

Assessing the Impact of Male Partner Involvement on Maternal Health Service Utilization: A Case Study of Taraba State, Nigeria

Aniki Emmanuel*, Joy Dogo

Department of Community Medicine and Primary Health Care

*Corresponding Author

ABSTRACT

Maternal mortality remains a major public health challenge globally, particularly in sub-Saharan Africa where over 99% of maternal deaths occur. Nigeria alone contributes nearly 20% of global maternal deaths, underscoring the urgency of improving maternal and child health outcomes. Male partner involvement (MPI) has been increasingly recognized as a key determinant of maternal health service utilization; however, its level of implementation and impact remain poorly understood in many parts of the country. This study was conducted to assess the influence of male involvement on maternal health service utilization in Taraba State, Nigeria, focusing on antenatal care (ANC), skilled birth attendance, and postnatal care (PNC). The study adopted a community-based cross-sectional mixed-methods design, conducted across the three senatorial districts of Taraba State. A multistage sampling technique was used where a structured interviewer administered questionnaire for quantitative data and KII and FGD for qualitative data were administered. Quantitative data were entered electronically via Open Data Kit (ODK) and analyzed using descriptive and inferential statistics, including chi-square and logistic regression, to establish associations between male involvement and maternal health service utilization. Qualitative data were transcribed, coded, and thematically analyzed to provide contextual understanding. Findings revealed that male involvement in maternal health was generally low across the study population. Only 38% of respondents demonstrated high involvement, 37% moderate, and 25% low. The study established a strong positive association between male participation and maternal health service utilization. Women whose partners showed high engagement were significantly more likely to attend ≥ 4 ANC visits (78.9%) compared to those with low involvement (40.3%). Similarly, higher male involvement correlated with greater skilled delivery (68%) and PNC attendance (64%). The predominant forms of male participation included financial support (60%), involvement in birth preparedness (42%), ANC attendance (38%), family planning discussions (34%), and postnatal care (30%). Major barriers identified included cultural norms (40%), lack of awareness (30%), financial constraints (20%), and distance to facilities (10%). Education, occupation, and household income of male partners significantly influenced their level of involvement ($p < 0.05$). Qualitative findings highlighted that traditional beliefs, religious perceptions, and limited male-friendly health services reduced participation, while awareness campaigns, spousal communication, and supportive health workers enhanced it. The study concludes that male partner involvement is crucial to improving maternal health service utilization in Taraba State, as higher male engagement led to increased attendance at antenatal, skilled delivery, and postnatal care services. However, cultural norms and systemic barriers continue to limit full participation.

