Original Article

Comparative Study of Perceived Challenges Associated With Fathers' Involvement in Maternity Care among Fathers, Mothers and Midwives in Osun- State, Nigeria

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Abstract

Background: Fathers play critical role in safeguarding the health of women despite challenges. This study compared perception of fathers' challenges during the maternity period with that of fathers, mothers and midwives in selected communities in Osun-State, Nigeria.
Objectives: To explore perception of challenges that fathers face in their involvement in maternity care.
Methods: A mixed method design was adopted for the study. A multi-stage sampling technique was used to select 362 respondents. Data were collected using focus group discussion and structured questionnaire and analyzed using content analysis method and SPSS version 20 respectively.
Results: Findings showed that 362 respondents participated in the study of which 48.6% were fathers, 40.3% were mothers, while 11.1% were midwives. The perceived challenges of involvement were poor communication and relationship between couples (88.6% fathers, 94.5% mothers and 87.5% midwives), Fathers' nature of work (76.7% fathers, 81.5% mothers and 82.5% midwives), lack of available policy and programmes (76.1% fathers, 74.7% mothers and 87.5% midwives), negative behaviours of health care providers (77.8% fathers, 74.7% mothers and 70% midwives), and the design of maternity centers that does not give room for fathers' involvement (62.5% fathers, 67.1% mothers and 72.5% midwives). Perception of fathers challenges were similar among fathers, mothers and midwives (75.6% fathers, 74.4% mothers and 77% midwives with $\chi 2 = 0.141$)
Conclusion: The study concludes that fathers, mothers and midwives shared common views on challenges affecting fathers' involvement in maternity care.

Keywords: Fathers, Maternity period, Fathers` Challenges, Involvement during the maternity period.

Introduction

In different parts of the world, especially in developed countries spousal participation is a common practice during labor and delivery (Maggie & Jane, 2013). However, the situation is different in some developed countries. This is because traditionally, pregnancy is predominantly seen as the domain of the mothers, but fathers provide for the family. Fathers' participation during the maternity period in Nigeria is poor

(Olugbenga-Bello *et al.*, 2013). In the Northern part of Nigeria, study revealed 32% participation (Iliyasu, *et al.*, 2010). At least 20% of the burden of disease in children below the age of five is related to poor maternal health and nutrition, as well as quality of care at delivery and during the newborn period. Nigeria is the second largest contributor to the under-five and maternal mortality rate in the world (United Nations Population Funds, 2015). In many societies, fathers are responsible for the decisions that directly impact their partners' and children's health, such as the use of contraceptives, access to health services, food quality and availability, and women's workload (Davis, Luchter & Holmes, 2012). Fathers' active involvement is needed for maternal support and reduction of burdens as well as the reduction of maternal morbidity and mortality. Evidences suggest that increasing fathers' involvement during the maternity period may improve outcomes (Judith et al., 2013). However, challenges to the active involvement of fathers can prevent the realization of all these benefits Socio-demographic factors such as level of income, education, type of father's job, health services related factors e.g., hours of services, waiting time, behaviour of health care personnel, lack of space to accommodate male partners, and socio-cultural factors e.g., beliefs, attitude, communication between fathers and mothers were some of the barriers identified (Ditekemena *et al.*, 2012). Educational level was identified by Prahlad & Singh, (2016) as a challenge. In addition, Michael et al., 2010) identified multiple barriers to fathers' involvement at multiple levels in a study. These levels include intrapersonal (e.g., human capital and attitudes), interpersonal (e.g., the father's relationships with the mother), neighborhoods and communities (e.g., high unemployment rates), cultural or societal (e.g., cultural beliefs and racial stratification), policy (e.g., earned income tax credit and temporary assistance for needy families). Backstrom & Hertfelt, (2011) revealed in a study that some men expressed fears of seeing their partner in pain, of not coping, fainting and panicking from being involved in maternity care. In Nigeria, few studies exist on fathers' challenges to involvement in maternity care and there is no documentation of the comparison of perceptions of fathers' challenges among fathers, mothers and midwives, hence, the need for this study in Osun-State became necessary. Findings from this study will provide direction on the challenges that fathers face and how best to provide support to enhance their involvement in maternal and child health care.

Research Question

What are the perceptions of challenges faced by fathers in their involvement in maternity care?

Methodology

Research Design- Population and Sampling

The study adopted a mixed method design.

The study was conducted among mothers (who have given birth to at least a child) and fathers (who have at least a child) aged 18 to 60 years and midwives working in the maternity units for not less than 6 months in Osun State. Qualitative and quantitative data were collected from fathers, mothers and midwives. Adopting a multistage sampling technique, 362 respondents (comprising 176 fathers, 146 mothers and 40 midwives) were selected for the quantitative household-based questionnaire survey. The qualitative phase employed purposive sampling to select an average of 8 participants for each of the seven focus group discussion conducted among fathers (teenage, middle age and elderly); mothers (teenage, middle age and elderly) and midwives.

Sample size estimation for the quantitative study was determined using Cochran formula (Cochran, 1963): no = z^2pq/e^2, based on a 63.9% prevalence of fathers' attendance during delivery from a previous study, (Olayemi, *et al.*, 2009). Where n = sample size, z is standard normal variance at 95% confidence interval = 1.96, e is the desired level of precision at 0.05, p is the estimated proportion at 0.639 and q = 1 – p. The sample size estimation of 375 was taken as the final sample size with 5% attrition rate.

$$n = \frac{(1.96)^2 \times 0.639 \times (1-0.639)}{(0.05)^2} = \frac{3.8416 \times 0.639 \times 0.361}{0.0025} = \frac{0.88617}{0.0025}$$

n = 353. 5% attrition rate = $\frac{5}{100} \times 353 = 17.65$

100

n = 353 + 17.65 = 370.65

Instrument to Collect Data

A self-developed structured questionnaire and a focus group discussion guide. Questions related to the study objectives were asked. Both instruments were translated to Yoruba by an expert in the field to accommodate the respondents that were not literate. The self-developed structured questionnaire to collect quantitative data from the fathers and mothers consists of 2 sections.

Section A: Contained the socio-demographic characteristics of the respondents.

Section B: Explored perceptions of challenges faced by fathers' in their involvement.

The questionnaire was further modified based on findings from the qualitative data. A total of 375 questionnaire were administered out of which 362 were adequately filled and retrieved. This gave a response rate of 96.5%.Twenty five items questionnaire measured on a 5-point likert scale of Strongly Agree, Agree, Undecided, Disagree and Strongly Disagree were used each to elicit information on perception of challenges of fathers' involvement in the maternity period. Perception was categorized as positive (63-125) and negative (1–62) The Focus Group Discussion (FGD) guide was developed to elicit response from fathers, mothers and midwives about their perceptions of fathers' nature of involvement and challenges during in maternity care. Nine major questions were asked using the FGD guide.

Method of Data Analysis

Quantitative data collected from the study was analyzed using descriptive and inferential statistics with the aid of Statistical Product & Service Solution (SPSS), version 20. Descriptive statistics like frequency table, percentages, mean and standard deviation were used to summarize and provide clear description of the data from the sample, while chi-square test was used for inferential statistics at $p < 0.05$. Qualitative data were analysed using content analysis method.

Ethical Consideration

Introductory letters were collected from the Department to the Council Managers of the three Local Governments areas where the study was conducted. Ethical clearance was obtained from the Health Research Ethics Committee (HREC Number: IPHOAU/12/681) of Institute of Public Health, Obafemi Awolowo University, Ile-Ife, Nigeria while approvals to permission to collect data were obtained from the Council managers of the respective Local Government Areas under study. Verbal Informed consent was also gained from the fathers, mothers and midwives who participated in both the quantitative and qualitative studies. The content of the consent form was translated into local language (Yoruba). Confidentiality, respect and anonymity of the participants were maintained throughout the course of the study and no one was forced to participate in the study.

Results

Table I presents the socio-demographic characteristics of the respondents. Results showed that 176 (48.6%) were fathers, 146 (40.3%) were mothers while 40 (11.1%) were midwives. The mean age of father was 38.9 years (±12.7), mothers was 37 years (±11.9) while that of midwives was 38.1 years (±12.2). Distribution of the respondents by family setting shows that, all (100%) midwives, 82.4% of fathers and 81.5% of mothers belonged to monogamous family settings. On the educational attainments of the respondents, findings showed, 63.6% of fathers, 55.5% of mothers and 92.5% of midwives had one or more forms of tertiary education. Only 3.4% of father and 1.4% of mothers had no formal education whatsoever.

Variables	FATHERS n= 176	MOTHERS n= 146	MIDWIVES n= 40
Age (Years)	**Mean=38.9±12.7**	**Mean=37.0±11.9**	**Mean=38.0±12.2**
Below 30 years	38 (21.6%)	44 (30.1%)	12 (30.0%)
30-40 years	65 (36.9%)	43 (29.5%)	12 (30.0%)
41-50 years	41 (23.3%)	41 (28.1%)	8 (20.0%)
51-60 years	32 (18.2%)	18 (12.3%)	8 (20.0%)
Marital Status			
Single	18 (10.2%)	19 (13.0%)	1 (2.5%)
Married	152 (86.4%)	120 (82.2%)	39 (97.5%)
Separated	6 (3.4%)	7 (4.8%)	0 (0.0%)
Family Setting			
Monogamous	145 (82.4%)	119 (81.5%)	40 (100.0%)
Polygamous	31 (17.6%)	27 (19.5%)	0 (0.0%)
Religion			
Islam	53 (30.1%)	29 (19.9%)	1 (2.5%)
Christianity	118 (67.0%)	112 (76.7%)	38 (95.0%)
Others	5 (2.8%)	5 (3.5%)	1 (2.5%)
Educational Qualification			
No Formal Education	6 (3.4%)	2 (1.4%)	0 (0.0%)
Below Tertiary Education	58 (33.0%)	63 (43.1%)	3 (7.5%)
Tertiary Education	112 (63.6%)	81 (55.5%)	33 (92.5%)
Duration of Marriage			
Below 5 years	42 (23.9%)	44 (30.1%)	15 (37.5%)
5-10 years	51 (29.0%)	25 (17.1%)	6 (15.0%)
11-15 years	42 (23.8%)	32 (21.9%)	8 (20.0%)
Above 15 years	41 (23.3%)	45 (30.8%)	14 (35.0%)
Number of children			
1-5	161(91.5%)	138(94.5%)	40(100%)
5-10	15(8.5%)	8(5.5)	0(0%)
Ethnicity			
Yoruba	142(80.7%)	136(93.1%)	34(85%)
Igbo	27(15.3%)	8(5.5%)	6(15)
Hausa	7(4%)	2(1.4%)	0(0%
Income per month			
≤N7,500 – N50,000	104(59.1%)	97(66.4%)	7(17.5%)
>N50,000 - N100000	43(24.4%)	38(26%)	12(30%)
>N100,000 – 200,000	20(11.4%)	8(5.5%)	7(17.5%)
>N200,000	9(5.1%)	3(0.02)	14(35%)

Table I: Socio-demographic Characteristics of Respondents (N=362)

	Agree			Disagree		
ITEM	**Fathers n = 176 n(%)**	**Mothers n = 146 n(%)**	**Midwives n = 40 n(%)**	**Fathers n = 176 n(%)**	**Mothers n = 146 n(%)**	**Midwives n = 40 n(%)**
Fathers' nature of work is a challenge	135(76.7)	119(81.5)	33(82.5)	41(23.3)	27(18.5)	7(17.5)
Lack of accessibility to health facility	119(67.6)	98(67.1)	25(62.5)	57(32.4)	48(32.9)	15(17.5)
Time taken in the hospital is a challenge	135(76.7)	125(85.6)	34(85)	41(23.3)	21(14.4)	6(15)
Negative behaviours of health care providers	137(77.8)	109(74.7)	28(70)	39(22.2)	37(25.3)	12(30)
Insufficient income and unemployment	145(82.4)	112(76.7)	32(80)	31(17.6)	34(13.3)	8(20)
Expensive health care cost	135(76.7)	107(73.3)	29(72.5)	41(23.7)	39(26.7)	11(27.5)
Period of health services is not convenient	130(73.9)	105(71.9)	32(80)	46(26.1)	41(28.1)	8(20)
The way maternity care is organized does not give room	110(62.5)	98(67.1)	29(72.5)	66(37.5)	48(32.9)	11(27.5)
Fathers have negative attitudes towards involvement	92(52.3)	85(58.2)	24(60)	84(47.7)	61(41.8)	16(40)
Fathers background and beliefs are important	133(75.6)	109(74.7)	35(87.5)	43(24.4)	37(25.3)	5(12.5)
Poor communication and relationship between couples	156(88.6)	138(94.5)	35(87.5)	20(11.4)	8(5.5)	5(12.5)
Lack of available policy and programmes	134(76.1)	109(74.7)	33(82.5)	52(23.9)	37(25.3)	7(7.5)
Educational level of father is important	131(74.4)	98(67.1)	30(75)	45(25.6)	48(32.9)	10(25)
Fathers with higher educational are more likely to be involved	128(72.7)	98(67.1)	22(55)	48(27.3)	48(32.9)	18(45)
Fathers below 30 years are less likely to participate	91(51.7)	72(49.3)	23(57.5)	85(48.3)	74(50.7)	17(42.5)
Teenage fathers are less likely to be involved	111(66.5)	101(69.2)	26(65)	65(33.5)	45(30.8)	14(35)
Same classes for fathers and mothers during ANC	88(50)	79(54.1)	22(55)	88(50)	67(45.9)	18(45)
Lack of information about the need and importance	145(82.8)	117(80.1)	31(77.5)	31(17.2)	29(19.9)	9(22.5)
Mass media is important in creating awareness	139(79)	111(76)	32(80)	37(21)	35(24)	8(20)
Fathers' involvement can lead to anxiety, panicking, fainting etc.	103(58.5)	83(56.8)	25(62.5)	73(41.5)	63(43.2)	15(37.5)
Fathers in nuclear family are more likely to be involved	143(81.3)	118(80.8)	25(62.5)	33(18.7)	28(19.2)	15(37.5)
Fathers will most likely be involved in first pregnancy	126(71.6)	108(74)	32(80)	50(28.4)	38(26)	8(20)
Fathers will be less involved in unplanned pregnancies.	166(94.3)	95(65.1)	26(65)	10(5.7)	51(34.9)	14(35)
Fathers in developed countries are more likely to be involved	121(68.8)	103(70.5)	28(70)	55(31.2)	43(29.5)	12(30)
Fathers in Urban areas are more likely to be involved	115(65.3)	89(61)	30(75)	61(34.7)	57(39)	10(25)

Table 2: Perception of challenges to fathers' involvement in the maternity period among fathers, mothers and midwives

LEVEL OF PERCEPTION	FATHERS n = 176 n (%)	MOTHER n = 146 n (%)	MIDWIVES n = 40 n (%)	χ^2	df	p-value	Critical χ^2
POSITIVE	133 (75.6)	109 (74.7)	31 (77.5)	0.141	2	0.932	5.991
NEGATIVE	43 (24.4)	37 (25.3)	9 (22.5)				

Table 3: Level of perceptions of fathers' challenges to involvement in maternity care among fathers, mothers and midwives

Results from the Focus Group Presentation (FDG)

Challenges to fathers' involvement during the maternity period	Participants		
Questions	**Fathers**	**Mothers**	**Midwives**
Too long time taken in the hospital	+++++	++++	+++
Demand of fathers' work	++++++	+++++	+++
Negative behaviours of health workers	+++++++	+++++++	+
Poverty	+++++	++++	++++
Ignorance and lack of knowledge	+++++	++++	+++
Inconvenient period of health services	+++	+++	+++
Poor organization of maternity units	++++	++++++	++
Fathers background, cultural and belief system	+++++	++++++	++++++
Unhealthy relationship between spouses	+++	++++	+++
Lack of available policy and programmes	++++	++++	++++
Low Educational level	++	+++	+++
Lack of information	+++	+++	+++
Fear and anxiety	+++	+++	+++
Distant husband	++++	++	+

Key: += Least reported ++= More reported ≥+++ Most reported

Table 4: Perceptions of fathers' challenges in their involvement during the maternity period.

From table 2, some of the items with high proportion of agreeable responses among fathers, mothers and midwives were: fathers with higher educational levels are more likely to be involved (72.7% of fathers, 67.1% of mothers and 55% of midwives) and fathers will most likely be involved in first pregnancy in maternity care (71.6% of fathers, 74% of mothers and 80% of midwives) with the father and midwives having more positive disposition and highest proportion of agreeable responses respectively. Also, the way maternity care is organized does not give room for involvement (62.5% of fathers, 67.1% of mothers and 72.5% of midwives), fathers in developed countries are more likely to be involved in maternity care (68.8% of fathers, 70.5% of mothers and 70% of midwives). In addition, fathers in nuclear family are more likely to be involved in maternity care (81.3% of fathers, 80.8% of mothers and 62.5% of midwives).

From table III, the total number of questions on perception of fathers' challenges to involvement in the maternity period was 25. Scoring of the questions was as follows, each strongly agree (SA) was given a score of 5, agree (A) was 4, undecided (U) was 3, disagree (D) was 2 and strongly disagree (SD) was given a score of 1. The maximum score obtainable from the questionnaire was 125 while the minimum score was 25. A score of 63-125 is regarded as positive perception while a score of 1–62 is negative perception.

Table III shows that 75.6% of fathers, 74.7% of mothers and 77.5 % of midwives had positive perception of the challenges to father's involvement while 24.4% fathers, 25.3% mothers and 22.5% midwives had negative perceptions. Fathers, mothers and midwives shared common views on challenges affecting fathers' involvement in maternity care. ($\chi^2_{cal} = 0.141$, critical value $\chi^2_{tab} = 5.991$ at df = 2 and p-value = 0.932).

Discussion

Results showed that close to average of the respondents were fathers while mothers were a little below average. The mean age of fathers, mothers and midwives were 38.9 (±12.7) years, 37 (±11.9) years and 38.1 (±12.2) years respectively. Parents across generations of teenage, middle age and elderly were involved in this study. The pattern of coverage of the respondents indicated that the views of all involved in maternity-related issues were adequately covered. Distribution of the respondents by family setting shows that nearly all of them belonged to monogamous family settings and were Yoruba, this was probably because the study was conducted in Southwestern Nigeria, being a Yoruba dominated area. On the educational attainments of the respondents, a little above average of fathers and mothers have had one or more forms of tertiary education. Only few fathers and mothers had no formal education whatsoever. This revealed that there were more educated people in the study area. Also, majority of the fathers income per month were greater than N15, 000 and less than N50, 000 while less than average midwives earned more than N200, 000 per month. Majority of the respondents have a marriage duration of over five years and are from monogamous setting. With this study capturing fathers and mothers across the developmental age categories, considering the findings would be relevant to all categories though the concept of individualized and family focused care. This will make it important for the midwife to seek for peculiar challenges of individual families and fathers. Findings from the study revealed that fathers with higher educational levels are more likely to be involved in maternity period. This is in line with the finding that fathers themselves expressed a need to be more involved in the antenatal clinic services (Margareta *et al.*, 2012) which will assist them in acquisition of knowledge and necessary information for enhanced fathers' involvement in maternity care. Fathers in nuclear family are more likely to be involved in maternity care also have high disposition by the respondents. This is in support of the result of a study that fathers from non-nuclear households are less likely to accompany their wives. (Maggie & Jane, 2013) Also, majority of the respondents agreed that lack insufficient income and unemployment and three quarter accepted that expensive health care cost are challenges to the involvement of fathers during in maternity care. This is in agreement with a study conducted by Shwalb & Shwalb, (2014) that different factors affect appropriate roles/behaviors of fathers such as ignorance, economic, cultural, religious etc. This is also in support of findings that socio-demographic factors such as level of income,

education, type of father's job, etc were identified as some barriers to father's involvement and participation. (Ditekemena *et al.,* 2012).

The study further revealed fathers being most likely be to be involved in first pregnancy than the subsequent ones in maternity period. This is in line with findings of national maternity survey on partners' engagement in pregnancy, labour and postnatal period which revealed that fathers' engagement was highest in partners of primiparous women and that whether the pregnancy was intended is a factor. (Michael *et al.*, 2010).

The period of health services not being convenient for fathers, time taken in the hospital, negative behaviours of health care providers were also some of the challenges identified by the majority of the respondents in this study. These supported a research finding where health services related factors e.g., hours of services, waiting time, behaviour of health care personnel, lack of space to accommodate male partners, etc. were also identified as some challenges identified (Ditekemena *et al.,* 2012).

The study also revealed that the way maternity care is organized did not give room for fathers' involvement. This was further supported by the qualitative findings that lack of policies and programs are challenges to father's involvement. This supports findings that many existing public programs do not focus on the family as a whole and that this can create and/or compound the barriers of prenatal paternal involvement. (Prahald & Singh, 2016)

In addition, the qualitative result also discovered that fathers' involvement can lead to anxiety, panicking, fainting and being forgotten and left out in decision making during emergency situations.

> *"....being the first child, I was there because I told the nurse to give me that grace to witness it, I saw the way the baby was coming but when I wanted to react negatively they sent me out"* (Group 2, Middle aged father 1).
>
> *"I have seen men shed tears when they see their wives in labour"* (Group 3, Midwife 5).
>
> *"….some men are afraid of seeing blood, if they see blood coming, they may collapse…"* (Group 7, Teenage father 4).

This is in support of a study which revealed that fathers can be left traumatized by experiencing psychological and sexual scaring after the experience of watching their partners give birth (White, 2007). Also, Margareta et al., (2012) discovered that some expectant fathers were left feeling invisible. Some of the reasons for these were revealed in a study that some fathers expressed fears of seeing their partners in pain, of not coping, fainting and panicking (Blackstorm & Herfelt, 2011).

Conclusion

In societies in general, the husband is the most influential decision-maker and, even if others offer their opinions, he will be the one to make the final decision. Fathers have a critical role to play in safeguarding the health of their partners through active involvement in maternity care. Some of the challenges identified to fathers' involvement were; poor communication and relationship between couples, family setting, fathers' level of education and work etc. Findings from qualitative study also revealed that majority of the fathers and mothers identified negative behaviors of the health workers and policies of most health care facilities as some of the challenges to the involvement of fathers in maternity care.

Implications

- The issue of fathers' involvement during in maternity care is of growing importance and should be included in nursing practice.
- Health professionals need to discuss this issue to gain a better understanding and to improve their attitude towards fathers' involvement.
- The health care providers hold a great responsibility in the reduction of maternal mortality rate through attitudinal changes, health education and advocacy for involvement of fathers' in maternity care.
- The findings of this study could be a useful tool in in evaluating fathers' challenges in maternity care and development of fathers focused intervention tools in Nigeria hospitals.

Recommendations

I. Future research should be done on how fathers' involvement can be incorporated into maternity services.

II. Health workers should create conducive environment for fathers to be involved in spousal care during the maternity period

III. Implementation of policies that enhance fathers' involvement by the hospitals management and the government.

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