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Towards a Strategic Improvement in Midwifery Policy and Practices: The Moderating Role of Gender, Culture and Religion in Accra-Ghana

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ABSTRACT

This study examines the impact of strategic improvements in midwifery practices in Ghana, with a focus on the dimensions of Gender, Religion, and Culture. The research aims to assess how these improvements influence maternal and neonatal health outcomes in the country. The midwifery profession in Ghana is predominantly female, consisting of young, well-educated practitioners. Factors such as religious, cultural, and tribal backgrounds significantly shape midwifery practices and care provision. The study reveals that recent strategic improvement policies have introduced responsive healthcare programs, leading to enhanced facility design, better access to delivery equipment, and personalized interventions. These improvements have contributed to positive health outcomes. Respondents express satisfaction with the current policy, which emphasizes inclusive decision-making and the enforcement of health and human rights frameworks. Human resource management practices are considered crucial in addressing the shortage of female midwives, with male midwifery seen as a potential solution. Analyzing the impact of these improvements on health outcomes, the study finds a significant negative association between human resource management and neonatal/maternal mortality during and after delivery. Gender moderation plays a role in influencing the relationship between strategic improvements and health outcomes. To address cultural barriers hindering the acceptance of male midwifery, the study recommends involving religious institutions in educating their members about the importance of male midwifery practice. Engaging pastors and imams is suggested to promote acceptance. Overall, this study provides valuable insights into the effects of strategic improvements in midwifery practices on health outcomes in Ghana. It considers participant demographics, policy attitudes, human resource management, gender moderation, and strategies to overcome cultural barriers. These findings contribute to advancing midwifery practices and enhancing maternal and neonatal health in the country.

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Introduction

Midwifery plays a vital role globally in enhancing the health and well-being of pregnant mothers and their newborns. This profession encompasses prenatal, postpartum, and gynecological care, as well as newborn care and reproductive education for pregnant mothers. Policies and practices related to midwifery are essential to ensure the provision of high-quality and safe care. On a global level, policy frameworks are in place to regulate midwifery practices, including standards for education, scope of practice, professional regulations, accountability mechanisms, and collaboration guidelines with other healthcare professionals (Ajuebor et al., 2020). The World Health Organization (WHO) sets global standards in this regard and aims to strengthen nursing and midwifery workforces through its strategic directions for 2020-2025 (WHO, 2021). In Africa, midwifery policies are influenced by the high maternal and newborn mortality rates. The African Union has been actively involved in developing midwifery practices across the continent, with initiatives such as CARMMA promoting midwifery training and education (Kemp & Maclean, 2021). Emphasizing the need for midwives to be capable to cope with the healthcare systems could have a positive effect on Ghana's quest to achieve universal health coverage, sustainable development goals, and the African Union Goal 2063. In July 2013, Ghana introduced a pilot training for male midwives to increase the number of midwives in the country. However, the training was stopped after some religious communities stood against the program. However, the male midwives who have been already trained have been in the system for the past four years. Sadly, no study has considered the impact of trained male midwives on maternal and child health in Ghana.

Therefore, the aim of this study is to study examine the effect of strategic improvement in midwifery practice by considering the role of Gender, Religion, and Culture scopes. The research objectives specifically analyze participant demographics, evaluating previous and current strategic improvements. The next objective assesses the effects of strategic improvement in midwifery practice on the profile of midwifery professionals. The next objective assessed the moderating effects of gender in the relationship between strategic improvement in midwifery practice and maternal and neonatal health outcomes. The study seeks to formulate strategic directions to address culture, gender, and religious issues relating to midwifery practice by bringing together concepts in management and healthcare.

This is one of the few studies to examine the effects

of culture and religion on pregnant women and their effect of strategic improvement in midwifery practices (SIMP) on Healthcare Outcomes (HCO) in the healthcare system. The study further focuses on the moderating effect of the gender of midwives on the relationships between SIMP and HCO. Midwifery research attempts to address non-discriminatory and acceptability principles of midwifery practice – a health systems challenge that has local, national, and international policy implications. Moreover, adopting a conceptual framework that linked literature to evidence and generate a framework for strategic decisions that might regulate the current debates in the area of midwifery.

Therefore, the aim of this study is to study examine the effect of strategic improvement in midwifery practice by considering the role of Gender, Religion, and Culture scopes. The research objectives specifically analyze participant demographics, evaluating previous and current strategic improvements. The next objective assesses the effects of strategic improvement in midwifery practice on the profile of midwifery professionals. The next objective assessed the moderating effects of gender in the relationship between strategic improvement in midwifery practice and maternal and neonatal health outcomes.

Statement of the Problem

This study examined the effect of strategic improvement in midwifery practice by considering the role of gender, religion, and culture dimensions. Specifically, the study seeks answers to the following questions.

1. What is the demographic profile of the respondents?
 - 1.1 Sex
 - 1.2 Age Range
 - 1.3 Education Level
 - 1.4 Religion
 - 1.5 Marital Status and
 - 1.6 Culture (Tribe)
2. What is the status of previous strategic improvement in midwifery practice that affects the quality of midwifery services?
3. What is the status of current strategic improvement in midwifery practice that affects the quality of midwifery services?
4. To what extent does strategic improvement in midwifery practice affects the profile of midwifery professional to reduce maternal mortality and neonatal mortality?
5. What is the moderating effect of the gender of midwives on the relationship between strategic improvement in Midwifery practice and health outcomes?

6. What should be done to break the cultural and religious barriers to accepting males as midwives professionals?

For purposes of clarity and easy comprehension of the study, the study focuses on midwifery professional policy and practices in Ghana. The study's focus is premised on three key moderating variables; culture, gender, and religion measured. It situates the dimensions of these variables in the context of healthcare delivery and how these variables affect midwifery practice. In other words, the study identifies the elements of culture, gender, and religion and how they affect the midwifery profession and practice. Given this, the study explored the views of pregnant women, healthcare providers, and policymakers across the country. In furtherance, the study seeks to develop a comprehensive strategic framework integrated with the structures and processes in the health sector against which informed decisions would be made about the midwifery profession. Finally, this study unravels the implications inherent in culture, religion, and gender within the midwifery practice and formulates strategies to inform policy.

Briefly, this study is limited to the period between 2020 and 2023. However, projections spanning beyond this time frame would be well considered since the findings are an unending process in every well-meaning organization like the health sector.

Methodology

This study is based on the nature of the research problem and specific research objective and adopts a mixed research approach (qualitative and quantitative). In the objective side of the studies, the researcher employed a quantitative/qualitative approach in the collection, analysis, and discussion.

The general population for the current research is trained midwives and pregnant women attending antenatal. However, the study targeted Korle bu Teaching Hospital, Ridge Hospital (Accra Regional Hospital), Adabraka Hospital, Manprobi Hospital, and Weija Municipal Hospital. These hospitals were selected because they have the highest number of antenatal attendances and recruited midwives in the country. Also, the study selected some Officers of Nurses and the Midwifery Unit under the Ministry of Health, some Executives of Ghana Registered Nurses and Midwifery Association, some Officers of Nurses, and the Midwifery Council for interview.

This study uses Yamane's (1986) sample size deter-

mined as shown in equation 1 to determine the sample size for midwives. Based on the computation, 388 midwives are samples for the study. This study uses proportional representation to determine the sample size for male and female midwives For Pregnant women, Officers of the Nurses and Midwifery Unit under the Ministry of Health, Executives of Ghana Registered Nurses and Midwifery Association, and Officers of Nurses and Midwifery Council, the study interviewed 15, 5 (2 females and 3 males), 7 (5 females and 2 males), 9 (4 females and 5 males) respectively. This study uses purposive and stratified sampling techniques. Purposive sampling is used to sample key informants with in-depth knowledge and or information about midwifery practices in Ghana.

The data collection was in two phases. The first phase was focused on questionnaire administration to midwives. The second phase was an interview with other key stakeholders, namely Officers of the Nurses and Midwifery Unit (MoH), Executives of Ghana Registered Nurses and Midwifery Association, and Executives of Nurses and Midwifery Council and some selected pregnant women attending antenatal in the Greater Accra region hospitals. The hiring of three Field Assistants to assist in questionnaire administration. All Field Assistants were trained on the survey instruments to understand each research question and the response that each question seeks to obtain. The field assistants were also trained on how to approach a respondent and introduce themselves to respondents to gain their audience.

Results and Discussion

The study found that almost all the midwives are females with only 59 (15.2%) as males and most of the midwives were youthful. Considering the religion of the respondents, the majority of the participants were Christianity (81.2%) and most of them married. The midwives were from different cultural background such as Akan (32.4%), Ewes (13.8%), Gas (20.9%), Dagomba (14.3%), Guang (7.9%), Kusasi (2.8%), Mole-Dagbon (1.8%), Hausa (2.8%) and Nzema tribe (2.3%). The current study revealed that most of the midwives are in their youthful aged range of 20-29 and another study conducted by Sultana et al., (2022) on the Work Performance of Nurses Working in Covid-19 Dedicated Tertiary Public Hospitals, in Bangladesh Sharmin confirmed that academic nursing education is completed at 21 years. In a study conducted by Dada et al., (2020) on Knowledge and utilization of non-pneumatic anti-shock garments for the management of postpartum hemorrhage among Midwives in government hospitals in Ogun State, Nigeria,

Table 1: Socio-Demographic Characteristics of Participants

Variables	Items	Frequency	Valid Percentage
Sex	Male	59	15.2
	Female	329	84.8
Age Range	20-29 years	250	64.4
	30-39 years	77	19.8
	40-49 years	14	3.6
	50-59 years	47	12
Level of Education	Diploma	242	62.4
	First Degree	118	30.4
	Master's degree	9	2.3
	Ph.D.	19	4.9
Religion	Christianity	315	81.2
	Islam	67	17.3
	Traditionalist	-	-
	No Religion	6	1.5
Marital Status	Others	-	-
	Informal/living together.	34	8.8
	Married	102	26.3
	(Civil/Ordinance)	112	28.9
	Married		
	(Customary/Traditional)	38	9.8
	Married (Islamic)	4	1
	Married (Other types)	4	1
	Separated	4	1
	Divorced	12	3.1
Widowed	78	20.1	
Culture (Tribe)	Never Married	127	32.4
	Akan	54	13.8
	Ewe	82	20.9
	Ga	56	14.3
	Dagomba	31	7.9
	Guang	11	2.8
	Kusasi	7	1.8
	Mole-Dagbon	11	2.8
Hausa	9	2.3	
Nzema			

88% of females respondents also agreed with this study that midwifery professions dominated by females.

The research findings highlight that the previous strategic improvement policy in Ghana had weaknesses in governance, stewardship practices, and health policy and planning. These areas did not meet respondents' expectations and call for attention in future policy improvements. On the other hand, human resource practices were perceived as strong, but the policy's exclusive focus on training female midwives raised concerns about gender inclusivity within the profession.

In contrast, the current strategic improvement policy has strengthened governance, stewardship practices, and health policy and planning. It introduced male midwifery, promoting inclusivity and diversity in healthcare. The policy also improved the allocation of midwifery resources, addressing service disparities between deprived and urban communities, leading to more balanced and equitable midwifery services across the country.

This research aligns with a study by [Ahmed et al. \(2022\)](#) emphasizing equitable working conditions for healthcare workers and advocacy opportunities to address health equity inequalities. The study explores the potential implications of introducing male midwives into

Ghana's healthcare sector, aiming to inform policy and practice regarding the benefits and challenges of diversifying the midwifery workforce in low- and middle-income countries.

The study's findings indicate that governance and stewardship policies, as well as health system policy planning, do not have a statistically significant effect on maternal deaths during delivery at the hospital. However, human resource management practices of the strategic improvement policy have a statistically significant negative impact, suggesting that better human resource management is associated with lower maternal mortality during delivery.

Similarly, governance and stewardship, along with health system policy planning, do not have a statistically significant impact on maternal deaths within 42 days of delivery. However, human resource management practices have a statistically significant negative effect, indicating that effective human resource management is associated with lower maternal mortality within this timeframe.

In terms of infant mortality during delivery at the hospital, governance or stewardship of the current strategic improvement policy does not have a statistically significant effect. However, health system policy planning and human resource management practices have a statistically significant negative impact, indicating that better health system policy planning and human resource management are associated with lower infant mortality during delivery.

Regarding infant mortality within 42 days after delivery, neither governance or stewardship nor health system policy planning have a statistically significant effect. However, human resource management of the current strategic improvement policy has a statistically significant negative effect, meaning that effective human resource management is associated with lower infant mortality within this timeframe.

The study identifies ineffective stewardship, capacity deficits at the central level, and ineffective coordination at various levels as contributing factors to maternal and infant mortality. These findings align with [Mirzazada et al.'s \(2020\)](#) research, which highlighted various factors influencing decision-making and service delivery, including insecurity, cultural norms, labor shortages, inadequate monitoring, insufficient investment, and unreliable supply. This research aims to provide a comprehensive understanding of how these stewardship and governance factors interact and their roles in shaping health service delivery efficiency and effectiveness. Overall, it offers valuable insights for policymakers and organizations

seeking to improve decision-making processes and health services delivery to reduce maternal and neonatal mortality.

The study shows that the cultural and religious backgrounds of pregnant women significantly influence their acceptance of male midwifery practice. Muslim pregnant women, in particular, are less likely to accept male midwives due to religious reasons, while Christian women generally have fewer reservations. This aligns with [Javier et al.'s \(2022\)](#) research, which emphasizes the profound impact of cultural backgrounds on childbirth satisfaction and behaviors.

The study underscores the importance of male midwifery in reinforcing the strategic improvement policy aimed at reducing maternal and neonatal mortality. However, cultural and religious barriers exist. To address these barriers, involving religious bodies in educating the public about the importance of male midwifery is recommended. Providing assurances of confidentiality and respect, utilizing other healthcare professions as case studies, and advocating for male midwifery through women with positive experiences are crucial steps in breaking these barriers.

Overcoming these cultural and religious obstacles necessitates holistic strategies. Public education about midwifery, dispelling misconceptions, and highlighting essential midwifery skills are vital. Promoting gender equality and providing cultural sensitivity training for male midwives are essential steps. Incentivizing men to enter nursing and midwifery through scholarships and inclusive campaigns can boost male participation. Mentorship programs and systemic changes in healthcare institutions and governments, including gender-neutral policies, play significant roles. Encouraging empirical research into the experiences and outcomes of male midwives can counter biases, and open conversations about male midwifery can contribute to a more inclusive healthcare system.

The study also emphasizes the value of cultural competency training for healthcare personnel, as shown by [Chowdhury et al. \(2022\)](#). Such training can increase patient satisfaction and communication. Additionally, community engagement initiatives like dialogues and participatory action research can foster more inclusive discussions about male midwifery, contributing to health equity and reducing disparities ([Ziegahn et al., 2021](#)).

In conclusion, the study highlights the cultural and religious factors influencing the acceptance of male midwifery and provides recommendations to address these barriers. It emphasizes the role of male midwifery in

maternal and neonatal care and calls for comprehensive strategies, including education, advocacy, mentorship, and systemic changes, to promote gender equality and inclusivity in healthcare. Additionally, it underscores the value of cultural competency training and community engagement in enhancing maternity care and health outcomes.

Conclusion

The section entails the key conclusions to improve strategic improvement policy and male midwifery practice, taking the culture, and religion of pregnant women into consideration.

1. The objective of the study examines the demographic characteristics of participants.

Majority of the participants in the study were males, and the age range of 20 to 29 years old Christians, had completed a diploma, were informal/living together and from Akan tribe.

2. The study assessed the previous strategic improvement in midwifery practice. The results indicate that the majority of the respondents do not consider the previous policy of strategic governance for improving midwifery. Additionally, the majority of respondents do not believe that the previous policy promoted inclusive decision-making, while some respondents did not understand the previous governance policy. The study also showed that the majority of respondents disagreed with the prior policy on governance and stewardship and that, under the previous policy, neither men nor women had any possibilities to maintain or improve their health and well-being.
3. The current strategic improvement in midwifery practice that affects the quality of midwifery services was examined. The majority of the respondents agree that the current policy of strategic governance improves midwifery practice, inclusive in decision-making and the legal frameworks pertaining to health were fair and enforced impartially, particularly the laws on human rights related to health under the current policy. With regards to human resource management practices, it was found in the study that addresses the challenge of the shortage of female midwives in deprived areas by introducing male midwifery practice. Results on the Health System Policy and Planning showed that the new policy introduces specific parameters for measuring improvement in midwifery practice, including maternal and neonatal mortality and morbidity. The roles and responsibilities of midwives are well-defined, covering various

- aspects of pregnancy care, childbirth, and postnatal care.
4. The impact of strategic improvement in midwifery practice on health outcomes (maternal and neonatal mortality at the hospital and within 42 days after delivery). The results show that among the strategic improvement in midwifery practice factors, only However, human resource management had a statistically significant negative impact on the deaths of neonates and women during delivery at the hospital and within 42 days of delivery.
 5. The moderating effects of gender of midwives (that is, male midwifery) in the relationships between strategic improvements in midwifery practices (governance, human resource management, and health system policy system and planning) and health outcomes (maternal and neonatal mortality). The results of the study showed a dampening significant relationship between the strategic improvements in midwifery practices (governance, human resource management, and health system policy system and planning) and health outcomes (maternal and neonatal mortality).
 6. Lastly, the various strategies to be put in place to break the cultural barriers hindering the acceptability of male midwifery professional practices. The qualitative findings show that, engaging religious bodies like churches and mosques to help educate their members about the importance of male midwifery practice. Participants who are pregnant women explain that women listen to their pastors and imam more than anyone so including them in male midwifery education in Ghana is the best way to help pregnant women to accept male midwifery practice in Ghana.

Recommendation

This section discusses the potential of involving religious and cultural leaders in transforming deeply ingrained cultural practices and beliefs to overcome barriers to male midwifery practice, aligning with existing research (Bradley & Meme, 2022). Future research is recommended to explore the long-term effects of such engagement strategies and their sustainability in altering attitudes toward male midwifery. Additionally, context-specific adaptations of these strategies within diverse cultural and religious settings should be investigated, aiming to enhance inclusivity and effectiveness in midwifery practice.

The study's findings have led to several recommendations aimed at improving midwifery practices and

addressing gender, cultural, and religious barriers that hinder the acceptance of male midwives in Ghana. These recommendations must be implemented with cultural sensitivity, considering Ghana's unique context:

1. **Continuous Learning:** Given that the majority of midwives were relatively young and held only diplomas in midwifery, the study recommends continuous learning and upskilling to enhance their knowledge and skills.
2. **Collaboration:** Collaboration among various stakeholders, including policymakers, healthcare agencies, educational institutions, religious organizations, and communities, is essential. This collaboration can help break cultural barriers and promote the acceptance of male midwifery professionals.
3. **Involvement of Religious Bodies:** Religious institutions, such as churches and mosques, can play a vital role in fostering acceptance of male midwifery. Collaborating with religious leaders and incorporating male midwifery education into religious teachings can dispel misconceptions.
4. **Gender Equality:** To create an inclusive environment and promote the acceptance of male midwives, active recruitment and support for male individuals interested in midwifery are essential. Equal opportunities and resources should be provided, along with mentorship programs and professional development opportunities.
5. **Public Awareness Campaigns:** Conducting public awareness campaigns can educate the general public, including pregnant women, about the benefits of male midwifery professionals. These campaigns can address cultural and gender biases and emphasize the positive impact of male midwives on maternal and neonatal health.
6. **Policy Updates:** Policies related to midwifery practices should be updated to reflect the importance of gender diversity and inclusivity. Parameters for measuring improvements, such as maternal and neonatal mortality rates, should be included.
7. **Bridging Gaps:** To address the shortage of female midwives in underserved areas, strategic policies that introduce male midwifery practices should be implemented. This may involve targeted recruitment and training programs for males interested in midwifery.

8. Ongoing Research and Evaluation: Continuous research and evaluation are crucial to monitor the impact of strategic improvements in midwifery practices and the acceptance of male midwives. This will inform evidence-based policies and identify areas for improvement.

In conclusion, future research should focus on resolving challenges faced by midwives while considering cultural and religious factors, as well as promoting gender equality in midwifery care provision. Prioritizing inclusive policies and practices is essential to advance midwifery care in Ghana.

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