EXTENDED ABSTRACT

This study examines men's role in maternal health care and the implications of this for pregnancy outcomes.

Male involvement in maternal health is a complex process of social and behavioural change that is needed for men to play more responsible roles in maternal health care. It implies the need to change men's attitude and behaviour towards women's health, make them more supportive of women using health care services and sharing childrearing roles (Helzner, 1998). The participation of men in maternal health care leads to a better understanding between husband and wife, it reduces the number of unwanted pregnancies and the unmet need for family planning (Drennan, 1998).

The involvement of men in maternal health was adopted at the ICPD (International Conference for Population Development) held in Cairo in, 1994. It was agreed at the conference, that including men in maternal health service programmes could contribute to more equitable relations between partners and improved communication regarding pregnancy outcomes. This is because men play a key role in bringing about gender equality, since in most societies, men exercise preponderant power in nearly every sphere of life. Male involvement will help to improve communication between men and women on issues of sexuality and reproductive health, and the understanding of their joint responsibilities, so that men and women are equal partners in public and private life (Kinanee, and Ezekiel-Hart, 2009).

Improving maternal health is one of the eight Millennium Development Goals (MDGs) adopted by the international community at the United Nations Millennium Summit in 20002. In MDG5, countries committed themselves to reducing the maternal mortality ratio by three quarters between 1990 and 2015. However, between 1990 and 2005, the maternal mortality ratio declined by only

5%. Achieving MDG5 requires accelerating progress in promoting maternal health in developing countries (Fabamwo and Okonofiia, 2010).

Men are grossly marginalized in maternal health programmes in Nigeria and other parts of the world, they are seen as obstacles and not as a remedy to the survival of pregnant women. Men are often less involved in their partners' health care during pregnancy, sometimes as a result of socio-cultural and religious beliefs, patriarchy (the dominance of women by men), financial constraints (poverty), and lack of information about maternal health care. The inactiveness of men in maternal health care, is also as a result of ignorance and negligence of their roles as reproductive partners.

In Nigeria, most health-related policies do not specifically refer to male involvement and fail to offer suggestions on how to involve men in programmes implementation. Invariably, pregnancy and childbirth continued to be viewed as solely a woman's affairs, because it is assumed that men have no special interest in such matters. As a result, most routine hospital programmes for pregnant women excludes men. However, the tacit exclusion of men is a major obstacle to maternal mortality reduction in the country, given the considerable authority and power vested on men as decision makers in the family. The implications of such exclusion, in a male dominated society like Nigeria, is that activities that influence successful pregnancy outcomes are taken for granted and are often neglected by men ultimately resulting in high maternal and infant mortality rate in the country.

The need for this study arises from the fact that Nigeria has the second highest maternal death rate in the world, 59,000 Nigerian women die every year from pregnancy complications. The Lagos State Ministry of Health also estimated that in 2009, maternal mortality and morbidity ratio of Lagos state was 650/100,000 live births (Fabanwo, and Okonofua, 2010). This ratio is alarming and unacceptably high. The need for this study also arises from the fact that only very few literatures exist on the subject matter in the study area.

The population of Lagos State is projected at 15 million spread over 20 local government areas. Through simple random sampling three local government areas representing urban, semi-urban and rural local government areas were selected. Main subjects are married men and women between ages 15-49 years who have given birth to at least one child in the last give years.

600 samples of married men and women were eventually selected through stratified sampling. The questionnaires were administered to married men and women per household, as stipulated in the sampling procedure.

Data was also collected through Focus group discussion (FGD), in a qualitative survey. FGD was conducted for men who accompanied their partner for antenatal care, and pregnant women during a routine antenatal check-up, at the general hospitals.

The FGD comprises of groups of pregnant women and groups of men, and it was conducted at the general hospital during antenatal attendance . Men who accompanied their wife's to the clinic for antenatal and child delivery formed our FGD respondents.

Also a large percentage of men reported that their wives went for antenatal care, at the government/private hospital, faith clinic and traditional birth attendants TBA. However, a large majority of the women claimed their husbands do not accompany them for antenatal care, due to so many reasons like `not necessary to do so', `busy workload', `men are not needed there, `financial constraint', facility too far from home etc. as reasons why they failed to accompany their spouse to the facility for ANC and delivery. Some of the reasons the men gave, on why the did not enter the labour _room with the spouse was, `I was not allowed to enter the labour room', `I was afraid to enter', `I was not around' I cannot stand the shock etc.

The result of the study revealed that majority of the men provided assistance to their wives during pregnancy. Over half of the men reported assisting their wives

in domestic work. Even though they assisted their wives in domestic chores, the assistance rendered was rfot enough according to the women.

Another key aspect of the study is that it sheds light on the association between decision-making about place of delivery, (1) the choice of place of delivery, and (2) the type of assistance sought during delivery. The study discovered that pregnancy was more likely to be successful when husband and wife jointly decide the choice of place of delivery and are both actively involved in decision making on the type of assistance to seek during delivery. It is also believed that men who have knowledge of maternal health care, are likely to know the early symptoms of pregnancy complications and are more likely to seek treatment from qualified medical personnel.

Investigations from this study revealed that men are yet to undertake the level of responsibility necessary for successful pregnancy outcomes. Men's involvement in maternal health care is hindered as a result of inadequacies such as poverty, illiteracy, poor medical facilities and low status of women.