ATTITUDES OF EXPECTANT WOMEN TOWARDS MALE MIDWIVES: A CASE STUDY OF KAJIADO NORTH CONSTITUENCY, KAJIADO COUNTY, KENYA

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DECLARATION

This project paper is my original work and has not been presented for a degree in any other University.

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This project paper has been submitted for examination with my approval as the University Supervisor.

Signature …… Date ……

Prof. Simiyu Wandibba

DEDICATION

I dedicate this work to my family members: Edna Nyaloti, my dearest mother whose support, prayers and push throughout my education has been unconditional; my father Cornelius Nyaloti who believed in the education and empowerment of the girl child and encouraged me to further my education; My sisters Laura, Christine, Francesca and Gertrude; my dearest friend Shamely Amkabwa; my beloved husband Kelvin Karani for his unwavering encouragement; and my daughter Neema N. Ipali Karani for having to endure with my intellectual absence when I had to sacrifice my time to complete this research project.

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ABSTRACT

This study assessed the attitudes of expectant women towards male midwives in Kajiado North Constituency of Kajiado County, Kenya. Specifically, the study sought to investigate the attitudes of expectant women towards male midwives and to determine factors that affect the acceptance of male midwives. The study collected data from fifty expectant women attending antenatal care clinic in Ongata Rongai and Olkeri Wards of Kajiado North Constituency through in-depth interviews, focus group discussions and key informant interviews. The study findings indicate that the attitudes of expectant women towards male midwives are varied. Age, marital status, level of education and culture were found to affect the acceptability of male midwives. The partners of expectant women and the intimate nature of midwifery also have an impact on the uptake of services provided by male midwives. The study, therefore, concludes that despite the fact that the idea of men in midwifery is not unanimously agreed upon, proper education and training, public sensitizations as well as ensuring that expectant women's right to select the sex of a midwife is upheld will essentially ensure that the idea of men in midwifery becomes more acceptable. Based on this conclusion, the study recommends that: one, more female midwives should be deployed in rural areas where they are preferred. This may reduce the number of home deliveries due to fear by expectant mothers of being seen by a male mid wife who is not their husband. Two, female midwives should always accompany male midwives when examinations of an intimate nature needs to be conducted on expectant women during pregnancy and childbirth. Three, awareness campaigns to sensitize expectant mothers as well as their partners on existence of male midwives should be conducted to improve their acceptability in the labour wards. Four, more studies be conducted on the acceptance of males in midwifery in rural and marginalized areas as there is little research in this area.

ABBREVIATIONS AND ACRONYMS

BCE	Before the Christian Era
FGDs	Focus Group Discussions
ICM	International Confederation of Midwives
IEC	Information, Education and Communication
KIIs	Key Informant Interviews
UKCC	United Kingdom Central Council for Nursing

CHAPTER ONE

BACKGROUND TO THE STUDY

1.1 Introduction

Assistance in the birthing process has always been a prerequisite for expectant women with ancient writings containing evidence of female birth attendants with experience in childbirth – who were women within or outside the family and were regarded as pioneers of midwifery practice. Midwifery is one of the oldest professions worldwide since the inception of human life. It was recognized as a female profession in ancient Egypt as indicated by the Ebers Papyrus dating 1900 to 1500BCE (Bwalya et al., 2015). Similarly, during the time of Hippocrates (460 to 410 BCE), it was thought that midwives in Athens ought to be required by law to have had children themselves (Nicopoullus, 2003). Fife (2004) reports that in the 16th century, midwifery which was exclusively practised by old experienced women, later on became a profession of young women. Men joined the midwifery profession in the 20th century due to modernization.

The term 'midwife' connotes to a woman who assists with childbirth. This definition essentially means that midwifery has since time immemorial been perceived as a profession for women. This is however changing as a number of men are entering the profession (Kennedy *et al*., 2006). The last decade has seen an increase in universal recognition of the significance of male involvement in sexual and reproductive health matters specifically in high fertility countries. Until recently, men had been segregated from the midwifery profession as it has always been perceived as a female profession (Oyetunde & Nkwonta, 2014).

Alison (2000) posits that while male midwives are gaining popularity, their acceptance is not unanimous. Some are of the opinion that the birthing room is not an area for men as they do not experience childbirth. There is also a belief that childbirth is outside the realm of male expertise. Critics of male midwives further cite the Bible, quoting Exodus chapter 1 verse 15-16, which mentions feminine names of Hebrew midwives, thus an indication that midwifery has always been a domain for women (Chilumba, 2014).

In Cameroon and Nigeria, the entry of men into midwifery has generated controversy over sex preference of midwives by expectant women. While Christian women may have a preference of being attended to by male midwives, Muslims perceive it as a taboo for men who are not their husbands to see their private parts (Azerbi *et al*., 2015).

Male midwives are further perceived as intruders into other men's domestic territories. In case of the absence of a woman's husband, the presence of a male midwife is seen as unsuitable and raises questions of inappropriate behaviour towards vulnerable female bodies as men themselves have never experienced labour pains and may be unable to interpret expectant women's non-verbal cues. As issues of female modesty and male property emerge, most men prohibit their wives from being attended to by male midwives (Roberts, 2004). Therefore, the purpose of this study was to explore the attitudes of expectant women towards male midwives in Kajiado North Constituency, Kenya.

1.2 Statement of the problem

Ensuring skilled attendance during child delivery is critical to guaranteeing successful birth outcomes for both the mother and baby. 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 (Walker *et al*., 2012). In the history of nursing, while the feminine pronoun has always been used while defining a midwife, it is acknowledged that changing midwifery trends also allow men to engage in the practice. Male midwives are, however, unacceptable in some cultures, a problem that has not been explored despite being a critical factor for midwife deployment (Roberts, 2004). The current placement of midwives does not consider expectant mother's preference. Rather, midwives attend nursing school as part of the development of human resource manpower and go back to their respective postings.

Midwifery care is focused on personal and extremely intimate aspects of pregnancy and childbirth. The profession of midwifery is dominated by females with male midwives being greatly discriminated against not only by clients but also by female colleagues. There is also a belief that a man is not in a position to understand what a woman is goes through in the course of pregnancy,

labour and post-partum with some finding the motives of male midwives as suspicious (Kennedy *et al*., 2006).

A number of expectant women are often uncomfortable with being assisted by male midwives during pregnancy and childbirth as well as they come from different cultural and religious backgrounds with different expectations from maternity staff. Since midwifery ought to be client focused, services should be provided with regard to the gender preferences of expectant mothers (Shavai & Chinamasa, 2015).

This study, therefore, sought to answer the following questions:

a) What are the attitudes of expectant women towards male midwives in Kajiado North Constituency?
b) What factors affect acceptability of male midwives by expectant women?

1.3 Objectives of the study

1.3.1 General objective

To explore expectant women's attitudes towards male midwives in Kajiado North Constituency, Kenya.

1.3.2 Specific objectives

a) To find out the attitudes of expectant women towards male midwives in Kajiado North Constituency.
b) To determine factors that affect acceptability of male midwives by expectant women.

1.4 Assumptions of the study

a) Expectant women in Kajiado North Constituency have certain attitudes towards male midwives.
b) Certain factors affect acceptability of male midwives by expectant women in Kajiado North Constituency.

1.5 Justification of the study

Midwife gender preference by expectant mothers has unfortunately not been documented by most health care institutions for midwife deployment. This study thus sought to fill the existing information gap on midwife gender preference by expectant women for improved antenatal and postnatal care in health care institutions. Roberts (2004) argues that since midwives are charged with a professional responsibility to provide equitable care while putting to the needs of clients into consideration, it is essential that understanding of the client's cultural background becomes a pre-requisite for satisfying the midwife gender preference of the expectant mother in any given situation. The existent state of affairs whereby male midwives undertake midwifery training but may not practise due to the culture of the areas they work is worrying. This essentially results in the underutilization of national human resources.

Male midwives encounter sex-based discrimination from clients and female colleagues when performing their work. The findings of this study have added to the knowledge pool in gender studies as well as providing baseline information for much wider county specific studies. Similarly, understanding the perceptions and attitudes of expectant women towards male midwives conducting deliveries in health care institutions within Kajiado County will essentially help in developing Information, Education and Communication (IEC) strategies that will help to encourage women in rural areas of Kenya to utilize services provided by male midwives as a means of alleviating the shortage of human resource within the health sector.

1.6 Scope of the study

This study focused on the inherent attitudes of expectant women towards male midwives as well as the factors that affect acceptability of male midwives by expectant women in Ongata Rongai and Olkeri Wards of Kajiado North Constituency, Kajiado County, Kenya. Respondents consisted of expectant women attending antenatal care services in five selected hospitals within the study site (two from Olkeri Ward and three from Ongata Rongai Ward). The study was guided by functionalism theory.

1.7 Limitations of the study

The study used a small sample size which brought about challenges of generalizability since the sample population may not have been representative of the entire Maasai community. The research findings can, however, be used as a basis to expand the study to other Kenyan communities and also help in the development of IEC strategies that will in turn help to encourage women in rural areas of Kenya to utilize the services provided by male midwives.

1.8 Definition of terms

Antenatal care

The care provided to pregnant women by skilled health-care professionals in a bid to ensure the best health conditions during pregnancy for both mother and baby (WHO, 2016).

Attitude

An attitude, according to the Business Dictionary, is a predisposition to respond positively or negatively towards an idea, object, person or situation which in turn influences an individual's actions and responses (www.businessdictionary.com).

Catheterization

A method of draining urine from the bladder by placing a small tube called a catheter into the urethra to prevent urinary retention, thought to delay fetal descent during labour (www.180medical.com).

Cervical dilation

The opening of the cervix, the entrance to the uterus, during labour to accommodate passage of the baby into the vagina during childbirth. Cervical dilation is used by midwives to track how a woman's labour is progressing (www.webmd.com).

Labour

Labour, according to the Oxford Dictionary is the progression of childbirth from the onset of uterine contractions to delivery (https://en.oxforddictionaries.com).

Midwife

A trained health professional who has graduated from an approved program that meets the essential competencies of International Confederation of Midwives (ICM) and assists expectant women during labor, delivery, and after the birth of their babies (www.webmd.com).

Perineal care

Perineal care, according to the Medical Dictionary, is washing of a patient's genital and anal area to prevent skin breakdown of the perineal area, itching, odour and infections (https://medical-dictionary.thefreedictionary.com).

Postnatal care

The care given to the mother and her newborn baby immediately after the birth and for the first six weeks of life (www.healthline.com).

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter focusses on review of literature relevant to the research problem. The need for further research arises due to gaps identified in previous studies. The literature is reviewed using the following subheadings: history of midwifery, modern day midwifery, attitudes of expectant women towards male midwives and factors that affect acceptance of male midwives. The chapter ends with a discussion of the theory that guided the study.

2.2 History of midwifery

Midwifery is an ancient occupation resulting from the nature of human birth, which mandates assistance so as to protect both the mother and her newborn. It has historically been an exclusive domain of women which was traditionally passed down in the family and involves intimate relations between a midwife and their patients (Ben-Nun, 2017).

In ancient Egypt, Midwifery was a distinguished female profession, as confirmed by the Ebers Papyrus dated from 1900 to 1550 BCE. In the Greco-Roman antiquity, it involved a wide range of women who maintained the folk medical traditions in the villages of the Roman Empire as well as trained midwives who garnered their knowledge from a variety of sources, and highly trained women who were considered female physicians (Ben-Nun, 2017).

During the time of Hippocrates (460 to 410 BCE), it was a prerequisite by law for midwives to have had children themselves (Nicopoullus, 2003). The advent of surgical instruments in the seventeenth and eighteenth centuries brought about changes in midwifery as well as in medicine. Barber-surgeons who were in possession of surgical instruments were initially called upon to assist in difficult births; a role that evolved in seventeenth century Europe into the “man midwife”, who were the predecessors of the obstetrician. Male midwives who participated in childbirth were

contentious from the start. They were often perceived as improper, deviant and scandalous with their motives being questioned (Fife, 2004).

In the United Kingdom, the Midwives Act of 1951 outlawed men from practising and training as midwives. However, in the late 1960s and early 1970s a number of male nurses started challenging the notion that men could not practise as midwives. In 1975, a bill abolishing sex-based discrimination in employment was introduced and it became illegal for men to be discouraged from practising as midwives. An amendment to the bill allowed men to practise midwifery as long as they were monitored to ascertain their suitability as midwives (Allison, 2000).

Allison (2000) further posits that in 1977, the first men enrolled into midwifery training in British midwifery training schools. By 1979, the "experimentation" was deemed successful and male midwives started being acceptable to mothers, their partners, midwifery and medical staff. This followed a recommendation in 1982 by the Royal College of Midwives for midwifery to be made available to men. In 1983, the Secretary of State proclaimed that barriers contained in the Sex Discrimination Act of 1975 as regards male midwives be removed and men be permitted to train and practise as midwives. By 1995, there were 98,337 midwives registered with the United Kingdom Central Council for Nursing (UKCC), of whom 135 were male and 98,202 were female (Roberts, 2004).

In the modern era, midwifery is changing from being an exclusively female profession into a gender neutral occupation, although the shift has not been smooth. It started in 1522 after Dr. Wertt of Hamburg dressed as a woman in an attempt to observe midwives and learn about giving birth. He was burned alive once he was discovered to be a man. In the mid-16th Century Pare, a renowned surgeon, laid a more concrete foundation for men in the delivery room by assisting in the birth of babies during problematic births through pulling them out of the womb by their feet (Allison, 2000).

A contributing factor in the shift of gender roles in midwifery was Louis XIV's usage of male midwives to deliver his illegitimate children thus making them gain popularity, especially with the

rapid population growth in Europe which in turn encouraged social changes. With population growth, universities improved the study of reproduction and anatomy. Childbirth was not only medicalized but also masculinized (Roberts, 2004).

2.3 Modern day midwifery

Midwifery is predominantly a female profession due to the belief that its essence is in female relationships. It is presumed that women seek midwives in the hope of developing close and trusting relationships with other women since midwifery is essentially concerned with 'woman-to-woman' care, which is regarded as nurturing, patient, intuitive, understanding and sensitive (Chimimba, 2014). Midwifery care is primarily focused on intimate and intensely personal aspects of pregnancy and childbirth which entails providing physical care that results in the invasion of a woman's personal space requiring the removal of some items of clothing and may also include touching of genitalia. It is thus believed that a man would be incapable of providing client focused care as he would be unable to bond or cultivate a relationship with a woman due to his motives being seen as suspect. As such, questions of men's interest in midwifery being of a sexual nature do arise. Also, the presence of a man could be embarrassing or off-putting to most women. The underlying assumption is that it is socially inappropriate for a man to be a midwife (Chimimba, 2014).

The issue is not with men in childbirth as in the seventeenth century, but rather of men in midwifery. A study by Kennedy *et al*. (2006, as cited in Chimimba, 2014), states that a midwife is defined as a female practitioner, thus making midwifery about female relationships. As such, men's involvement in midwifery is not only questionable but also problematic.

More men are currently training as midwives in Cameroon due to the shortage of doctors and midwives. They are however not fully accepted, especially in Muslim communities of the country (Scheffler *et. al*., 2008). In Ghana, the Health Services has started training men as midwives in select midwifery training schools within the country. This move is in an effort to promote gender equality while providing support to maternal health in Ghana where there is a shortage of maternity

staff. The training of male midwives in Zambia was initiated by the government in 1986 in a bid to fill the gap of required trained midwives in the country. Midwifery as in most countries worldwide is dominated by women (Chimimba, 2014). Kenya, Sudan and Chad have also started the training of male midwives. In Sudan, a male midwife is only called upon when a female midwife has failed, and in the absence of a doctor. Even then, a woman must be present as the man assists in the difficult birth (Scheffler *et. al*., 2008). Men in Liberia are currently taking up careers in midwifery. With a population of 3.8 million people there exist 400 trained midwives, with health officials indicating the need for 1,200 more midwives, thus the encouragement of more men into midwifery profession.

2.4 Attitudes of expectant women towards male midwives

Gender, according to Smellie (2008), is seldom a concern for some women. Though majority are often initially uncertain about being attended to by a male midwife, once rapport has been established gender ceases to be an issue. Some expectant women further assert that male midwives are more sympathetic and caring compared to their female counterparts. Also, it is relatively easy to convince women that the sex of a midwife is irrelevant provided they possess the skills and attributes required of all midwives. However, although male midwives are becoming more acceptable than in the past, not all women are comfortable with a man assisting in the birth of their baby. Some seem suspicious of men's motives while others reject them on religious grounds (Fife, 2004). A study by Duman (2012) on the attitudes and opinions of women in Turkey about male nurses who worked at the maternity and childbirth service, indicated that 90% of the women felt that nursing was a profession best suited for women, and that male midwives should not work in maternity wards. Participants further stated that they would prefer not to be attended to by male midwives during pregnancy and labour.

Allison (2000) further observes that in Papua New Guinea, the adherence to individuals' diverse cultures is so much that in one particular culture, a woman can hemorrhage to death in the presence a male midwife, as she does not want another man to see her private parts. Also, women fail to

attend antenatal clinic to avoid being attended to by male midwives. The presence of male midwives within a health care institution essentially means that women will not go for delivery services, a factor that mainly contributes to home deliveries.

Smellie (2008) posits that while a majority of Christian women prefer male midwives since they perceive them as more caring and attentive, Muslim women affirm that it is in contradiction of their religion for men other than their husbands to see them naked. Some expectant mothers indicted that male midwives seemed to cause more problems and lacked the natural tenderness of women. The author is also of the opinion that female midwives were incapable of undertaking any form of mischief compared to males. Male midwives are also perceived as habitually ignorant, rough and impatient, with stiff fingers and always set to use injury-inflicting instruments of their profession. Fife (2004:99) asserts that "a female midwife will employ, patiently and without stint, or remission, everything necessary to assist women during childbirth, with minimal pain."

Roberts (2004) and Fife (2004) express reservations about the impartiality of men, especially young men, when they have to manually examine expectant women in their diagnostic procedures. They observe that manual and visual examinations, which cannot be conveyed theoretically are essential in midwifery, and can only be perfected through personal experience.

Most women who prefer the care of male midwives state that they found males to be more caring and sympathetic since they have not experienced labour and are thus gentler as they cannot imagine the magnitude of pain felt during birth. This is unlike women who may have been through childbirth and think, "I did it and lived, so this woman will too". This fact was affirmed by Pilkenton and Schorn (2008) who opine that male midwives are more sympathetic and lack preconceived ideas of childbirth compared to their female counterparts who mainly base childbirth on their own experiences. Duman (2012) further states that some women do not mind being attended to by male midwives provided they are qualified and are accompanied by a female colleague. Finally, Bwalya *et al*. (2015), in their study on the perceptions of pregnant women towards male midwives, posit that a majority (83%) of women in Zambia accepted care provided

by male midwives as they were of the view that both females and males received similar training and thus provided the same care.

2.5 Factors that affect acceptance of male midwives

Mothers' needs during pregnancy, labour and postpartum include emotional support, physical comfort and positive relationship provided by the attending midwife. Nurse-patient relationship is vital to gain a patient's trust throughout this period. There are reports of pregnant women who have expressed their discomfort with male midwives examining them during pregnancy and labour mostly based on personal, religious, and cultural grounds. In Egypt, where most women are Muslims, male midwives encounter rejection and lack of co-operation from pregnant women (Mthombeni *et al*., 2018).

Shavai and Chinamasa (2015) found that most expectant mothers in Zimbabwe preferred female midwives and it was evident that there was an association between midwife gender preference and location. Mothers from rural areas, for instance, preferred female midwives. Consequently, older mothers preferred female midwives as they found it embarrassing and disturbing for male midwives, particularly young ones to attend to them while their younger counterparts did not mind male midwives. Factors contributing to the preferences included age, culture, and religious beliefs.

Inoue *et al*. (2006) also found that some pregnant women refused the care given by male midwives and sometimes partners prohibited male midwives from participating in the delivery of their spouses. The perception was that male midwives lacked birth experience and thus would not understand how women feel during labour.

Duman (2012) elicited similar views regarding women in Turkey who rejected the care provided by male midwives on grounds that they would be embarrassed if procedures regarded as extremely intimate such as vaginal examinations, perineal care and catheterization were to be conducted by male midwives. Armstrong (2002) reiterates that some mothers react strongly to the idea of male midwives attending to them stating that they would rather deliver at home. About ninety per cent

(93.3%) of women in his study felt that men were incapable of working effectively at a maternity unit due to societal stereotypical notions that only females have the ability to be good midwives.

2.6 The midwifery model of care

Proposed by the Queensland Nursing Council (2000), the midwifery structural model of care is used to inform an assessment of expectant mothers' midwife gender preferences and includes nurturing, hands-on care before, during, and after birth. It identifies four elements in midwifery: the woman as the central focus, the midwife as the provider of care, the professional partnership and the environment in which care occurs. The midwifery model acts as a benchmark to midwives on areas to be deliberated on when changing a practice model.

Midwives ought to develop trusting relationships with their clients, which will in turn result in confidence, trust and cooperation from expectant mothers. While midwives practise in various settings and are diverse with regard to gender and age, they are all taught to provide comprehensive antenatal and prenatal care, guide labour and birth, address complications, and care for newborns (Rooks, 1999).

Midwifery, according to the Queensland Nursing Council (2000), does not occur in a vacuum. As such, the use of the midwifery model essentially encourages midwives in the recognition that the quality of client care is dependent on a variety of factors such as satisfying expectant mothers' preference of midwife gender and respect of patient preferences, values and expressed needs.

Given that the midwifery model provides guidance for assessing the quality of patient care and how different practice models can be executed, it is best suited for use in evaluation of inclusion of men in midwifery as they are yet to be fully accepted by expectant women and female medical practitioners. The model further provides a logical structure to guide the decision making process of midwives as well as guidance on assessing quality midwifery care based on midwife gender.

2.7 Theoretical framework

This study was guided by the theory of functionalism. Also known as structural functionalism theory, functionalism originated from the works of Emile Durkheim, who had particular interest in the possibility of social order as well as how society remains relatively stable. It is thus focused on the macro-level of social structure, rather than the micro-level of everyday life. Notable theorists include Herbert Spencer, Talcott Parsons, and Robert K. Merton (Parsons, 2017).

Structural functionalism tries to elucidate the reason society functions the way it does by focusing on interactions between various social institutions: education, family, media, religion, government and the judiciary. Each part of society is interpreted with regard to its contribution to the stability of the entire society (Crossman, 2018). Society is more than a summation of its parts; rather, each part is functional for the stability of the whole. An institution is only existent since it serves a vital role in the functioning of society. If fades once it no longer serves a role. Emergence of new needs results in creation of new institutions to meet them.

With regard to attitudes held by expectant women towards male midwives, the interaction between different factors and social systems within the Maasai community such as culture, religion and education levels tend to affect the uptake of services provided by male midwives. Culture and religion may, for instance, prohibit expectant women from associating with male midwives due to issues of modesty and respect for a woman's spouse. Also, a woman's level of education essentially determines her level of open mindedness, whereby women with higher education levels are more open to using services provided by male midwives unlike those with little or no education. This is conceptualized in Figure 2.1 below.

However, functionalism has been critiqued for its neglect of the negative repercussions of social order. Critics, like Italian theorist Antonio Gramsci, assert that cultural supremacy and the status quo are justified by one's perspective which in turn preserves them. Also, functionalism does not embolden individuals to actively participate in changing their social environment, even when doing so could benefit them. Rather, functionalism perceives agitating for social change as

detrimental since the many parts of society will naturally compensate for any problems that might arise (Crossman, 2018).

Functionalism also assumes that all parts of society are strongly integrated into a single unit, with each part being functional for the rest. It also argues that if one part changes, it will essentially have an on effect on other parts of society. Crossman (2018), however, argues that some parts of society may be relatively independent from the rest, meaning that society would not collapse with the disappearance of one of its parts.

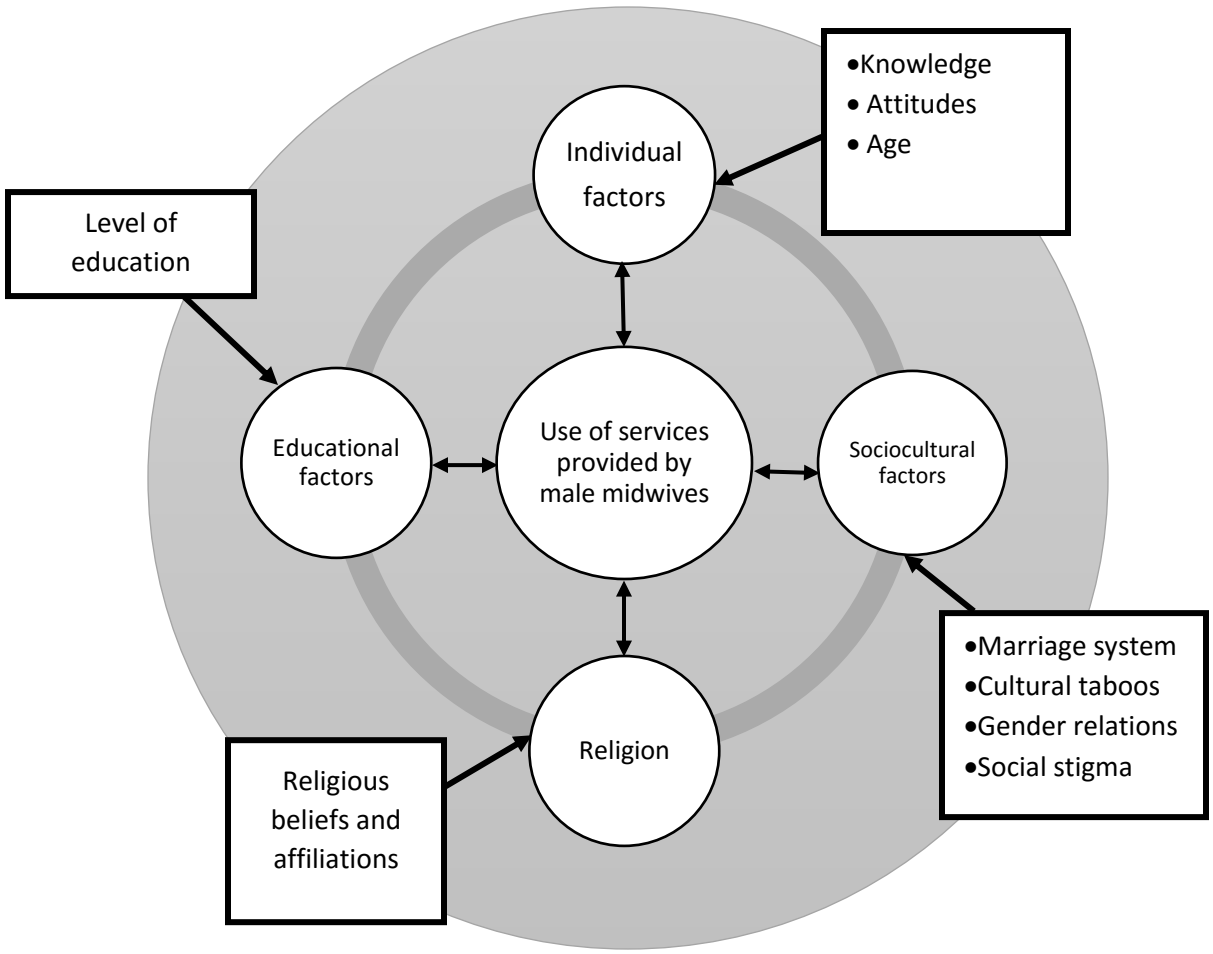

Figure 2.1: Conceptual framework

CHAPTER THREE
METHODOLOGY

3.1 Introduction

This chapter provides an insight into the methodological approach that was used in conducting the study. Pertinent issues described include the research site, research design, target population, sample and sampling techniques, data collection tools and the techniques used in processing and analysing the collected data. The chapter ends with a description of the ethical issues observed throughout the research process.

3.2 Research site

This study was conducted in Ongata Rongai and Olkeri Wards of Kajiado North Constituency, Kajiado County Kenya (Figure 3.1). The Constituency has a total population of 195,746 and five wards: Olkeri, Ongata Rongai, Nkaimurunya, Ololua and Ngong (information cradle.com).

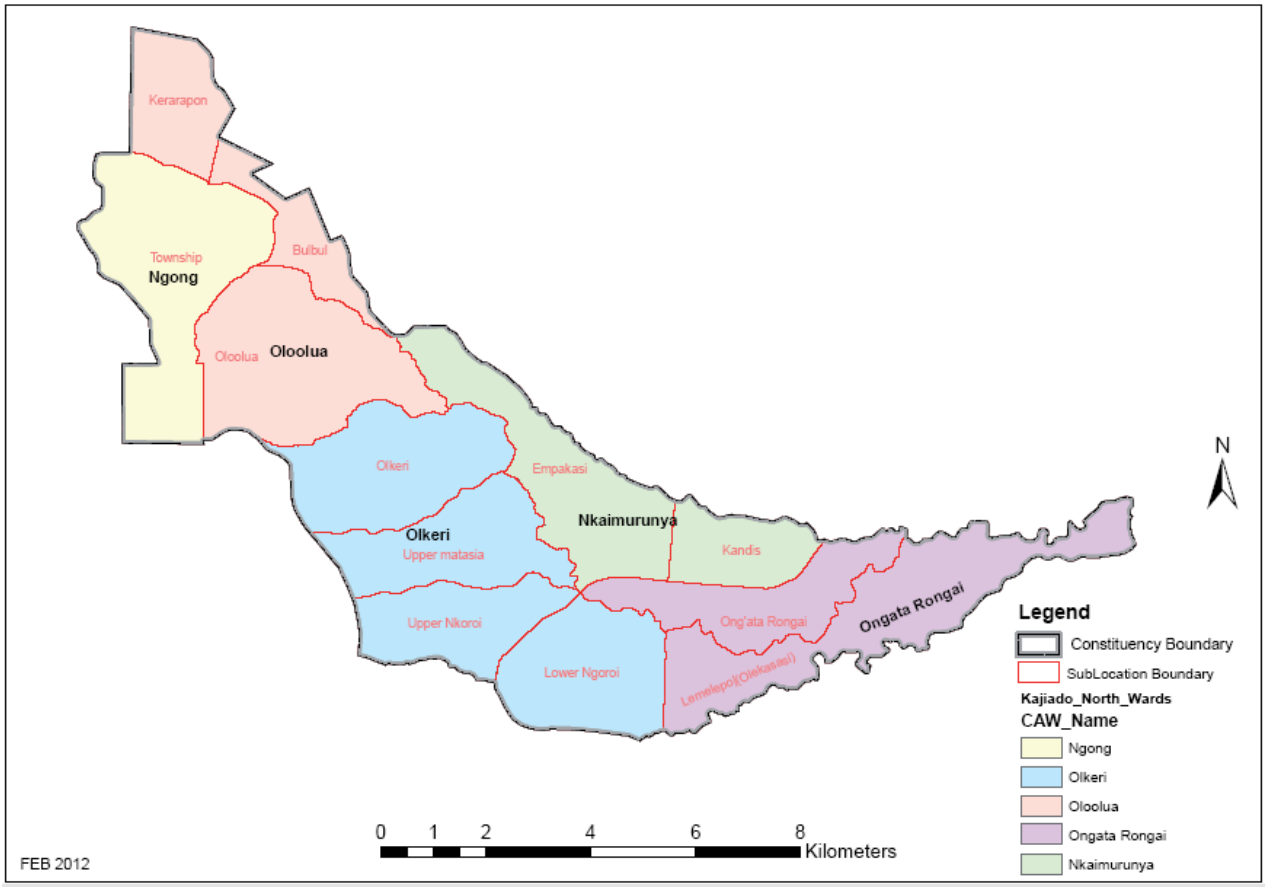

Figure 3.1: Kajiado North Constituency map showing county assembly wards (Source: www.informationcradle.com)

3.3 Research design

This study employed a case study design. A qualitative inquiry was used to identify the inherent attitudes among expectant women towards male midwives in Kajiado County. To minimize the risk of erroneous conclusions, three main methods of data collection were used: in-depth interviews, focus group discussions (FGDs) and key informant interviews (KIIs). Qualitative data were transcribed and subjected to thematic, content and descriptive analysis. On the other hand, quantitative data were analysed using descriptive statistics such as percentages and arithmetic mean scores.

3.4 Study population and unit of analysis

The study population was drawn from expectant women attending antenatal clinics at the Nairobi Women's Hospital, Ongata Rongai branch, the Fatima Mission Hospital and the Ongata Rongai Health Centre in Ongata Rongai Ward. The New Matasia Health Centre as well as the Kajiado County hospital in Olkeri Ward also formed part of the study population. The unit of analysis was the individual expectant woman attending one of those antenatal clinics.

3.5 Sample population

A sample of fifty expectant women of reproductive age (20 to 40 years) seeking antenatal care was drawn from five selected hospitals within the study site.

3.6 Sampling procedure

Multistage sampling was used to select study units. Kajiado North Constituency is divided into five wards. From these, two wards were selected using cluster sampling after obtaining the sampling frame. Selected wards: Ongata Rongai and Olkeri. There are nine hospitals in Ongata Rongai Ward and six in Olkeri Ward that provide both antenatal care and delivery services. The hospitals (two from Olkeri Ward and three from Ongata Rongai Ward) were selected using stratified sampling. Finally, a total of fifty expectant women in the reproductive age bracket (20 to 40 years) were selected using simple random sampling.

3.7 Data collection methods

3.7.1 In-depth interviews

This study primarily relied on in-depth interviews that were conducted in both English and Swahili. The use of open-ended questions allowed respondents to answer in their own words. An in-depth interview guide (Appendix II) was used to collect the data on the attitudes of expectant women in Kajiado North Constituency.

3.7.2 Focus group discussions (FGDs)

Two focus group discussions, each with between six and twelve participants were conducted with expectant women attending antenatal clinic services at the Nairobi Womens Hospital, Ongata Rongai branch, the Fatima Mission Hospital, the Ongata Rongai Health Centre and the New Matasia Health Centre. The researcher moderated the discussions to ensure that they were in line with the objectives of the study while enabling participants to freely express themselves.

3.7.3 Key informant interviews (KIIs)

A key informant interview guide (Appendix IV) was used to conduct key informant interviews with three midwives attending to expectant women during pregnancy, labour and postpartum in the selected hospitals within the study site to collect more information on reasons why expectant women use or reject the services provided by male midwives within the County. The key informants provided professional information on the research problem.

3.8 Data processing and analysis

Responses from the In-depth interviews, FGDs and KIIs were coded and checked for any errors and omissions. Qualitative data were transcribed and subjected to thematic, content and descriptive analysis. On the other hand, quantitative data were analysed using descriptive statistics such as percentages and arithmetic mean scores.

3.9 Ethical considerations

The complexities of researching people's lives and bringing these accounts into the public are enormous. The personal nature of qualitative research necessitates the researcher to pay attention to several considerations. Therefore, before conducting this study, the researcher sought the approval of the National Commission of Science, Technology and Innovation (NACOSTI) and the KNH-UON Ethics and Research Committee. Permission was also sought from managements of the hospitals selected for the study as well as the nurses and midwives attending to expectant women during antenatal care in these hospitals. This is in addition to seeking informed consent from the respondents.

The objectives and rationale of this study as well as the criteria for inclusion in the study were explained to all the respondents. Participants were also informed that all information provided would be treated with utmost confidentiality and would only be used for the purposes of this study. Their identity would also be kept confidential and anonymous (they would only be identified using numbers and pseudonyms). Consent forms were provided to respondents to indicate that their participation was voluntary and that they were free to withdraw from the study at any point without any consequences.

CHAPTER FOUR

ATTITUDES OF EXPECTANT WOMEN TOWARDS MALE MIDWIVES

4.1 Introduction

This chapter presents the findings of the study based on all the data collected in the field. The health facilities used in this study were the Nairobi Women's Hospital, Ongata Rongai branch, Fatima Mission Hospital, Ongata Rongai Health Centre, New Matasia Health Centre and the Kajiado County Referral Hospital.

4.2 General characteristics of the respondents

The study assessed the demographic data of the respondents which included their age, level of education and religious affiliations.

4.2.1 Age

Fifty expectant women took part in the study. About three quarters or 76% of the respondents were aged between 18 and 35 years while 24% fell in the age range of 36-55 years. The findings are presented in Table 4.1 below.

Table 4.1: Respondents' age

Age	Frequency	Percentage
18-25	24	48
26-35	14	28
36-45	8	16
46-55	4	8
Total	**50**	**100**

4.2.2 Level of education

A majority (76%) of the respondents had attained university education, with 28% having attained secondary school education.

4.2.3 Marital status

A majority (92%) of the respondents were married while 8% were single.

4.2.4 Religious affiliation

Respondents were asked to indicate their religious affiliation. The results indicate that all respondents were Christians as presented in Table 4.2 below.

Table 4.2: Respondents' religious affiliation

Religious affiliation	Frequency	Percentage
Catholic	17	34
Protestant	28	56
Seventh Day Adventist	5	10
Total	**50**	**100**

4.3 Attitudes of expectant women towards male midwives

The study sought to find out the attitudes of expectant women towards male midwives. The findings indicate that the majority of women in the age range of 18-35 years prefer male midwives. They gave reasons such as male midwives were more caring and patient compared to their female counterparts, who they found to be impatient and had an attitude problem besides scolding them. According to one of them:

> *I had a terrible experience with female midwives when I gave birth to my first child. They expect you to know everything related to pregnancy just because you are a woman. One*

even scolded me for being uncooperative during labour. According to the midwife, I was exaggerating my labour pains. She did not even tell me that I could sit on a birthing ball to help ease my labour pains. With my second child I had a male midwife. He was heaven sent. He helped calm me down and showed me how to do breathing exercises between contractions. I would recommend all women, especially first time mothers to use the services of male midwives (Thirty-year-old mother of two).

These sentiments were also echoed by participants in a FGD.

We prefer male midwives since they are the best handlers. They encourage you to push and are quite patient even when you hurl insults at them. We have been attended to by male midwives during pregnancy and labour. They took time to answer all our questions and reassured us when we were worried and helped calm our fears. We would recommend men a hundred times.

Most respondents in the age range of 36-55 years preferred female midwives. They mainly based their reasons on experience and culture and stated that the female body is private and that it was a taboo for a man, who was not a woman's husband, to see her naked. Mature mothers (above 45 years) were especially opposed to being attended to by male midwives who they felt would judge them for delaying to get children, unlike female midwives who would understand their marriage later on in life and plight with fertility issues, thus conceiving at an advanced age. According to one of them:

Most male midwives are quite young and would pass off as my children. It would be an atrocity for them to see my nakedness. Childbirth is a very special and sacred moment. It would be really sad to spoil the moment by being attended to by a midwife you are uncomfortable with (Mother of five in her forties).

Another respondent stated thus:

> *Before I settle on a hospital for delivery I always indicate from the start that I would not allow a male midwife near me. A male doctor yes, but not a male midwife. That is just so wrong. How can a man who is not my husband see me naked? Male midwives also lack the capacity to connect with mature mothers in the labour room* (Mother of two in her fifties).

According to yet another respondent:

> *I got married later in life compared to my peers and got my first child at thirty-eight. Now imagine me having to put up with strange looks from male midwives (who are all young) when I tell them my age during antenatal clinic and that it was my first pregnancy. They would certainly not understand why I am getting my first child this late. To make things easier for me, I just prefer female midwives. I would only accept a male midwife if he was mature* (Forty-five-year old mother of two).

There was a portion of expectant women who had no issue with being attended to by both male and female midwives. They indicated that professionalism and quality of care was what mattered since both male and female midwives had attended midwifery training, and thus knew what they were doing. One of them stated thus:

> *I feel at ease with both sexes. I have no problem as long as trust is established* (Mother of one in her twenties).

In another respondent's words:

> *Provided you know what you are doing and are not using me as a sample for students, then I don't care if you are male or female. Provided you deliver my baby safely* (Mother of one in her twenties).

According to another respondent:

> *As long as a midwife maintains their professional code of confidentiality and is client focused and polite, it does not matter to me if he is a man or a woman (*First time mother of one in her twenties).

Finally, this respondent asserted thus:

> *It is the qualities of a person that makes them a good midwife. So I don't see why we should be debating on whether men are better than women as midwives. There are some good female midwives and some bad male midwives. Provided I get a good one then their sex is irrelevant to me* (Mother of three in her thirties).

The key informants further indicated that the attitudes of expectant women towards male midwives are usually varied. There is a group of expectant women who have no qualms at being attended to by male midwives, while others have conditional acceptance of male midwives, whereby they only accept to be attended to by a male midwife if they are mature or accompanied by a female colleague. Also, some expectant women's attitudes towards male midwives do change over time. Three of them are cited below:

> *The issue of male midwives is quite sensitive and being attended to by one is not unanimous with every expectant mother we encounter. Some come out and indicate that they want a female midwife and will completely refuse to be attended to by a man. There are instances where some women escalate the issue of being attended by a male midwife to management. To avoid tensions, we usually try our best to fulfill an expectant mother's wishes* (Midwife, Nairobi Women's Hospital, Ongata Rongai branch).

> *Women are different and some have no qualms with being attended to by a male midwife. Most young women are not particular and will accept care by both male and female midwives.*

Mature mothers are the ones who are usually specific and always indicate their midwife gender preference (Midwife, Nairobi Women's Hospital, Ongata Rongai branch).

In my years as a midwife, I have encountered women who initially refuse to be attended to by a male midwife but later on accept when the midwife is accompanied by a female colleague. Also, with time, you find that expectant mothers are beginning to accept the services provided by male midwives, pointing out that they are also medical professionals besides being more caring and understanding (Midwife, Fatima Mission Hospital).

4.4 Factors affecting acceptance of male midwives

The study sought to find out the factors that affect the acceptance of male midwives by expectant women. From the findings, the majority of respondents felt that culture contributed most to the refusal of women to be attended to by male midwives. The respondents indicated that culturally, midwifery was strictly a female profession, and thus a taboo for men to conduct deliveries or see the nakedness of a woman who was not one's wife. One of them stated thus:

*In our culture, there are professions that are strictly for women. Midwifery is one of them. It is unheard of a man being a midwife. So coming to hospital and encountering a male midwife is new to me. This means that I cannot be seen by one since it is a taboo for a man who is not my husband to see me naked (*First time expectant mother in her twenties).

From the FGDs, it emerged that the partners of expectant women also influences whether they will utilize the services of male midwives during antenatal care and delivery. There was a consensus that women's partners were okay with a male doctor, but not a male midwife attending to their wives. This is what was agreed upon:

We ourselves have no problem with being attended to by male midwives; the problem is our husbands. They especially hate young male midwives and have told us to avoid them. If we attend antenatal care alone, then we can accept to be seen by a male midwife but if our husbands decide to accompany us, then it will definitely be female midwives that will

attend to us. There are too many intimate procedures during childbirth, we think our husbands would not like it if a male midwife attended to us in labour.

Another barrier to the use of the services provided by male midwives is the intimate nature of midwifery. According to one respondent:

I would feel very shy and uncomfortable if a male midwife was to attend to me during childbirth. Labour is just something else. You find you have undressed, then the midwife has to check how far you are dilated and clean you up once the baby is born. These are very intimate matters that should only be handled by women. (Mother of three in her forties).

There was a unanimity from the in-depth interviews and FGDs that midwifery was a sensitive field whereby patients were exposed as some examinations required undressing and manual examination of patients which in turn made expectant mothers uncomfortable. This essentially makes it more natural for the mothers to be attended to by female midwives, with males being sought as a last resort.

When we were told of what childbirth entails, checking of cervical dilation and how it is done, we decided that we cannot be attended to by male midwives. If childbirth was straightforward and did not involve any intimate procedures, then we would have no problem with male midwives assisting us. The whole procedure is embarrassing and a man would just complicate matters. It is not nice for a man to be involved in childbirth (Focus group discussions).

In all the FGDs there was consensus that a woman's level of education would essentially influence whether she would accept a male midwife to attend to her during antenatal care and childbirth. Most women in this study who had higher education levels (university education) had no reservations towards male midwives due to their exposure and wider outlook on issues. This was in contrast with those with secondary level education who felt that it was inappropriate for a man to attend to a woman during pregnancy and childbirth as it was culturally inappropriate.

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter discusses findings of the study and then draws conclusions from them. The chapter ends by making recommendations as well as suggestions for further research.

5.2 Demographic characteristics of the respondents

A majority of the respondents were aged group 18 years and above, and most of them were married. This suggests that the acceptance of male midwives by most of the expectant mothers in Kajiado North Constituency is likely to be affected by their age and marital status.

With regard to the respondents' education level, most of them had attained university education. The study findings reveal that the level of education significantly affects the acceptance of male midwives by expectant women. There was a higher rate of acceptability among respondents who had attained higher education than those with secondary school education. This suggests that individuals with higher education levels have moved away from the influence of culture and tradition concerning their understanding of men in midwifery practice as they have been exposed to male midwives besides having a better understanding of the services provided by male midwives.

Finally, all respondents in this study were Christian and indicated that religion was not a factor in their choice of the gender of a midwife since it was not covered in their church doctrine. The respondents also indicated that their religion was not against men examining women during pregnancy and labour. While this finding is in agreement with Smellie (2008) who posits that Christian women prefer male midwives compared to their Muslim counterparts, it is not conclusive as this study did not have any Muslim respondents. This is an indication that religion does not have a role in the acceptability of male midwives by expectant women in Kajiado North Constituency.

5.3 Attitudes of expectant women towards male midwives

Expectant women in Kajiado North Constituency have varied attitudes towards male midwives. Most young adult respondents had a positive attitude towards male midwives and would not mind being assisted by a man during pregnancy, labour and postpartum. This is based on their experience with male midwives which was much better than that with female midwives. The study confirmed that younger women preferred male midwives because female midwives were harsh, scolded them and often had mood swings. These findings are in line with Chilumba (2011) in a study conducted in Ndola which found that expectant mothers in his study preferred male midwives as they were perceived as gentle and more caring compared to their female counterparts.

On the other hand, expectant mothers aged 36-55 years preferred female midwives. According to them, the female body is private and should only be seen by one's husband, and considered exposing it to other men as being a sacrilege. The expectant mothers also felt that female midwives understood their plight of conceiving at an advanced age due to fertility problems and late marriage and would thus treat them with respect during childbirth. This is in agreement with findings by Shavai and Chinamasa (2015) in their study titled "Expecting mothers' preferences of midwife gender: implication for midwifery deployment" which found that mature mothers preferred female midwives. This preference was based on their experience and the fact that female midwives understood them better than their male colleagues. Similar findings were also reported by Walker *et al*. (2012) in Mexico where most respondents stated that they had more trust in female midwives than male midwives.

There were, however, some respondents who did not mind being attended to by both male and female midwives. They argued that gender was inconsequential to them as both male and females go through the same midwifery training. In their view, professionalism and the quality of care provided was what should count when dealing with a midwife. These findings are in line with a study by Chilumba (2011) who found that many women accepted to be cared for by male midwives because they were trained and offered the same care as their female counterparts. Similar findings were elicited by Azerbi *et al.* (2015) in Yenagoa, Nigeria, where a majority of the respondents

stated that male midwives should be encouraged and that experience with a male midwife was similar to any other midwife. Duman (2012), in his study on "The attitudes and opinions of women in Turkey about the male nurses who worked at the maternity and childbirth service" also found that some expectant mothers in his study would not mind the care provided by male student nurses in maternity wards provided everything went well.

5.4 Factors that affect acceptability of male midwives

The study found that factors that affect the acceptability of male midwives by expectant women in Kajiado are varied. Culture was found to be one of these factors. A majority of the respondents indicated that it was a taboo for men to conduct deliveries and that their culture prohibited men, other than a woman's husband, from seeing her nakedness. A majority of the respondents who were against being attended to by male midwives indicated that they would be disturbed if some medical exams and care such as wound dressing, assistance in using the toilet during labour, vaginal examinations to check cervical dilation, catheter procedure and assistance in breastfeeding were performed by a male midwife. These sentiments echo a study by Chilumba (2011) on "Acceptability of male midwives in birth and delivery care in Ndola" where a significant number of women felt uncomfortable, embarrassed and shy to be cared for by male midwives. Similar findings were conveyed by Ndubaini (2003) in Lusaka, Zambia, where it was reported that it was traditionally inappropriate for pregnant women to be delivered by a man.

The partners of expectant women also influence whether they will utilise the services provided by male midwives. Most women in this study indicated that they would not accept a male midwife if accompanied by their husbands for antenatal care as well as during childbirth to reduce instances of jealousy and animosity as most men were uncomfortable with the idea of another man attending to their wives during childbirth. This finding is in line with that of Inoue *et al*. (2006) in their study on "Male nurses' experiences of providing intimate care for women clients", which found that some pregnant women refused the care given by male midwives since their partners prohibited male midwives from participating in the delivery of their spouses. Roberts (2004) is also of the view that male midwives are intruders in other men's domestic territories.

The education level of a woman was also found to affect midwife gender preference by expectant women, though minimally. Women in this study who had studied up to university level had no reservations towards male midwives due to their exposure to and wider outlook on issues. This is in contrast with those with secondary level education who felt that it was inappropriate for a man, other than the woman's husband, to attend to her during pregnancy and at childbirth as the male midwife will see the woman's nakedness which was a taboo. This is besides indicating that it was humiliating for them to be seen by male midwives whom they perceived as strangers.

The intimate nature of midwifery is also a factor that negatively influences the acceptance of male midwives by expectant women in Kajiado North Constituency. Most women in this study who were against being attended to by male midwives indicated that midwifery was a sensitive field in which patients were exposed as some examinations required undressing and manual examination of patients which in turn made expectant mothers uncomfortable. These views are in line with those of Duman (2012), who found that nine out of ten women in his study indicated that they would be disturbed if intimate procedures such as vaginal examinations, breast care, breastfeeding and catheter procedures were performed by male midwives during pregnancy and labour. Kantrowitz-Gordon *et al*. (2014) had similar findings in which male nurses feared being thought of as being inappropriate in handling female patients while performing procedures perceived as intimate.

5.5 Conclusion

This study sought to identify the factors, both positive and negative, that influence the acceptance of male midwives by expectant women in Kajiado North Constituency using a qualitative approach. The study findings indicate that the attitudes of expectant women towards male midwives are varied. This is because a significant number of the respondents were in support of male midwifery practice during pregnancy and childbirth, stating that they were caring and sympathetic. This is an indication that male midwives have a role to play in the wellbeing of expectant women and should be encouraged to practise midwifery. However, age, marital status, level of education, culture and the intimate nature of midwifery were found to affect the

acceptability of male midwives as some respondents were uncomfortable with being attended to by male midwives.

It can be concluded that although not wholly positive, the findings of the study has yielded promising information for nursing and midwifery practice in Kajiado North Constituency. It is also evident that the idea of men in midwifery practice is currently not unanimously agreed upon. Nevertheless with proper education and training, public sensitizations, while ensuring that expectant women's right to select the sex of a midwife is upheld, the idea of men in midwifery will be more acceptable.

5.6 Recommendations

Based on the findings of this study, the following recommendations are proposed to help encourage the acceptance of male midwives by expectant women and to help reduce underutilization of human resources in hospitals.

1. Since culture is an impediment to the acceptance of male midwives, more female midwives should be deployed in rural areas where they are preferred. This may reduce the number of home deliveries due to fear by expectant mothers of being seen by a male mid wife who is not their husband.
2. Female midwives should always accompany male midwives when examinations of an intimate nature needs to be conducted on expectant women during pregnancy and childbirth. This will essentially help put mothers at ease while helping them to be more comfortable with the idea of male midwives examining them.
3. Awareness campaigns to sensitize expectant mothers as well as their partners on existence of male midwives should be conducted to improve their acceptability in the labour wards. This is in addition to encouraging men in rural areas to be actively involved in reproductive health issues of their wives so that they are aware of the work of male midwives and in turn help reduce underutilization of the human resources within the health sector.

5.7 Recommendations for further research

1. More studies should be conducted on the acceptance of males in midwifery, especially in rural and marginalized areas as there is little research in this area.
2. There is a need for more information on the subject of males in midwifery practice as midwifery is still perceived a female profession with men still facing tremendous opposition worldwide.

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APPENDICES

APPENDIX I: INFORMED CONSENT FORM

This Informed Consent Form has two parts:

• Information Sheet (to share information about the study with you)

• Certificate of Consent (for signatures if you choose to participate)

Part I: Information Sheet

Introduction

I, Geraldine Nyaloti, a student of Master of Arts Degree in Gender and Development Studies at the University of Nairobi kindly request you to participate in this research.

Purpose of the Study

Midwifery has always been believed to be a profession for women. As such, the entrance of men into midwifery to help reduce deaths of pregnant mothers due to few maternity staff has been taken with mixed feelings. The researcher would like your help in finding out the attitudes towards male midwives by pregnant women as well as the factors that affect the acceptability of male midwives.

Voluntary Participation

Your participation in this study is entirely voluntary. It is your choice whether to participate or not. If you choose not to participate, it will not in any way affect the standard of care you receive at the Health Centre. All the services you receive will continue and nothing will change.

Confidentiality

The research being done in the community may draw attention and if you participate you may be asked questions by other people in the community. I will not share information about you to anyone. The information collected from this research project will be kept private. Any information about you will have a number on it instead of your name.

Right to Refuse or Withdraw

You do not have to take part in this research if you do not wish or are not comfortable doing so. You may stop participating in the interview at any time and this will not in any way affect the standard of care that you receive at the Health Centre.

Part II: Certificate of Consent

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study

Name of Participant _____

Signature of Participant _____

Date _____

If illiterate

I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Name of witness _____ Thumb print of respondent

Signature of witness _____

Date _____

APPENDIX II: IN-DEPTH INTERVIEW SCHEDULE

I: Demographic information

Age

18-25 ☐ 26-35 ☐

36-45 ☐ 46-55 ☐

Above 55 ☐

Highest level of education attained

No formal education ☐ Secondary School ☐

Primary school ☐ University ☐

Marital Status

Single ☐ Divorced ☐

Married ☐ Widowed ☐

Religious affiliation

Catholic ☐ Muslim ☐

Protestant ☐ Seventh Day Adventist ☐

Other (Please specify) …….

Number of children ……..

II: Attitudes towards male midwives

1) Have you ever used services provided by a male midwife?
   - How was the experience?
   - Would you use services of a male midwife again?
   - Would you recommend other women to use services of a male midwife?
2) What circumstances led to your using of the services provided by a male midwife?
3) Do you think men should attend to women during pregnancy, labour and post-partum? Why?

III: Factors affecting acceptability of male midwives

4) Please describe the beliefs in your community regarding men attending to women during pregnancy, childbirth and after delivery.
5) In your opinion, what are the factors that affect the acceptability of male midwives?
6) How can male midwives be made more acceptable to expectant women?

APPENDIX III: KEY INFORMANT INTERVIEW GUIDE

1) How are male midwives perceived in this community?
2) What is your opinion on men attending to women during pregnancy, labour and postpartum?
3) What are the cultural practices in this community that apply to midwifery practice?
4) Have you ever received any complaint from an expectant woman about being attended to by a male midwife?
5) What strategies could be used to promote acceptance and use of services provided by male midwives in this community?

APPENDIX IV: RESEARCH PERMIT

THIS IS TO CERTIFY THAT:
MS. GERALDINE ALUOCH NYALOTI
of UNIVERSITY OF NAIROBI, 19906-100
Nairobi,has been permitted to conduct
research in *Kajiado County*
on the topic: *ATTITUDES OF EXPECTANT WOMEN TOWARDS MALE MIDWIVES: A CASE STUDY OF KAJIADO NORTH CONSTITUENCY, KAJIADO COUNTY KENYA*
for the period ending:
30th October,2019

Permit No : NACOSTI/P/18/81186/26274
Date Of Issue : 1st November,2018
Fee Recieved :Ksh 1000

.....
Applicant's Signature

.....
Director General
National Commission for Science, Technology & Innovation

THE SCIENCE, TECHNOLOGY AND INNOVATION ACT, 2013

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2. **The License and any rights thereunder are non-transferable.**
3. **The Licensee shall inform the County Governor before commencement of the research.**
4. **Excavation, filming and collection of specimens are subject to further necessary clearance from relevant Government Agencies.**
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