

*Full Length Research Paper*

# Men as partners in maternal health: Implications for reproductive health counselling in Rivers State, Nigeria

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Over the years, the issue of maternal health has been predominantly seen and treated as a purely feminine matter. The involvement of men in ensuring and enhancing maternal health is actually a new idea, first hatched at a conference in Cairo in 1994, but not much has been done in practical terms in the developing world. This paper is aimed at examining the underlying problem that patriarchy in the African setting has created in relation to maternal health crisis in Nigeria, with particular reference to Rivers State (which equally holds true for other parts of Africa) and the need for men to have a change of attitude and become involved in contributing towards maternal health issues. The paper highlights some forms of cultural practices exacerbated by male dominance which affect maternal health negatively in Rivers State, and the possible roles men can play as partners in maternal health. This paper is not a research work, but a theoretical write-up based on the unwholesome circumstances women are subjected to, in the authors' environment which greatly affect their maternal health. It is hoped that an examination of such situations will enable one see the need for male involvement in maternal health, not just in Rivers State of Nigeria, but in other parts of Africa where the patriarchal system is the order of the day in family relations.

**Key words:** Maternal health, men's participation, reproductive health, maternal mortality, counselling, Nigeria.

## INTRODUCTION

The poor attitude of men towards maternal health especially in Africa has been greatly attributed to the practice of male dominance, often called "patriarchy". Defined by Kornblun (2000) as the dominance of men over women, patriarchy describes a family structure or society where the man is, as of right, the head of the family and regarded by the women as the lord and master whose decision (about any and all issues, including those of maternal health) is final (Ottong, 1993, cited in Nwokocha, 2008).

The practice of male dominance is regarded as unwholesome considering its obvious consequences on human development. Patriarchy implies that women have to depend almost entirely on men for every decision in the family (like when to get pregnant, number of babies to have, whether or not to go for antenatal attention, to mention a few), even when they are directly affected by

such decisions (Nwokocha, 2008).

Maternal and infant mortality ratios constitute one of the social indicators used to measure a country's level of development. Statistics from different local and international sources give a gloomy picture of the maternal health situation in Nigeria generally and the Niger Delta region (where Rivers State belongs) in particular, which should not be taken lightly. An understanding that a positive change in attitude on the part of the men with respect to pregnancy and childbearing issues, could greatly improve the situation, is the brain behind this paper. This paper, thus, is an attempt to show how the involvement of men in maternal health issues could reduce the rate of maternal and infant mortality. This, equally, has implications for reproductive health counselling, which the authors have also addressed.

## THE NATURE OF MATERNAL HEALTH SITUATION IN NIGERIA

Nigeria has one of the worst social indicators in the world

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in spite of the enormous mineral resources it is blessed with. The National HIV/AIDS and Reproductive Health Survey in 2003 showed that Nigeria has one of the highest levels of maternal mortality in the world, with figures ranging from 704 to 1,500 maternal deaths per 100,000 live births (FMOH, 2003). The maternal and infant health situation seems not to have improved significantly several years after. For instance, DFID (2008) reports that, one child in every ten dies before the age of five and more than three million people are living with HIV/AIDS, the second largest number in any country in the world.

Furthermore, the United Nations Population Fund (UNFPA) in 2008 indicated that 145 Nigerian women die every day from pregnancy-related complications, while more than 52,000 die yearly due to same factors, leaving over 210 million with disabilities, including obstetric fistula (Amalu, 2008). The report also adds that majority of the deaths occur due to loss of blood, obstructed labour, unsafe abortion, hypertensive disease and sepsis. This situation calls for the attention of governments at all levels in Nigeria and all other stakeholders, including our development partners within and outside this country.

On a global level, the UNFPA found that in the year 2007, one woman died from a treatable complication of pregnancy, every minute of every day; within a similar time period, 190 women got pregnant without intending to. The same source reported that in the same year, 365,064 women died due to pregnancy-related causes; with very grave consequences for the surviving children and family members. Majority of these cases are found in developing countries, Nigeria being inclusive.

In Rivers State and most parts of the Niger Delta, maternal and child mortality rates, when compared to other regions in Nigeria, have been seen to be considerably higher. For instance, UNDP (2006) reports that in 2003, the Niger Delta region (where Rivers State belongs) performed very poorly in neonatal, post-neonatal and infant mortality, with the worst post-neonatal mortality rate in Nigeria (having rates estimated at about 48 and 35 per 1,000 respectively, compared with national rates of 71 and 67 per 1,000 respectively). The situation was as bad with regard to maternal health generally.

Maternal health is often seen as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, in all matters relating to women of reproductive age. On the other hand, maternal death refers to a death occurring within 42 days after pregnancy, irrespective of the duration or the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes (WHO, 2007).

## **PATRIARCHAL PRACTICES AND MATERNAL CRISES IN RIVERS STATE**

Patriarchal practices, as said earlier, are one reason for

the poor maternal health situation in Nigeria. Traditional African culture, many have observed, has not been fair to women. As noted by Bwakali (2001), women were victims of injustice in traditional culture not because of what the society did to them, but because of what the society did not do to them. However, these authors are of the opinion that the injustice suffered by today's women and girls are from both angles.

The traditional system spelt out roles which both men and women should play in the family as well as in the community. Boys were to grow up knowing that they were expected to be strong and hardworking, so as to be able to take care of their wives. While girls, on the other hand, were to be concerned with domestic activities and to be submissive so as to find good husbands. More or less, it was up to the husbands they were to marry, not to the women themselves, to make their lives successful and happy. Thus, they were robbed of every initiative and resourcefulness which could enable them make decisions affecting them and the family generally.

In relation to maternal health, a number of cultural practices abound in different African countries which militate against women and their health. Nwokocha (2008) has indicated that among the Ibani people in Rivers State of Nigeria, pregnant women are prohibited/prevented from coming out of their homes during a popular (Nwaotam) festival which lasts for three days, notwithstanding their conditions. There are similar festivals (like the New Yam festival during which the Agaba masquerade plays around) in the Ogoni and some other Riverine communities in the State with similar restrictions on women. If there is a violation, the woman or girl that is found outside could be given the beating of her life irrespective of whether she is pregnant or not.

There are nutritional taboos for pregnant women in the area as well. For instance, in parts of the State and other areas of Nigeria, pregnant women are forbidden from eating egg or snails in spite of the rich protein content which they and the foetus greatly need at such time. Nwokocha (2008) further adds that, pregnant women in their various trimesters, just like other women and men, are not restrained by their husbands from much consumption of locally made gin (eteete), which could increase proneness to pregnancy complications and cause other physical and mental health problems for the unborn child.

There are other unhealthy practices which are found in other parts of the state, which are applicable to other parts of Africa. For instance, cases of female genital mutilation are found in different parts of the State; while wife beating practices are equally reported, not just in Nigeria but in Uganda and other parts of Africa and beyond (Bwakali, 2001). Rape, which is also a common practice in several parts of the world, occurs every thirty-six seconds in South Africa (Bwakali, 2001); just like it is not uncommon in parts of Africa for teenage girls to be married off by force and widows are inherited along with other 'possessions'. The afore-mentioned practices have

untold consequences on maternal health.

## **THE NEED FOR MALE INVOLVEMENT IN MATERNAL HEALTH**

The involvement of men in maternal health is a relatively new approach in dealing with the subject of sexual and reproductive health generally. This idea was endorsed by the International Conference on Population and Development (ICPD) held in Cairo in 1994 where representatives from more than 180 countries formally recognized the importance of men to women's reproductive health and also recognized the importance of men's own reproductive health.

Furthermore, the report of the 1995 United Nations Fourth World Conference on Women held in Beijing encouraged men to take steps towards achieving gender equality and better reproductive health. Ever since, several movements aimed at involving men in reproductive health have emerged under different names. The United Nations Population Fund (UNFPA), as one of the leading organizations in this respect, published its first Technical Report in 1995 on male involvement in reproductive health, including family planning and sexual health.

In the literature, the movement to involve men in reproductive health comes under different name-labels, including 'men as partners', 'men's responsibility', 'male motivation', 'men's participation', to mention a few (Population Reports, 1998). Whatever name that is used, the message being carried is that of the social and behavioural change expected of men to exhibit, especially playing more responsible roles in reproductive health. This is more of concern to us in a developing country like Nigeria where our cultural practices still dictate the nature and extent of such male involvement.

No wonder, the United Nations chose this subject to be the theme for 2007 World Population Day. The essence of that was to further call on men around the world to care for their pregnant wife, care for their baby, educate their daughters and partner in the task of parenting. The involvement of men in maternal health arises from the numerous influences males have on almost all aspects of life, both in developing and developed countries. A few of them are discussed below.

### **Decision-making powers**

In the first place, men have decision-making powers in their different roles as husbands, fathers and political, traditional and religious leaders. The decision-making powers of men transcend all the spheres including health matters (Nkungula, 2007). It is therefore very essential that men, as decision-makers should play an active role in ensuring that maternal health outcomes are favourable for a healthy mother and baby.

Men, in several cultures, are known to make decisions

about family planning, their wives' economic activities and the use of household resources, as well as the education of other members of the family. These decisions are crucial in determining the wellbeing and prospects of the family. The participation of men could also be very crucial in calling for the elimination of harmful and discriminatory attitudes, including discrimination and violence against the girl-child and all other forms of gender-based violence (Kinanee, 2005). The involvement of men in such a social crusade would go a long way in creating more impact on people due to the influence wielded by them.

### **The fifth millennium development goal**

A second reason is that the fifth Millennium Development Goal's (MDG) target of reducing maternal deaths by 75% by 2015 cannot be met without the concerted efforts of men, working with other stakeholders. Men acting in different capacities, including as policy makers and community leaders, would have an important role to play in safe guarding the maternal health of women. Deaux (2007) reports that, the ratio of women at risk of dying from obstetric complications in Sub-Saharan Africa is 1 in 16, as opposed to the ratio of 1 in 3,800 in the developed world. With the foregoing situation in mind, he strongly suggests that in looking for solutions, men's role should be addressed.

In the same vein, the Federal Commissioner in the National Population Commission, Hon. Harry Ezeoke, has noted in 2007 that, the realization of the MDGs for maternal health, HIV/AIDS prevalence rate reduction and gender equality, depends to a large extent on the active persuasion of men to make personal and political commitments and use their power for positive change.

### **Achievement of gender equality**

The achievement of gender-equality by women with respect to sexual and reproductive health cannot be possible without the co-operation and participation of men. Males either as young people or adults have so much to do with issues of sexual relationships, timing and frequency of sexual activity, use of contraceptives and the like. Men, whether as political leaders, judges, heads of armies and other agencies of force, wield enormous power over many issues relating to women, hence, would need to be involved in providing solutions to maternal health problems (Population Reports, 1999; UNFPA, 2007).

In addition to that, the awareness that gender affects sexual behaviour, reproductive decision-making and reproductive health in several respects is another reason for the call for men's participation (Riley, 1997).

### **The growing concern about the HIV/AIDS pandemic**

There is a growing concern about the spread of HIV/AIDS

and other STIs such as chlamydia and gonorrhoea which makes men's role in the reproductive health of women very prominent. A UNFPA (2007) document also indicates that, in the absence of a vaccine or cure, men's behaviour is crucial to preventing the spread of HIV/AIDS in our society. Furthermore, the negative effects of some men's risky sexual behaviour on the health of women and children call for increased attention towards men.

### **Approval of family planning**

There is also the fact, based on research findings that many men are approving of family planning. In series of studies reported in Population Reports (1998), it is shown that in 8 of 12 countries, 70% of men or more approve of contraceptive use, even if such approval is still very low in West African countries as at the time of the study. That positive disposition of men towards contraceptive use has serious implications for maternal health.

### **Demands by female health-care clients for male involvement**

Finally, there is the factor of increasing demands made by female health-care clients that men become more involved in family planning and other reproductive health care. Men are required to accompany their wives to meet with family planning counsellors, or health-care providers. Couples together learn about the available contraceptive methods and make their choices as they deem fit.

### **THE NATURE OF MALE INVOLVEMENT IN MATERNAL HEALTH**

The partnership of men in maternal health is approached from different angles by different authorities. Cohen and Burger (2000) for example, have proposed three basic expectations of male involvement. The first one entails male partnership in sexual and reproductive health; the second is having a gender-equitable man; and thirdly, men taking ownership of the problems and becoming a part of the solution.

With regard to the first expectation, partnership between men and women would mean freely and deliberately joining forces and choices for achieving common sexual and reproductive goals. To create such a partnership, necessary qualities like trust, respect, ownership of the decisions and their outcomes and equality, have to be cultivated. As for the second expectation, there is the idea of producing gender-equitable men. Such men respect their relationships with women and seek relationships based on equality with their partners, and intimacy rather than attempting to display sexual conquest. The third expectation entails men taking ownership of issues related to unequal gender relations and feeling themselves to be part of the solution. To realize the three

expectations enumerated above, the following specific strategies are considered:

- (i) Supporting contraceptive use by women: In this regard, men should accompany their wives/partners (when possible) to meet with a health worker or counsellor.
- (ii) Helping pregnant women to stay healthy: This involves a number of things. One of such is that men are expected to encourage and ensure proper antenatal care, providing transportation or funds and other things required from time to time. Apart from accompanying the women to the clinic, the men are also to provide good and adequate nutrition for them, and encourage them to rest.
- (iii) Arranging for skilled care during delivery: In the less developed world, traditional birth attendants are mostly those on hand to render services during delivery, especially in the rural areas. This is part of the reason for the high maternal and infant mortality rate. The attention of skilled personnel like midwives, doctors, nurses, etc must be sought by the men during delivery to minimise the risks associated with such condition.
- (iv) Avoiding delays in seeking medical care: Three forms of delays are identified to be contributing to high death rates (Okonofua, 2008). They include:
  - (a) The choice to overlook medical attention.
  - (b) The time it takes to get to the hospital.
  - (c) The time it takes for the woman to get help while she is at the hospital.

Men and other family members play crucial roles in these delays. Men are often the ones who decide when a woman's condition is serious enough to seek medical attention. They can therefore avoid such delays by learning the symptoms of imminent delivery and of delivery complications.

- (v) Helping after the baby is born: Men can prevent maternal or infant deaths by learning about potential postpartum complications and be ready to seek help if they occur. They can also provide good nutrition for the women and the baby (as he/she grows older); help with heavy house work and taking care of other children.
- (vi) Being responsible fathers (effective parents): Men can become more involved in helping their children's healthy development by providing for their physical, emotional and social needs. Parenting refers to the provision of care, support, and love in a way that leads to a child's total development (Hildebrand, 1997). It goes beyond the mere provision of the child's physical needs by parents; it also entails creating a nurturing environment of attention, guidance, encouragement and love for the child.

Parenting is no longer a task to be left in the hands of mothers alone, as is practised in some cultures. In such societies, fathers and men generally see the provision of physical needs of the family as their main task. Men

should understand the changing parenting roles and get involved in meeting the family's physical, mental, emotional and social needs, which correspond to effective parenting. Parenting, however, is very stressful. Leaving the task for women alone could lead to untold physical, emotional and other forms of psychological consequences on them.

### **RECOMMENDATIONS/ IMPLICATIONS FOR REPRODUCTIVE HEALTH COUNSELLING**

Based on the foregoing, the following are some of the implications for reproductive health counselling generally, with particular reference to Rivers State of Nigeria:

(1) The Family Life and HIV/AIDS Education (FLHE) curriculum for primary, Junior and Senior Secondary Schools in the State should be implemented by the Ministry of Education as endorsed by the National Council on Education (NCE) in September, 2002. The implementation of the FLHE curriculum is an important step in assisting individuals, especially the young people to have a clear and factual view of humanity, including issues of gender roles and stereotypes. This would go a long way to helping to shape the behaviour of males and females regarding gender equality, reproductive health matters, etc.

(2) In line with the above, there is an urgent need for the employment of functional guidance counsellors in our schools, for our young people to be helped in coping with their reproductive health problems, amidst their educational, vocational and socio-psychological concerns. The role of counselling in reproductive health matters cannot be over-emphasized. In Rivers State, there should be a deliberate policy of the Ministry of Education to engage the services of school counsellors on a full time basis as recommended by the National Council on Education. This policy is already being adopted and implemented in other states of the federation.

(3) Enlightenment programmes should be mounted by government agencies, non-governmental organizations and other voluntary groups to stress the involvement of men in maternal health in communities, as well as private and public establishments. Such enlightenment programmes will also be used to clarify the notion of masculinity.

(4) Empowerment and poverty alleviation programmes for both men and women should be vigorously pursued, supported and sustained by all stakeholders. This is because lack of access to healthcare and sexual education services needed by women is sometimes attributed to poverty. It is reported that in developing countries, complications of pregnancy and childbirth (mainly at the level of preconception and prenatal care) are the leading causes of death among women of reproductive age. Less than one percent of such deaths occur in developed countries, which shows that lack of adequate resources is the major cause.

(5) There should also be the provision of adequate and comprehensive health-care for pregnant women and girls by the health ministry and other voluntary organizations. For adolescent girls, there should be youth-friendly health-care centres where they could seek help when the need arises.

(6) The education of girls and women, as well as their male counterparts, could considerably improve overall maternal health. The need to promote women and girls' education is hereby emphasised. Education is a veritable tool in promoting healthy sexual and reproductive relationships. In a study conducted by Odimegwu et al. (2005), they found that there was a high level of awareness of emergency obstetric conditions by men, particularly in relation to pregnancy signs and labour pains, which was traceable to education on the part of those men.

Furthermore, a research study cited in the World Population Data Sheet (2007) has linked higher education for women and girls with reduced fertility levels. Data obtained from many countries have shown that women with at least a secondary level education end up giving birth to between one-third to one-half as many children as women with no formal education. This result is possible because better educated women are able to delay marriage and exercise more control over their reproductive lives, including decisions about childbearing. This has serious implications for maternal health.

(7) Men should be encouraged to take responsibility for their sexual behaviour. They should understand that in the absence of a cure, men's behaviour is crucial to the prevention of the spread of HIV. This could be discussed in community, social and religious fora.

(8) It is also expected that men, among other things, should be actively involved in being strong advocates for men's participation in maternal health and more generally, reproductive health. Men should be concerned about the preconception, prenatal and postnatal care given to women. This is important because early prenatal care for pregnant women, for instance, produces better birth outcomes compared to women who receive little or no care during their pregnancies. This applies to other forms of care already mentioned.

### **Conclusion**

This paper has shown that patriarchal practices have had so much negative consequence on maternal health in Nigeria, with special reference to Rivers State, as could be found in the statistics reflected in the write-up. Treating maternal health issues as a purely feminine matter without the involvement of men would make the battle against the high maternal and child mortality a lost one. Men have to be actively involved. Men have an invaluable contribution to be made towards a significant improvement in maternal health, especially if one of the goals contained in the Millennium Development Goals (MDGs)

is to be achieved in 2015.

No effort should be spared by individuals, groups, governments and voluntary organizations to make that desire a reality in Rivers state in particular and Nigeria in general. Governments at all levels should engage in capacity building on a regular basis so as to offset the shortage of skilled manpower in the health and education sectors, which is worsened by poverty, insecurity and socio-political crisis.

As Nduru (2007) has said: "What is a common factor in ensuring that women do not marry too young, do not have more children than they can cope with, do not die giving birth and contract HIV in smaller numbers? The answer is men."

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