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# Factors Influencing Husband's Involvement in Birth Preparedness and Complication Readiness among Women Attending Ante-Natal Clinic in General Hospital Alloma, Ofu Local Government Area, Kogi State

Abiodun Samuel, OLOWOLAFE<sup>1</sup>, Yahaya Munirat, ELEOJO<sup>2</sup>, Oluwatoyin Temitope, OLADOYINBO<sup>3</sup>, Shafiu Adewole, ADEMOLA<sup>4</sup>, Laruba Asmau, ABDULLAHI<sup>5</sup>, Esther O. Kalesanwo<sup>6</sup>

<sup>1</sup>Faculty of Health Science, Department of Nursing, National Open University of Nigeria (NOUN)
EMAIL: olowolafe.as@gmail.com, PHONE NO: +2347030828536
<sup>2</sup>United Evangelical Church College of Nursing, Ochadamu. Ofu LGA, Kogi State
EMAIL: muneeratbashir42@gmail.com, PHONE NO: +2349055537280
<sup>3</sup>College of Nursing Sciences, Sacred Heart Hospital, Lantoro, Abeokuta, Ogun State.
EMAIL: oluwatoyinoladoyinbo5@gmail.com, PHONE NO: +2348062463284
<sup>4</sup>Faculty of Health Science & school, College of Health Science, Department of Nursing Science, Crescent University Abeokuta, Ogun State.
EMAIL: shafiade2010@gmail.com, PHONE NO: +2347056513096
<sup>6</sup>Facaulty of Health Science, Department of Public Health, National Open University of Nigeria (NOUN)
EMAIL: larubaasmauharuna@gmail.com, PHONE NO: +2348068309797
Department of Nursing, Babcock University, Ilishan-Remo, Ogun State
EMAIL: kalesanwoestheroluwafunmilayo@gmail.com, PHONE NO: +2348131049269

# ABSTRACT

This research project investigates the factors influencing husbands' involvement in birth preparedness and complication readiness among women attending antenatal clinics in general hospital Alloma, Ofu L.G.A. The objectives of the study were to assess the knowledge of women towards husband's Involvement in birth preparedness and complication readiness, to assess the attitude of women towards husbands' involvement in birth preparedness and complications readiness among women attending antenatal clinic, to also identify factors influencing husbands' involvement in birth preparedness and complications readiness among women attending antenatal clinic. The research design that was adopted for the study was descriptive cross section survey design. The exponential non- descriptive snowball sampling ( also known as referral) technique was used for the study. According to Babbie (1986) survey research is used for descriptive exploratory purposes. Results were presented in tables, frequencies, mean and standard deviations. Findings revealed that majority of the husband's 70(40%). Were knowledgeable on birth preparedness and complication readiness. It highlights the significance of involving husbands in maternal health care and explores various factors that influence their participation. These factors include socio-cultural norms, knowledge and awareness, effective communication and spousal support, accessibility to antenatal care services, economic factors, and gender empowerment. The study emphasizes the need to address these factors to promote husband involvement and ensures healthy pregnancies and childbirths. Recommendations include implementing interventions and programs that enhance knowledge, communication, accessibility, and gender empowerment to encourage husbands' active engagement in birth preparedness and complication readiness.

# Background to the Study

Globally, an approximately 303,000 women died during pregnancy and childbirth related complications. Most of all these maternal deaths occur in developing countries and the key strategy that can reduce the number of women dying from such pregnancy and childbirth related conditions is birth-preparedness plan and complication readiness. Birth preparedness plan and complication readiness is a strategy that promotes pregnant women, their families, and communities to effectively plan for normal births and compact with emergencies, if they occur. The birth plan is a very important strategy in developing countries, where obstetric are poor and thus contribute significantly in maternal and neonatal morbidity and mortality (Comrie-Thomson, et al., 2015).

In 2005, Birth Preparedness and Complication Readiness was included in the World Health Organization antenatal care package, which highlighted many components such as deciding on desired place of birth; preferred birth attendant; location of nearest facility for birth and in case of complications: funds for expenses related to birth and/or complications; supplies necessary to bring to the facility; an recognized labour and birth companion; an identified

assistant to look after home and other children while the woman is away; transport to a health facility for birth or when complications arise; identification of compatible blood donors for blood transfusion when needed (Bhutta 2018).

Male involvement in birth preparedness plan and complication readiness refers to all care and support that men give to their wives who are pregnant or experiencing the outcome of pregnancy in order to avoid death or disability from complications of pregnancy and child birth (WHO, 2019). Attendance of husband at antenatal clinic is rare in many communities and it is difficult to find men accompanying with their partners during Antenatal Care (ANC) and delivery. Male involvement enables men to support their spouses to utilize obstetric services and couple would adequately prepare for birth complications. This would lead to a reduction in all three phases of delay: delay in decision to seek care; delay in reaching care; and delay in receiving care. The male partner can play a crucial role especially in the first and second phases of delay in developing countries which ultimately have positive impact on impact birth outcomes. Husbands should support their wives during childbirth to improve their emotional status (Delew, et al., 2016).

In many developing countries men are the key decision makers and chief providers, often determining women's access to economic resources. This practice has implications for maternal health as it determines the nutritional status of women during pregnancy (Rahman, 2015). A woman in developing countries are either under collective decision making with their partners or completely depends on male partner's decision on issues of reproductive period. Participation of men in reproductive health leads to better understanding between husband and wife, it reduces not only unwanted pregnancies but also reduces maternal and child mortality in connection with pregnancy and labor by being prepared in obstetric emergencies. Husband's support for women during pregnancy, which is a critical time for them have not yet been promoted effectively in Nepal. Existing Nepalese literature's document a little information about husband participation in pregnancy care. Husband's involvement in such context plays an important role (Ekabua, et al., 2019).

In order to make the male involvement woman in developing countries are either under collective decision making with their partners or completely depends on male partner's decision on issues of reproductive period. Participation of men in reproductive health leads to better understanding between husband and wife, it reduces not only unwanted pregnancies but also reduces maternal and child mortality in connection with pregnancy and labor by being prepared in obstetric emergencies. Husband's support for women during pregnancy, which is a critical time for them have not yet been promoted effectively in Nepal. Existing Nepalese literatures document a little information about husband participation in pregnancy care (Kululanga, et al., 2017).

Husband's involvement in such context plays an important role. In order to make the male involvement in birth preparedness plan and complication readiness, it is crucial to first identify the causes and underlying factors of their involvement in birth preparedness and complication readiness. Although there has been a burgeoning literature on various aspects of maternal and child health, there have been very few studies carried out to investigate the factors associated with involvement of male/husband in birth preparedness and complication readiness in developing country. Thus this study aims to provide fundamental data to stakeholders and program managers necessary for intervention which will ultimately improve the husband involvement in birth preparedness plan and complication readiness among women attending antenatal clinic (WHO 2019).

Moreover, regular antenatal care is important to identify women who are at risk of adverse pregnancy outcomes, to ensure birth planning, and to establish good relationship between the women and their health providers. Generally, most intrapartum complications cannot be reliably predicted or prevented, though most of them can be successfully treated by prompt diagnosis and Care. Consequently, the role of timely, efficient and appropriate health services cannot be underestimated. Nevertheless, facility delivery rates in Sub- Saharan Africa are still some of the lowest in the world (WHO, 2018). Therefore, this study is designed to assess the factors influencing husbands' involvement in birth preparedness and complications readiness among women attending antenatal clinic in General Hospital, Alloma Ofu Local Government, Kogi State.

# Statement of the problem

In Sub -Saharan Africa, pregnancy and childbirth continues to be viewed as solely women's issues (JHIPIEGO, 2018). A male companion at antenatal care is rare in many rural communities, it is uncommon to find male companion accompanying a woman to the labor room during delivery (Mukhopadhyay, et al., 2015), posture of men towards BP/CR depicts lack of knowledge of their role in pregnancy and childbirth. Yet men have social and economic power to have tremendous control of sexual relations and family size. Men influence also determined whether their spouses will utilize available health care services or not (Okusanya, et al., 2016). This makes male partner involvement critical in improvement of maternal health, reduction of material morbidity and mortality. Husband engagement in maternity care seems to be lacking in developing countries especially in rural communities.

In many societies, cultural beliefs and lack of social awareness of the husband involvement in preparation for delivery has resulted in unprepared family to take a lot of time in understanding the problem; to get organize, in getting money, finding transport reaching the appropriate referral facility. Therefore, the delay in decision, in reaching health facility and delay in receiving care can be solved by proper use of birth preparedness and complication readiness plan (Ananche, & Wodajo, 2020). Despite several decades of global health initiatives focused on maternal health, maternal mortality has been proven to be intractable problem. One of the Millennium Development Goal (MDG) indicators for maternal health, the maternal mortality ratio, showed promising signs of a decline in developing countries. However, study showed that about 800 women are dying in condition related to pregnancy and childbirth in every day throughout the world most especially in sub-Saharan Africa (WHO 2019)

Generally, most intrapartum complications cannot be reliably predicted or prevented, though most of them can be successfully treated prompt diagnosis and Care. Consequently, the role of timely, efficient and appropriate health services cannot be underestimated. Nevertheless, facility delivery rates in Sub-Saharan Africa are still some of the lowest in the world (WHO, 2018). Birth preparedness and complications readiness is an issue that concerns man for better outcome of pregnancy and delivery, but it seems to be viewed as only women's responsibility and there is evidence based study that maternal mortality is high in rural area than urban settings especially in developing country like Nigeria (WHO, 2019). Base on the above evidence, it become

necessary to examine factors influencing husbands' involvement in birth preparedness and complications readiness among women attending antenatal clinic in General Hospital.

### Specific objectives

- 1. To assess the Knowledge of women towards husbands' involvement in birth preparedness and complications readiness among women attending antenatal clinic in General Hospital
- 2. To assess the attitude of women towards husbands' involvement in birth preparedness and complications readiness among women attending antenatal clinic
- 3. To identify factors influencing husbands' involvement in birth preparedness and complications readiness among women attending antenatal clinic.

### **Research questions**

- 1. What is the Knowledge of women towards husbands' involvement in birth preparedness and complications readiness among women attending antenatal clinic in General Hospital, Alloma Ofu LGA, Kogi State?
- 2. What are the attitude of women towards husbands' involvement in birth preparedness and complications readiness among women attending antenatal clinic?
- 3. What are the factors influencing husbands' involvement in birth preparedness and complications readiness among women attending antenatal clinic?

#### Significance of the study

The findings from this study will address the main sources of husband's involvement deficiency in birth preparedness and complication readiness among women attending Antenatal Clinic in General, Hospital, Alloma. It also helps expectant mothers and their families to understand what to be expecting during the birth process, and make informed decisions about their care. It can also improve outcomes for both mothers and infants, by reducing the risk of certain complications, such as premature birth, low birth weight, and cesarean delivery.

The knowledge gained from this research work will help nurses to develop more knowledge on factors that will influences husband's involvement in birth preparedness and complication readiness among women attending antenatal clinic in the local government. The findings of this study will help the family, community, health care providers, local, state and the federal government to identify the responsible factors influencing husband's involvement in birth preparedness and complication readiness among women attending antenatal clinic.

This study will also be relevant to the nurses'/midwives practitioners as they will be equipped with the findings from these study, which will enable them adequately prepare husband's to involve in birth preparedness and possibly complications that may arise. Findings from these study can be utilized by nurse administrators who will ensure that the necessary environments are provided that will enable the nurses'/midwives oversee the adoption of birth preparedness and complications readiness.

# Scope of the study

This study was delimited to Women attending antenatal clinic in General Hospital, Alloma Ofu LGA, Kogi State irrespective of religion, age, culture and socio-economic background.

#### Operational definition of the terms

Antenatal Clinic: It is a clinic where series of care are being giving to pregnant woman from the time of conception to the time where termed, healthy and bouncing baby is delivered with the mother and baby.

Birth Preparedness and Complication Readiness: It is an essential component of safe motherhood programs that promote appropriate utilization of skilled maternal and neonatal care.

**Complication readiness: It** is way of advocating for policies that support skilled healthcare, promotes concept of birth preparedness and dispels misconceptions and harmful practices that could prevent birth preparedness

Factors: This is an element that contribute to husbands involvement in birth preparedness and complications readiness among women

General Hospital: It is a building in which a group of health practitioner have offices and where their patients can visit them which is commonly own by government and it is usually a secondary level of care.

Husband Involvement: Involvement can be defined as creating an environment in which a husband participates more in the day-to-day decision-making which leads to a better management of pregnancy and delivery of a baby.

### Methodology

The study adopted a descriptive study non-experimental design to identify the factors influencing husbands involvement in birth preparedness and complications readiness among women attending antenatal clinic in General Hospital, Alloma. A community- based cross-sectional study was conducted in Alloma Region from January 2023 until April 2023, among husbands' towards pregnant women. This region is located in the Eastern Part of Kogi State.

Taro Yammane's formula and snowballing sampling technique was used to select 200 women

A well-constructed self -administered structure questionnaire was developed from the literature review and given to project supervisor for corrections to ensure validity. The questionnaire was divided into four (4) sections. Section A contains five (5) items on demographic data, section B contain eight (8) items on Knowledge of women towards husbands' involvement in birth preparedness and complications readiness among women. Section C contains five (5) items on factors influencing husbands' involvement in birth preparedness and complications readiness among women. Section D contains seven (7) items on factors influencing husbands' involvement in birth preparedness and complications readiness among women. To establish the instrument reliability, test re-test method of reliability was used. Pilot study was done by administering the questionnaires to the respondents which is not part of the study but have similar characteristics at interval of 14 days with compares of their response in each case to be used and the data collected was analyzed using Pearson Product Moment Correlation Statistics with reliability co-efficient. A total of 200 questionnaires was administered to respondents

Ethical approval was obtained from the office of the Secretary General Hospital Alloma. An administrative permission to carry out this study will be obtained from the Local Government and presented to the head of different communities. A written informed consent was obtained from the respondents after the purpose of the study had been clearly explained to their understanding. Participation was voluntary and respondents were free to withdraw from the study at any time and this was properly communicated to them. Tabulation was the concept used for all data collected, Frequency table and percentages. They were further verified using Chi Square as a statistical tool to test the result gotten from frequency and percentage tools. The entire analysis was based on the responses gotten from respondents. This provides the answers to the research questions as placed in chapter one

# Results

Below are the results gotten from the questionnaires distributed. In that, two hundred (200) copies of the questionnaire were distributed among the selected inhabitants of Alloma. At the end of the exercise, one hundred and eighty (180), copies were returned, of which five (5) copies were invalid. That means one hundred and seventy-five (175) copies were used for the analysis and presentation. The rate of return is 98% .The response rate was derived statistically as follows:

Ruturn Copies x100

Distributed Copies

= <u>175 x100</u>

200

= 87.5%

Presentation of Socio-Demographic Attributes of Respondents

# Demographic of the respond Respondents

Table 1 : Gender Representation

Option	Frequency	Percentage %
Male	70	40%
Female	10	60%
Total	175	100

#### Source field survey 2023

The above table shows the respondents by gender. Results show that 70 respondents representing 40% of the distribution are male while 105 respondents representing 60% of the distribution are female.

#### Table2: Designation of Respondents

DESIGNATION	FREQUENCY	PERCENTAGE %
Workers	85	48.6%
Traders	60	34.3%
Farmers	10	5.7%
Students	20	11.4%
TOTAL	175	100

#### Source: field survey 2023

The table above reveals that out of 175 respondents, 85 respondents representing 48.6% are workers at different levels of education, 60 respondents representing 34.3% are traders in different area of specialization, and 10 respondents representing 5.7% of the distribution are students, while 20 respondents represent11.4% of the distribution are farmers. The above tables show that the respondents are Workers majorly.

### Table 3: Age of respondents

OPTION	FREQUENCY	PERCENTAGE %
15-20	5	3%
21-25	20	11%
26-30	30	17%
31-35	70	50%
Above 30< 60	50	29%
TOTAL	175	100

# Source: Survey field 2023

The table above reveals that out of 175 respondents, 5 respondents representing 3% of the distribution are within the age of 15-20, 20 respondents are within the age of 21–25, 30 respondents representing 17% of the distribution are within the age of 26-30, 70 respondents are within the age of 31–35, which represent 50% of the distribution, while 50 respondents are above the age of 30, which represent 29% of the distribution.

From the table above, it is clear that most respondents are within the age bracket of 15-20, and above 30 years but less than 60 years of age.

#### Question

Table 4: What is the knowledge of women towards birth preparedness and complication readiness among women attending antenatal clinic in General Hospital Alloma

OPTION	FREQUENCY	PERCENTAGE %
NO	70	97%
YES	8	3%
TOTAL	175	100

#### Source: field survey, 2023

The table 4 above shows that 170 respondents representing 97% of the distribution are aware that the knowledge of women towards birth preparedness and complication readiness in General Hospital Alloma is very poor. 5 respondents representing 3% of the distribution claim that the knowledge is yes. Table 4 shows that there is a poor readiness at large.

# Table5: What are the attitudes of women towards husband's involvement in birth preparedness and complication readiness among women attending antenatal clinic in General Hospital, Alloma

OPTION	FREQUENCY	PERCENTAGE %
BAD	80	45.71%
FAIR	80	45.71%
GOOD	15	8.57%
TOTAL	175	100

SOURCE: field Survey, 2023



Figure 1 Shows the overall score on attitudes of women toward husbands' involvement in birth preparedness and complication readiness.

The table5 above shows that 80 respondents representing 45.71% of the distribution their husband involvement in birth preparedness and complication readiness. 80 respondents representing 45.71% ascertain fair attitude display. While 15 respondents representing 8.57% of the distribution claim there is a good attitude from women towards their husband involvement. The distribution shows that good number of women have bad attitude on the subject matter and some with fair attitude as shown in table 5 above

attitudes of women towards husband's involvement in birth preparedness and complication readiness

Table 6: what are the factors influencing husband's involvement in birth preparedness and complication readiness among women attending antenatal clinic in General Hospital Alloma

OPTION	FREQUENCY	PERCENTAGE %
knowledge awareness	50	28.57%
Communication and spousal support	65	37.14%
Accessibility to antenatal care	40	22.85%
Economic Factors	10	5.71%
Socio-cultural Factors	10	5.71%
TOTAL	175	100

Source: Field Survey, 2023

The table 6 above shows that 50 respondents representing 28.57% of the distribution that complication is the key reason.

65 respondents representing 37.14% of the distribution ascertain that communication and spousal support. 40 respondents representing 22.85% of the distribution stated that Accessibility of Antenatal care services is the factor. 10 respondents representing 5.71% of the distribution claim that economic factor is the key contributing agent while 10 respondents representing 5.71% of the distribution believe that socio-cultural factors like belief system is the contributing agent.

#### Presentation of Findings According to the Objectives

Based on the data and the research, the researcher tends -3 in chapter one figure 1.5. This is to give credence to the aim of the research .Below are the findings gotten from the distributed questionnaires?

**Research Question1:** What is the knowledge of women towards birth preparedness and complication readiness among women attending antenatal clinic in General Hospital, Alloma?

Going by the response of the respondent extracted from table 4 above, it is clear that many respondents are aware that there is always poor readiness for complication at birth. This is proven via the percentage value of the respondents in table 4 above, which shows 170 respondents representing 97% of the distribution the preparedness and complication readiness among women attending antenatal clinic in General Hospital, Alloma is very poor. 5 respondents representing 3% of the distribution claim that the knowledge is Yes. It means that a good number of the respondents are being affected negatively due to poor readiness in their homes for any complication that may arise.

Distribution the preparedness and complication readiness among women attending antenatal clinic in General Hospital Alloma is very poor. 5 respondents representing 3% of the distribution claim that the knowledge is positive. It means that a good number of the respondents are being affected negatively due to poor readiness in their homes for any complication that may arise.

# Research Question 2: What are the attitudes of women towards husband's involvement in birth preparedness and complication readiness among women attending antenatal clinic in General Hospital Alloma?

Table 5 answers this question. Thus in the table, we saw that the women exhibit the attitude towards their husbands involvement in complication readiness due to some personal reasons. That means there is a need to come to a consensus to finding solutions to it. It shows that 80 respondents representing 45.71% of the distribution claim that the woman have bad attitude towards their husband involvement in birth preparedness and complication readiness. 80 respondents representing 45.71% ascertain fair attitude display. While 15 respondents representing 8.57% of the distribution claim there is a good attitude from women towards their husband involvement. The distribution shows that good number of women have bad attitude on

# Research Question 3: What are the factors influencing husband's involvement in birth preparedness and complication readiness among women attending antenatal clinic in General Hospital Alloma

Table 6 answered this question all the respondents have their opinion as to the factor influencing husband involvement in birth readiness and preparedness at large. Going by the distribution on the table, where 50 respondents representing 28.57% of the distribution claim that knowledge and awareness about the birth complication is the key reason 65 respondents representing 37.14% of the distribution ascertain that communication and spousal support. 40 respondents representing 22.85% of the distributions. Antenatal care services is the factor 10 respondents representing 5.71% of the distribution claimed that economic factor is the key contributing agent while10 respondents representing 5.71% of the distribution believe that socio-cultural factors like belief system is the contributing agent, we can conclude that knowledge and awareness, communication and spousal support are the key factors.

# **Discussion of findings**



Figure 2 Chart Representation of findings in table 6 answering research question3.

From figure 4. 1 above, the researcher pointed out the fact. This is evidenced in the respondent frequency value and also the percentage value of their feeling about the factors influencing husband's involvement in birth preparedness and complication readiness among women attending antenatal clinic in General Hospital, Alloma

# **Summary of Findings**

The study highlighted the significance of socio-cultural factors; knowledge and awareness, effective communication and spousal support, accessibility of antenatal care services, economic factors, and gender empowerment in influencing husband involvement in birth preparedness and complication readiness. These were verified in table 4,5 and 6, where research 1, 2 and 3 were answered respectively. Socio-cultural factors, including gender norms and societal expectations, played a crucial role in determining the level of husband involvement. Knowledge and awareness were found to be essential, knowledge of being more actively engaged in decision-making and making appropriate preparations for childbirth. Effective communication and spousal support were identified as important facilitators of husband involvement enabling participation in the preparation process. The accessibility of antenatal levels of

husband involvement. Economic factors influenced husband involvement with financial ability to contribute or participate actively. Finally, gender empowerment ,including women's empowerment and gender equity, played a vital role in promoting husband's involvement.

### Implication of the findings to nursing and midwifery practice

Birth preparedness and complication readiness is an important factor in reduction of maternal morbidity as well as infant morbidity and mortality. Therefore, there is need to assess the factors influencing birth preparedness and complication readiness among women attending antenatal clinic in the rural communities so that nurses/midwives can channel health education to the appropriate areas during Community outreach programme to reduce morbidity and mortality of both mothers and their neonates/infants.

### Limitation of the finding

The researcher encountered certain difficulties in the course of this research and they include:

(1). The challenging terrain to access the communities examined

(2). Some of the response given by the respondents may have been estimations or even exaggerations. This has also been reported in similar studies.

### Conclusion

The study concludes that husbands' involvement in birth preparedness complex interplay of socio-cultural, knowledge and awareness, communication and support, accessibility of services, economic factors, and gender empowerment. It is evident that husbands have the potential to play a significant role in ensuring safe and healthy pregnancies and childbirth when they are actively engaged in maternal health care. Therefore, efforts should be directed towards addressing the identified factors and promoting husband involvement. However, it is important to note that there are research gaps and limitations in the current understanding of husband involvement. Limited studies conducted in specific geographical areas, lack of standardized measurement tools, and a need for longitudinal studies to assess the long-term impact of husbanding involvement were identified as a areas requiring further research.

# Recommendations

Based on the findings, the following recommendations are put forth to enhance husband involvement in birth preparedness and complication readiness among women attending antenatal clinics:

Community-based interventions: and that raise awareness about the importance of husband involvement in maternal health care. These programs should focus on addressing socio-cultural norms, promoting gender equity and providing information on birth preparedness and potential complications.

Spousal communication; Develop interventions that promote open and supportive communication between spouses. These interventions can include counseling sessions, couple-focused antenatal care, and peer support groups that provide a platform for couples to discuss concerns, share experiences, and jointly make decisions regarding maternal healthcare.

Improving accessibility of antenatal care services: Enhance the accessibility of antenatal care services by improving geographical proximity ,affordability ,and quality of care. This can be achieved through the establishment of more health facilities in remote areas, reducing financial barriers ,and ensuring the availability of skilled health care providers.

Economic empowerment: Implement interventions that enhance the economic empowerment of women, such as vocational training programs and microfinance opportunities. These initiatives can enable women to contribute financially to antenatal care expenses and alleviate financial constraints that may hinder husband involvement.

Standardized measurement tools: Develop standardized measurement tools to assess complication readiness. These tools should capture the multidimensional aspects of husband involvement and enable consistent comparison across studies.

Longitudinal studies: Conduct longitudinal in involvement on maternal.

#### Suggestions for the studies

This study showed that financial constraints was responsible for the gap between factors influencing husband's Involvement among women attending antenatal clinic in the area. There is need to further investigate if similar situations exist in other local government areas, especially those with similar socio-economic status. This will significantly improve the ability of the state government to improve on maternal and child health outcomes through the design of opposite programmes.

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