

Perception of Child Bearing Women towards Male Involvement in Midwifery Practice in Family Support Programme (FSP) Clinic Yenagoa, Nigeria

Azebri, Pereotubo Beauty¹, Lawrence, Arunibebi Lamawal², Jimmy, Jessica Agada², Aluye-Benibo, Data², Igbans, Rejoice Obele³, Apiakise, Ebipade Williams³, Ochiagha, Obianuju Angel⁴

¹Department of Maternal and Child Health Nursing, Faculty of Nursing, Niger Delta University, Amassoma, Nigeria

²Department of Public Health Nursing, Bayelsa State College of Health Technology, Otuogidi-Ogbia, Nigeria

³Department of Community Health, Bayelsa State College of Health Technology, Otuogidi-Ogbia, Nigeria

⁴Faculty of Nursing, Niger Delta University, Amassoma, Nigeria

Abstract: This study investigates the perception of child bearing women towards male involvement in midwifery practice in Family Support Programme (FSP) Clinic Yenagoa, Bayelsa State. Male involvement in midwifery practice is a challenging issue even among health personnel. Two objectives were set to determine the perceptions of childbearing women towards male midwives, and to identify factors that might influence their perception. A descriptive non-probability method was adopted and 137 respondents were used for this study. Self-structured questionnaires were used as instrument for data collection. Results were presented using frequency tables, percentages and pie charts and analyzed with computer Statistical Package for Social Sciences (SPSS) software. The major findings revealed that (61.3%) of childbearing women said that male midwives should be encouraged, 55.5% of the respondents experience with a male midwife was equivalent to any other midwife, 30.7% said that their partner will not be comfortable with a male midwife, same number of the respondents 30.7% said that males don't give birth, so they will not understand the pains associated with labour/childbirth. The study also revealed that there is significant association between level of education of the respondents and perception of male involvement in midwifery practice with $P < 0.05$ as well as their religion and perception of male involvement in midwifery practice with $P < 0.05$. Therefore, it is recommended that health facilities and institutions should strive to encourage men to enter and practice midwifery as a profession, and gender discrimination should not be encouraged in midwifery practice.

Keywords: Perception, Male Involvement, Child bearing women, midwifery practice.

I. Introduction

The last fifteen years had witnessed an increasing global recognition to the importance of men involvement in sexual and reproductive health most especially in high fertility countries such as Nigeria. Over the years, male have been segregated from midwifery profession until recently. On the contrary, midwives call on and involve male doctors in care for their patients forgetting that they are of the same gender^[1]. The purpose of the study is to determine the perception of male involvement in midwifery practice among child bearing women in Family Support programme Clinic (FSP) Yenagoa. Midwifery care focuses on the intimate, intensely personal aspects of pregnancy and childbirth, along with women care. It is common knowledge that the profession of midwifery is dominated by females and the challenges and complexities of this have been explored at length^[2]. However, male midwives are highly discriminated against not just by clients, but also by female members of their profession which is found to be unfair^[3]. Many believed that a man would not be able to understand what a woman is going through during pregnancy, labour and puerperium while some found men's motives suspicious^[2]. According to a study, many people have wondered if there is such thing as a "male midwife", and when the subject of men in midwifery is discussed, it usually conjures up perplexed looks. According to them the very idea of men in midwifery can create quite a stir, and most lay people do not perceive it as strange, owning that there are few men in this profession; in fact, these conversations often lead to the unanimous sentiment that men should not be in the midwifery specialty at all^[4]. They further observed that, male midwives and the women they serve described the quality of care given, and not the gender of the provider^[4]. One male midwife succinctly stated that gender is very rarely an issue for clients. Many women reported being initially hesitant about having a male midwife, but once rapport was developed gender was no longer a consideration, furthermore, one woman reported that her male midwife was "much more caring and sympathetic" than her female midwives^[5,6]. However, in countries like Cameroon, the entrance of men into

midwifery has created a lot of controversy over the preference of sex when it comes to midwives, he also stated that many Christian women and men say they prefer male midwives to attend to them and their wives during labour, while Muslim women and men say it is a taboo for men to see the private parts of other men's wives^[7]. A study in Egypt, conducted among male student nurses revealed increased discrimination by the female patients and unfavorable attitude by the clinical instructors^[8].

The objectives of the study are to determine the perceptions of child bearing women towards male midwives and to identify factors that might influence the perceptions of child bearing women in FSP clinic, Yenagoa Bayelsa state Nigeria.

From the researchers' observations, most women that registered for antenatal and those in the labour ward were quite uncomfortable seeing a male midwife or a male Student-Nurse around in the examination room or during labour; some women never accepted to be examined by a male midwife. Most women often ask questions such as: Why would any man want to be a midwife? What could the interest or motivation? Why don't the males leave midwifery practice alone for women?

The assumption to this is that men's involvement in midwifery is questionable and problematic. Nevertheless, in Nigeria, there are no barriers to stop men becoming midwives but, for some reason it is still very much thoughtful of a female profession. Therefore, the research questions are:

1. What are the perceptions of childbearing women towards male midwives?
2. What are the factors that might influence their perception?

Answers to these questions will help to determine the various perceptions of childbearing women towards male involvement in midwifery practice, create awareness on male involvement in midwifery practice which may improve reflective practice and enhance the quality of care delivered and also help in policy planning and implementation aimed to encourage mothers on accepting male midwives and this is important in attaining millennium development goals 4 and 5 which deal with ensuring maternal and child health respectively.

Research Hypothesis

1. There is no statistical significant relationship between level of education and their perception towards male involvement in midwifery practice.
2. There is no statistical significant relationship between religion of the mother and their perception towards male involvement in midwifery practice.

II. Methodology

Research Design

A descriptive survey design was used to determine the perceptions of male involvement in midwifery practice among childbearing women attending antenatal clinic.

Description of study Area

FSP Clinic is located in Ovom, Yenagoa Local Government Area of Bayelsa State. The Clinic comprises of labour ward, postnatal ward consist of four (4) beds, treatment room, pharmacy station, two (2) consulting rooms, records department, matron's office and nurse's station. The clinic is mainly for antenatal care, intra-natal care, postnatal care, family planning, child-welfare clinic and out-patient clinic but do referral in cases of any serious illness that need expert care, the clinic is staffed with experienced health personnel's including doctors, midwives, nurses, pharmacists, and other health workers.

Target Population

The target population in this study comprised of child bearing women between the ages of 18–45, primi-para and multi-para, and pregnant women in all trimester. They had to have registered for ante natal services in FSP clinic, ovom, Yenagoa, with targeted population of about 250 child bearing women.

Sample Size and Sampling Technique

A total of 137 respondents were used for this study; who attended antenatal clinic at FSP Clinic in Yenagoa. The respondents were chosen base on their willingness to participate in the study. A non-probability or convenience sampling method was appropriate to select respondents because antenatal days were specific days in the week and not every pregnant woman had an equal chance to be included in the sample.

Inclusion criteria

1. Respondent must be between the ages of 18-45 years of age.
2. Respondent must show willingness to participate.
3. Respondent must be a pregnant women
4. Respondents must be present at the time of the study.

Instrument for Data Collection

The data was collected by the use of self-structured questionnaire. The questions were structured in such a way that the researcher can easily elicit and achieve the aims and objectives of the study. The questionnaire was in three sections (A, B and C) with a total of twenty items.

Section A, was designed to obtain demographic data of respondent,

Section B and C, designed to obtain information concerning women's perception of male involvement in midwifery practice and on factors influencing women's perception of male involvement in midwifery practice respectively. The questions were closed ended expecting the respondents to tick the option that best described their disposition about the matter.

Data Collection and Analysis

The data for this study were collected over a period of one month with eight ante natal contacts, because of the number attending each antenatal session each ante natal day were low. 137 respondents were administered questionnaires, on completion; the questionnaires were retrieved immediately. Data analysis was done using computer-based Statistical Package for Social Sciences (SPSS) analytic tool. The data were presented in frequency and percentage tables, pie charts and bar charts.

Ethical Consideration

Confidentiality: The researcher ensured that the information given by the respondents were treated confidentially as respondents were not asked to include their name in answering the research questions.

Informed consent: The respondents were given adequate information regarding the research and the respondents gave their consent freely.

An approval from the ethical committee in FSP Clinic was obtained before carrying out the study.

III. Results

Table (1): Shows the socio-demographic distribution of respondents: 65(47.4%) are 18-24 years, 42(30.7%) are 25-31years, 18(13.1%) are 32-38 years, while 12(8.8%) are 39-45 years. 12(8.8%) are expectant mothers, 33(24.1%) are para-1, 40(29.2%) are para-2, 25(18.2%) are para-3, 18(13.1%) are para-4, while 9(6.6%) are para-5 and above; 121(88.3%) are Christians, 11(8.0%) are Muslim while 5(3.6%) are African Traditional worshipers; 16(11.7%) are involved in cohabitation, 121(88.3%) are married, while none is divorced or widowed.

Figure (1): Shows that 27(19.7%) are farmer, 12(8.8%) are fisher woman, 60(43.8%) are civil servant while 38(27.7%) are traders.

Figure (2): Shows that 8(5.8%) had no formal education, 25(18.2%) had primary level of education, 52(38.0%) have attained secondary school level of education while 52(38.0%) had tertiary level of education.

Table (2): Shows that, 36(26.3%) respondents don't like the fact that males are midwives, 84(61.3%) said males should be encourage into midwifery, while 17(12.4%) have no idea about males being a midwife; 98(71.5%) will encourage a male to be a midwife, 29(21.2%) will not encourage a male to be a midwife, while 10(7.3%) don't know whether to encourage or not to encourage a male to be a midwife; 25(18.2%) of the respondents agreed that male midwife was more caring, 15(10.9%) agreed that experience they had with a male midwife was annoying, 76(55.5%) agreed that their experience was just like any other midwife while 21(15.3%) respondent don't know how it was; 29(21.2%) of the population studied said that males should be stopped from entering midwifery profession, 98(71.5%) said males should not be stopped from entering midwifery profession, while 10(7.3%) don't know whether males should be stopped from entering midwifery profession; 29(21.2%) of same respondent above said that males should be stopped from being in labour room and examine women during labour, 98(71.5%) said males should not be stopped, while 10(7.3%) don't know whether males should be stopped or not; 40(29.2%) respondents will be comfortable with that, 81(59.1%) respondent will not be comfortable with a male midwife during labour, while 16(11.7%) respondents don't know how they will feel; 98(71.5%) of the population studied said that they will accept to be examined and attended to by a male wife,

while 39(28.5%) said that they will not accept to be examined and attended to by a male midwife; 45(32.8%) of the population studied said that once he is a qualified midwife, they will accept him to attend to them, 37(27.0%) said they don't feel bad to be examined or cared for by a male health professionals, so they will accept to be examined and attended to by a male midwife, 28 (20.4%) said that there is nothing strange to be examined or attended to by a male midwife, while 27(19.7%) of others specified that they are a lot of male Obstetricians/Gynaecology doctors, so male midwives are not out of line.

Figure (3): Show that 39(28.5) have a negative perception of male involvement in midwifery practice while majority of respondent 61(71.5) have positive perception.

Table (3): Shows that 81(59.1%) respondent culture permit women to be seen and examined during labour by a male midwife, 18(13.1%) respondent said that their culture does not permit them, while 38(27.7%) respondents, do not know whether their culture permit them or not; 48(35.0%) respondents said Yes that their religious belief is not against male-midwives examining them and attending to them during labour while 86(65.0%) respondents said No that their religious belief is against male midwives examining them and attending to them during labour; 36(26.3%) of the respondent think that male midwives have inadequate knowledge on women and pregnancy while 101(73.7%) do not.

Figure (4): Shows that it is against 15(10.9%) respondents culture, against 26(19.0%) respondents religious belief, 21(15.3%) respondents said that males are not be to trusted, while 42(30.7%) respondents said that their partner will not be comfortable with that and 33(24.1%) respondents said that they will feel shy and embarrassed, while some said it is naturally inconvenient to them.

Figure (5): Show that 18 (13.1%) of the respondents prefers a male midwife to be their midwife during labour, 46(33.6%) prefer a female midwife, while 73(53.3%) respondents prefer both a male midwife and a female midwife.

Table (4): showed that there is a significant association between the level of education of respondents and the level of perception of male involvement in midwifery practice with $p < 0.05$, as well as between the religion of the respondents and the level of perception of male involvement in midwifery practice with $p > 0.05$. Hence, the null hypothesis rejected and the alternative (H_1) accepted.

IV. Discussion

The results of the data collection were discussed in relation to the objectives of the study under the following subheadings for easy understanding.

Perceptions of Childbearing Women towards Male Midwives

The result of the analysis in fig 3; reveals that 39(28.5) of women expressed negative perception while majority of respondent 61(71.5) have a positive perception of male involvement in midwifery practice. This is in line with the report that, many believed that a man would not be able to understand what a woman is going through during pregnancy, labour and puerperium while some found men's motivations suspicious^[1]. Furthermore, male midwives are not only discriminated against by clients but also by female members of their profession^[2]. Table 2 Shows that majority, 84(61.3%) of the respondents agreed that male midwives should be encouraged. 98(71.5%) of the respondents will encourage males to be midwives. 76(55.5%) of the respondents experience with a male midwife was equivalent to any other midwife. 98(71.5%) of the respondents agreed that males should not be stopped from entering midwifery profession. Same number of respondent 98(71.5%) accepted that males should not be stopped from being in labour room and examining women during labour. 81(59.1%) of the respondents will not be comfortable if their midwife during labour is a male. 98(71.5%) of the respondents will accept to be examined and attended to by a male midwife. 45(32.8%) of the respondents will accept to be examined and attended to by a male midwife once he is a qualified midwife. This finding is in line with report that part of the problem is with the name "midwife", people think it has to do with the practitioner, "she says; "the wife" in "midwife" actually refers to the patient^[5]. Furthermore, this was also in line with the report that male midwives and the women they serve described the quality of care given, and not the gender of the provider^[3].

Factors that Might Influence their Perception

Findings from Table 3 and figure 4 reveal the majority ; of the respondent's factors that might influence their perceptions of a male midwife.42(30.7%) agreed that their partner will not be comfortable with that, 81(59.1%) of the respondents said that their culture permit women to be seen and examined during labour

by a male midwife, 89(65.0%) of the respondents agreed that their religious belief is not against male midwives examining them and attending to them during labour, instead of a female midwife. In a study in Cameroon, the view of male entrance to midwifery practice has created a lot of controversy over the preference of sex when it comes to a midwives practitioner, and also many Christian women are of the view that, they prefer to be attended to by male midwives, while Muslim women sees it as a taboo for men to see the private parts of other men's wives [7].

Relationship between demographic variables and perception of male midwives

Table 4 revealed that there is a significant association between level of education and perception of male involvement in midwifery practice with $P < 0.05$, chi-square (χ^2) = 89.120, difference = 3 and P. value = 0.000. And also that there is a significant association between religion of the respondents and perception of male involvement in midwifery practice with $P < 0.05$, chi-square (χ^2) = 45.522, difference = 2 and P. value = 0.000. The findings shows that the higher the educational status of the women, the more they express positive perception towards male midwives.

V. Figures and Tables

Table 1: Showing Socio-Demographic Data of Respondents (n=137)

Variable		Frequency	Percentage
Age	18-24 years	65	47.4
	25-31years	42	30.7
	32-38 years	18	13.1
	39-45 years	12	8.8
Parity	Expectant mother	12	8.8
	1	33	24.1
	2	40	29.2
	3	25	18.2
	4	18	13.1
	5 and above	9	6.6
Religion	Christianity	121	88.3
	Muslim	11	8.0
	Traditional religion	5	3.6
Marital status	Cohabitation	16	11.7
	Married	121	88.3
	Divorced	0	0.0
	Widowed	0	0.0

Figure1: chart showing Occupation of the respondent (137)

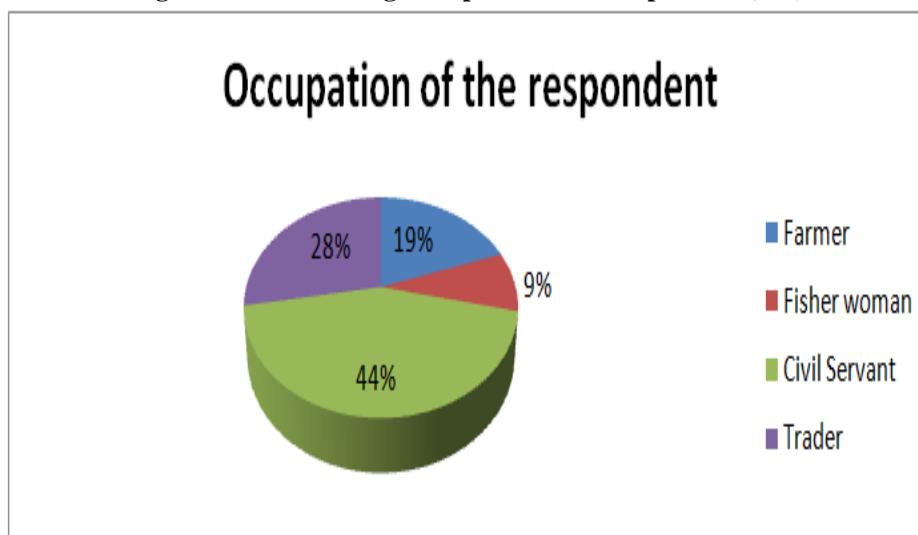


Figure 2: Showing the level of education of the respondent (137)

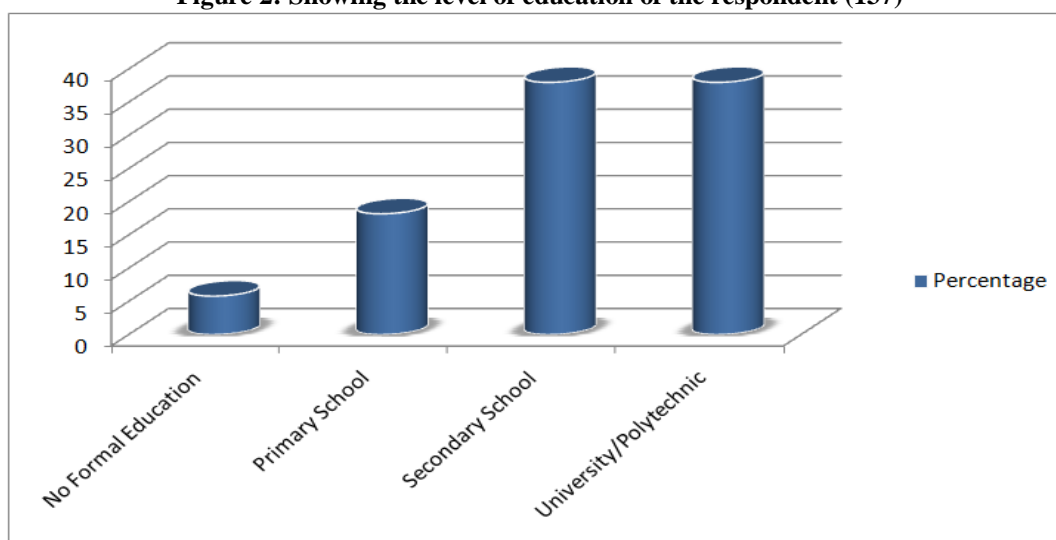


Table 2: Showing women’s perception of male midwives (n=137)

Perception questions		Frequency (f)	Percentage (%)
How do you see a man being a midwife?	Don't like it	36	26.3
	Should be encouraged	84	61.3
	Don't know	17	12.4
Will you encourage a male to be a midwife?	Yes	98	71.5
	No	29	21.2
	Don't know	10	7.3
What was your experience with a male midwife?	He was more caring	25	18.2
	It was annoying	15	10.9
	Just like any other midwife	76	55.5
	Don't know how it was	21	15.3
Should males be stopped from entering midwifery profession?	Yes	29	21.2
	No	98	71.5
	Don't know	10	7.3
Should males be stopped from being in labour room and examining women during labour?	Yes	29	21.2
	No	98	71.5
	Don't know	10	7.3
How will you feel if your midwife during labour is a male?	Comfortable with that	40	29.2
	Will not be comfortable with him	81	59.1
	Don't know	16	11.7
Will you accept to be examined and attended to by a male midwife?	Yes	98	71.5
	No	39	28.5
If Yes to question number fifteen (15) above, what are your reasons?	Once he is a qualified midwife, I will accept him to attend to me.	45	32.8
	I don't feel bad to be examined or cared for by a male health professional.	37	27.0
	There is nothing strange to be examined or attended to by a male midwife.	28	20.4
	Others specify	27	19.7

Figure 3: Showing positive and negative perception of the respondent on male midwife (137)

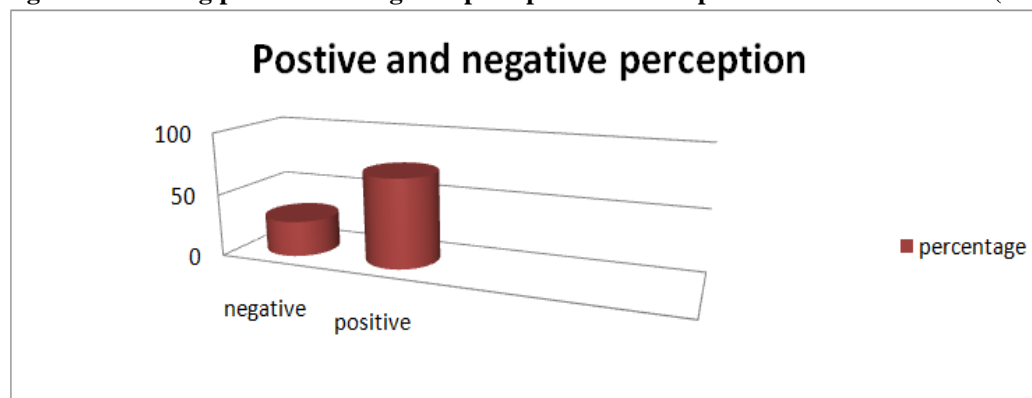


Table 3: Factors influencing Women Perception of Male midwives (n=137)

Questions/Statements		Frequency (f)	Percentage (%)
Do your cultures permit women to be seen and examined during labour by a male midwife?	Yes	81	59.1
	No	18	13.1
	Don't Know	38	27.7
Is your religious belief against male midwives examining you and attending to you during labour, instead of female midwives?	Yes	48	35.0
	No	89	65.0
Do you think Male midwives have inadequate knowledge of women and pregnancy?	Yes	36	26.3
	No	101	73.7

Figure 4 also shows the percentage of respondent reasons for saying No that they will not accept to be examined and attended to by a male midwife. (n=137)

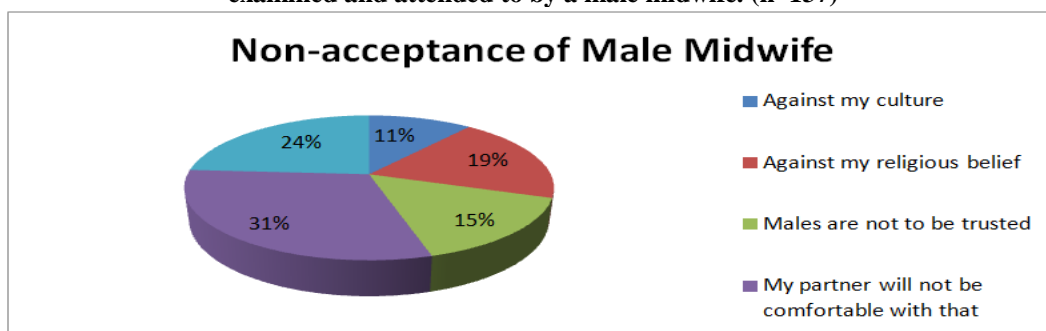


Figure 5 shows the percentage of the respondents' preference of a male midwife during labour.

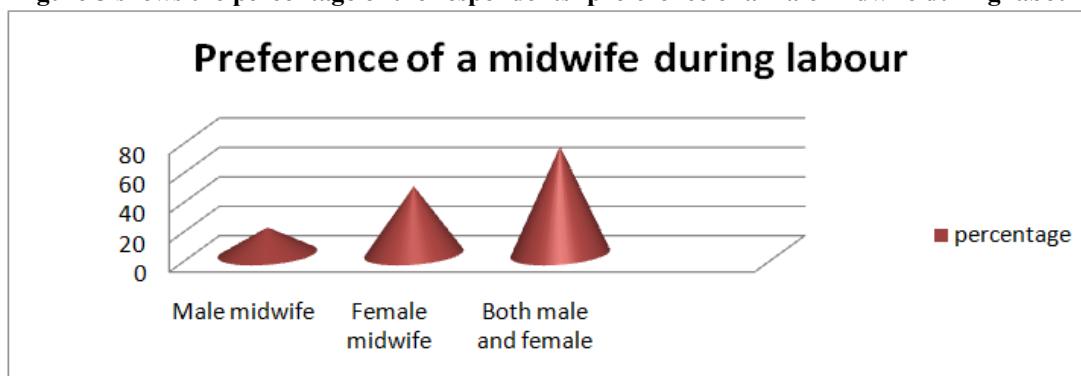


Table 4 Association between demographic variables and level of perception of male involvement in midwifery practice (n=137)

Variables		Perception Expressed		Chi square χ^2	DF	P – value	Remarks
		Positive	Negative				
Level of Education	No formal education	8	0	89.120	3	0.000	Significant association
	Primary	25	0				
	Secondary	52	0				
	University/ Polytechnic	13	39				
Religion	Christian	98	23	45.522	2	0.000	Significant association
	Muslim	0	11				
	Traditional	0	5				

VI. Conclusion

From the study conducted, it was discovered that a greater percentage of child bearing women agreed that male midwives should be encouraged; therefore, it is imperative that institutions and facilities should encourage males into midwifery practice and female nurses should also acknowledge their presence in the profession. This will therefore minimize the issue of lack of personnel in the health care facilities. It was also found that greater percentage of the women agreed that the major factor that influences their perception of male involvement in midwifery practice are their partners, who do not feel comfortable with the presence of a male as a midwife. Therefore, nurses should make more efforts to encourage women to get their partner involved during antenatal care; this will be a medium for client teaching and to allay the misconceptions toward male midwives.

Reference

- [1]. O. O. Modupe, and A. N. Chigozie, Quality Issues in Midwifery: A Critical Analysis of Midwifery in Nigeria within the Context of the International Confederation of Midwives (ICM) Global Standards. *Academic Journal: International Journal Of Nursing And Midwifery*. 6(3): 2014, 40-48
- [2]. K. D. Schuiling, Findings from Analysis of the American College of Nurse-Midwives' Membership Surveys: 2002-2003. *Journal of Midwifery & Women's Health*. 50(1). 2005
- [3]. T. Morrison (2010), Women prefer having male midwives, web.menstuff.org/issues/by
- [4]. H.P. Kennedy, D. Erickson-Owens, and J.A.P. Davis, Voices of Diversity in Midwifery: A Qualitative Research Study. *J Midwifery Womens Health*; 2006. 131-137.
- [5]. F. Armstrong, Not Just Women's Business: Men in Nursing, *Aust Nurs J*. 9 (11) 2002, 24-6
- [6]. L. I. Kululanga, J. Sundby, A. Malata, and E. Chirwa, Male Involvement in Maternity Health Care in Malawi. *Afr J Reprod Health*. 16(1): 2012, 145-57
- [7]. N. Nakinta, Rise in Male Midwives Divides Clentele Along Religious Lines in Cameroon. *Global Press Journal*, 2012
- [8]. E. Abeer, and E. Yousria, The Student Nurses During Attending Maternal Nursing Clinical Course. *Nurse Educ. Pract.* 11(2): 2011, 93-98.