



*Original Research Article*

# Perceptions, beliefs and attitudes of expectant women towards male midwives conducting deliveries in health institutions in Zambia

Accepted 11 April, 2015

**Precious Bwalya<sup>1</sup>, Patrick Kolala<sup>2</sup>, Edward Mazyopa<sup>3</sup>, Baptista Mofya<sup>4</sup> and Catherine M Ngoma<sup>\*5</sup>**

<sup>1</sup>Chikankata Mission Hospital, Private/Bag 1 Chikankata, Southern Province Zambia

<sup>2</sup>Chilonga Schools of Nursing and Midwifery, P.O. Box 450030, Chilonga, Mpika, Muchinga Province Zambia.

<sup>3</sup>Petauke District Hospital, P/A, Box Petauke, Eastern Province Zambia.

<sup>4</sup>Kabwe General Hospital, P.O. Box 80784, Kabwe, Central Province, Zambia.

<sup>5</sup>School of Medicine, Department of Nursing Sciences, P.O. Box 50110, Lusaka, Zambia.

\*Corresponding Author  
Email: [catherinengoma@yahoo.com](mailto:catherinengoma@yahoo.com)  
Tel.: +260966652879,  
+260955824591

The objective of the study was to determine perceptions, beliefs and attitudes of the expectant women towards male midwives conducting deliveries in health institutions of Chikankata, Kabwe, Mansa and Petauke districts. A descriptive cross sectional study was conducted on 200 pregnant women attending antenatal clinic selected using simple random sampling method. A pretested interview schedule was used to collect data. Data generated was analysed using simple frequencies and percentages then presented in tabular form. The findings were that pregnant women were aware of the; need for maternal health care for women at birth, male midwives conducting deliveries in health institutions, appreciated male midwives, had never been delivered by a male midwife, had no religious beliefs preventing them from being delivered by a male midwife, agreed it was taboo for male midwives to conduct deliveries; said midwifery was a female career because they were more caring and nurturing, disagreed that male midwives were kind to patients under their care, wouldn't deliver at a health institution where there is a male midwife. Findings revealed many wouldn't accept to be delivered by a younger male, wouldn't want husbands present when a male midwife assists them deliver. Many agreed that male midwives were skilled professionals, trusted female midwives, were fine with female midwives, wouldn't want to share my obstetric information with a male midwife caring for them. There is need to intensity health education to encourage pregnant women to utilise birth skilled attendants regardless of gender in order to reduce maternal mortality.

**Key words:** Perceptions, beliefs, attitude, male midwives, deliveries, health institutions

## INTRODUCTION

Perception is the process by which organisms interpret and organize sensation to produce a meaningful experience of the world (Foley, 2009) where as beliefs refer to the attitudes we have by taking something to be the case or regard it as true without actively reflecting on it (Schwitzgebel, 2010). According to Hornby (2008) an attitude is a personal view of something; an opinion or general feeling about something. Understanding perceptions, beliefs and attitudes of expectant women

towards male midwives conducting deliveries in health institutions can assist in developing IEC strategies that will help to encourage women to utilize service provided by male midwives.

Midwifery is one of the oldest professions in the world from inception of human life and in ancient Egypt, midwifery was a recognised female occupation as attested by the Ebers Papyrus which dates from 1900 to 1550 BC (Bryan, 1999). Women have always been in need of

assistance with the birthing process for example; ancient writings mankind's existence contained evidence of birth attendants who were women within or outside the family with experience in child birth and these were regarded as pioneers of midwifery practice (Bryan, 1999).

The word 'midwife' is translated to mean 'with woman' in the English language, which literally means a woman who assists in childbirth (Sellers, 2013). The word 'wife' in the term 'midwife' refers to the pregnant woman rather than the person delivering her. The definition of a midwife clearly indicates that midwifery has for a long time been perceived as a profession for women. The scenario has changed as midwifery is now not exclusive to women as a number of males are entering the profession (Morrison, 2010; Parkin, 2007).

Ensuring skilled attendance at birth is widely acknowledged to be a critical factor to ensuring successful birth outcomes for both the mother and baby (Walker et al., 2012). In health sectors worldwide, increasing attention is being paid to the training of skilled birth attendants as a key strategy to reduce maternal and neonatal mortality rates. Zambia like many other developing countries is faced with high maternal and neonatal mortality rates coupled with the human resource crisis in the health sector. Currently the maternal mortality rate in Zambia is 398 per 100,000 live births (Central Statistical Office, 2013) and the country is training both female and male midwives in order to reduce maternal and child mortality. Despite government's effort to train male midwives, their work has not been appreciated by some members of the Zambian society especially expectant women who do not want to deliver in health institutions where there are male midwives conducting deliveries. For instance in North-Western province at Kasavasa health centre, it was reported that expectant women did not want to deliver at the centre because there was a male midwife (Ministry of Health, 2004). When a female health worker was posted to the centre, the number of deliveries increased tremendously. The same report indicated that the re-deployment of a male midwife from a health centre in Zambezi district in North-Western province led to an increase in the number of institutional deliveries. Moreover, home deliveries (53%) are more compared to health institutions (47%) in Zambia (Central Statistical Office, 2007). This could be attributed to poor perceptions, beliefs and attitudes of the expectant women towards male midwives conducting deliveries.

In addition, in Ndola, male student midwives were ordered by Chief Besa and the late Chief Mushili to stop conducting deliveries at Fiwale and Mpongwe Mission Hospitals both situated in Ndola rural (Ndola School of Midwifery Database, 2008). The ban was extended to both chiefdoms of the affected areas of Ndola rural. In addition, there have been media reports about pregnant women shunning health institutions manned by male midwives and delivering at home with assistance of unskilled birth attendants in Northern Province (Independent Observer, 2013). It is therefore imperative to explore the perceptions,

attitudes and beliefs that women have towards male midwives conducting deliveries in order to change any negative perceptions they may have towards male midwives, in order to encourage them to utilise the services of male midwives. Perhaps this will help to alleviate the maternal and neonatal morbidity and mortality rates in the country.

## MATERIALS AND METHODS

The study used a quantitative descriptive non-interventional study design. The study was conducted at the antenatal clinics of selected health centres in selected districts of Petauke, Mansa, Kabwe and Chikankata districts. The study population were expectant women in the reproductive age (15 to 49 years) seeking antenatal care.

In this study, a multistage sampling method was used to select the study units. The Republic of Zambia is divided into 10 Provinces and out of these 4 Provinces were selected using simple random sampling method after obtaining the sampling frame. The selected Provinces were Eastern, Luapula, Central and Southern Provinces of Zambia. Then, 4 districts were selected from the 4 Provinces using simple random selection method. There are 30 health centres in Petauke district, 26 in Mansa, 26 in Kabwe and 19 in Chikankata that provide antenatal care services. The health centres were selected using simple random sampling method. Finally, a total of two hundred (200) expectant women were selected using simple random sampling. A list of all expectant women in the reproductive age (15 to 49 years) who were attending antenatal care services irrespective of the number of visits to the clinic in the study sites were formulated or obtained by the researchers in the respective study sites. Then 200 respondents, thus 50 from each of the four (4) study sites were selected using the Lottery method until the desired sample was selected (Basavanthappa, 2007).

A pre tested semi structured interview schedule designed by the investigators was used to collect data from the respondents. Content validity of the instrument was ensured through the constructive criticism from colleagues in the Department of Public Health who had an extensive experience and expertise in questionnaire construction and in addition through the use of peer reviews. The items were revised and improved according to advice and suggestions made. The research instrument comprised 24 items that included 7 demographic data questions and 17 likert-type questions where the respondents could choose Strongly Disagree (SD), Disagree (D), Neutral (N), Agree (A) and Strongly Agree (SA) in response to questions. The positive statements had a scoring of 5, 4, 3, 2, and 1 whereas the negative statements had scores of 1, 2, 3, 4, and 5. Questions asked generated demographic information about the respondents, their perceptions, beliefs and attitudes towards male midwives conducting deliveries in the health institutions.

Four likert items made up the perceptions of pregnant

**Table.1: Demographic data of the respondents (n=200)**

Variable	Frequency	Percent
<b>Age</b>		
14-24	105	52.8
25-34	76	38.0
Above 35	19	9.5
<b>Total</b>	200	100.0
<b>Marital status</b>		
Married	160	80.0
Single	32	16.0
Divorced	5	2.5
Separated	2	1.0
Widowed	1	0.5
<b>Total</b>	200	
<b>Residential address</b>		
High density	120	60.0
Medium density	26	13.0
Low density	54	27.0
<b>Total</b>	200	100.0
<b>Educational level</b>		
Never been to school	11	5.5
Primary	78	39.0
Secondary	11	55.5
<b>Total</b>	200	100
<b>Occupation</b>		
House wife	129	64.5
Formally employed	17	8.5
Unemployed	54	27.0
<b>Total</b>	200	100.0
<b>Religion</b>		
Christian	198	99.0
Non-Christian	2	1.0
<b>Total</b>	200	100
<b>Tribe</b>		
Tonga	55	27.5
Bemba	75	37.5
Other	70	35.0
<b>Total</b>	200	100

women towards males conducting deliveries in health institutions and these consisted of the following statements; I'm aware of the need for maternal health care for women, I have heard that male midwives are conducting deliveries in this country I'm aware that male midwives are conducting deliveries in the health institutions; male midwives are appreciated in this country.

Examples of likert scale statement on attitudes towards male midwives conducting deliveries in health institutions included: my religious beliefs do not allow me to be delivered by a male midwife, it is a taboo for male midwives to conduct deliveries, it is against my culture to be delivered by a male midwife, midwifery is a very masculine career for males, female midwives are more caring and nurturing than male midwives, male midwives are kind to patients under their care, I'm going to deliver my current pregnancy at a health institution, I would deliver at a health institution where there is a male midwife conducting deliveries, I would accept to be delivered by a male midwife who is younger than me, If a male midwife is to

assist me deliver, I would want my partner/ husband to be present, male midwives are skilled professionals, I have trust in male midwives the same way I trust female midwives when conducting a delivery, I would want to share my obstetric information with a male midwife caring for me and it's okay for women to work as midwives but wrong for men to work as midwives.

Ethical approval was sought from the Biomedical Research Ethics Committee of the School of Medicine at the University of Zambia. Written permission was sought from the District Medical Officers of Health at each of the selected districts. The data generated was analysed using simple frequencies and percentages then presented in tabular form. During the analysis of data, the categories of Likert scale were collapsed into two (2) namely, agree and disagree. Written permission was also sought from officer in-charges at the health institutions and written consent was obtained from each respondent before the interview. We guaranteed the respondents confidentiality by interviewing them in a private room within the health centres and we used serial numbers on the questionnaire instead of names. The respondents' data were kept under lock and key. Only the researchers had access to the questionnaires.

## RESULTS

Two hundred pregnant women took part in the study. Half of the expectant women (52.5 %) (105) were aged between 14 to 24 years, 80% (160) were married and 60% (120) lived in high density areas (Table 1). Thirty nine percent (78) of the expectant women had attained primary education level, 64.5 % (129) were housewives, 99% (198) were Christians and 37.5% (75) were Bemba speaking people (Table 1). Almost half of the respondents (94) delivered their last babies at the hospital while 22% (44) delivered at the Health center. 15.5 % (31) of the respondents delivered at home and another 15.5 % (31) were pregnant for the first time. A few respondents in this study 15.5% (31) had delivered at home due to various reasons ranging from long distances to health facilities, lack of knowledge, lack of transport to fearing nurses and doctors.

All the pregnant women in this study reported that they were aware of the need for maternal health care for women at birth. Slightly above half (55%) of the respondents had heard about male midwives are conducting deliveries in the health institutions. Half (50%) of the respondents were aware that male midwives are conducting deliveries in health institutions in this country. Approximately Forty one percent (40.5%) of the pregnant women agreed with a statement that "Male midwives are appreciated in this country" (Table 2). Majority of the respondents 68.5 % (137) reported that they had not been delivered by a male midwife before, 127 (63.5%) disagreed with a statement that "my religious beliefs allowed me to be delivered by a male midwife" and 118 (59%) agreed with a statement that

**Table 2.** Percentage distribution of pregnant women's overall perceptions towards male midwives conducting deliveries (n=200)

Variable	Frequency/Percent	
	Agree	Disagree
I'm aware of the need for maternal health care for women at birth	200 (100%)	0 (0%)
I have heard that male midwives are conducting deliveries in the health institutions	110 (55%)	90 (45%)
I'm aware that male midwives are conducting deliveries in health institutions in this country	100 (50%)	100 (50%)
Male midwives are appreciated in this country.	81 (40.5%)	119 (59.5%)

**Table 3.** Percentage distribution of pregnant women's overall attitudes towards male midwives conducting deliveries (n=200)

Variable	Frequency/Percent	
	Agree	Disagree
I have been delivered by a male midwife before	137 (68.5%)	63 (32.5%)
My religious beliefs allow me to be delivered by a male midwife.	73 (36.5%)	127 (63.5%)
It is a taboo for male midwives to conduct deliveries.	82 (41%)	118 (59%)
Midwifery is a career for females	134 (67%)	66 (33%)
Female midwives are more caring and nurturing than male midwives	109 (54.5%)	91 (45.5%)
Male midwives are kind to patients under their care	75 (37.5%)	125 (62.5%)
I would deliver at a health institution where there is a male midwife conducting deliveries.	82 (41%)	118 (59%)
I would accept to be delivered by a male midwife who is younger than me.	74 (32.5%)	126 (63%)
If a male midwife is to assist me deliver, I would want my partner/husband to be present.	59 (29.5%)	141 (79.5%)
Male midwives are skilled professionals	165 (82.5%)	35 (17.5%)
I have trust in female midwives than male midwives	153 (76.5%)	37 (23.5%)
I would want to share my obstetric information with a male midwife caring for me.	58 (29%)	142 (71%)
It's okay for women to work as midwives than males	125 (62.5%)	75 (37.5%)

"It is a taboo for male midwives to conduct deliveries". Most 134 (67%) of the respondents agreed with the statement that "Midwifery was a career for females" and 109 (54.5%) agreed with the statement that "Female midwives were more caring and nurturing than male midwives". Two thirds of the expectant mothers 125 (62.5%) disagreed with a statement that "Male midwives are kind to patients under their care" and 118 (59%) disagreed with a statement that "I would deliver at a health institution where there is a male midwife conducting deliveries" (Table 3).

Sixty – three percent 126 (63%) of the expectant women disagreed with a statement that "I would accept to be delivered by a male midwife who is younger than me" and that "if a male midwife is to assist them deliver 141 (79.5%) they would want my partner/husband to be present". A high percentage 165 (82.5%) of the respondents in this study agreed that with a statement that "Male midwives are skilled professionals" and 153 (76.5%) agreed with a statement that "I have trust in female midwives than male

midwives". Seventy one percent 142 (71%) of the expectant women disagreed with a statement that "I would want to share my obstetric information with a male midwife caring for me" and 125 (62.5%) agreed with a statement that "It's okay for women to work as midwives than males" (Table 3).

## DISCUSSION OF FINDINGS

In this study, most of the respondents 105 (52.8) were aged between 14 and 24 years and were married 160 (80%). With regards to the respondents' educational level, 39% had attained primary education level, 129 (64.5%) were housewives who were from the Bemba speaking people 75 (37.5%). Almost all 99% (198) the respondents were Christians.

One of the specific objectives of study was to establish the perceptions of the expectant mothers towards male midwives conducting deliveries at health institutions. All

the pregnant women in this study reported that they were aware of the need for maternal health care for women at birth. The findings revealed that slightly above half 110 (55%) of the respondents had heard about male midwives are conducting deliveries in the health institutions and half 100 (50%) of the expectant women reported that they were aware that male midwives are conducting deliveries in health institutions in this country. This could be attributed to the fact that there are not many males who are trained as midwives because males started training as midwives in Zambia in the recent past (GNC, 2008). Approximately sixty percent 119 (59.5%) the pregnant women in this study disagreed with a statement that "Male midwives are appreciated in this country". This indicates the need for the health care system to intensify information; education and communication in order create community awareness.

The second specific objective of this study was to identify attitudes of expectant women towards male midwives conducting deliveries in health institutions, however, the majority of the respondents 68.5 % (137) reported that they had not been delivered by a male midwife before and 127 (63.5%) disagreed with a statement that "my religious beliefs allowed me to be delivered by a male midwife" (Table 2). This could be attributed to the fact that a large percentage of the respondents in this study were Christians. This finding is contrary to the finding of other researchers which showed that Muslim women preferred female midwives to male midwives due to their religious beliefs (Nasreen, 2004; Gwiina, 2013).

Interestingly, 118 (59%) agreed with a statement that "It is a taboo for male midwives to conduct deliveries" and 134 (67%) of the respondents agreed with the statement that "Midwifery was a career for females". This could be due to the fact that traditionally midwifery was the women responsibilities (Bryan, 1999) therefore acceptability of men in midwifery may take while. The study revealed that 109 (54.5%) of the respondents agreed with the statement that "Female midwives were more caring and nurturing than male midwives". Two thirds of the expectant mothers 125 (62.5 %) disagreed with a statement that "Male midwives are kind to patients under their care". These findings are not in line with findings of Chilumba (2011) in a study conducted in Ndola where it was reported that women perceived male midwives as more caring and gentle than their female counterparts.

Most 118 (59%) of the expectant women disagreed with a statement that "I would deliver at a health institution where there is a male midwife conducting deliveries." Sixty – three percent 126 (63%) of the expectant women disagreed with a statement that "I would accept to be delivered by a male midwife who is younger than me" and that "if a male midwife is to assist them deliver 141 (79.5%) they would want my partner/husband to be present". This is because traditionally and culturally it is not perceived right for males to be present at birth. For example, a study by Mugala (2007) conducted in Chongwe, a rural district in Lusaka Province, it was reported that women preferred to be cared for by female than male providers during delivery.

Similar findings were also reported by Ndubani in Chawama, Lusaka urban district where it was reported that traditionally it is not appropriate for pregnant women to be delivered by a man, though some women were stated that they were beginning to accept men conducting deliveries as it was becoming the norm but given chance they would opt have a female attendant. Chilumba (2011) in a study entitled "acceptability of male midwives in birth and delivery care in Ndola" also stated that women (39.8%) felt uncomfortable, embarrassed and shy to be cared for by men. In the same study, it was revealed that many women accepted to be cared for by male midwives because they were trained and offered same care as their female counterparts and the acceptance of male midwives was reported to be 83%.

A high percentage 165 (82.5%) of the respondents in this study agreed that with a statement that "Male midwives are skilled professionals" These findings correlate with the results of the study conducted by Walker et al. (2012) in Mexico. Most respondents 153 (76.5%) agreed with a statement that "I have trust in female midwives than male midwives". These results are in the same line with Cumrin (2013) and AMREF (2012)'s findings in Sudan and Kenya respectively where women expressed trust in female midwives. The findings are also in line with the study which was conducted in Lusaka by Nsemukila (1998) where women stated that they trusted female Midwives than anyone else. Seventy one percent 142 (71%) of the expectant women disagreed with a statement that "I would want to share my obstetric information with a male midwife caring for me" and 125 (62.5%) agreed with a statement that "It's okay for women to work as midwives than males". This indicates that expectant women still preferred female than male midwives to conduct deliveries.

## CONCLUSION

The findings showed that 45% of the respondents in the study had not heard and half were not aware about male midwives conducting deliveries in health institutions. Most respondents had not been delivered by a male midwife before. A large percentage of the women still believe that it is traditionally an acceptable for males to conduct deliveries and trust female midwives. Therefore there is a need to intensity information, education and counselling in order to encourage pregnant women to utilised skilled birth attendants regardless of gender in order to reduce maternal mortality.

## ACKNOWLEDGEMENT

The authors would like to thank the University of Zambia Biomedical Research Ethics Committee for approving the study and the Ministry of Health for sponsoring the study. We thank the District Medical Officers of Health at Petauke, Mansa, Kabwe and Chikankata for granting us permission

to conduct the study. We also thank the women who participated in this study.

## REFERENCES

- African Medical and Research Foundation (2012). Determinants of male partner involvement in promoting deliveries by skilled attendants in Busia, Kenya. *Glob. J. Health. Sci.* 4(2):60-67.
- Central Statistical Office (2007). Zambia Demographic Health Survey, Lusaka, Zambia.
- Chilumba JN. (2011). Acceptability of male midwives in birth/delivery care in Ndola. University of Zambia Repository. Retrieved from: <http://dspace.unza.zm:8080/xului/handle/123456789/775>
- Cumrin T (2013). Women's health issues in early 19<sup>th</sup> Century, Conner prairie publications, Indiana USA.
- Gwiina KD (2013). Updates: Culture, tradition and maternal mortality in Africa. On line available at: <http://www.carmma.org/updates/culture-tradition-and-maternal-mortality-Africa>.
- Independent observer (2013). High mortality rate worrying. Retrieved from: <http://www.Tiozambia.com>
- International Confederation of Midwives (2014). Definition of Midwife. <http://www.internationalmidwivess.org>. Accessed 22/10/2014
- Lusaka School of Midwifery (2008). Health information Management system, Lusaka, Zambia.
- Ministry of Health (2004). National Health strategic Plan 2001-2008, Lusaka, Zambia, MOH.
- Morrison T (2010). Male midwives and male nurses, 18<sup>th</sup> edition Retrieved from: <http://www.rcm.org.uk/publications>.
- Mugala PM (2007). Attitude of pregnant women towards male health care providers in maternity units in Chongwe district, Lusaka, Zambia (unpublished).
- Nasreen A (2004). Experiences of maternity services: Muslim women perspectives, Women resource centre, Glasgow, U.K.
- Ndola School of Midwifery (2009). Health information Management system, Ndola, Zambia.
- Ndubani P (2003). Towards implementing reproductive health policy in Zambia, Lusaka. 3:11-12
- Nsemukila BG (1998). Review of Reproductive health Research in Zambia, Siavonga.
- Parkin S (2007). Child and the Display of Authority in early modern France, Ashgate Publishing co Ltd, Gower house Croft, road, Aldeshot, Hampshire, United Kingdom.
- Secka E (2010). Men's involvement, care and support during delivery and childbirth. Institute of Health and society, Department of general practice and community Medicine section for International Health, University of Oslo.
- Sellers PM (2013). Midwifery, 2<sup>nd</sup> edition, Cape Town, Junta and company Limited (Chapter 4).
- USAID (2011). Education opportunity through learning (2011-2014). Retrieved from: <http://www.usaid.gov/pdf-docs/PDAQ946.pdf>
- Walker D, DeMaria LM, Suarez L, Cragin L(2012). Skilled birth attendants in Mexico: how does care during normal birth by general physicians, obstetric nurses, and professional midwives compare with World Health Organization evidence-based practice guidelines? *Midwifery Womens Health.* 57(1):18-27.