

## **Perception and Acceptance of Male Midwives Among Pregnant Women in Selected General Hospitals in Lagos State**

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**ABSTRACT:** This research was carried out to assess the perception and acceptance of male midwives among pregnant women in selected general hospitals in Lagos State. The objectives of this study were to assess their perception and acceptance; and identify the factors influencing their acceptance of male midwives. A systematic sampling technique was used in selecting three hundred and twenty-seven (327) pregnant women, but only three hundred and twelve (312) of them were validated for the study. A self-developed questionnaire served as the primary instrument of data collection for the study, and the data collected were analyzed and presented on frequency/percentage tables and bar chart(s) using Statistical Package for Social Sciences (SPSS) version 25 and Microsoft Excel version 2010. The findings revealed an overall positive perception and good level of acceptance of male midwives among them. The factors influencing their acceptance of male midwives were availability and accessibility of male midwives (67.6%); communication and trust (64.4%); trust in the competence of male midwives (64.1%); peer and family influence (63.5%); personal comfort level with opposite gender healthcare providers (62.8%); personal beliefs and preferences (62.8%); emotional support (60.9%); availability of information and education about male midwives (60.3%); cultural beliefs and norms (59.9%); religious beliefs and practices (58.7%); and previous experiences (52.6%). The study found a significant relationship between their

*perception and acceptance of male midwives ( $p < .05$ ); between their age and factors influencing acceptance of male midwives ( $p < .05$ ). Based on these findings, the study concluded that there is a need to ensure consistency and improvement in their knowledge and perception through proper evaluation and amelioration of the factors influencing their acceptance of male midwives.*

**KEYWORDS:** acceptance, male midwives, perception, pregnant women

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## INTRODUCTION

Historically, the domain of obstetrics and midwifery has been mostly linked to female professionals. In 2019, the International Confederation of Midwives (ICM) reported that over 89% of midwives globally were women, with the remaining 11% being male midwives. Nevertheless, in recent years, there has been an increasing inclination of male individuals pursuing a career as midwives. Male midwives, often referred to as mid-husbands or birth partners, are male individuals who have undergone training and obtained a licence to provide care and assistance to expectant women throughout the stages of pregnancy, labour, and the postpartum period. This trend presents a challenge to the conventional gender norms linked to birthing and prompts significant inquiries on how pregnant women perceive and accept male midwives.

There has been an increasing global interest in the involvement of male midwives in maternity care in recent years (Johnson & Reis, 2018). While the number of male midwives is quite small, they do exist in some nations as professionals. For instance, a survey done in Great Britain revealed that the proportion of male midwives among the total midwife population was 2%. The profession of midwifery, which has historically been dominated by women, is slowly adopting the practice of include males in its ranks. Male midwives have distinct viewpoints and expertise that may have a beneficial impact on maternal healthcare. Nevertheless, there is a lack of research on the way pregnant women perceive and accept male midwives, especially in the specific setting of selected General Hospitals in Lagos State. Midwifery is a long-standing profession that has existed since the beginning of human existence. The Ebers Papyrus, dated from 1900 to 1500 BCE, provides evidence that the profession was acknowledged as a female occupation in ancient Egypt (Bwalya et al., 2019). During the era of Hippocrates (460 to 410 BCE), it was believed that midwives in Athens should be legally mandated to have personal experience of childbirth (Nicopoullus, 2020). Fife (2019) states that around the 16th century, midwifery, which was originally performed only by older, experienced women, eventually transitioned into a profession dominated by younger women. The modernization of the 20th century led to an increase in the number of men entering the midwifery profession.

In Nigeria, especially in Lagos State, where traditional gender roles are strongly rooted, the inclusion of male midwives in maternity settings is a comparatively recent development. It is important to investigate the attitudes, beliefs, and experiences of pregnant women in Lagos

state about the inclusion of male midwives in their maternity care, since the acceptability and perception of male midwives by pregnant women in this area are not fully comprehended.

Male midwives are often seen as trespassers in the home domains of other males. If a woman's husband is not there, the presence of a male midwife is considered inappropriate and raises concerns about their ability to understand and respond to the needs of expecting women, since males have never experienced the agony of childbirth and may struggle to decipher nonverbal signals from pregnant women. When concerns about female modesty and male ownership arise, many men prevent their wives from being cared for by male midwives (Roberts, 2020). The objective of this research was to investigate the perspective and acceptability of pregnant women towards male midwives at General Hospitals in Lagos State. Ensuring the presence of highly trained medical professionals during childbirth is crucial to ensuring positive results for both the mother and baby. There is a growing global focus on educating trained birth attendants as a means to decrease maternal and newborn death rates. In the historical context of nursing, the usage of the feminine pronoun has traditionally been associated with the role of a midwife. However, it is now recognised that evolving trends in midwifery also permit males to participate in this profession. Nevertheless, the presence of male midwives is seen inappropriate in many cultures, which is a significant issue that has not been well investigated despite its crucial role in the deployment of midwives.

The impact of gender and experience on midwifery practice and its implications are currently unclear. This study aims to investigate how the experiences of male midwives throughout their year of study are influenced by their gender. This motivated the researcher to investigate the perception and acceptance of gendered events. Which nursing institution neglects to address the gender-specific challenges encountered by male midwives in both educational and professional environments?

There is less knowledge on the view, acceptability, and obstacles experienced by male midwives. Extensive study has been conducted on the problems associated with stereotyping, gender prejudice, and exclusion. The knowledge deficit pertains to the use of these studies. While research has revealed the challenges encountered by male midwives, there is less indication that the nursing programmes of today are actively addressing the perceived and acceptability issues experienced by male midwives.

However, the place of the male midwives in health care system is still disputable and therefore researches are needed to explore pregnant women's perception and acceptance of men taking part in maternity and child birth clinics where gender discrimination is prevalent. This prompted the researcher to look into accessing the perception and acceptance of male midwives among pregnant women in selected General Hospitals in Lagos State. The broad objective of this study is to assess the perception and acceptance of male midwives among pregnant women in selected General Hospitals in Lagos State.

**Specific Objective includes:**

- To assess pregnant women perception about male midwives in selected General Hospitals in Lagos State.
- To assess pregnant women acceptance of male midwives in selected General Hospitals in Lagos State.
- To identify the factors influencing the acceptance or rejection of male midwives during prenatal, intrapartum, and postnatal care in selected General Hospitals in Lagos State.

**Research Hypotheses**

**Ho1:** There is no significant relationship between perception and acceptance of male midwives among pregnant women in selected general hospitals in Lagos State.

**Ho2:** There is no significant relationship between age and factors influencing acceptance of male midwives among pregnant women in selected general hospitals in Lagos State.

**METHODOLOGY**

The study was a descriptive cross-sectional study that was a quantitative technique to assess the perception and acceptance of male midwives among pregnant women in selected General Hospitals in Lagos state, in Alimosho and Ifako-Ijaiye General Hospitals. The target population of the study was pregnant women attending Antenatal clinic in selected Hospitals in Lagos state, not minding their race, norms, language, age, sex, tribe, marital status and working experience.

**Table 1: Antenatal care unit table in Alimosho and Ifako-Ijaiye General Hospital monthly statistics**

	ALIMOSHO GENERAL HOSPITAL	IFAKO-IJAIYE GENERAL HOSPITAL	TOTAL
TOTAL NUMBER OF PREGNANT WOMEN PER MONTH	1,115	669	1,784

**Inclusion Criteria - Pregnant** women, primiparous and multiparous mothers.

**Exclusion Criteria -** Non pregnant women

Yamane's formula was used to determine the sample size.

$$n = \frac{N}{1+N(E)^2}$$

$$n = \frac{1,784}{1+1,784(0.05)^2}$$

$$n = \frac{1,784}{1+1,784(0.0025)}$$

$$n = \frac{1,784}{1,784}$$

$$n = \frac{1+4.46}{5.46} = 326.7$$

Where n = Sample size

N = Total Population size = Alimosho (1,115) Plus Ifako Ijaiye (669) = 1,784 pregnant women.

1 = Constant

E = 0.05 (Level of processing)

Therefore: n = 326.7, Approximately 327 questionnaires was administered to 327 pregnant women. About 10% of the total population was used as attrition rate which is 178.4, the total sample size is 327

$$\text{Attrition rate (\%)} = \frac{10 \times 327}{100}$$

= 32.7 approximately 33 pregnant women

The calculated sample size is 327 with additional 33 attrition rate, all equal to 360

Where N = total number of pregnant women in each facility.

$$\text{For Alimosho} \quad \frac{327}{1,784} \times \frac{1,115}{1} = 205$$

$$\text{For Ifako Ijaiye} \quad \frac{327}{1,784} \times \frac{669}{1} = 122$$

Sample =

Alimosho General Hospital	Ifako-Ijaiye Hospital	General	Total
205	122		327

A systematic sampling technique was used to select subject needed, from the selected Hospitals in Lagos state, this gave all participants equal chance of being selected for the study. Questionnaire was used for data collection. Tool consists of structured questions that was asked on perception and acceptance of male midwives among pregnant women. The questionnaire consists of four sections which was question on; Section A: Socio-demographic questions; Section B: Perception of male midwives among pregnant women; Section C: Acceptance of male midwives among pregnant women; Section D: Factors contributing to perception and acceptance of male midwives among pregnant women. The reliability of the instrument was determined among 33 (10% of the sample size) pregnant women attending Isolo General Hospital Antenatal clinic. The Cronbach's alpha reliability coefficient was 0.752, which considered the instrument to be reliable

Data was collected through administration of questionnaires. Respondents was assured confidentiality of information obtained from them. Questionnaire was analyzed using SPSS version 25 (statistical package for social sciences), the data was analyzed using simple percentages and frequency. Hypothesis was tested by the use of Pearson Chi-square analysis.

## RESULTS

**Table 1: Respondents' Socio-demographic Characteristics**

Socio-demographic Characteristics	Frequency	Percentage (%)
<b>Age group (in years)</b>		
18-25	82	26.3
26-35	190	60.9
36-45	36	11.5
46-55	4	1.3
Above 55	--	--
<b>Total</b>	<b>312</b>	<b>100.0</b>
<b>Ethnicity</b>		
Yoruba	210	67.3
Hausa	20	6.4
Igbo	52	16.7
Others	30	9.6
<b>Total</b>	<b>312</b>	<b>100.0</b>
<b>Religion</b>		
Islam	64	20.5
Christianity	248	79.5
Traditional	--	--
<b>Total</b>	<b>312</b>	<b>100.0</b>
<b>Marital status</b>		
Single	15	4.8
Married	297	95.2
Divorced	--	--
Widowed	--	--
<b>Total</b>	<b>312</b>	<b>100.0</b>
<b>Educational level</b>		
No formal	4	1.3
Primary	6	1.9
Secondary	58	18.6
Tertiary	244	78.2
<b>Total</b>	<b>312</b>	<b>100.0</b>
<b>Employment status</b>		
Employed	227	72.8
Unemployed	68	21.8
Student	17	5.4
<b>Total</b>	<b>312</b>	<b>100.0</b>

From table 1 and figure 4.1, majority (60.9%) of the participants are 26-35 years of age. Their mean age is  $29.5 \pm 1.4$  years. The study population is dominated by Yorubas (67.3%). Most (79.5%) of them are Christians. Majority (95.2%) of the respondents are married. Most (78.2%) of them have a tertiary level of education. Majority (72.8%) of the participants are employed.

**Table 2: Respondents' Perception about Male Midwives**

<b>Item Question(s)</b>	<b>Scale/Options /Responses</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Have you heard of male midwives?	Yes	227	72.8
	No	85	27.2
	<b>Total</b>	<b>312</b>	<b>100.0</b>
If "yes", how did you hear about them?	- Friend	51	22.5
	- Health facility	127	55.9
	- Media	49	21.6
Do you believe that male midwives can provide the same level of care as female midwives?	<b>Total</b>	<b>227</b>	<b>100.0</b>
	Yes	249	79.8
	No	63	20.2
Do you feel comfortable discussing personal and intimate matters with a male midwife?	<b>Total</b>	<b>312</b>	<b>100.0</b>
	Mean (x)	1.6	
	Remark	Positive	
Do you think male midwives can understand the needs and concerns of pregnant women as much as female midwives?	Yes	215	68.9
	No	97	31.1
	<b>Total</b>	<b>312</b>	<b>100.0</b>
Are you willing to be attended to by a male midwife during childbirth?	Mean (x)	1.4	
	Remark	Positive	
	<b>Total</b>	<b>312</b>	<b>100.0</b>
	Mean (x)	1.5	
	Remark	Positive	
	<b>Average mean</b>	<b>1.5</b>	<b>Positive</b>

From table 2, majority (72.8%) of the study population affirmed that they have heard of male midwives. More than half (55.9%) of them identified health facility as their source of information. Most (79.8%) of the participants believed that male midwives can provide the same level of care as female midwives. Majority (68.9%) of them acknowledged that they feel comfortable discussing personal and intimate matters with a male midwife. About 74.4% affirmed that male midwives can understand the needs and concerns of pregnant women as

much as female midwives. Majority (69.9%) of the respondents revealed that they are willing to be attended to by a male midwife during childbirth. Overall, the participants exhibited a positive perception about male midwives, as shown by an average mean score of 1.5.

**Table 3: Respondents' Acceptance of Male Midwives**

<b>Item Question(s)</b>	<b>Scale/Options /Responses</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Have you been attended to by a male midwife before?	Agree Disagree Undecided	122 147 43	39.1 47.1 13.8
	<b>Total</b>	<b>312</b>	<b>100.0</b>
My experience with a male midwife was a positive one.	Agree Disagree Undecided	101 114 97	32.4 36.5 31.1
	<b>Total</b>	<b>312</b>	<b>100.0</b>
	Mean (x)	2.0	
	Remark	Good	
Male midwives bring unique qualities or skills to the table.	Agree Disagree Undecided	159 79 74	51.0 25.3 23.7
	<b>Total</b>	<b>312</b>	<b>100.0</b>
	Mean (x)	2.3	
	Remark	Good	
I have discussed the option of having a male midwife with my partner/family.	Agree Disagree Undecided	91 122 99	29.2 39.1 31.7
	<b>Total</b>	<b>312</b>	<b>100.0</b>
	Mean (x)	1.9	
	Remark	Poor	
I would recommend the services of a male midwife to other pregnant women.	Agree Disagree Undecided	161 82 69	51.6 26.3 22.1
	<b>Total</b>	<b>312</b>	<b>100.0</b>
	Mean (x)	2.3	
	Remark	Good	
I am aware of cultural or religious beliefs that may influence the acceptability of male midwives.	Agree Disagree Undecided	200 77 35	64.1 24.7 11.2
	<b>Total</b>	<b>312</b>	<b>100.0</b>
	Mean (x)	2.4	
	Remark	Good	
I believe changes are needed in	Agree	228	73.1

the healthcare system to encourage the acceptance of male midwives.	Disagree Undecided	56 28	17.9 9.0
	<b>Total</b>	<b>312</b>	<b>100.0</b>
	Mean (x)	2.6	
	Remark	Good	
Gender should not affect male midwives' ability to provide quality care.	Agree Disagree Undecided	234 61 17	75.0 19.6 5.4
	<b>Total</b>	<b>312</b>	<b>100.0</b>
	Mean (x)	2.6	
	Remark	Good	
I have specific gender preference as my midwife.	Agree Disagree Undecided	236 28 48	75.6 9.0 15.4
	<b>Total</b>	<b>312</b>	<b>100.0</b>
	Mean (x)	2.7	
	Remark	Good	
	<b>Average mean</b>	<b>2.2</b>	<b>Good</b>

**Note: Criteria for scoring: Mean score between 1.0-1.9 is rated poor; while 2.0-2.9 is rated good.**

From table 3, majority (75.0%) of the study population revealed that gender should not affect male midwives' ability to provide quality care. Most (73.1%) of them believed that changes are needed in the healthcare system to encourage the acceptance of male midwives. About 64.1% affirmed that they are aware of cultural/religious beliefs that may influence the acceptability of male midwives. More than half (51.6%) of the participants revealed that they will recommend the services of a male midwife to other pregnant women. About 51.0% of them acknowledged that male midwives bring unique qualities/skills to the table. A considerable number (39.1%) of the respondents revealed that they have been attended to by a male midwife before. 32.4% of them affirmed that their experience with a male midwife was a positive one. More than a quarter (29.2%) of the study population revealed that they have discussed the option of having a male midwife with their partner/family. As low as 9.0% of them revealed that they do not have specific gender preference as their midwife. Overall, the respondents exhibited a good level of acceptance of male midwives, as shown by an average mean score of 2.2.

**Table 4: Factors Influencing Respondents' Acceptance of Male Midwives**

<b>Item Question(s)</b>	<b>Scale/Options /Responses</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Cultural beliefs and norms.	Agree Strongly agree Disagree Strongly disagree	187 76 41 8	59.9 24.4 13.1 2.6
	<b>Total</b>	<b>312</b>	<b>100.0</b>
	Mean (x)	3.1	
	Remark	Significant	
Religious beliefs and practices.	Agree Strongly agree Disagree Strongly disagree	183 80 44 5	58.7 25.6 14.1 1.6
	<b>Total</b>	<b>312</b>	<b>100.0</b>
	Mean (x)	3.1	
	Remark	Significant	
Personal comfort level with opposite gender healthcare providers.	Agree Strongly agree Disagree Strongly disagree	196 75 37 4	62.8 24.0 11.9 1.3
	<b>Total</b>	<b>312</b>	<b>100.0</b>
	Mean (x)	3.1	
	Remark	Significant	
Trust in the competence of male midwives.	Agree Strongly agree Disagree Strongly disagree	200 70 39 3	64.1 22.4 12.5 1.0
	<b>Total</b>	<b>312</b>	<b>100.0</b>
	Mean (x)	3.1	
	Remark	Significant	
Availability of information and education about male midwives.	Agree Strongly agree Disagree Strongly disagree	188 85 35 4	60.3 27.2 11.2 1.3
	<b>Total</b>	<b>312</b>	<b>100.0</b>
	Mean (x)	3.1	
	Remark	Significant	
Personal beliefs and preferences.	Agree Strongly agree Disagree Strongly disagree	196 82 32 2	62.8 26.3 10.3 0.6
	<b>Total</b>	<b>312</b>	<b>100.0</b>

	Mean (x)	3.1	
	Remark	Significant	
Availability and accessibility of male midwives.	Agree Strongly agree Disagree Strongly disagree	211 70 28 3	67.6 22.4 9.0 1.0
	<b>Total</b>	<b>312</b>	<b>100.0</b>
	Mean (x)	3.1	
	Remark	Significant	
Communication and trust.	Agree Strongly agree Disagree Strongly disagree	201 83 25 3	64.4 26.6 8.0 1.0
	<b>Total</b>	<b>312</b>	<b>100.0</b>
	Mean (x)	3.2	
	Remark	Significant	
Previous experiences.	Agree Strongly agree Disagree Strongly disagree	164 70 65 13	52.6 22.4 20.8 4.2
	<b>Total</b>	<b>312</b>	<b>100.0</b>
	Mean (x)	2.9	
	Remark	Slightly significant	
Emotional support.	Agree Strongly agree Disagree Strongly disagree	190 80 39 3	60.9 25.6 12.5 1.0
	<b>Total</b>	<b>312</b>	<b>100.0</b>
	Mean (x)	3.1	
	Remark	Significant	
Peer and family influence.	Agree Strongly agree Disagree Strongly disagree	198 70 40 4	63.5 22.4 12.8 1.3
	<b>Total</b>	<b>312</b>	<b>100.0</b>
	Mean (x)	3.1	
	Remark	Significant	

**Note: Criteria for scoring: Mean score between 1.0-1.9 is rated ‘not significant’; 2.0-2.9 is rated ‘slightly significant’; while 3.0-3.9 is rated ‘significant’.**

From table 4, majority (67.6%) of the study population acknowledged that availability and accessibility of male midwives influence their acceptance. Most (64.4%) of them affirmed

that communication and trust influence their acceptance of male midwives. About 64.1% agreed that trust in the competence of male midwives influence their acceptance. Majority (63.5%) of the participants acknowledged that peer and family influence their acceptance of male midwives. Most (62.8%) of them affirmed that personal comfort level with opposite gender healthcare providers, personal beliefs and preferences influence their acceptance of male midwives. About 60.9% agreed that emotional support influence their acceptance of male midwives. Majority (60.3%) of the respondents acknowledged that availability of information and education about male midwives influences their acceptance. More than half (59.9%) of them affirmed that cultural beliefs and norms influence their acceptance of male midwives. About 58.7% agreed that religious beliefs and practices influence their acceptance of male midwives. More than half (52.6%) of the study population acknowledged that previous experiences influence their acceptance of male midwives.

Overall, the factors influencing respondents' acceptance of male midwives include availability and accessibility of male midwives (67.6%); communication and trust (64.4%); trust in the competence of male midwives (64.1%); peer and family influence (63.5%); personal comfort level with opposite gender healthcare providers (62.8%); personal beliefs and preferences (62.8%); emotional support (60.9%); availability of information and education about male midwives (60.3%); cultural beliefs and norms (59.9%); religious beliefs and practices (58.7%); and previous experiences (52.6%).

### ***Testing of Research Hypotheses***

**H<sub>01</sub>:** There is no significant relationship between perception and acceptance of male midwives among pregnant women in selected general hospitals in Lagos State.

**H<sub>02</sub>:** There is no significant relationship between age and factors influencing acceptance of male midwives among pregnant women in selected general hospitals in Lagos State.

**Analysis Plan:** Level of significance (S.I.) = .05

**Decision Rule:** If the p-value of the correlation coefficient is less than .05, it is concluded that there is a significant relationship between the two variables; but if it is more than .05, then there is no significant relationship.

**Table 5: Testing of Research Hypothesis**

Acceptance of Male Midwives	Perception about Male Midwives					
	Yes	No	x <sup>2</sup>	df	p-value	Total
I would recommend the services of a male midwife to other pregnant women.	Do you believe that male midwives can provide the same level of care as female midwives?					
Agree	137	24				161 (51.6%)
Undecided /Disagree	112	39				151 (48.4%)
<b>Total</b>	249 (79.8%)	63 (20.2%)	5.7673	1	0.016327	<b>312 (100.0%)</b>

Chi-square value=5.7673; df =1; p-value is 0.016327. The result is significant at  $p < .05$

**Conclusion:** There is a significant relationship between perception and acceptance of male midwives among pregnant women in selected general hospitals in Lagos State ( $p < .05$ ). Therefore, null hypothesis was rejected.

**Table 6: Testing of Research Hypothesis**

		Age	Factors Influencing Acceptance of Male Midwives
Age	Pearson's Correlation Sig. (2-tailed) N	1 312	.669 .000 <b>312</b>
Factors Influencing Acceptance of Male Midwives	Pearson's Correlation Sig. (2-tailed) N	.669 .000 <b>312</b>	1 <b>312</b>

$r=0.669$ ;  $p$ -value is  $<.00001$ . The result is significant at  $p < .05$

**Conclusion:** There is a significant relationship between age and factors influencing acceptance of male midwives among pregnant women in selected general hospitals in Lagos State ( $p < .05$ ). Therefore, null hypothesis was rejected.

## DISCUSSION OF FINDINGS

Worldwide, increasing attention is being put to the training of skilled birth attendants as a strategy towards the reduction of maternal and neonatal mortality rates. In the history of Nursing, feminine pronoun has always been used while defining a midwife; but changing midwifery trends allow men to engage in the practice. Male midwives have been experiencing issues associated with acceptance by the society and culture, which include stereotyping gender bias and exclusion during practice. This study, therefore, has assessed

the perception and acceptance of male midwives among pregnant women in selected general hospitals in Lagos State.

The study revealed that majority (60.9%) of the participants are 26-35 years of age. Their mean age is  $29.5 \pm 1.4$  years. The study population is dominated by Yorubas (67.3%). Most (79.5%) of them are Christians. Majority (95.2%) of the respondents are married. Most (78.2%) of them have a tertiary level of education. Majority (72.8%) of the participants are employed. The analysis revealed they exhibited an overall positive perception, as majority (79.8%) of them believed that male midwives can provide the same level of care as female midwives; 74.4% affirmed that male midwives can understand the needs and concerns of pregnant women as much as female midwives; 69.9% revealed that they are willing to be attended to by a male midwife during childbirth; while 68.9% acknowledged that they feel comfortable discussing personal and intimate matters with a male midwife.

The analysis revealed that they exhibited an overall good level of acceptance, as majority (75.0%) of them revealed that gender should not affect male midwives' ability to provide quality care; 73.1% believed that changes are needed in the healthcare system to encourage the acceptance of male midwives; 64.1% affirmed that they are aware of cultural/religious beliefs that may influence the acceptability of male midwives; 51.6% revealed that they will recommend the services of a male midwife to other pregnant women; 51.0% acknowledged that male midwives bring unique qualities/skills to the table; 39.1% revealed that they have been attended to by a male midwife before; 32.4% affirmed that their experience with a male midwife was a positive one; 29.2% revealed that they have discussed the option of having a male midwife with their partner/family; while 9.0% revealed that they do not have specific gender preference as their midwife.

As revealed in the study outcome, the factors influencing their acceptance of male midwives include availability and accessibility of male midwives (67.6%); communication and trust (64.4%); trust in the competence of male midwives (64.1%); peer and family influence (63.5%); personal comfort level with opposite gender healthcare providers (62.8%); personal beliefs and preferences (62.8%); emotional support (60.9%); availability of information and education about male midwives (60.3%); cultural beliefs and norms (59.9%); religious beliefs and practices (58.7%); and previous experiences (52.6%).

The assessment of their perception about male midwives revealed an overall positive perception. This study outcome is in line with the findings of a study by Nayar and Lal (2018), in which respondents perceived male midwives to be caring, empathetic, and professional; and felt that they provided excellent care. The findings of a study by Soaad et al. (2018) support this study result, as majority (62.3%) of the participants had positive perceptions regarding care provided by male midwives. However, the result of a study by Smith et al. (2018) is not similar to this study outcome, as respondents expressed initial reservations about receiving care from male midwives due to concerns about modesty and gender roles. Moreover, the findings of a study by Sharma et al. (2022) also contradict this study result, as

only 13.2% of the participants had a positive perception about male midwives, while majority of them had a neutral opinion about males in this profession.

The assessment of their acceptance of male midwives revealed an overall good level of acceptance. This can be supported by the findings of a study by Johnson et al. (2020), in which majority of the respondents were accepted male midwives, and did not perceive any significant differences in the quality of care provided by male and female midwives. However, the findings of a study by Demir et al. (2019) contradict this study outcome, as participants exhibited poor acceptance of male midwives, in which majority (90.0%) of them felt that midwifery was a profession best suited for women, and that male midwives should not work in maternity wards; while some further stated that they would prefer not to be attended to by male midwives during pregnancy and labour.

As revealed in the study outcome, the factors influencing their acceptance of male midwives include availability and accessibility of male midwives (67.6%); communication and trust (64.4%); trust in the competence of male midwives (64.1%); peer and family influence (63.5%); personal comfort level with opposite gender healthcare providers (62.8%); personal beliefs and preferences (62.8%); emotional support (60.9%); availability of information and education about male midwives (60.3%); cultural beliefs and norms (59.9%); religious beliefs and practices (58.7%); and previous experiences (52.6%). This study outcome is similar to the findings of a study by Lee et al. (2019), in which respondents' acceptance of male midwives was influenced by factors such as competence, communication skills, and ability to establish rapport with the patient. However, the findings of a study by Nguyen et al. (2020) contradict this study outcome, as it was reported that age, education, and income significantly influenced pregnant women's attitudes towards male midwives; in which younger patients and those with higher levels of education and income exhibited more positive attitudes towards male midwives. Moreover, the outcome of a study by Hayford et al. (2019) is also not in line with this study result, as marital status, religious affiliation and educational level were the significant factors for participants' preference and satisfaction with care provided by male midwives.

## **CONCLUSION**

The findings of this study have revealed the perception and acceptance of male midwives among pregnant women. There is a need to ensure consistency and improvement in their knowledge and perception through proper evaluation and amelioration of the factors influencing their acceptance of male midwives. This can be achieved by ensuring that healthcare organizations implement programs to educate pregnant women about the qualifications, expertise, and benefits of having male midwives; community midwives engage communities through workshops, forums, and open discussions; healthcare organizations develop media campaigns that challenge stereotypes and showcase male midwives as compassionate and skilled professionals; healthcare facilities promote collaborative care models where both male and female midwives work together; male midwives receive training in empathy, communication skills, and cultural competence; and

midwives tailor care plans to individual preferences. However, if there is a delay in ensuring consistency and improvement in their perception and acceptance due to inappropriate evaluation and amelioration of the factors influencing their acceptance of male midwives, integration of males into midwifery practice in relation to reduction of maternal and neonatal morbidity and mortality will gradually decline over time.

### **Recommendations**

Based on the outcome of this research study, the researcher recommends the following to improve the perception and acceptance of male midwives among pregnant women in selected general hospitals in Lagos State:

- i. Healthcare organizations should implement programs to educate pregnant women about the qualifications, expertise, and benefits of having male midwives; dispelling misconceptions, and highlighting the shared goal of providing excellent care.
- ii. Community midwives should engage communities through workshops, forums, and open discussions; allowing pregnant women to voice their concerns and ask questions; fostering a supportive environment that encourages dialogue.
- iii. Healthcare institutions should encourage midwives to tailor communication strategies to respect cultural norms and values, addressing concerns related to modesty and cultural expectations, and emphasizing the professional nature of midwifery care.
- iv. Healthcare organizations should develop media campaigns that challenge stereotypes and showcase male midwives as compassionate and skilled professionals.
- v. Healthcare professionals should showcase positive stories and experiences of pregnant women who have had positive encounters with male midwives, normalizing the presence of male midwives and inspiring confidence.
- vi. Midwives should establish peer support groups where pregnant women can share experiences and insights, including testimonials from women who have had positive interactions with male midwives, in order to create a sense of community and solidarity.
- vii. Healthcare facilities should promote collaborative care models where both male and female midwives work together, emphasizing the collective expertise within the healthcare team, and fostering a sense of security and reassurance for expectant mothers.
- viii. Healthcare institutions should ensure that male midwives receive training in empathy, communication skills, and cultural competence to enhance their ability to connect with pregnant women.
- ix. Midwives should tailor care plans to individual preferences, taking into account the specific needs and comfort levels of pregnant women, as this can create a more personalized and positive experience.
- x. Healthcare facilities should implement feedback mechanisms for pregnant women to express their experiences openly; using this feedback constructively to make continuous improvements in the quality of care provided by male midwives.

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