

## Community Preference for Genders of Midwives in Providing Maternal and New-Born Care in Yei River State, South Sudan

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### Abstract

*The study investigated the community preferences of the gender of Midwives for providing maternal and new-born care. Skilled birth attendance (SBA) at health facility in South Sudan stagnated at 14.7% from 2006 to 2018 this is per below the 49% in East Africa, 69% in Sub-Saharan Africa and 81% globally. Community preferences of the gender, attitudes/behaviours of the Midwives and Socio-demographic factors could be attributed to this. A qualitative research involving in-depth and key informants' interviews of 65 respondents from various groups in the community. Respondents were selected purposively and through snowballing technique. Data were analysed using thematic framework. Three major themes and eight sub themes were identified. These showed that community including women of child bearing (WCBA ) prefer female Midwives in the provision of antenatal care (ANC) services while WCBA who have been attended to by both male and female midwives explained that they prefer male Midwives in assisting them during childbirth as they are considered polite, composed, considerate and quick. The study concludes that if all WCBA are attended to by male Midwives many would prefer male Midwives. The study recommends more studies to explore on midwife's gender preference in the whole country.*

**Keywords:** *Skilled birth attendance, male Midwife, gender preference, socio-cultural beliefs.*

### Introduction

#### Background information

Globally, the skilled birth attendance rate is 81% of which 67% occur in urban setting and only 13% occur in rural areas (World Bank, 2018). The World Bank (2018) noted that skilled birth attendance occurs at a health facility equipped with emergency obstetric services such as blood transfusion, intravenous fluids, antibiotics and skilled attendance. The skilled birth attendant refers to a qualified midwife or doctor with formal training and in a safe environment (WHO, 2017). Midwifery and nursing profession were started by a female (Florence Nightingale) which is believed generally as a domain of women. In ancient Egypt between 1550 and 1900 BC, Midwifery was recognized traditionally as female occupation (Towler and Bramall, 1986). Also, in Zambia midwifery was traditionally seen as a profession for females until 1987 were males got involved in the profession.

South Sudan like other developing countries

has critical human resources for health (HRH) challenges that have dramatically impeded health sector planning, service delivery and achievement of expected health outcomes. Before the Comprehensive Peace Agreement (CPA) in 2005, only female Midwives were trained in South Sudan. The proportion of skilled birth attendants per 10,000 population in South Sudan was 0.15 medical doctors to 0.2 and midwives (South Sudan Health Strategic Plan, 2017-2021).

In 2006 South Sudan introduced the training of both male and female Midwives to bridge the high needs for SBAs (HRH Strategic Plan (2009-2014). Yei River State of South Sudan is among the State with midwifery training schools that train both male and female midwives. During the training both male and female midwifery trainees and those already qualified practice and provide maternal and new-born health care services within the teaching hospitals and surrounding health facilities. This study investigates the preferences of the genders of Midwives in providing maternal health care services in South

Sudan, with the communities within Yei River State as example.

### **The problem statements**

The maternal and new-born health indicators in South Sudan remains unacceptable, antenatal care visit 1 attendance is 67% and only 14% attend up to 3-4 visits. About 12% of deliveries occur in health facility with only 19.4% of these deliveries are attended to by skilled birth attendant. The maternal mortality is 789/100,000 live births and neonatal mortality rate of 39.3 per 1000 live births (UNFPA, 2018). The republic of South Sudan introduced the training of male midwives to reduce the gap in numbers of skilled health professionals. The acceptability of male midwives in provision of maternal and new-born health care in South Sudan is unknown.

### **Research questions**

1. What is for the community in Yei River State the preferred gender of Midwives for providing maternal and newborn care services to them and why?
2. What traditional, cultural and religious beliefs and personal experiences do women of reproductive age (WCBA) and married men in Yei River State have with the gender of Midwives in providing maternal and newborn care?

### **Rationale and justification of the study**

The South Sudan Transitional Constitution Act 139 of 2011 governs every facet of life, including the practice of midwifery. The Constitution spells out the rights of individuals, including the right to complain about health care services, to have such complaints investigated and to receive a full response on such investigation and every citizen has the right to participate in the development of health policies (South Sudan, 2011: 46). The researcher anticipated that the results of the study would provide insights into the dynamics and complexities of the preferences of the genders of Midwives in provision of maternal health care services.

### **Objectives of the study**

#### **Broad objective**

To determine the preferences of the genders of Midwives for providing maternal newborn care services in Yei River State to enable policy makers and midwifery training institutions to

rationalize the selection of eligible new entrants into the health training institutions, in particular the genders of applicants in order to make maternal health services more relevant and appropriate to women of bearing age (WCBA).

### **Specific objectives**

The specific objectives of the study are:

1. To determine the socio demographic characteristics of Midwives and student Midwives
2. To explore community's views on the preferences of the genders of Midwives and the experiences of WCBA who had been attended to by both female and male Midwives in provision of maternal health care services.
3. To explore the socio-cultural factors that influences the preferences of the gender of Midwives for providing maternal health care services.
4. To document and analyze the experiences of male Midwives in their practice during maternal health care services

### **Literature review**

Globally, the literature shows that Midwifery is a narrative that has been polarized by gender and professional rivalries since male Midwives first began to encroach on the traditionally female domain of childbirth in the seventeenth century (in Western Europe) (Andria, 2004:419-420). In ancient times and in non-industrialized societies, Midwives were perceived to be able to facilitate the universal and creative life-giving forces within their communities and be in touch with the divine and ancestral spiritual world. The literature from South Sudan mirrors this world wide literature as evident in the demographic health reports (WHO, 2017; Word Bank, 2018).

The pillars of safe motherhood initiative which include skilled attendance at birth need to be delivered through primary health care (PHC) (UNFPA, 2017). Safe motherhood aims at attaining optimal maternal and new-born health. Safe Motherhood Initiative was launched at an international consultative conference of United Nation Agencies in South Sudan in 2006. Skilled attendance at birth forms an important part in achieving the safe motherhood initiative goals. Yet in many parts of the world, women turn to TBAs because skilled health workers are not available or are too expensive, or because TBAs

understand their culture and respect the women's needs. Skilled attendance does not include care at birth provided by TBAs, volunteer workers, family members, friends and women themselves without midwifery skills.

The acceptability of the male involvement in midwifery profession being the corner stone of skilled birth attendance is unknown in South Sudan.

## **Methodology**

**Study Design:** Explorative study with qualitative approaches involving in-depth and key informants' interviews.

**Study Setting:** Yei River State is among the three new states in Central Equatoria. Yei River State is in the Southern part of South Sudan.

**Study Population:** The study population were women of reproductive age (WCBA) 15-49 years, who have at least delivered once, married men; male and female midwives who have been in the profession for at least two years; Nursing

## **Sample size determination and procedure**

A total of 65 respondents from various groups participated in the study, the sample size was influenced by the time when saturation level was reached and contradictory views had been adequately explored using the Grounded Theory being the best approach to exchange views and experiences with respondents in each group through discovery, deeper complex interactions and collaboration. However, in adoption of the Grounded Theory the researcher was not ignorant of its shortcomings such as the Double Hermeneutic, Hawthorne effect and the Multi-level perspective that might have affected or influenced the results.

Purposive sampling, including snowball sampling, was used to select the respondents from each group. The sample size was influenced by the time when saturation level was reached and contradictory views had been adequately explored. The inclusion criteria included women of child bearing age (WCBA) who have delivered at least once in the last five years, married men, male and female Midwives, Nursing and Midwifery Tutors, traditional birth attendants (TBAs) and Mothers in law to the WCBA, Health Managers, traditional and faith-based leaders in Yei River State.

## **Ethical consideration**

Written permission was sought from the Ethical committee of the republic of South Sudan and Yei River state authorities to conduct the study in their sector and in their territory. Also, the researcher introduced himself to the respondents and explained the purpose of the study with an open invitation to either participate or refuse participation and when joining the study offering the opportunity to still drop out during the interviews and or the study. A verbal informed consent was obtained from each of the respondents, participants' names were not written on the interview guides, and a code for each name of the study participants was used for anonymity and confidentiality. Interviews were conducted environment that guarantees that informants could speak freely but that also that respected the cultural taboos surrounding a male being with one woman in a room who is not his wife or relative, hence interviews were conducted in an open space within household, school, church and mosque compounds.

The gathered information was cross checked by the researcher and relevant informants, a validation workshop was conducted attended by twenty participants. During the validation workshop new ideas emerged and were incorporated as well.

## **Data collection instruments**

In-depth interviews with different groups of respondents and series of key informant interviews were applied to collect the information and collected information was entered into the analysis sheet at the end of every day.

## **Data analysis and presentation methods:**

Data was analyzed manually using Microsoft word. Considering the fact that qualitative information was collected from various groups through interviewing 3 to 13 respondents from different groups, who had common but sometimes different views and answers. The information that belong to the same sections were put together to generate meaning. In order to do this, templates were generated in Microsoft word for each group. The information was then transferred to the general template that contained

the broad themes where the results were generated in accordance with the objectives of the study. The data is presented in form of tables and narratives.

## **Findings**

### **Socio demographic characteristics of the Midwives and student Midwives in South Sudan**

The odd ration result shows a significant domination of the midwifery profession. Female midwives are 2.16 times more than males in midwifery profession. This implies that the Midwifery profession is dominated by females and it is obvious as to why female Midwives are more preferred than male Midwives by those who were not exposed to both male and female Midwives.

### **Community preferences of the genders of Midwives and experiences of WCBA who had been attended to by both male and female Midwives in provision of maternal health care services**

A total of 65 respondents consisting of various groups in the community were interviewed through structured in-depth and key informants' interviews. The age group of the respondents ranged between 15 years and 60 years with a varied education and occupation backgrounds. Majority of the WCBA had primary education while most of the married men reached secondary education with some few who reached University level. However, the majority of the TBAs and mothers-in-law did not finish their primary education. Majority of the religious and community leaders reached primary education with a few who reached secondary and tertiary level. They shared their personal views on the preferences of the genders of Midwives in provision of maternal health services. They also shared the reasons for preferring one gender of Midwives in favour of the other and how best to manage a situation where a Midwife of less preferred gender is the only one available to carry out a procedure. The information collected was analysed, the information that belongs to the same sections was grouped to gather to generate meaning, themes and subthemes were developed.

The collected information was analyzed using Tesch's eight steps (Poggenpoel in De Vos, 1998:

The exiting records at the Directorate of Training and Professional Development at the ministry of health, among the 347 qualified Midwives; 275 (79.2%) were females and 72 (20.8%) were males. There were 368 student midwives out of who 235 (63.8%) are females and 133 (36.2%) are males. Generally, putting both qualified and student midwives together; there were 715 midwives among whom 510 (71.3%) are females and 205 (28.7%) are males. 343) and the following major themes were identified:

- Community prefers female Midwives in provision of antenatal and post-natal services as fellow women they have experiences in pregnancy themselves.
- Community prefers male Midwives in labour and delivery as they are polite, composed, considerate and quick.
- Community has mixed emotions about the provision of post-natal care services by both male and female Midwives. The identified themes and their sub-themes are tabulated in Table 2.

### **THEME 1: Community prefers female midwives in provision of ANC and PNC services as fellow women they have experiences in pregnancy themselves**

This implies that female Midwives are seen and felt by community that they take women's situation during pregnancy into consideration when executing their duties. Pregnancy is a time of physiological change and psychological adjustment for a woman; hence female Midwives are highly valued by community as they must have been faced with the same experience. A pregnant woman's initial encounter with midwives leaves a lasting influence on the way she will respond to future pregnancies.

#### **Sub-theme 1.1: The community perceived the female Midwives as women have experience in pregnancy themselves**

Given the experiences, the female Midwives must have passed through they may give priority to those pregnant women than other clients and patients at the clinic. The participants verbalized that Midwifery is female profession as it deals with affairs related to female private parts. These perceptions are reflected in the following quotes:

*Janga, (not real name) 35 years old and Kujang, (not real name) 30 years old WCBA*

*expressed that “mothers are not free; they are tensed up because of the strange environment of sharing matters relating to sex history, reproductive health issues and being cared for by a male Midwife.”*

The exposure of the women’s private parts during physical examination and delivery determine the preferences of the gender of Midwives.

### **Sub-theme 1.2: Community perceived female Midwives as knowledgeable about what care pregnant, delivering and lactating woman needs**

Participants expressed feelings of trust in female Midwives’ knowledge and freedom of interactions and accepted their interventions without question. They actually verbalized that female Midwives know their work caring for issues related to private parts of a woman, as illustrated by the following statement:

*Juan, (not real name) 45 years old and Abang, (not real name) 55 years old mothers in law and Zuria (not real name) 37 years old TBA and Lujang (not real name) 53 years old community leader expressed that “women know what care they need for their private parts during motherly period, pregnancy and after delivery”. Hence, female Midwives have more knowledge on the care of the WCBA than male Midwives.*

This could explain why preference for female Midwives is high compared to the male midwives in Yei River State.

### **Theme 2: Community prefers male midwives in labour and delivery as they are polite, composed, considerate and quick**

Participants described male Midwives as being polite, composed, considerate and quick regarding their work.

### **Sub-theme 2.1: Community prefers male Midwives during pregnancy, labour and delivery**

Majority of the WCBA commented as follows about their experiences with the male Midwives attitudes, behaviors and competence:

*Adut (not real name) 36 years old a mother of three children, Wasuk (not real name ) 22 years old a mother of four children and Dusman (not real name) 46 years old a mother of seven children expressed that “male Midwives were very encouraging during labour and child birth*

*as compared to female Midwives who are quarrel some.*

Feelings of trust put women at ease when they are in the hands of Midwives and women become more cooperative and responsible for their care. Maternal health care services need to be made as attractive as possible to the woman and this may be achieved by the way in which she is treated during this time.

*Adong (not real name) 26 years old WCBA with four children expressed that “male Midwives took great care of me”, in so much that on my last visit of the fourth baby Daya al ragil (male Midwife) even said he suspects that I will deliver by an operation, he said my baby is big--- the doctor did not see that.*

This implies that if all WCBA are attended to by both male and female Midwives during maternal health care services. Many would prefer male Midwives.

### **Sub-theme 2.2: Community prefers male Midwives as they are considerate and quick when mothers call for help during labour and at time of delivery**

The behaviour of male midwives was an important aspect raised by participants in this study. Participants verbalized that male midwives are considerate and quick in helping women in labour and childbirth.

*Mura (not real name) 37 years old a mother of six children expressed that “in her life she has come to realize that males are the best Daya (Midwives) as they offer the necessary care needed by pregnant women regardless of ethnicity economic and political status” However, she witnessed in her second delivery that the female Midwives left her alone and rushed to their own tribe mate and those who were economically well.*

This indicates that male Midwives are better and it is only that people have negative attitude about their work. The traditional beliefs and attitudes have affected them and people do not want them even before they see what they are capable of doing.

### **Sub-theme 2.3: Community felt female Midwives are lazy and rude in assisting mothers during labour and at time of delivery**

The behaviour of female midwives was an important aspect raised by participants in this

study. Participants verbalized that female midwives harassed them. Some midwives were described as lazy, rude, unfriendly and unable to handle people properly:

One participant specifically expressed her dissatisfaction when she was made to wait while female Midwives were conversing long past lunch hour:

*Mandera (not real name) 34 years old a mother of three children expressed that “another thing I do not like is being made to stay in the clinic for long--- you find out some of them--- female Midwives sit, you see--- as you know the lunch-time, that they used to take an hour--- I once talked to another female Midwife, the lunch-time had already passed, she was sitting at the gate. I went to her and said ‘Sister, have you not forgotten us?’ She smiled and said ‘No, cool down, we are still at lunch’ meanwhile she was conversing. I’ve noticed that female Midwives are lazy to work.’*

Female Midwives were observed as not only taking extended lunch-times, but as making women wait outside even if it was not lunch-time, as reflected in the following quotation:

*Doruca (not real name) 32 years old a mother of four children expressed that “the female Midwives will attend to two or three mothers in the ANC and PNC clinic, and say ‘No, you are causing us a headache, we are going to eat now’. Even if it’s not lunch-time they will ask you to go and wait outside.’*

The Midwife, as a practitioner, is expected to provide a full day’s work for a full day’s pay. From the participants’ responses it could not be ascertained clearly whether the midwives were late in going to lunch; however, if this was the case, it should have been communicated to the women in order to gain their cooperation.

*Ajonye (not real name) 28 years old a mother of three children expressed her dissatisfaction that “female Midwives are unable to handle people properly, worse with pregnant women”. They are always angry towards them saying, you should come for palpation next time without receiving any service on that very day when one has wasted her time to get to the clinic.*

Communication is the basis of all human relationships and it is likely that the women would have understood and not complained if they had been provided with an explanation regarding late lunch-times. Women, as individuals, have the right to health care; this is

violated when they are made to wait for long periods before receiving attention.

The welfare of the client should always be the Midwife’s first consideration. Midwives’ attitudes towards women during pregnancy, delivery and post-delivery have been a matter of longstanding concern. The midwife’s negative attitude has an impact on the Midwifery profession and leaves a mark on its image that cannot easily be erased. As the first contact person for most pregnant women, the health of the latter depends on her. She is in an ideal position to influence and assist women and refer them to other support services; consequently, her response to her clients could have lasting effects on maternal morbidity and also on the psychological health of the pregnant woman.

### **Theme 3: Community Experience Mixed Emotions About the Provision of Post Natal Care Services by Both Male and Female Midwives**

The participants expressed varied emotions about the type of care they received from both male and female Midwives. These ranged from feelings of content to those of frustration and embarrassment. Initially all participants indicated that the care they received was good, but when questioned about specific issues they reflected dissatisfaction.

#### **Sub-theme 3.1: Contented: Community felt contented about the post-natal care services they received from female Midwives as it relates to sexual matters**

The participants expressed feelings of satisfaction about the way their problems were attended to. One participant stated that she received attention from both male and female Midwives throughout the day.

*Modong (not real name) 42 years old expressed her satisfaction that “I have observed very good care from both male and female Midwives”. When you come to the clinic and explain your problem, it is written in your card so that when you go for examination or laboratory tests, health workers already know your problem.*

Participants also felt that the male and female Midwives cared when they took time to talk to them. The participants also expressed their appreciation of the individualized attention and patience shown to them by some of the male and female midwives. These Midwives seemed to

demonstrate genuine concern for the woman by going beyond what was expected of them:

*Deborah (not real name) 31 years old expressed that “the Sister (female Midwife) said she was going to be open and speak everything, she explained a lot of things to me in the family planning clinic”. People used to say family planning pills are the very ones that bring problems, but Sister (Midwife) at the clinic told me that they are helpful. Sister was patient with me, encouraging me to take them (the pills)’*

Women seemed to relate good postnatal care to the assurance given regarding their health. They appeared to be more concerned with the complications that arise for not attending to PNC, family planning pills and the advantages to motivate their attendance. The Midwife is the key provider of maternal health services in South Sudan.

### **Sub-theme 3.2: WCBA felt frustrated and angry when female Midwives insult them of coming late for services and coming with dirty clothes**

Participants expressed their frustration when they were turned back on arrival at the door and told that they needed to wake up and come to the clinic earlier. In some clinics they were turned back as early as 10:00 am if the stipulated number of clients per day had been reached:

Four WCBA expressed the frustration by female Midwives in the health facility.

*Once a time we visited the health facility and we were not attended to, we were told that we were late when we arrived. Our complaint was that we were never told to arrive at a specific time.*

### **Sub-theme 3.3: Embarrassed: WCBA felt embarrassed to share about their lochia, sexual and contraception history with Male Midwife and when being palpated by a Male Midwife**

Participants expressed the view that they did not feel happy exposing their bodies to male Midwives.

*Being examined by a man, oh, that was worse! That gentleman who was palpating us was actually inspecting our private parts! In fact, he frankly told us before, that we have to undress and leave only the petticoat---. No, we as Equatoria women are not used to undress in front of a male stranger.*

### **Socio-cultural and religious factors that influences the preferences of the gender of the Midwives in providing maternal and new-born care**

Just like the views about nakedness in the African tradition as a taboo, culturally male Midwives among the ethnic groups from greater Upper Nile, Bhar El Gazal and Equatoria regions communities in South Sudan are not preferred.

Moslems also cannot allow their women to undress before men because they have a strong belief that they should not mix. Even when they are praying, they have to be separated, hence a strong preference for female midwives. Sharia law does not have provision for mixing – not even a man is allowed to teach women. For the Christians who do not have such strong beliefs, they are not opposed to male Midwives.

### **Experiences of male Midwives in their practice during maternal and new-born care services**

In this study the findings revealed that male Midwives were motivated with the cooperation shown to them by the mothers and being recognized by the parents of the babies they delivered. However, they were de-motivated by the nick name (*Sister*) given to them by their colleagues and other community members. This is because the profession is dominated by females and the few males there are seen as misplaced.

### **Discussion**

The study findings revealed that the community and women of child bearing age who had not been attended to by both male and female Midwives preferred female Midwives more than male Midwives. The reasons for the preferences was that female Midwives as women had experience with pregnancy and have more knowledge on the care a pregnant woman needs during her pregnancy, labour, delivery and after delivery. A similar study conducted in Ireland by Chessar-Smyth (2005) revealed that clients prefer female Midwives for provision of maternal health care services. Hence, in South Africa, a study on women’s opinions and experiences of antenatal care rendered by Midwives revealed that “women were in favour of female Midwives. They further said that where there were male Midwives assisting women during labour and delivery, women opt to remain and deliver at homes assisted by their mothers in law or any fellow woman” (Mxoli, 2017).

Traditionally in the African setting, a woman cannot expose her private parts, not even to the husband. It has been one of the reasons why the community and women even prefer to deliver at home other than the hospitals where male Midwives are present and there is no privacy. This could explain why preference for female Midwives is high compared to the male Midwives in Yei River State. To the contrary, majority of WCBA who were attended to by both female and male Midwives were in favour of male Midwives to attend to WCBA during pregnancy, delivery and lactation period. They described male Midwives to be polite, composed, considerate and quick. The word polite is described as well-mannered or gracious Pearsall (1995: 251), while composed means being calm, showing respect or consideration for other people Pearsall, (1995: 383), considerate as taking care not to inconvenience or hurt others and quick means speedy (Pearsall, 2000:170).

Feelings of trust put women at ease when they are in the hands of Midwives and women become more cooperative and responsible for their care. A feeling of confidence in staff and a conviction about their competence were also supported by Bluff and Holloway (1994: 161) in their study on women's perceptions of Midwifery care during labour and birth. According to this study, women were satisfied with the care received from male Midwives, and the main reason they gave was that male Midwives have positive attitudes and behaviours. This implies that male Midwives are equally better only that people have negative attitude about their work in Midwifery practice.

Participants also described female Midwives as disrespectful when addressing women, even those women older than the Midwife herself. The code of conduct for Midwives stipulates that a Midwife should maintain a standard of ethical behaviour and always act in the interest of the client (Uys, 1999: 20 and Searle, 1997: 233). The Department of Health (1994: 94), in the White Paper for the Transformation of the Health System in South Africa, stresses that the health workers need to develop a caring ethos and improve their attitudes towards their patients.

Although some women reported their embarrassment on being examined by a male Midwife in Yei River State, gender could be an important issue here, as there are very few male Midwives in South Sudan. However, culture is dynamic and not static. Therefore, with the

continued introduction of male Midwives in South Sudan, perceptions may change as people [both male and female] become used to the idea.

The study also found that in South Sudan, culturally woman nakedness is a taboo and not to be seen by any male who is not her husband. This was noted more among the ethnic groups in greater Upper Nile, Bhar El Gazal and Equatoria regions communities. Moslems also cannot allow their women to undress before men because they have a strong belief that they should not mix. Even when they are praying, they have to be separated, hence a strong preference for female midwives. Sharia law does not have provision for mixing – not even a man is allowed to teach women. Similarly, Ahmad and Alasad (2007: 24) in their study in Jordan found that Islamic religion has strong factors influencing the preferences of female Midwives.

The study revealed that male Midwives experienced good cooperation with mothers and positive recognition by the parents of the babies they delivered. Though some few community members and health workers a perceived belief that Midwifery is an inferior profession for men that is why they call male Midwives Sisters. This is similar to a study by Moxil (2017) in South Africa which revealed that male Midwives are demotivated by the way their fellow health workers bully them in any social gathering. This is because the profession is dominated by females and the few males are seen as misplaced. This is partly because South Sudan is a patriarchal society and women are treated with a perceived belief that they are inferior to men, and so if one takes on a profession dominated by females, he will be regarded inferior. The implication would be that males may cease to join Midwifery profession. With the low female education and literacy level in South Sudan, if males are not involved in the Midwifery profession it will be difficult to bridge the gap of skills birth attendants. Hence, increased maternal mortality ratio and newborn mortality rate. This requires community sanitization and encouragement of males to join the Midwifery profession.

## **Conclusions**

The study concludes that WCBA attended to by male Midwives prefer male Midwives. The preference of male Midwives is related to positive attitudes and behaviours.

## Recommendations

The study recommends more studies on this topic country wide for better understanding of the

preference of the midwives' genders in provision of maternal and new-born services in South Sudan for policy influence.

## Tables

Majority (510=71.3%) of the midwives both staff and students are females, only 205 (28.7) are males.

**Table1.** Distribution of Midwives by sex in South Sudan (n=715)

Midwives characteristics	Female	Male	Total
Staff	275 (79.2%)	72 (20.8%)	347
Students	235 (63.8%)	133 (36.2%)	368
Total	510 (71.3%)	205 (28.7%)	715

**Table 2.** Identified themes related to community preferences of the gender of Midwives

THEME	SUB-THEMES
1. Community prefers female Midwives in provision of ANC services as fellow women they have experiences in pregnancy themselves.	1.1 Community perceived the female Midwives as women themselves have experience with pregnancy.
	1.2 Community perceived female Midwives as knowledgeable about what care pregnant, delivering and lactating woman needs.
2. Community prefers male Midwives in assisting mothers during labour and delivery as they are polite, composed, considerate and quick.	2.1 WCBA attended to by both female and male Midwives prefer male Midwives; they are polite and composed in assisting mothers during labour and deliveries.
	2.2 WCBA attended to by both female and male Midwives prefers male Midwives as they are considerate and quick when mothers call for help during labour and at time of delivery.
	2.3. WCBA attended to by both female and male Midwives felt female Midwives are proud, lazy and rude in assisting mothers during labour and at time of delivery.
3. Community has mixed emotions about the provision of post-natal care services by both Male and Female Midwives.	3.1 Contented: WCBA felt contented about the post-natal care services they received from female and male Midwives.
	3.2 Frustrated and angry: WCBA felt frustrated and angry when female Midwives insult them of coming late for services and coming with dirty clothes.
	3.3 Embarrassed: WCBA felt embarrassed to share about their lochia, sexual and contraception history with Male Midwife and when being palpated by a Male Midwife.

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