











Enhancing Maternal Health Through Male Partner Participation in Pre- and Post-Natal Care: Evidence from Ibadan North LGA, Oyo State, Nigeria

Executive Summary

This study explored male partners' involvement in pre- and post-natal care among recently pregnant women in Ibadan-North Local Government Area, Oyo State, using a mixed-method approach that combined data from 422 respondents with insights from interviews and focus group discussions. The study accessed the nature, extent and sociocultural influence of male partner's participation. Findings showed that men were largely involved through financial, emotional, and spiritual support, while active participation in caregiving and clinic attendance was minimal. Key barriers included work-related demands, cultural norms, and restrictive hospital policies.

Key Messages

- Majority of male partners actively provided financial, emotional, and spiritual support, but direct involvement in caregiving, clinic visits, and household tasks remained minimal.
- Actual participation levels in maternal health were constrained by cultural norms and structural barriers.
- Work demands, sociocultural expectations, and restrictive hospital policies were major determinants of men's limited participation in antenatal and postnatal activities.
- Strengthening awareness programs that encourage spousal inclusion can reshape cultural perceptions and encourage shared parental responsibility in maternal health.

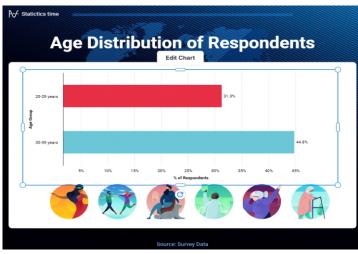


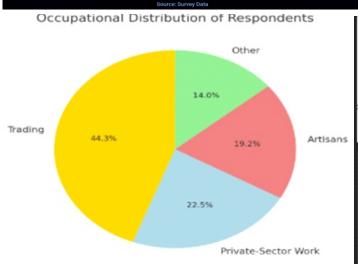
Introduction

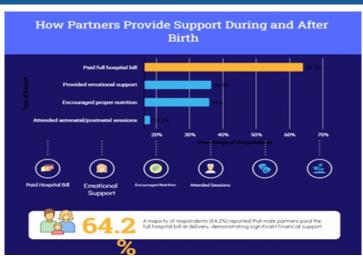
Maternal and newborn health outcomes in Nigeria remain a major public health challenge. Despite government and international interventions, maternal mortality persists due to inadequate male engagement in reproductive and maternal health. Male involvement has been shown to improve maternal care utilization, emotional support, and compliance with postnatal care schedules. This policy brief draws evidence from Ibadan North LGA, Oyo State, to recommend strategies that strengthen male engagement as partners, caregivers, and advocates for improved maternal and child health.

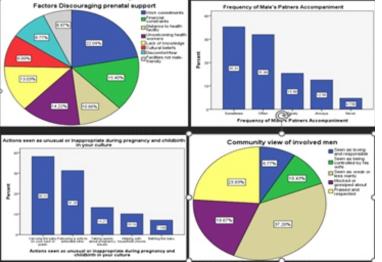
Methodology

The study employed a descriptive cross-sectional design conducted among recently pregnant women, their male partners, and healthcare providers in Ibadan North LGA, Oyo State. A multi-stage sampling technique was used to select 422 respondents from selected wards and communities within the LGA. Data were collected through a structured, interviewer-administered questionnaire, complemented by focus group discussions and in-depth interviews to capture qualitative insights. The instruments assessed participants' socio-demographic characteristics, levels of male involvement, and factors influencing participation in pre- and post-natal care. Quantitative data were analyzed using IBM SPSS version 25, employing descriptive statistics, Chi-square, and McNemar's tests to determine associations and paired differences between related variables, while qualitative responses were thematically analyzed to identify key patterns and contextual factors.









Policy Implications and Recommendations:

- Promoting Male Involvement: Conduct continuous public awareness campaigns highlighting the importance of men's participation in pre and postnatal care
- 2. Engaging Communities and Families: Implement community-based programs that educate husbands, family members, and traditional leaders on their supportive roles.
- 3. Addressing Sociocultural Barriers:
 Collaborate with religious and community
 leaders to challenge norms that restrict men's
 involvement in maternal health.
- 4. Improving Health Facility Access and Training: Review and reform hospital protocols to allow and encourage male partners access.
- 5. Supporting Work–Life Balance for Fathers: Advocate for paternity leave and flexible work schedules for expectant fathers.

Conclusion

The study revealed that most male partners were actively involved through financial, emotional, and spiritual support, while direct participation in caregiving, clinic visits, and domestic assistance was limited. Although both men and women expressed positive attitudes toward male involvement in maternal care, actual engagement remained low due to structural and cultural barriers. Work commitments, traditional gender norms, and restrictive health facility policies were major factors influencing men's participation in antenatal and postnatal activities. Government and non-governmental organizations should implement community sensitization and health facility reforms to promote gender-inclusive maternal care and shared parental responsibility for improved outcomes.

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Citation: