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# MALE PARTNER PARTICIPATION IN DELIVERY CARE IN NIGERIA: A SYSTEMATIC ANALYSIS OF BARRIERS, FACILITATORS, AND INTERVENTIONS FOR IMPROVING MATERNAL HEALTH OUTCOMES

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**Abstract**
Male partner participation in delivery care and maternal health services has emerged as a critical component of safe motherhood initiatives globally. This literature review synthesizes evidence from existing studies examining male partner involvement in delivery care in Nigeria. The paper adopts patriarchal theory as the theoretical framework. The evidence reveals that male participation in delivery care remains suboptimal across Nigerian contexts, with participation rates varying widely from 10% to 65%, depending on the specific aspect of care and geographic location. Key barriers identified include deeply entrenched cultural norms that define childbirth as "women's business," institutional constraints such as inadequate space and restrictive policies, lack of awareness and education among men, financial constraints, and patriarchal gender roles. Facilitators of male participation include higher levels of education, urban residence, effective spousal communication, health education interventions, and supportive attitudes from healthcare providers. Evidence further demonstrates that male involvement is associated with improved maternal health outcomes, including increased facility-based deliveries, better birth preparedness, enhanced emotional support for women, and improved maternal and neonatal health indicators. Community-based interventions and health education programs have shown promise in improving male participation. The review concludes that addressing male partner participation requires multi-level interventions targeting cultural norms, healthcare system policies, and individual knowledge gaps. Recommendations include integrating male-inclusive policies into maternal healthcare, expanding healthcare facility infrastructure, implementing community-based education programs, and reorienting men's understanding of their roles in maternal health within Nigeria's patriarchal context.
**Keywords: D**elivery care, Maternal health, Male partner participation, Nigeria

## Introduction

Maternal mortality remains a significant public health challenge in Nigeria, which accounts for approximately 20% of global maternal deaths despite having only 2% of the world's population. The country's maternal mortality ratio of 512 deaths per 100,000 live births underscores the urgent need for comprehensive strategies to improve maternal health outcomes. Increasingly, global health initiatives recognize that achieving safe motherhood requires moving beyond a narrow focus on women alone to engage men as partners in maternal healthcare (Olajide et al., 2025; Sharma et al., 2019). Male partner participation in delivery care encompasses a range of supportive behaviors, including accompanying women to antenatal care visits, being present during labor and delivery, participating in birth preparedness and complication readiness planning, providing financial support for healthcare services, and offering emotional support throughout the pregnancy and childbirth continuum. Despite growing recognition of the importance of male involvement, evidence suggests that male participation in delivery care remains limited in Nigeria (Olajide et al., 2025; Sharma et al., 2019).

The concept of male partner participation in maternal health has evolved significantly over the past three decades. Historically, pregnancy and childbirth were viewed exclusively as women's domains, with men relegated to peripheral roles as financial providers. However, the 1994 International Conference on Population and Development in Cairo marked a paradigm shift, recognizing men as partners in reproductive health and emphasizing the importance of their involvement in maternal and child health services (Okeke, 2025). In the Nigerian context, male involvement in maternal health must be understood within the framework of patriarchal social structures that characterize most Nigerian communities. Research indicates that men occupy dominant positions as heads of households and primary decision-makers, wielding significant influence over women's access to healthcare services (Okafor et al., 2022; Eze et al., 2023). This patriarchal structure creates a paradox: while men hold decision-making power over maternal healthcare utilization, cultural norms simultaneously define

childbirth as "women's business," discouraging direct male participation in delivery care (Sharma et al., 2019; Adeleye et al., 2007).

The foundation for promoting male involvement rests on several key premises. First, men's participation can improve maternal health outcomes by facilitating timely access to healthcare services, providing financial resources, and offering emotional support. Second, engaging men challenges harmful gender norms and promotes more equitable partnerships in reproductive health. Third, male involvement benefits men themselves by fostering stronger family bonds and increasing their understanding of maternal health challenges (Cumber et al., 2024; Moyo et al., 2024). In sub-Saharan Africa, including Nigeria, the evidence base for male involvement has grown substantially. Systematic reviews have documented both the potential benefits of male participation and the complex barriers that impede engagement (Moyo et al., 2024; Cumber et al., 2024). These reviews highlight the need for context-specific interventions that address the unique cultural, social, and institutional factors operating in different settings.

The Nigerian healthcare system's structure also influences male participation. Most maternal health services are designed and delivered with women as the primary clients, with limited consideration for male partners. Healthcare facilities often lack adequate space for male partners, and policies regarding male presence during labor and delivery vary widely across facilities (Olajide et al., 2025). Understanding these contextual factors is essential for developing effective strategies to enhance male partner participation in delivery care.
In Nigeria, unique challenges and opportunities promote male partner participation. The country's diverse cultural landscape, characterized by patriarchal social structures, traditional gender roles, and varying religious beliefs, significantly influences men's engagement in maternal health. Understanding the current state of male participation, the barriers that impede involvement, the factors that facilitate engagement, and the outcomes associated with male involvement is essential for developing effective interventions and policies. This literature review synthesizes empirical evidence from studies conducted in Nigeria to: (1) document the current state of male partner participation in delivery care; (2) identify and analyze barriers to male involvement across cultural, institutional, and individual levels; (3) examine facilitators and enabling factors; (4) assess the benefits and outcomes associated with male participation; (5) review interventions and programs designed to enhance male involvement; and (6) discuss implications for policy and practice. By providing a comprehensive synthesis of the evidence, this review aims to inform stakeholders, policymakers, and healthcare providers working to improve maternal health outcomes in Nigeria.

## Theoretical framework

### Patriarchal theory

Patriarchal theory is rooted in feminist social theory and was advanced by scholars such as Sylvia Walby (1990), Kate Millett (1970), and Connell (1995). These scholars conceptualized patriarchy as a system of social structures and practices through which men dominate, oppress, and exploit women. Rather than viewing patriarchy as merely individual attitudes, the theory emphasizes its institutionalized and cultural nature, operating through family systems, religion, economic relations, and the state.

Walby (1990) identified multiple interconnected structures of patriarchy, including the household, paid work, culture, sexuality, violence, and the state, all of which are relevant to reproductive health and maternal care. Patriarchal theory is male dominance in household and societal decision-making, alongside a rigid gendered division of labor that assigns reproductive and caregiving responsibilities to women while positioning men as providers and authority figures. Within this framework, childbirth is socially constructed as a feminine domain, and men's involvement in delivery care is often viewed as inappropriate or incompatible with dominant ideals of masculinity. In the Nigerian context, these norms discourage men from being physically present during labor and delivery, even when they retain significant control over decisions such as where delivery occurs and how healthcare costs are financed.

Patriarchal theory also highlights how institutions, including health systems, reproduce and legitimize gender inequalities. Maternity care settings in Nigeria frequently reflect patriarchal assumptions through policies and practices that exclude men from delivery rooms, lack male-friendly spaces, and are reinforced by healthcare providers' attitudes that perceive male partners as intruders rather than supportive participants. These institutional barriers mirror and strengthen broader societal norms that marginalize men's caregiving roles while maintaining their decision-making authority.

## Literature review

### Current State of Male Partner Participation in Delivery Care

Studies in Nigeria reveal that male partner participation in delivery care and maternal health services remains suboptimal, though participation rates vary considerably across different aspects of care and geographic locations. Male accompaniment to antenatal care (ANC) visits represents one of the most commonly measured indicators of male involvement. Studies show highly variable rates of male participation in ANC across Nigeria. In southwestern Nigeria, Falade-Fatila et al. (2020) found that 65.3% of married men had ever accompanied their wives to ANC, though only 38.5% accompanied them to all ANC visits. Similarly, Akinyemi et al. (2024) reported that 64.5% of men in Modakeke, Southwest Nigeria, had accompanied their partners to at least one ANC visit. In contrast, Sodeinde et al. (2020) found lower rates in Ogun State, with 43.5% of men reporting involvement in ANC attendance, and noted significant rural-urban disparities (rural: 37.5% vs. urban: 49.5%). In northern Nigeria, participation rates tend to be lower. Iliyasu et al. (2010) reported that only 10% of men in a northern Nigerian community had accompanied their wives to ANC. More recently, Amole et al. (2023) found that 45.6% of male partners in urban Kano had accompanied their wives to ANC at least once during the most recent pregnancy. These geographic variations reflect differences in cultural norms, educational levels, and healthcare access across Nigerian regions.

Male presence during labor and delivery represents a more intimate form of involvement and is generally less common than ANC accompaniment. Adeniran et al. (2019) found that only 27.5% of men in Ilorin accompanied their wives to the place of delivery, and just 10% were present during labor. Similarly, Ojo et al. (2019) reported that 35.5% of women in Ibadan indicated their husbands accompanied them to the hospital during labor, but only 10.5% of husbands were present in the labor room. Healthcare providers' perspectives confirm limited male presence during labor. Olajide et al. (2025) found that obstetric caregivers in Ekiti State reported minimal male participation in labor and delivery, attributing this to inadequate space, cultural barriers, and lack of awareness. Emelonye, et al. (2017) documented that midwives in Nigerian hospitals reported limited male partner presence during childbirth, with institutional policies and space constraints cited as major obstacles.

Male involvement in birth preparedness and complication readiness (BPCR) activities shows more encouraging patterns. Iliyasu et al. (2010) found that 73% of men in northern Nigeria had saved money for delivery, 67% had identified a health facility, and 60% had arranged for transportation. Obi et al. (2013) reported that 82.5% of men in Benin City were involved in saving money for delivery expenses, 76.5% in identifying health facilities, and 71.5% in arranging transportation. Sodeinde et al. (2020) found that 89.5% of men in Ogun State were involved in at least one BPCR activity, with saving money (85.5%) and identifying health facilities (78.5%) being the most common. However, fewer men were involved in identifying blood donors (52.5%) or preparing birth kits (45.5%). These findings suggest that men are more comfortable with financial and logistical aspects of birth preparedness than with direct participation in delivery care. Men's roles as primary decision-makers and financial providers for maternal healthcare are well-documented. Okafor et al. (2022) found that 65% of men in Western Nigeria had good knowledge of maternal and child health, and 60.8% demonstrated good involvement, primarily through decision-making and financial provision. Odimegwu et al. (2005) reported that men played significant roles in emergency obstetric care decisions, with 78% of men making final decisions about seeking emergency care. However, this decision-making power can be a double-edged sword. While male support facilitates healthcare access, male control can also delay care-seeking if men are unavailable or unsupportive. Adetutu et al. (2024) found complex relationships between male involvement and maternal healthcare utilization, with intimate partner violence negatively affecting service utilization.

Significant variations in male participation exist across Nigerian regions and demographic groups. Urban residents generally show higher participation rates than rural residents (Sodeinde et al., 2020). Educational level strongly predicts involvement, with men having post-secondary education showing significantly higher participation (Okafor et al., 2022; Amole et al., 2023). Younger men and those in monogamous marriages tend to be more involved than older men and those in polygamous unions (Falade-Fatila et al., 2020). The evidence clearly indicates that while some progress has been made in engaging men in certain aspects of maternal health, particularly financial preparation and ANC accompaniment, direct participation in delivery care remains limited. Understanding the barriers that impede greater involvement is essential for developing effective interventions.

### Barriers to Male Partner Participation in Delivery Care

The literature identifies multiple, interconnected barriers operating at cultural, institutional, individual, and economic levels that impede male partner participation in delivery care in Nigeria.

Cultural norms and traditional gender roles constitute the most pervasive barriers to male involvement in delivery care. Across Nigerian communities, childbirth is predominantly viewed as "women's business," with men's direct participation considered culturally inappropriate (Sharma et al., 2019; Adeleye et al., 2007; Eze et al., 2023). Sharma et al. (2019) conducted qualitative research in Jigawa State, northern Nigeria, documenting how men, women, and healthcare providers all reinforced the perception that maternal health is primarily a woman's concern. Men expressed the view that "that's a woman's problem," reflecting deeply entrenched gender role divisions. Similarly, Adeleye et al. (2007) found that men in Ekiadolor, Southern Nigeria, perceived their role as limited to providing financial support, with the attitude that "he does his own and walks away."

Religious and cultural beliefs further reinforce these gender norms. Olajide et al. (2025) reported that obstetric caregivers identified cultural and religious barriers as major obstacles to male involvement in ANC and labor. In some communities, religious interpretations discourage male presence during delivery, viewing it as immodest or inappropriate. Okafor et al. (2022) documented how patriarchal beliefs about men being "the head of the family, the dominant head" paradoxically exclude them from direct participation in childbirth while maintaining their decision-making authority. Traditional practices and community expectations also shape male behavior. Onyeze-Joe et al. (2020) found that first-time fathers in southeast Nigeria felt excluded from pregnancy-related care due to cultural expectations that positioned them as outsiders in maternal health matters. Men reported that community members would mock or ridicule them for being "too involved" in pregnancy matters, creating social pressure to maintain distance from delivery care.

The concept of privacy and modesty presents another cultural barrier. Women and healthcare providers express concerns about male presence during delivery due to privacy considerations, particularly in settings where multiple women may be in labor simultaneously (Olajide et al., 2025). These concerns are amplified in contexts where healthcare facilities lack private delivery rooms. Healthcare system factors significantly impede male participation, even when men are willing to be involved. Inadequate physical infrastructure emerges as a primary institutional barrier across multiple studies. Olajide et al. (2025) found that obstetric caregivers identified "inadequate space and privacy concerns" as the foremost barrier to male involvement in labor and delivery. Most Nigerian healthcare facilities lack sufficient space to accommodate male partners in labor wards, particularly in busy public hospitals where multiple women may share delivery rooms.

Restrictive facility policies and healthcare provider attitudes further limit male participation. Emelonye, et al. (2017) documented that midwives in Nigerian hospitals reported institutional policies that restricted male partner presence during childbirth, even when space was available. Some facilities explicitly prohibit male presence in delivery rooms, while others leave decisions to individual healthcare providers, resulting in inconsistent practices. Healthcare provider attitudes and behaviors also serve as barriers. Sinai et al. (2024) found that healthcare providers in northern Nigeria sometimes exhibited negative attitudes toward male involvement, viewing men as disruptive or unnecessary in clinical spaces. Some providers expressed concerns that male presence would complicate care delivery or violate women's privacy. Conversely, Ojo et al. (2019) reported that some women perceived healthcare providers as unwelcoming to male partners, creating an inhospitable environment for male involvement.

The organization of maternal health services around women as sole clients creates structural barriers. Clinic schedules, typically during working hours, conflict with men's employment obligations (Okafor et al., 2024; Okafor et al., 2022). Few facilities offer evening or weekend services that would accommodate working men. Additionally, health education and counseling sessions rarely target men directly, reinforcing the perception that maternal health services are exclusively for women. Long waiting times and poor service quality discourage male participation. Men report frustration with spending entire days at health facilities due to inefficient service delivery, making repeated accompaniment to ANC visits impractical (Onyeze-Joe et al., 2020). These system inefficiencies disproportionately affect men who must take time away from income-generating activities.

Lack of awareness and education about the importance of male involvement constitutes a significant barrier. Olajide et al. (2025) identified "lack of awareness and education" as a key obstacle, with many men unaware of how their participation could benefit maternal and neonatal outcomes. Amole et al. (2023) found that knowledge gaps about maternal health issues were associated with lower male participation in urban Kano. Men's limited understanding of pregnancy complications and danger signs impedes their ability to support birth preparedness and emergency response. Iliyasu et al. (2010) reported that while many men participated in financial preparation, fewer understood specific danger signs requiring emergency care. This knowledge gap limits men's capacity to recognize complications and facilitate timely care-seeking.

Misconceptions about male roles in maternal health persist. Some men believe their involvement is unnecessary if they provide financial support, viewing direct participation as redundant (Adeleye et al., 2007). Others fear that excessive involvement might make them appear weak or overly controlled by their wives, threatening their masculine identity (Eze et al., 2023). Communication barriers between partners also impede male involvement. Onyeze-Joe et al. (2020) found that some women deliberately excluded their partners from pregnancy-related information, either to avoid burdening them or due to poor marital communication. This information gap prevents men from understanding their partners' needs and participating effectively. Financial constraints represent a significant barrier, particularly for low-income families. While men are expected to provide financial support for maternal healthcare, many struggle to meet these expectations. Okafor et al. (2022) and Eze et al. (2023) documented how financial limitations prevented men from adequately supporting maternal healthcare, including accompanying women to facilities due to transportation costs.

The opportunity cost of male participation poses challenges, especially for men in informal employment or daily wage labor. Taking time off work to accompany partners to ANC visits or be present during delivery means lost income, creating a difficult trade-off between direct participation and financial provision (Okafor et al., 2024). This economic pressure is particularly acute in rural areas and among low-income urban populations. Distance to healthcare facilities and transportation costs compound economic barriers. In rural areas, men must arrange and pay for transportation to distant health facilities, making repeated ANC accompaniment financially burdensome (Sodeinde et al., 2020). These costs are magnified when complications arise, requiring emergency referrals to higher-level facilities.

**Facilitators and Enabling Factors**

Despite numerous barriers, research has identified several factors that facilitate male partner participation in delivery care and maternal health services in Nigeria.

Higher educational attainment consistently emerges as a strong facilitator of male involvement. Okafor et al. (2022) found that men with post-secondary education were significantly more likely to have good knowledge of maternal and child health (AOR 1.984, 95% CI 1.002-3.928) and good involvement in MCH. Similarly, Amole et al. (2023) reported that higher education levels predicted greater male participation in maternal health in urban Kano. Falade-Fatila et al. (2020) documented that men with tertiary education were more likely to accompany their wives to ANC and participate in birth preparedness activities.

Spousal education also facilitates male involvement. Okafor et al. (2022) found that men whose spouses had post-secondary education were more likely to have good knowledge of MCH (AOR 2.755, 95% CI 1.189-6.382) and higher involvement (AOR 2.270, 95% CI 1.000-5.161). Educated women may be more effective in communicating their needs and encouraging partner participation. Health education interventions significantly improve male knowledge and participation. Adamu et al. (2020) demonstrated that health education interventions in rural Sokoto State significantly improved men's knowledge, attitudes, and involvement in birth preparedness and complication readiness, with mean scores increasing significantly post-intervention ($p<0.001$). Eze et al. (2023) found that participatory action research approaches that engaged men in learning about maternal health led to improved perceptions and practices toward maternity care in rural southeast Nigeria.

Urban residence facilitates male participation through better access to healthcare facilities, greater exposure to health information, and more progressive social norms. Sodeinde et al. (2020) found significantly higher male involvement in birth preparedness in urban areas (49.5%) compared to rural areas (37.5%). Urban men had better access to health facilities, shorter travel distances, and more flexible work arrangements that accommodated ANC accompaniment. Proximity to healthcare facilities reduces logistical and financial barriers to male participation. Men living closer to health facilities are more likely to accompany their partners to ANC and be present during delivery (Iliyasu et al., 2010). This geographic advantage is particularly important for emergency situations requiring rapid response.

Positive marital relationships and effective spousal communication facilitate male involvement. Arisukwu et al. (2021) found that spousal support during pregnancy in rural Nigerian contexts was enhanced by good communication and mutual understanding between partners. Women who actively engaged their husbands in pregnancy-related discussions were more successful in securing their participation (Onyeze-Joe et al., 2020). Monogamous marriages show higher male involvement compared to polygamous unions. Falade-Fatila et al. (2020) reported that men in monogamous marriages were more likely to accompany their wives to ANC and participate in delivery care, possibly due to stronger emotional bonds and less divided attention and resources.

Supportive healthcare provider attitudes facilitate male involvement. When healthcare providers actively welcome and encourage male partners, participation increases (Ojo et al., 2019). Providers who explain the benefits of male involvement and create welcoming environments help overcome men's hesitation and cultural barriers. Olajide et al. (2025) found that obstetric caregivers who recognized the positive impacts of male involvement—including improved maternal and birth outcomes and increased emotional support—were more likely to advocate for male-inclusive policies and practices. Provider training on the importance of male involvement can shift institutional culture toward greater male engagement.

Men's understanding of the benefits of their involvement facilitates participation. When men recognize that their presence provides emotional support, reduces maternal anxiety, improves health outcomes, and strengthens family bonds, they are more motivated to participate (Olajide et al., 2025). Iliyasu et al. (2024) found that expectant mothers in Kano who understood the benefits of male presence during childbirth were more likely to desire their partners' involvement. Certain religious and ethnic affiliations facilitate male involvement. Okafor et al. (2022) found that Christian men were more likely to have good knowledge of MCH (AOR 1.674, 95% CI 1.045-2.679) compared to Muslim men, possibly reflecting different interpretations of gender roles. Yoruba ethnicity was also associated with better knowledge (AOR 1.753, 95% CI 1.100-2.796), suggesting ethnic variations in cultural norms regarding male involvement. Having more children, particularly more under-fives in the household, predicts greater male involvement. Okafor et al. (2022) found that men with more under-fives had better knowledge of MCH (AOR 2.162, 95% CI 1.365-3.425), likely due to accumulated experience with pregnancy and childcare. First-time fathers, while initially less knowledgeable, often express strong desire to be involved if given appropriate guidance and support (Onyeze-Joe et al., 2020).

**Benefits and Outcomes of Male Partner Participation**

Research demonstrates multiple benefits of male partner participation in delivery care, affecting maternal health outcomes, emotional well-being, family dynamics, and healthcare utilization.

Male involvement is associated with improved maternal health outcomes across multiple indicators. Olajide et al. (2025) reported that obstetric caregivers perceived male involvement as contributing to "improved maternal and birth outcomes," including better adherence to medical advice, timely care-seeking, and reduced complications. Omolola et al. (2022) found that male participation in antenatal care positively affected pregnancy outcomes, with women whose partners were involved experiencing fewer complications. Facility-based delivery rates increase with male involvement. Studies show that women whose partners participate in ANC and birth preparedness are more likely to deliver in health facilities rather than at home (Iliyasu et al., 2010; Obi et al., 2013). This shift toward facility-based delivery reduces risks associated with home births and increases access to skilled birth attendance and emergency obstetric care. Birth preparedness and complication readiness improve significantly with male involvement. When men participate in BPCR activities—saving money, identifying health facilities and transportation, recognizing danger signs, and preparing for emergencies—families are better equipped to respond to complications (Iliyasu et al., 2010; Sodeinde et al., 2020). This preparedness reduces delays in seeking emergency care, a critical factor in preventing maternal mortality.

Male presence during pregnancy and delivery provides crucial emotional support for women. Olajide et al. (2025) identified "increased emotional support and reduced anxiety" as a key perceived impact of male involvement from healthcare providers' perspectives. Women whose partners accompany them to ANC and are present during labor report feeling more supported, less anxious, and more confident (Ojo et al., 2019). Emelonye, et al. (2017) found that women perceived spousal presence as relevant to childbirth pain relief, with male partners providing emotional comfort, encouragement, and reassurance during labor. This emotional support can improve women's birth experiences and potentially influence physiological outcomes such as labor duration and pain perception. The psychological benefits extend beyond the immediate birth period. Women whose partners are involved throughout pregnancy report greater satisfaction with their pregnancy experience and stronger marital relationships (Arisukwu et al., 2021). This emotional support is particularly important in contexts where women may feel isolated or anxious about childbirth.

Male involvement facilitates better utilization of maternal health services. Falade-Fatila et al. (2020) found that male participation in pregnancy-related care was associated with increased ANC attendance, with women whose partners were involved more likely to complete the recommended number of ANC visits. This improved utilization ensures better monitoring of pregnancy progress and early detection of complications. However, the relationship between male involvement and healthcare utilization is complex. Adetutu et al. (2024) found that while positive male involvement generally improved maternal healthcare services utilization, intimate partner

violence negatively affected service use. This finding underscores that the quality and nature of male involvement matter as much as the presence of involvement itself.

Male involvement in decision-making can expedite care-seeking during emergencies. Odimegwu et al. (2005) documented that men's roles in emergency obstetric care decisions were critical, with male support facilitating rapid mobilization of resources and transportation. However, male absence or opposition could delay care-seeking, highlighting the importance of ensuring male involvement is supportive rather than controlling. Male participation in delivery care strengthens family bonds and promotes more equitable gender relations. Men who participate in pregnancy and childbirth report feeling more connected to their partners and children, developing greater appreciation for women's experiences, and assuming more active parenting roles (Onyeze-Joe et al., 2020). This involvement can challenge traditional gender norms and promote more equitable partnerships. Cumber et al. (2024) noted in their systematic review that fathers' involvement in pregnancy and childbirth in Africa contributes to improved family functioning and child development outcomes. When men are engaged from pregnancy through delivery, they are more likely to continue active involvement in childcare and family health matters.

**Benefits for Men Themselves**

Male involvement benefits men by increasing their knowledge of reproductive health, enhancing their sense of responsibility, and improving their relationships with their partners. Onyeze-Joe et al. (2020) found that first-time fathers who were involved in pregnancy-related care expressed satisfaction with their experiences and felt better prepared for fatherhood. Men reported that involvement helped them understand their partners' needs and challenges, fostering empathy and support. Adamu et al. (2020) demonstrated that health education interventions improved not only men's knowledge and practices but also their attitudes toward maternal health, suggesting that involvement can shift men's perspectives on gender roles and reproductive health responsibilities.

**Interventions and Programs to Enhance Male Involvement**

Several interventions and programs have been implemented and evaluated in Nigeria to enhance male partner participation in delivery care and maternal health services. Health education interventions targeting men have shown significant effectiveness in improving knowledge, attitudes, and practices. Adamu et al. (2020) evaluated a health education intervention in rural Sokoto State that provided structured education to male partners on birth preparedness and complication readiness. The intervention significantly improved men's knowledge (mean score increased from 1.92 to higher post-intervention levels, $p<0.05$), attitudes, and involvement in maternity care practices including accompanying pregnant women to ANC, supporting facility delivery, and helping with household chores (composite mean difference 0.36, $p<0.001$). The intervention also improved specific BPCR practices, with composite mean scores for activities such as saving money, identifying transport and health facilities, and preparing birth kits increasing from 3.68 (0.99) pre-intervention to 4.47 (0.82) post-intervention ($p<0.001$). These findings demonstrate that targeted health education can effectively shift male knowledge and behavior. Community-based participatory interventions that engage men within their social contexts show promise. Eze et al. (2023) implemented a participatory action research approach in rural southeast Nigeria that involved men in identifying barriers and developing solutions for maternal health challenges. This approach improved males' perceptions and practices toward maternity care by engaging community leaders, traditional institutions, and peer networks. The participatory approach recognized men's roles within patriarchal structures while encouraging reorientation toward more supportive involvement. By working within existing social structures rather than against them, the intervention achieved greater acceptance and sustainability. Eze et al. (2023) concluded that community-participatory strategies can enhance males' involvement in maternal health and should be explored more widely.

Some facilities have experimented with male-inclusive clinic services, including dedicated sessions for couples, male-friendly waiting areas, and provider training on engaging male partners. While systematic evaluations of these approaches in Nigeria are limited, qualitative evidence suggests that when facilities actively welcome male partners and create accommodating environments, male participation increases (Ojo et al., 2019). Sinai et al. (2024) emphasized the importance of training healthcare providers to recognize men's roles and engage them constructively. Provider attitudes significantly influence whether men feel welcome in maternal health spaces, making provider training a critical intervention component. Integrating community health influencers and promoters into healthcare systems can enhance male involvement. Eze et al. (2023) recommended that government integrate community health promoters to help provide health services and engage men at the community level. Community health workers can reach men in their homes and workplaces, providing education and counseling in culturally appropriate ways. Community-based approaches overcome barriers related to clinic

schedules and men's work obligations by bringing health education to men rather than requiring them to come to facilities. This strategy is particularly important in rural areas with limited healthcare access.

**Conclusion**

Achieving safe motherhood in Nigeria requires comprehensive strategies that engage all stakeholders, including male partners. Although significant barriers exist, the evidence demonstrates that they are not insurmountable. Through multi-level interventions that address cultural norms, healthcare system constraints, and individual knowledge gaps, male partner participation in delivery care can be enhanced. Such improvements promise substantial benefits for maternal and neonatal health outcomes, women's experiences of pregnancy and childbirth, and overall family well-being. The path forward requires sustained commitment from policymakers, healthcare providers, communities, and men themselves. By recognizing men as partners rather than obstacles in maternal health, and by creating enabling environments for their constructive involvement, Nigeria can make significant progress toward reducing maternal mortality and achieving safe motherhood for all women.

**Recommendations**

Based on the evidence reviewed, the following recommendations are proposed:

**For Policymakers:**

- Develop and implement national and state-level policies explicitly promoting male partner participation in maternal health services
- Allocate resources for healthcare infrastructure improvements to address space and privacy constraints
- Integrate male involvement indicators into national health monitoring systems
- Fund community-based health education programs targeting men
- Establish partnerships with traditional and religious leaders to promote cultural change

**For Healthcare Providers and Facilities:**

- Train all maternal health providers on the importance of male involvement and strategies for engaging male partners
- Redesign service delivery to accommodate male participation, including flexible clinic hours and couple counseling
- Create welcoming environments for male partners through designated spaces and targeted health education materials
- Develop and implement standardized protocols for male involvement that balance benefits with women's privacy and preferences
- Monitor and evaluate male participation rates as quality indicators

**For Communities:**

- Implement peer education programs using male champions to shift social norms
- Facilitate community dialogues addressing gender roles and male involvement in maternal health
- Engage traditional and religious leaders as advocates for male participation
- Share success stories and positive experiences to normalize male involvement

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