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PERCEPTION OF PREGNANT WOMEN ATTENDING ANTENATAL CLINICS ON CARE RENDERED BY MALE STUDENT MIDWIVES IN PLATEAU STATE, NORTH-CENTRAL NIGERIA

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ABSTRACT

Background: Midwifery is one of the oldest professions worldwide since the inception of human life. It was recognized as a female profession the term 'midwife' connotes a woman who assists with childbirth. This definition essentially means that midwifery has since time immemorial been perceived as a profession for women. This is however changing as several men are entering the profession.

Objectives: To obtain reliable information on the perception of pregnant women attending antenatal clinics on care rendered by male student midwives in Plateau State.

Methods: A cross-sectional study was conducted using a structured questionnaire and focused interviews in two health centers of Plateau State. 1:5 systematic random sampling was used to select 403 respondents, 60 husbands of antenatal women were purposefully selected and interviewed, 30 from each hospital. Quantitative data were analyzed using SPSS version 22.0 while thematic analysis was done on the qualitative data.

Result: Significant findings were noted amongst antenatal women who had higher educational levels (68%), and higher income (69.8%), those not sure of their cultural values 83%, and women who said care should be confined to antenatal clinics 75%. The results show statistically significant (P -value ≤ 0.001) regarding care rendered by male midwives during antenatal, amongst those who said let the practice continue but be confined to antenatal.

Conclusion: The study revealed that the respondents agreed to be cared for by male midwives because they are trained and offer the same care as their female counterparts and they are caring and gentle. The study recommends community sensitization regarding the importance of male midwifery practice.

Keywords: Perception, Antenatal Care, Male student Midwife, Plateau State.

1.0 Introduction

Midwifery, a profession with a long-standing history, has been acknowledged as a predominantly female occupation from ancient times. This may be observed in the Ebers Papyrus, a document dating back to 1900 to 1500 BC, as noted by Bwalya et al., [1]. According to Nicopoullus [2], it was believed during the era of Hippocrates (460 to 410 BCE) that midwives in Athens needed to possess the prerequisite of having borne children, as mandated by law. Throughout the 16th century, the practice of midwifery, which was formerly limited to older, experienced women, transitioned into a profession predominantly pursued by younger women [3]. From this antecedent one can infer that the inclusion of males in the field of midwifery during the 20th century can be attributed to the process of modernization. Therefore, it is argued that men have historically been excluded from the midwifery profession due to their longstanding association with femininity [4].

The term 'midwife' is commonly understood to refer to a female individual who assists in the process of birthing [5]. The aforementioned definition implies that midwifery has historically been regarded as a vocation predominantly pursued by women as such men cannot fully comprehend the experiences women undergo during pregnancy, childbirth, and postpartum. Furthermore, some individuals perceive the intentions of male midwives with suspicion.

The profession of midwifery is primarily occupied by women, as it is believed that the core nature of this occupation lies in female connections [6][7]. It is postulated that women actively seek the services of midwives to cultivate intimate and trustworthy connections with fellow women. This preference stems from the fundamental nature of midwifery, which revolves around the provision of care that is characterized by qualities such as caring, patience, intuition, empathy, and sensitivity. The authors additionally assert that the inclusion of a male individual in a situation where a female is required to remove certain articles of clothing may potentially cause embarrassment for the majority of women. The underlying premise posits that there exists a social norm deeming it unsuitable for a male individual to pursue a career as a midwife. Therefore, the participation of men in the field of midwifery raises concerns and presents challenges.

However, contrary to the previous submissions, it has been established that women were willing to accept healthcare services from male midwives due to the primary concern being the need for assistance, rather than the gender of the healthcare provider [8][9][10]. This preference was observed to be associated with male midwife's display of gentle demeanor when communicating with them during the occurrence of contractions and the ability to promptly address any issues that developed during the postpartum period.

The World Health Organization (WHO) has a vision of ensuring that every pregnant woman and newborn receives high-quality care during the whole duration of pregnancy, labor, and the postnatal period (11). The presence of adequately qualified midwives who can provide competent care to expectant mothers throughout the prenatal, childbirth and postnatal stages is a crucial determinant in guaranteeing a favorable outcome for both the mother and the infant. In Nigeria, where there is a significant fertility rate, there is a considerable focus on the education and training of midwives. The objective is to provide them with the necessary skills to provide proficient healthcare services to women, with the ultimate aim of diminishing maternal and infant death rates.

Historically, there has been a prevailing global tradition of exclusively training females for the role of midwives. The aforementioned circumstance has resulted in a significant deficiency of midwives capable of providing proficient care to expectant mothers. Consequently, the implementation of training programs for male midwives has been introduced as a strategic approach to address the escalating need for competent midwifery professionals. Despite the commendable initiative undertaken by the government, there exists a prevailing belief among certain individuals that male midwives may lack the ability to fully comprehend the experiences endured by women during the stages of pregnancy and childbirth. Nevertheless, it is important to note that there is currently no global legislation that explicitly prohibits males from engaging in the practice of midwifery. Hence, the primary objective of this study is to gather accurate and dependable data regarding the perceptions of pregnant women who visit prenatal clinics in Plateau State, Nigeria, about the care provided by male student midwives.

2.0 Methods and Materials

This study used a descriptive cross-sectional survey methodology to provide a comprehensive description of the acceptability of prenatal care services provided by male student midwives in Plateau State. The study was carried out at Vom Christian Hospital (VCH) and Plateau State Specialist Hospitals (PSSH), which were selected due to their designation as training hospitals for midwives. The study focuses on pregnant women who are receiving prenatal care at the antenatal clinics in VCH and PSSH, as well as their spouses. The sampling frame was derived from the antenatal clinic registers of two health facilities, namely VCH and PSSH. The sample size was determined using Epi info software. The total number of prenatal moms in the population was 26,346. The anticipated frequency was 50%. The estimated threshold for the least desirable levels was determined to be 45%, with a confidence level of 95%. The study has a sample size of 379 participants. The sample size was augmented by 10% to account for the rate of attrition. The sample size consisted of 416 participants, which was approximately 420. The researchers employed a systematic random sampling technique to determine the participants for the study, specifically focusing on women as the target population. A sampling interval of 1:5 was employed.

Two instruments were employed for data collection. The first instrument utilized was a semi-structured questionnaire, which was utilized to gather pertinent information. To maintain neutrality, ensure clarity of questions, and account for potential illiteracy among certain moms, the same set of questions was uniformly administered to all respondents. A structured interview guide was devised to gather comprehensive data regarding the acceptability of male student midwives in prenatal care. The interviews were conducted with the spouses/partners of pregnant moms who were selected from the study's participants. These individuals were arranged by the hospital and resided within the catchment areas of the clinics. The questionnaire was presented to four experts in the field of nursing for their valuable vetting and input about the study objectives. The Pearson's product-moment coefficient (r) was calculated. The coefficient of 0.82 was determined which indicates the reliability of the instrument.

Approval was granted by the Health Research Ethics Committee of PSSH, registered under No: NHREC/09/23/2010b, as well as by VCH, with reference No: VCH/ADM/48/Vol.11. The participants were provided with a guarantee of confidentiality and anonymity, ensuring that any information collected from them would be utilized exclusively for research purposes. The participants were provided with and subsequently signed informed consent forms. The data analysis was conducted using SPSS version 23.0 software. Descriptive statistics, including percentages and frequencies, were employed to display the data from all sections of the questionnaires. Additionally, Chi-square analysis was utilized to assess the significance level between certain socio-demographic parameters. A significance level of ($P < 0.05$) was deemed to be statistically significant in all conducted tests. The data obtained from interviews underwent a coding process, wherein related topics were grouped and organized under certain headings. This approach was employed to condense the amount of text and facilitate analysis.

3.0 Results

The findings of this study are delineated into four distinct areas. (i) Socio-demographic parameters linked to the acceptance of male student midwives. (ii) Correlation between Maternal Experience, Tradition, Cultural/Religious Values, and Acceptance of Male Student Midwives. (iii) The association between antenatal mothers' attitudes and acceptance of male student midwives is examined. (iv) Presents interviews conducted as part of the study.

Table: -1: Socio-demographic factors associated with acceptance of male student midwives

Factors	Acceptance of Male Student Midwives (n=403)					
	Total	Number	%	Chi-square	Df	P-value
Age						
15-24	174	113	64.9	0.760	1	0.363
25 above	229	139	60.9			
Marital Status						
Married	354	220	62.1	0.341	2	0.843
Separated /widowed	49	32	65.3			
Education						
Non/primary	174	95	54.6	9.2	3	0.002
Secondary/tertiary	229	157	68.5			
Study Site						
VCH	190	105	55.3	8.1	1	0.004
PSH	213	147	69.0			
Religion						
Christianity	393	245	70.0	0.244	1	0.621
Others	10	7	59.1			
Income per month						
None/<₦100,000	274	162	59.1	12.6	3	0.005
₦100,000 & Above	129	90	69.8			

Table 1 demonstrates a statistically significant relationship between education, location, and income, and the acceptance of male midwives. The data revealed that individuals with a higher level of education had a greater likelihood of acceptance (68.5%) compared to those with a primary level of education (54.6%). The rate of acceptance among respondents in Plateau State Specialist Hospital was found to be greater (69.0%) compared to respondents in Vom Christian Hospital (53.3%). Furthermore, it was shown that participants with a higher income (68.9%) exhibited a greater likelihood of acceptance compared to respondents with an income less than ₦100,000. There was no significant correlation found between age, marital status, religion, and the acceptance of male midwives.

Table: 2, Association of mothers’ experience, tradition, cultural and religious values with acceptance of male student midwives

Factors	Acceptance of Male Student Midwives (n= 403)					
	Total	Number	%	Chi-square	df	P-value
Has been attended to by a male student midwife						
Yes	226	147	60.0	1,387	1	0.239
No	177	105	59.3			
Experience after being attended to by a male midwife						
Uncomfortable/embarrassed & shy	113	45	39.8	66.328	2	0.001
Very safe	124	108	87.1			
Traditional Cultural values						
Taboo/unacceptable	279	149	53.4	7.148	3	0.001
Not sure, being done away with.	124	103	83.0			
Religious Values						
nothing/silent/does not accept	301	175	58.1	33.4	2	0.001
Allowed in emergency only	102	7	75.4			

The acceptance of male student midwives was found to be strongly connected with two factors: the previous experiences of mothers with male student midwives, and their adherence to traditional, cultural, and religious values. The data revealed a significant disparity in acceptance rates between those who expressed a strong sense of safety when receiving care from male student midwives (87.1%) and those who reported

feeling uncomfortable, ashamed, and shy in such situations (39.8%). Participants who expressed uncertainty regarding the beliefs and cultural values surrounding male student midwives, and suggested that the notion of rejecting them was gradually diminishing, exhibited a higher level of acceptance towards male student midwives (83.0%). In contrast, participants who indicated that it was traditionally considered taboo and unacceptable to be attended to by a male student midwife displayed a lower rate of acceptance (53.4%).

Table: 3 Antenatal mothers’ views association with acceptance of male student midwives

Factors	Acceptance of Male Student Midwives (n= 403)					
	Total	Number	%	Chi-square	Df	P-value
Suggestions regarding male student midwives during antenatal labor and delivery						
Let it continue/only work in antenatal	294	223	75.9	166.3	3	0.001
Discourage the practice/others	109	29	26.6			
What would you do if found a male student providing care						
Would accept reality	332	243	73.2	101.3	3	0.001
Would refuse/women challenge	71	9	12.7			

The acceptance of male student midwives was found to be substantially associated with the suggestions provided by mothers regarding their involvement in prenatal, labor, and delivery, as well as their intended actions if they saw a male student midwife delivering care. Mothers who expressed the opinion that male student midwives should be allowed to continue delivering care, albeit with a preference for their assignment to antenatal clinics, exhibited a comparatively elevated level of approval (75.9%). A lower incidence of acceptance was observed among moms who expressed disapproval of the practice (26.6%). The participants who expressed willingness to receive treatment from a male student midwife, acknowledging the prevailing reality, had a much greater acceptance rate (73.2%) compared to their peers (12.7%) who unequivocally declined such care.

Interview results

The interview included a sample of 60 partners or spouses of ante-natal women, with 30 individuals purposely picked from each setting. The demographic of the male participants in this study encompassed individuals aged between 25 and 65 years, exhibiting diverse educational and vocational profiles. The discourse primarily focused on the involvement of male student midwives in providing care to women throughout the stages of pregnancy, labor, and delivery. This topic was organized and presented through the following subheadings.

Personal Views

In a survey conducted among 30 male individuals at VCH, it was found that 10 respondents (33.33%) expressed support for the notion of achieving gender balance. These individuals believed that equal representation of both men and women in the provision of care for women is a positive idea. Additionally, they highlighted the potential benefits of such an approach, including increased employment opportunities for males. Out of the total sample size, five individuals, constituting 16.67% of the participants, expressed a neutral stance on the matter at hand. However, these individuals did offer the opinion that to enhance the level of respect accorded to women, there should be a greater emphasis on the training and inclusion of female midwives. If males are to receive training, it is recommended that they be accompanied by female midwives when providing care to women, particularly during labor. Ideally, men should assume the role of counselors rather than actively participating in the delivery process. A total of thirteen individuals, constituting 43.33% of the sample, expressed strong opposition to the notion of male midwives providing care to women throughout the stages of pregnancy, labor, and delivery. According to the statement, it is considered unprecedented for a woman to be held in high regard, with her nudity being exclusively witnessed by her spouse or a female acquaintance. The practice in question should be abolished using

providing extensive training to female midwives. This measure is necessary to prevent instances where women give birth without assistance, which often leads to a significant number of maternal and infant mortalities. The remaining two individuals (6.67%) expressed their perspective by stating that they anticipate no issues at the hospital due to its distance from our community. However, they anticipate difficulties at the health center, which is near our community, as they are familiar with the male individuals who frequent that facility.

The findings from interviews done in the PSSH indicated that a majority of men, specifically 14 out of 30 participants (46.67%), expressed opposition towards the involvement of male midwives in providing care to women throughout the stages of pregnancy, labor, and delivery. It has been asserted that the Ministry of Health committed a significant error by initiating the training of male midwives without seeking consultation. The argument posits that this decision reflects a donor-driven approach, perhaps leading to a loss of cultural heritage. The proponents of this viewpoint emphasize the need to uphold tradition and advocate for its due respect. The factor of age should also be taken into consideration, as it is conceivable that young male midwives may lack the necessary experience and maturity to attend to women who are of similar age to their mothers. Additionally, it was asserted that tradition ought not to be discarded. In contrast, a larger proportion of the male participants had a favorable attitude towards the involvement of male midwives in providing care to women throughout the stages of pregnancy, labor, and childbirth. Fifty percent of the fifteen participants expressed the view that due to the dynamic nature of development and the changing world, it is imperative to provide training for male midwives in sufficient numbers. The assertion is made that men and women possess equal capabilities, thereby advocating for their equal participation in the workforce, akin to that of females.

Factors influencing gender preference

Out of the total sample size of 60 participants, it was found that 32 individuals, accounting for 53.33% of the male respondents who expressed a preference for female midwives, believed that female midwives demonstrate superior adherence to professional ethics compared to their male counterparts. According to their statement, it has been suggested that mothers experience a lack of freedom and heightened tension due to the unfamiliarity of being attended to by a male midwife. The individuals additionally expressed that within their communities, there exists a strong sense of familiarity, as they frequent the same establishments such as bars, stores, and churches, and utilize shared facilities. They identified a concern regarding male midwives, noting that a significant proportion of them consume alcoholic beverages, and when intoxicated, they may inadvertently disclose sensitive information about women's experiences during childbirth. If the inclusion of men is to be taken into account, it is advisable to focus on individuals belonging to the older age bracket of 45 years and above, as they are likely to possess the necessary level of maturity required for maintaining confidentiality. When queried about male doctors, the respondents expressed that male midwives allocate a greater amount of time attending to the needs of women, thereby acquiring extensive knowledge about their patients. Conversely, doctors are not prevalent within our community, as they mostly operate within the confines of hospitals, rendering them unfamiliar to us.

According to the survey results, a significant proportion of male respondents (46.67%) expressed support for the inclusion of male student midwives. These individuals argued that men would be particularly beneficial for younger moms, as they were perceived to possess qualities such as comfort, sympathy, care, and reassurance. The authors elaborated on the notion that males possess physical strength, exhibit a diligent work ethic, and are capable of traversing considerable distances on bicycles to provide aid to women during childbirth in critical situations.

Conventional ideas, societal prohibitions, and customary behaviors.

The majority of males in interviews conducted among 18 participants, representing 60% of the total sample from the VCH (Vom Christian Hospital) showed that a prevailing belief exists regarding the traditional taboo associated with men assisting women during delivery. Specifically, it is commonly believed that if a man were to assist a woman during labor, he would be susceptible to experiencing anger or blindness.

One individual expressed that there exists a cultural and traditional prohibition against men assisting women during childbirth. It is commonly considered that exposure to multiple female reproductive organs will result in a loss of sexual desire for men, ultimately leading to a failure to perform within their domestic setting. The current status of the male midwife's response remains unknown. In a similar vein, it was found that 10 individuals, accounting for 33.3% of the participants from the PSSH group, expressed the belief that the conduct in question is not permissible according to their cultural traditions. Specifically, they emphasized that the mixing of men and women in a state of nudity should be restricted to married couples alone. Out of the total number of participants, five individuals, constituting around 16.67% of the sample, expressed the viewpoint that the act of men assisting in the delivery of women is deemed as an abomination. These participants further asserted that such men are not considered normal and are perceived as agents of cultural pollution. According to a male participant in PSSH, cultural norms suggest that men may experience confusion following the birth of a female child.

5.0 Discussion of findings

The discussion is presented under the following headings: (i) Mothers' views on care rendered by male student midwives, (ii) Socio-cultural and religious values about the perception of male midwives, (iii) Demographic characteristics and perception of care rendered by male student midwives.

The perspective of mothers towards the provision of care by male student midwives.

When surveying mothers on their opinions regarding the provision of care by male midwives during the antenatal, labor, and delivery stages, it was found that a greater proportion (75.9%) of respondents expressed acceptance of male midwives when they were limited to working solely in the antenatal stage. In contrast, a smaller percentage (26.6%) of respondents advocated for discouraging the practice altogether. The results of this study demonstrated statistical significance (p -value ≤ 0.001), indicating that they had a substantial impact on the acceptance of male midwives by mothers in the context of birth and delivery care. This implies that while women exhibited a considerable level of approval towards antenatal care, their acceptance did not extend to the domain of birth and delivery care. This discovery contradicts the findings of Armstrong [12] and Duman [10], who observed that societal stereotypes regarding the competence of men in maternity units hinder their capacity to operate effectively. These stereotypes perpetuate the belief that only women possess the necessary skills to be proficient midwives.

Inquiring about the potential presence of a male midwife at their healthcare facility, antenatal mothers were surveyed regarding their responses. The findings revealed a greater inclination towards acceptance (73.2%) among those who expressed willingness to receive care from a male midwife, acknowledging the prevailing reality, compared to a minority (12.7%) who firmly declined, asserting that midwifery should exclusively be undertaken by women. According to Greenhalgh [13], patients place a high value on the expertise of their nurses. It is reasonable to suggest that in situations when this knowledge is necessary, patients may have less worry regarding the gender of the nurse, particularly when compared to situations that include closer psychological relationships.

The influence of socio-cultural and religious values on the perception of care provided by male midwives.

The results of the study indicated a strong association between the acceptability of male midwives and factors such as mothers' prior experience with male midwives, as well as traditional, cultural, and religious beliefs (p -value ≤ 0.001). The data revealed a significant correlation between the perception of feeling highly secure during interactions with male midwives and a greater likelihood of acceptance, with 87.1% of respondents expressing this sentiment. The remaining 39.8% of respondents expressed feelings of discomfort, embarrassment, and shyness. This assertion is further corroborated by Chimimba's [8] prior investigation conducted in Mpongwe, Lusaka, and Zambia, as well as the study conducted by Mthombeni et al. [9] in South Africa. Both studies found a notable level of acceptance towards male midwives in the provision of care, as male student midwives were perceived as being gentle when communicating with women during contractions. According to Tagg [14], women are likely to accept care provided by male

healthcare providers as long as proper consent is acquired and the procedure is adequately explained. Participants who expressed uncertainty regarding the stance of their traditional or cultural values on male midwives, and suggested that the notion of rejecting male midwives was gradually diminishing, exhibited a higher level of acceptance towards male midwives (83.0%) compared to participants who indicated that it was traditionally considered taboo and unacceptable to be attended to by a male midwife (53.4%). The obtained outcome had statistical significance. Furthermore, participants expressed that this practice has not been conventionally embraced, as it is customary for males to often initiate marriage proposals while women are in labor. The results of this study exhibit a resemblance to the findings of Smellie [7] and Ndubani [15] in Chawama Lusaka. It was observed that, traditionally, it was deemed inappropriate for a man to assist in childbirth. Conversely, some women expressed a growing acceptance of this practice as it became more commonplace. However, if given the opportunity, these women would prefer to have a female attendant present during childbirth (Ndubani, [15]).

The partners of the prenatal women indicated that, according to cultural and traditional norms, it was historically discouraged for men to assist in childbirth due to the belief that such exposure to multiple vaginas could lead to negative consequences such as anger, blindness, diminished sexual desire, and impotence. Presently, the prevailing circumstances are self-regulating; however, it is strongly advised that male midwives acquire the skill of maintaining confidentiality, as revealed throughout the interview sessions. Participants who indicated that their religious beliefs permitted the presence of male midwives solely in emergencies had a higher level of acceptance (75%) compared to those who said that their religion remained silent on the matter and would not endorse the presence of a male midwife (58.1%). This finding suggests that the participants expressed a degree of acceptance towards male midwives, but also indicated a preference for female midwives if given the choice. There was no significant correlation found between prior exposure to male midwife practice and the level of acceptance towards male midwives. This observation aligns with the study conducted by Azebri et al. [16] in Nigeria, where they found that the inclusion of males in the field of midwifery has sparked debates on the gender preference of midwives among pregnant women. Christian women may exhibit a predilection for receiving care from male midwives, but Muslims consider it culturally inappropriate for someone other than their husbands to have access to their intimate areas.

The relationship between demographic variables and perception.

This study reveals that a significant proportion (56.8%) of pregnant women in the sample fell within the age range of 25 to 45 years, while a smaller percentage (43.2%) were between the ages of 15 and 20. Furthermore, the majority of these women (88.1%) were found to be married. This data indicates that a majority of the pregnant women receiving prenatal care were married. It is possible that their marital status and age influenced their attitudes towards the presence of male midwives during childbirth.

The education level of the respondents was found to be distributed as follows: a minimum of 55.9% of the respondents had achieved a secondary school education, while 44.2% had either less than seven years of schooling or no education at all. Subsequent examination of the data indicated that within the rural population, a majority of 55.7% of the participants had acquired primary education or had no formal education, while only 42% had achieved secondary education. Likewise, those hailing from metropolitan areas exhibited a secondary education attainment rate of 59.6%, while only 31% possessed elementary education or lacked any formal education. The results of this study are partially consistent with the findings of Shavai [17] and Inoue et al., [18], which indicated that older mothers showed a preference for female midwives. Furthermore, it was observed that there was a correlation between the choice of midwife gender and the geographical location. Mothers residing in remote regions exhibited a preference for female midwives. The findings of this current study may be attributed to the fact that individuals residing in metropolitan settings are immersed in an environment characterized by a higher prevalence of educated individuals.

The results of the study indicate that there is a significant association between the acceptance of male midwives and three factors: education (p-value 0.026), location (p-value 0.004), and income (p-value 0.005). The prevalence of higher rates was found to be significantly greater among those who had attained

higher levels of education (68.5%) compared to those who had completed only primary education (54.6%). The research findings also indicated a statistically significant correlation between the duration of formal education and the level of acceptance towards male midwives in the context of providing care during childbirth (p-value 0.016). A higher proportion of pregnant women who had completed at least eight years of formal education (68.0%) exhibited greater levels of acceptance compared to pregnant women who had received 0-7 years of schooling (55.6%). The obtained outcome had statistical significance. This finding indicates that moms who have attained a higher degree of education possess a more comprehensive comprehension of male midwifery practice, thereby distancing themselves from the impact of traditional and cultural influences.

The research findings also revealed a statistically significant association between the geographic location of individuals and their attitudes toward the acceptance of male midwives in the context of birth and delivery care (p-value = 0.004). The rate of acceptance among respondents in the PSSH was found to be 69.0%, which was greater compared to the rate of acceptance among respondents in the VCH group, which was 53.3%. The obtained outcome had statistical significance.

Ultimately, individuals with higher wages (68.9%) exhibited a greater likelihood of being accepted. This phenomenon may be related to the correlation between higher education levels and higher earnings, which enables individuals to reside in urban regions and gain a more comprehensive grasp of the services provided by male midwives. These findings may be attributed to the disparity in exposure to male midwives' practice between urban and rural populations. The present concept substantiates the findings presented in the research conducted at Kasavasa Health Center, located in the Northwestern province of Zambia [8]. This health facility serves a rural population, and it was observed that the utilization of the center for childbirth significantly increased after the introduction of a female midwife, who replaced a male attendant.

6.0 Conclusion

In conclusion, it can be inferred that the aforementioned points collectively support the notion that male midwives should be included in the provision of birth and delivery services. The study did not find any significant associations between age and marital status. The educational attainment of individuals significantly influenced the level of acceptance towards male midwives in the context of childbirth and delivery.

7.0 Recommendations

It is recommended that:

The government, in collaboration with the Nursing and Midwifery Council of Nigeria (N&MCN), conducts a pilot study before the implementation of any program that aims to address the needs of the community. This is particularly important in light of the feedback received from male individuals, who expressed the necessity of consulting the community before initiating the training of male midwives.

The Ministry of Health has to collaborate with districts to ensure the ongoing provision of community sensitization regarding male midwifery practice. This should be carried out consistently throughout the year, utilizing various communication channels to effectively reach the intended target groups within the community, particularly women.

Limitations of this study.

The research was conducted in two healthcare facilities located in Plateau state, consequently, it is imperative to expand the scope of the study to include additional training facilities in other states of Nigeria.

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