low income wages involve themselves in vigor severe jobs during antenatal period so as to boost the family source of income. Some women are not allowed to work during pregnancy and they depend solely on their husbands which limit their involvement in decisions pertaining reproductive health<sup>(9)</sup>.

Research indicated that support received from spouse regarding pregnancy envisages maternal prenatal and postnatal mental health<sup>(10)</sup>. Absence or insufficient spousal support leads to health care professional's support which can improve mother and child outcomes<sup>(11)</sup>. Hence, this study assessed the indicators (physical, financial, emotional and social support) considered to be important for good pregnancy outcome among women attending antenatal clinic at Adeoyo Maternity Teaching Hospital, Ibadan, Oyo State, Nigeria.

## **2. METHODOLOGY**

### **2.1 Study design**

The study was a descriptive cross sectional study design. It was carried out among pregnant women attending ante-natal clinic in the study location

### **2.2 Study Location**

This study was conducted at Adeoyo maternity teaching hospital, Ibadan. The city was created in 1892 and located on seven hills (average elevation 700 feet (200meters) about 100 miles (160km) from the Atlantic coast<sup>(12)</sup>. It is the most populous city in Oyo State in Nigeria and also the third largest city in population in Nigeria<sup>(12)</sup>. This city is located in south-western Nigeria in the southeastern part of Oyo State at about 119 kilometres (74miles) northeast of Lagos, 530 kilometers (330miles) southwest of Abuja, the federal capital, and 120 kilometres (75miles) east of the Nigerian international border with the Republic of Benin.

### **2.3 Data Collection Methods and Procedures**

Written approval was gotten from the management in-charge of the ante-natal clinic of the hospital. Pregnant women in their second and third trimesters were selected from the ante-natal clinic for this study. Random sampling was used to select 422 pregnant women that gave their consent to participate in the research and their confidentiality were guaranteed. Due to incomplete response from the respondents, 398 questionnaires were used for the purpose of this study. Questionnaire was validated first through pilot study by selecting 30 respondents from the list provided from the hospital. The purpose of validation is to be sure that respondents understand the content of the question and to ensure that the items explain the construct. After the validity test, questionnaire was used for data collection For the purpose of adequate data collection; ante-natal clinic was visited on the ante-natal days in order to meet the respondents. The questionnaire used was divided into two sections; demographic factors and level of spousal support. Simple random sampling technique was used to select three hundred and ninety-eight (398) respondents for this study. Semi-structured questionnaire was used to collect adequate information from the respondents.

### **2.4 Statistical Analysis**

Statistical Package for Social Science (SPSS version 20) was used. Data collected were analyzed using descriptive statistics such as frequency and percentage

## **3. RESULTS AND DISCUSSION**

### **3.1 Socio-demographic factors of respondents (n=398)**

Table1 presented the descriptive statistics of demographic factors of respondents in the study area. The mean age and gestational age of respondents were 30 years and 28 weeks respectively. Likewise, average weight of respondents at the point of registering and as at the time of the study was 68kg and 70.28kg. Furthermore, result indicated that 74.4% of

respondents' blood pressure fell within 110/60 to 120/80, 22.1% of them had blood pressure between 80/50 to 100/70, whereas 2.2% and 1.3% of the respondents' blood pressure fell between 130/80 to 160/90 and 170/80 to 250/80 at registering. However, 69.6% of respondents' blood pressure fell within 110/60 – 120/80mmHg as at the time of this study. In terms of religion, 56.5% of the respondents were Muslims while 44.5% were Christians. Majority (90.7%) of the respondents were married while 0.2% were divorced. Almost 48% of the respondents had tertiary education. Based on occupation of respondents, 62.3% were business women, 21.6% were civil servants while 0.2% were corp member. Result of the study showed that the mean age of respondent's husbands were 37 years. It was discovered that 66.3% of the respondents stated that their husbands had tertiary education while 31.4% indicated that their husbands had secondary education. Most (44.7%) of the respondents' husbands were business men, 22.6% were civil servants, 18.3% were artisans while 0.3% were corps members. Above half (53%) of the respondents stated that their pregnancy was multiparous whereas 47% specified that their pregnancy was primiparous. Findings revealed that 83.4% of the respondents stated that they did not had any complications in their prior pregnancies. Result further showed that 66.4% of the respondents registered at their second trimester while 16.8% of them registered at their first and third trimesters respectively.

The mean age of pregnant women was  $30.1 \pm 5.6$  years and their ages ranged between 26-35 years. This was quite similar to a study that revealed that 71.2% of the respondents' age ranged between 20 and 30 years<sup>(13)</sup> and another study whose respondents' mean age was 34 years<sup>(14)</sup>. The finding indicated that pregnant women are still in their reproductive age.

It was gathered from the results of the study that 90.7% of the respondents were married. This finding was comparable to a finding which indicated that 93% of the respondents were married<sup>(15)</sup>. Another finding indicated that 90.3% of the respondents were married<sup>(16)</sup>. The outcome of the study was usual anticipation in a cultural setting where single maternity is not generally accepted except for circumstances where the woman is divorced or widowed of which such cases were not observed among the pregnant women in this study. Furthermore, 48% of the respondents had tertiary education while 43% had secondary education. This goes with findings that opined that most of the respondents had secondary and tertiary education respectively<sup>(15, 17)</sup>. It was also revealed that 66% of their spouse had tertiary education which was in line with a study that detailed that the respondents and their spouses had tertiary education<sup>(14)</sup>.

In terms of occupation of respondents, 62.3% of the respondents were business women, 21.6% were civil servants and 0.3% were Corps members. This slightly contradicted the findings of the study which indicated that 38.3% were public servants, 33.3% of the respondents were self-employed and 28.4% were unemployed<sup>(15)</sup>. From this study, it was revealed that pregnant women were empowered and had a stable source of income which indicated that they also contributed positively to the socioeconomic position of their household. Based on a quote, demographic factors such as age, educational level, and occupation, among others constituted the major predetermining factors for the types of support expected as well as received by the women from their male partners during pregnancy, in the labour room and child birth<sup>(14, 18, 19)</sup>.

Furthermore, 53% of the respondents indicated that their parity of pregnancy was multiparous while 47% of them were primiparous. Previous findings have revealed that most pregnant women had multiple pregnancies which were in line with the outcome of this study<sup>(20,14)</sup>.

**Table 1: Socio- demographic factors of respondents (n = 398)**

Variable	Frequency	Percentage
<b>Age of respondents (years)</b>		
15 –25	88	22.1
26 – 35	241	60.6
36 – 45	69	17.3
<b>Mean ± std.</b>	<b>30.1 ± 5.6</b>	
<b>Gestational age (weeks)</b>		
1 –12	0	0.0
13 – 28	213	53.5
29 – 40	185	46.5
<b>Mean ± std.</b>	<b>27.7±7.2</b>	
<b>Weight at registering (kg)</b>		
40 – 60	137	34.4
61 – 80	208	52.3
81 – 100	47	11.8
Above 100	6	1.5
<b>Mean ± std.</b>	<b>67.8±12.8</b>	
<b>Weight at study period (kg)</b>		
40 – 60	12	3.0
61 – 80	376	94.5
81 – 100	10	2.5
Above 100	0	0.0
<b>Mean ± std.</b>	<b>70.3±4.8</b>	
<b>Blood pressure at registering (mmHg)</b>		
80/50 – 100/80	88	22.1
110/60 – 120/80	296	74.4
130/80 – 160/90	9	2.2
170/80 - 250/180	5	1.3
<b>Blood pressure at study period (mmHg)</b>		

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80/50 – 100/80	76	19.1
110/60 – 120/80	277	69.6
130/80 – 160/90	36	9.0
170/80 - 250/180	9	2.3
<b>Religion</b>		
Christianity	177	44.5
Muslim	221	55.5
Traditional	0	0.0
<b>Marital status</b>		
Married	361	90.7
Co-habiting	37	9.3
<b>Respondents' educational level</b>		
No formal education	3	0.8
Primary education	34	8.5
Secondary education	172	43.2
Tertiary education	189	47.5
<b>Occupation of respondents</b>		
Artisan	47	11.8
Business woman	248	62.3
Civil servant	86	21.6
Corper	1	0.3
Housewife	6	1.5
Student	10	2.5
<b>Husband's age</b>		
20 – 30	76	19.1
31 – 40	235	59.0
41 – 50	78	19.6
Above 50	9	2.3
<b>Mean ± std.</b>	<b>36.7±6.4</b>	
<b>Husband's educational level</b>		

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No formal education	3	0.8
Primary education	6	1.5
Secondary education	125	31.4
Tertiary education	264	66.3
<b>Husband's occupation</b>		
Artisan	73	18.3
Civil servant	90	22.6
Clergy	8	2.0
Business man	178	44.7
Engineer	42	10.6
Student	4	1.0
Corp member	1	0.3
Politician	2	0.5
<b>Number of pregnancy</b>		
Primiparous	187	47.0
Multiparous	211	53.0
<b>Complications in prior pregnancies</b>		
Yes	66	16.6
No	332	83.4
<b>Pregnancy term during registration</b>		
First trimester	67	16.8
Second trimester	264	66.4
Third trimester	67	16.8

**Source: Field survey, 2021**

### **3.2 Emotional Support**

The descriptive statistics of emotional support rendered was presented in Table 2. Result showed that 95.2% of the respondents stated that their husbands were happy when they told them about the pregnancy. Findings further revealed that most (87.7%) of the respondents specified that their husbands reminded them of their clinic days, 95% encouraged and reminded their wives to take their drugs during routine antenatal. Likewise, 90.5% of the spouse said kind words when their wives were tired, 92% asked them what they needed from him, 95.2% encouraged them to eat adequate diet and also encouraged them to drink water as much as possible. Moreover, 95% encouraged their wives to take breaks and naps, 69.6% of the spouses took walk with their wives in form of exercise, 89.9% men adjusted to their wives' sex

demands, 78.1% gave their wives back massage, 96.0% bought fruits and vegetables for them when returning from work and 95.7% provided transportation for them in case of illness. Additionally, 10.1% of the respondents specified that their husbands did not smoked or drank alcohol before pregnancy. Also, 74.9% of the respondents were of the opinion that they would like someone to be with them during labour and delivery that would give them emotional support. However, most (51.3%) of them stated that they would prefer the presence of their spouses during labour.

With respect to types of spousal support especially emotional support, the finding of the study was in agreement with another study that started that 86.6% of the respondents specified that their spouses reminded them to go for their clinic visits when they were pregnant. From the study, it was discovered that majority of the larger percentage of the pregnant women's spouses gave them emotional support during pregnancy .A study revealed that spousal support involves support given to a woman during pregnancy in areas like antenatal visits, house chores, sex, etc. <sup>(14)</sup> and some of the respondents stated that their husbands do accompany them to the clinic during antenatal visits. Moreover, a study showed that 20% of the respondents stated that their spouses accompanied them to antenatal as well as postnatal clinics whereas 80.4% indicated that their spouses did not accompany them to antenatal clinic <sup>(21)</sup> . Also, research conducted in Kenya by United Nations Population Fund <sup>(22)</sup> discovered that husbands significantly influence the decisions of women to use services related to reproductive health like family planning .This highlight the statement that men have a vital part to play in protecting women's health during pregnancy and delivery <sup>(23)</sup> .

**Table 2: Descriptive Statistics of Emotional Support Rendered (n = 398)**

<b>Variables</b>	<b>Frequency</b>	<b>Percentage</b>
<b>Husband's reaction when he heard of the pregnancy</b>		
Happy	379	95.2
Sad	11	2.8
At first sad but now happy	4	1.0
No reaction	4	1.0
<b>Reminder of clinic days by husbands</b>		
Yes	349	87.7
No	49	12.3
<b>Husband encourage/remind you to take drugs given during routine antenatal</b>		
Yes	378	95.0
No	20	5.0
<b>Husband says kind words when tired</b>		
Yes	360	90.5
No	38	9.5

**Husband ask you what you need from him**

Yes	366	92.0
No	32	8.0

**Husband encourage you to eat adequate diet and water as much as possible**

Yes	379	95.2
No	19	4.8

**Husband encourages you to take breaks and naps**

Yes	378	95.0
No	20	5.0

**Husband take a walk with you as a form exercise**

Yes	277	69.6
No	121	30.4

**Husband adjust to your sex demand**

Yes	358	89.9
No	40	10.1

**Husband gives you back massage**

Yes	311	78.1
No	87	21.9

**Husband buy fruits and vegetables for you when returning from work**

Yes	382	96.0
No	16	4.0

**Husband smoke or drink alcohol before your pregnancy**

Yes	40	10.1
No	358	89.9

**If yes, did he change his lifestyle during your pregnancy?**

Yes	20	5.0
No	20	5.0

**Husband provides transportation in case of illness**

Yes	381	95.7
No	17	4.3

**Presence of someone with you in labour and delivery to give emotional support**

Yes	298	74.9
No	100	25.1

**If yes, who will you like to be with you?**

Husband	204	51.3
Mother	50	12.5
Mother-in-law	12	3.0
Sister	10	2.5
Friend	2	0.5
Anyone that is available	3	0.8
God	10	2.5
Husband and mother	5	1.3
A kind mid-wife	1	0.3
Husband and sister	1	0.3

**Source: Field data survey, 2021**

**3.3 Financial Support**

Table 3 showed the descriptive statistics of financial support rendered by respondents' spouses. Almost all of the respondents indicated that their husbands provided money for adequate food (98.5%), transportation on antenatal days (98.2%), clinic expenses (98.7%), and buying of baby things (98.0%), maternity wears (95.2%), house rent (97.5%) and investigations such as ultrasound scan (98.2%).

Furthermore, almost hundred percent (100%) of pregnant women revealed that their spouse provided financial support for them during pregnancy. The finding of this study was quite similar to another study where it was stated that 98.1% of the men provides money for their pregnant wives for investigations like ultrasound scan, organize means of transportation for their wives to take them to the clinic, and bought baby clothes<sup>(21)</sup>.

**Table 3: Descriptive Statistics of Financial Support (n = 398)**

Variables	Yes		No	
	Freq.	%	Freq.	%
Money for adequate food	392	98.5	6	1.5

Money for transportation on antenatal days	391	98.2	7	1.8
Money for clinic expenses	393	98.7	5	1.3
Money for buying of baby things	390	98.0	8	2.0
Money for maternity wears	379	95.2	19	4.8
House rent fee	388	97.5	10	2.5
Money for investigations such as ultrasound scan	391	98.2	7	1.8

**Source: Field data survey, 2021**

### 3.4 Physical Support

Table 4 showed the descriptive statistics of physical support rendered by the respondent's spouses. Results revealed that 80% of the respondents stated that their husbands assisted them in fetching of water, washing of clothes (54%), sweeping the floor (57.5%), assisted in the kitchen to prepare food (59.8%) and buying foodstuffs and baby's clothes in the market (69.3%). In addition, result indicated that 82.4% of the respondent's husbands did not employ house maid to take care of the home. Result further showed that 11.1% of the respondents specified that their husbands usually advised them, always patient and always pray for them.

Findings also revealed that most of the pregnant women stated that their spouses were not available to give them physical support during pregnancy. This is in line with findings that revealed that providing financial support for their wives during pregnancy is a masculine approach for men but helping their wives in domestic chores or accompanying them for antenatal services implies that male partners are prepared to move into the domain of female <sup>(24,25)</sup>.

**Table 4: Descriptive Statistics of Physical Support Rendered by their Spouses (n = 398)**

Variables	Yes		No	
	Freq.	%	Freq.	%
Assist in fetching of water	314	78.9	84	21.1
Render assistance in washing of clothes	215	54.0	183	46.0
Assist in sweeping the floor	229	57.5	169	42.5
Assist in the kitchen to prepare food	238	59.8	160	40.2
Help in buying to foodstuffs and baby's choices in the market	276	69.3	122	30.7
Help to get an house maid to take care of the home	70	17.6	328	82.4
<b>Other things husbands provide for you excluding the ones listed above</b>	<b>Freq.</b>		<b>%</b>	
Advice, patience and prayers	44		11.1	

All the necessary things to be done	18	4.5
Words of encouragement	5	1.2
Render assistance in the kitchen and laundry	10	2.5
Care by offering body massage and taking care of the children	16	4.0
Communication, companionship and emotional strengthen	13	3.2
Family planning	1	0.3
Provides washing machine to ease washing	1	0.3
Help me to the clinic	1	0.3

**Source: Field data survey, 2021**

### 3.5 Social Support

Table 5 showed the descriptive statistics of social support rendered by their spouses. From the data analyzed, it was discovered that quite a significant percentage (90.7%) of the respondents stated that their husbands did things together with them during their pregnancy. Furthermore, 94.5% of the respondents specified that their spouses create room for them to discuss their problems, private worries and fears. Results further showed that a larger percentage (92.0%) of the respondents revealed that their spouses took them to the Doctor when need arose. Majority (77.1%) of the respondents indicated that their spouses get together with them for relaxation. Moreover, 97% of the respondents stated that their husbands showed them love and made them feel wanted during the period of pregnancy. Results further showed that 82.7% of the respondents specified that their husbands took them out to have a good time despite their physical body changes whereas 17.3% indicated that their husbands never took them out.

Moreover, quite a substantial percentage of the pregnant women indicated that their spouses gave them the social support needed during pregnancy. These findings corroborated with the outcome of a study that revealed that 96.5% of the respondents agreed that spouse's care during the period of pregnancy, labour as well as child birth was essential <sup>(3)</sup>. On the other hand, it was reported that lack or reduced social support has been identified to increase women's stress during the period of pregnancy <sup>(26,27)</sup>. Social support is a process whose main purpose is to improve the feelings of survival of an individual, capability, ownership or admiration <sup>(28)</sup>. It can further be described as the opinion as well as the certainty that one receives adequate care and availability of assistance from people is all part of helpful social link <sup>(28)</sup>. Social support has a positive influence on psychological health as well as the mother and foetal results <sup>(20)</sup>.

**Table 2 Descriptive Statistics of Social Support Rendered by their Spouses (n = 398)**

Variables	Frequency	Percentage
Spouse do things together with you during pregnancy		

Yes	361	90.7
No	37	9.3
<b>Spouse create room for you to discuss about your problems, private worries and fears</b>		
Yes	376	94.5
No	22	5.5
<b>Spouse take you to the Doctor if need arises</b>		
Yes	366	92.0
No	32	8.0
<b>Spouse get together with you for relaxation</b>		
Yes	307	77.1
No	91	22.9
<b>Spouse shows love and make you feel wanted during pregnancy</b>		
Yes	386	97.0
No	12	3.0
<b>Spouse take you out to have a good time despite your physical body changes</b>		
Yes	329	82.7
No	69	17.3
<b>If no, reason</b>		
Alfa	1	0.3
Busy with work	43	10.8
Not a social type	15	3.8
He cannot be going out with someone with a protruding stomach	4	1.0
I do not request for it	3	0.8
I am not married	2	0.5
Shy	1	0.3

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**Source: Field data survey, 2021**

### 3.6 Indicators of spousal support considered to be important for pregnancy outcome

Table 6 showed the descriptive statistics of indicators of spousal support considered to be important for pregnancy outcome. Nearly 73% the respondents stated that the indicator they consider as important for good pregnancy outcome were physical, financial, emotional and social support.

Overall, pregnant women specified that physical, financial, emotional, and social support were considered as very important for good pregnancy outcome. This was in line with the outcome of a study reported by <sup>(21)</sup> It was also reported that 49.9% of the respondents specified that physical support only was the major role that was perceived as needful during pregnancy <sup>(21)</sup>. 49.7% of the respondents indicated that spiritual support only was the major role perceived to be needful during labour and after delivery while financial support (60.3%) was the major role perceived to be needful in newborn care .Another study revealed that 86% of the respondents specified that they needed emotional support while 14% of them indicated that they needed physical support from their spouses during the period of delivery <sup>(13)</sup>. Furthermore, a study quoted that different types of spousal support to be given to pregnant women include emotional, physical, financial, spiritual and psychological support during pregnancy, labour, period and after delivery <sup>(14)</sup>.

**Table 6: Indicator of spousal support that is considered as important for good pregnancy outcome (n = 398)**

Variables	Frequency	Percentage
<b>Perceived role to be needful from your spouse for good pregnancy outcome</b>		
Physical support only	29	7.3
Financial support only	32	8.1
Emotional support only	17	4.2
Social support only	31	7.8
Physical, financial, emotional and social support	289	72.6

**Source: Field data survey, 2021**

## 4. CONCLUSION

Based on the survey carried out in Adeoyo Maternity Teaching Hospital, it was revealed that, physical, financial, emotional and social support were the indicators of spousal support considered to be important for good pregnancy outcome. With reference to the findings of the study, it was recommended that husbands should be educated on what roles they can play in order to guarantee that the woman is healthy before, during pregnancy and after delivery. This simply means that education program for spouses as well as the families should be designed in such a way that they will work together to provide extra support to their spouses during pregnancy so as to promote a healthy pregnancy outcome.

## CONSENT

All authors declare that 'written informed consent was obtained from the women attending antenatal clinic in Adeoyo Maternity Teaching Hospital, for publication of this manuscript.

## ETHICAL APPROVAL

Written informed consent was obtained from all the pregnant women in the study location.

The ethics approval for the implementation of this research was obtained from the ministry of health, Oyo state, Nigeria.

## REFERENCES

1. Fagbenro D, Ehigie O and Adesanya O. Influence of stages of pregnancy on the psychological well-being of pregnant women in Ibadan, Nigeria. *International Journal of Caring Sciences*. 11. 2 (2018); 719-724.
2. Edmonds J, Paul M., and Lynn S. Type, content and source of social support perceived by women during pregnancy: Evidence from Matlab, Bangladesh. *Journal Health Population Nutrition*. (2011); 29(2): 163-173.
3. Sokoya M., Adekunbi F., & Ojewole F., (2014). Women's perception of husbands' support during pregnancy, labour and delivery. *Journal of Nursing and Health Science*, (2014);3(3): 45-50.
4. Vehvilainen-Julkunene K. & Emelonye A. Spousal participation in Labour and Delivery in Nigeria", *Ann Med Health Sci Res*, (2014); 4(4): 511-5.
5. Adeniran A., Abiodun A., Adegboyega F., Balogun O., Adesina K., and Adeniran P. Male partner's role during pregnancy, labour and delivery: Expectations of pregnant in Nigeria. *International Journal of Health Sciences, Qassim University*. (2015): 9(3): 306-313
6. Maggie R and Jane H. Fathers' engagement in pregnancy and childbirth: evidence from a national survey. *BMC Pregnancy Childbirth*, (2013);13(1):7
7. Furuta Marie and Sarah Salwa. (2006). Women's position within the household as a determinant of maternal health care use in Nepal. *Int Fam Plan Perspect*. (2006); (32):17-27
8. Nwokocha E, Oka O. and Anthonia A. Socio-cultural factors affecting pregnancy outcomes among Ibani of Rivers State, Nigeria. *Ibadan Journal of the Social Sciences*. (2007): 5(1), 29-41.
9. Olayemi O., Bello F., Aimakhu C. & Adeyemi A. Male participation in pregnancy and delivery in Nigeria. *Journal of Biosoc. Science*. (2009);(41): 493-503.
10. Dennis Cindy- Lee and Lori Ross. Women's perceptions of partner support and conflict in the development of postpartum depressive symptoms. *Journal of Advanced Nursing*. (2006); (56): 588-599.
11. Tanner-Stapleton L., Christine S., Westling E., Chirstine R., Laura G., Hobel C., & Curt S. Perceived partner support in pregnancy predicts lower maternal and infant distress. *Journal Family Psychological* . (2012);26(3): 453-463.
12. Falola T, Genova A and Heaton M. Historical Dictionary of Nigeria. USA: Rowman and Littlefield.(2018);189.
13. Timur S, & Duru Y. Views on spousal support during delivery: A Turkey experience. *BMC Pregnancy and Childbirth*. (2018);18(1): 1-6. <https://doi.org/10.1186/s12884-018-1779-0>

14. Arisukwu O. Spousal support during pregnancy in the Nigerian rural context. Research Square. (2020). <https://doi.org/10.21203/rs.3.rs-119081/v1>.
15. Mangeni J. N, Nwangi A, Mbugua S, & Mukthar VK. Male involvement in maternal health care as a determinant of utilization of skilled birth attendants in Kenya. *East African Medical Journal*. (2012);;89(11):372-383.
16. Ago B, Abeshi S, Njoku C, Agen T, & Ekabua J. Obstetric outcomes of booked teenage pregnancies at University of Calabar Teaching Hospital, Nigeria. *Adolesc Health Med Ther*. (2012); (3):105–109. <https://doi.org/10.2147/AHMT.S35234>
17. Ekabua J, Ekabua K, & Njoku C. Awareness of birth preparedness and complication readiness in South Eastern Nigeria. *ISRN Obstet Gynecol*. (2011) 560641. <https://doi.org/10.5402/2011/560641>
18. World Health Organization WHO. Trends in maternal mortality 2000 to 2017 estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations
19. Oyekola A, Ojediran O, Ajani A, Eyitayo O, & Bamidele R. Advancing alternative health care financing through effective community partnership: A necessity for universal health coverage in Nigeria. *Cogent Social Sciences*. (2020); 6(1). <https://doi.org/10.1080/23311886.2020.1776946>
20. Abdollahpour S, Ramezani S, & Khosravi, A. Perceived Social Support among Family in Pregnant Women. *International Journal of Pediatrician*. (2015); 3(21):879-888. <https://doi.org/10.22038/ijp.2015.4703>.
21. Falade-Fatila O, & Adebayo A. Male partners' involvement in pregnancy related care among married men in Ibadan, Nigeria. (2020); 17(1):1-12. <https://doi.org/10.1186/s12978-020-0850-2>
22. United Nations Population Fund (UNFPA) .Family Planning in Kenya: Not for Women Only. New York, NY, USA: United Nations. (2009). Available at <http://www.unfpa.org/public/News/pid/3015>
23. Narang H, & Singhal S. Men as partners in maternal health: an analysis of male awareness and attitude. *International Journal of Reproductive Contraception Obstetrics Gynecology*. (2013);(2):388-392. <https://doi.org/10.5455/2320-1770.ijrcog20130925>
24. Usman L. The indigenous knowledge system of female pastoral Fulani of Northern Nigeria. In D. Kapoor & E. Shizha (Eds.), *Indigenous Knowledge and Learning in Asia/Pacific and Africa*. (2010);213–225 . [https://doi.org/10.1057/9780230111813\\_14](https://doi.org/10.1057/9780230111813_14)
25. Aarnio P, Kulmala T & Pia O. Husband's role in handling pregnancy complications in Mangochi District, Malawi: A call for increased focus on community level male involvement. *Sexual and reproductive healthcare*. (2018); (16):61-66 <https://doi.org/10.1016/j.srhc.2018.02.005>
26. Haobijam J, Usha S, & Sudesh D. An exploratory study to assess the family support and its effect on outcome of pregnancy in terms of maternal and neonatal health in a selected hospital, Ludhiana Punjab. *Nursing and Midwifery Research Journal*. (2010); (6):137-145. <http://doi.org/10.33698/NRF0116>
27. Bonow M. The effects of family functioning on infant birthweight. A prospective cohort study [unpublished doctoral thesis]. Oklahoma: Baylor University. (2016)
28. Mattson M, & Hall JG. Linking Health. Communication with Social Support. In: *Health as Communication Nexus. A Service-Learning Approach*. 1st ed. Dubuque: *Kendall Hunt Publishing*. (2011);181–218. ISBN 9780757559877