

UNIVERSITY OF NATAL

**THE ACCEPTANCE OF MALES IN MIDWIFERY
PRACTICE IN THE SEYCHELLES**

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**THE ACCEPTANCE OF MALES IN MIDWIFERY PRACTICE IN
THE SEYCHELLES**

BY

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Declaration

I, Winifred Jeanneton Agricole, declare that:

This study on the ‘Acceptance of Males in Midwifery Practice in the Seychelles’ is my own original work and has never been submitted for any other degree. All references used have been acknowledged using the American Psychological Association Reference System.

WINIFRED JEANNETON AGRICOLE

DATE

Dedication

This work is dedicated to my sons, Wynbert and Andy, my daughter Louisa, my husband Gilbert and my mother Joyce. Without their support this task would have been impossible to realize.

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Abstract

The aim of the study was to discover, describe and analyze factors related to the perceived acceptance of male nurses in the practice of midwifery in the Seychelles as perceived by nurses, pregnant women and their partners. A descriptive study using the qualitative approach was used. Theoretical sampling was employed and thirty-four participants comprising nurses, pregnant women and their partners were interviewed using an interview guide. Probing was done throughout. The nurses, the pregnant women and their partners were interviewed both in focus groups and individually. Participants taking part in individual interview were different from those taking part in focus group interview. The focus groups were homogeneous comprising professional nurses and consumers of service (pregnant women and their husbands) respectively.

The findings revealed multitude of factors associated with the perceived acceptance of males in the practice of midwifery. These were classified as positive, negative and ambivalent. The major positive themes were unconditional acceptance, conditional acceptance, and equitable treatment, by all three groups of informants while traditional belief was the major negative theme. Other positive themes by the nurses were change of attitudes over time, and males as caring professionals, while for pregnant women; it was viewed as prior acceptance of male obstetrician. Both the nurses and partners saw the intimate nature of midwifery as a negative factor while only the nurses identified fear of competition and religious belief. Lack of trust was another negative factor identified by the partners/husbands. Professionals and the husbands identified societal versus individual readiness as an ambivalent factor while the pregnant women and professionals saw conditional acceptance as an ambivalent factor.

Recommendations made from this study have implications for nursing research, nursing practice, and nursing education. The study could also be helpful for decision makers at different levels in the health care system.

Chapter 1

1. Introduction

The training of male nurses in general nursing in the Seychelles was accepted many years back without controversy. Male nurses currently work in all fields except midwifery. As in all countries of the world, midwifery is viewed primarily as a female dominated profession. Midwifery is also an important field commonly needed as a pre-requirement for further training in nursing especially in certain post-graduate courses. Nurse training has evolved over the years in Seychelles and more nurses are now opting for post-graduate courses. The intake of males in nursing continues, albeit they are still in the very low minority. Gender diversity in midwifery has to be considered seriously, in terms of both long-term and short-term human resource development in a constructive manner for the benefit of the profession and the community.

1.1 Statement of the Problem

Male nurses have shown interest in the field of midwifery and if midwifery is to be offered to as a choice to male nurses as well, the change will have to be addressed professionally, legally and ethically as well as culturally by the decision makers in the Seychelles. Male nurses should not feel that they are being discriminated against because of their gender. Male nurses interact with female patients who have to be served and female nurse colleagues who have to be viewed as partners in health care. Their opinions about the acceptance of male nurses in midwifery must be valued. Acceptance of male nurses in midwifery has met with a lot of constraints and barriers world wide, both within and outside the profession. It is unclear as to how acceptance of males in midwifery may affect the care of women in the pre-natal, post-natal and in labor stages. More information is required on this delicate issue. Research in this field can provide relevant information, which would make a difference to the future of nursing and midwifery in the Seychelles.

1.2 Definition of Midwifery

The Oxford advanced learners dictionary (1995 p.737) defines midwifery as “the profession of a midwife who is a person, especially a woman, trained to assist women in having babies”. Midwifery has also been stated as being “with women” or the care of women (www.midwives.com/home/midwifery.html. 2001). Another definition of midwifery is the one presented by Kraegel and Kachoyeoros (cited and criticized by Engvall, 2000, p.3), which views midwifery as “watchful waiting for the normal delivery process to occur”. Engvall commented that these authors devalued the profession since the theory and practice of midwifery was not taken into account and the midwife was doing far more than “watchful waiting. Hippocrates, an ancient Greek physician, wrote that the management of labor was the realm of midwives and male physicians were only called upon to assist with difficult births (Jacobson, 2001). To further Hippocrates’ explanation Overton (1998) added that the presence of a midwife offered the laboring women the assurance of having someone at hand, who had attended many births. According to biblical references midwifery is also believed to be one of the oldest female stereotyped occupations. Midwifery is mentioned in Genesis C35:V17 and C38: V 28, dating as far back as 1890 BC. Hebrew midwives are also referred to in Exodus C1: V15-21 dated around 152 BC (Holy Bible, 1984). The above definitions indicate that throughout history the profession has been regarded as the province of women.

1. 3 Background

Traditionally nursing and midwifery have been viewed as predominantly female professions. In most parts of the world, for example, South Africa, males in the nursing profession were welcomed only after many strong and heated discussions and debates taking place at the level of high authorities (Burns, 1998). Now that males are practicing nurses, they want to have equal opportunities in making choices in the development of the profession. This has not been the case for male nurses wanting to be trained as midwives and in some instances their non-acceptance in midwifery has minimized their chances for further development. In the Seychelles, for example,

when the Bachelor of Nursing degree course was offered in 1998 through the Indira Gandhi Open Learning University, the pre-requisite was midwifery and general nursing. Male nurses therefore did not meet the criteria although it is obvious that not being a midwife was not necessarily a deliberate choice. The entry of male nurses into midwifery is associated with many factors, one of which is clearly linked to the historical development of the midwifery profession. In the ancient world, childbirth was always considered a female matter and it was the last domain retained by women as society progressed from matriarchy to patriarchy (www.midwives.com/home/midwifery.html. 2001).

1.3.1 Barriers Facing Men in Nursing/ Midwifery

The Literature reviewed indicates that males have always encountered certain barriers in both nursing and midwifery. Whilst they have been seen as more or less an acceptable partner in some fields of nursing, for example, psychiatric nursing, they are still facing tremendous opposition in midwifery.

As recent as 1994, in America, male nurses filed court cases against their employers claiming equal rights after being denied employment in a labor, delivery and postpartum ward (Burt, 1998). These nurses alleged that they were facing bias. This challenge might pioneer the way for the future rights of males in the profession. Engvall (2000) also commented that in the United State of America television has contributed to the non-acceptance of males in nursing and midwifery professions. According to him the usual trend is that patients refer to females as nurses and males as doctors, but this usage is not peculiar to America.

Valente (1998) pointed out that in Argentina the law states that midwifery is exclusively a female profession. The rationale given for this law does not interpret it as being biased against male nurses, but it is based on protecting female modesty. This is hardly logical though, since male obstetricians do attend to female patients. Ironically in the same article it is clear that male obstetricians are viewed as more acceptable and trustworthy than female obstetricians. Valente (1998) again notes that this is not biased against women but accepted by way of culture. Others believe, though, that these are gender related issues, which are associated with the role of midwives (females) being in subordination to the authority of the doctors (males).

Similarly in the United Kingdom, The British Midwifery Act of 1951 states that midwifery is a profession reserved solely for women (McKenna, 1991). Since this Act the question of males in obstetrics has been raised. Many saw it as a gap in the training of male nurses and queried the validity of the training program as they were being denied equal opportunity. Clay (cited in McKenna, 1991) asserted that male nurses couldn't be accepted as having complete training without having the basic skills required to care for an expectant mother. Other examples of discrimination against males were that male nurses could not become health visitors and could not undertake specific aspects of health work, or apply for promotion in certain areas if they were not trained midwives, (Hartley, cited in McKenna, 1991).

1.4 The Study Context

Seychelles is a group of small islands, the main part of the archipelago is situated between 4-5 degrees south of the equator, between longitudes 55-56 degrees east of Greenwich (www.Seychelles-online.com.sc/geography.html 2001) Geographically the island remains isolated by a thousand miles from the nearest continent, Africa. This location is a blessing as it falls outside the cyclone belt, and its geographical detachment from the main continent limits the entry of infectious diseases from neighboring continents. The Ministry of Health, Seychelles, further enhances measures of prevention through the spraying of all aircraft at Seychelles International Airport if this has not been done at the point of departure. Clearance certificates are issued to ocean liners, including yachts, only after verification of a Maritime Declaration of Health has been completed and a valid certificate has been produced. Vaccination certificates of crews and passengers on board are also scrutinized. The vessels are inspected and the general health of the passengers and crews is inquired (Quarantine Ordinance no.22 of 1948, Seychelles).

The Seychelles nation is of African, European, Chinese and Indian descent blended together in harmonious relationship. This mixed racial origin one might expect some aspects of ethnic or racial discrimination, but this is not a significant issue at present, though it did exist at the time the country was a colony. Through intermarriages of the four main national origins a new Seychellois nation has emerged

with its own culture, language and sovereignty. The Seychelles formerly a French colony then a British colony gained its independence in 1976. The Seychelles has moved from a single party state to a multiparty state. The president of Seychelles, a former lawyer by profession is also the leader of the main political party. Three main political parties exist. Members of the parties are represented in different proportions in the National assembly. National elections are held every five years and the present constitution of the country permits the president to remain in office for three consecutive elections. The multi-party system allows for freedom of speech, press and freedom of expression as well as safeguarding the protection of human rights.

As in most parts of the world, female midwives have always practiced midwifery in the Seychelles. When formal nursing training was established in the country during the late 1940s, it became compulsory for all nurses to follow midwifery training, on successful completion of general nursing. The training of males as nurses, which was also started shortly afterwards gradually became less popular and died out in the 1970s only to start again in the early 1980s. In the 1980s midwifery became an optional course carried out according to the service need (Seychelles Nurses & Midwives Council, 2001). The acceptance/non-acceptance of males in midwifery is of concern since male nurses are continuously joining the nursing service in the Seychelles. Some have previously expressed the wish to follow the midwifery course but were encouraged to move into other nursing fields. The reason for male nurses to be considered for all fields of nursing but midwifery in the Seychelles is not clear, though there are opinions both in favor and against the idea.

The population of Seychelles in 1999 was 80410 with a steady average birth and death rate of 18.2 and 7.0 per thousand respectively. The infant mortality rate of 8.5 per thousand as 1999 is comparable to that of the developed countries (Management of information system Division, Seychelles, 2000). These indicators do not show complacency, but efforts are constantly being made to sustain and improve such achievement.

The Government of Seychelles provides free and equitable health care for all Seychellois citizens. This is ensured through a primary health care approach. Primary health care in Seychelles forms an integral part of the National health system, of

which it is the central focus for the overall social and economic development of the community. The mission of the Ministry of Health in Seychelles is to promote, protect and restore the health of all individual citizens. This is done through the mobilization of natural resources and effort through a caring, efficient and comprehensive health care system. Primary health care is believed to be the key to attaining the goal of health for all from the year 2000 and beyond (Health Policy, Strategy & Organization, Seychelles, 1995).

The child health program ensures a more or less 96.6% coverage rate for vaccination against the preventable childhood diseases for all children under the age of 5 years and those of school age. The expanded immunization program covers B.C.G at birth, D.P.T & poliomyelitis at three months, 5 months and 18 months, yellow fever at 10 months, measles, mumps, and rubella at 15 months and hepatitis at 3,4, and 9months. The health monitoring of children from birth to the age of 18 years allow for early detection of potential problems, and deviation from normal growth and development.

1.5 Significance of Study

In many parts of the world there has been much debate on the subject of males becoming trained midwives. Some countries enacted laws prohibiting males to practice midwifery. In Argentina for example, a law passed in 1967 made midwifery exclusively a female profession. In other places, including Britain, the law protects the right of male midwives as citizens against sex discrimination in employment. The consumers of service, as citizens with rights have also been interviewed in previous studies but opinions have varied widely over the years (Hawkes, 1974; Tagg, 1981).

Some male nurses have also voiced their concerns regarding males in midwifery and these have been both positive and negative (Gaze, 1990; Clausper & Kaur, 1993). A study on the subject of males' acceptance in midwifery will provide data for future decisions and debates on the subject for the betterment of the nursing profession and the people they serve. It will also add to the existing body of knowledge on the factors affecting males' acceptance in the midwifery profession. Information about the development and history of both nursing and midwifery in The Seychelles is quite scanty. At the moment 30 male nurses are currently registered with

the Seychelles Nurses and Midwives Council. It was not the policy of the Ministry of Health for male nurses to be trained as midwives until two years ago when amendments were made (Centre for Health Studies, Seychelles, 2001).

Studies on the acceptance of male nurses in midwifery have been undertaken in other countries but not in the context of the Seychelles. Nursing, a constantly evolving profession requires research to keep pace with the developmental needs of its neophytes as well as the community it serves. New ideas and new concepts have to be challenged and supported or defended by factual information. This research will further enhance knowledge and give credibility to nursing as it moves parallel with other developing professions. There is no doubt that the findings from this study will add to the body of knowledge on the subject of the acceptance of male nurses in the practice of midwifery. It can also be used as evidence-based knowledge to take important decisions in planning the future development of nursing in Seychelles. Workshops can also be organized for nurses to sensitize them on the findings of this research. Replication of the study can be done and findings can be compared and contrasted.

1.6 Purpose and Objectives of the Study

1.6.1 Purpose of the Study

- To discover, describe and analyze factors related to the perceived acceptance of male nurses in the practice of midwifery in the Seychelles as perceived by nurses, pregnant women, and their partners.

1.6.2 Objectives of the Study

- To describe the perception of nurses (males and females), pregnant women and their partners in general, regarding male nurses in the practice midwifery.

- To analyze such perceptions in relation to factors influencing acceptance of males in the practice of midwifery in terms of nurses and pregnant women and their partners in the Seychelles.

Chapter 2

2. Literature Review

2.1 Historical Trends: Males in Nursing/ Midwifery

Males' access to the nursing profession dates far back in history, but they have always been in the minority (Heiknes, 1991). To be in a minority group, whether professionally or socially, leaves room for possible negative or positive repercussions. In most circumstances the minority group is usually affected negatively and this can contribute towards emotional distress and frustration. For many reasons, the negative attributes can have significant impact on the future development of the profession. To-day, in certain parts of the world male nurses still cannot understand the reasons for denial of their rights to undergo midwifery training and be practicing midwives (Valente, 1998).

Bradley (1993) in his account of male entry into women's jobs used a distinctive approach in trying to describe an apparent pattern. He coined the terms takeover, invasion, and infiltration. Takeover is a situation whereby women are completely excluded from the job formerly known as a woman's job, which is redesigned as a male specialty. The process of invasion occurs when a sufficient number of men enters a female profession but does not drive them out completely. The process accompanies demarcation and dual closure where males monopolize certain specialties and women monopolize others within the profession. As expected, the men are inevitably seen to be occupying the higher status in the hierarchy. Infiltration refers to a case when men remain as a tiny minority within the female occupation and may have to cope with consequent derogation of their masculinity. If sufficient numbers are attracted, however, the stage is set for invasion or takeover. Nursing is viewed as on the boundary between infiltration and invasion but because of its persistently female image it can be classified as infiltration. Bradley (1993) states that the visibility of male nurses had become an advantage rather than a handicap in Britain. They are seen as career orientated, ambitious, and fit for managerial positions and this leads them to ascend the career ladder relatively faster than their female counterparts. According to Kauppinen-Toropainen & Lammi (1993) men have,

nevertheless remained in the low minority in nursing and in 1980 fewer than 3% of all registered nurses were men. Saunders (1981) asserts that men had to struggle against the stereotyping attitude of nursing as a female profession, which has become established in people's mind.

The history of males in nursing in South Africa became an issue after World War II when male nurses were deemed necessary (Burns, 1998). The development of males in nursing moved hand in hand with the anti-racial health plan. Through these reforms male health assistants were the first group of health workers to be accepted within the health care system. They were recruited to work in venereal disease clinic, and were seen to be very successful in implementing the program (Burns, 1998).

The fight to bring males into nursing continued despite very discouraging responses. Statements from debates were mostly gender related. These included such phrases, as "men were no good for nursing which is peculiarly a woman's task": "a man is a clumsy thing who does not know how to handle a sick person", "nursing is the profession for women". After much heated debates South Africa had a handful of black male nurses before 1957 (Burns, 1998). It is understood though, that white male nurses managed to gain entry in the service since the late 1930's.

2.2 Historical Trends: Obstetricians/ Men in Childbirth and/or Midwifery

Prior to the development of medical technology women gave birth with the assistance of a more experienced woman, sometimes referred to as a midwife. According to Wajcman (1994) from 1720 onwards, an increasing number of men were entering the midwifery profession in England in direct competition with women. It was the practice for all babies to be delivered by midwives before the 1700, but by 1770 the man-midwives had taken over the deliveries of wealthy mothers throughout Britain, particularly in the urban setting. This rise was associated with the medicalized model of childbirth with the invention of the first technological aids to birthing, the delivery forceps in the 1730s. Chamberlain, who was a descendant of the family responsible for the invention of the midwifery forceps, became the most famous Englishman midwife. He called for a midwifery society but the midwives

opposed the idea because it was seen as promoting female subordination in the profession. In fact the females were already in a subordinate role, being taught only what their male counterparts wanted them to know (McKenna, 1991). The forceps became a crucial resort for the male obstetrician who could otherwise do very little manually to aid the birth process. The medical model moved childbirth from the home to the hospitals. With the introduction of forceps the midwives lost monopoly on birthing intervention.

Other reasons associated with the rise of men –midwives were based on the popular scientific approach to medical knowledge on which their training was based.. It was uncommon for women, who mainly learned from other midwives and their own experience of childbirth and motherhood, to be taught about human anatomy. Midwifery was therefore seen as unscientific and a barrier to scientific progress. Midwives were excluded from training, which involved the use of medical instruments (Dahl, 2001). For the first time in history, childbirth, always known as a women's business, was captured by men. The other reason for the campaign against midwives from the medical profession was for economic gain. This shift was considered a breakthrough for the emerging medical profession.

For the men midwives this move into midwifery was not without repercussions. The man-midwife soon experienced the dangers of misuse of the medical instruments, which instilled certain fears in some women, and were referred to as “the terror of women”. Despite this negative impact, for others the use of instruments was beneficial, as it allowed another option for difficult births. The capabilities of these men-midwives, although recognized, had still somehow to deal with issues of concern to women, such as modesty, custom, and propriety. The close contact required between men- midwives and pregnant women was another cause of concern regarding the issue of propriety. At that period in history doctors had limited physical contact with patients and parallel to that, the practice of midwifery by men-midwives met severe opposition from different quarters, including the medical community, and the midwives. The opponents showed strong resistance, claiming that this was an exclusive domain for women (Dahl, 2001).

Arguments for and against men-midwives continued even as far as to examine the use of the word “wife” to describe a man, where comments were made that a man could only be a hermaphrodite if called a wife. It was argued that ‘midwifery’ applied to the practice of the art only. Many other names were suggested which included ‘midman’, ‘midwoman’, accoucheur, or ‘andro-boethogenist’, but none was successful in eliciting a familiar image (Dahl, 2001). In one of the discussions that went on in 1827, a supporter of natural childbirth asserted that man-midwifery was a compromise to the justice of the country, by exposing the life of childless women and infants to many dangerous and unnecessary secret operations (Kandela, 1999). Other discussions included the nature of men and women and their fundamental capabilities. Nihell and Sharp (cited in Dahl, 2001, p.5) claimed that it was according to God and nature, for women to be in charge of events concerning women, such as childbirth.

Acceptance of the legitimacy of men-midwives was a slow process before they could gain acceptance. According to Donnison (1977) an Englishman midwife was often a failed medical student or an apothecary acting as an unqualified doctor. The male dominated midwifery profession at that period upheld its power by establishing in the Midwifery Act (1902) the right for unqualified men to practice whilst it forbade unqualified women to do so. This went on until 1926. These men midwives advocated delivery in bed and with their sole possession of the obstetric forceps dealt a fatal blow to the female midwives’ crude birthing chair. The midwife tried hard to regain status, but a bill drafted in 1881 to raise the status of midwives failed to pass in parliament. Engvall (2000) commented that midwives were thought to be out-dated belonging to the past and not the present. Demands were made for the abolishment of the office of midwifery. By Victorian times, the public perceived men midwives as better trained in medical sciences, more organized and of better social status, while their female counterparts were stereotyped. The work of midwives was not mentioned in respected female society. It was seen as poorly paid and regarded as unrespectable at that time (McKenna, 1991).

Opposition in midwifery in the twentieth century in Britain was found among the midwives themselves. Many did not welcome men in their profession and would not accept an amenable change. Some male nurses in protesting against the idea of males in midwifery have commented that the call for males in midwifery denies women

their rights as women (Saunders, 1981). In 1951 the Midwifery Act excluded males from joining the profession (McKenna 1991). Arthure (cited in McKenna, 1991) claimed that in contemporary Britain, the most senior person seen in midwifery practice was the female midwife. Midwives conducted 70%-80% of all the deliveries. The Royal College of Nursing joined the Royal College of Midwifery to prevent the move of males into midwifery. The reasons to justify the Royal College of Nurses and Midwives concerns were stated as follows: (a) Midwives give intimate care to women and the majority of the public would not accept such care from men; (b) the desired psychological support required during pregnancy is best given by a female; (c) the fact that the midwife is a woman is an important part of her function (McKenna, 1991). Owing to pressure from professional organizations further amendments were made. It was agreed that women would have freedom of choice with regard to the sex of their midwives, but male midwives would need to be chaperoned. It was not until May 1977 that the proposed course was started (McKenna, 1991).

The 1975 Sex Discrimination and Equal Opportunities Act, which made it possible for males to practice midwifery in Britain, brought strong feelings to many people who believed that male nurses would make their presence felt in the midwifery profession. In 1979 the first men entered the midwifery profession in Britain, was closely monitored to ascertain the suitability of men as midwives. Many had the fear that men would take over and start behaving like obstetricians. This was not the case. Gaze (1990) reported that 90 men had entered midwifery by 1987, and no problem had surfaced and it was made clear that women had a choice about their midwives. Four of the male midwives qualified had already become charge midwives. The attitudes towards the male midwives from their female counterparts ranged from the opinion that no men should be midwives, to some who described the male colleague as able, challenging, vocal, ambitious, and questioning (Gaze, 1990). Despite facing strong opposition initially, male nurses are now practicing midwives in the United Kingdom (McKenna, 1991).

In the 17th century men midwives were introduced in French society. The practice was said to have spread from France to England. Medical practitioners with their greater knowledge of anatomy and physiology were bothered by the fact that

female midwives held control of this field. Others genuinely wanted to improve what they saw as a low standard of care in the birth process.

2.3 Review of Related Research

There has been limited research examining the acceptance of males in midwifery. An extensive literature search done both manually and electronically yielded only a few studies. Some of these dealt with acceptance of males in nursing and midwifery by the consumers of service (women and their husbands) and views of male nurses regarding their acceptance or non-acceptance in midwifery. Studies carried out in the last three decades have provided contradictory results. Some studies considering the choice of males in female dominated professions have also been undertaken over the years. As midwifery has been seen as a female dominated profession it is worthwhile considering some of the findings of these authors.

2.3.1 The Consumers' Views

Tagg (1981) carried out a small study in a maternity hospital in Nottingham where patients were given a questionnaire to complete on discharge. He reported that the women surveyed did not object to being cared for by a male midwife while in labor. There were reservations though about acceptance of the men in the home and in hospital, during the post-natal period. Another study also done in Britain earlier gave a completely different picture. The informants were patients who would be nursed by midwives and had experience in childbirth. A number of husbands were also interviewed. The questions asked related to pertinent midwifery procedures during the stage of labor, prenatal and post-natal care. This study showed that most of these women as well as the husbands disliked being cared for by male midwives. The author concluded very succinctly by stressing that the patients did not want male midwives (Hawkes, 1974).

2.3.2 The Male Nurses' Views

The theory of masculinity was used in a study carried out by Dallas and Poole (1996), to show how three student male nurses approached their entry into nursing. Morgan asserted (in Dallas and Poole, 1996) that masculinity is the maintenance of certain types of relationships between men and men and women and men and it is not the possession of or non-possession of certain traits. He emphasized the need though, for the relationship to be understood as sets of practices, which in varying degrees contribute to the maintenance and reproduction of the patriarchal system. He commented that the set of practices varies in the workplaces, learning institutions, and social situations and are currently not well understood.

Seidler (cited in Dallas & Poole, 1996) claims that male gender identity is threatened by intimacy. He noted that female nurses were more caring and that male nurses were too mechanical. Ironically one of the reasons the three student nurses gave for joining nursing was mainly that they would like to be good nurses. Findings from the study revealed, however, that male intimacy could not be demonstrated at the same level as female nurses in giving nursing care, despite the fact that the three male students nurses believed themselves to be giving good nursing care. The male student nurses were conscious that traditionally nursing is a female profession, but described it as a sound career. They were concerned about their masculinity rather than their physical superiority. They appreciated being given more respect by doctors and colleagues than their female counterparts, and could control the so-called dangerous situations. They maintained they were in control and had good career paths. The male nurses behavior could have implications for their female colleagues. The study concluded that the entry of men into occupations such as nursing would improve the lot of men whereas it might be to the disadvantage of women (Dallas and Poole, 1996).

Male and female nurses from a general hospital in southwest England were interviewed regarding different aspects of their careers and the ways the group related to each other. Their feminine and masculine characteristics were also sought. The findings revealed that both groups, in making the decision to enter nursing, valued helping people and wanting to work with people. This was also clear from other

studies carried out (Dallas & Poole, 1996) which suggest that the caring role is the central core of nursing. It was also discovered that 53% of males chose nursing as it offered an opportunity and a challenge which was viewed as quite important for personal satisfaction. Fifty-nine per cent of the females said they had always wanted to become nurses and their parents were keen for them to join while for the males only 12% of their parents applauded their choice. Figures showed that 94% of the men were very confident about their choice of career, compared to 76% of the females. The results of the perception of gender qualities showed that women in the study saw themselves as highly masculine and highly feminine. The men saw themselves as significantly more masculine than feminine, though there were some variations. These highly female and male characteristics in nursing regardless of the biological sex have been shown to have an effect on the psychological stability of the person, while nursing is viewed to be a very highly stressed job (Skevington, & Dawkes, 1988). The type of personality termed androgynous can therefore contribute to the positive effects as related to the presence of male in nursing.

Brown and Stones (cited in Kauppinen-Toropainen & Lammi, 1993) compared the reasons male and female nurses gave for joining the nursing profession. The study indicated that the male students were uncertain about their careers and the decision taken was by chance though, their choice was related to their experience of unemployment, and the search for economic security. Nursing for these men was only a job among others, which could provide them with a secure career in times of economic difficulty. The uncertainty of the male student in this study was in contrast to the findings by Dallas and Poole (1996) where male nurses were confident about their career choice. In a related study carried out in Sweden by Carlston and Bergknut (cited in Kauppinen-Toropainen & Lammi, 1993) similar findings revealed economic security as a central reason for enrolling in nursing. The study also showed that more than half of the male nurses had specialized in psychiatric nursing, whilst one third held administrative or teaching posts but there was no mention made about midwifery.

2.3.3 Gender Influence in Minority Group

A study on male nurses by Heiknes (1991) based on Kanter's theory of group interaction has shed some light on the behaviors of males in a predominantly female

dominated profession. It also reveals some aspects of gender discrimination. The concepts of visibility, polarization, and assimilation were used to obtain information from the respondents. Heiknes (1991) explained that Kanter used the word “token” to describe minority groups in his previous studies, which involved female minority. The interviewees who were male nurses (the minority group among the females) had been in the profession for an average of eight years. The concept of visibility related as to how they were easily “picked out” from the majority group. This was because of their sex. This was seen to lead to either over-achievement or underachievement.

The concept of polarization was seen to reflect social isolation during informal interaction, in that they could not discuss matters as they would with the same sex. They felt they lacked companionship. Heiknes (1991) described polarization as when characteristics of the dominant group were seen to be abnormally great even if these traits were irrelevant to job performance. During social interaction outside the profession, Heiknes (1991) asserted that the male nurses revealed the difficulty they had in identifying with the profession. Explanations had to be given as to what they did, for example, an anesthetist nurse, rather than simply calling themselves nurses. In fact this did not apply to all respondents, as for others it was not an issue.

The concept of assimilation was associated with “status leveling” and revealed some relevant findings. ‘Status leveling’ became apparent when they were perceived as doctors and again explanation as to their role had to follow. The concept of assimilation had a negative connotation for some and could imply that men ought to be doctors or should not be nurses. Role entrapment came into play, which had the effect of moving them into different stereotyped categories. These categories were named as the troublemaker, the ladder climber, the he-man and the homosexual. The homosexual role, a highly stigmatized role, has psychological implications and was seen to reach beyond role entrapment (Heiknes, 1991).

The effects of sex role stereotyping and role strain endured by male nurses have been investigated in a study pursued by Egeland and Brown (1988). These effects on the male nurses were looked at from the perspective of community members, colleagues and patients. The authors conducted the study because it was presumed that the sex role stereotype in nursing, which is seen as a female dominated

profession could supposedly affect performances of male nurses in their occupational role. Previous studies reported that male characteristics had been identified as strength, aggressiveness, self-control, leadership, competence, objectivity, persistence, valor and dominance, by contrast to the stereotype of women which depicted characteristics such as warmth, caring, sympathetic, nurturing, sensitive, tender and compassionate (Bush, Carson and Fehir, cited in Egeland & Brown, 1988). Ironically other research findings have depicted men in nursing as being emotionally stable, more outgoing, more abstract, yet more tender-minded than their male counterparts in other careers (Gumley, Mckenzie, Omerand & Keys 1979; Cooper, Lewis & Moores, cited in Galbraith, 1991).

That nursing is one of those professions with a typical female stereotyped role as perceived by an observable number in our society is thought to have a negative bearing on the males who decide to pursue the career. The major findings unexpectedly revealed that the male nurses studied were affected only moderately by virtue of their sex and occupational role. According to Egeland and Brown (1988) such unanticipated finding was inconsistent with previous literature and thereby conclusively linked his results to the presumption that nursing does not rely entirely on female stereotyped qualities but requires masculine or androgynous characteristics as well. Egeland and Brown (1988) further assumed from the findings that the cultural stereotypes about sex role had vanished under the influence of the civil rights movement, the women and men liberation movements and changing values in societies. He realized though that due to certain limitations of the study the problem of role strain associated with sex role stereotyped affecting male in nursing should not be denied, and recommended that education of the public about nursing, as being an appropriate profession for both sexes was necessary (Egeland & Brown 1998).

A study to understand occupational choices by men in a non-traditional profession such as nursing was carried out by investigating the men's sex role identity, personality component and the importance they attributed to their careers. This understanding was foreseen as important in the light of the current nursing shortage in attracting men to nursing (Galbraith, 1991). This study compared men in nursing with those in engineering, a traditional male career, and teaching, a female dominated career. It was discovered that the three men in nursing and teaching valued

the relationship-oriented factors more than did the men in engineering. It was observed however, that the men in non-traditional occupations in this study had stronger masculinity scores than the men in the traditionally male career. He concluded that these qualities were aligned with male nurses who can deal with the complexities of everyday life since it is believed that individuals with strong feminine or masculine traits are more mature psychologically. It is asserted that males in nursing manage to retain their sex role identity as well as remaining open to role alternative, which could be an enriching experience (Galbraith, 1991).

To conclude, the literature reviewed has shed some light on the issue of male nurses and midwives in the nursing profession. It can be seen that their acceptance in the nursing profession has been a struggle partly because of their masculinity as well as other social and cultural factors. There is still discrimination against males who join the midwifery profession in many parts of the world. Cultural and social factors affecting male in midwifery need to be further focused on.

Chapter 3

3. Methodology

3.1. Study Design

The project design was an exploratory descriptive survey using the qualitative approach. The study sought to determine the perceived acceptance of male nurses in midwifery practice in the health care service of the Seychelles. This was an appropriate design in attempting to discover opinions, values, and different attitudes about the subject studied, as recommended by Cormack (1991).

3.2 Sampling and Setting

The study participants comprised of female and male nurses, pregnant women and their husbands. The triangulation method in the selection of participants provided data from three different sources, so gave a more complete picture of the situation and wider coverage of the problem under study (Streubert & Carpenter, 1999). Participants for individual interviews were selected by means of theoretical sampling (Morse, 1989). This was important because of the need to obtain as much in-depth information as possible regarding the research problem.

The study was carried out at Victoria Hospital, the main hospital on the island, during the first two weeks of July 2001. There are four satellite hospitals functioning as branches of the main hospital, on the main and outlying islands. An old people's home and the hospital for chronic psychiatric patients also fall under this umbrella.

The nurses were selected from different wards in the hospital and community health centers, while the pregnant women were selected from those patients attending antenatal care; for each pregnant woman, permission was sought to include her partner as well. The criteria for selection of nurses were that professional nurses should have no fewer than two years experience as a qualified nurse. Female nurses were also needed to be qualified midwives. The researcher also based her judgment on the best available evidence that the sample indeed possessed the characteristics

needed for the study. This was essential to ensure that the necessary and adequate information was gathered for this research. (Morse, 1989). The selection of participants ceased after the required data was obtained, that is, when no new information was being generated. The sample size envisioned for the individual interviews was partly not under the control of the researcher. This can be said, since the data collected had to be adequate and substantial.

The focus groups were made up of participants from the nursing profession and from consumers of the service. The consumers of the service comprised pregnant women, and their husbands. The professional group was comprised of male and female nurses with more than two years experience. Female nurses were qualified midwives as well. The professional and consumer group comprised of six and eight persons respectively. The researcher identified the potential participants for the focus group interview. The number of professional nurses required was chosen from the wards and clinics, whereas the consumer group was chosen among the pregnant women and their husbands attending relaxation classes. The pregnant women and their husbands as well as the professionals were asked about their interest in participating in the research before being considered as potential participants. The focus groups did not comprise participants who took part in individual interviews. The two groups were made homogeneous, and comprised a consumer and a professional group.

3.3 Instruments

The researcher employed an unstructured interview guide as an instrument for collecting data. The use of open-ended questions elicited as much information as possible. This also permitted much in-depth information through probing. The informants were interviewed face to face individually and in focus groups. The open-ended questions prepared were asked at the beginning of the interview (see appendix 1). Additional questions were asked with probing to clarify and elaborate on necessary issues. The interview was documented as well as the questions asked. This was important for the possible replication of the study. The unstructured interview schedule addressed the consumers of service and the health professionals by slightly different approaches. The pregnant women were asked about their attitudes towards

male nurses before moving on to their acceptance of male midwives, while the husbands were asked about their acceptance of male midwives caring for their wives. The professionals were directly interrogated about their views on male midwives.

3.4 Data Collection Techniques

The authorities in the Ministry of Health were approached to gain permission to carry out the project. A positive answer was obtained and a theoretical sample was determined, as described in the sampling procedure. The informants were interviewed individually and in focus groups. Information was obtained from participants employing the unstructured interview guide as instrument (see appendix 1). Two of the questions used were prepared; while others were asked during the process of the interview when probing was done as necessary. This encouraged participants to be open and free in giving information. In collecting data, the depth and breadth of the information was encouraged so as to observe scientific rigor (Streubert & Carpenter, 1999). The interviews were audio taped and information was also documented in special folders. All folders had an informant and interview number. The data was kept in the safe possession of the researcher. Copies of written documents were made and kept separately as well as back-up copies of audio- taped material. A good climate of mutual understanding prevailed throughout the interviews.

The number of participants depended on the quality and quantity of information obtained as data collection progressed. The informants were approached beforehand, the interview was explained and also seek their willingness to participate voluntarily was sought. The necessity to tape-record the interview was explained their consent obtained. They were reminded of the procedure of the interview including the aspect of confidentiality and also that information was to be used solely for the research. The individual interviews finally comprised eight pregnant women, eight professional nurses (males and females), and four husbands. The interviews lasted between fifteen and thirty minutes. In all, eight pregnant women and four of their husbands participated in the individual interviews. The individual professional group comprised of eight informants. All together made up thirty-four participants.

Adequate discussion among the group members was ensured to generate thick data in the focus groups interview, as recommended by Streubert and Carpenter

(1999). All members were encouraged to participate fully in the discussions so the strength of the argument was substantial. Before forming the groups the individual characteristics were screened to identify similarities among the participants. The two separate groups were comprised of six professionals and eight consumers. Each focus group interview lasted one and a half hour. Altogether fourteen informants participated in the two focus groups.

Before starting the focus group interview, a short briefing session was done. The potential informants were told about the study and certain points were re-emphasized. This included observation of rules during group interactions and the manner in which the interview would be conducted. The main aim of the interview was reiterated. They were reminded of the approximate duration of the interview. They were informed about the reasons for audio taping the interview, the need for giving an informed consent, the confidentiality aspect and the choice to decline at any point during the interview. The role of the researcher was also outlined (Morgan & Spanish, 1984).

At the end of the focus group interview session, the researcher shared her feelings and deepest thoughts on the subject with the informants. The participants were given the opportunity to express their feelings during the group interaction. This was done in a climate of mutual understanding (Morgan & Spanish, 1984).

3.5 Academic Rigor

Before the study began the researcher had to do bracketing. Bracketing was necessary due to her familiarity with the environment. The practice of bracketing helped to maintain neutrality and also reduced biasness in the course of the study. The researcher therefore ensured that her preconceived ideas about the subject under study were not allowed to influence the informants. During data collection and data analysis, trustworthiness of information was maintained to ensure credibility of the data. Triangulation in data collection added to the academic rigor of the data obtained. This was ensured through the use of the three different sources of data collection, that is, from the nurses, the pregnant women and their husbands.

Following the interviews, a preliminary analysis of the data was done. A meeting was held with all participants to validate the information obtained. All interviews were tape-recorded to facilitate the process and to ensure that information was not missed. This improved the credibility of the information obtained, as data could always be crosschecked. Furthermore, a proper record of all the activities performed in data collecting and data processing was kept. Reasons for such activities were also documented. This was to permit confirmability and increase the trustworthiness of the findings (Streubert & Carpenter, 1991).

3.6 Ethical Considerations

Ethical issues should always be considered when undertaking research. Despite the use of theoretical sampling, admission to the study was voluntary. No effort was made to coerce participants by any possible means. An informed consent was also obtained from them in writing to serve as a proof of their agreement to participate. The researcher was ready to make sensible decisions on how to proceed with the interview or focus group discussion if any frustration, or misunderstanding developed during the interview process. The informants were not subjected to unnecessary extent of interviewing when the data was not contributing to the study. Confidentiality was maintained throughout the data collecting process and at any other stage of the project when deemed necessary. In transcribing and translating the information, measures were taken to ensure that the information was not altered.

3.7 Data Analysis

The taped interviews were transcribed word for word, pauses were noted; this was represented in the forms of dashes while series of dots represented long pauses. The pages were numbered with the informant's number code and interview number. After transcribing all the data and sequentially numbering them, back-up copies were made and stored separately.

To get familiar with the data was part of the initial phase of data analysis. This involved reading the data over and over again recalling information, and listening to the audiotape until it became meaningful. Apart from words, feelings, non-verbal communication and emphasis are important in the analysis of the information, so these areas were also identified. This prolonged engagement with the subject helped

to increase the credibility and dependability of the findings (Streubert & Carpenter 1999). Having dwelt on the data, the next step was to try to reduce the large volume of data acquired so as to facilitate examination. This was the process whereby the raw data was abstracted, focused on, simplified, selected and transformed.

The data was then categorized by grouping similar ideas together. This involved classifying the data into particular order using a code. Initial categories were as broad as possible and there was no overlapping. While coding was being done the major topics discussed in the interview were taken into consideration. A second comparison was done to ensure there were no overlap or ambiguity owing to lack of clarity (Burns & Grove, 1998).

The next step was to categorize the data into different stages, that is, descriptive, interpretive and explanatory. Descriptive data were seen early at the data collecting stage; the interpretive stage was when the researcher started to put meaning to the data. The explanatory stage occurred when the researcher comes to the stage where theoretical meaning began to unfold (Burns and Grove, 1998). The data was analyzed manually and using the computer package software employed in qualitative research analysis, Nudist Vivo (Non-numerical data ways of indexing, searching, and theorizing).

Chapter 4

4. Results

4.1 Introduction

The purpose of the study was to discover factors related to the perceived acceptance of male nurses in the practice of midwifery by nurses, pregnant women, and their husbands/ partners in the Seychelles. The factors would then be described and analyzed in relation to these perceptions.

The factors associated with the acceptance of male nurses in the practice of midwifery raised a multitude of issues and concerns from all three groups of informants. Some of the factors were similar to the previous research findings from studies on male nurses in the practice of midwifery. It is a fact that the entry of males in midwifery, a predominantly female domain, has always bewildered many people, both the professionals and those in the public arena.

4.2 Acceptance of Male Nurses in Midwifery by Professionals

The perceptions of professionals regarding males in midwifery practice were classified as positive, negative, or ambivalent. It was observed that some of the informants gave personal and general views regarding the acceptance of males in midwifery.

4.2.1 Positive Perceptions

The professionals demonstrated confidence and were convinced about their positive perceptions of males in the practice of midwifery. It was reported that the male midwife was not seen as a stranger in that new role. The arising themes from positive perceptions were (a) unconditional acceptance, (b) conditional acceptance, (c) equity in treatment (d) males as caring professionals and (e) change of attitudes over time.

4.2.1.1 Unconditional Acceptance

Unconditional acceptance implies that male midwives are accepted without prejudice, that is, with the same degree as other health professionals are accepted. The following statements from some of the nurses who were interviewed illustrate this observation:

“There is nothing strange with male midwives, they are also human beings they should benefit from the same opportunity as female nurses”.

“ I will feel at ease with both sexes. I have no problem”.

One of the participants referred to the experience she had in working with male nurses in gynecological wards. According to her, some female patients were seen to appreciate care delivered by male nurses. She admitted though, that their acceptance by patients varied.

4.2.1.2 Conditional Acceptance

Since the male midwife looks physically different, his behavior can easily be singled out and be misinterpreted. Chaperoning was seen as one of the preconditions necessary for the males in the practice of midwifery to ensure that the male midwife is practicing safely and that both the male midwife and the patient feel comfortable. The following are some of the excerpts from the interviewees' statements:

“It is still unclear as to how the client will accept the male midwives who would have to be monitored closely and should not be practicing on their own, and the clients' reaction would also have to be observed”.

“It is necessary for the male to be professionally competent”.

“Etiquette is always taught in nursing but for males this should be highly emphasized”.

“ If his professional code of confidentiality is maintained it will help to relieve the scarce human resources”.

4.2.1.3 Equity of Treatment

Equity of treatment was seen in the light of male nurses having the same opportunity as female nurses in the profession to which they belong, to ensure social justice. Male nurses were thought to be denied of the opportunity for development in nursing, and to avoid discrimination male nurses should be trained as midwives as other postgraduate courses were limited.

“We ’re talking a lot about gender equality and gender balance in so many forums, I don’t see why male nurses cannot be accepted in midwifery”.

“ Without midwifery a nurse is incomplete, the nurse cannot function fully”.

4.2.1.4 Males as Caring Professionals

The appreciation of male nurses as caring professionals was also perceived as an aspect that could positively contribute towards the males’ acceptance in midwifery. In this situation the male nurse was being compared to a female midwife in the caring role and the male nurses’ caring attitude was seen to be better than that of female nurses.

“Male nurses are more caring and the male touch is better appreciated”.

“I think it’s the qualities in that person, it’s the person, it’s his caring attitude”.

The male nurse's role in caring revealed certain unexpected qualities. As he is a male his caring qualities are highly regarded.

4.2.1.5 Change of Attitudes Over Time

As time evolves, people's attitudes change. Ideas and customs, which were previously seen as rigid, now become flexible and acceptable. Hence, according to some of the participants:

"If it was 5-10 years back it (males in midwifery) would be a problem, but now male nurses work in all fields of nursing why not midwifery. We accept paramedics in the maternity ward to observe deliveries, why not male midwives?"

"I think it will be accepted even if it will take some time".

4.2.2 Negative Perceptions

Some interesting themes emerged that showed negative perceptions about the acceptance of male nurses in midwifery. These could be seen to be due to: (a) traditional beliefs, (b) religious beliefs, (c) fear of competition and (d) the intimate nature of midwifery.

4.2.2.1 Traditional Beliefs

Traditionally it was believed that women should be the ones caring for other women and children. Midwifery was also seen as a domain concerning women only, and male nurses were not allowed to follow midwifery training in many parts of the world. The professionals who participated in this study viewed traditional beliefs as influential ideas passed on from one generation to the next and accepted as the norm by a particular group of people. The traditional image of a midwife has a lot to do with the profession being female dominated, and the difficulty male nurses have

always faced to gain entry and be accepted in midwifery. Traditional beliefs have always been seen as strong determinants of acceptance of change.

“People used to look at the age and the sex to decide who to accept care from and not at the competence and husbands had nothing to do with the wife after delivery, who would leave home and stay at her mother’s house until she could manage her own things”.

“In Seychelles people see midwifery as a woman’s profession because in the past males were not permitted to follow midwifery training”

In trying to re-conceptualize midwifery and disconnect the tie with the traditional stereotype female image, the word ‘midwife’ itself was believed to be causing the problem. This name in itself added to the traditional emphasis on midwifery as a female profession and affected the way in which the role of males in midwifery is perceived. It is not surprising that one of the informants uttered:

“The name ‘midwife’ is too ‘female-ish’”.

This was further compared to the word ‘doctor’ where no one has to differentiate by using the word female or male. One male nurse stated that he always had to explain his position in regard to his role, as on many occasions he was mistaken for a doctor.

“They believed I was a doctor because I was wearing my white trousers and shirt and I had to explain to them that I am a nurse”.

Moreover according to him in Seychelles the traditional way in which the patients refer to nurses and midwives, as ‘Miss’ affects the way the profession is being viewed. He bemoaned that:

“You can also be called ‘Miss’ this can be a problem but only rarely ‘nurse’, it would be good to work on a name”.

Some expected that traditional beliefs would disappear, as the younger generation is better educated.

“The younger generation is well informed, travels a lot, can research and has access to the latest communication technology”.

This comment also indicates that as generations change beliefs are modified or rejected.

4.2.2.2 Religious Beliefs

Religious beliefs were perceived to influence the acceptance of males in midwifery by professionals. Because some religions prescribe doctrines forbidding males to participate in the care of females, the male midwife was seen as unsuitable to give care to pregnant women. This was seen as important where freedom of religious belief is a constitutional right. One of the nurses stated:

“There may be cultural and religious issues where a husband may not accept the male midwife to care for his wife because of his religious belief”.

4.2.2.3 Fear of Competition

Competition was seen as to the male midwife was viewed as competitive and some feared male midwives could be seen leading the midwifery profession in future. It was felt that the male midwife would strive to be the best as he could easily be singled out. This was compared to the female in a male dominated profession who has to strive hard to give her best performance. The following comparison was made:

“ A female driving big buses who wants to be seen as the best driver is careful and gives her best”.

The inherent male characteristic of feeling superior was also seen as a disadvantage for female nurses, as alleged by one professional:

“So I do believe that the female ‘species’ do have a great competition ahead of them”.

4.2.2.4 The Intimate Nature of Midwifery

The intimate nature of midwifery also emerged as a theme negatively influencing the acceptance of males in the practice of midwifery. It was seen as a very sensitive field of nursing as patients are very highly exposed. As one nurse put it:

“I think we should have sought the opinions of the consumer of service. I feel the women’s body is too exposed. we must be broad minded but it is a delicate issue”.

There were comparisons made with other health professionals attending to women childbirth, such as medical practitioners and paramedics.

“The paramedics are there only when the baby is being born, usually in an emergency situation before reaching hospital”.

The role of the midwife was explained as different from that of other professionals in the care of pregnant women in that the midwife was with the women for longer periods than other health professionals (doctors and paramedics).

4.2.3 Ambivalence

Ambivalence was apparent when the informants displayed a mixture of feelings in expressing their perceptions of males in midwifery. The following categories which arose from the data were classified as ambivalent perceptions (a) societal readiness versus individual readiness and (b) conditional acceptance. Professional nurses (males and females) in expressing ambivalence and doubts

employed particular phrases to describe these feelings as can be observed in the quotes below.

4.2.3.1 Societal versus Individual Readiness

Societal readiness versus individual readiness, was noted when the professionals were unsure of how the community would accept male midwives, though there could be some acceptance at either individual or professional level. Furthermore, concerns for different generations in society were also exhibited as it was thought that the younger generation would have no problem.

“I do not know how pregnant women and their husbands would feel. I would not accept a male midwife to perform my delivery, but at the same time male nurses need to have knowledge in the field of midwifery”.

“I do accept males in midwifery, but it depends on how the older generation will accept the male midwives”.

4.2.3.2 Conditional Acceptance

Conditional acceptance was also perceived as an ambivalent factor. The male midwife was accepted with certain preconditions. The competence of the male midwife was an important precondition laid down for the acceptance of males in midwifery practice. In addition, the level of maturity of the male midwife was seen as an important asset in helping him to understand his role and exercise prudent behavior. Hence the following statements:

“I have mixed views about males nurses in the practice of midwifery, they must be mature, because much respect is needed when caring for the female body”.

“If he can keep his professional code of conduct it will help to relieve the scarce human resources in nursing”.

“Etiquette is always taught in nursing but for male midwives this should be highly emphasized”.

4.3 Acceptance of Male Nurses in Midwifery by Pregnant Women

Though most informants had had the experience of being cared for by a male nurse, this did not entirely predispose them to acceptance of the males in midwifery. Some perceptions of pregnant women were in agreement, some were ambivalent and others had some strong opposing views. As with the professionals, the acceptance of males in midwifery by pregnant women was classified as positive, negative or ambivalent perceptions.

4.3.1 Positive Perceptions

The pregnant women who positively accepted male midwives compared them to male doctors and female midwives. They also perceived male midwives as part of the working force and thought that they should therefore benefit from the same opportunities as female nurses. The themes emerging from positive perceptions were (a) prior acceptance of male obstetricians (b) equity in treatment (c) conditional acceptance.

4.3.1.1 Prior Acceptance of Male Obstetricians

The informants saw male obstetricians as male figures in midwifery and attempted to compare them to male midwives. They felt that male midwives, as trained professionals, should not be underestimated. As a pregnant woman asserted:

“We have male doctors working in maternity, and all gynaecologists are now males and we accept them so why not male

midwives? I do not see why not male midwives? They also need a future”.

In this regard the male midwife was viewed as a trained practitioner at his level with the competence to perform confidently.

4.3.1.2 Equity of Treatment

Pregnant women were against males being discriminated against in their profession. They thought that male nurses needed to have the same opportunity as female nurses in the profession. Subsequently, they expressed their concerns as follows:

“I don’t see a problem in being nursed by a male nurse. He should be given the opportunity to be trained as a male midwife. I don’t mind. I don’t have a problem at all”.

“A male nurse should not be discriminated against because of his sex, he should be given the opportunity to be trained as a midwife”.

“ We have to accept both males and females”.

Being denied the right to equal opportunities was believed to be discriminating against males in the nursing profession.

4.3.1.3 Conditional Acceptance

The pregnant women realized that a male nurse has to undergo professional training before he can become a qualified midwife. They perceived that following a training course would enable him to function like a professional and therefore be accepted as a midwife.

“As for me I would accept the male midwife, if he is trained and qualified and is doing his job well, no matter how old he is, I would have no objection. I think we need male midwives”.

“I have not experienced care given by a male midwife, but if he demonstrates knowledge of his work and I am satisfied, I will be happy in his care. He is a human being you know”.

“Maybe he would deliver better care and achieve a high level of success in midwifery”.

4.3.2 Negative Perceptions

Negative perceptions arising from the data reflected circumstances related to the comfort of the pregnant women, and feelings of embarrassment were the main observations. Certain beliefs or customs were seen to have important impact on the pregnant women. The following themes were isolated (a) the intimate nature of midwifery practice and (b) traditional beliefs.

4.3.2.1 The Intimate Nature of Midwifery Practice

The feeling of not being comfortable was an important issue for pregnant women, which related mostly to the intimate nature of the midwifery practice thus, according to them, making it more appropriate for females to undertake the profession. In these circumstances the care of a male midwife would be sought as a last resort.

For these reasons pregnant women would prefer a female midwife if given the choice. The following excerpts were extracted as representative of the pregnant women's expression:

“If it was a straightforward consultation not involving any intimate procedures I would have no problem but during labor and delivery it should be a female midwife, it's not nice for a man to be doing this”.

“There are too many intimate procedures, I think my husband would feel very embarrassed to see a male midwife attending to me in labor”.

“ For a male midwife to give me care during my pregnancy, is something I would feel embarrassed about. ”

Yet another woman puts it:

“ I may feel shy, very uncomfortable, maybe that's just me as a person, I sometimes ask myself why some women feel embarrassed and yet can accept to be examined by a doctor”.

4.3.2.2 Traditional Beliefs

Over the years midwifery has been seen principally as a female profession, where women helped other women to give birth. The women, having gone through the process of child bearing, were seen as more appropriate to accompany the pregnant women in labor and understand the emotional changes accompanying pregnancy.

“I think that male midwives should not attend to women in the labor room, it's the work of a female”.

“In labor and delivery it should be a female. It's not nice for a male to be performing such function”.

“I think this is a woman's job, a female midwife can understand me better. She can sort of accompany me in labor”.

“I think that a male midwife should not attend to women in labor. For me I will call a female midwife if one is around. It's the work of a female”.

It is a fact that women have always attended to women during the process of childbirth. It was believed that seeing a male nurse caring for a woman in labor might pose a problem for the older generation.

“Suddenly you see a male nurse doing a delivery when a female nurse used to attend to women in childbirth. It may not be easy for those from the older generation to accept this”.

The pregnant women appreciated care from the male nurse but maternity was found to be associated with females. One woman stated:

“I have no problem in accepting care from a male nurse but where it concerns maternity it should not be a man’s job I think. But I will be ready to accept him as I accept a female midwife”.

4.3.3 Ambivalence

Some pregnant women showed ambivalence in the manner they perceived the role of a midwife and the sensitive issues involved in the practice. The introduction of the male nurse in midwifery was also seen with many uncertainties as regards to the confidential and emotional aspect. It seemed that women would accept male midwives in practice as long as they were caring and sensitive and able to maintain confidentiality. The major theme emerging from the data, which categorized ambivalent perception was conditional acceptance.

4.3.3.1 Conditional Acceptance

These women would accept male midwives, but they thought it would be difficult for the male midwife to provide the same level of care as a female midwife during the process of labor. There was a tendency to believe that male midwives could breach confidentiality especially as the country is so small.

“If there are no female midwives around I would not refuse to be cared for by a male midwife, if he is helpful, nice, confidential and does not gossip I would feel comfortable. There are both male and female doctors, so this is similar. As long as the male midwife is

trained he should be competent for the job, but I still would prefer a female midwife”.

“I am not sure of the aspect of confidentiality and how this will work here. I have watched films and I’ve seen both males and females practicing midwifery. As they are trained it seems to work well”.

“I have no problem with a male midwife but a female midwife is a woman she can sort of accompany you in labor. I’m not sure how the emotional aspect will work, how the male midwife will give psychological support”.

4.4 Acceptance of Male Nurses in Midwifery by Husbands/Partners

Pregnant women as well as professionals saw the husbands as causing possible obstacles, but this did not appear to be absolute, as was revealed from the data. The husbands’ perception of male midwives could also be classified into (a) positive (b) negative and (c) ambivalent.

4.4.1 Positive Perceptions

The themes arising from husbands/partners with positive perceptions of male midwives were categorized as (a) conditional acceptance and (b) unconditional acceptance.

4.4.1.1 Conditional Acceptance

Some of the husbands would expect male nurses to have the same level of training and competence as female midwives. Yet, male midwives were supposed to demonstrate more confidence than their female counterparts. It was anticipated that the male midwife could even be more understanding.

“I think it is a profession men can do as long as they have followed a solid training”.

“I believe that if he has had training and has demonstrated competence I do not have any objection for him to care for my wife”.

“If a male nurse is interested in midwifery and can deliver a high level of care I will have no problem”.

The husbands / partners felt that it was crucial for male nurses to have full knowledge and suggested that if the public were be educated this could help change some of the negative perceptions. In spite of due consideration that the male midwife has the right to practice, it was felt, though, that he should have a female assistant. As the husband puts it:

“I reckon that a male midwife should be assisted similar to a male doctor when caring for a woman during the different stages of her pregnancy, as protection of the male midwife is needed in cases of litigations, and it will also show respect for the female body”.

4.4.1.2 Unconditional Acceptance

Some of the husbands/partners indicated that they would value the quality of service more highly than the gender of the person. The following details conveyed the husbands/partners sentiments:

“ I would have no problem if my wife had to be delivered by a male midwife sooner or later, but it will also depend on my wife, how she feels about it. I would have no problem. What is important is my wife’s health. Male nurses can sometimes provide better care in the sense that you can better relate to them”.

4.4.2 Negative Perceptions

Negative perceptions by the husbands/ partners of pregnant women were related to ethical issues and societal values, which might have an effect on males in the practice of midwifery. The following themes emerged from the data (a) traditional

acceptance and (b) lack of trust. There were, however, those for whom the very idea of male midwives was just unthinkable. Below are the statements from those husbands/ partners, who vehemently opposed the possibility of their wives being cared for by male midwives.

“The care of pregnant women by male midwives I definitely have a problem, I am against that apart from the doctor, and the female midwife”.

“ I will not feel comfortable for a male midwife to attend to my wife, definitely not”.

This was followed by doubts:

“Well, for certain procedures, if you don’t assist your wife you don’t know what happens”.

“Some husbands would not want these young ‘lads’ to attend to their wives I believe this is not a good thing to have male nurses doing midwifery”.

4.4.2.1 Traditional Belief

The husbands/ partners referred to traditional values and belief as very difficult to modify and this should not simply be ignored. They felt that psychological preparation of the women is essential. As one informant uttered:

“Traditionally this was the work of a female and tradition is difficult to destroy. For a single mother it will be chaos if she is not prepared”.

The husbands identified tradition as a possible barrier against male midwives and thought that those women’s views needed to be respected. Thus they advocated that women should have a choice of midwife.

4.4.2.2 Lack of Trust

The husbands/partners also identified the need for the male midwife to be chaperoned, by a female assistant. This was thought more relevant once the male

midwife moves out in the community. Some husbands/ partners also had doubts about the male midwife's level of maintaining confidentiality.

“The male midwife needs protection when moving from the clinical area; they will not be visibly seen, like in home visiting post delivery”.

The informants placed strong emphasis on the level of confidentiality to be maintained in midwifery. This was seen as being able to use available information about the care of the patient discreetly. Breaching of confidentiality was seen as affecting the caring aspect in an adverse manner.

“If a female midwife breaches confidentiality this would not be too undesirable but in the case of a male he would speak about the female body without respect”.

Furthermore one of the husbands felt that although the doctors could be trusted to maintain confidentiality this was not the case for the male midwives. In his own words:

“I believe that the male doctors receive more solid training and it's very rare that a doctor will breach confidentiality”.

4.4.3 Ambivalence

Ambivalence was conveyed mostly as a concern within the social milieu in the context of Seychelles. The informants were also trying to justify reasons why male nurses in midwifery are accepted in many parts of the world. Some considered that not all male nurses should be trained as male midwives. Themes from the data pertaining to ambivalent perceptions were (a) societal versus individual readiness (b) apparent acceptance.

4.4.3.1 Societal versus Individual Readiness

The husbands were in favor of the male midwives being educated and knowing what to do in emergencies, but failed to see their necessity for everyday practice in the context of a small society.

“Seychelles is a small country, and practicing male midwives would have to attend to all female members of the population. They should only be able to help in emergencies”.

“ This is new in the country. It may take some time to adapt to them, but my doubt remains as to whether his care would be similar to that of a female nurse”.

It was felt that the male midwife could be at a disadvantage in giving emotional support despite the fact that he would be well trained.

4.4.3.2 Apparent Acceptance

This was shown to the case where male midwives would apparently be accepted due to the fact that he was performing his duty, but the husband’s ‘gut feelings’ might be different.

“I would have no choice, because I would think he had been directed to do his duty. I will have to accept him, but personally I would feel uncomfortable and frustrated”.

Some husbands also felt uncomfortable when it came to a male midwife caring for their wives despite the fact that they admitted male nurses should be trained as midwives.

4.5 Conclusion

In perusing the available data on the perceptions about male nurses in the practice of midwifery by the three groups of informants, the professional nurses, the pregnant women and their husbands/partners, in the practice of midwifery three main categories of data were observed. These comprised positive, negative or ambivalent views. The themes arising from positive perceptions by professionals expressed aspects of social justice and the appreciation of the male as caregivers while negative themes were associated with the values shaping the social lives of the individual. The ambivalent factors however, reflected mixed attitudes on the perceived acceptance of male midwives.

The perceptions by pregnant women also revealed a number of themes from the same three categories of data that is positive, negative or ambivalent. The positive perceptions were compared to the acceptance of other male figures in midwifery. The rights of male midwives as trained professionals were also recognized. The ambivalent perceptions examined the sensitive issues in midwifery; yet saw male midwives as caring professionals. In addition negative perceptions were associated with the intimate nature of midwifery, and traditional beliefs.

The husbands/partners perceptions also followed a similar sequence where themes for positive perceptions were seen in relation to the qualities and competence of the male midwife but negative themes arose from traditional beliefs and lack of trust. Ambivalence was interpreted in relation to the social context of the practicing male midwife.

Perceptions about males in midwifery observed from the three different aspects of society have revealed the concerns and feelings of others in our vicinity and the ones in our direct care.

Chapter 5

5. Discussion, Conclusion and Recommendations

5.1 Introduction

In this discussion the major factors related to the perceived acceptance of males in the practice of midwifery by three diverse groups in Seychelles society, nursing professionals, pregnant women and their partners/ husbands are viewed. The findings revealed in the three main categories of data from the three groups of informants were classified as positive, negative or ambivalent. Emerging themes have thrown greater light on and deeper understanding on the factors influencing the perceived acceptance of male nurses in the practice of midwifery. The findings are then summarized and conclusions are drawn. Recommendations are made from overall findings.

5.2 Discussion of Findings

5.2.1 Traditional Beliefs

The findings suggest that the stereotyped view of females as midwives might remain in the mind of some people for yet many more. This traditional view can be traced as far back as biblical times. All three groups of informants recognized tradition as a strong factor in determining attitudes to the acceptance of males in the practice of midwifery. Tradition was observed to cause negative attitudes towards the acceptance of males in midwifery. Professional nurses are introduced to new knowledge and to a new culture with its own rules and etiquettes, during the course of their training, and this enables them to practice in the health sector safely and efficiently. Each professional's, traditional beliefs will however, influence his or her social and cultural background. Tradition can strongly influence societal values and norms, as exhibited by its members. It is interesting to compare and contrast how some of the consumers of service, comprising the pregnant women as well their husbands/ partners, and the professional nurses, manifested traditional aspects related to the perceptions of male nurses in midwifery. Although the traditional beliefs of the professional nurses were associated with the name of the professional 'midwife' and

the meaning it connotes, on the other hand they also related their belief to the female dominated image of the profession.

A review of the literature revealed that the name midwife has also been previously exposed to criticism, because the word 'wife' to describe a man was disliked, and names as 'midwoman', 'midman' and 'accoucheur' were suggested (Dahl, 2001). The gender related issue also maintained that females were traditionally perceived as nurses/ midwives and males as doctors.

A study of male nurses by Hieknes, (1991) using the concept of assimilation in group interaction was found to have a close link with what he called 'status leveling' where the male nurses were perceived as doctors. According to the author this stereotyped effect had a negative connotation suggesting that males are not expected to become nurses. All groups of informants perceived this traditional female image of midwifery similarly. The link with midwifery and the female image could take time to eradicate in society since it continues to be passed on from one generation to the next.

The pregnant women traditionally viewed the female midwife, as more able to provide emotional support when compared to a male midwife. The males were considered as not being able to understand the experience of child bearing. Hence, personal experience of childbirth was believed to prepare a midwife to understand the process the pregnant woman goes through during pregnancy, and this experience enhance professional care. The female midwife in this respect could intuitively direct the care and provide comfort as the need arise, whereas for males this could not be anticipated. With better education and more exposure to the current world situation it is anticipated that tradition could become less influential in future.

5.2.2 Equity of Treatment

With the current promotion of gender equity in all aspects of society, nationally and internationally, both the pregnant women and the professional nurses realized that the male nurses couldn't be allowed to face discrimination in the nursing profession. Nursing is an area where gender imbalance is evident, particularly in midwifery. Male nurses have always been in the minority in many parts of the world, including the Seychelles (Heiknes, 1991, Seychelles Nurses and Midwives Council,

2001). Hence, giving males the same opportunity to engage in all nursing fields would positively encourage more serious males in joining nursing. This would have some positive effect on the limited human resources in nursing and eliminate the perceived sexual discrimination in the profession. Male nurses' roles in most fields of nursing have been well integrated, whereas in midwifery they are still facing tremendous opposition (Burt, 1998). Male nurses entering the nursing profession may not all have the intention to follow midwifery as a post basic course, but those diligent male nurses exhibiting the appropriate qualities and the desire to pursue midwifery training undoubtedly should be considered if they meet the criteria. Some reasons identified for males to join nursing according to the two separate studies carried out by Brown and Stones, Carlston and Bergnut (cited in Kauppinen, Toropainen & Lammi, 1993) similar findings were reported, which showed that the majority of the male nurses wanted to be economically secure and also considered nursing as a job amongst others. Whilst more than half of the male nurses specialized in psychiatry, a third specialized in teaching and administration, which could suggest that less than half of males joining nursing would want to be trained as midwives. In the Seychelles though, the number of post basic specialties available are limited and male nurses may opt for midwifery training as a gateway towards further professional development.

In Britain the Sex Discriminatory and Equal Opportunities Act (1975), made it possible for males to practice midwifery though this was a slow process (McKenna, 1991). It was made clear though that pregnant woman could have a choice of midwife (Gaze, 1990). Only 90 men had entered midwifery by 1987 in Britain after the first joined in 1979. In Seychelles the first pupil midwife started training in May 2001 after the policy changed almost two years before (Seychelles Nurses & Midwives Council, 2001). Sexual discrimination can be viewed to have negative effects on the development of a profession and at its worse can lead to stagnation or paralysis and feelings of frustration amongst its members. Nursing and midwifery should be moving hand in hand to have a greater potential for ensuring advancement of the profession. The pregnant women and the nurses are forthrightly against sexual discrimination, though husbands/ partners have not clearly indicated that male nurses and female nurses should benefit from equal opportunities.

5.2.3 Conditional Acceptance

The pregnant women, their partners/husbands, and professional nurses all perceived that certain preconditions would be necessary before male nurses could practice midwifery. Midwifery as a specialty within nursing requires knowledge and skills pertinent to the role of a midwife. The level of competence and qualifications of the male midwife were identified as necessary pre-requirements by the three groups of informants. However, professional nurses did not only perceive training as a need for competency, but also saw the level of maturity as equally important in the practice of midwifery. According to consumers of service, male nurses were assumed to be competent in so far as they have completed training. Maturity was perceived as vital in ensuring respect in caring for the pregnant woman.

5.2.4 The Intimate Nature of Midwifery Practice

The relevance of intimacy in midwifery was a concern for some participants in all the three groups of informants as midwifery was noted as a sensitive field. It was felt that owing to the high level of exposure of the female body involved in midwifery the profession should be practiced by women only. Being cared for by male midwives during their pregnancy the women found very embarrassing and uncomfortable. The discomfort experienced by the pregnant women could suggest that the intimate nature of midwifery has a negative effect on the level of care given by male midwives. A previous study on male nurses revealed similar findings as it showed that male nurses could not demonstrate intimacy at the same level as female nurses (Dallas & Poole, 1996). Seidler (cited in Dallas & Poole, 1996) attempted to justify this gap and claimed that gender identity is threatened by intimacy in that the male was too mechanical and could not reveal the positive nature of the care given. However the pregnant woman saw the male midwife as a last resort and their care was appreciated if there were no female midwife available. The nature of midwifery involving intimate nursing procedures was seen as contributing towards the perceived negative acceptance of male in midwifery by the professionals, and as an ambivalent factor by the pregnant women in this study. In 1951, when the Royal College of Nursing and Midwifery joined together to prevent this move of males in midwifery one of the three reasons given to justify their concerns was that midwives give intimate care to women and that the majority of the public would not accept such care from men (Mckenna, 1991). As seen from this study similar concerns are being revealed by some of the

pregnant women and professionals even at a much later period in history. The choice of a midwife as regards the gender would be ideal for those pregnant women who experience embarrassment while being cared for by a male midwife though professional nurses also saw chaperoning of the male midwife as an option.

5.2.5 Males as Caring Professionals

Some males in nursing were seen to be very caring, more so than female nurses. The care was highly commendable by some professional nurses who referred to patients' appreciation of care by male nurses. The caring qualities were evident as the male could demonstrate a degree of care, which was not anticipated, hence they were seen as providing better care than that provided by female nurses. A study of male nurses revealed that their occupational role was only moderately affected by virtue of their sex but the author noted that the finding was inconsistent with previous findings and therefore assumed that the nursing profession needs both female and male characteristics (Egeland and Brown, 1998). Most males joining nursing want to display their best performance probably because they are in the minority and can easily be identified. These males might desire to climb higher on the professional ladder, thus wanting further development. In a study relating to gender influence in minority groups the male nurse aiming to exhibit high professional standard was referred to as 'ladder climber' (Heiknes, 1991). Those male nurses may opt for midwifery as a step towards higher achievements only. Professionals perceived that this positive aspect of males in nursing should be identified and could be used as an accreditation for those males wanting to join midwifery training. Neither the pregnant women nor the husbands identified males as having any special caring qualities.

5.2.6 Lack of Trust

The issue of confidentiality was detected by the husbands/ partners, as important in their perceived acceptance of male nurses in midwifery. Both male and female midwives are not expected to breach confidentiality but for a male midwife this would be seen as being a disaster showing lack of respect for the female body. Fears seem to exist that there can be leakage of information by this new group of professionals. Husbands believed that the male nurses must be prudent and use available information regarding the care of the patient discreetly. The prevailing concern is that the Seychelles is a small country and any leakage of information could result in serious

consequences, reflecting a lack of professionalism. As trained nurses the male midwives have already pledged to the professional body and to the people they serve that they will observe the rules pertaining to their professional commitments and conduct. These doubts and lack of trust could be related to bias or prejudice against males in midwifery or a generalization of a previous experience. The male midwives were also compared to doctors who had apparently established this trust with the husbands /partners. They were believed to be different in their perceived behavior because of their solid training. This difference in trust could also be linked to the fact that male doctors in midwifery are seen as the accepted norm and their behavior has not exposed any lack of confidentiality. Nevertheless the limited studies on male nurses in midwifery have not addressed this issue of confidentiality though. Valente (1998) pointed out that the rationale for male nurses not being accepted in midwifery in Argentina was linked to female modesty.

The fact that husbands emphasized the necessity for the male midwife being accompanied by a female assistant during post natal visits suggested that they would not trust the male midwives in their homes. It was felt that male midwives would also require to be assisted similar to male doctors, as some patients were uncomfortable to be examined by a male figure. The presence of the female assistant in this case would provide comfort and reassurance. That a female nurse always assists the male doctor when attending to a female patient was seen as a precedent for this chaperoning. Similar circumstances were seen in the literature where chaperoning was also agreed upon as well as the women's choice of midwife when male midwives was accepted for training in Britain (McKenna, 1991).

5.2.7 Society versus Individual Readiness

The professionals and the husbands who perceived this ambivalent factor observed that not all consumers of service would be ready to accept male midwives and be able to face the change, though there would be no problem for some individuals. Not all members of society move at the same pace with new innovations or change. Each individual is different. While one struggles to understand the new concept, for others it was probably easy to accept, while some could be very resistant to the change. For the older generation, whose learning environment and other life influences could be different, it is understandable that they might take longer period to

adapt to changes. In considering the perceived acceptance of male in midwifery the different levels of society also need to be appreciated. Some husbands were ready to accept training of males in midwifery though it was felt that they could be useful only in cases of emergency rather than in every day practice. Though the husbands and professionals accepted the male midwife they were not sure how certain individuals in society would accept it.

5.2.8 Unconditional Acceptance

It was observed that some professionals and husbands/partners perceived the acceptance of the male midwives without any special preconditions. For the professionals they were seen, as colleagues who were also engaged to perform midwifery, therefore nothing unusual could be anticipated. Like other professionals the male midwife was supposed to perform his duty of delivering care at the correct standard, observing the rules and regulations guiding the profession. The husbands/partners valued the quality of service rather than the gender of the person. The services offered by the male midwife would be of a set standard and was believed that a male midwife could deliver high level of care. Facilitating acceptance through education during antenatal consultation would create awareness of the change. The husbands/partners suggested that public sensitization about the change could be a possible means of improving the perceived acceptance of males in midwifery.

5.3 Implications for Nursing

The findings from this study on male nurses in midwifery practice have several implications for nursing. The new body of knowledge has without doubt improved our understanding of the perceptions of males in midwifery in the context of the Seychelles. Studies in this domain are very limited and more research on the topic is advocated. As the nursing profession evolves it needs current knowledge to be able to improve the care it delivers to the society it serves. Nursing as a service to humanity, does not take place in isolation therefore it can only be credible when it keeps pace with developments in the local context and in the world. Similar to other professions midwifery has its tradition, but the development of the profession has been evident, as there is continuous growth in the body of knowledge. It goes without saying that nursing cannot be separated from its environment, but must maintain the touch with members of society and observe how new ideas are perceived and what

can be done to fill any existing gaps. This increased awareness can help decision makers at different levels when considering future plans regarding health care as well as education of the health workers. The findings can help nurses in their approach to the delivering of care to a particular group of patients/clients whose care needs have to be individualized. Moreover the study has shown that as professionals we have our own perceptions, which may not necessarily be similar to those of the patients we care for. This is significant in planning the care of patients to get their involvement so that our views are not directly imposed on the consumers of service. Though patients have the right to decide upon their care, this cannot be done without proper preparation by the giving of correct information.

5.4 Summary and Conclusion

This study sought to discover, describe and analyze factors related to the perceived acceptance of male nurses in the practice of midwifery by professionals, pregnant women, and their husbands/ partners, using a qualitative approach. Theoretical sampling was done which comprised of two focus groups and twenty individual interviews. The focus groups consisted of professional nurses/midwives (males and females) and pregnant women and their husbands/ partners (consumers of service), with six and eight participants respectively. Individual interviews comprised eight pregnant women, eight nurses, and four husbands/partners.

The findings from the study were classified in three categories, which were positive, negative, or ambivalent perceptions for each of the three groups of informants. Themes emerging from the data as from the professional perceptions seen as positive were (a) unconditional acceptance, where the male midwife was viewed without prejudice, (b) conditional acceptance, which was seen as the need for certain preconditions to be met (c) equity in treatment, indicating that the male nurse deserves to have same opportunity for training as the female nurses (d) change of attitudes over time, since time has evolved people's attitude have changed and (e) males as caring professionals, where males caring attitude was appreciated more, than that of female nurses.

The themes related to negative perception were identified as (a) traditional belief, relating mostly to the female dominated image of the profession and the implied meaning of the word midwife (b) religious belief, due to the fact that certain religion finds that the care of a woman has nothing to do with a man (c) fear of competition, as male can be competitive and (d) the intimate nature of midwifery, where it was seen that the woman's body was too exposed during care.

The third category observed was ambivalent, when a mixture of feelings was exhibited and had the following themes (a) societal versus individual readiness, such being unsure if the society was ready for the change and (b) conditional acceptance, where maturity of the male midwife was an important factor in guiding his behavior.

The pregnant women also identified themes from the three main categories. Themes related to positive perceptions were (a) prior acceptance of male obstetricians, as it was felt that male obstetricians could only be compared to male midwives, (b) equity of treatment, where the male midwife should not be discriminated against. The negative perceptions emerging from the data were seen as (a) the intimate nature of the profession, which suggested that the woman was uncomfortable when attended by a male figure and (b) traditional beliefs, in the case where midwifery was stereotyped as a female dominated profession. Ambivalent themes were related to (a) the caring and sensitive nature of the profession and (b) the ability to maintain confidentiality. These were conditions perceived necessary for the male midwives to be accepted in midwifery, though female midwives would be preferred.

The third group of informants was the husbands/ partners who similarly provided three categories of data from which the following themes arose. Conditional and unconditional acceptance were categorized as positive perceptions (a) conditional acceptance, here the male midwives was expected to demonstrate an even higher level of competence than the female midwives and (b) unconditional acceptance, where the husbands/partners implied that the level of service was the issue affecting perception, and not the gender of the person.

Negative perceptions were related to traditional beliefs and lack of trust (a) where traditional beliefs held that values and beliefs ought to be respected and that adapting to new habits would take time, while (b) lack of trust was viewed as being suspicious about the male midwife's maintaining confidentiality. The chaperoning of the male midwife was advocated whilst on home visits. From ambivalent perceptions themes reflecting (a) societal versus individual readiness, indicated that there is acceptance at individual level, but the society may not be ready for the change and (b) apparent acceptance where the husband would be accepting the male midwife but not wholeheartedly in favor.

In the Seychelles, male nurses have recently been introduced in midwifery, and according to the findings from this study some patients will have no problems in accepting their care while some would have mixed feelings, and others would refuse

completely. Professionals have also got their own views about males in midwifery, while some views are similar to that of patients others vary.

It could be concluded that although not wholly positive, the results of the study yielded promising information for nursing and midwifery practice in the Seychelles. It is evident from these results that as in most aspects of human life, the idea of males in midwifery practice presently does not enjoy a 100% acceptance at least from those who participated in the study. Nevertheless it was also evident that with proper education and training, public sensitizations, ensuring that the women's right to choose the sex of midwife, and chaperoning there is some hope that in time, males in midwifery practice might become an acceptable occurrence in the Seychelles.

5.5 Recommendations

The recommendations for this study are based on the findings, and have implications for nursing practice, nursing education and nursing research. Furthermore, they might be relevant for decision makers at different levels in the health system.

5.5.1 Nursing Education should use the Findings from the Research to Inform Students about the Acceptance of Males in Midwifery

Nursing education has to be keeping pace with contemporary developments in the profession. Beliefs and attitudes can modify over time and can affect the how people view the world. Nurses have to be pro-active, and being able to prepare new nurses with current information, which, should have a positive effect on the standard of care being delivered. In-service training for nurses can use current research information to update nursing staff. Nurse educators should consider research findings when updating the curriculum and this need to be an on-going process if nursing wants to keep up with other professional bodies.

5.5.2 More Research on the Topic of Males in the Practice of Midwifery and Nursing Should Be Undertaken.

More studies are advocated on the acceptance of males in midwifery; as there is little research on this topic. What is available has provided inconsistent results. Nursing needs more information on the subject of males in the practice of midwifery so better decisions might be taken. Since midwifery is seen as a female stereotyped profession males are still facing tremendous opposition in many parts of the world. The gender discrimination act in some parts of the world has facilitated the entry of males in midwifery. It cannot be overemphasized that more knowledge is warranted on this subject. To understand the subject better it is suggested that a qualitative approach rather than quantitative or a combination of both approaches would be ideal. The characteristics of males in midwifery can be compared to that of female midwives and how it affects acceptance since one of the findings revealed that midwifery is still seen as a highly stereotyped female profession within nursing.

5.5.3 The Information from the Research Should Be Shared with Nurses in the Practice of Nursing and Midwifery.

There is a move in some parts of the world towards the concept of evidenced based care in nursing practice. New information obtained from research should be examined by the nurses for applicability in practice. This could be done through different nursing forums like workshops and conferences where the findings could be critically analyzed.

5.5.4 In Reviewing the Policy about Males in the Practice of Midwifery the Following Should Be Considered:

- (a) There is a need to create the necessary awareness to promote adaptation to the change. This can be done at individual levels when the patient attends the antenatal clinic or over the media, where the information can reach a larger sector of the population.
- (b) The nursing staff should also be prepared on how to handle the change, so as to be able to teach patients without imposing their own views on clients about the perceived acceptance of males in the practice of midwifery.
- (c) The male midwife should to be chaperoned for two reasons (a) to ensure patients' comfort and (b) to prevent false accusations.
- (d) Pregnant women should be allowed to have their choice with regards to the sex of the midwife.

5.6 Limitations of Study

The study was not without its limitations. The limitation of the study could be related to the breadth and depth of the information obtained. The instrument used had not been pre-tested and its strengths and weaknesses were not foreseen. Therefore, the researcher had to be very sensitive to the data being generated and to keep the participant focused. Criteria were used to limit bias in identifying participants for the research. In transcribing and translating information, great care was taken, so as to preserve the authenticity of the data.

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Appendices

Appendix 1 Interview Guide

Interview Guide

Appendix 1

The research instrument /Unstructured interview schedule

The instrument for the consumers of service, that is, pregnant women and their husbands will be different from that of the professional group. Both instruments are outlined below.

A. For pregnant women

1. What are your views regarding being nursed by a male nurse?

2. Tell me your views about male nurses in midwifery practice?

For instance: being nursed by a male midwife

- (i) during your pregnancy
- (ii) in labour
- (iii) during delivery
- (iv) after delivery.

3. Explain.

B. For professionals, nurses (males and females) and midwives

1. Tell me your views about male nurses in midwifery practice?

2. Presently males cannot practice midwifery in Seychelles. How can we ensure professional development of male nurses?

C. For partners/ husbands of pregnant women

1. What are your views regarding your partner/wife being nursed by a male nurse?

2. Tell me your views about male nurses in midwifery?

For instance: your partner/ wife being nursed by a male midwife

- (i) during her pregnancy.
- (ii) in labour
- (iii) during delivery
- (iv) after delivery

3. Explain.

Appendix 2 Letter requesting permission

Mrs M.A. Hoarau.
The principal Secretary,
Ministry of Health,
Seychelles.
21st June, 2001.

School of Nursing
Faculty of Community and Development Disciplines
Durban 4041 South Africa
Telephone: +27 (0)31 260 2499
Facsimile: +27 (0)31 260 1543

Dear Madam,


Re-permission to conduct a study in the premises of the Ministry of Health

I wish to request your kind permission to carry out a study at the above premises. I am presently following a Master's course programme in nursing at the University of Natal, Durban. My research is titled "The acceptance of male nurses in Midwifery practice in the Seychelles".

I feel that this study will throw light on some important professional and cultural and ethical issues having a bearing on the male nurses in the practice^{of} midwifery. I also think that in exploring these factors it can provide useful information for decision makers at professional and administrative levels. The target population for the study will be pregnant women and their husbands or partners, and nurses (both males & females).

I plan to start the study on the 2nd July 2001; this will be the time I 'm able to be in Seychelles for the mid-semester break. I wish to apologize for the late application as my research proposal had to be presented first to the School research committee for comments amendments and approval before I could proceed. I have sent an e-mail copy of my proposal to the operational research and planning section in the Ministry.

Thank you for your kind consideration.



Winifred. Agricole (Mrs)

Appendix 3 Letter of permission

MINISTRY OF HEALTH

P.O. Box 52, Victoria Hospital, Mt Fleuri, Mahé, Republic of
Seychelles

Telex: 2302 HEALTH SZ, Telegrams: MINHEALTH,

Telephone: 388000, Fax: 224792,

E-mail : mohprs@seychelles.net



Please address all correspondence to the Principal Secretary

Our Ref:
Telephone Ext:

Date: **July 4, 2001**

Mrs W Agricole
Ministry of Health

Dear Mrs Agricole,

Re: Research Proposal

The National Health Research Committee has discussed your proposal and has given its approval for the study to be carried out.

Kindly contact my office to discuss the different logistics. The budget as presented cannot be approved.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'P. Vidot'.

Mrs. P Vidot

Director, Planning & Operational Research

For: PRINCIPAL SECRETARY

Appendix 4: Consent Form

Informed Consent

The acceptance of male in the practice of midwifery in the Seychelles

This is to certify that I ----- hereby agree to participate as an informant in the above-mentioned study. I understand there will be no health risks for me resulting from my participation in the research.

I, therefore agree to participate in focus group interview /individual interview, which will be taped recorded. I understand that on completion of the research the tapes will be erased. I also understand that the information may be published and my name will not in anyway be connected to any part of the research.

I further understand that I can withdraw at any point during the interview and this will have no adverse consequence for me.

Informant:

Researcher:

Witness:

Date:

Appendix 5:Information Sheet

Information Sheet

The Acceptance of Males in Midwifery Practice in the Seychelles

Thank you for accepting to participate in the study entitled 'The acceptance of males in the practice of midwifery in the Seychelles. The aim of the study is to discover the factors associated with the acceptance of males in midwifery.

During the process of the interview questions will be asked but probing will be done as necessary to clarify and go deeper in the subject. Your views and opinions would be very helpful in contributing towards this study. The interview will be tape recorded to ensure that no information is missed. Following the interview the tape-recorded information will be played to the interviewee. At this point any amendments can be made in case you wish to do so. The responses will be analyzed and a research document will eventually be prepared but no names will be attached to it. At the end of the study the tape-recorded information will be erased.

You will be asked to sign a consent form, which will serve as a proof of your deliberate acceptance to participate in the study. You may ask questions in the case of ambiguity. For the focus groups, I will ensure that the discussion takes place in an orderly manner where all participants would have equal chances of expressing his/her views.
