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HUSBAND'S ROLE DURING WIFE'S PREGNANCY AND AFTERBIRTH AS EXPRESSED BY MOTHERS IN ILORIN METROPOLIS

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Abstract

This study focused on the roles of husband during wife's pregnancy and afterbirth as expressed by mothers in Ilorin metropolis. And "mothers" in this study comprises of pregnant women and nursing mothers at University of Ilorin Teaching Hospital (Maternity Wing). A total number of 200 women were involved in the study comprising of 100 pregnant women and 100 nursing mothers. Relevant data were collected using a self developed instrument titled "Roles of Husband during Wife's Pregnancy and Afterbirth Questionnaire (ROHUDUWPAAQ). The data collected were subjected to appropriate analysis such as frequency counts, simple percentages, t-test and Analysis of Variance. All hypotheses generated for the study were tested at 0.05 alpha level of significance. The findings revealed the roles of husband during wife's pregnancy and afterbirth as expressed by mothers in Ilorin metropolis to include among others, provision of money for physiological needs, helping with baby laundries, payment of the hospital bills and keeping late nights when baby is not asleep. There were significant differences in the roles of husband during wife's pregnancy and afterbirth based on respondents' family type and educational qualification. Age, occupational status, number of children, religion, marital status, length of years in marriage and husband's occupation on the other hand influence respondents' expression on the role of husband during wife's pregnancy and afterbirth. Counselling implications of this study therefore are that counsellor should be available for appropriate counselling for the mothers at both ante and post natal visits to regulate the psychological and emotional challenges of the mothers. With the findings of the study, it was recommended that media and religious leaders be equipped with facts on husband roles during pregnancy and after childbirth to educate husbands so as to support their wives to be emotionally, psychologically and financially stable during this period.

Keywords: Childbirth; Mothers; Pregnancy; Trimester.

Introduction

According to Wikipedia (2010), pregnancy is the carrying of one or more foetus or embryo in the womb. In pregnancy, there can be multiple gestations as in the case of twins or triplets. Childbirth usually occurs 36 weeks after conception; in women who have menstrual cycle of four weeks; while is approximately 40 weeks from the last menstrual period. The World Health Organization (WHO, 1999) defined normal term for delivery as between 37 weeks and 42 weeks. Pregnancy occurs when a fertilized ovum is implanted and it develops outside the uterine cavity; while the multiple pregnancies is one in which more than one foetus is produced. Nwobi (1997) regarded pregnancy as a cultural impulse in many women life's to reproduce.

A woman learns she is pregnant by taking a pregnancy test. This test can be done in the privacy of the home using a test kit, or in a doctor's office or clinic. Pregnancy lasts for about 40 weeks counting from the first day of one's last normal menstrual period. Nwoye (1991) expressed that pregnancy is a state which carries along with it a lot of changes in the expectant mother. With the development of the foetus, the expectant mother adjusts in her functions so as to meet the demands of the pregnancy. Pregnancy weeks are grouped into three trimesters, namely:

- The First Trimester
- The Second Trimester
- The Third Trimester

The First Trimester: This period is between week 1 – week 12. During this period, the body undergoes many changes. Hormonal changes affect almost every organ in the body. These changes can trigger symptoms even in the first week of pregnancy. Period stopping is a clear sign of pregnancy, other symptoms might include:

- Extreme tiredness.
- Tender swollen breasts (the nipples may stick out).
- Upset stomach (morning sickness).
- Mood swings.
- Need to urinate more often.
- Cravings or distaste for certain food.
- Headache.
- Weight loss or gain (Wikipedia, 2010).

The Second Trimester: This trimester is easier than the first. It is between weeks 13 – week 28. Nausea and fatigue are going away but other new, more noticeable changes to the body are now happening. The abdomen expands as the baby(ies) continues to grow. Before this trimester is over, the baby begins to move as the body changes to make room for the growing baby, the woman begins to feel among others;

- Aches such as back, abdomen, groin or thigh pain.
- Stretchmark on the abdomen, breast, thigh or buttocks.
- Darkening of the skin around the nipples (cureoles).

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- A line running from the belly button to pubic hairline.
- Patches of darker skin usually over the neck forehead, nose or upper lips, patches often match on both sides of the face, which is sometimes called "Mask of pregnancy".
- Numb or tingling hands (Carpal Tunnel Syndrome).
- Itching on the abdomen, palms and sole of feet.
- Swelling of the ankles.

The Third Trimester: This is between 29 – 40 weeks. It often approximates the point of viability or the ability of the foetus to survive with or without medical help, outside of the uterus (Wikipedia, 2010).

Giving birth to a child is one of the most joyous and special event in one's lifetime. Both couples are together in this event, sharing and caring for each other and their baby. In this process, their bond becomes very strong as they share the joy radiating this period. A woman undergoes many hormonal, physical and emotional changes during pregnancy. This season can be the most trying period for some women; it can be quite difficult to come to term with their pregnant condition. They require all the support and assistance from family members and friend to cope with; and this is when the husband most importantly can play some irreplaceable roles. The husband can be supportive and be fully involved in this scene to make the expectant mother feel comfortable.

The role of husband during pregnancy' through when they restlessly move about in the hospital waiting room, eagerly waiting for the announcement of the doctor regarding the birth of the new baby has significantly been rated high. Nowadays, several husbands are drawn in from the time the pregnancy test emerges positive, getting involved in prenatal appointments, childbirth classes, and following the birth being associated with father-baby groups. Some men are at ease with a great deal of involvement while some do not feel comfortable. However, the prospect of being present during labour and delivery is not a source of enjoyment for all. Seeing their child born which is one of the greatest moments of life makes every man happy.

Handerson (2000) and Eicher (2008) revealed that during pregnancy and afterbirth, women are more involved than their husband. It is believed that women carry pregnancy in their womb hence they should be left along to shoulder the burden and for the men to worry about money. Most fathers assume that if they need to know anything, mothers will tell them, while some take on active steps to become informed by their only source of information; television.

The medical profession is keen to see fathers present at delivery because they assume there are long term benefits associated with the experience. There are variations in father's experiences during labour and delivery and these variations are illustrated in a study by Shonibare (2006) whose findings revealed that 10% of fathers said they would rather be somewhere else; 33% reported feeling stressed but 29% felt they contribute in an important way by being there. Supporting the role of fathers during pregnancy and afterbirth, Grill (2000) added that:

The modern day father comes in various forms. Today's father is no longer the traditionally married breadwinner and disciplinarian in the

family. He can be single or married; externally employed or stay at home; an adoptive or step-parent; and a more than capable caregiver to children. Psychological research across families from all ethnic background suggested that father's affection and increased family involvement helps promote children's social and emotional development (p.200).

Sears (2003) explained that understanding a woman's need to step out of her personal shell and to care about her fulfillment as a woman, the husband can play supporting roles during pregnancy. Obviously, the man cannot carry the pregnancy, endure morning sickness for the wife or go through the mood swings associated with pregnancy, however, they can support their pregnant wife in a variety of ways that will help her through the pregnancy to feel confidence and ready to become a mother. Mood swings are hallmark of pregnancy, the husband can support the wife by seeing a comforter when she needs it. Most women at this period fear they are no longer sexually attractive to their husbands because they are pregnant, it would be satisfying if husbands reassure them that they are still desired. Renuka (2007) emphasized that pursuing sexual activities is perfectly healthy but it should never be pushed on a pregnant woman, who does not want it but for some pregnant woman, it can be greatly satisfying to find their husbands still desire them.

During pregnancy, husband can support the wife by knowing what kind of physical changes she is experiencing and the development of the baby, helping to assure her that she would be a great mum and letting her know that there is always help when she needs it. Spring (2010) assured that pregnancy can actually make one quite tired and a way to help is by participating in a few chores around the household especially if the wife seems wiped-out by the pregnancy, offering a helping hand can give needed break and comfort.

In recent times, there has been a growing debate about the roles of husband during wife's pregnancy and afterbirth. Mothers are of the view that husband involvement during pregnancy and afterbirth is limited. Women believe that their spouse should be more caring and supportive towards them especially emotionally, physically and otherwise. Most husbands think their involvement ends when their wife says she is pregnant and probably to break the news to friends and relatives after birth (Spring, 2010).

Pointing to various findings through multiple research activities and studies, Popenoe (2005) asserted that instead of focusing on recreating the role of the father or trying to make him more nurturing or "motherly", there should be focus on teaching fathers to be fathers not mothers. Popenoe expressed that there is a biological difference that men and women have, that is, not only is it unnatural for a father to nurture, men are not wired biologically to care for their young child, stating "motherhood" as a biological necessity and "fatherhood" as a cultural intervention.

Silverstein (2006) added that when fathers are thrust into primary parenting roles, they become capable of acquiring "mother skills". And that nurturance has been traditionally associated with mothering, fathers can nurture as effectively as mothers. Smith (2006) in his book "can fathers be mothers" is of the view that men are capable of nurturing and men can take on the roles that women/mothers have traditionally held. And

that even if a man does assume the place of the mother in childrearing to the best of his ability; it will never be the same as that of a mother playing the role.

In the traditional society, tradition specifically dictates who does what in terms of rearing children. In this case, the father's interaction and child rearing activities were so obscure that good fathering was equated with successful provision for the family and as a symbol of authority with little interaction with the children. This is very much consistent with Fein's model of traditional father in which the major father's role is that of the aloof and distant father, therefore father's care primarily for the family by succeeding in the area of occupation. Mothers still retain primary responsibility for children at what fathers do is considered help. When fathers engage in caretaking activities, they chose to do the clean and easy job (playing with the child and putting him to bed) and avoid the dirty jobs especially feeding and napping changing (Dakley, 2000).

It is expected that fathers render full support to women during pregnancy and afterbirth so as to see this period as a burden free and enjoyable time for mothers and it is against this background that this study is set to find out the roles of husbands during wife's pregnancy and afterbirth as expressed by mothers in Ilorin metropolis. The "mothers" as used in this study are both pregnant women and nursing mothers at the Maternity Wing of University of Ilorin Teaching Hospital. The following research hypotheses were generated to be answered in this study:

1. There is no significant difference in the roles of husband during wife's pregnancy and afterbirth as expressed by mothers in Ilorin metropolis based on family type, age, occupational status, and number of children.
2. There is no significant difference in the roles of husband during wife's pregnancy and afterbirth as expressed by mothers in Ilorin metropolis based on religion, highest educational qualification, marital status, length of years in marriage and husband's occupation.

Methodology

The research design adopted for this study is descriptive survey method. This survey method was considered appropriate for this study because it sought to obtain the opinions of the respondents about the roles of husband during wife's pregnancy and afterbirth as expressed by mothers in Ilorin metropolis. The population for this study includes all mothers in Ilorin metropolis while the target population is all pregnant and nursing mothers at Maternity Wing of University of Ilorin Teaching Hospital. Purposive sampling technique was employed to administer 200 instruments for this study on all the women for prenatal and post natal clinic. The instrument was validated by experts in the Department of Counsellor Education and was adjudged valid. For the reliability of the instrument, the instrument was administered twice to mothers (pregnant and nursing women) at Civil Service Clinic, GRA in Ilorin at the interval of three weeks; and Pearson Product Moment Correlation Coefficient of 0.76 revealed that the instrument was reliable enough to carry out the study.

Results

To analyze the data for the study, both descriptive and inferential statistics were employed. All the hypotheses were tested at 0.05 alpha level of significance.

Table 1: Mean Score and Rank Order of the Roles of Husband during Wife's Pregnancy and Afterbirth as Expressed by Mothers in Ilorin Metropolis

Item No	During Pregnancy and Afterbirth, my Husband:	Mean	Rank
1	provides money for physiological needs (diets, vitamins and fruits).	3.68	1 st
16	helps with the baby laundry.	3.29	2 nd
25	paid the hospital bill.	3.29	2 nd
21	kept late nights when the baby is not asleep.	3.18	4 th
8	helps with the house chores.	3.06	5 th
22	abstains from love making early after delivery.	2.98	6 th
18	move to another room to create space for the baby.	2.86	7 th
14	share my fears and concern.	2.79	8 th
4	is supportive during my discomforts.	2.79	8 th
10	was with me during delivery.	2.74	10 th
6	helps prepare the house for the baby's arrival.	2.69	11 th
3	buys prescribed drugs promptly.	2.68	12 th
17	attends to visitors.	2.65	13 th
19	purchased prescribed drugs and infant food for the baby.	2.61	14 th
11	helps take care of the kids.	2.59	15 th
9	provides money to buy baby materials promptly.	2.54	16 th
2	encourages me to go to ante-natal clinic.	2.52	17 th
7	spent more time with me.	2.51	18 th
20	cared for the baby while resting.	2.46	19 th
15	increases monthly allowance due to pregnancy cravings.	2.29	20 th
13	shows concern by calling frequently during his absence or at work.	2.23	21 st
12	gathers information on how to help, by reading baby books.	2.13	22 nd
5	still found me attractive.	2.06	23 rd
27	buys more baby items (drugs for baby, pampers, shoe) etc.	1.76	24 th
24	helps during the baby's nightly cries.	1.74	25 th
30	helps with the house chores when tired.	1.74	25 th
29	encourages me to take the child for immunization.	1.73	27 th
26	asks his mother to come over, to help with the baby.	1.72	28 th
23	change his social life pattern to accommodate the new	1.72	28 th

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	arrival.		
28	encourage me to go for post-natal care.	1.71	30 th

Table 1 shows the roles of husband during wife's pregnancy and afterbirth as expressed by women in Ilorin metropolis. Items 1, 16, 25, 21 and 8 were ranked 1st – 5th because respondents ranked them to be the highest roles by their husbands' during pregnancy and afterbirth than items 30, 2, 26, 23 and 28 that ranked 25th – 30th.

Hypothesis One: *There is no significant difference in the roles of husband during wife's pregnancy and afterbirth as expressed by mothers based on family type, age, occupational status and number of children.*

Table 2: Mean, Standard Deviation and t-test of Respondents on Roles of Husband during Wife's Pregnancy and Afterbirth Based on Family Type, Age, Occupational Status and Number of Children

Variable	Frequency	Mean	SD	df	Calculated t-value	Critical t-value
Family Type						
Monogamy	105	73.98	5.24	198	2.06*	1.96
Polygamy	95	72.3474	5.98			
Total	200					
Age						
Below 30yrs	92	72.40	5.49	198	-1.86	1.96
30yrs & above	108	73.89	5.72			
Total	200					
Occupational Status						
Working Class	89	72.52	5.99	198	1.54	1.96
Housewife	111	73.76	5.32			
Total	200					
Number of Children						
1-3 children	100	72.78	5.94	198	1.07	1.96
4 children & above	100	73.63	5.33			
Total	200					

Table 2 shows that the calculated t-value of 2.06 for family type is greater than the critical t-value of 1.96. This means that the family type of mothers i.e. monogamy and polygamy influence their expression on the roles of husband during pregnancy and afterbirth. Age, occupational status, and number of children of the respondents (mothers in Ilorin metropolis) on the other hand has calculated t-value as -1.86, 1.54, 1.07 respectively which are lower than the critical t-value of 1.96. This means age, occupational status and number of children of the respondents do not influence their expression on the roles of husband during wife's pregnancy and afterbirth.

Hypothesis Two:

There is no significant difference in the roles of husband during wife's pregnancy and afterbirth as expressed by mothers based on religion, highest educational qualification, marital status, length of years in marriage and husband's occupation.

Table 3: Analysis of Variance of Respondents on the Roles of Husband During Wife's Pregnancy and Afterbirth as Expressed by Mothers Based on Religion, Highest Educational Qualification, Marital Status, Length of Years in Marriage and Husband's Occupation

Sources of Variation	Sum of Squares	df	Mean Squares	Calculated F-ratio	Critical F-ratio
Religion					
Between Groups	22.392	2	11.20	0.35	3.00
Within Groups	6322.203	197	32.09		
Total	6344.595	199			
Highest Educational Qualification					
Between Groups	769.805	2	256.60	9.02*	3.00
Within Groups	5574.790	197	28.443		
Total	6344.595	199			
Marital Status					
Between Groups	168.119	2	84.06	2.68	3.00
Within Groups	6176.476	197	31.35		
Total	6344.595	199			
Length of Years in Marriage					
Between Groups	57.960	2	28.980	0.90	3.00
Within Groups	6286.635	197	31.912		
Total	6344.595	199			
Husband's Occupation					
Between Groups	37.290	2	18.65	0.59	3.00
Within Groups	6307.305	197	32.017		
Total	6344.595	199			

Table 3 shows that the calculated f-ratios of 0.35, 2.68, 0.90 and 0.59 for religion, marital status, lengths of years in marriage and husband's occupation of the respondents respectively are lower than the critical f-ratio of 3.00 at 0.05 alpha level of significant. Thus, it means that the religion, marital status, length of years in marriage and husband's occupation of the respondents do not influence their expression on the roles of husband during wife's pregnancy and afterbirth; while calculated f-ratio of the respondents' highest educational qualification of 9.02 is greater than its critical f-ratio of 3.00 at 0.05 alpha level of significant. It thus means that educational qualification of the respondents influences their expression on the roles of husband during wife's pregnancy and afterbirth.

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Highest educational qualification of the respondents' call for the use of Duncan Multiple Range Test (DMRT) as a post hoc test because of the significant difference that was found in respondents' expression on the roles of husband during wife's pregnancy and afterbirth.

Table 4: Duncan Multiple Range Test (DMRT) of Respondents on the Roles of Husband During Wife's Pregnancy and Afterbirth Based on Highest Educational Qualification

Highest Educational Qualification	Frequency	Mean	Duncan Grouping	Group
Pri/Sec Sch. Cert.	52	76.42	A	1
OND/NCE/Equivalent	56	72.51	B	2
First Degree/HND	69	72.10	C	3
Post Graduate	23	70.91	D	4

The Duncan table 7 shows the mean score of Pri./Sec. Sch. Cert. holders respondents as 76.42, which is statistically greater than the mean scores of OND/NCE/Equivalent, first degree/HND and post graduate holders as 72.51, 72.10 and 70.91 respectively. Primary/secondary school certificate holder respondents contributed more to the significant difference that was noticed in the DMRT table (76.42) while the post graduate has the least significant difference with the mean of 70.91. It thus means that both groups (1 & 4) express the roles of husband during wife's pregnancy and afterbirth differently (76.42 & 70.91) compared to other groups (2 & 3). It shows that the four educational groups have different views/expression on the roles of husband during wife's pregnancy and afterbirth.

Summary of Findings

The study investigates role of husband during wife's pregnancy and afterbirth as expressed by mothers in Ilorin metropolis and the findings revealed that:

- The highest roles of husband during wife's pregnancy and afterbirth include: provide money for physiological needs; help with baby laundry; pay the hospital bill; and keep late nights when the baby is not asleep.
- The lowest roles as expressed by respondents are "encourage me to take the child for immunization; asks his mother to come over to help with the baby; change his social life pattern to accommodate the new arrival; and encourage me to go for post-natal care".
- Family type and highest educational qualification of the respondents influence their expression on the roles of husband during wife's pregnancy and afterbirth.
- Age, occupational status, number of children, religion, marital status, length of years in marriage and husband's occupation of the respondents do not influence their expression on the roles of husband during wife's pregnancy and afterbirth.

Discussion of Findings

The findings of the study revealed that the roles of husband during wife's pregnancy and afterbirth as expressed by mothers such as provides money for physiological needs (diets, vitamin fruits, etc). This finding agreed with Smith (2006) finding which revealed that men participate more in the buying of the needs of their wives during and immediately after birth. Also, the findings expressed that husbands help with laundries but Ipaye (2002) findings contradict this finding to saw that men only assist their wives in monetary terms and do not engage in household chores, hence their wives engage in hiring housemaids. The finding of this study also revealed that men pay the hospital bill was supported by Adana (2002) who added that it is the duty of husband to pay the expenses of their wives when they are pregnant.

Family type of the respondents influences their expression on the roles of husband during wife's pregnancy and afterbirth. It means that the family type of pregnant women (monogamy/polygamy) influence the treatment enjoyed by them during pregnancy and after childbirth. This invariably means that "family type" has impact on the role husbands are expected to play during their wives pregnancy and after birth. This finding is in accordance with Moman's (1995) findings which revealed that sometimes large families always experience poverty; quarrelling and competition and fathers might find it difficult to meet the needs and aspirations of both wives and the children. A man with more than one wife might not be able to give support and care because of time and finance but in a monogamous setting, husbands can put in all efforts and be less stressful for them.

Educational qualification of the respondents influences their expression on the roles of husband during wife's pregnancy and afterbirth. This finding means that the level of education acquired by the respondents significantly influence their expression on the roles they enjoyed from their husband's during pregnancy and afterbirth. Number of children by mothers does not influence their expression on the roles of husband during pregnancy and afterbirth. It means no matter the number of children that must have been produced by a mother (1, 2, 3, 4, etc), it does not influence the expression on the roles they expected their husbands to play during pregnancy and afterbirth. This finding agreed with Mbiti's (2009) submission that among the Trobori tribe, the father shares in the care of the children, he cares for and feeds them. No matter how many children man has, he will still care for and show them love equally.

Length of years in marriage does not influence respondents' expression on the roles of husband during pregnancy and afterbirth. That is, years in marriage below 5yrs – 5-10yrs and 11yrs and above) of respondents does not influence the roles they expect from their husbands during pregnancy and afterbirth. This finding agreed with Popenoe's (2005) expression that fatherhood is a cultural intervention; husbands when thrust into fatherhood role irrespective of the length of years in marriage are able to perform fathering roles.

Age, occupational status, religion, marital status and husband's occupation of the respondents do not influence their expression on the roles of husband during wife's pregnancy and afterbirth. That is, mothers in Ilorin metropolis (pregnant and nursing mothers) irrespective of their age, occupational status, religion, marital status and

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husband's occupation express the role of husband during pregnancy and afterbirth the same way.

Counselling Implications for the Study

The findings of the study revealed that family type and educational qualification of the respondents influence their expression on the roles of husband during wife's pregnancy and afterbirth. It is therefore expected of counsellors to give effective counselling to mothers (pregnant and nursing mothers) to take up the challenges of mothering and develop coping mechanism in the dual roles they play. Also, women in polygamous families should be educated to have positive attitude to mothering, pregnancy, afterbirth challenges so as to thrive well in their various occupation. Counsellors through Counselling Association of Nigeria could liaise with medical practitioners (gyneacology department) to render adequate counselling services to women at these crucial stages so as to regulate the functions and be able to manage mothering motherhood adequately.

Recommendations

From the findings of this study, it has become clear that women expect their husbands to perform more roles and it is therefore recommended that:

- Counsellors should be involved during this period to help resolve psychological issues as women tend to experience lots of emotions during this period.
- Counsellors should be made available during ante and post natal visits.
- Media and religious leaders should be equipped with facts for husband supports to their wives at this period.
- The government should create more jobs so that jobless men can contribute to the financial demands of their wives during these periods.

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