ORIGINAL RESEARCH ARTICLE

Experiences of mothers receiving male midwives' assistance during childbirth in Kween District, Uganda

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Abstract

This study explored the perceptions and experiences of mothers who were cared for by male midwives (MMWs) during delivery in Kween District. The study utilized a qualitative phenomenological approach to document responses of participants. Data was collected from three health facilities that had male midwives delivering mothers at the time of the study, and targeted postnatal mothers 18-49 years who had been delivered by a MMW in the last 6 months. Thirty-three mothers participated in the study: 15 in individual in-depth interviews and 18 in three focused group discussions. Collected data were transcribed in word, coded in excel and exported to Atlas.t 7 for analysis. Thematic and content analysis were utilized to derive insights from the data collected. The results showed that perceptions varied significantly across participants. Respondents attached certain beliefs and perceptions that the delivery process is an intimate matter that should only be handled by fellow women. Fear and discomfort when touched by a MMW and discomfort by mothers' partners, came out as strong viewpoints. However, there were strong experiences that MMWs demonstrated supportive, caring, respectful, sympathetic and passionate provision of care. These findings agree with several other studies reviewed during the study. Comprehensive sensitization focused on promoting the utilization of skilled birth attendants regardless of gender is necessary in reducing maternal mortality. *(Afr J Reprod Health 2024; 28[10]:28-38).*

Keywords: Male Midwifery; Uganda; birthing process

Résumé

Cette étude a exploré les perceptions et les expériences des mères qui ont été prises en charge par des sages-femmes (MMW) lors de l'accouchement dans le district de Kween. L'étude a utilisé une approche phénoménologique qualitative pour documenter les réponses des participants. Les données ont été collectées auprès de trois établissements de santé qui avaient des sages-femmes accouchant des mères au moment de l'étude, et ciblaient les mères postnatales âgées de 18 à 49 ans qui avaient accouché par une MMW au cours des 6 derniers mois. Trente-trois mères ont participé à l'étude : 15 lors d'entretiens individuels approfondis et 18 lors de trois discussions de groupe ciblées. Les données collectées ont été transcrites sous Word, codées dans Excel et exportées vers Atlas.t 7 pour analyse. Des analyses thématiques et de contenu ont été utilisées pour tirer des enseignements des données collectées. Les résultats ont montré que les perceptions variaient considérablement selon les participants. Les personnes interrogées ont certaines croyances et perceptions selon lesquelles le processus d'accouchement est une question intime qui ne devrait être traitée que par d'autres femmes. La peur et l'inconfort lorsqu'on est touché par une femme enceinte et l'inconfort de la part des partenaires des mères se sont révélés être des points de vue forts. Cependant, il y a eu de nombreuses expériences où les MMW ont fait preuve de soutien, de bienveillance, de respect, de sympathie et de passion. Ces résultats concordent avec plusieurs autres études examinées au cours de l'étude. Une sensibilisation globale axée sur la promotion du recours à des accoucheuses qualifiées, quel que soit leur sexe, est nécessaire pour réduire la mortalité maternelle. *(Afr J Reprod Health 2024; 28 [9]: 28-38).*

Mots-clés: Sage-femme masculin ; Ouganda; processus d'accouchement

Introduction

In 1522, Dr. Wertt of Hamburg dressed up as a woman to observe midwives and learn about childbirth[1]. When he was discovered to be a man, Wertt was burnt alive[1]. Later in the mid-sixteenth century, the renowned surgeon Pare laid a more solid foundation for men's work in the birthing room which he did through aiding in delivery by pulling babies out of the womb by their feet during difficult births[2]. In the early modern period, midwifery and care for mothers during delivery in health facilities began to change from a female art into a male occupation, though the shift was not a

smooth one[3]. In England, from at least as early as the seven teenth century, male medical practitioners had been called upon to assist in difficult deliveries, but only as a last resort. Prior to the eighteenth century, men played no role in the management of normal childbirth[4]. Louis XIV's use of male midwives to deliver his illegitimate children was a great contribution to the shift in gender roles in midwifery[1]. As men delivered his mistresses' babies, male midwives gained popularity[1]. This meant that a rapid population boom in Europe further encouraged these social changes; as the population grew and universities increased their study of reproduction and anatomy, childbirth became a medicalized and, thus, masculinized domain[1].

The involvement of men in the maternity care and delivery of pregnant women is important because of the realization that men's behavior can significantly affect the health outcomes of women and babies[4]. Men have increasingly become aware of critical issues related to reproductive health care unlike in the past when they had been excluded from maternity care and delivery due to the influence of traditional culture, and several factors centred around health service delivery[5]. In Limpopo Province, South Africa, it was reported that expectant women did not want to deliver at the centre because there was a male midwife[6]. When a female health worker was posted to the centre, the number of deliveries increased tremendously[6].

Midwifery in Uganda started in 1886 when Albert Cook came to Uganda as a Church missionary[7]. Albert and his wife opened a school for midwives at Mengo and authored a manual of midwifery in Luganda, the local language[7].

In the Ugandan context, the 1995 Constitution as amended under Article 40 provides for economic rights which included the right to practice any profession and to carry out any lawful occupation, trade, or business[8]. Article 21 further indicates that a person shall not be discriminated against on the grounds of sex, race, color, ethnic origin, tribe, birth, creed, or religion, social or economic standing, political opinion, or disability[8]. There is limited documentation on the services and transition to male midwifery in Uganda. However, in 2023, the Ministry of Health instructed town clerks, municipal town clerks and chief administrative officers not to recruit male comprehensive nurses as midwives[9].

While there are reports of negative experiences (such as disrespectful and abusive treatment), there are reports of positive experiences such as caring, responsive, and attentive especially during labor[10].

Despite the importance attached to men's involvement in Uganda, there has been limited research on male health worker involvement during pregnancy and childbirth, particularly from the mother's perspective, which hampers the development of contextualized appropriate interventions. The purpose of this study is to gain a deeper understanding of the experiences of mothers attended to by male midwives (MMWs) during delivery in Kween district.

Methods

Study design

We employed a phenomenological qualitative design to explore and describe the experiences of mothers who had delivered under the care of male midwives in Kween District. This provided a good understanding of mothers' experiences, feelings, motivation, and subjective realities of being attended to by male midwives during delivery.

Study area

The study was conducted in Kween District in Eastern Uganda, coordinates 01 25N, 34 31E, which borders several districts and the Republic of Kenya. These include Nakapiripirit to the North, Amudat to the North-East, Bukwo to the East, and Kapchorwa to the West, Bulambuli to the north-west and the Republic of Kenya to the south. The district is a rural setting, and is a steppe terrain, with muddy and slippery road network. At the time of the study, it had three health facilities with actively serving male midwives, located in three different sub-counties to ensure that there was geographical dispersion. The facilities are Kaproron HCIV (Kaproron Town Council), Ngenge HCIII (Ngenge Subcounty) and Chemwom HCIII (Benet Subcounty)

Study Population

Mothers aged 18-45 years, who had given birth within six months from the time of study and had been assisted by male midwives, were enrolled in the study. The study was conducted at 27 % (3) of the basic and comprehensive maternal and newborn services facilities in the district with evidence of male midwives' assistance to mothers during birthing process. Between October 2020 and March 2021, Chemwom HCIII delivered 316 mothers of whom, 39.2% were by male midwives. In contrast, Kaproron HCIV and Ngenege HCIII delivered 410 and 180 mothers respectively. At these two sites, male midwives were new, each had worked for only one-month deliveries. Thus only 23 mothers were delivered by the male midwife in Kaproron, while two were delivered in Nenge.

Sampling and data collection procedure

Sampling was used to identify mothers who had been attended to by the male midwives according to the records seen from the Kween Hospital. From a total of 33 mothers, 15 participated in the in-depth interviews, while 18 participated in three focus group discussions (FGDs). Each FGD comprised of 6 participants, and the three FGDs represented the three sub counties and health facilities that were actively serving male midwives. The FGDs provided information that supplemented the individual in-depth interviews. The sample size was considered sufficient when the concepts elicited started to repeat.

An un-structured interview guide was used to conduct in-depth interviews and FGDs. A thematic analysis was employed for the study. The voices of the study participants were recorded, transcribed, analysed, and interpreted to reflect the perceptions, feelings, opinions, experiences, and understanding of the subject under investigation. We constantly checked the tape recorder to ensure that it was recording well throughout the interview processes. Recorded audios were transcribed, and respondents numbered from the first respondents to the last as (R.1, R.2 etc). The FGDs were also numbered FDG 1, 2 and 3. The transcripts were changed into reach text format (rtf) before uploading on the ATLAS.ti software version 9 for coding and analysis.

Data collection and analysis

The data collection process involved reviewing the maternity registers to enlist mothers assisted by male midwives within the last 6-month period. Mothers were then randomly selected, visited and interviewed. Face-to-face data collection process was conducted with both in-depth and FGD respondents. Participants' responses were captured using notebooks and a tape recorder. To ensure the quality of data collected, respondents were assured of confidentiality and voluntary participation hence willingly shared information without coercion.

Additionally, research assistants were comprehensively trained in interview procedures for a full day, risks and mitigation measures and advanced probing techniques to obtain sufficient data from the respondents. Moreover, spot checks, quality control checks and daily debriefs were fundamental in helping the researcher identify gaps which would be collaboratively addressed ahead of the next day's data collection. Lastly, the two tools used were pretested before rolling them out for actual data collection. This helped the researcher to identify and address irrelevant questions, logical inconsistencies in the tools and other issues prior to the actual data collection process.

In-depth and FGD interview results were transcribed using MS Word, coded and processed using Atlas.ti7 based on the following procedure;
First, data was transcribed to Microsoft word from hard paper and recordings. Data cleaning was done during the transcription process to reduce errors, typos, logical flaws, and other anomalies that were likely to threaten data quality The two clean documents which are the Focus group discussion and in-depth interview data were imported into Atlas.ti9 for further manipulation and analysis. In atlas. ti 9, a list of codes in line with the two research objectives were developed. For each of the codes, the researcher ensured that quotations that directly relate with the generated codes were developed.

The open coding approach was adopted for the researcher to develop codes that were exhaustive of the data and in line with the study objectives.

The list of codes generated were examined for potential sub-themes and then themes using a

deductive approach (Fereday & Muir-Cochrane, 2006). The themes were generated using the grouping feature of atlas.ti9 by combining similar and related codes. The researcher then extracted query reports under each research objective and drafted narratives with quotations that were used in the reporting of study findings.

First, a set of transcripts was reviewed to identify possible concepts and categories. Next, a set of codes were developed based on these categories and all transcripts were subsequently coded. During the coding process, constant comparison and focus was made on accounts given by the different mothers/women. This approach to data analysis ensured that the most appropriate categories and themes were formulated and that all perspectives were included.

Ethical considerations

The study protocol was reviewed and approved by the TASO Uganda Research Ethics Committee (TASO-REC), a board registered and accredited by Uganda National Council for Science and Technology (UNCST). Extra administrative permits were obtained from the DHOs and the health facility in charge as part of the community engagement.

Pursuant to the ethical principles guiding research involving humans as participants, permission (written consent) for respondents was obtained before their voluntary participation. This entailed the study purpose, procedures, risks and benefits, privacy, and confidentiality provisions, contact persons and dissemination of findings to mention. Parental permission and assent were sought from the adolescents to participate in the study. Documentation of consent was evidenced through a signed form. In case a participant was not willing to be audio recorded for key informant interviews, interview notes were taken. Privacy was ensured as much as possible during data collection, analysis, and storage.

Given the COVID-19 situation, mothers participating in the focused group discussions were limited to 5-8 participants per group, encouraged to come with a mask each and ensured social distancing during the interviews. The interviews likewise ensured social distance and participants had masks. Additionally, water and soap were used at the meeting site and mothers with cough-like symptoms were discouraged from joining the FGDs.

Results

Demographic and health facility Information

The median age of the study participants was 23 years with ages ranging from 18 years to 37 years. All the participants had attained some level of formal education ranging from primary (48.5%) to tertiary (12.1%). Majority of the participants were married (91%) while the rest were never married. 100% of the participants were Christians and most of them (54.5%) were first time bearers, while 21.2% were delivering for the 5th or more times.

Perceptions of women towards male midwives' assistance during delivery in Kween district.

Women had varying perceptions towards male midwives' assistance during delivery and were thematically categorized as follows:

Fear of being delivered by male midwives.

Most of the respondents indicated that they fear being supported by men during delivery. Their fear arose from several factors: i) the belief that the delivery process is an intimate matter that should only be handled by fellow women and that the process is out of the realm of male expertise ii) the anticipated discomfort when a male midwife touches a woman iii) the perception that male midwives had inadequate knowledge and skills to help with the delivery iv) having to expose their private life to male midwives v) the shame that comes with a woman if they have dirty under garment. Some of the voices from interviews regarding this included;

Anna (not her real name), 33 years said.

"How can a man help in delivery and the feeling of respect, with him being someone's husband. It is a mindset that women have developed that woman have to help fellow women".

Another respondent Irene, 20 years said;

"There is shame that usually comes to me, and I ask myself, how can a man look at my private parts? There are things about women than men do not know, so most times, a woman will prefer a fellow woman for assistance because she does not want to expose her private life to a man who is not her husband." "It is not good, when a man helps a woman, there is a lot of fear because he is not your husband".

Perception of male midwives as being sympathetic, responsive, and caring during assistance

Results from individual interviews and FGDs indicated that male midwives were perceived by most participants to be swift, kind, gentle, sympathetic, soft spoken and offer great care during and after delivery unlike female midwives who were reported to be harsh, and less caring. Twelve of the 15 (80%) individual interview participants shared the same response. Two out of the 3 FGDs anonymously mentioned a similar thing that men speak well and faster in providing the services.

Participant 3 in FGD 1 said;*"Men are kind and soft spoken. If it is not time for labour, they advise you on the kind of diet to utilize, exercises and when it is time for giving birth, they operate you without any disturbance, but women are so rough".*

Participant 6 in FGD 3 added that;*"A man works with empathy and commitment, but women harass a lot especially on dress code, time. They do not understand the state since they feel its normal".*

Diana, 34 years asserted that;*"Male midwifes are fast and so caring. they support you in delivery, dress you up and finish everything but most women will only work on the main parts and leave you there".*

Male midwives perceived as strong and offer the best physical support

From FGDs, it emerged that male midwives offer the best support because they are energetic and offer sufficient physical support including carrying the mother down from the delivery bed birth compared to their female counter parts who perceived to be weak and leave the mothers on their own.
Participant 5 in FGD 3 mentioned that;

"Male midwives help support during birth in case you fail to push. They go an extra mile to get hold of your legs hands because they are strong, and we women have less energy."
Another respondent Winnie, 25 years added that "Men are strong, so they can carry you up on bed and even after delivery if you are weak."

Male partner's perceptions

Qualitative findings from FGDs indicated that the male partners' perceptions of male midwives also influence whether they should utilize the services of male midwives during antenatal care and delivery. Some women reported that their husbands feel uncomfortable when fellow men attend to them during delivery and worry that male midwives might initiate intimate relationship with the women.

Participant number 2 in FGD 1 said *"Some husbands who escort their wives feel uncomfortable with a male midwife examining and supporting their wives during child delivery"-FGD participant*.

This was supported by participant number 7 in the same group who added that;*"Other men out there say it can't be. "Men seeing our wives during birth, no..".*
Participant number 4 in FGD 3 added that others say these men may divert our women to themselves because the close association."

Although this theme came out only in the FGDs not in individual interviews, it's critical because males have influence in women utilizing facility health services. This theme also helps in guiding interventions to improve male midwives' acceptability and utilization.

Birth experiences of mothers under the assistance by the male midwives in Kween district

The study analyzed experiences of mothers assisted by male midwives during childbirth.

More than four fifths (86.7%) of the in-depth interview participants reported to have had good experiences under the assistance of male midwives. Moreover, all (100%) FGD participants reported that women tend to have good experiences with male midwives. These experiences were attributed to factors such as, provision of a conducive and supportive environment to expectant mothers, and male midwives being disciplined and professional. It was also reported that male midwives were seen as a last resort but yielded an awesome experience.

Male midwives provided a conducive and supportive environment to women during birth

There was consensus across majority of the respondents, that expectant mothers had a good birth experience because of the conducive and supportive environment provided by male midwives. Qualitative results revealed that male midwives handled the mothers with respect, care, passion and love as opposed to their female counterparts who they reported as being harsh, and embarrassing. One of the study participants asserted that;

Joan (not real name) a 27-year-old mother said "When I interfaced with him, he handled and talked so well, asked me to politely push when I was ready. He went ahead to do follow ups to find out how the child was progressing with growth, making reminders for immunization and many more. There is no reason for male midwives to be far away from a mother during birth because they are hardworking and caring"

Another participant Eunice (25 years) added that; *"I arrived early in the morning when the female midwife was leaving. The male midwife dressed up and asked me to politely rest on the bed and within a very short time, I was set free. He took very good care and did not abuse me. it was a smart and gentle experience".*

Participant number 2 in FGD 1 (37 years) explained that;*"My best experience was with the sixth child because all my deliveries have been happening at home. when I got attended to by the male midwife, he was very friendly, supportive, and provided me with advice thereafter which opened my mind."*

Participant number 6 in FGD 2 (21 years) added that;*"I did not accept to let him help me because I was afraid. It is very hard to let a man who is not your husband to see you. I just allowed after wards because I had no option, but I ended up appreciating the service compared to that of female midwives."*

Male midwives were also reported to be soft spoken, empathetic, responsive to critical conditions, compassionate and respectful unlike female midwives who were reported to be bullies, rough, irresponsible, non-compassionate, and insulting when aiding mothers during delivery.

In one statement, a respondent asserted that; *Esther, 41 years said "Male midwives have a far much better way of talking to an expectant mother than female midwives. When he was attending to me, he created a very friendly environment and gave me words of encouragement, but women shout at you with terrible looks and saying, "I don't want to see you anymore".*

Another respondent Rose (30 years); added that;*"The man who supported me in labour handled and talked to me politely, but a female cannot, she quarrels saying "you people over disturb, last night I didn't sleep,". Because of anger, she starts stressing you asking for so many things like slippers, towel, baby clothes, basin, toilet papers and ends up confirming to you that it is not the right time for birth, yet it is. Male midwives on the other hand, talk well and guide better than female midwives."*

From FGDs, it also emerged that male midwives offer the best assistance since they were reported to be, polite and offer sufficient perineal care during childbirth compared to their female counter parts who were reported to be embarrassing, rude, reluctant, and not friendly sometimes. One of the study participants
(Participant number 1 in FGD 3) shared saying;

"I realized women over push hands into your stomach but was not the case this time round with a

man, it was a very good experience as the process was gentle and swift".

Another respondent (Participant number 4 in FGD 2 in her statement said; *"When a male midwife delivered me, he did and completed all the labour work including cleaning my private parts, but female midwives will do the major parts of the work and leave the rest for your attendants. Male midwives complete all their work before leaving you".*

Another respondent (Participant 5 in the same FGD 2) asserted that; *"When I went to the hospital, I was surprised to see a man, but I allowed his services. He didn't shout or even stress me as opposed to a woman who would even reach an extent of beating me up. Men are generally gentle."*

Finally, Diana, 34 years echoed; *The experience was good because there was no harassment but only a supportive environment. I was handled by a man who understood my situation more than the usual female midwives. I highly recommend other expectant women to embrace the services of male midwives".*

Male midwives were disciplined and professional

The women reported that male midwives were more professional and disciplined compared to female midwives. Male mid-wives did not ask for money for the service provided and administered the necessary free government medicine. By contrast, female midwives asked for money, to buy every required item and coerced them to buy baby's clothes from them. Some women also expressed discomfort when female midwives asked for bribes in form of money for services that ought to have been rendered for free. One of the FGD participants (Participant number 5 in FGD 3) stressed that; Female midwives stock clothes for sale in the health facility and force you to buy, saying what you have worn are inappropriate, dirty, and old. So, you go to the hospital with money ready to buy new attires from midwives that are appropriate for them. I reached there and had no money, the female midwife wanted me to buy clothes, I had to call my husband to come from home and bring some money, the midwives was annoyed when I said I had no money."

Another respondent (Mary, 28 years) added that:

"Women ask for money and even more things, they stress you, complain a lot. They tell you to sit and wait. Male midwives will engage you in exercises until the right time. Female midwives always postpone asking for more time and yet it is time for delivery."

Another respondent Aida, 22 years asserted that;*"Male midwives have respect and are highly disciplined. They don't touch you all the time but rather ask you to relax as they are supporting you unlike women who over touch you with a lot of noise and embracement."*

It was also reported that male midwives are professional and don't abandon mothers as asserted to by one of the participants: *Participant 4 in FGD 1 mentioned that "I came at 4 PM when Isaac was leaving. When he looked at me, he welcomed me, examined me, and said it was time for labour. He stayed back to support me during birth. He told me to be strong and gave me enough time until the baby came out without stress. I was not held by anyone, I just pushed."*

Male midwives were seen as the last resort

Much as their experience under the assistance of male midwives was characterized by supportive and befitting care, when asked what prompted them to use services of male midwives, majority of them cited that it was their last option because female midwives were absent from the health facilities that they visited. They further reported that they were in critical condition and needed someone to urgently support them during the delivery process. Others had been recommended by friends who had been supported by male midwives during delivery. One of them;

Nelly, 31 years stated that "There was no other person to help, and I had nothing to do but to go for Isaac. I was not forced by anyone, but my state alone pushed me to go for him. Nevertheless, it was an amazing experience."

Participant 2 in FGD 2 added that; I allowed to be helped by a male midwife because he had helped many friends and they talked good about him, but I didn't know I would meet him; I already had an idea of his services. I was in a bad state, and I needed help. I also realized it was going to be the same.

Discussion

Majority of the expectant mothers interviewed had concurrence in their perceptions and only few had varied perceptions towards male midwives' assistance during delivery. Expectant mothers were still attached to beliefs that male midwives lack skills and experience. Women feel uncomfortable exposing their private parts to male midwives because of perceptions that they do not understand the plight of women during labour. This is based on beliefs and perceptions that female midwives understand them better that their male midwives.

These findings are in line with those of[11], which revealed that women in Turkey rejected the care provided by male midwives during pregnancy and labour because they felt that they would be embarrassed if procedures which were regarded as highly intimate like vaginal examinations, catheterization, and perineal care were carried out by male midwives[12] and elicited similar views when he found out that some mothers in one health centre (state the country here) reacted strongly to the idea of male midwives attending to them in labor; they would rather deliver at home if that was the case. In his study, most women perceived that male midwives could not work effectively at maternity units due to societal stereotypes that only females can be good midwives who can work in maternity units conducting deliveries[12].

The above findings also resonate with the structural functionalism theory which tries to explain in detail the reason society functions[13]. The way it does by focusing on interactions between various factors[13]. In relation to the above findings, the communication between different factors such as fear, cultural beliefs and other perceptions as established above highly affect the uptake of services by women under the assistance of male midwives. The above findings also rhyme with the social maternity theory[14], that attributes childbirth as culturally and socially constructed. In the above findings, it can be established that the roles of midwives are shaped by the social and cultural contexts.

In contrast, there are participants who perceived male midwives as better service providers than their female counterparts during delivery. To them, empathy, quality of care, kindness and the overall delivery environment were what they wanted most from a midwife. They reported that men provide great care and are sympathetic during delivery unlike female midwives who look at the delivery process as normal. This finding agrees with[7] whose study found out that some women preferred the care of male midwives as they found that males were more caring and sympathetic during labor and delivery. Similar findings were reported by[6] who indicated that male midwives working in obstetric units were more sympathetic than the female midwives and lacked preconceived ideas based on their own childbirth experiences. This was further affirmed by[11], in his study were mothers reported that they did not mind being attended to by male midwives if everything went well and others said that if there was a female counterpart by their side, they would not mind male midwives. Similar findings were disseminated by[15] in their study regarding the perceptions of pregnant women towards male midwives, which indicated that majority of women in Zambia (83%) accepted the care provided by male midwives with the opinion that both female and male midwives received the same training and hence, they offered the same care.

Qualitative results also revealed that partners of expectant women influence whether they should utilize the services of male midwives during antenatal care and delivery. Some Women highlighted that husbands feel uncomfortable when fellow men attend to their wives during delivery. This finding is in line with that of[16], in their study on "Male nurses' experiences of providing intimate care for women clients", which revealed that some pregnant women refused the care given by male midwives since their partners prohibited male midwives from participating in the delivery of their spouse. Male midwives should be advised to work along with female midwives to provide respective maternal health care services.

The study findings revealed perceptions that expectant women had the best experience under

the assistance of male midwives as opposed to their female midwives. Male midwives were cited to be sympathetic, caring, kind and friendly when assisting expectant women during delivery. This finding is in line with[17] in their study titled maternity nursing where they found out that for some women, knowing the midwife and establishing a bond with her is important, whereas for others, the most important aspect is feeling confident in the skills and ability of the midwife. This was further validated by[18] in a journal article "What makes a good midwife?" where they revealed that expectant women valued personal relationships to role-based relationships. For example, mothers feel valued when the midwives provide them with the expected and needed care during labor. Some women view midwives as friends, with the relationship characterized by mutuality and intimacy. A significant number of participants were in favor of male midwives indicating that female midwives did not see delivery as something new to them as some of them had experienced it before. They were reported to be rude, and sometimes corrupt, especially when they asked for money to buy certain items that the hospital provides free of charge. Corruption of female midwives is an area that requires further investigation.

Few of the respondents reported to have had bad experiences mainly attributed to fear arising from the experience and beliefs that men themselves have never experienced labor pains, had no skills and so there would be no way they would get involved in the birthing process that has intimate procedures. This finding was confirmed by[19] who found out that the presence of a male midwife is seen as unsuitable and raises questions of inappropriate behavior towards vulnerable female bodies as men themselves have never experienced labor pains and may be unable to interpret expectant women's non-verbal cues.

Conclusion

Quantitative findings reveal that mothers have varied perceptions about male midwives. Perceptions showed most respondents as still covered with fear of their private parts being seen by a male who is not their own husband and the beliefs that delivery is an intimate process to be conducted by female midwives. However, on the other hand, in overall majority of the mothers reported good experiences under the care of male midwives with male midwives being referred to as sympathetic, respectful, kind, and passionate when assisting mothers in labor and delivery. Perceptions and experiences of mothers under the assistance of male midwives were majorly inherent to community beliefs and personal experiences that mothers went through during delivery. Most of the participants were in favor of male midwives because of their unmatched care and great attention to women in labour and the love they have for the midwifery profession**.**

Public health implication

If negative perceptions towards male midwifery assistance during delivery are not dealt with, Uganda may not achieve its desire of at least 64% facility deliveries (Currently at 62.4% - AHSPR 2020/21) and the maternal and perinatal death rates are most likely to remain high. Government and stakeholders on the other hand should leverage on the testimonies of mothers of good experiences of receiving male midwives' assistance to promote uptake of male midwifery services and widen the base of health care providers to improve the uptake and utilization of skilled delivery assistance in the country. This study provides evidence that male midwives contribute greatly to improving institutional deliveries as seen at Chemwom HCIII were 39.2% (October 2020 – March 2021) of the deliveries were assisted by the male midwife. The study also shows that several myth and fear still exist especially among mothers who have never utilized male midwives' services, negative male partners, and communities' perceptions, implying that some mothers may be failing to utilize the services due to partner and community restriction, and fear. Therefore, strong actions must be taken to address such hinderances.

Recommendations

Comprehensive sensitization and awareness programs should be initiated for expectant mothers as well as their partners on existence of male

midwives to improve their acceptability in hospitals. This sensitization should as well target male respondents to break the beliefs that men are not fit to assist their wives during delivery.

There is need for the government to promote midwife gender balance across all government supported health facilities and hospitals in the country given the good experiences shared.

There is need for female midwives to accompany male midwives in the labour wards especially for the first-time expectant mothers during intimate processes. This will help mothers to feel comfortable and at ease when male midwives are doing delivery examinations.

Health facilities should make use of patients who are satisfied with the services of male midwives to disseminate information to their communities. This will promote acceptance of the services of male midwives in the communities where such health facilities are located.

Male midwives should establish and sustain the highest level of integrity and professionalism while providing services to win confidence of the mothers and public at large. Those who ask for financial bribes should be brought to book and held accountable for their actions.

Measures such as client exit interviews and actions should be implemented with findings shared with female midwives to enable the appreciate their gaps in service provision.

To improve uptake of maternal and newborn services, interventions should be contextualized and anchored on the perceptions and experiences of the mothers and surrounding community.

Recommendations for further study

There is need to investigate corruption and bribery that is associated with the female midwives as this is an emerging issue that does not have sufficient literature.

There is need to conduct more study in the areas of male midwives' perception and experience of helping during birth as literature pertaining to this subject matter seems to be scanty.

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