

Spousal Support during Pregnancy in the Nigerian Rural Context

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Abstract

Background

Pregnancy constitutes a global health concern, thus the need for spousal support during this period cannot be overemphasised. This study examined the kinds of support pregnant women expected and received from their spouse as well as the effect of such supports during pregnancy, labour and delivery.

Methods

The study adopted both quantitative and qualitative methods of data collection. The respondents were selected using multistage and simple random sampling techniques.

Results

Findings showed that respondents expected and received maximum support from their spouses during pregnancy, labour and delivery. Spiritual support such as praying and fasting were top on the kinds of support pregnant women expected and received from their husbands during pregnancy and delivery. Others include, helping in house chores, financial provision, taking care of other children, accompanying to labour room, and sexual support. More than three-quarter of the respondents stated that maximum support from their husbands made pregnancy, labour and delivery easier. Cramer's V showed that the association between support and husbands' occupation was 0.233 and Pearson Chi-square showed that the association was statistically significant $\chi^2(2) = 27.894, p < .001$.

Conclusion

The study concluded that spousal support during pregnancy was high among rural women in South-western Nigeria, and it impacted positively on their wife's period of pregnancy, labour and delivery. The high level of spousal support should be sustained so as to promote family bonding and development.

1. Background

Pregnancy imposes a great deal of physical, psychological and emotional pressure on women. Its outcome is often unpredictable; thus, a pregnant woman requires a lot of support from people around her, especially her husband. Pregnancy is a period of increased vulnerability and both parents are expected to face new challenges during this period[1]. The period of pregnancy could be characterised with several disorders such as depression and anxiety[2]. Death resulting from pregnancy related conditions, otherwise known as maternal mortality is currently a global health concern.

Reports have it that about 295,000 women died as a result of pregnancy and childbirth issues in the year 2017, and majority (94%) of these deaths were from low- and middle-income countries which could have been prevented[3, 4]. [4] report further showed that 86 per cent of maternal deaths were from Sub-Saharan Africa and Southern Asia, and that sub-Saharan Africa alone accounted for two-thirds of

maternal deaths. Nigeria is currently among the 15 countries considered as 'very high alert' or 'high alert' with maternal mortality rates (MMR) between the range 31 and 11580 [5, 4] Nearly 20 per cent of all global maternal deaths occur in Nigeria ([6, 7]). Nigeria's estimated MMR was over 800 per 100 000 in 2015. In fact, it is reported that a Nigerian woman has a 1 in 22 life time risk of dying in pregnancy, childbirth or postpartum/post abortion compared to 1 in 4900 in developed countries [8, 7].

While pregnancy may not be considered a disease, a lot of expectant mothers in Nigeria die from pregnancy related complications yearly. At least, one in every thirteen Nigerian woman dies during pregnancy or childbirth, and this is more prevalent in the rural population, where there are less health facilities[9, 4]. More so because the decisions on the kind of health facilities to consult even during pregnancy mostly rests on the male counterparts, especially husbands [10, 11] The prevailing patriarchal system in rural areas explains this. Currently, 48.8 percent of the population of Nigeria is rural (99,027,063 people in 2020), among whom about 45 per cent are women [12]. Considering the predominance of the patriarchal and polygamous systems that characterise rural communities in Nigeria, it is pertinent to examine the experiences of rural women during pregnancy, labour and delivery.

There is need for adequate support for a woman during pregnancy especially from the spouse. Spousal presence may serve as a pain relief for a woman in labour or during childbirth, and spousal support is necessary, in that spouses are preferred companions for women in labour [2, 13]. Some scholars have observed that although fathers desired to be actively involved in the antenatal and intrapartum periods, they are limited by factors such as levels of informational support, attitudes towards involvement, qualities of marital relationship, relationships with their own parents, as well as the diverse perceptions about spousal support during pregnancy[14]. Spousal support includes but not limited to physical, emotional, psychological, spiritual, and financial supports that a male partner gives to a woman during pregnancy, labour and delivery. It entails support in areas such as house chores, antenatal visits, sex, spiritual and emotional supports.

Previous studies have shown that socio-cultural dynamics may elicit different perceptions about spousal support during pregnancy[15, 16, 17]. For example, while a Fulani woman is expected to suppress pains during pregnancy in order for her to gain entry into the rite of passage [18, 19], a typical Yoruba or Igbo woman is very vocal in the expressions of feelings especially during pregnancy. Hence the Yoruba and Igbo women may anticipate more spousal support during pregnancy than their Fulani counterparts. Also, a male offspring of a polygamous home, may not have a heightened impression about the need to support his wife during pregnancy [14]. Such men may not see reasons why a woman should need special support during pregnancy. He may have the impression that his mother and her co-wives have carried several pregnancies despite little or no support from his father. This may have implications on the health seeking behaviour of the woman, especially as husbands reserve the economic power in decisions about healthcare of a wife. This is often prevalent in the rural societies where women are predominantly economically dependent on their spouses[10, 11, 20]. A study conducted in Mali confirmed that men are traditionally socialized to be superior in family decision making as they reserve the duty of providing financial support to the family[21]. Hence, financial support is a masculine way for men to take part in

pregnancy. However, assisting the wife in other house chores or attending antenatal services requires that men are ready to enter into the female domain. This may even be frowned at by relations and friends. Such economic powers are backed by the patriarchal system and cultural norms and practices inherent in most Sub-Saharan African communities [21, 20].

Furthermore, some factors such as levels of information, attitudes towards involvement, qualities of marital relationship, relationships with parents, as well as socio-demographic factors like occupation, level of education, age, among others may constitute major predetermining factors for the kinds of support expected and received from husbands during pregnancy, Labour and delivery[21, 4]. These factors could also determine the extent of support a husband gives his wife during these periods. [21], further posited that social norms, gendered belief systems and practical barriers hinder men's involvement in maternal health. Although a husband's support during pregnancy is pertinent, it could also be marred by the attitude of the wife during pregnancy. Several women are known to exhibit some forms of aggression during pregnancy and this could pose limitations to their husband's support or even aggravate physical or emotional abuse by either of the spouses[22]. Thus, it becomes very imperative to understand the kind of support women expect from their spouses during this period. Some women may expect that their spouses be physically present in the labour rooms and during delivery, while others may anticipate more support during the period of pregnancy, especially in the area of domestic chores, sex, spiritual and finance, among others. There are also assumptions that women who are supported by their husbands may have better pregnancy outcomes compared to those who were not. Hence it is important to understand the kind of support a woman expects and what she receives from her spouse during pregnancy, labour and delivery. Although significant progress may have been made on the need for spousal support during pregnancy[23, 14], there is dearth of literature on kinds of support women expect and receive from their spouses during pregnancy, labour and deliver, particularly among rural communities in Nigeria. This study therefore investigated the kind of support women expect and received from their spouses, as rural women in South-western Nigeria.

2. Method

The study was conducted among rural women in South-western Nigeria. It employed mixed-methods descriptive research design. Multi-stage sampling method was used to select study sample. At the first stage, three states (Osun, Ondo and Ekiti) were purposefully selected from the six states that make up the South-western Nigeria based on the low developmental condition of those states [23, 24]. In each of the three senatorial districts in each state, one local government area was selected (making 3 local government areas per senatorial zone and a total of 9 local government areas for the 3 states under study). In the third stage of the sampling, one rural community was selected from each of the nine local governments using purposive sampling technique based on their assessment as meeting the national statistical offices' definition of the term rural area[25, 26]. Furthermore, in each rural community, 10 compounds were selected purposively based on the availability of women who had experienced or who is experiencing pregnancy. The method of data collection was triangulated using both qualitative and quantitative techniques. For the quantitative study, questionnaire was used as research instrument to

elicit data from women aged 17 and above, and who have been pregnant before or are currently pregnant. Also, key informant interview guide was used to collect qualitative data from traditional birth attendants and trained midwives. Simple random technique was used to select 6 previously or currently pregnant women from each compound, making a total of 540 women selected from across the 90 compounds in the three states of South-western Nigeria. (From the 540 respondents however, only 95.6 per cent of them responded adequately to the research instrument; hence, 516 copies of questionnaire were retrieved and analysed.) Also, purposive sampling technique was used to select 9 traditional birth attendants (TBA) and 9 trained midwives (one TBA and one trained midwife per rural community) based on their experiences as maternal health workers and pregnant women attendant during antenatal and delivery. Data from the quantitative study were analysed using descriptive statistics such as frequencies and percentages, simple and stacked column bar charts, cross-tabulation, correlation and chi-square. Also, qualitative data were analysed using content analysis.

3. Results

3.1 Descriptive statistics of study sample

Results showed that all the respondents (or women) have husbands. While the mean, median and standard deviation of the respondents' ages were 34 years, 33 years and 8.7, those of the husbands were 39 years, 38 years and 8.9 respectively. Average ages of wives and husbands at first pregnancy were 27 years and 32 years, and the standard deviations of their ages at first pregnancy were 4.4 and 4.5 respectively. The mean and standard deviation of respondents' years of marriage were 8 years and 7.5 respectively. The number of pregnancies and of children differed as the means were 3 and 2 children respectively with standard deviation of 1.6. Majority of the respondents and their husbands had tertiary education and were Yoruba. While majority of both the respondents (57.8 per cent) and their husbands (51.5 per cent) were public servants, minority (1.9 per cent) of the respondents were not employed and none of their husbands was unemployed. Detailed description of the study sample is provided in

Table 1
Description of study sample

	Wives		Husbands	
	n	%	n	%
Age (mean, median, mode, min., range, SD)	33.9, 33, 28, 17, 57, 8.7		38.6, 38, 35, 22, 58, 8.9	
Age as at First Pregnancy	26.9, 26, 25, 16, 23, 4.4		31.6, 32, 32, 21, 24, 4.5	
Years of marriage	8.3, 6, 1, 1, 49, 7.5		Same	
Number of pregnancy ever had	2.5, 2, 2, 0, 8, 1.6		–	
Present number of children	2, 2, 2, 0, 8, 1.6		–	
Number of children outside wedlock	–		0.6, 0, 0, 0, 9, 1.4	
Education				
No formal education	8	1.6	24	4.7
Primary education	14	2.7	10	1.9
Secondary education	105	20.3	65	12.6
Tertiary education	389	75.4	417	80.8
Ethnicity				
Yoruba	411	79.6	451	87.4
Igbo	71	13.8	40	7.8
Hausa	34	6.6	25	4.8
Occupation				
Unemployed	10	1.9	0	0
Self-employed	135	26.2	167	32.4
Public servant	298	57.8	266	51.5
Private employees	73	14.1	83	16.1
Overall	516	100	Same	

3.2 Husbands received and expected support during pregnancy

Investigation on husbands' supports during pregnancy showed that expected support and received support differed among the respondents, although not significantly (see Table 2). While 93.2 per cent of the respondents actually received support from their husbands during pregnancy, a little higher

percentage (95.2 per cent) of them expected support from their husbands. Findings on reasons for expecting support from husbands showed that enhancement of mothers' health (46.3 per cent) was the major reason for expecting support from husbands. Also, 23.6 per cent of the respondents stated that they expect support from their husbands because 'it is necessary for easy pregnancy and delivery'. Other minor reasons for expecting support from husbands were that 'it is the husbands' responsibility' (7.8 per cent), 'it is morally and spiritually good' (6.8 per cent), 'due to mothers' weakness during pregnancy' (6.8 per cent), and 'because the pregnancy is for both party' (2.9 per cent) and 'being the first child' (1.0 per cent). The few respondents (4.8 per cent) that didn't expect support from their husbands also gave their reasons and they stated that it was because their 'husbands do not care or count it' or because their 'husbands were always busy'. The above findings were also corroborated by a traditional birth attendant in Osun state who said:

Table 2

Husbands received and expected support during pregnancy (N = 516)

	N	%
Husbands' support during pregnancy (received)		
Yes	481	93.2
No	35	6.8
Husbands' support during pregnancy (expected)		
Yes	491	95.2
No	25	4.8
Reasons for expecting husbands' support		
It enhances mothers' health	239	46.3
It is morally and spiritually good	35	6.8
It is necessary for easy pregnancy and delivery	122	23.6
Being the first child	5	1.0
Due to mothers' weakness during pregnancy	35	6.8
It is the husbands' responsibility	40	7.8
Because the pregnancy is for both party	15	2.9
Husband does not care or count it	18	3.5
Husband is always busy	7	1.3

Although a few of the husbands accompany their wives during antenatal visits, majority of them are often present during labour and delivery to support their wives

Another respondent also said:

Many of the husbands are meeting up to our expectations these days. Often times, we prefer to have them around their wives during labour and delivery as it also helps to facilitate decision making processes especially during emergency situations (Midwife/KII/Ondo/2020).

3.3 Support providers during pregnancy

Findings presented in Chart1 showed that for received support, husbands provided the highest support (73.3 per cent), while outsiders (1.0 percent) constituted the least received support. Husbands were equally the highest expected support providers (88.6 per cent), while siblings were the least expected support providers (1.0 per cent).

3.4 Kinds of support expected and received from husbands during pregnancy

Findings from investigation on kinds of support expected and received from husbands' during pregnancy (as shown in Table 3) showed that the first kind of support respondents expected from their husbands was spiritual support such as praying and fasting with 55.0 per cent of the respondents supporting this. This was followed by respondents' expectations of their husbands to support them in the areas of house chores (46.1 per cent), financial provision (39.7 per cent), taking care of other children (34.7 per cent), accompanying to labour room (19.4 per cent), sexual support (18.4 per cent), accompanying to antenatal (16.3 per cent), and accompanying to delivery room (13.4 per cent). The findings showed that the rating of the kinds of support respondents expected from their husbands was the same with the kinds of support they received from their husbands up to the fourth rating with spiritual support, house chores support, financial support and taking care of other children topping the list. Only the fifth (sexual support) and sixth (accompanying to labour room) kinds of support received were interchanged with what was expected. A midwife in Ekiti state stated as follow:

Table 3
Husbands' kinds of support during pregnancy(N = 516)

	Expected		Rank	Received		Rank
	n	%		n	%	
House chores	238	46.1	2nd	260	50.4	2nd
Taking care of other children	179	34.7	4th	243	47.1	4th
Praying and fasting	284	55.0	1st	287	55.6	1st
Accompany to antenatal	84	16.3	7th	83	16.1	7th
Accompany to labour room	100	19.4	5th	102	19.8	6th
Accompany to delivery room	69	13.4	8th	78	15.1	8th
Financial provision	205	39.7	3rd	252	48.8	3rd
Sexual support	95	18.4	6th	110	21.3	5th
Other areas such as going to the market, assisting in official work, etc	10	1.9	9th	5	1.0	9th

The husbands support for pregnant woman is very vital. At least in house chores, finances and most importantly praying and fasting for their wives during this period will greatly assist the woman

Corroborating this, another respondent posited that:

Prayer is very important for every pregnant woman. So the husbands support their wives with prayers (Midwife/KII/Osun/2020).

3.5 Expected support during delivery and labour

What kinds of support do women expect from their husbands during labour and delivery? This study found that during labour, 46.1 per cent of the respondents expected spiritual support from their husbands, while 3.9 percent expected their spouse to feed them during labour. However, this order was not follow during delivery indicating change in their expectation. That is, during delivery, while the respondents still considered spiritual support to be number one on the list, sitting beside them, financial support, comfort, understanding and holding their hands were considered second, third, fourth, fifth, and seventh expected support during delivery respectively. Further details are presented in Table 4. Findings from qualitative study confirmed this. For example, a midwife from Osun state said:

Table 4
Expected support during delivery and labour

	During labour		Rank	During delivery		Rank
	n	%		n	%	
Massage	83	16.1	5th	–	–	–
Feeding	20	3.9	9th	–	–	–
Comfort	119	23.1	3rd	99	19.2	4th
Holding	73	14.1	6th	34	6.6	7th
Sitting beside	54	10.5	7th	139	26.9	2nd
Understanding	154	29.8	2nd	94	18.2	5th
Spiritual	238	46.1	1st	278	53.9	1st
Financial	118	22.9	4th	129	25.0	3rd
Others such as chatting, gaming, etc	35	6.8	8th	35	6.8	6th

Most husbands always stay around here praying for their wives especially during the labour and delivery period. Their wives enjoy their support when they are around

Also, a traditional birth attendant (TBA) from On State stated as follow:

I usually insist that the pregnant women come with their husbands especially on the day of delivery, at least that way they (husbands) will also support them through prayers and encouragement

Some midwives support the presence of husbands in the delivery room so that they can serve as encouragement to their wives during delivery. “I like the husbands to come into the delivery rooms to witness the delivery”(Midwife/KII/Ondo/2020).

3.6 Rating of husbands' level of support

Further investigation was carried out on respondents' rating of their husbands' level of support and the results showed that respondents rated their husbands very high in terms of the level of support they received from their husbands. In other words, almost half (48.3 per cent) of the respondents rated their husbands' level of support very high (on a scale of 9 to 10). This was followed by 25.8 per cent of the respondents who rated their husband's level of support to be high (on a scale of between 7 and 8). Other respondents rated their husbands' level of support to be average (16.5 per cent), little (6.6 per cent) and none (2.9 per cent). Chart 2 presents rating of husbands' level of support graphically. One of the midwives who were interviewed in Ekiti state said, “spousal support during pregnancy has improved significantly in our rural communities. On a scale of 1 to 10, I will give the husbands 8”.

3.7 Spousal status

This study further found that majority (77.7 per cent) of the respondents were the only spouse of their husbands while the husbands of 22.3 per cent of the respondents had one or more wives aside them. In addition, the husbands of 19.4 per cent of the respondents had only one wife outside wedlock while the husbands of 1.0 per cent each of the respondents had more than one wife. An interviewee in Osun state also said: “Most men prefer to marry only one wife these days. A man with only one wife gives her undivided support during pregnancy”.

Table 5
Spousal status

	n	%
Spousal status		
My husband has only me as his wife	401	77.7
My husband has other wife/wives	115	22.3
Number of other wife/wives		
None	401	77.7
One wife	100	19.4
Two wives	5	1.0
Three wives	5	1.0
Above three wives	5	1.0

3.8 Effect of minimum and maximum supports during pregnancy, labour and

delivery

The study further investigated the outcome of lowest and highest support on pregnancy, labour and delivery. More than three-quarter (76.0 per cent) of the respondents stated that maximum support makes pregnancy, labour and delivery easier. Also while 16.3 per cent of the respondents affirmed that pregnancy, labour and delivery were difficult despite maximum support, 5.8 per cent of the respondents claimed that pregnancy, labour and delivery were easy despite minimum support. Lastly, the results showed that pregnancy, labour and delivery were very difficult because of minimal support.

Table 6
Effect of minimum and maximum supports during pregnancy, labour and delivery

	N	%
Pregnancy, labour and delivery were very easy during maximum support	392	76.0
Pregnancy, labour and delivery were difficult despite maximum support	84	16.3
Pregnancy, labour and delivery were easy despite minimal support	30	5.8
Pregnancy, labour and delivery were very difficult during minimal support	10	1.9

3.9 Association between husbands' support (received) and some selected variables

Findings from the association between husbands' support and spousal status showed that among husbands who provided support for their wives, majority (78.2 per cent) had only one wife while others (21.8 per cent) had more than one wife. The *Phi* statistics showed that the correlation between husbands' support and spousal status was 0.041, indicating a very weak association [28, 29] and the Pearson Chi-square showed that the correlation was not statistically significant $\chi^2(1) = 0.856, p > .05$. Results from the association between husbands' support and husbands' age categories showed that among those who provided support for their wives, majority (45.5 per cent) were between ages 31 and 40 years, and 29.9 per cent were between ages 41 and 50 years. Only 17.5 per cent of those who provided support to their wives were between ages 21 and 30 years. Although the association between husbands' support and husbands' age categories was very weak – Cramer's V = 0.174 [27, 28] Pearson Chi-square indicated that the association was statistically significant $\chi^2(5) = 15.574, p < .01$. The findings further showed that among those who provided support to their wives, majority (80.4 per cent) had tertiary education followed by those who had secondary education (12.5 per cent). The association between husbands' support and husbands' education was very weak – Cramer's V = 0.072 [28, 29] and not statistically significant $\chi^2(3) = 2.671, p > .05$. Finally, findings on the association between husbands' support and husbands' occupation showed that among those who provided support to their wives, majority (54.3 per cent) were public servants, while others were self-employed (29.5 per cent) and private sector employees (16.2 per cent). Cramer's V showed that the association between husbands' support and husbands' occupation was 0.233 indicating a weak positive association [27, 28] and Pearson Chi-square showed that the association was statistically significant $\chi^2(2) = 27.894, p < .001$.

Table 7. Association between husbands' support (received) and some selected variables

		Husband support (received)		
		Yes n(%)	No n(%)	
Spousal status	One wife	376 (78.2)	25 (71.4)	$\chi^2 = .856$ <i>Phi</i> = .041 df = 1, <i>p</i> = .355
	More than one wife	105 (21.8)	10 (28.6)	
Husbands' age	21-30 years	84 (17.5)	15 (42.9)	$\chi^2 = 15.574$ Cramer's V = .174 df = 5, <i>p</i> = .008
	31-40 years	219 (45.5)	10 (28.6)	
	41-50 years	144 (29.9)	10 (28.6)	
	51-60 years	25 (5.2)	0 (0.0)	
	61-70 years	5 (1.1)	0 (0.0)	
	71-80 years	4 (0.8)	0 (0.0)	
Husbands' education	No formal education	24 (5.0)	0 (0.0)	$\chi^2 = 2.671$ Cramer's V = .072 df = 3, <i>p</i> = .445
	Primary education	10 (2.1)	0 (0.0)	
	Secondary education	60 (12.5)	5 (14.3)	
	Tertiary education	387 (80.4)	30 (85.7)	
Husbands' occupation	Self-employed	142 (29.5)	25 (71.4)	$\chi^2 = 27.894$ Cramer's V = .233 df = 2, <i>p</i> = .000
	Public servant	261 (54.3)	5 (14.3)	
	Private employees	78 (16.2)	5 (14.3)	
Total		481 (100.0)	35 (100.0)	

4. Discussion

Investigation on spousal support during pregnancy among rural women in South-western Nigeria showed that women expected and received different kinds of support from their spouses. Women's expectation of spousal support during pregnancy was slightly different from received support, although both expected and received spousal support were very high in the study locations despite the predominance of patriarchal system. This contradicts existing findings which state that socio-cultural dynamics may elicit different negative perceptions about spousal support during pregnancy [21, 17, 14]. This may result from the high value placed on fertility among the studied group [29]. Particularly, the welcoming of a new child comes with a lot of excitement and ceremonies, like naming ceremony, child dedication, among others;

thus both partners are grossly involved. The husbands in the rural communities in South-western Nigeria have proven that irrespective of the power bestowed on them by their patriarchal heritage [11, 30], there is still need to support their wives especially during pregnancy. This could also be because of the close family bond in the rural areas. Most husbands reside permanently with their wives and are mostly engaged in jobs that do not entail leaving separate from their wives compared to what is obtainable in the urban areas.

There were many reasons for pregnant women to be expecting support from their spouses during pregnancy and some of which were that such support enhances mothers' health, it eases pregnancy, labour and delivery periods, and that it is the husbands' responsibility to support their wives, among others. When women expect and receive support from their husbands, it makes them happy and this in turn enhances their wellbeing which has capacity of improving the overall mental health of both the mother and the baby since happiness results from the experiences of individuals as well as their satisfaction in life including their family [31] Receiving support from husbands during pregnancy therefore has positive effect on women and baby's overall wellbeing, and such always makes pregnancy, labour and delivery easier. This makes spousal support a vitally important requirement for pregnant women's mental health and wellbeing. Existing studies have shown that spousal support is necessary in that husbands are preferred labour companions for women in labour, and that spousal presence makes delivery less painful but more life fulfilling [2, 13]. Among all the support providers during pregnancy, husbands were the ones that the respondents expected most support from. This underscores the importance of husband support during pregnancy, labour and delivery.

On the kinds of support pregnant women expected from their spouses both during pregnancy and at delivery, the study observed that the first kind of support the respondents expected from their husbands was spiritual support such as praying and fasting. Others include house chores or emotional support, financial provision, taking care of children (if any), accompanying them to antenatal, labour and delivery room, sexual support, massage, holding, sitting beside and feeding during labour, among others. Although existing studies found financial support to be most paramount among the support pregnant women expect and received from their spouses. These findings contradict the pre-existing notion that financial support is most paramount for women during pregnancy [32], this study found otherwise. Financial support was considered a masculine way for men to take part in pregnancy [21]. This study therefore establishes that spiritual and emotional supports are more pertinent and better appreciated by women during the period of pregnancy than financial support. Although the importance of financial support cannot be overlooked, it should be complimented by spiritual, emotional and physical supports.

Husbands' level of support during pregnancy was rated very high. This shows that spousal support during pregnancy is significantly high among the rural women of South-western Nigeria despite the prevailing patriarchal cultural practice, which imposes male dominance over females. Furthermore, the study also found that majority of the respondents was from nuclear families with only one wife. Nuclear family may be a good reason for increased spousal support among the studied group, contrary to the findings of existing study on the impact of polygamy on spousal support[14].

The findings further showed that among those who provided support to their wives, majority had tertiary education followed by those who had secondary education, similarly, findings on the association between husbands' support and husbands' occupation also showed that among those who provided support to their wives, majority were public servants, while others were self-employed and private sector employees. Finding from this study also validates the assertions by [14] that demographic variables such as age, education, occupation, number of wives married among others; affect the level of spousal support during pregnancy.

Conclusion

The study concludes that spousal support is very important and appreciated by women during pregnancy, labour and delivery. Spiritual support was found to be the major support expected and received by women in the study area. Spousal support was admitted by the respondents as having positive impact on them during pregnancy, labour and delivery. The study therefore concludes that the high level of spousal support among the study group was influenced by cultural value placed on fertility.

Recommendations

The study recommends that the high level of spousal support should be sustained so as to promote family bonding and development. It also recommends that further studies be done on the influence of spousal support among polygamous families from another ethnic group in Nigeria.

Declarations

Ethics approval and consent to participate: Ethical approval for this study was sought and received from Landmark University ethics review board.

Consent for Participation and publication: Consent to participate and Publish was granted by the participants in a written form via the tick option boxes provided on the questionnaire.

Availability of data and materials: The authors hereby state that we are willing to share our raw data at request.

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Declare

Authors' contributions:

Arisukwu O.: He conceived the Idea of the paper and also wrote the introduction and statement of the problem

Igbolekwu C. O., and Osueke N. O.: They reviewed the literature, wrote the discussion of findings, compiled and edited the article.

Oyekola. I. A.; He did the analysis and presentation of data.

Oyeyipo E. J: and Asamu, F.F: Wrote the methodology and collected the data for the study.

All authors listed herein contributed significantly to merit authorship of this study. Furthermore I also confirm that all authors have read and approved the manuscript

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Figures

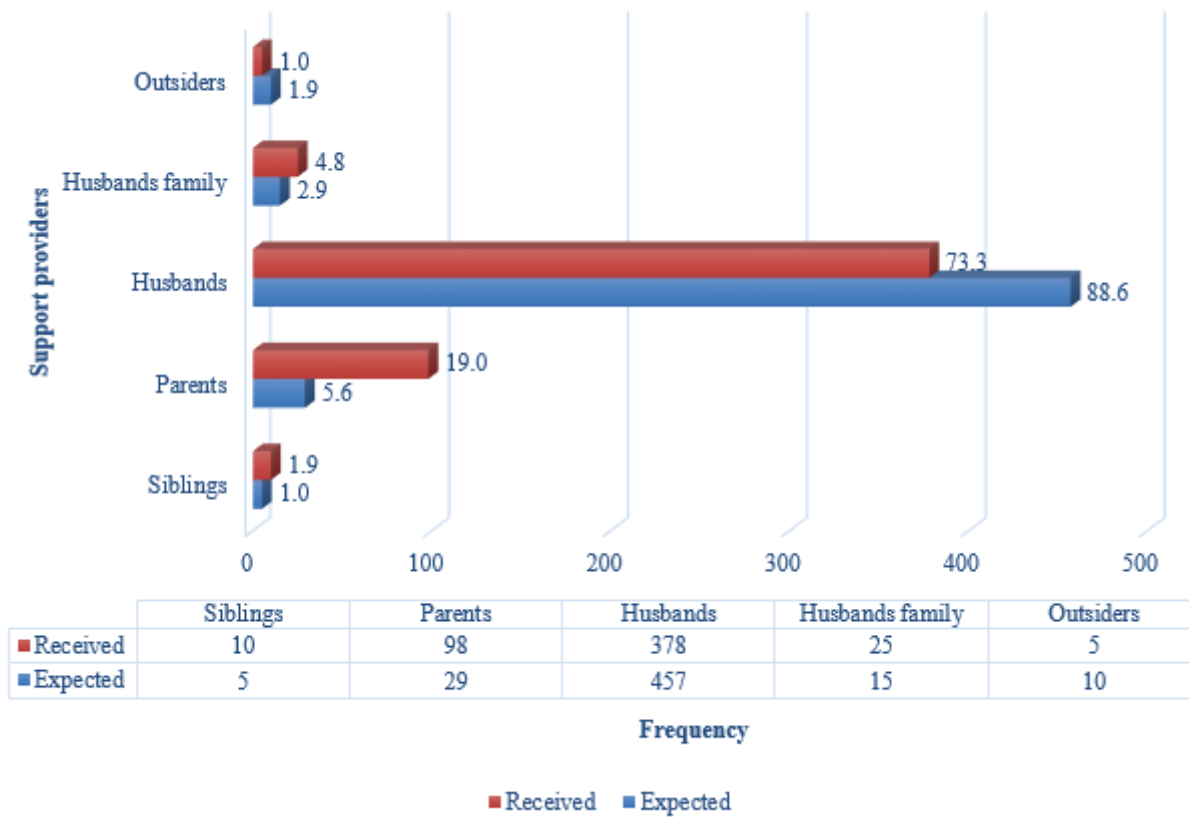


Figure 1

Support providers during pregnancy (N=516)

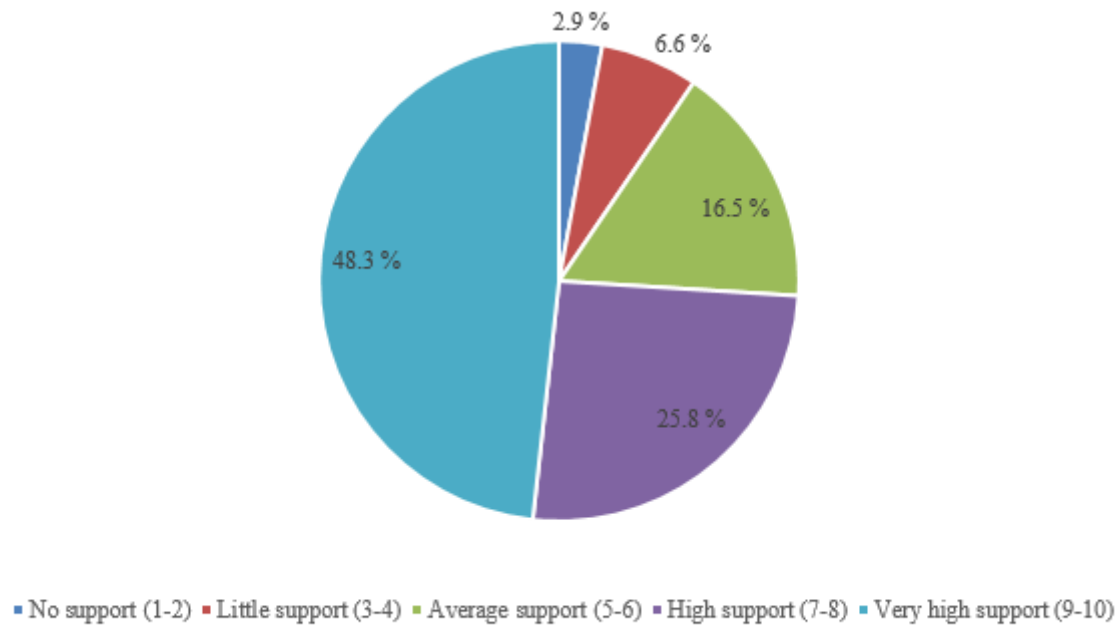


Figure 2

Rating of husbands' level of support

Supplementary Files

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- [BMCQuestionnaireforSpousesupportduringPregnancy.docx](#)