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*Research Article*

# **Spousal Support Practices Among Women Attending Antenatal Clinic at Adeoyo Maternity Teaching Hospital, Ibadan, Oyo State, Southwest, Nigeria.**

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## **ABSTRACT**

Spousal role in maternal health is frequently ignored by health programs in emerging countries. This study examined the level of spousal support for good pregnancy outcome among women attending antenatal clinic at Adeoyo Maternity Teaching Hospital, Ibadan, Oyo State, Nigeria. This study was conducted among 398 pregnant women attending antenatal clinic at the study location. Semi-structured questionnaire was used for data collection. The data were analyzed using descriptive statistics. The mean age of respondents was  $30 \pm 5.6$  years. 55.5% were Muslims while 44.5% were Christians. Less than half (47.5%) of the respondents had tertiary education. 50.8% of the respondents' stated that their spouse encouraged them to register at the hospital; and almost all (97%) of the respondents indicated that their spouse supported their antenatal care attendance. Moreover, 63.1% of the respondents stated that their husbands did not accompany them to antenatal classes which was as a result of their work. More than half (52.8%) of the respondents indicated that their husbands accompanied them for ultrasound scan and 91.0% of the respondents stated that their husbands' saved money towards their delivery in case of emergency and referral. From the cross-tabulation analysis, findings showed that there was a significant relationship between spouse's age ( $\chi^2 = 257.871$ ,  $p = .000 < 0.05$ ) and educational level ( $\chi^2 = 89.297$ ,  $p = .000 < 0.05$ ) with spousal support practices. Overall, findings displayed that 69.3% of the respondents had good spousal support practices whereas 30.7% had fair spousal support practices. In conclusion, the study revealed that level of spousal support practices among pregnant women in the study location was high.

**Keywords:** *Spousal Support, Pregnant Women, Pregnancy Outcome*

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## **INTRODUCTION**

Spousal support during pregnancy and delivery makes the women to be able to endure pressures and hardships related to pregnancy and child delivery and has create positive impacts on women's understanding (Soltani et al., 2017). In most African countries, pregnancy and child delivery has been exclusively regarded as women's affairs and issues related to maternal health have been seen and solved as a morally feminine problem. Men in general do not accompany their expectant wives for antenatal care visits, nor are they permitted to be present in the labor room when the baby is born. (Iliyasu et al., 2010). In Africa, spousal role in maternity care is frequently disregarded by health programs and this is an under-explored area of study despite their financial supremacy and management authority (Lewis et al.,

2015). Due to the way pregnant women are treated, most of their spouses do not provide general care and support physically, emotionally and socio-economically for their pregnant wives (Haobijam et al., 2010). It has been discovered that spouse that knows the risk attached to pregnancy will act fast to ensure that the lives of their pregnant women are secured (Craymah et al., 2017; Jungari & Paswan, 2019). However, studies have revealed that prenatal spouse support is a key element in improving mother and baby's health, reducing infant and maternal death rate from complications related to abortion, post-partum haemorrhage and pregnancy induced hypertension (Sokoya et al., 2014). From pregnant women's view, they frequently want their spouse to be present during labour. It was revealed that presence of the spouse during child labour will improve both partners' relationship following their shared experiences during delivery

(Mirossalawet et al., 2007). Therefore, this study examined the level of spousal support obtained by pregnant women for good pregnancy outcome among women attending antenatal clinic at Adeoyo Maternity Teaching Hospital, Ibadan, Oyo State, Nigeria.

## MATERIALS AND METHODS

**Study design:** The study was a descriptive cross-sectional study design.

**Study Location:** This study was conducted at Adeoyo maternity teaching hospital, Yemetu, 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 (Falola *et al.*, 2018). It is the most populous city in Oyo State in Nigeria and also the third largest city in population in Nigeria (Falola *et al.*, 2018). This city is about 119 kilometers south of Lagos, Nigeria, in the southeastern section of Oyo State. (74miles) northeast of Lagos, 530 kilometers(330miles) southwest of Abuja, the federal capital, and 120 kilometres (75miles) east of the Republic of Benin's international boundary with Nigeria (World66.com).

**Data Collection Methods and Procedures:** The management in charge of the hospital's ante-natal clinic gave their written consent. For this study, pregnant women in their second and third trimesters were chosen from the ante-natal clinic. 422 pregnant women were chosen by random sampling after giving their agreement to participate in the study and ensuring their confidentiality. The respondents' responses were incomplete so 398 questionnaires were used in this investigation. The questionnaire was initially verified in a pilot study with 30 people chosen from a list provided by the hospital. Validation is used to check that respondents comprehend the question's content and that the items adequately describe the construct. A questionnaire was utilized to collect data after the validity test. The ante-natal clinic was visited on ante-natal days in order to meet the respondents for the aim of sufficient data collection. The questionnaire used was divided into two sections; demographic factors and level of spousal support. Three hundred and ninety-eight (398) respondents were chosen for this study using a simple random sampling technique. To obtain sufficient information from the respondents, a semi-structured questionnaire was used.

**Statistical Analysis:** The software used was SPSS version 20 (Statistical Package for Social Science).The data was analyzed using descriptive statistics such as frequency and percentage.

**Ethical Approval:** The participants signed a written informed consent form. The ministry of health, Oyo State, Nigeria granted ethics approval for this study.

## RESULTS

**Socio-demographic factors of respondents (n=398):** The descriptive statistics of socio-demographic factors of respondents were displayed in Table 1. The mean age of

respondents was  $30.1 \pm 5.6$  years. According to the findings, more than half of the respondents (55.5%) were Muslims, while 44.5% were Christians. Larger percentage (90.7%) of the respondents were married while 9.3% were cohabiting. Based on education, most (47.5%) of the respondents had tertiary education, 43.2% had secondary education while 8.5% had primary education. Majority (62.3%) of the respondents were business women, followed by civil servant (21.6%) while 11.8% were artisan. Furthermore, 85.9% of the respondents stated that their family structure was monogamy while 14.1% were polygamy. More than half (53.0%) of the respondents specified that their pregnancy was multiparous while 47.0% stated that their pregnancy was primiparous. Most (66.4%) of the respondents stated that they registered in their second trimester while 16.8% specified that they registered in their first and third trimesters respectively.

**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 <math>\pm</math> std.</b>	<b>30.1 <math>\pm</math> 5.6</b>	
<b>Religion</b>		
Christianity	177	44.5
Muslim	221	55.5
<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>Family structure</b>		
Monogamy	342	85.9
Polygamy	56	14.1
<b>Number of pregnancy</b>		
Primiparous	187	47.0
Multiparous	211	53.0
<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

**Table 2:**  
Spousal support practices among pregnant women (n=398)

	<b>Variables</b>	<b>Frequency</b>	<b>Percentage</b>
<b>Spouse encouraged to register</b>	Yes	202	50.8
	No	196	49.2
<b>Husband's supported antenatal care attendance</b>	Yes	386	97.0
	No	12	3.0
<b>Reason for coming to antenatal clinic at this time</b>	Because I am feeling weak and dizzy	4	1.0
	To avoid complications and lodge complaint to the Doctor	78	19.6
	Convenient time	15	3.8
	Due to financial issue	8	2.0
	For proper and adequate medical care for me and my unborn child	293	73.6
<b>Husband accompanied you to antenatal classes</b>	Yes	147	36.9
	No	251	63.1
<b>If no, reasons</b>	Due to nature of work	184	46.2
	Against his custom	1	0.3
	He is shy	13	3.2
	I can take care of myself	49	12.3
	He takes our child to school	1	0.3
	Not responsible/married	3	0.8
<b>Husband gave money for antenatal clinic</b>	Yes	370	93.0
	No	28	7.0
<b>Husband accompanied you for ultrasound scan</b>	Yes	210	52.8
	No	188	47.2
<b>If no, reasons</b>	Against his custom and shy	3	0.8
	Due to nature of work	163	40.9
	I can take care of myself	18	4.5
	Not married/responsible	3	0.8
	No complication	1	0.2
<b>Husband's willingness to attend training classes on spousal support</b>	Yes	343	86.2
	No	55	13.8
<b>If no, reason</b>	Due to nature of work	44	11.0
	He is stubborn and not responsible	2	0.5
	He might not see it has something necessary	8	2.0
	Against his custom	1	0.3
<b>Husband arranged means of communication in case of emergencies</b>	Yes	375	94.2
	No	23	5.8
<b>Husband saved money towards delivery in case of emergency and referral</b>	Yes	362	91.0
	No	36	9.0
<b>Assist in fetching of water</b>	Yes	314	78.9
	No	84	21.1
<b>Render assistance in washing of clothes</b>	Yes	215	54.0
	No	183	46.0
<b>Assist in sweeping the floor</b>	Yes	229	57.5
	No	169	42.5
<b>Assist in the kitchen to prepare food</b>	Yes	238	59.8
	No	160	40.2
<b>Help in buying to foodstuffs and baby's choices in the market</b>	Yes	276	69.3
	No	122	30.7
<b>Help to get an house maid to take care of the home</b>	Yes	70	17.6
	No	328	82.4
<b>Level of spousal support for good pregnancy outcome</b>	Good	276	69.3
	Fair	122	30.7

**Spousal support practices among pregnant women:** Table 2 presented the descriptive statistics of level of spousal support received by pregnant women. Around Half (50.8%) of the respondents indicated that their husbands encouraged them to register at the hospital whereas 49.2% indicated that their husbands did not encouraged them to register.

The vast majority (97%) of the respondents specified that their husbands supported their antenatal care attendance. Furthermore, result showed that 73.6% of the respondents visited antenatal clinic for proper and adequate medical care for themselves and their unborn child, 19.6% visited antenatal clinic to avoid complications and lodge complaint to the

Doctor while 1.0% of the respondents visited the clinic due to their state of health (weak and dizzy). Moreover, 63.1% of the respondents stated that their husbands did not accompany them to antenatal classes.

On the other hand, out of the numbers that specified that their husbands did not accompanied them, the reason stated by the respondents included due to their nature of work (46.2%), their husbands believed respondents can take care of themselves (12.3%), whereas 0.3% of them stated that it was against their husbands' custom and their husbands takes their child to school. Likewise, 93% of the respondents specified that their husbands would accompany them to antenatal classes if they requested. More than half (52.8%) of the respondents indicated that their husbands accompanied them for ultrasound scan while 47.2% stated that their husbands did not accompanied them for ultrasound scan. The major reason most respondents gave was that due to the nature of work of their spouses (40.9%).

Moreover, results showed that 86.2% of the respondents stated that their husbands would be willing to attend training classes on spousal support. However, out of 13.8% who stated that their husbands would not be willing to attend such classes, 11.0% of them specified that the reason was due to their husbands' nature of work. Result further showed that 94.2% of the respondents indicated that their husbands arranged means of communication in case of emergencies and 91.0% of the respondents stated that their husbands' saved money towards their delivery in case of emergency and referral. In addition, result indicated that 88% of the respondents 'had good spousal support practices whereas 12% had fair spousal support practices.

**Relationship between demographic factors of the husbands and spousal support practices:** Table 3 presented the cross-tabulation analysis showing relationship of demographic factors of respondents' husbands and spousal support practices. From the analysis, result showed that there was a significant relationship between spouse's age ( $\chi^2 = 257.871$ ,  $p = .000 < 0.05$ ) and educational level ( $\chi^2 = 89.297$ ,  $p = .000 < 0.05$ ) with spousal support practices. The results further showed that the higher the spouse's age, the lesser the spousal support practices rendered to their wives during pregnancy. Spouses whose ages fell between 41-50 years showed that 78% of them did not practice spousal

support. Similarly, result showed that 2.3% of spouses who were above 50 years of age did not render any spousal support. Moreover, it was discovered from the analysis that out of 66.4% of respondents' spouses that had tertiary education, 35.7% rendered spousal support to their wives during pregnancy while 30.7% did not rendered spousal support to their wives during pregnancy.

**DISCUSSION**

From the findings of the study, it was discovered that the mean age of pregnant women was  $30 \pm 5.6$  years. The findings were consistent with a research that found that 78.3 percent of respondents were between the ages of 25 and 34. (Judith *et al.*, 2013). This signified that respondents were in their active age of child bearing. Finding showed that most (56.5%) of the respondents were Muslims while 43.5% were Christians. This indicated that respondents interviewed were from both religions. It was discovered from the findings that 90.7% of the respondents were married. This finding was comparable to findings of Judith *et al* (2013) and Ekabua *et al.* (2011) who indicated that 93% and 78.9% of the respondents were married. Moreover, 48% of the respondents had tertiary education while 43.3% had secondary education. This corroborated with Judith *et al.* (2013) findings who stated that 84% of the respondents had tertiary education. According to the study of Naik *et al.* (2016), it was reported that respondents had low educational level which was significantly related with pitiable pregnancy outcome. In regards to occupation of respondents, 62.3% of the respondents were business women, 21.6% were civil servants while 0.3% were Corps members. This slightly opposed the findings of study which indicated that 38.3% were public servants, 33.3% of the respondents were self-employed and 28.4% were unemployed (Judith *et al.*, 2013). Findings revealed that respondents were empowered and have a stable source of income which signified that they also contributed positively concerning the general socioeconomic position of their household. Additionally, 53% of the respondents specified that their pregnancy was multiparous while 47% of them indicated that their pregnancy was primiparous. This was in accord with studies who indicated that mothers had multiple pregnancies (Sedigheh *et al.*, (2015); Arisukwu, 2020).

**Table 3.**

Cross-tabulation analysis showing relationship between demographic factors of respondents' husbands and spousal support practices

	Demographic factors of spouse	Spousal support practices		Total	$\chi^2$	df	P value
		Yes Freq.(%)	No Freq. (%)				
Spouse's age (years)	20-30	76(19.1)	0(0.0)	76	257.871	3	.000*
	31-40	200(50.3)	35(8.8)	235			
	41-50	0(0.0)	78(19.6)	78			
	Above 50	0(0.0)	9(2.3)	9			
Spouse's educational level	No formal education	3(0.8)	0(0.0)	3	89.297	3	.000*
	Primary education	6(1.5)	0(0.0)	6			
	Secondary education	125(31.4)	0(0.0)	125			
	Tertiary education	142(35.7)	122(30.7)	264			

Note: \*Sig <0.05

Based on the level of spousal support for good pregnancy outcome, 50.8% of the respondents stated that they were encouraged to register at the hospital by their husbands and 49.2% were not encouraged by their husbands to register. The finding of this study was in agreement with the study of Falade-Fatila and Adebayo, (2020) who indicated that 86.6% of their husbands reminded them to go for their clinic visits when they were pregnant. On the other hand, prior studies indicated that men did not remind their wives of their antenatal clinic visits and this agreed with the findings of earlier studies (Olusegun-Bello, (2013); Falade-Fatila and Adebayo, (2020)). It was gathered from the study that 97% of the respondents indicated that their husbands supported their antenatal care attendance. Findings from this study also revealed that 73.6% of the respondents visited antenatal clinic for proper and adequate medical care for themselves and their unborn child, 19.6% visited antenatal clinic to avoid complications and to lodge complaint to the Doctor whereas 1.0% of the respondents visited due to their state of health (feeling weak and dizzy). Results further showed that 63.1% of the respondents indicated that their husbands' did not accompany them to antenatal classes. The major reason was due to the nature of their husbands' work (46.2%). This finding agreed with the outcome of a study who reported that 60% of the respondents did not see their spouses during their stay at the hospital (Sermin & Yildiz, (2018)). The finding of the study corroborated with several studies who reported that men were not in support of accompanying their wives for antenatal routine care ((Olusegun-Bello, (2013); Markant, (2005); Kadam & Payghan, (2013); Mullick *et al.*, (2005); Sadhana *et al.*, (2008)).

On the other hand, another study by Arisukwu, (2020) revealed that spousal support involved support given to a woman during pregnancy in areas like antenatal visits, house chores, sex, etc. and some of the respondents stated that their husbands accompanied them to the clinic during antenatal visits. Additionally, a study indicated that 20% of their spouses accompanied them to antenatal as well as postnatal clinics whereas 80.4% did not accompany their wives for antenatal clinic (Falade-Fatila and Adebayo, 2020). Moreover, 93% of them specified that their husbands gave them money to antenatal clinic. However, husbands might find it difficult to accompany their wives for antenatal care because of long hours of waiting which might affect their work.

Result indicated that 53% of the respondents specified that their husbands accompany them for ultrasound scan while 47.2% stated that their husbands did not accompany them for ultrasound scan due to his busy schedule at work. The findings of this study was quite similar with the study who reported that 98.1% of the men provided money for their pregnant wives for investigations like ultrasound scan (Falade-Fatila and Adebayo, 2020). Few researchers have perceived that even though the desire of most spouses was to be vigorously engaged in the antenatal and intrapartum periods, but they were restricted by some factors like approaches concerning involvement, marital bond qualities, work issues, support level of information, parental relationship and different perceptions concerning spousal support during pregnancy (Arisukwu, 2020). Furthermore, job demand was the major factor that affected male involvement during their wives

pregnancy as quoted by (Falade-Fatila and Adebayo, 2020). This was because majority of the men were the bread winner and they concentrated more on their work in order to provide money for their wives during this period.

Besides, results revealed that 86.2% of the respondents specified that their husbands would be willing to attend training classes on spousal support while 13.8% stated that their husbands would not be willing to attend such training classes due to their husbands' nature of work. Earlier scholar has indicated that for the past two decades, male partners have commenced to take part in delivery as a result of improved amount of prenatal training classes (Ayla and Resmiye, 2014). The study further showed that 94.2% of the respondents specified that in the event of an emergency, their husbands used to set up ways of communication for them and 91.0% of the women said their husbands put money aside for their delivery in case of an emergency or referral. The results agreed with verdicts which revealed that 79.6% of husbands set up methods of communication for their wives in case of an emergency, 91.6% of their husbands set aside money for their delivery and referral and 62.1% of their husbands arranged transportation to take their wives to the clinic (Falade-Fatila and Adebayo, 2020).

The study revealed that 87.9% of the respondents had good level of spousal support for good pregnancy outcome while 12.1% had fair level of spousal support for good pregnancy outcome. The study further revealed that some spouses accompanied their wives to prenatal appointments. These facts support the assertion that men have an important role to play in protecting women's health during pregnancy. (Narang and Singhal, 2013).

The cross-tabulation analysis showing relationship of demographic factors of respondents' husbands and spousal support practices. From the analysis, findings showed that there was a significant relationship between spouse's age ( $\chi^2 = 257.871$ ,  $p = .000 < 0.05$ ) and educational level ( $\chi^2 = 89.297$ ,  $p = .000 < 0.05$ ) with spousal support practices.

In conclusion, the findings of the study revealed that good spousal support practices in the study location was high. It was also revealed that spousal educational level and age had significant relationship with spousal support practices. However, pregnant women were of the opinion that their spouses needed to be taught on how to render assistance to them during pregnancy. In addition, spouse should give all the necessary supports needed to their wives during pregnancy, labour and after delivery. It was recommended that there should be sensitization and awareness on social media like Facebook, Television, Instagram, etc. on the significance of spousal support to pregnant women.

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