

GUIDELINES TO FACILITATE ACCEPTANCE OF STUDENT ACCOUCHEURS IN CLINICAL PRACTICE AT THE FREE STATE MATERNAL HEALTH CARE INSTITUTIONS

By

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Faculty of Health Sciences at the Durban University of Technology

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Declaration

This is to certify that the work is entirely my own and not of any other person, unless explicitly acknowledged (including citation of published and unpublished sources). The work has not previously been submitted in any form to the Durban University of Technology or to any other institution for assessment or for any other purpose.

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Abstract

Background

In South Africa, the South African Nursing Council (SANC) introduced a four-year comprehensive programme leading to registration as a Nurse (General, Psychiatric and Community) and Midwife, Regulation R425 of 22 February 1985 as amended. This regulation requires student nurses to be trained in all disciplines irrespective of their gender. Student accoucheurs studying at the Free State School of Nursing are faced with resistance, discrimination, rejection and unacceptability by pregnant women during their clinical placement at the Free State maternal health care institutions. Considerable studies have been conducted on males in nursing, but no guidelines have been developed to facilitate student accoucheurs' acceptance in maternal health care.

Aim of the study

The aim of the study was to explore and describe the views of student accoucheurs and women regarding the maternal health care services rendered by student accoucheurs, and ultimately to develop guidelines to facilitate acceptance of student accoucheurs in clinical practice at the Free State maternal health care institutions.

Methodology

An explorative, descriptive, and qualitative research design was employed to conduct the study. The views of student accoucheurs and women, who fulfilled the inclusion criteria for purposeful sampling, were explored and described. Two data collection sets were used to collect data, namely: individual face to face semi-structured interviews with pregnant women and focus groups with student accoucheurs. Data were analysed thematically, and the findings were triangulated with the integration of Peplau's Theory of Interpersonal Relations as a theoretical framework guiding the study to enable drawing of commonalities regarding the phenomena.

Findings

The findings revealed that women in the Free State Province are culturally and religiously diverse and have different beliefs, values and practices regarding the presence of student accoucheurs in maternal health care institutions. There were a number of contributing factors to resistance, including embarrassment, fear of being seen naked by other men, lack of career knowledge about nursing, age of student accoucheurs and non-exposure to maternal health care services rendered by accoucheurs. The findings of the research study led to the development of guidelines and recommendations for their implementation by stakeholders involved in student accoucheurs' training in the Free State Province.

Key concepts

Acceptance, Free State Province, guidelines, maternal health care, pregnant women, South Africa, student accoucheurs.

Dedication

This thesis is dedicated to my late parents Mr GJ Madlala and Mrs ML Mokoena. Your passing was too soon without seeing your son's academic achievement. I also dedicate this thesis to my family, Endumisweni Community Church and to all people who gave me support and encouragement to complete this study.

Acknowledgement

“For I know the plans I have for you, declares the LORD, plans to prosper you and not to harm you, plans to give you hope and a future (Jeremiah 29:11)”

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Table of contents

TABLE OF CONTENTS	PAGE
Declaration	i
Abstract	ii
Dedication	iv
Acknowledgements	v
Table of contents	vi
List of tables	xii
List of figures	xiii
Annexures	xiv
Glossary of terms	xv
List of acronyms	xvi
CHAPTER 1: OVERVIEW OF THE STUDY	1
1.1 INTRODUCTION AND BACKGROUND	1
1.2 PROBLEM STATEMENT	4
1.3 AIM OF THE STUDY	5
1.4 RESEARCH QUESTIONS	5
1.5 OBJECTIVES OF THE STUDY	6
1.6 SIGNIFICANCE OF THE STUDY	6
1.7 OUTLINE OF THE THESIS	8
1.8 SUMMARY OF THE CHAPTER	9
CHAPTER 2: LITERATURE REVIEW	10
2.1 INTRODUCTION	10
2.2 LITERATURE SEARCH	10
2.3 HISTORICAL PERSPECTIVE OF MATERNAL HEALTH CARE SERVICES	11
2.4 GLOBAL VIEW OF MATERNAL HEALTH CARE SERVICES	13
2.5 SOUTH AFRICAN VIEW OF MATERNAL HEALTH CARE SERVICES	15
2.6 PROVISION OF MATERNAL HEALTH CARE SERVICES IN FREE STATE	16

2.7 RELIGIOUS AND SOCIOCULTURAL ASSUMPTION REGARDING MATERNAL HEALTH CARE SERVICES	18
2.7.1 Cultural and traditional diversity	18
2.7.2 Gender diversity	20
2.7.3 Religious diversity	21
2.7.4 Marital status	21
2.8 STRATEGIES TO FACILITATE ACCEPTANCE BEHAVIOUR	23
2.9 SUMMARY OF THE CHAPTER	24
CHAPTER 3: THEORETICAL FRAMEWORK GUIDING THE STUDY	25
3.1 INTRODUCTION	25
3.2 SELECTION OF THEORETICAL FRAMEWORK TO GUIDE THE STUDY	25
3.2.1 Dorothy Johnson Behavioral System Model	26
3.2.2 Nola Pender Health Promotion Model	27
3.2.3 Hildegard Peplau's Theory of Interpersonal Relations	28
3.3 HOW PEPLAU'S THEORY OF INTERPERSONAL RELATIONS GUIDED THE STUDY	33
3.4 SUMMARY OF THE CHAPTER	34
CHAPTER 4: RESEARCH DESIGN AND METHODOLOGY	35
4.1 INTRODUCTION	35
4.2 RESEARCH DESIGN	35
4.2.1 Qualitative research	35
4.2.2 Explorative research	37
4.2.3 Descriptive research	37
4.3 WORLDVIEW APPLICATION	40
4.4 STUDY AREA	41
4.5 IDENTIFICATION OF DATA COLLECTION SITES	44
4.5.1 Inclusion criteria for the study	44
4.5.2 Exclusion criteria for the study	44
4.6 STUDY POPULATION	46
4.7 SAMPLING TECHNIQUE	46
4.7.1 Inclusion criteria for the study population	47

4.7.2 Exclusion criteria for the study population	47
4.8 SAMPLE SIZE	47
4.9 PRE-TESTING OF DATA COLLECTION TOOLS	48
4.10 DATA COLLECTION PROCESS	48
4.10.1 Focus group discussion data collection from student accoucheurs	49
4.10.2 Face to face semi-structured data collection from women	50
4.11 DATA ANALYSIS	51
4.12 TRIANGULATION OF DATA	52
4.13 DEVELOPMENT OF GUIDELINES TO FACILITATE ACCEPTANCE OF STUDENT ACCOUCHEURS IN CLINICAL PLACEMENT	53
4.14 RESEARCH TRUSTWORTHINESS	55
4.14.1 Credibility	55
4.14.2 Transferability	56
4.14.3 Dependability	56
4.14.4 Confirmability	56
4.15 ETHICAL CONSIDERATION	57
4.16 SUMMARY OF THE CHAPTER	59
CHAPTER 5: PRESENTATION OF THE STUDY FINDINGS	60
5.1 INTRODUCTION	60
5.2 SAMPLE REALISATION	60
5.2.1 Maternal health care study sites	60
5.2.2 First phase: Focus group discussions with student accoucheurs	61
5.2.3 Second phase: Face to face semi-structured interviews with pregnant women	62
5.3 THE STUDY FINDINGS	62
5.3.1 Demographic data of the participants	62
5.3.1.1 Phase 1: Participants (Student accoucheurs)	62
5.3.1.2 Phase 2: Participants (Pregnant women)	63
5.4 MAJOR THEMES EMERGED FROM INTERVIEWS WITH PREGNANT WOMEN AND FOCUS GROUP DISCUSSIONS WITH STUDENT ACCOUCHEURS	64
5.4.1 Theme 1: Transcultural diversity	66

5.4.1.1 Sub-theme 1.1: Cultural beliefs, values and care during pregnancy, labour and puerperium	66
5.4.1.2 Sub-theme 1.2: Institutional sociocultural beliefs and practices in the maternal health	70
5.4.2 Theme 2: Socio-economic factors	71
5.4.2.1 Sub-theme 2.1: Financial stability of women	71
5.4.2.2 Sub-theme 2.2: Educational level of women	73
5.4.3 Theme 3: Social interactions and relations	75
5.4.3.1 Sub-theme 3.1: Nurse-patient relationship	75
5.4.3.2 Sub-theme 3.2: Physical interaction	76
5.4.3.3 Sub-theme 3.3: Verbal communication	77
5.4.4 Theme 4: Gender inequality in the workplace	78
5.4.4.1 Sub-theme 4.1: Human Resource gender distribution in the workplace	79
5.4.4.2 Sub-theme 4.2: Accoucheurs' work discipline preference	81
5.5 SUMMARY OF THE CHAPTER	81
CHAPTER 6: DISCUSSION OF THE STUDY FINDINGS	82
6.1 INTRODUCTION	82
6.2 OVERVIEW OF THE RESEARCH STUDY DISCUSSION	82
6.3 THEME 1: TRANS-CULTURAL DIVERSITY	85
6.3.1 Sub-theme 1: Cultural beliefs, values and caring during pregnancy, labour and puerperium in the maternal health	85
6.3.2 Sub-theme 2: Institutional sociocultural beliefs and practices in the maternal health	90
6.4 THEME 2: SOCIO-ECONOMIC FACTORS	91
6.4.1 Sub-theme 1: Financial stability of women	91
6.4.2 Sub-theme 2: Educational level of women	93
6.5 THEME 3: SOCIAL INTERACTIONS AND RELATIONS	94
6.5.1 Sub-theme 1: Nurse-patient relationship	94
6.5.2 Sub-theme 2: Physical interaction	95
6.5.3 Sub-theme 3: Verbal communication	96
6.6 THEME 4: GENDER INEQUALITY IN THE WORKPLACE	98
6.6.1 Sub-theme 1: Human Resource gender distribution in the workplace	98

6.6.2 Sub-theme 2: Accoucheurs' work discipline preference	100
6.7 SUMMARY OF THE CHAPTER	101
CHAPTER 7: DEVELOPMENT OF GUIDELINES	102
7.1 INTRODUCTION	102
7.2 THE PROCESS OF DEVELOPING GUIDELINES	102
7.3 PURPOSE OF THE DEVELOPED GUIDELINES	103
7.4 RATIONALE FOR THE DEVELOPED GUIDELINES	103
7.5 SCOPE OF THE GUIDELINES	104
7.6 RECOMMENDATIONS FOR DEVELOPING GUIDELINES FOR STAKEHOLDERS	104
7.6.1 Recommendation for developing guidelines for policy makers at the Free State Department of Health	105
7.6.2 Recommendation for developing guidelines for the Free State School of Nursing	105
7.6.3 Recommendation for developing guidelines for the Nurse Managers	106
7.6.4 Recommendation for developing guidelines for the Student accoucheurs	106
7.7 DEVELOPED GUIDELINES	107
7.7.1 Guideline A: Guideline for Policy Makers in the Free State Department of Health	108
7.7.2 Guideline 2: Guidelines for the Free State School of Nursing	109
7.7.3 Guideline C: Guidelines for Nurse Managers	114
7.7.4 Guideline D: Guidelines for Student Accoucheurs	117
7.8 SUMMARY OF DEVELOPED GUIDELINES	121
7.9 EVALATION OF DEVELOPED GUIDELINES	123
7.10 DISSEMINATION OF DEVELOPED GUIDELINES	125
7.11 SUMMARY OF THE CHAPTER	125
CHAPTER 8: CONCLUSION, RECOMMENDATIONS AND LIMITATIONS OF THE STUDY	126
8.1 INTRODUCTION	126
8.2 CONCLUSION OF THE STUDY	126
8.2.1 Realisation of study objectives	127
8.2.2 Realisation of the aim of the study	127

8.3 RECOMMENDATIONS	127
8.3.1 Recommendations for use of the developed guidelines within the province	128
8.3.2 Recommendations for future research	129
8.4 CONTRIBUTION OF THE RESEARCH STUDY TO THE BODY OF KNOWLEDGE	130
8.5 LIMITATIONS OF THE STUDY	130
8.6 CONCLUSION	131
REFERENCES	132
ANNEXURES	141

List of tables

Tables	Page
Table 3.1: Peplau's six nursing roles emerged during patient-nurse phases	31
Table 5.1: Maternal health care institutions included in the study	61
Table 5.2: Interviews conducted with women	61
Table 5.3: Number of student accoucheurs and distributions of focus group	62
Table 5.4: Summary of student accoucheurs' demographic data	63
Table 5.5: Number of pregnant women according to each demographic element	63
Table 5.6: Themes and sub-themes that emerged from the interviews and focus group discussion	65
Table 6.1: Discussion of Themes, sub-themes and categories of the study findings	83
Table 7.1: Four sets of guidelines developed	107
Table 7.2: Summary of developed guidelines for the integration of themes, sub-themes and categories	122
Table 7.3: Thomas' 11 characteristics of effective guidelines development and evaluation	124

List of figures

Figures	Page
Figure 1.1: Outline of the thesis chapters	8
Figure 3.1: Sequential phases in interpersonal relationships used to guide this study	30
Figure 3.2: Schematic representation of Peplau's Theory of Interpersonal Relations' six nursing roles	32
Figure 4.1: Diagram of qualitative research for the current study	39
Figure 4.2: Free State health institutions map	43
Figure 4.3: Map representing Free State maternal health per District	45
Figure 5.1: Major themes that emerged from the study	65
Figure 6.1: Peplau's Theory of Interpersonal Relations' integrated themes and sub-themes	84

Annexures

Annexures	Page
Annexure 1: University ethics clearance	142
Annexure 2a: Letter of permission to Free State District Managers	143
Annexure 2b: Letters of approval from the Free State District Managers	144
Annexure 3a: Letter of permission to the Free State Department of Health	147
Annexure 3b: Letter of approval from the Free State Department of Health	148
Annexure 4a: Letter of permission to the Free State School of Nursing	149
Annexure 4b: Letters of approval from the Free State School of Nursing	150
Annexure 5: Letter of information for student accoucheurs	152
Annexure 6a: Letter of information for women in English	154
Annexure 6b: Lengolo la tlhahiso leseding bakeng sa basadi	156
Annexure 7a: Consent in English	158
Annexure 7b: Tumello	159
Annexure 8: Focus group discussion for student accoucheurs	160
Annexure 9a: Interview guide for women	161
Annexure 9b: Lethathamo laa dipotso la bomme	162
Annexure 10: Matrix to assess the level of consensus in a focus group	163
Annexure 11: Sample of transcript: Focus group discussion with student accoucheurs	164
Annexure 12: Sample of transcript: Interview with a woman	170
Annexure 13: Certificate of translation of research documents to SeSotho	174
Annexure 14: Certificate of proof reading from the professional editor	175

Glossary of terms

Acceptance

It means agreeing to receive something or the act of receiving it (Your Dictionary, 2017). In this study, acceptance refers to pregnant women agreeing to receive and conform to the maternal health care services rendered by student accoucheurs.

Accoucheur

According to Webster's New World College Dictionary (2014), an accoucheur refers to a male who assists women in childbirth. In this study, student accoucheur refers to a male student nurse who is training to become a registered accoucheur with the SANC on completion of his training.

Cultural diversity

Cultural diversity refers to differences among people because of their racial or ethnic backgrounds, language, dress codes and traditions (Your Dictionary 2017). Cultural diversity, in this study, refers to the different perceptions of pregnancy among pregnant women based on their religious background, traditional beliefs, practices and values about pregnancy.

Guideline

A guideline is a noun used to define how a judgment or policy is made (Your Dictionary 2017). In this study, a guideline is referred to a developed and recommended referral guide to be used by stakeholders in facilitating the acceptance of student accoucheurs in the maternal health care institutions during their clinical placement.

Acronyms

Acronym	Full word/sentence
ANC	Antenatal care
BCE	Before the Common Era
DUT	Durban University of Technology
EBSCO	Elton B. Stephens Company of research database
FG	Focus Group
FET	Further Education and Training
NGT	Nominal Group Technique
NHI	National Health Insurance
PHC	Primary Health Care
PNC	Postnatal care
UNPF	United Nations Population Funds

CHAPTER 1

OVERVIEW OF THE STUDY

1.1 INTRODUCTION AND BACKGROUND OF THE STUDY

Midwifery is an ancient profession, with a proud tradition of providing care for women and babies during pregnancy and childbirth (Azebri, Lamawal, Agada, Data, Obele, Williams and Ochiagha 2015: 89). It is the oldest profession in the world from the inception of human life that focuses on the intimate, intensely personal aspects of pregnancy and childbirth, along with women care (Bwalya, Kolala, Mazyopa, Mofya and Ngoma 2015: 44). This profession serves the needs of pregnant women and their families from diverse racial, ethnic and cultural backgrounds with personalised and attentive care.

During pregnancy and childbirth women of all backgrounds deserve safe, effective, and satisfying care. Pregnant women expect to receive this care from trained and competent midwives. Walker, DeMaria, Suarez, Cragin (2012: 18) support this by indicating that ensuring a safe birth is widely acknowledged to be a critical skill that should be acquired by the midwife. Over the past years, midwifery care remains a female territory, largely due to the commonly held belief that midwifery is about a female relationship. This notion is supported by Pilkenton and Schorn (2008: 31) who state that the belief is that women seek out a midwife in the hope of building a close, trusting relationship with another woman. Kennedy, Erickson-Owens and Davis (2006: 51) attest that midwives themselves have stated that midwifery is about 'woman to woman' care and the community also believes that a midwife by definition is a female provider. Kennedy *et al.* (2006: 51) further indicate that this woman to woman relationship is characterised as nurturing, intuitive, patient, sensitive and understanding. Midwives should possess certain qualities to be able to render maternal health care to the pregnant women. These qualities include proper skills and training, a desire to serve women, listening to them and the ability to communicate effectively. According to Bwalya *et al.* (2015: 43), attention is being given to the

training of skilled midwives worldwide as a key strategy to reduce maternal and child mortality rates. Traditionally, many cultures believe that men should not accompany their partners during antenatal care (ANC) and post-natal care (PNC) visits nor should they attend the birth of their children. Auvinen, Kylm, Valimaki, Bweupe, Suominen (2014: 18) attest that according to Zambian culture, men are not permitted to participate in issues pertaining to maternal care. This is supported by Onyango, Owoko and Oguttu (2010: 33) who state that some cultures discourage male involvement in practising midwifery because maternal health services are female orientated.

Pregnant women are socialised culturally to believe that midwifery is a female domain and therefore, males are not accepted to practice midwifery. Kululanga, Sundby, Malata and Chirwa (2012: 146) argue that individuals are not born with certain behaviours and personality characteristics, but learn role expectations imposed by society through processes such as modelling, imitation and application of rewards. Therefore, the community can learn and unlearn certain behaviour including beliefs regarding maternal health care. Over the years, males have been segregated from midwifery profession until recently. Drife (2002: 313) attests to this by stating that in 1637-1709, Francois Mauriceau was the first best French accoucheur who practised midwifery in that era under difficult circumstances, facing rejection, segregation and unacceptability by pregnant women.

The South African Nursing Council (SANC) introduced a four-year comprehensive programme leading to registration as a Nurse (General, Psychiatric and Community) and Midwife, Regulation R.425 of 22 February 1985 as amended (SANC 1985: 1). According to this regulation, student nurses are expected to be trained in all the disciplines including midwifery irrespective of their genders over the period of four years. These students are also regulated by Regulation (R.2488 of 26 October 1990) which states the conditions under which Registered Midwives and Enrolled Midwives may carry on their profession. This Regulation (R.2488 of 26 October 1990) stipulates that midwives who attend to a pregnant woman from ANC and labour shall progress

the pregnant woman from the inception of the first stage of labour until the third stage of labour is completed. Regulation (R.254 of 14 February 1975) stipulates that students need to witness five deliveries before they are allowed to deliver fifteen babies under the direct close supervision of the registered midwife to be declared competent. This is a part of their course requirements.

The student accoucheurs, unlike their female counterparts are faced with various challenges during their clinical placement at the antenatal clinics as well as in the maternity units. These challenges include resistance, discrimination and rejection in the provision of ANC to pregnant women during their visits, deliveries and PNC in the maternal health care institutions. This leads to failure of student accoucheurs in fulfilling their training requirements, as compared to their female counterparts, to be declared competent in midwifery discipline. These challenges faced by student accoucheurs are not only in South Africa but worldwide. It became evident in the study conducted by Bwalya *et al.* (2015: 44) in Ndola that male student midwives were ordered by Chief Besa and the late Chief Mushili to stop conducting deliveries at Fiwale and Mpongwe Mission Hospitals, both situated in Ndola rural area. This order arose from numerous complaints, rejection, segregation and unacceptability by pregnant women of the maternal health care services rendered by student accoucheurs. Pilkenton and Schorn (2008: 31) report that in the United Kingdom, some women prefer male midwives over female midwives as male midwives are perceived to be more caring and sympathetic. These authors further state that the rapport needs to be developed between the pregnant women and the male midwife (Pilkenton and Schorn 2008: 31). Although there are male midwives in these countries the number is relatively low and there are no formal guidelines available to support student accoucheurs to be accepted by pregnant women during their clinical placement at the maternal institutions.

1.2 PROBLEM STATEMENT

In South Africa, maternal health care services remain poor despite the availability of trained midwives and accoucheurs. South Africa is one of the few countries in the world with poor performance regarding maternal health care (Schoon and Motlolometsi 2012: 784). In 2013, the maternal mortality rate was 310 to 100 000 per live births. This high ratio could be attributed to many factors, including the shortage of midwives and requisite skills in South Africa (United Nations Population Funds 2013: 1). Student accoucheurs are facing challenges during their clinical placement at the maternal health care institutions which prevent them from completing their training requirements. These challenges range from gender discrimination to segregation by women. Women remain adamant that student accoucheurs do not examine them and do not deliver their babies. They base their resistance on factors such as their cultural preferences and religious beliefs (Bwalya *et al.* 2015: 44). In countries such as Ethiopia, women believe that only God and their husbands are allowed to touch their bodies, especially their reproductive organs (Yousuf, Ayalew and Seid 2011: 12). Some state that it is taboo for other men to see their reproductive organs other than their own husbands (Nakinta, September 10, 2012). As a result, student accoucheurs experience rejection, segregation and discrimination by women in comparison to their female student counterparts. Elnemer (2013: 2812) attests to this by indicating that student accoucheurs experience rejection from women as indicated by student accoucheurs' verbatim statement, *"I experienced and witnessed discrimination against student accoucheurs throughout the course and during clinical placement at the maternal units"*. This leads to student accoucheurs not being able to fulfil the required objectives set by the SANC leading to none or delayed completion of their training to be registered with SANC as accoucheurs (Elnemer 2013: 2812).

Furthermore, in the Free State Province, 156 student midwives registered in 2015, consisting of 50 student accoucheurs and 106 female student midwives. Only 26 student accoucheurs completed their training compared to 92 female student midwives that completed their training (SANC Statistics 2015: 2). In

2014, out of 89 registered student accoucheurs at the Free State School of Nursing, only 39 student accoucheurs completed their training. This proves that there is a gap in the training of the student accoucheurs in the Free State Province. In provinces such as Gauteng, at the Ann Latsky Nursing College, of the 61 student accoucheurs registered in 2015, 52 completed their training (SANC statistics 2015: 3).

The researcher intended to explore and describe the views of student accoucheurs and women regarding the maternal health care services rendered by student accoucheurs. The findings of the study assisted the researcher to develop guidelines to facilitate the acceptance of student accoucheurs in clinical practice at the Free State maternal health care institutions.

1.3 AIM OF THE STUDY

The aim of the study was to explore and describe the views of student accoucheurs and women regarding the maternal health care services rendered by student accoucheurs, and ultimately to develop guidelines to facilitate the acceptance of student accoucheurs in clinical practice at the Free State maternal health care institutions.

1.4 RESEARCH QUESTIONS

The following questions guided the study:

- What were the views of student accoucheurs regarding maternal health care rendered to women at Free State maternal health care institutions?
- What were the views of women regarding maternal health care rendered by student accoucheurs at the Free State maternal health care institutions?
- What factors influence the acceptability of student accoucheurs' by women during their clinical practice at the Free State maternal health care institutions?

1.5 OBJECTIVES OF THE STUDY

The objectives of the study were to:

- Explore and describe the student accoucheurs' views regarding maternal health care rendered to women at the Free State maternal health care institutions.
- Explore and describe the views of women regarding maternal health care rendered by student accoucheurs at the Free State maternal health institutions.
- Determine and describe the factors that influence the acceptability of student accoucheurs' by women during their clinical practice at the Free State maternal health care institutions.
- Develop guidelines that will assist the nurse training institutions, maternal health care institutions and the policy makers to facilitate the acceptance of student accoucheurs in clinical practice at the Free State health care institutions.

1.6 SIGNIFICANCE OF THE STUDY

Worldwide, pregnant women have shown resistance towards the maternal health care services rendered by student accoucheurs during their antenatal visits, labour and postnatal care. Ju-Young, So-Hee, Hye-Young and Young-Mi (2015: 234), alluded that pregnant women were anxious about nursing care by male students, and the husbands of women in labour refused the male nursing students' care. This resistance leads to pregnant women becoming sceptical of antenatal clinics and underutilizes the maternal health services leading to increased homebirths and an increase in maternal mortality rates.

Over the past three years, the Free State maternal health care institutions have seen a steady increase in maternal mortality rates of 157.5 in 2012/2013 and 2014 (Massyn, Peer, Padarath, Barron and Day 2015: 359). The ratio slightly decreased with 123.3 in 2013/2014 in comparison to 213.3 rates increase in 2014/2015 per 1000000 live births (Massyn *et al.* 2015: 359). These fluctuating ratios over past three years raise concerns about the quality of maternal health

care services provided by the Free State maternal health institutions. Several factors could have led to the escalation of maternal mortality rates, including a shortage of human resources to deliver adequate maternal health care services and underutilisation of these institutions due to maternal health care services provided by student accoucheurs. Shavai and Chinamasa (2015: 169) state that women from the rural areas prefer female midwives due to their cultural background. Ju-Young *et al.* (2015: 234) indicate that pregnant women become anxious about the maternal health care rendered by student accoucheurs and their husbands refuse to have student accoucheurs deliver their babies, hence they opt for home deliveries which increase the risks of maternal mortality rates.

The results of this study and the developed guidelines will assist the nurse training institutions, the maternal health care institutions and the policy makers support student accoucheurs in providing maternal health care services at the Free State maternal health care institutions. The researcher will recommend that the developed guidelines be implemented by the Free State maternal health institutions and the Free State School of Nursing. A follow-up research study will be recommended to evaluate the outcomes of the implemented guidelines and recommendations. This will encourage the Free State School of Nursing to revise their curriculum to meet the demand of accoucheurs at the maternal health care institutions by recruiting more student accoucheurs and to utilise the developed guidelines to support them during their clinical placement at the maternal health care institutions.

The increased number of student accoucheurs' who complete their training will open more opportunities for the maternal health care institutions in the Free State to place student accoucheurs during their community health service. Ultimately, the Free State Department of Health will recruit and retain more accoucheurs to render maternal health care services in the province on completion of their training. The developed guidelines will also assist the Free State maternal health care institutions to facilitate student accoucheurs' acceptability during their clinical placement. This will be achieved through the

implementation of the guidelines and evaluation of the outcomes from all the stakeholders in the Free State Province's maternal health care institutions.

1.7 OUTLINE OF THE STUDY

The orientation of the study was covered in Chapter 1; the literature related to the study was reviewed in Chapter 2; in Chapter 3 the theoretical framework which guided the study was discussed; the research design was outlined in Chapter 4; in Chapter 5 the findings were presented; the results of the study were discussed in Chapter 6; in Chapter 7 the researcher advocated guidelines to facilitate acceptance of student accoucheurs by pregnant women in the maternal health care institutions; and in Chapter 8 recommendations, limitations and conclusions were outlined.

The outline is presented in Figure 1.1. below:

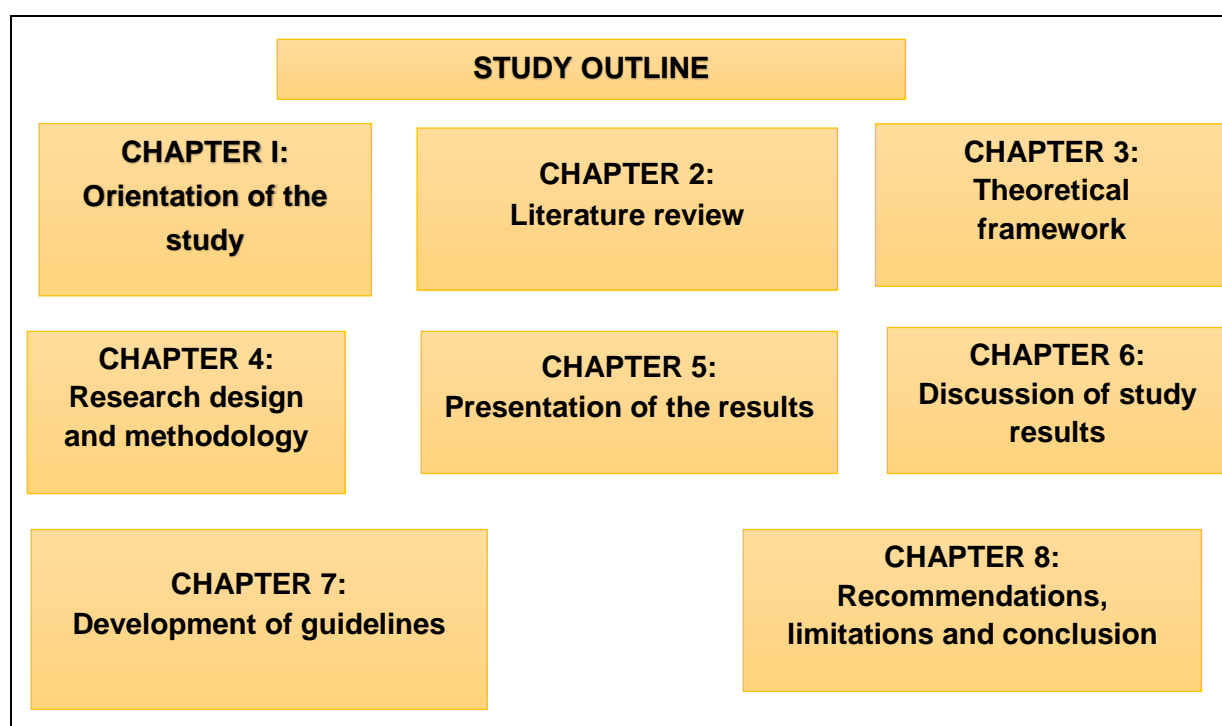


Figure 1.1: Outline of the thesis chapters

1.8 SUMMARY OF THE CHAPTER

This chapter presented the background of the study by highlighting issues pertaining to maternal health care and its importance to the training of accoucheurs to form part of the working force in the maternal health care institutions. The problem statement identifies the gap in the maternal health care institutions regarding gender inequalities based on the unacceptability, rejection, resistance and segregation of student accoucheurs by pregnant women in the maternal health care institutions. The next chapter reviewed the literature related to this problem.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

Chapter 1 focused on the background and rationale of this study and provided an outline of the chapters. The focus of the study was based on the exploration and description of the experiences of student accoucheurs and pregnant women regarding the maternal health care services rendered by student accoucheurs at the Free State maternal health care institutions. This chapter reviews the literature related the study. Although the literature available for the topic of this study was limited, it assisted the researcher to identify the gaps in the existing body of knowledge relating to this topic. The literature review assisted the researcher in developing guidelines that will facilitate acceptance of student accoucheurs in clinical practice at the Free State maternal health care institutions.

2.2 LITERATURE SEARCH

Literature to support the study and to identify the gaps from studies done on a similar topic was reviewed using search engines such as EBSCO, Google Scholar, and PubMed to search for scholarly peer-reviewed journal articles and books. The relevant literature retrieved from these sources assisted the researcher to identify the gaps in the existing body of knowledge relating to the acceptance of student accoucheurs in maternal health care clinical practice. The involvement of males in maternity has been extensively researched but there has been a paucity of research on the acceptance of student accoucheurs in maternal health care institutions.

2.3 HISTORICAL PERSPECTIVE OF MATERNAL HEALTH CARE SERVICES

Historically, midwifery is the oldest known profession in the world which was practised by the care givers for women in child birth (Bwalya *et al.* (2015: 43). Over the past years, midwifery has been a recognised female occupation as attested by the Ebers Papyrus which dates from 1900 to 1550 BCE (Oyetunde and Nkwonta 2013: 40). In primitive tribes studied by anthropologists in the last century, the labouring woman would be accompanied by her mother or other female relatives (Oyetunde and Nkwonta 2013: 40). In this current era, some cultures allow pregnant women to be accompanied by their families during labour and they expect to be met by the female midwives at the maternity units. Although midwives have been attending births in America since its colonization, the profession of nurse-midwifery was established in the early 1920s as a response to the alarming rate of infant and maternal mortality in the United States (Oyetunde and Nkwonta 2013: 40). Male nurses have been a minority group within the nursing profession, however, men have always been involved in nursing, working in places such as detention centres and military services (Inoue, Chapman and Wynaden 2006: 559). Although these male nurses were working in the detention centres and military centres they were only allowed to nurse the sick and injured but not as accoucheurs in the maternity units.

In 1947, the first group of male nurses emerged in the United Kingdom (Inoue, *et al.* 2006: 560). According to Arthur and Randie (2007); Kaya, Turan and Ozturk (2011: 16), nursing history started with the curative role of women in the early ages but men started to take part in patient care together with women. The first organised patient care was provided by men called Dekon and women called Dekones in the middle-ages but no accoucheurs were available at that time (Duman 2012:101). In the 16th century, health disciplines were mainly composed of men until the advent of Florence Nightingale whereby nursing gained its power, independency and became a more female dominant profession (Duman 2012: 101). Later in the mid-16th century, a solid foundation for men's work in the labour room was laid when Pare, the male nurse, aided

in delivering babies by pulling them out of the womb by their feet during difficult deliveries which are now known as breech delivery (Shavai and Chinamasa 2015: 174). According to Shavai and Chinamasa (2015: 174), the great change began in 1522 when Dr Werdt of Hamburg dressed up as a woman in order to observe midwives and learn about childbirth which caused controversy in the maternal units as his real motive was questionable. This controversy was based on whether male nurses should be allowed to practice midwifery as it was taboo for men to be present at the delivery room in that era. Despite the controversy during that time, prominent men were progressing to further the science of midwifery (Pilkenton and Schorn 2008: 30).

The number of male nurses has been continually increasing due to globalization and the increasing health needs but the number of accoucheurs remained relatively small (Pilkenton and Schorn 2008: 30). Although there is an increasing number of men who choose nursing as a profession, it is still very difficult for men to practice in many areas of nursing, particularly maternal health care. Within the nursing disciplines, historically, midwifery was exclusively a woman's domain, leading to rejection, resistance, non-acceptance and discrimination against student accoucheurs by pregnant women in rendering maternal health care service in the maternity units.

During the time of Hippocrates 460 to 410 Before Christ, it was thought that midwives in Athens should be required by law to have had children themselves before they were allowed to conduct deliveries (Nicopoullus 2003: 589). This ideology was based on the notion that women who have children will be able to understand the birthing process better than the women who do not have any children. Men were not allowed to attend nor witness any birthing process despite being nurses themselves. This continued to raise male nurses' curiosity as they were prohibited from attending a process of giving birth (Nicopoullus 2003: 589). According to Pilkenton and Schorn (2008: 30), when some male nurses were called to the delivery rooms during birth, they would drape the woman, tying the long cloth around their own neck so that they could not see what their hands were doing and in some accounts men-midwives would sneak

into a room, complete a difficult birth then exit without ever being noticed by the labouring woman. This disguise reduced suspicion and controversy towards male involvement in maternal health.

According to Sellers, Dippenaar and da Serra (2012: 3), in the 17th century, community midwives were the main carers of women and children, with little or no involvement of males. In the 18th century, childbirth in most parts of the world still remained informal and exclusively managed by women and in the 19th century, midwifery began to change based on the revised nursing curriculum as men started to enter into maternal health discipline. Hence the current training of accoucheurs in this era (Sellers *et al.* 2012: 3).

2.4 GLOBAL VIEW OF MATERNAL HEALTH CARE SERVICES

Globally, the percentage of accoucheurs entering maternal health care services remains relatively low. This is supported by Kaya Turan, and Öztürk (2011: 17) by indicating that about 10% of the nurses in the United States of America and England are male. The accoucheurs' place in the maternity units in these countries remains relatively disputable, hence their percentage is relatively low. In countries such as the United Kingdom, men were legally prohibited from practising midwifery until a legalisation abolishing sexual discrimination was passed in 1983 (Pilkenton and Schorn 2008: 30). Although this legal battle faced great opposition due to social acceptance, most women remained sceptical of male-midwives. Katz (2008: 54) states that women in the United Kingdom did not feel comfortable about having accoucheurs in the maternity units during labour and they preferred to be transferred to the maternal units with no accoucheurs during labour. Women verbalised that they were extremely uncomfortable with maternal health care services provided by accoucheurs which resulted in accoucheurs feeling resented, segregated and rejected in the maternal health care units (Katz 2008: 54).

There has been an increasing global recognition of the importance of men's involvement in sexual and reproductive health, especially in high fertility countries. In 1985, Taiwan recruited male nursing students into the profession ((Tzeng, Chen, Tu and Tsai 2011: 59) to alleviate the shortage of nurses in the country but, those male nurses were only allowed to work in general wards and not in the maternity units. According to Keogh and O'Lynn (2007: 256), in Ireland, about 2826 men were registered as general nurses in 2005. Despite their registration male nurses were not allowed to provide maternal health care services which further attest to the fact that male nurses were resented, segregated, discriminated and unaccepted in the maternity units.

In Zambia, accoucheurs were removed from the maternity units in the Zambezi District hospital due to a decrease number of institutional deliveries as most women preferred to deliver at home rather than at hospitals in fear of being treated by the accoucheurs (Ministry of Health 2004: 17). This led to increased maternal and infant mortality rates as most birth attendants were not trained to practice midwifery. Despite the Zambian government's efforts to train male midwives to alleviate the shortage of midwives, their work has not been appreciated by pregnant women who do not want to deliver at a hospital where there are accoucheurs (Bwalya *et al.* 2015: 44).

In other countries, such as Nigeria, schools of midwifery do not admit males into their programmes because of the perception that it is a female profession and for cultural and religious reasons (Modupe, Oyetunde and Nkwonta 2014: 44). Hence, the study conducted in Nigeria revealed that women believed that midwifery care focuses on the intimate, intense and personal aspect of pregnancy and childbirth and male midwives should be barred from this process (Azebri *et al.* 2015: 89). According to Azebri *et al.* (2015: 89), women further believed that a man would not be able to understand what a woman is going through during pregnancy, labour and puerperium, hence no accoucheurs were allowed in the maternity units. This is supported by the study conducted in Egypt among student accoucheurs which revealed an increased discrimination and unfavourable attitudes by pregnant women towards the maternal health care

rendered by them (Azebri *et al.* 2015: 90). Globally, over the years, males have been segregated from the midwifery profession. Although men are trained as accoucheurs they are still facing rejection as the main issue revolves around men working in a female-dominated profession.

2.5 SOUTH AFRICAN VIEW OF MATERNAL HEALTH CARE SERVICES

South Africa has unacceptably high rates of maternal mortality. The number of women dying during and after giving birth has increased dramatically since 2000. Report (2014, October 9) indicates that the maternal mortality rates stand at 629 deaths per 100,000 live births, far higher than the rate of 38 which the government committed to achieving by 2015. This high rate of poor maternal health could be attributed to various barriers including non-attendance of ANC of pregnant women who fear treatment by student accoucheurs, and the shortage of midwives in South Africa. Health care in South Africa is in a state of flux because of the shortage of professional midwives.

Sellers (1997: ii) states that in South Africa, males were admitted to midwifery training for the first time in 1977. These student accoucheurs undergo the same comprehensive four-year programme (R425) or a one year programme as their female midwives' counterparts as required by the SANC. Student accoucheurs are faced with rejection, discrimination and resistance in providing maternal health care to pregnant women during their clinical placement resulting in difficulty in completing their training due to nonfulfillment of the midwifery requirements.

The SANC introduced community service as set out in section 40 of the Nursing Act (Act No. 33 of 2005), which prescribes that all students, on completion of their R425 training, should be placed in the public hospitals to rotate in all disciplines including midwifery for a year before they can be registered as professional nurses to gain more experience (SANC 2017: 5). Despite the constant production of professional nurses who are also trained as midwives and accoucheurs by the universities as well as colleges, most accoucheurs are

automatically placed in general wards after completion of their training rather than maternity wards. This automatic placement of the newly qualified accoucheurs in general wards by the Nursing Managers deprive them of the opportunity to gain knowledge and experience in the maternal health care discipline. Pregnant women are exposed to the maternal health care services rendered by the student accoucheurs only during their clinical placement, which deprives them of being exposed to maternal health care rendered by accoucheurs. Hence, they are reluctant to be assisted by student accoucheurs during their visits at ANC, during labour and puerperium.

During their training, student accoucheurs are subjected to resentment, unacceptability and segregation by pregnant women at the antenatal clinics and in the maternity units leading to difficulty in fulfilling their SANC training requirements. This experience of resentment during their training leads to low percentages of accoucheurs working in the maternal health care service institutions in South Africa on completion of their training which in turn results in a shortage of human resources at the maternity units despite the adequate number of trained nurses to practice midwifery.

2.6 PROVISION OF MATERNAL HEALTH CARE SERVICES IN THE FREE STATE

The Free State Province is the third-largest province in South Africa. It has the second-smallest population and the second-lowest population density of 129 825km² and has a population of approximately 2 745 590 of the national population (Massyn *et. al.* 2015: 359). This province lies in the heart of South Africa with the Kingdom of Lesotho nestling in the hollow of its bean-like shape between the Vaal River in the North and Orange River in the south divided by five Districts namely: Thabo Mofutsanyana District in the Eastern Free State, Fezile Dabi and Lejweleputswa in the Northern Free State as well as Mangaung District and Xhariep District in the Southern Free State.

According to Statistics South Africa (2011: 15), the Free State Province consists of approximately 2.9 million people making up the 6.1% of the South African population delivery rate in facilities of 85.6% higher than the national average. The Free State Province has a total of 385 health care institutions, some of which provide maternal health care services to women (Massyn *et. al.* 2015: 359). These health care institutions comprise 352 clinics, 27 district hospitals, five regional hospitals and one tertiary hospital. The Free State Province is one of the 11 National Health Insurance (NHI) pilot sites in South Africa (Massyn *et. al.* 2015: 359).

The population in the Free State Districts are traditionally and culturally rooted. They strongly believe in their customs and their way of doing things including maternal health. These districts are in the rural areas, some of which are still under the chieftaincies that have strict traditional and cultural practices. Most of the pregnant women still believe that the intimate care provided by the student accoucheurs is uncomfortable. Therefore, student accoucheurs are faced with challenges in completing their training objectives at the maternal health care units resulting in limited numbers of student accoucheurs completing their training in comparison to female students' midwives.

The Free State Province has a Nursing School called the Free State School of Nursing where a four-year comprehensive nursing course (R425) is provided. This regulation requires the students to be trained in all four disciplines including midwifery irrespective of their gender. At this campus, students are placed in the maternal health care services from their third-year level of training to render antenatal care and deliveries for women which forms part of their midwifery requirements. The student accoucheurs are faced with several challenges during their clinical practice placement at the Free State maternal health care institutions in rendering health care service to women in fulfilling their training requirements. These challenges include, inter alia, poor performance in midwifery clinical practice as a result of being unaccepted by pregnant women in the maternal health care institutions during their clinical placement. This

leads to the poor output of student accoucheurs who qualify to be registered with the SANC.

The pregnant women show resentment, unacceptability and great discomfort towards the maternal health care services rendered by the student accoucheurs, which results in a decreased number of antenatal clinic visits and an increased number of maternal deaths.

2.7 RELIGIOUS AND SOCIO-CULTURAL ASSUMPTION REGARDING MATERNAL HEALTH CARE SERVICES

Globally, there are various assumptions about the pregnant women's unacceptance of maternal health care services rendered by the student accoucheurs during their clinical placements. These assumptions include the following:

2.7.1 Cultural and traditional diversity

The provision of health care to a culturally diverse community poses a challenge in the nursing profession, specifically in the maternal health care discipline. These challenges include cultural and traditional beliefs regarding the preferential care that should be rendered to pregnant women during pregnancy. Providing comprehensive maternal health care services requires nurses to recognise the concept of transcultural nursing. Midwives need to obtain information and knowledge regarding the cultural practices and preferences of pregnant women to deliver a quality maternal health care service to them. Culture and traditional practices define how persons behave towards one another. Sidumo, Ehlers and Hattingh (2010: 48) indicate that culture-based misunderstanding could influence the nurse-patient relationships and interactions adversely. Traditionally, maternal health issues have predominantly been seen and treated as a purely feminine matter but due to changing era and trends males are also trained to practice midwifery.

When dealing with a diverse cultural community, most pregnant women do not accept the maternal health care services rendered by the student accoucheurs due to their tradition and cultural beliefs. According to Bwalya *et al.* (2015: 47), women still believe that it is traditionally unacceptable for males to conduct deliveries and they trust female midwives more than accoucheurs. Culturally, pregnant women believe that it is taboo and unacceptable to be seen naked as well as being touched in the reproductive organs by other men except for their own husbands (Yousuf, Ayalew and Seid 2011: 12). Pregnancy and childbirth are strictly viewed as the female domain. Chasowa, Kandodo, Jack and Kambalu (2015: 69) state that when the maternal health care information is given to pregnant women, men are excluded from the traditional instructions. This information is regarded as sensitive as well as private and it would be uncomfortable to receive such information from the student accoucheurs, hence they are unaccepted in the maternal health care units (Chasowa *et al.* 2015: 69). Most pregnant women felt uncomfortable and embarrassed to be examined and, to receiving maternal health care education such as hygiene practices by student accoucheurs.

Women believe that sometimes deliveries are dirty and they would not want to have males assisting them during this process, fearing that the student accoucheurs might discuss these issues in public as well as with other women who have never given birth (Chasowa *et al.* (2015: 70). In Zambia, student accoucheurs were banned from conducting deliveries at the hospitals following the reports that pregnant women were shunning health institutions manned by accoucheurs (Bwalya *et al.* 2015: 44). According to Shavai and Chinamasa (2015: 174), women believe that males do not belong in a birthing room as men do not give birth and child birth was beyond the realm of male expertise; hence their culture and traditional beliefs regard this practice as taboo to men. Alison (2000) observed that in Papua New Guinea people adhere to their diverse cultures so much that in one culture a woman can bleed to death in front of an accoucheur because she does not want her reproductive organs to be seen by a man (Shavai and Chinamasa 2015: 174). In Zimbabwe, women are culturally and traditionally sensitive during pregnancy. They fear being attended to by

accoucheurs which prevent them from attending antenatal clinics and choosing to give birth at home(Shavai and Chinamasa 2015: 174), thus increasing the risks of maternal mortality and neonatal death due to home birth complications.

Most pregnant women in the Free State Province also prefer not to attend antenatal clinics and to give birth at home because of the presence of student accoucheurs in the maternal health care institutions. These cultural and traditional beliefs cause discrimination, resentment and unacceptability of student accoucheurs by pregnant women during their clinical placements in the maternal health care institutions.

2.7.2 Gender diversity

Gender belief systems foster assumptions about appropriate behaviour for men and women and may have an effect on the type of work men and women perform. According to Chasowa *et al.* (2015: 74), males are brought up with the mentality that they are the providers of emotional and financial support to their pregnant women. Generally, men are socialised to be masculine hence their values and norms ensure that labour and childbirth knowledge is withheld from them (Chasowa *et al.* (2015: 74). Such socialisation causes pregnant women to resist the maternal health care rendered by student accoucheurs as they believe that labour and childbirth is a female territory (Chasowa *et al.* 2015: 74).

In a study conducted in Turkey, 96.7% pregnant women indicated that they did not want to receive care from accoucheurs throughout pregnancy and labour period as they emphasized that nursing was a profession that only women could do (Duman 2012: 105). These findings indicated that the women of the Turkish society were still having negative feelings and opinions about the idea of male midwives. Therefore, the involvement of males in maternal health care is perceived as a loss of women's right to make decisions regarding pregnancy, hence men should not encroach in their territory. This justifies pregnant women's resentment, segregation and unacceptance of student accoucheurs during their clinical placements at the maternal health care institutions.

Kouta and Kaite (2011: 60) report that in their study conducted in England Nursing School among the male nursing student midwives, 68% of these students experienced gender discrimination from pregnant women during their clinical placement at the maternal health care institution. Student accoucheurs failed to achieve the clinical objectives required for completion of their training.

2.7.3 Religious diversity

Communities have different religious beliefs across the globe irrespective of their colour, gender and ethnic groups. When dealing with maternal health care, midwives need to take the pregnant women's religious diversity into consideration. Pregnant women, based on their religious background, may differ regarding their preference of the gender of the midwife attending to them during their pregnancy and childbirth. According to Shavai and Chinamasa (2015: 175), many Christian women prefer male midwives because they believe that men are more attentive and caring, while Muslim women claim that it is against their religion for men other than their husband to see them naked. Shavai and Chinamasa (2015: 174) indicate that religiously, most pregnant women believe that men do not belong to the birthing room since men do not experience the pain of giving birth.

Many pregnant women believe that child birth is outside of males' territory and such critics often cited the Bible Exodus Chapter 1, verse 15-16, confirming the absence of men at recorded births (Shavai and Chinamasa 2015: 174). In a study conducted in North West Ethiopia, the findings revealed that Afar women shunned maternal health care institutions due to the presence of male midwives as it was against their religious beliefs to be seen naked by other men other than their husbands and God. Based on this religious diversity, student accoucheurs face rejection from the pregnant women during maternal health care clinical experiential learning.

2.7.4 Marital status

Marital status of the pregnant women can have an influence regarding the type of maternal health care a woman expects to receive during her pregnancy. Husbands and families of pregnant women have a choice and influence the decision of pregnant women regarding their care and preference of the gender of the midwife. Married pregnant women mostly take joint decisions regarding the maternal health care service they expect during pregnancy unlike single mothers, who make their own choices. Families of pregnant women, who accompany them to the maternal health care institutions, become resistant towards the maternal health care provided to their married pregnant women due to various cultural, traditional and religious beliefs.

Student accoucheurs find it difficult to attend to married pregnant women as they are expected to request permission from their spouses and their families. It is easier to attend to single mothers during pregnancy as the student accoucheurs only need their permission to render maternal care. This practice of requesting permission from pregnant women needs to be respected and adhered to by student accoucheurs as this is within the patient rights charter.

Husbands of pregnant women are reluctant to allow their wives to be attended by student accoucheurs. Pilkenton and Schorn (2008: 32) agree that most of the husbands feel uncomfortable to witness their wives being seen naked by another man and refuse the student accoucheurs to be part of the birth process of their children. Some believe that the intentions of student accoucheurs are inappropriate, especially the intimate care provided to their pregnant women. Pilkenton and Schorn (2008: 32) state that husbands of pregnant women also feel jealous and intimidated by the caring nature of student accoucheurs towards their wives during maternal health care. Some men perceive the care as being inappropriate and provocative. Such feelings and attitudes of pregnant women and their spouses lead to the rejection of services provided by these students (Pilkenton and Schorn 2008: 32). Therefore, student accoucheurs are

unable to achieve their required training objectives in the maternal health care clinical practice.

2.8 STRATEGIES TO FACILITATE ACCEPTANCE BEHAVIOUR

Many countries around the world are constantly developing guidelines to improve the quality of patient care in all health disciplines. In New Zealand, Te Kaunihera Tapuhi o Aotearoa/ Nursing Council of New Zealand (*“the Council”*) developed guidelines to provide advice to nurses and the public on nurses maintaining appropriate professional relationships with patients (Nursing Council of New Zealand 2012: 3). These guidelines outlined that nurses must be aware of their professional responsibility to maintain appropriate personal, sexual and financial boundaries in relationships with current and former patients and their families. The Council's role is to protect the health and safety of the public by setting standards of clinical competence, ethical conduct and cultural competence for nurses. Therefore, it is expected that nurses maintain high standards of conduct within their professional practice and, to some extent, within their personal lives. Guidelines for professional boundaries, as developed by the New Zealand Council, provide a framework for safe and responsible nursing practice that protects public safety (Nursing Council of New Zealand 2012: 3). Nurses in New Zealand are bound and supported by these guidelines to set professional boundaries between themselves and the patients regarding the maintenance of appropriate personal, sexual and financial relationships with current and former patients and their families (Nursing Council of New Zealand 2012: 3).

South Africa is no stranger to this practice of developing, implementing and constantly reviewing the guidelines in the health care sector. According to the Department of Health (2007: 2), maternal health care is one of the priority reproductive health areas that have been identified as requiring urgent attention in South Africa. Therefore, strict precautionary measures should be taken into consideration during student midwife training to prevent maternal deaths. Consequently, many maternal health guidelines have been developed which

should be implemented by all midwives and accoucheurs during their clinical practice in the maternity units. The purpose of the guidelines on maternity care is to give guidance to the health care workers providing obstetric and anaesthetic services in clinics, community health centres and district hospitals.

In South Africa, the *Guidelines for Preparing and Conducting a Perinatal Review Meeting* was developed in 2007. This was developed to ensure that maternal health care practitioners need to reflect on what they are doing, how well they are performing, whether they are doing the right thing, and questioning whether they are making a difference (Department of Health 2007: 150). These perinatal review meetings are held successfully across South Africa since its inception according to the developed guidelines. One of the aims of this study is to develop guidelines to facilitate the acceptance of student accoucheurs during their clinical practice at the Free State maternal health care institutions.

2.9 SUMMARY OF THE CHAPTER

The literature reviewed in this chapter revealed that there is a gap in maternal health care delivery across the globe regarding gender equality. The research findings revealed that accoucheurs were greatly resented, unaccepted and segregated by pregnant women which prevented them from rendering maternal health services in their respective institutions resulting in a relatively small number of accoucheurs practising in this discipline. The developed guidelines will assist in facilitating the acceptance of student accoucheurs in clinical practice during maternal health care placements, and increase the number of accoucheurs in maternal health care on completion of their training.

In Chapter 3, the theoretical framework which was adopted to guide the current study will be presented.

CHAPTER 3

THEORETICAL FRAMEWORK GUIDING THE STUDY

3.1 INTRODUCTION

A theoretical framework is the conceptual underpinning of the study (Polit and Beck 2014: 135). It is an analytical tool with several variations and contexts used to organise ideas in the study. According to Brink, van der Walt and van Rensburg (2012: 26), the framework of the study helps the researcher to organise the study and provides a context in which the researcher examines a problem, and gathers and analyses data. It is a framework within which ideas are organised, assisting the researcher to show that the proposed study is a logical extension of current knowledge (Brink, van der Walt and van Rensburg 2012: 26). Based on the research problem, the researcher reviewed the following theories in order to select the appropriate theory that guided the study: Dorothy Johnson Behavioral System Model, Nola Pender Health Promotion Model and Hildegard Peplau's Theory of Interpersonal Relations.

3.2 SELECTION OF THEORETICAL FRAMEWORK TO GUIDE THE STUDY

The researcher selected the research theory based on the aim, question and the objectives of the study. Theories that were used to guide the study included the behavioural system model, the health promotion model and the theory of interpersonal relations. According to Masters (2012: 7), a theory is an organised, coherent, and systematic articulation of a set of statements related to significant questions in a discipline that are communicated in a meaningful whole. Masters (2012) further states that a theory is discovered or invented for predicting, or prescribing events, situations, conditions, or relationships. De Vos, Strydom, Fouche and Delport (2009: 422) define a theory as a set of interrelated concepts, definitions and propositions that present a systemic view of phenomena by specifying relations among variables, with the purpose of explaining and predicting the phenomena. More specifically, nursing theory is

a conceptualization of some aspect of reality inverted or discovered that pertains to nursing (Masters 2012: 7).

Theories that were relevant to this study include Dorothy Johnson Behavioral System Model, Pender's Health promotion model and Hildegard Peplau's theory of interpersonal relations.

3.2.1 Dorothy Johnson Behavioral System Model

According to the Dorothy Johnson Behavioral System Model, nursing presents the client as a living open system, which is, in turn, a collection of behavioural subsystems that interrelate to form a behavioural system (Masters 2012: 92). These subsystems are linked and open, a disturbance in one subsystem will affect the other subsystems (Masters 2012: 92). Johnson's Behavioral Model proposes that seven subsystems of behaviour exist namely:

- a) Achievement
- b) Affiliative
- c) Aggressive
- d) Dependence
- e) Sexual
- f) Eliminative
- g) Ingestive.

These subsystems could be used to justify the student accoucheurs' need to achieve their required clinical objectives in the maternity units; pregnant women's behaviour as in refusing the intimate care rendered by student accoucheurs as a form of affiliation; the hostile and resistant behaviour displayed by pregnant women as aggression towards the maternal health care rendered by student accoucheurs; dependence in the form of student accoucheurs relying on pregnant women's approval, recognition and acceptance in acquiring clinical practice and rendering maternal health care on completion of their training; gender discrimination of pregnant women towards student accoucheurs; elimination of accoucheurs in the maternal health care

services by allocating them to all disciplines except maternity units and ingestion in a form of endurance and perseverance of student accoucheurs to complete their maternal health care clinical training despite the rejection, resistance and discrimination by pregnant women (Masters 2012: 93). The Johnson Behavioral System Model could not be used for this study as it lacked the important factors, namely, religious, cultural and traditional beliefs of pregnant women regarding the unacceptability of student accoucheurs at the maternal health care institutions.

3.2.2 Nola Pender Health Promotion Model

Although the Nola Pender's Health Promotion Model was considered as a theoretical framework it was not selected. The Health Promotion Model is an attempt to portray the multidimensionality of persons interacting with their interpersonal and physical environments as they pursue health (Masters 2012:252). There are three major categories to consider in Pender's Health Promotion Model: individual characteristics and experiences; behaviour-specific cognitions and affect; and behavioural outcome. Pender indicates that each person has unique personal characteristics and experiences that affect actions (Masters 2012: 252). Pender further states that there are prior related behaviour and personal factors which are important in influencing the future behaviour. This prior behaviour has both direct and indirect effects on the likelihood of engaging in health-promoting behaviours (Masters 2012: 253).

The direct effect of the past behaviour on current health promotion is due to habit formation. In the past era, midwifery was regarded as a female domain, and no men were allowed to practice midwifery until recently; hence pregnant women are still sceptical of maternal health care rendered by student accoucheurs. The prior behaviour indirectly influences health-promotion behaviour through perceptions of self-efficacy, benefits, barriers or emotions (Masters 2012: 253). Therefore, pregnant women have negative perceptions towards the maternal health care services rendered by student accoucheurs. Barriers such as marital status, religious and cultural beliefs hinder the

acceptance of student accoucheurs in maternal health care services but student accoucheurs are still placed in maternity units to benefit from the experience and complete the training requirements to qualify as accoucheurs. Although this theory was more aligned to this study than Johnson's Behavioral System Model, it also lacked valuable aspects that the researcher intended to explore regarding the development of guidelines to facilitate acceptance of student accoucheurs in clinical placement at the Free State maternal health care institutions.

3.2.3 Hildegard Peplau's Theory of Interpersonal Relations

Hildegard Peplau's Theory of Interpersonal Relations was used as a framework for this study. The theory of interpersonal relations is a middle-range theory focusing on the relationship between the nurse and the patient (Masters 2012: 199). Peplau's theory is that the nurse-patient relationship is the centre of nursing and that nursing is therapeutic because it is a healing art which assists an individual who is in need of health care (Peplau 1988: 261). Nursing can be viewed as an interpersonal process because it involves interaction between two or more individuals with a common goal (George 2010: 65). This common goal provides an incentive for the therapeutic process in which a nurse and a patient respect each other as individuals. Peplau (1988:65) further states that the nurse and the patient first identify a problem and they begin to develop a course of action to solve the problem. The focus of this theory is the interpersonal relations between the nurse and the patient.

When providing maternal health care service to pregnant women it is of utmost importance that the nurse and the patient establish a good relationship to attain the common goal. Although this nurse and patient relationship come with preconceived ideas that influence perceptions, the building of interpersonal relations is important (George 2010: 65). According to Peplau's theory, the nurse and the patient learn their unique perceptions of different environments, mores, customs and beliefs of their individual cultures.

This theory described four phases in nurse-patient relationships that overlap and occur over the time of the relationship: orientation phase; identification phase; exploration phase and resolution phase (George 2010: 65). During the orientation phase, the patient has a health problem that results in a 'felt need' and professional assistance is sought; in the identification phase the patient identifies those who can help; in the exploration phase the nurse permits exploration of feelings by the patient, the main focus of the nurse in this phase is the patient's new goal achievement; and the resolution phase is the time when the patient gradually adopts new goals and frees herself from identification with the nurse (Masters 2012: 199).

- *Orientation phase* – during this phase the student accoucheur and the pregnant woman meet for the first time. The student accoucheur should work in collaboration with the pregnant women and her family in analysing the situation to recognise, clarify and define the problem. The nurse-patient reactions are influenced by the culture, religion, race, educational background, experiences, preconceived ideas and expectations. This is the phase where the nurse-patient relationship is built, and most of the pregnant women do not accept the maternal health care service rendered by student accoucheurs.
- *Identification phase* – Peplau's theory is that at this phase, the patient responds selectively to people who can satisfy her needs. At this stage, the pregnant woman responds negatively and becomes sceptical of the student accoucheur's maternal health care services. Throughout the identification phase, both the patient and the nurse must clarify each other's perceptions and expectations.
- *Exploration phase* – at this phase the patient takes advantage of all the services available and makes more demands than during the orientation phase. The nurse needs to deal with the subconscious forces causing the patient's actions by encouraging the patient to recognise and explore feelings, thoughts, emotions as well as behaviours by providing a non-judgmental atmosphere and a therapeutic emotional climate.
- *Resolution phase* – the patient's needs have already been met by the collaborative efforts between the patient and the nurse. The patient

becomes independent of the nurse and the nurse becomes independent of the patient. The patient's needs have been met and as a result, both the patient and nurse become stronger individuals.

Figure 3.1 presents the four sequential phases in interpersonal relationships that were used in this study:

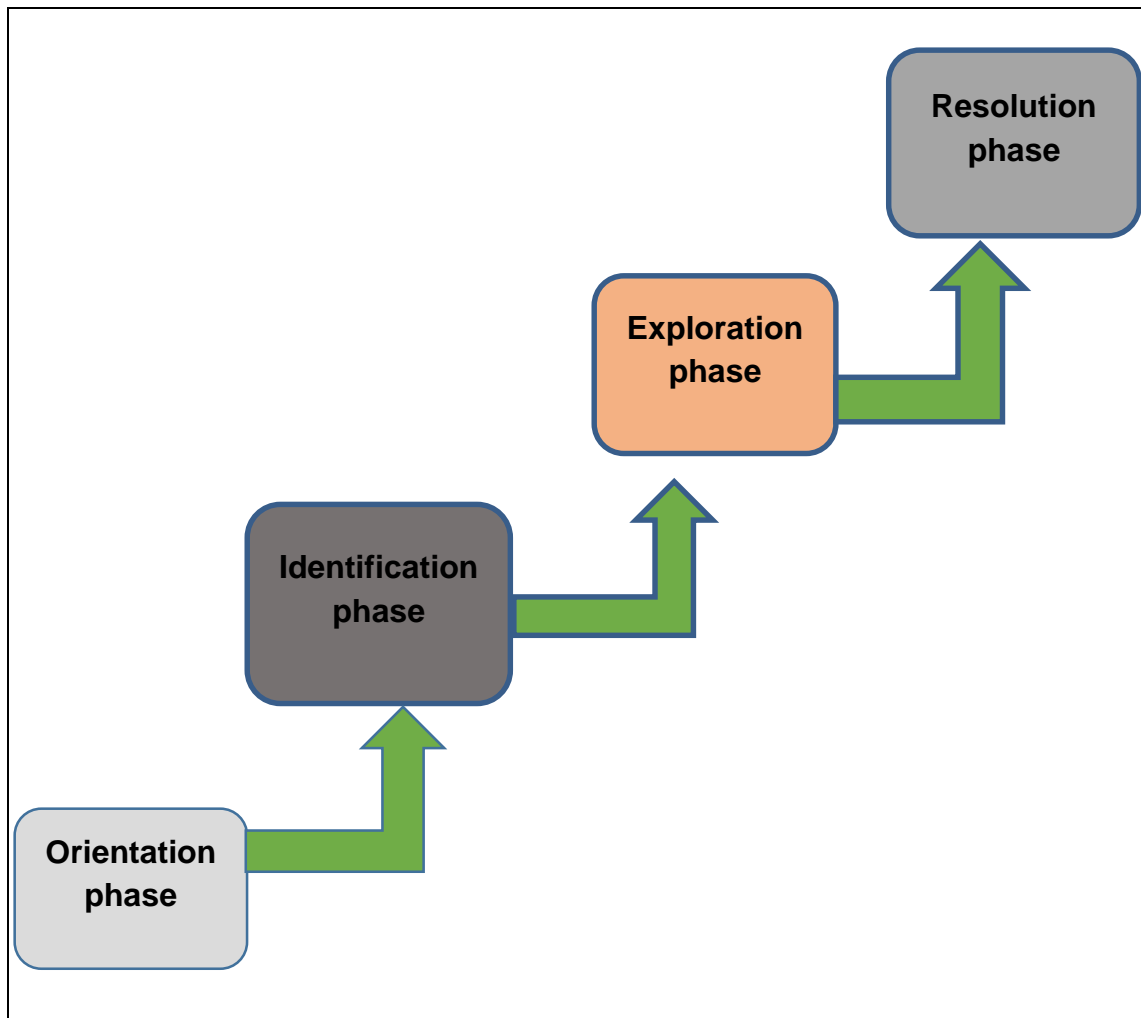


Figure 3.1: Sequential phases in interpersonal relationships used in this study

According to Masters (2012: 200) six (6) of Peplau's nursing roles that emerged during the phases of the nurse-patient relationships are teacher role, resource role, counsellor role, leadership role, technical expert and surrogate role. Table 3.1 represents six (6) of Peplau's nursing roles and their application to the study.

Table 3.1: Peplau's six (6) nursing roles emerged during patient-nurse phases

Nursing roles	Application to the study
The teacher role	The nurse provides the knowledge about a need or problem. The student accoucheur provides the maternal health care to the pregnant woman as the patient's identified need or the problem. This gives the student accoucheur an opportunity to change the pregnant woman's perceptions and preconceived ideas leading to rejection of maternal health care rendered by student accoucheurs.
The role of resource	The nurse provides the information to the patient to understand the problem. The student accoucheur will provide maternal health information to the pregnant woman regarding her problem including his roles and responsibilities as a male nurse in the maternal health care institution. This will enhance the nurse-patient relationship leading to enhancement of the facilitation of acceptance of student accoucheurs in maternal health care.
The counsellor role	The nurse helps recognise, face, accept and resolve problems. The student accoucheur will help the pregnant woman to recognise his importance in maternal health care provision, assist the patient to feel as comfortable as she can, explain his role that will ease the patient to accept care rendered by him and resolve any uncertainties the pregnant woman might have during the care. Ultimately this will lead to the student accoucheur to attain the maternal health care clinical requirements that will lead to successful completion of training to be registered with the SANC as an accoucheur.
The leader role	The nurse initiates and maintains group goals through interaction. The student accoucheurs will initiate and maintain the maternal health care goals through interaction, education, counselling and motivation of pregnant women as well as assist colleagues to achieve their goals.
A technical expert role	The nurse provides physical care using clinical skills. The student accoucheurs will provide intimate care that is expected to be provided in the maternal health care setting without making the pregnant women feel uncomfortable by explaining and executing care in a professional manner. This will result in student accoucheurs gaining more clinical practice and experience leading to completion of maternal health care training.
A surrogate role	The nurse may take the place of another. The student accoucheur will understand the pregnant woman's concerns fears and cultural background and respect them. This includes respecting the strong beliefs and request of the patient to be assisted by a female midwife during her maternal health care visits without any prejudice.

The researcher employed Peplau's Theory of Interpersonal Relations to guide the current study. This theory was applied during the discussion of the study results. This assisted the researcher to understand the process the patient undergoes in maternal health care institutions where student accoucheurs are placed for their clinical practice. The application of this theory to the study is thoroughly explained in the next chapter. Figure 3.2 presents the schematic application of Peplau's Theory of Interpersonal Relations:

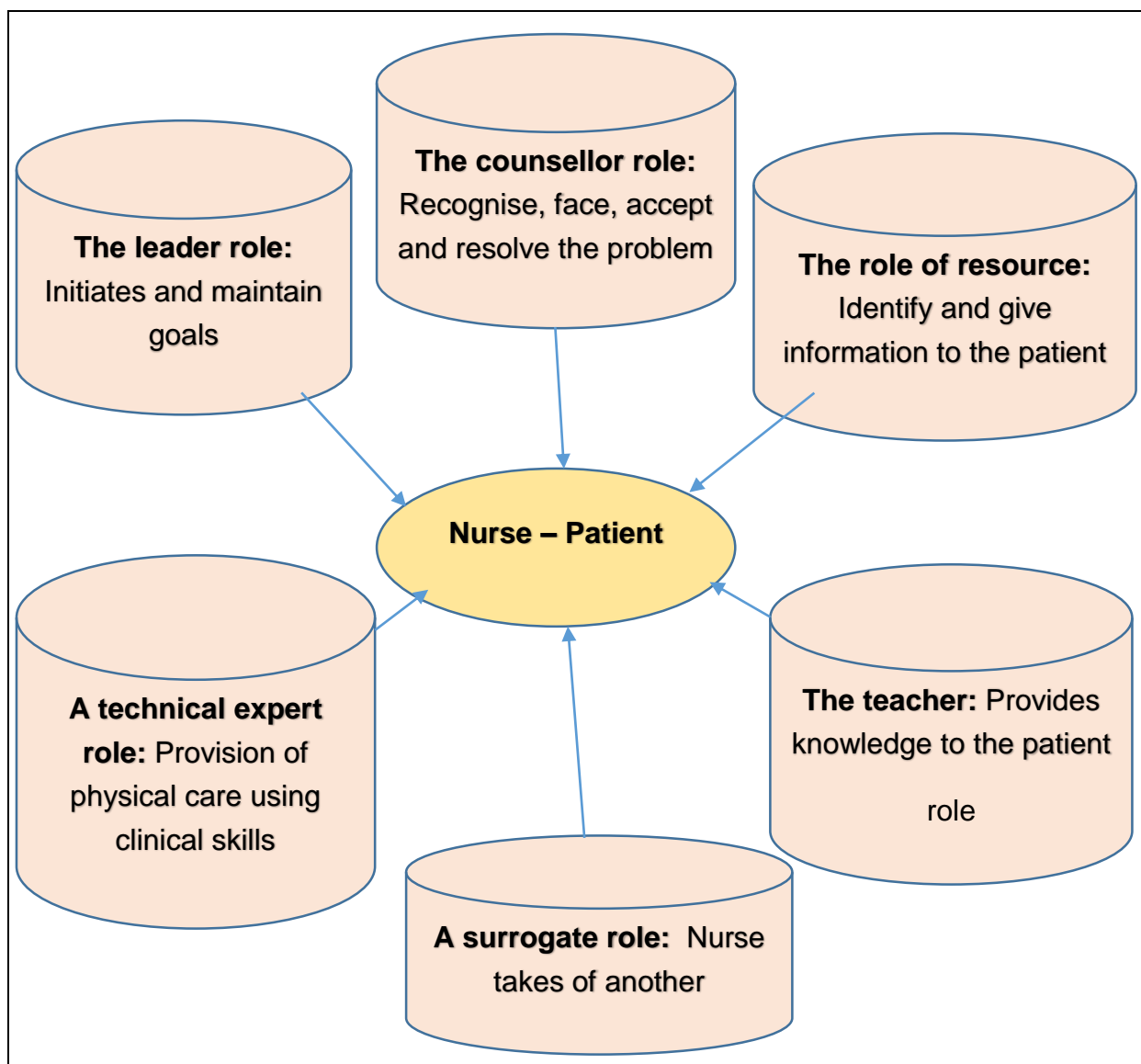


Figure 3.2: Schematic representation of Peplau's Theory of Interpersonal Relations: six nursing roles

3.3 HOW PEPLAU'S THEORY OF INTERPERSONAL RELATIONS GUIDED THE STUDY

The nurse-patient interpersonal relation is the centre of nursing care (Masters 2012: 199). Student accoucheurs need to build a nurse-patient relationship during their clinical placement at the maternal health care institutions. This is important during the orientation phase when the patient comes to the maternal health care facility to seek help for her health problem. The student accoucheur, at this phase, becomes a teacher. He provides knowledge about the need or the problem to the pregnant woman. Based on the identified problem the student accoucheur introduces himself to the pregnant woman as a person who can help and explores the feeling of the patient. He is a useful resource as he provides the patient with information about her problem and about his role in maternal health care. The student accoucheur, at this phase, begins to focus on the patient's achieving new goals which will include being accepted by the pregnant woman to provide maternal health care. The student accoucheur becomes a leader who initiates and maintains the pregnant woman's goal through interaction with her and providing physical care and clinical skills from ANC to PNC. The patient gradually adopts new goals and frees herself from the identification phase to resolution phase (Masters 2012: 200).

The researcher applied this theory during the face to face interviews with pregnant women to explore and describe their views regarding maternal health care services rendered by student accoucheurs and to determine the factors influencing their non-acceptability of maternal health care rendered by student accoucheurs. Student accoucheurs' views were also explored regarding the maternal health care rendered to pregnant women at the maternal health care institutions. Application of this theory assisted the researcher in developing guidelines to support student accoucheurs' acceptability during their clinical placement at the Free State maternal health institutions.

3.4 SUMMARY OF THE CHAPTER

Chapter 3 discussed the theoretical framework that was used to guide the study. The researcher identified the following three theories: Dorothy Johnson Behavioral System Model, Nola Pender Health Promotion Model and Hildegard Peplau's Theory of Interpersonal Relations. The Theory of Hildegard Peplau's Theory of Interpersonal Relations was adopted by the researcher after careful consideration of all aspects regarding the aim, questions and the objectives of the study. The four phases of interpersonal relations and the six nursing roles were presented as the framework that guided the study. This theory was applied during the discussion of the results to guide the study. In the next chapter, the research design and methodology that was used to collect data in this study is presented.

CHAPTER 4

RESEARCH DESIGN AND METHODOLOGY

4.1 INTRODUCTION

The Peplau's Theory of Interpersonal Relations was adopted in the previous chapter as the suitable theory that guided the study. This chapter focuses on the research methodology, steps and processes that were used to collect data.

4.2 RESEARCH DESIGN

An exploratory, descriptive, qualitative research design was undertaken to conduct the study.

4.2.1 Qualitative research

According to Schmidt and Brown (2009: 159), qualitative research studies things in their natural settings, attempting to make sense of, or interpret phenomena in terms of the meanings people bring to them. Brink, Van der Walt and Van Rensburg (2012: 120) add to this by stating that qualitative research is used when little is known about the phenomenon, or when the nature, context and boundaries of the phenomenon are poorly understood and defined. A qualitative research design consists of the following key features that are applied across disciplines:

- Research is conducted in the real-life situation. The researcher conducted this study at the Free State maternal health care institutions where student accoucheurs were placed for their clinical practice and where services are provided to pregnant women.
- The focus is more on the process, and less on the product. Factors and views of the student accoucheurs and pregnant women were described and explored regarding the acceptability of student accoucheurs at the Free State maternal health care during their clinical placement.

- The main purpose of qualitative research is in-depth description and understanding of peoples 'beliefs, actions and events in all their complexity'. The researcher explored and described the student accoucheurs' and pregnant women's beliefs, actions and the complexity of the presence of student accoucheurs in the maternal health care units.
- The rationale of the research is not to generalise the findings, but to understand them in context. The main purpose of the research findings was to develop guidelines that will facilitate the acceptance of student accoucheurs by pregnant women at the Free State maternal health care institutions during their clinical placement.
- The research is often inductive in nature and as such generates more questions and hypotheses. The researcher obtained the information through listening and observation during the interviews and group discussions with the participants.
- The researcher is the main instrument in qualitative research and is subjectively involved in the research process. In this study, the researcher conducted individual face-to-face interviews with pregnant women and focus groups with student accoucheurs to gather rich information that assisted in answering the research questions.
- Research often involves merging together various data collection strategies such as triangulation. Focus groups and individual face to face interviews were used as the strategies of data collection.
- Benefits from ongoing data analysis to guide subsequent strategies and decisions about when data collection is done (Van Rensburg *et al.* 2012: 112 and Polit and Beck 2014: 266). Data were analysed on an ongoing basis during data collection until data saturation was reached.

4.2.2 Explorative research

Polit and Beck (2014: 160) describe an explorative study as an invention of the full nature of the phenomenon, the way it is manifested and the other factors to which it is related. In this instance, little is known about the nature of support needed and given to student accoucheurs to facilitate acceptance during their placement at the maternal health care institutions. This gap was identified by the researcher and explored to fully understand the acceptability and support given to the student accoucheurs during their clinical placement at the Free State maternal healthcare institutions. The information gathered from the student accoucheurs and pregnant women were critical in the development of guidelines to facilitate the acceptance of student accoucheurs by pregnant women during their clinical placements at the Free State maternal health care institutions.

4.2.3 Descriptive research

Schmidt and Brown (2009: 149) explain that a descriptive strategy provides a picture of a situation as it is naturally happening without manipulation of any variables. Polit and Beck (2014: 160) state that the purpose of the descriptive study is to observe, describe, and document aspects of a situation. The researcher described and analysed the factors that influence the acceptability of student accoucheurs' by women during their clinical practice at the Free State maternal health care institutions. This factual information was obtained from the participants in their natural setting where the student accoucheurs are placed for their maternal health care clinical practice, and where pregnant women receive their maternal health care.

In this study, the researcher explored and described the views of student accoucheurs and women regarding maternal health care services rendered by student accoucheurs at the Free State maternal health care institutions. The researcher collected data from two sources: from the student accoucheurs, using focus group discussions and from pregnant women, using face-to-face semi-structured interviews. This design was chosen because the researcher

wanted to triangulate by collecting data from the student accoucheurs and women regarding the phenomena at the Free State maternal health care institutions using focus groups and semi-structured interviews, and analyse both sets of data thematically and interpret the findings. Both data collection approaches play equally important roles in addressing the research problem. The researcher used the findings from the two sources of data to develop the guidelines that will facilitate the acceptance of student accoucheurs during their clinical placement at the Free State maternal health care institutions. Figure 4.1 illustrates the qualitative research process of the current study.

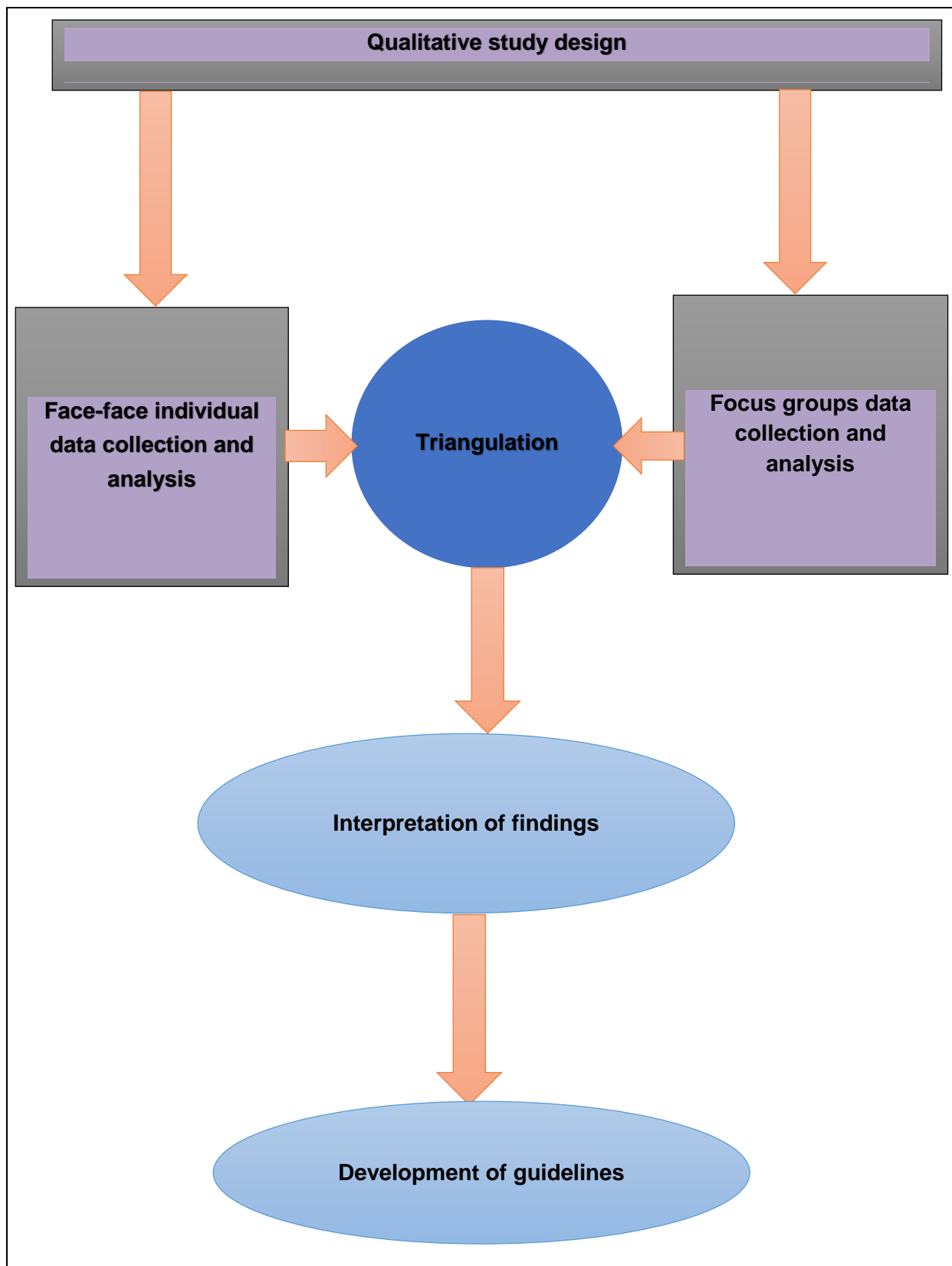


Figure 4.1: Diagram of qualitative research process of the current study.

4.3 WORLDVIEW APPLICATION

There are four worldviews that can be used to guide the study design namely: positivism, constructivism, participatory and pragmatism (Creswell and Plano Clark 2011: 40). The researcher adopted the constructivist worldview to inform the study based on the qualitative approach. Polit and Beck (2014: 8) state that for the naturalistic enquirer, reality is not a fixed entity but rather a construction of the people participating in the research; reality exists within a context, and many constructions are possible. Creswell (2014: 8) states that individuals develop subjective meanings of their experiences – meanings directed toward certain objects or things. These meanings are varied and multiple, leading the researcher to look for the complexity of views rather than narrowing meanings into few categories or ideas.

A social constructivist worldview was adopted in which the participants described their own views through face to face semi-structured interviews and focus group discussions as a method of data collection (Creswell 2013: 25). The collected data was analysed to obtain a broader perspective and interpretation of the findings. The constructivist's research goal relied as much as possible on the participants' views of the phenomena under study (Creswell 2014: 8). Therefore, the research questions were broadened so that the participants could construct the meaning of the situation during data collection. This strategy is supported by Creswell (2014: 8) who states that the use of open-ended questioning encourages the researcher to listen carefully to the participants' responses and their beliefs in their natural setting. The researcher made sense of the interpretations or meanings others have about the world; in this study, about the acceptance of maternal health care services rendered by student accoucheurs to pregnant women at the Free State maternal health care institutions. The findings assisted the researcher to inductively develop guidelines to facilitate the acceptance of student accoucheurs' clinical practice at the Free State maternal health care institutions.

4.4 STUDY AREA

The study was conducted in the Free State Province. A School of Nursing in the Free State Province has three sub-campus providing a four-year comprehensive course (R425), which place their students at the Free State maternal health care institutions. The Free State Province consists of 385 health care institutions, amongst these health care institutions there are 27 District hospitals, five Regional hospitals and one Tertiary hospital. The Free State School of Nursing places student accoucheurs at the six district hospitals, five regional hospitals, one tertiary hospital and 21 primary health care (PHC) clinics accredited by the SANC. Most of these maternal health care institutions render 24-hour maternal health care services.

Student nurses from their third-year level of training are expected to be placed as student midwives/accoucheurs at the ANC clinics for a period of three weeks to complete 120 hours of clinical practice. Within this period at the ANC, they are expected to complete five abdominal palpations, pelvic assessments and fundal height measurement as part of their maternal health care objective. The student midwives/accoucheurs will then be placed in the maternity unit in the hospitals and clinics for a period of six weeks to complete 240 hours. During their maternity unit allocation, they are expected to observe five deliveries, five cutting and suturing of episiotomy, conduct 15 deliveries, and one examination of a placenta, and do one neonatal resuscitation as part of their maternal health care objectives. At fourth-year level of training, student midwives/accoucheurs continue in the maternity units and are also placed in PHC clinics for three weeks to complete 120 hours in postnatal care consisting of one perineal care, one fundal height measurement and one involution of the uterus procedures that forms part of their maternal health care objectives to be declared competent as required by the SANC. These student midwives/accoucheurs are placed in maternal health care institutions on a rotational basis to gain knowledge and experience of the maternal health care services as required by the SANC irrespective of their gender.

The student midwives/accoucheurs are mentored and facilitated by the lecturers from the Free State School of Nursing as well as by registered midwives at the respective maternal health care institutions. The researcher, during his day to day encounter with these institutions as a nurse educator, observed that there are no accoucheurs working in the maternal health care units. Therefore, the women who are receiving maternal health care services in these institutions are not attended to by accoucheurs except when student accoucheurs are allocated to these institutions. The student accoucheurs are mentored mainly by female midwives for their maternal health clinical practice supervision as there are few male midwives.

Figure 4.2 presents a map of the Free State health institutions.



Figure 4.2: Free State health institutions map (Google map Free State 1997)

4.5 IDENTIFICATION OF DATA COLLECTION SITES

The study was conducted in the Free State Province. All five districts in the Free State Province namely: Thabo Mofutsanyana District in the Eastern Free State, Fezile Dabi and Lejweleputswa in the Northern Free State as well as Mangaung District and Xhariep District in the Southern Free State Province will be included in the study. The sites of the study included all three campuses from the Free State School of Nursing and SANC accredited maternal health care institutions where the Free State School of Nursing places their student midwives for clinical practice.

A total of 33 out of 385 health institutions in the Free State Province are maternal health care institutions and all these are accredited by the SANC for the clinical practice placement of student midwives and accoucheurs. These maternal health care institutions include 12 hospitals in five districts, five regional hospitals and one tertiary hospital, and 21 PHC clinics. All 33 maternal health care institutions provide antenatal, intrapartum and post-natal health care services for the women in the Free State Province. One hospital and one PHC clinic were randomly selected from each of the five districts to give a total of five hospitals and five PHC clinics that were included in the study. This was done to ensure representation of all the study areas.

4.5.1 Inclusion criteria for the study area

- All three campuses from the Free State School of Nursing.
- All Free State maternal health care institutions accredited by SANC for student midwife/accoucheur training.

4.5.2 Exclusion criteria for the study area

- All other health care institutions in the Free State Province.

The map below represents the Free State Province Districts with maternal health care institutions Figure 4.3.

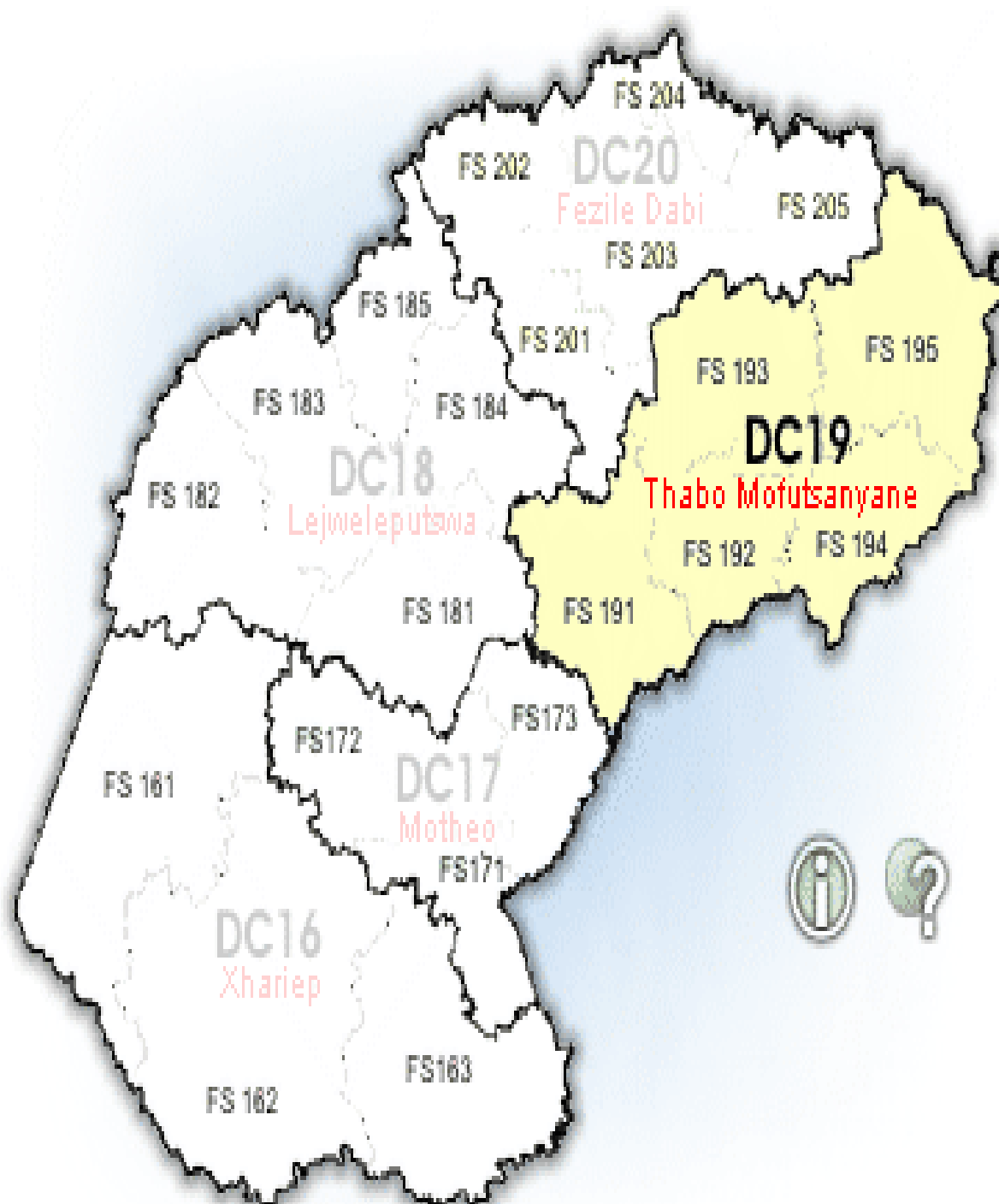


Figure 4.3: Map representing Free State maternal health care institutions per District (Google map of Free State 1997)

4.6 STUDY POPULATION

Polit and Beck (2012: 273) describe the population as the entire aggregation of cases in which the researcher is interested and which meets the criteria for research. The target population for this study was all fourth-year student accoucheurs and women who attended the Free State maternal health care institutions where student accoucheurs from the Free State School of Nursing were placed for their clinical practice.

4.7 SAMPLING PROCESS

Sampling is a process of selecting cases to represent an entire population so that inferences about the population can be drawn (Polit and Beck 2012: 275). In this study, student accoucheurs and women that met the inclusion criteria were purposively sampled. Polit and Beck (2012: 279) describe purposive sampling as a method often used when the researcher wants a sample of experts. Therefore, student accoucheurs who met the inclusion criteria and were placed in a maternal clinical practice and women who attended the Free State maternal health care institutions were purposively sampled for this study. Furthermore, the researcher purposively selected pregnant women who met the inclusion criteria for this study during their maternal routine visits and PNC at the maternal health care institutions.

Participants who met the inclusion criteria were given information letters written in their preferred language of choice (Annexures 5, 6a and 6b), which provided an outline of the aim of the study. Thereafter, appointments were set up with the participants to conduct interviews and focus groups discussions at their own convenient time at the maternal health care institutions. This gave the participants adequate time to make an informed decision whether to participate or not in the study without any coercion. All consenting participants signed the consent forms (Annexures 7a and 7b).

4.7.1 Inclusion criteria for the study population

- Student accoucheurs in the fourth-year level of training placed for midwifery clinical practice at the Free State maternal health institutions.
- All women in the post-partum period, 18 years of age and above attending post-natal health care services at the Free State maternal health care institutions.

4.7.2 Exclusion criteria for the study population

- All male student accoucheurs not in their fourth-year level of training and other student nurses and midwives.
- All women in their post-partum period younger than 18 years of age.

4.8 SAMPLE SIZE

The sample size is a central consideration when it comes to minimizing the error of sample estimates and maximizing study value for a given cost. A qualitative research study does not conform to sample size. Therefore, participants are recruited until data saturation is reached (Schmidt and Brown 2009: 161). Data saturation is the point when the participants' information being shared with the researcher becomes repetitive and no new information emerges during subsequent interviews (Schmidt and Brown 2009: 161). In this study, purposive sampling size was determined by data saturation during focus group discussions with student accoucheurs and semi-structured interviews conducted with women at the Free State maternal health institutions. The researcher conducted face to face semi-structured interviews with 26 pregnant women followed by four additional interviews with pregnant women to ensure that data was saturated. Five to eight focus group discussions were conducted with student accoucheurs during data collection until data saturation was reached. The point of data saturation was determined by the repetition of data from the participants per study site. This was confirmed by two additional focus group discussions with student accoucheurs to confirm data saturation.

4.9 PRE-TESTING OF DATA COLLECTION TOOLS

Data collection tools were pre-tested before the main study was conducted. Polit and Beck (2012: 195) ascertain that pre-testing assists the researcher to trial run an instrument on a small scale before it is used on a larger scale, preventing costly and flawed studies. The pre-test of data collection tools further excluded any ambiguities or inaccuracies pertaining to the questions that need to be corrected before administering the tool to the main study participants. This was done to identify any need for refining the research methodology including the data collection processes. Semi-structured interviews with three women and one focus group consisting of four student accoucheurs were conducted. The researcher posed the grand tour question, followed by the probing sub-questions to ensure further clarity of data collected. Data collected was audiotaped and field notes were taken during the interviews which were analysed and interpreted. This assisted the researcher in the identification of ambiguity of the grand tour question and sub-questions that needed to be refined to ensure that they were understandable before data collection for the main study. The participants, data and results from pre-testing were not included in the main study.

4.10 DATA COLLECTION PROCESS

Data collection is a process of gathering information to address the research problem (Polit and Beck 2012: 725). Two approaches of data collection were followed in this study: data was collected from student accoucheurs who met the inclusion criteria through focus group discussions and from women using face to face semi-structured interviews to explore and describe their views regarding maternal health care provided by student accoucheurs during their clinical practice. Data were collected by using interview guides developed by the researcher based on the research question and the study objectives which were verified by supervisors who hold Doctoral Degrees. The development of the data collection tools was guided by the literature review.

Interviews and focus groups were scheduled to be conducted on the same day at different times in the maternal health care institutions in each District. This allowed easy access to the targeted participants. The study was conducted using concurrent timing during the two phases of data collection, whereby the researcher collected data from both student accoucheurs using focus groups and face to face individual interviews with women on the same day in the maternal health care institutions. This assisted the researcher in gathering rich information regarding the phenomena. The researcher then analysed data concurrently during data collection and interpreted the findings to develop guidelines to facilitate acceptance of student accoucheurs during their clinical placement at the Free State maternal health care institutions.

4.10.1 Focus group discussion with student accoucheurs

Data was collected from the student accoucheurs who met the inclusion criteria by using focus group discussions (Annexure 8 and Annexure 10). This data collection method was guided by the researcher who collected data from multiple participants at the same time, involving relatively structured but guided discussion focused around the topic of interest (Braun and Clarke 2013: 108). The researcher purposively selected four to eight student accoucheurs per focus group discussion session. These focus groups were formed by student accoucheurs during their placement in post-natal wards. The researcher conducted five to eight focus group discussions which were guided by data saturation. Two additional focus group discussions were conducted to confirm data saturation. Homogeneity of the group was safeguarded by selecting only student accoucheurs at their fourth-year level of training placed at the Free State maternal health care institutions. The timeframe for each focus group discussion was estimated between 1-2 hours to allow the participants enough time to express their views regarding the phenomena. Focus groups were conducted at the Free State maternal health care institutions in a private room to ensure privacy and non-disruption of organizational daily activities. The researcher laid ground rules for the group and gave the participants information about the scope of discussion which assisted the participants to understand

what was expected of them (Braun and Clarke 2013: 108). The researcher initially posed a grand tour question followed by the probing follow-up open-ended guided tour questions to ensure clarity of the participants' responses. Follow-up questions and additional corrections were done during the discussion to ensure that the participants understood the questions correctly based on their responses.

The interview guide was written in English as this is the medium of instruction used at the Free State School of Nursing. A voice recorder and field notes were used to collect data during the focus group discussions to ensure that the participants' actual words were recorded to assist the researcher in data analysis. To ensure rich information data, the researcher ensured that all the participants were given equal opportunity to express their views and constantly referred to the ground rules for dominating, respect and focus on the point of discussion. Data collected from the student accoucheurs regarding their views of maternal health care rendered to women at the Free State maternal health care institutions were analyzed thematically (Creswell and Plano Clark 2011: 187).

4.10.2 Face to face semi-structured interviews with pregnant women

According to Brink, van der Walt and van Rensburg (2012: 158), the interviewer must ask a certain number of specific questions, but additional probing questions can also be posed. The researcher prepared a written interview guide (Annexure 9a and Annexure 9b), which is a list of questions to facilitate the discussion. The interview guide was written in both languages largely used in the Free State Province namely, English and Sesotho. This minimized the misinterpretations of questions during translation. The participants were made comfortable during the semi-structured interviews by assuring them that they did not have to answer questions that they were uncomfortable with. The interviews were conducted in a private room to ensure privacy. The interviews took about 30 minutes to 60 minutes, which allowed the researcher to gather rich information about women's views regarding maternal health care rendered

to them by student accoucheurs. The interview guide, field notes, and an audiotape recorder were used during the interviews to collect data. This assisted the researcher in data analysis to transcribe and analyse the participants' actual words. The researcher initially posed a grand tour question followed by the probing follow-up open-ended guided tour questions to ensure clarity of the participants' responses. Follow-up questions and additional correction was done during the interviews to ensure that the participants understood the questions correctly based on their responses.

Data were collected until the point of data saturation when no new information emerges (Creswell 2014: 189). The semi-structured interviews were recorded, using a voice recorder to ensure that data are participants' verbatim responses (Polit and Beck 2012: 534). The researcher used field notes to ascertain points, moods and facial expressions made by the participants during the interview. Collected data remained with the researcher always until it was analysed. The data was stored in a secure place to maintain confidentiality and data tapes/forms were coded and marked with the date of collection.

4.11 DATA ANALYSIS

Qualitative data was transcribed from the voice recorder into a written format. Thereafter, data was organised and stored using ATLAS TI programme. This programme helped the researcher to systemically organise data into themes and sub-themes with codes to evaluate and interpret qualitative texts (Creswell 2014: 196). Tesch's open coding approach was used, which entails the eight steps of analysis of data (Creswell 2014: 198). This includes:

- Reading through all transcripts to get a general impression of the collected data.
- Writing down margin thoughts that emerge from the data.
- Making a list of all topics. Similar topics were clustered together. These topics were preliminarily organised as major topics, unique topics and leftover topics.

- Abbreviating topics as codes were written next to the corresponding segments of the data.
- Any other topics or codes that emerged were also written next to the appropriate segment of the text.
- The most descriptive wording for the topics was used and turned into sub-categories.
- Grouping together of the related topics and emerging list of categories.
- Preliminary analysis of data was done by assembling data that belong to each category from which themes emerge.
- Existing data was recorded.

Data collection and data analysis were conducted concurrently in both, face to face semi-structured individual interviews phase with pregnant women, and focus group discussions phase with student accoucheurs.

4.12 TRIANGULATION OF DATA

Triangulation refers to the use of multiple referents to draw conclusions about what constitutes truth (Polit and Beck 2012: 590). The researcher collected data from the participants at different times during the student accoucheurs' clinical placement to ensure time triangulation. Different sites that met the inclusion criteria where student accoucheurs are placed for their clinical practice were used to collect data for space triangulation purposes. The researcher collected data from student accoucheurs using focus group discussions and data from women using face to face semi-structured interviews to explore and describe the phenomenon to ensure person and method triangulation. Data sets obtained from face to face semi-structured interviews with pregnant women were triangulated with data sets collected from focus group discussions with student accoucheurs. Themes and sub-themes that emerged from both phases of data analysis were triangulated to enable the researcher to draw commonalities regarding the phenomena. The aim of triangulation was to validate data conclusions through multiple perspectives on the phenomenon. This enabled the researcher to develop guidelines to facilitate acceptance of

student accoucheurs in clinical practice at Free State maternal health care institutions.

4.13 DEVELOPMENT OF GUIDELINES TO FACILITATE ACCEPTANCE OF STUDENT ACCOUCHEURS IN CLINICAL PRACTICE

A nominal group technique (NGT) was employed to develop the guidelines. According to the Evaluation Briefs (2006: 7), NGT gathers information by asking individuals to respond to questions posed by a researcher and then asking participants to prioritize the ideas or suggestions of all group members. Moule and Goodman (2014: 237) describe NGT as a process of gathering information to reach consensus by ranking, refining responses to the key issues from the participants in a face to face focus group discussion. These authors further state that the participants are invited to join NGT because they have some experience of the topic under investigation. The group should be formed by five to nine members discussing a range of patient care and educational issues. The outcomes of the focus group discussions were used to develop practice guidelines (Moule and Goodman 2014: 237).

The focus group discussions was prepared by an expert. For this study, the researcher was the moderator who facilitated the discussion in a structured and formal setting. The researcher conducted NGT about the study phenomenon using student accoucheurs after data collection (Moule and Goodman 2014: 237). This was done at the Free State maternal health care institutions where student accoucheurs are placed for their maternal health care clinical practice. The moderator involved all the participants in the discussions including making suggestions and recommendations, and to rank and rate them in order of priorities to reach common consensus (Moule and Goodman 2014: 237).

The Evaluation Briefs (2006: 1) identify four steps in conducting the NGT namely:

1. Generating ideas

The moderator poses a question and requests the participants to generate ideas. Therefore, in this study, the researcher asked student accoucheurs their suggestions and recommendations that assisted in the facilitation of their acceptance by women in maternal health. This assisted the moderator in realising the objectives and aim of the study.

2. Recording ideas

The moderator allows the participants to engage in a robin-round feedback session by allowing each participant to give suggestions and recommendations. The ideas obtained by the researcher from the student accoucheurs were written down by the moderator. This process continued until saturation was reached which was determined by no new ideas emerged from the participants.

3. Discussing the ideas

Each recorded idea is then discussed to determine clarity and importance. The moderator asked a follow-up question from each recorded idea to give the participants an opportunity to express their understanding of the logic and the relative importance of an idea.

4. Voting on ideas

The moderator gave the participants an opportunity to vote for their ideas to rank them in order of priority. The ideas that were the most highly rated by the group were the most favoured group ideas in response to the question posed by the moderator. The researcher used the suggestions and recommendations results obtained from student accoucheurs' focus group discussion, and the suggestions and recommended ideas from face to face individual semi-

structured interviews with women in an integrated manner during data triangulation to develop the intended guidelines. Developed guidelines will be implemented by the Free State School of Nursing, the Free State Department of Health and the Free State maternal health care institutions where student accoucheurs are placed for their maternal health clinical practice. These guidelines will assist in filling the identified gap: student accoucheurs' not being able to achieve their required objectives at the Free State maternal health care institutions to complete their training and register with the SANC as accoucheurs.

4.14 RESEARCH TRUSTWORTHINESS

Trustworthiness in qualitative research refers to the quality, the authenticity and the truthfulness of the research findings (Schmidt and Brown 2009: 307). The researcher established trustworthiness for qualitative data by meeting the four criteria of credibility, transferability, dependability and confirmability as established by Lincoln and Guba (1985: 301).

4.14.1 Credibility

Qualitative researchers strive to establish confidence in the truth of the findings for participants and context of the study. According to Polit and Beck (2012: 585), the credibility of the study refers to confidence in the truth and interpretation of data. To ensure the credibility of the qualitative data, the researcher conducted face to face semi-structured interviews with women and focus group discussions with student accoucheurs at the Free State maternal health care institutions to gather information regarding their views of maternal health care services rendered by student accoucheurs. This was followed by probing questions to ensure that data saturation was reached. Participants' verbatim responses were tape recorded and field notes were written during the interviews. Thereafter, the tape-recorded responses were used during data analysis to ensure that the actual truth was established. These methods of data collection and analysis ensured credibility.

4.14.2 Transferability

Lincoln and Guba (1985: 321) state that transferability refers to the applicability of findings to other settings. To ensure transferability, the researcher selected information-rich participants, collected data until saturation was reached and provided comprehensive descriptions of the data including verbatim quotations which were included in data analysis, and reported the research process systematically so that other researchers could test its applicability in other contexts.

4.14.3 Dependability

Dependability, according to Polit and Beck (2012: 585) indicates the stability of data over a period and in different conditions. In this study, the data that was used was the student accoucheurs' and women's own truthful views of maternal health care services rendered at the Free State maternal health care institutions. Pre-testing of data collection instruments was conducted to ensure that they were reliable. Raw data was captured by using a voice recorder during the interviews. Field notes were audited and archived to ensure their availability in case of verification.

4.14.4 Confirmability

According to Polit and Beck (2012: 585), confirmability refers to objectivity that is the potential for congruence between two or more independent people about the data's accuracy, relevancy and meaning. In this study, voice recorded responses and transcribed field notes were evaluated by two study supervisors, who have doctoral degrees. Translation of research documents from English to Sesotho was done by an expert (Annexure 13). Research documents will be stored for a period of five years and thereafter will be destroyed as per the university policy.

4.15 ETHICAL CONSIDERATIONS

Before the commencement of the study, full ethics clearance was obtained from the University Ethics Committee (IREC Number: 10/17) (Annexure 1). This was followed by a request and approval for permission to conduct the study from the Free State District Managers (Annexures 2a and 2b), Free State Department of Health (Annexures 3a and 3b) and Free State School of Nursing (Annexures 4a and 4b). Polit and Beck (2012: 157) state that participants need to have adequate information about the research, comprehend that information and have the choice to consent to or decline participation voluntarily. To ensure this, the researcher gave all the prospective participants the information letter made available in both English and Sotho, the languages widely spoken by the people in the Free State Province (Annexures 5, 6a and 6b). The letter of information gave the participants detailed information regarding the purpose of the study and the process. Thereafter, the participants were given the consent form which was made available in both English and Sotho to ensure that they understood the contents before signing (Annexure 7a and 7b).

The researcher read and explained the information letter (Annexure 6b) and the consent form (Annexure 7b) to participants who could not read or write. These participants who consented verbally placed their thumb print on the consent form. The participants were given the choice to participate or not without any coercion and they were also given the option to withdraw from the study at any time without incurring any negative consequences.

The researcher further ensured ethics of the study by applying the following ethical principles, namely, veracity, justice, non-maleficence, beneficence and confidentiality:

Veracity is an ethical principle of telling the truth as a researcher, informing participants of potential risks and benefits including their right to decide whether to participate without any coercion and to withdraw at any time (Moule and Goodman 2014: 59). To ensure veracity, the researcher provided the

participants with a detailed letter of information regarding the study in their language of preference, and verbally assured the participants of their choices to participate in or withdraw from the study without any coercion.

Justice refers to the principle of being fair to the participants, not to give preferences to some over others, and not to discriminate between participants (Moule and Goodman 2014: 59). In this study, the participants' interests and preferences were considered by requesting them to take part in the study at their own convenient time during the maternal health care visits, either during their waiting time or after the consultation to avoid disruption. There was no discrimination by race, religion or social class.

Moule and Goodman (2014: 59) further state that the researcher should observe the principle of **non-maleficence**, which is the principle of doing no harm. There was no foreseeable physical harm caused by the research study. The researcher was always alert and cautious to prevent any emotional psychological, social and economic harm during the study. Although discussing previous experiences could trigger some emotions, the researcher as a professional nurse, was prepared to deal with such occurrences. Counsellors and midwives were available at the study sites to assist, should the researcher fail to manage the situation.

The principle of **beneficence** refers to the principle of doing good for both the research participants and society (Moule and Goodman 2014: 60). The researcher ensured that the participants' anonymity was maintained by not including their personal information in the data collecting tools. The information letters and consent forms were signed by the participants before participating in the research study to ensure beneficence.

Confidentiality in this study was ensured by not including any personal information of the participants that linked them to their responses during the study (Moule and Goodman 2014: 60). Interviews and focus group discussions were conducted in a private room at the Free State maternal health care

institutions where the participants were free to answer any questions related to the study. Data from the study setting was placed in a sealed envelope and transported by the researcher to the lockable office to ensure that no unauthorised persons access the data. Data collection instruments such as interview guides, tape recorders and field notes were kept in a locked cupboard and only removed by the researcher during data analysis. The researcher will keep the key for a period of five years. To ensure confidentiality, data stored in the computer was password protected, only accessible by the researcher. All field notes, interview guides were shredded, and the audiotape and the computer stored data will be deleted after five years have elapsed.

4.16 SUMMARY OF THE CHAPTER

This Chapter presented the methodology and processes that were used in this study. The method that was used to develop the intended guidelines for supporting student accoucheurs acceptability during their clinical placement at the Free State maternal health care institutions was discussed including the maintenance of trustworthiness of the study. In Chapter 5, findings of the study are presented.

CHAPTER 5

PRESENTATION OF THE STUDY FINDINGS

5.1 INTRODUCTION

In chapter 4, the methodology used in this study was discussed. This chapter focuses on the presentation of the findings. Data obtained from focus group discussions with student accoucheurs and individual face to face semi-structured interviews with pregnant women regarding non-acceptance of student accoucheurs by pregnant women during their clinical placement at the Free State maternal health care institutions is presented. Qualitative data was used to achieve the aims and objectives of the study.

5.2 SAMPLE REALIZATION

Two phases of data collection were conducted: the first phase included focus group discussions conducted in English with student accoucheurs, and the second phase included semi-structured face to face interviews conducted in both English and Sesotho with pregnant women.

5.2.1 Maternal health care study sites

The ten (10) maternal health care institutions that were included in the study were three (3) regional hospitals, two (2) district hospitals and five (5) PHC clinics. The maternal health care institutions were coded as follows: Regional hospital (R), District hospital (D), PHC clinics (C). These were used as the study sites for data collection. Table 5.1 presents the maternal health care institutions that were included in the study.

Table 5.1: Maternal health care institutions included in the study

Districts	Regional hospital	District hospital	PHC	Total
Fezile Dabi	R1	-	C1	2
Lejwe Leputswa	R2	-	C2	2
Mangaung	R3	D1	C3 & C4	4
Xhariep	-	D2	C5	2
Total	3	2	5	10

5.2.2 First phase: Focus group discussions with student accoucheurs

Thirty-two (32) student accoucheurs voluntarily participated in the focus group discussions at two (2) Free State School of Nursing sub-campuses. There were sixteen (16) student accoucheurs from sub-campus one (1) and sixteen (16) student accoucheurs from sub-campus 2. All focus group discussions were conducted with student accoucheurs within the sampled maternal health care institutions (Table 5.2). The researcher conducted five (5) focus group discussion sessions consisting of four to five (4-5) student accoucheurs per group. This was guided by data saturation. Two (2) additional focus group discussions were conducted to ensure that data had been saturated. A total of seven (7) focus group discussion sessions were conducted for the entire study.

Table 5.2: Number of student accoucheurs and distribution of focus group

Sub-Campuses	Sub-campus 1 (16 students)		Sub-campus 2 (16 students)		Total (32 students)
Districts	Regional hospitals	PHC	District hospitals	PHC	No of focus groups
Fezile Dabi	R1=FG1	C1=FG5			2
Lejwe Leputswa	R2=FG2	-			1
Mangaung			D1=FG3	C3=FG6	2
Xhariep			D2=FG4	C5=FG7	2
Total	2	1	2	2	7

5.2.3 Second phase: Face to face semi-structured interviews with pregnant women

The researcher interviewed twelve (12) participants in three institutions (R), four participants in the institutions (D) and fourteen (14) participants in the institutions (C). Data saturation was reached after twenty-six participants were interviewed, and four additional interviews were conducted to confirm that data saturation had been reached. A total of thirty (30) interviews were conducted for the entire study. Table 5.3 represents the interviews conducted with women.

Table 5.3: Interviews conducted with women

Districts	Regional hospital	District hospital	PHC	Total
Fezile Dabi	R1=4		C1=3	7
Lejwe Leputswa	R2=4		C2=3	7
Mangaung	R3=4	D1=2	C3=3 & C4=3	12
Xhariep		D2=2	C5=2	4
Total	12	04	14	30

5.3 STUDY FINDINGS

5.3.1 Demographic data of the participants

5.3.1.1 Phase 1: Participants (Student accoucheurs)

The participants in the focus group discussions were all black males, not married, between 20-24 years of age, in their fourth year of training towards the Diploma in General Nursing (Community, Psychiatry) and Midwifery (R425) at the Free State School of Nursing. Table 5.4 presents the summary of student accoucheurs' demographic data.

Table 5.4: Summary of student accoucheurs' demographic data

Age	Race	Level of training	Course	Total
20-24	Black	4 th year	Diploma in General Nursing (Community, Psychiatry) and Midwifery	
32	32	32	32	32

5.3.1.2 Phase 2: Participants (Pregnant women)

In the second phase, participants interviewed consisted of eighteen (18) black SeSotho and English speaking, five (5) white English speaking, four (4) coloured English speaking and three (3) Indian English speaking pregnant women. Twenty-two (22) of the participants were married, seven (7) were single and one (1) divorced. Twenty-one (21) participants were employed, and nine (9) participants were unemployed. There were twenty (20) participants with Grade 4-12, one (1) participant with Further Education and Training (FET) certificates, and 9 participants with either a Diploma or a Degree. There were four (4) participants of ages ranging from 19-20, ten (10) participants' ages ranging from 21-29, eleven (11) participants ages ranging from 30-39 and five (5) participants ages ranging from 40-49 years. Twenty (20) participants were Christians, seven (7) participants were non-Christians and three (3) participants were Indian. Table 5.5 presents the summary of pregnant women's demographic data.

Table 5.5: Number of pregnant women according to each demographic element

Demographic element					Total
Age	19-20=4	21-29=10	30-39=11	40-49=5	30
Race	Black=18	White=5	Coloured=4	Indian=3	30
Religion	Christian=20	Non-Christian=7		Muslim=3	30
Employment status	Employed=21	Unemployed=9			30
Marital status	Single=7	Married=22	Divorced=1	30	30
Educational level	Grade 4-12=20	Certificate=1	Diploma/Degree=9	30	30

5.4 MAJOR THEMES EMERGED FROM FOCUS GROUP DISCUSSIONS WITH STUDENT ACCOUCHEURS AND INTERVIEWS WITH PREGNANT WOMEN

Four common major themes emerged from the focus group discussions with the student accoucheurs and interviews with the pregnant women. These included:

Theme 1: Transcultural diversity.

Theme 2: Socio-economic factors.

Theme 3: Social interactions and relations.

Theme 4: Gender diversity and equity in the work place.

These themes formed an important part of common perceptions and beliefs of all the participants regarding the phenomena. Figure 5.1 presents major themes emerged in this study.

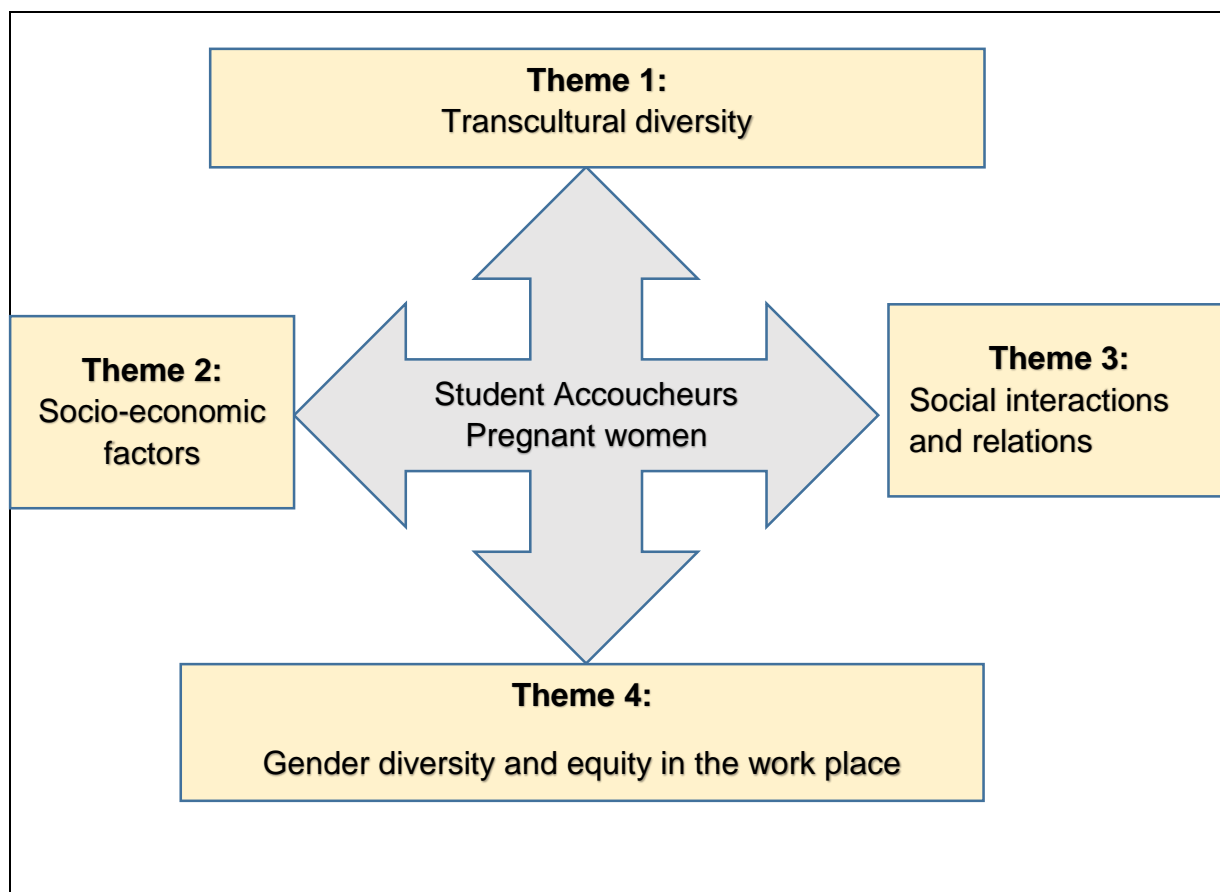


Figure 5.1: Major themes that emerged from the study

Several sub-themes emerged during the focus group discussions with student accoucheurs and face to face semi-structured interviews with pregnant women regarding the phenomena. These sub-themes are presented in Table 5.6.

Table 5.6: Themes and sub-themes that emerged from the focus group discussion and interviews

THEMES	SUB-THEMES
Theme 1: Transcultural diversity	1.1 Cultural beliefs, values and care during pregnancy, labour and puerperium in maternal health. 1.2 Institutional sociocultural beliefs and practices in maternal health.
Theme 2: Socio-economic factors	2.1 Financial stability of women. 2.2 Educational level of women.
Theme 3: Social interactions and relations	3.1 Nurse-patient relationship. 3.2 Physical interactions. 3.3 Verbal communication.
Theme 4: Gender inequality in the work place	4.1 Human resource gender distribution in the workplace. 4.2 Accoucheurs' work discipline preference.

5.4.1 Theme 1: Transcultural diversity

Participants stated that various factors influenced their non-acceptance of care rendered by student accoucheurs during their clinical placement at the maternal health care institutions. Their opinions were based on social and cultural issues such as religion, cultural beliefs and values as well as practices of women during pregnancy. Two sub-themes emerged: a) Cultural beliefs, values and care during pregnancy, labour and puerperium in maternal health, b) Institutional sociocultural beliefs and practices in maternal health.

5.4.1.1 Sub-theme1.1: Cultural beliefs, values and care during pregnancy, labour and puerperium in maternal health

Many of the pregnant women stated that, according to their views, culture and religious beliefs, pregnancy is a traditionally and culturally sacred period during which only their husbands are/should be allowed to see them naked up to a certain limitation and that it was taboo for them to be seen and examined by student accoucheurs during this period. This was captured in the following responses:

“...eh...as a married woman, I was raised in a strict SeSotho cultural background that clearly indicate that during pregnancy and labour, women need to be taken care of by other women within the family including the female midwives at the hospital.....so men are not allowed according to our cultural beliefs to enter the maternal room, even my husband during labour and after delivery he stays away for the period of 10 full days. ...eh I understand that this in a hospital; things work differently, but I would suggest that I be included in decision making” (Participants 1)

“...Sir ...eh... We were born and raised in a cultural and religiously sensitive communities who beliefs strongly in their cultural and religious backgrounds.... I understand that male student nurses are undergoing their training...but...our beliefs are that males are not allowed to assist in giving birth.” (Participant 10)

“...This is culturally unacceptable and taboo hence I also tend to be reluctant to be assisted by them during my pregnancy.” (Participants 7)

“.... As a Muslim married woman, I strongly believe in our religion and or cultural practices of doing things during pregnancy and labour.... that means that men including my husband are not allowed to witness me giving birth, this is not how we do things according to our religious and cultural believes. Therefore, if I had a choice I would prefer that student accoucheurs not to be part of my delivery process but be part of my newborn's care.” (Participant 11)

Married women said that their husbands become jealous when they are being attended to by student accoucheurs as they themselves were culturally not allowed in the birthing room. However, this was not an issue of concern with unmarried women. These were married women's responses:

“Even my husband as a married man is not allowed to take part in my labour, hence he becomes jealous and reluctant of the maternal health care provided by student male nurses”. (Participant 15)

The pregnant women indicated that if their traditional and cultural beliefs were taken into consideration they would come to a common understanding to accept services rendered by student accoucheurs. This was what women had to say:

“Eh...I believe with negotiations and explanations one tends to be more understanding and accepting”. (Participant 29)

Student accoucheurs, in their discussion, believed that women who are from traditional rural areas are socially and culturally sensitive regarding pregnancy as this is regarded as sacred to them. They also indicated that some women, such as those who belong to the Muslim religion, are religiously sensitive regarding the male's involvement during pregnancy and labouring process. They responded as follows:

“I remember one night I was left with one case to complete my register but, I was denied the opportunity by a Muslim family to assist during delivery as this was seen as religiously taboo, I had to respect the patients' rights you know...”
(FG4)

Marital status was also a contributory factor in non-acceptance of maternal health care rendered by student accoucheurs. Student accoucheurs indicated that married women tend to become more resistant towards them in comparison with unmarried women. This was what student accoucheurs had to say:

“...Mh...some women do not want to be seen naked by another man other than their own husband's especially married ones... whereas unmarried women can be a bit accommodating as mostly they arrive alone at the maternal health care institutions”. (FG 5)

Student accoucheurs indicated that age was a contributory factor to non-acceptance by women in rendering the maternal health care. This was evident in the student accoucheurs' verbatim responses as they stated that older women perceive them as their own sons. According to student accoucheurs' views, culturally it was unacceptable to be seen naked by a person younger than them or by a person of the opposite sex. This was narrated as follows:

“Eh...culturally it is unacceptable to them to undress for a younger person of the same age as their own sons or of opposite gender.” (FG 2)

“...Sir...eh...older women some of them refuses to be attended by us males because some of them we are at same age group as their sons...oh...and some women will tell you that in their culture, men should wait for ten days before are allowed to see them during and after delivery. I believe some counselling and motivation will lessen their concerns about us.” (FG3)

Most of the student accoucheurs suggested that clear maternal health goals through interaction, education, counselling, motivation, understanding women's concerns, fears and, respecting their cultural backgrounds would assist in reaching mutual understanding that will assist them in completion of their required maternal health care objectives. This was what a student accoucheur said:

“I think education and counselling of women about the roles of student accoucheurs in maternal health care during ANC can play a huge role in allaying their fears and cultural concerns”. (FG1)

Women further stated that during pregnancy and labour, special care was needed as part of their cultural values. This includes being taught about perineal care, breast feeding and contraception. They said that these values of caring become sensitive and embarrassing when explained by student accoucheurs rather than in a woman to woman discussion. They believed that their cultural values of caring will be compromised when student accoucheurs render maternal health care services. Student accoucheurs did not comment on cultural values. Women’s opinions were expressed in the following excerpts:

“.... During pregnancy and labour as women we undergo changes in our bodies, therefore we rely mostly on other women to teach us and give care during this time. The value of care is best when you receive from other women who understand exactly what you are going through. When this care is being rendered by student male nurses it becomes a challenge to us as women as certain care are invasive and can be quite unacceptable according to our culture.” (Participants 11 and 19)

Some women stated that they develop a strong bond between their mothers and grandmothers during pregnancy. This gives them an opportunity of being taught about the pregnancy process including being cared for by them. They were of opinion that male student nurses would compromise this bond and their cultural values. Women’s views were captured in this quote:

“...Culturally in our family when we are pregnant, our mothers or grandmother sit with us down and give a woman to woman talk about care that I will need during this period including after delivery. This care is done to instil women’s cultural values within our society, therefore men would not be able to engage in such cultural value care. This will cause discomfort and embarrassment to me as a woman, unlike when this is being performed by

another woman, hence being informed, taught and being familiar to them could lessen my concerns about them and my culture.” (Participant 13)

Women suggested that if student accoucheurs were frequently given an opportunity to address women or be present during health talks at the ANC, these would ease their consciousness regarding what to expect from them during labour and puerperium. This was expressed in the following quotes:

“I would recommend that before we become exposed to such care we become taught about male nurses’ roles in maternity, and that male nurses must be present in this discussions including being given opportunities to teach us, this may change our perceptions.” (Participant 19)

5.4.1.2 Sub-theme 1.2: Institutional sociocultural beliefs and practices in the maternal health

There were no responses narrated by women in this sub-theme, but many of the student accoucheurs verbalised that within the Free State Province, it was a cultural norm that male nurses should be placed in other wards except the maternity unit. They saw this practice as a contributory factor to their rejection and non-acceptance by women in these units during their clinical placements. This was noted in these responses:

“It is the culture in the Free State maternal health care units that no males are working there and midwives are used to working alone as females only in their territory.” (FG5)

Some student accoucheurs said that other midwives would make them feel unwanted in these units by shouting at them in the presence of the patients, hence women become sceptical of the maternal health care services rendered by student accoucheurs. These were their responses:

“... some midwives shout at you in the presence of these women which lower your self-confidence and trust from them. Maybe that is the reason why most accoucheurs are not placed in this units. In my opinion Sir...I believe that we

should be respected and this cultural practice by midwives in this units should be reconsidered and be treated equally as our female counterparts in order to complete our required objectives.” (FG7)

5.4.2 Theme 2: Socio-economic factors

The student accoucheurs indicated that socio-economic backgrounds of women play a role in the choice of maternal health care in the Free State Province. They alluded that, most economically stable women have a variety of choices of maternal health from private doctors, private clinics and private midwife since they are able to afford these services.

Women also attested to the notion that if they were financially stable they would have the autonomy of deciding where to go for their maternal health care. They also said that they felt compelled to accept any maternal health care service, despite their preferences, due to financial instability.

Socio-economic factors were a challenge, causing rejection of student accoucheurs during their maternal health care clinical practice leading to non-achievement of the required objectives in this discipline. Two sub-themes emerged from this theme namely: a) Financial stability of women and b) Educational level of women.

5.4.2.1 Sub-theme 2.1: Financial stability of women

It became evident in the responses from women who stated that if they were financially stable, they would have opted to attend their maternal health care at the private institutions. This would have given them autonomy to choose their midwife gender based on their personal preference. This was their response:

“...Being a young and unemployed single mother does not give you much of a choice regarding to your health care you would like to attend to as you cannot afford a private hospital fees... therefore even if you are uncomfortable with the gender of the nurse your choices are very limited. Although I must say the care

that I received from male student nurses was very good despite my resistance towards them.” (Participant 22)

“...Eh...I am currently unemployed and my husband is a construction worker...so financially we are struggling to make ends meet. If I had money, I would have taken a medical aid that will put me at more liberty to choose any maternal health care institutions where I would attend my antenatal clinic and labour. ...Then I would have a choice of who should render service to me. Therefore, I would say if you are financially not stable it becomes a challenge to have your voice heard. Male student nurses are doing a good job but sometimes you tend to just agree to their services because of the circumstances.” (Participant 25)

The student accoucheurs based their arguments on the women's choices determined by their financial stability. During focus group discussions it became evident that financially stable women can choose the midwife and attend a private hospital or if they are at a public hospital their voices regarding the choice of care is more respected. They agreed that it was different for financially unstable women, as their circumstances forced them to attend public hospitals. They also observed that, although some women do not express their views, their resistance and non-co-operation can be detected during their care by student accoucheurs. These were some of their responses:

“... Women with money hardly come to the public hospital for maternal health unless they have other unknown reasons..., eh...I have been refused to deliver a lady teacher whose husband was a taxi owner and the Unit Manager did not intervene. This lead in forfeiting the chance of learning and fulfilling my required objectives” (FG5)

“.... Sir, most of women we service in the maternity are either unemployed or their finances are not that stable....eh...some do not actually tell you that they don't want you as a male but they will resist your commands during examination and during labour which put themselves and their babies at risk.” (FG3)

The women suggested that they should be given the option of choosing the gender of their midwife despite their financial status. This was their suggestion:

“I would suggest that I be given a choice regarding my care despite my financial status then it would be easier for me to accept male student nurses’ care”. (Participant 15)

Student accoucheurs suggested that they should be supported by experienced midwives when they are faced with a challenge of being rejected by pregnant women. They expressed this in this manner:

“My suggestion would be that support and guidance from experienced midwives should be strengthened to us when we are faced with such situation rather than being chased away.” (FG4)

5.4.2.2 Sub-theme 2.2: Educational level of women

Student accoucheurs mentioned that they experienced different treatment from women of different educational levels. They stated that most educated women knew that males can study towards any profession including that of accoucheurs. Therefore, they indicated that some educated women would not have that much of resistance towards them. This was noted in the following excerpts:

“...eh most educated women understand that we are in training and we should fulfil certain objectives and gain experience.” (FG4)

During focus group discussions it was reported that mainly uneducated women do not want to be treated by student accoucheurs. They indicated that this could be due to lack of knowledge about nursing, that males also follow the same course as their female counterparts to become a nurse. This was noted in the following verbatim response:

“Uneducated women, mostly tend not to understand that and some just refuse point blank. ...eh...this lead to us not gaining any experience and

struggling in accomplishing the required objectives. In my opinion, there should be clear and thorough explanation to them regarding why we are here and what will they benefit from us.” (FG6)

Most women whose educational level ranged from (FET) Certificate to a Degree understood that nursing is no longer a female dominated profession, that males must undergo the same training, that includes maternal health care, like their female counterparts. Different reactions were noticed between the educated and uneducated women regarding the acceptance of maternal health care rendered by student accoucheurs, though they felt that they should be given a choice to choose their preferred midwife based on gender. This is what the women had to say:

“...Sir, I do understand that nursing is now longer determined by gender, even males are allowed to train as midwives. ...To achieve these they need to practice in a real-life situation ...but I strongly feel that the health care institutions should give us liberty to choose if we want to be treated by male student nurses during our visits in the maternity.” (Participant 04).

The uneducated women, including those whose educational level ranges from Grade R to Grade 12, believed that maternal health care is a female territory and males should not be allowed in this area. However, some reported that, after experiencing the maternal health care services rendered by student accoucheurs, their perceptions changed despite their resentment towards them:

“... Eh, sometimes you feel that you do not have much of a say or a choice as you are not that well educated, so you tend to allow anyone to render health service irrespective of your personal preferences. But I must say that ...eh the treatment I experienced from a male student nurse was much better than female nurses despite my personal view about male student nurses in the maternity units. Therefore, I would definitely recommend that more males must start to be present in maternity units.” (Participant 8)

5.4.3 Theme 3: Social interactions and relations

Student accoucheurs stated that a good interaction between a midwife and a pregnant woman plays a major role in maternal health care. According to them, such interaction alleviates women's preconceived ideas and fears about pregnancy, labour, delivery and the midwife that will be assisting them. Student accoucheurs further indicated that females and males were socialised in different ways according to different upbringing. Some women said that they come to the maternal health institutions expecting to be treated by a female midwife, and they are shocked by the presence of student accoucheurs in these units. They refuse to accept maternal health care services rendered by student accoucheurs. The following sub-themes emerged from this theme: a) Nurse-patient relationship, b) Physical interactions and c) Verbal communication.

5.4.3.1 Sub-theme 3.1: Nurse-patient relationship

Women reported that it was important to build a relationship with the midwife during their maternal health care because they need their support and care during this period. According to their narratives, they believe that a sound nurse-patient relationship can only be established if the midwife was a female, but if male nurses are more supportive and comforting during this process, this could change their mind set. These were their narratives:

"...It is important to have a good relationship with the nurse attending you during pregnancy...because you become comfortable and feel supported. This kind of a relationship can only be built with female midwives as we are both females and it becomes easier to connect with another woman based on trust unlike with male nurses." (Participant 14)

"I also agree...It becomes difficult to have such a relationship with a man as you become afraid to be yourself around men, therefore if I could get more support and comfort from a male nurse my perception would change drastically." (Participant 25)

Student accoucheurs, during focus group discussions, also mentioned that building a nurse-patient relationship was important in the maternity unit. They stated that this could be a challenge because most women are socialised into building sound relationships between females, especially during pregnancy. Therefore, they indicated that needed to be empowered with knowledge, skills and support to build a good nurse-patient relationship with women in the maternal health care. This was identified in these responses:

“...Sir, sometimes as males, we are faced with a challenge on how to build a good relationship with women in the maternity units as some of them they come with preconceived ideas that they expect to be treated by female midwives.” (FG4)

“It becomes difficult to provide maternal health care if a woman does not trust you because this involves giving instruction and physical touch such as palpations including per vaginal examinations. At this stage that’s when I need more help regarding knowledge and support how to gain the women’s trust and have a good nurse-patient relationship you know...” (FG3)

5.4.3.2 Sub-theme 3.2: Physical interaction

Women were concerned about being examined by student accoucheurs during their ANC routine visits, delivery and postnatal care. Their main concern, besides being seen naked by the student accoucheurs, was that a male will be assisting in the delivery. This was what women had to say:

“.... Sir, during antenatal visits we are being checked by the midwife to ensure that pregnancy is progressing well... so this involves being naked, but... besides being naked I am worried about being assisted by a man to give birth...I will be uncomfortable.” (Participant 24)

Women were also concerned about being examined by student accoucheurs as the process involves physical touch and invasive examination, which could be embarrassing and uncomfortable.. This was their response:

“.... Again ...they are expected to perform the same examination that involves physical touch as it would have been done by the female midwife. This could be embarrassing and bring a feeling of shame to a woman. But with open step by step explanation of each process, I would be less embarrassed.” (Participants 16)

However, it is worth noting that this was never brought up during focus group discussions with student accoucheurs.

5.4.3.3 Sub-theme 3.3: Verbal communication

The women stated that some of the words used in teaching, giving instructions and advising could be very sensitive considering their culture and upbringing, especially if a person of the opposite sex uses terminology such as ‘open your legs’, ‘push’ during deliver:

“When we visit the clinics, labour wards and after delivery of a baby we are being taught, guided and advised what to expect and what to do during this period ...all of this is done by a midwife.eh... culturally some of the words becomes quite offensive if are said by a male to a female. Take for instance when he instructs you to ‘bula dirope’ or ‘kukumusa’ during labour, it is embarrassing for us as women. Eh...my suggestion would be perhaps there should be always a female figure nurse assisting a male nurse in the whole process to ease my mind.” (Participants 24)

Women felt that it is embarrassing when they have to give information about their menstrual periods, or when males teach them genital hygiene and how to care of their breasts or how to breastfeed. Their responses were as follows:

“...Um...I was embarrassed during my first antenatal visit at the clinic as I was consulted by a student male nurse together with a Sister, there were very personal information I had to give as required during pregnancy that if I had a choice I would never divulge in the presence of a man...such as my menstrual periods as this is a personal and sensitive information to me. But the Sister’s

presence kept reassuring me that I must be free to answer any question that lessened my feeling of embarrassment.” (Participants 09)

“...after giving birth I was assisted by a male student nurse on how to breastfeed my baby...I was a bit embarrassed as I am a woman I should know these things.” (Participant 3)

Focus group discussions with student accoucheurs indicated that a lack of communication skills with women was a contributing factor to women not accepting maternal health care rendered by them. They indicated that some vernacular words used to instruct women during delivery could sound vulgar and embarrassing if said by a male to a female. Therefore, there should be a clear, less embarrassing method of communication that should be used for ANC, labour and postnatal care. These were their responses:

“...sometimes I feel shy to ask a woman to push in SeSotho as this word may sound vulgar if used by a male to a female.” (FG5)

“...Eh I think we should be taught how to give instructions to women without embarrassing them, ... sometimes the way we communicate with them it makes them uncomfortable especially when they are accompanied by their husbands or their family members, then they start to refuse us from providing maternal health care.” (FG7)

5.4.4 Theme 4: Gender inequality in the work place

Women are exposed to maternal health care rendered by student accoucheurs for a short period of time that they are placed in the maternal health units. They are not attended by a male nurse on a regular basis. Most women indicated that they always expect to meet and to be treated by a female midwife in the maternity units so they are surprised when confronted with a male nurse. They further cited that in the Free State Province, male nurses are only seen in general wards, intensive care units, operating room theatres and in casualty departments. It was very rare to find a male nurse in the maternity units, especially in the delivery rooms. This gender inequality in the work place makes

them sceptical of the maternal health care rendered by student accoucheurs. This leads to the following sub-themes: a) Human resource gender distribution in the workplace b) Accoucheurs' midwifery discipline preference.

5.4.4.1 Sub-theme 4.1: Human Resource gender distribution in the workplace

Student accoucheurs attested that in the Free State Province maternal health care institutions there were no males where they were allocated for their clinical practice by the Free State School of nursing. They further stated that community health services accoucheurs are placed for a short period of time in these units by the nursing managers of some of the maternal health care institutions. Student accoucheurs indicated that women have limited exposure to maternal health care services rendered by accoucheurs, hence the rejection and unacceptance of their care during their placement. This was evident in the following responses:

"...Nursing Managers do not place accoucheurs in maternal health units ...eh in the clinics and hospitals I was allocated in, we were only males as students in this unit. Accoucheurs were allocated in casualty, intensive care units, theatres and other general wards except in the maternity units. Therefore, women only see male nurses when we are allocated to these unit." (FG1)

"I have noticed that in maternity units the only male figure you find there are the Doctors...oh...and in some few institutions you also find one or two community service accoucheurs working for either two weeks to a month if you are lucky....and they are taken to assist in other units constantly if there is shortage of staff. Women hardly get enough exposure to their care hence they don't want us." (FG6)

Student accoucheurs also raised a concern that, within the maternal health care institutions where they are placed for their clinical practice, they had never seen an accoucheur as a Unit Manager nor an Assistant Nursing Manager for maternal health care units. Their concerns were expressed in this manner:

“Sir, I have never saw even a single Male Unit Manager or Male Matron where I have done my clinical placement rotation for the past two years...” (FG4)

“Even the Matrons for the maternity units in all institutions where we have been placed are females.” (FG7)

Women also attested that male nurses were normally seen in the units such as casualty, intensive care, operating theatre and in general wards except in the maternity units. Some women further indicated that the only time they see and experience maternal health care rendered by male nurses is when the student accoucheurs are present in the maternity units. Their responses were as follows:

“...Sir, to be honest with you....eh...I have never seen a male nurse in the maternity unit working full time. I only started seeing male nurses in the clinic and in the maternity units when these youngsters are in training but that happens for a short period of time. ...that is the reason I tend to be resistance to be assisted by them as I am not used to seeing them rendering services to pregnant women. If male nurses were working full time in the maternity units, we and our family should have been used to them by now, that would lessen our discomfort, embarrassment and rejection towards them.” (Participant 20)

“At this clinic and hospital there is no male working in the maternity unit except the Doctors. I only started to witness the presence of student male nurses but mostly they are here for a short period. Male nurses... you find many of them in other units except in the maternity hence I don't feel comfortable to be assisted by the.... But if there were always male nurses in the maternity units I am sure all women should have accepted and used to their presence including their services.” (Participant 18)

Student accoucheurs suggested that accoucheurs should be visible in the maternal health units as this would cause a paradigm shift in perceptions and views about males in these units. These were their suggestions:

“.... Sir, I would suggest that Nursing Managers should look into the manner they distribute their staff in the institutions.” (FG2)

“I think gender equity when doing allocation should be considered by Nursing Managers.” (FG1)

5.4.4.2 Sub-theme 4.2: Accoucheurs’ work discipline preference

Most of the student accoucheurs indicated that if they were given an opportunity to choose the discipline that they prefer to practice on completion of their training it would be midwifery. This was noted in the following excerpts:

“If I were to be given a choice to choose which ward I would prefer to work in when I complete my training it will be in maternity unit...” (FG3)

“Eh...I prefer to work in maternity unit than in other units in the hospital. I just like midwifery.” (FG6)

5.5 SUMMARY OF THE CHAPTER

Chapter 5 presented the findings of the study. Student accoucheurs’ focus group discussions and individual face to face semi-structured interviews with women were described and supported by participants verbatim responses. Chapter 6 focuses on the discussion and triangulation of the study findings to assist the researcher in developing guidelines to facilitate support of student accoucheurs during their clinical placement at Free State maternal health care institutions.

CHAPTER 6

DISCUSSION OF THE STUDY FINDINGS

6.1 INTRODUCTION

Chapter 5 presented the findings of the study. Themes and sub-themes that emerged during data analysis were discussed and supported by the participants' verbatim responses. In this chapter, the discussion and triangulation of the study findings are contextualized within Hildegard Peplau's Theory of Interpersonal Relations as the main theoretical framework that guided the study. The discussion of the study findings was based on the common major themes and sub-themes that emerged during data analysis of the two data sets obtained from the participants to realise the objectives of the study.

6.2 OVERVIEW OF THE RESEARCH STUDY DISCUSSION

The discussion and interpretation of the study findings focus on the themes and sub-themes that emerged during analysis. Table 6.1 presents the themes, sub-themes and categories that emerged in face to face semi-structured interviews and focus group discussions with the participants.

Table 6.1: Themes, sub-themes and categories of the study findings

Themes	Sub-themes	Categories
Theme 1: Transcultural diversity	<ul style="list-style-type: none"> • Cultural beliefs, values and care during pregnancy, labour and puerperium in the maternal health. 	<ul style="list-style-type: none"> • Cultural beliefs, values and caring. • Religious beliefs. • Married women versus unmarried women. • Age of women. • Pregnant women's mother and grandmother bond.
	<ul style="list-style-type: none"> • Institutional sociocultural beliefs and practices in the maternal health. 	<ul style="list-style-type: none"> • Gender domination in maternity units. • Gender threats in the maternity units.
Theme 2: Socio-economic factors	<ul style="list-style-type: none"> • Financial stability of women. 	<ul style="list-style-type: none"> • Unemployed pregnant women. • Employed and financially stable pregnant women.
	<ul style="list-style-type: none"> • Educational level of women. 	<ul style="list-style-type: none"> • Knowledge of career choices.
Theme 3: Social interactions and relations	<ul style="list-style-type: none"> • Nurse-patient relationship. 	<ul style="list-style-type: none"> • Trusting relationship.
	<ul style="list-style-type: none"> • Physical interactions. 	<ul style="list-style-type: none"> • Feeling of discomfort and embarrassment.
	<ul style="list-style-type: none"> • Verbal communication. 	<ul style="list-style-type: none"> • Communication skills.
Theme 4: Gender inequality in the workplace	<ul style="list-style-type: none"> • Human resource gender distribution in the workplace. 	<ul style="list-style-type: none"> • Accoucheurs placement in the institutions.
	<ul style="list-style-type: none"> • Accoucheurs' work discipline preference. 	<ul style="list-style-type: none"> • Choice of disciplines.

Peplau's Theory of Interpersonal Relations' phases and six nurse-patient roles were applied in an integrated manner with the themes and sub-themes emerging from the study findings. Figure 6.1 represents the application of Peplau's Theory of Interpersonal Relations.

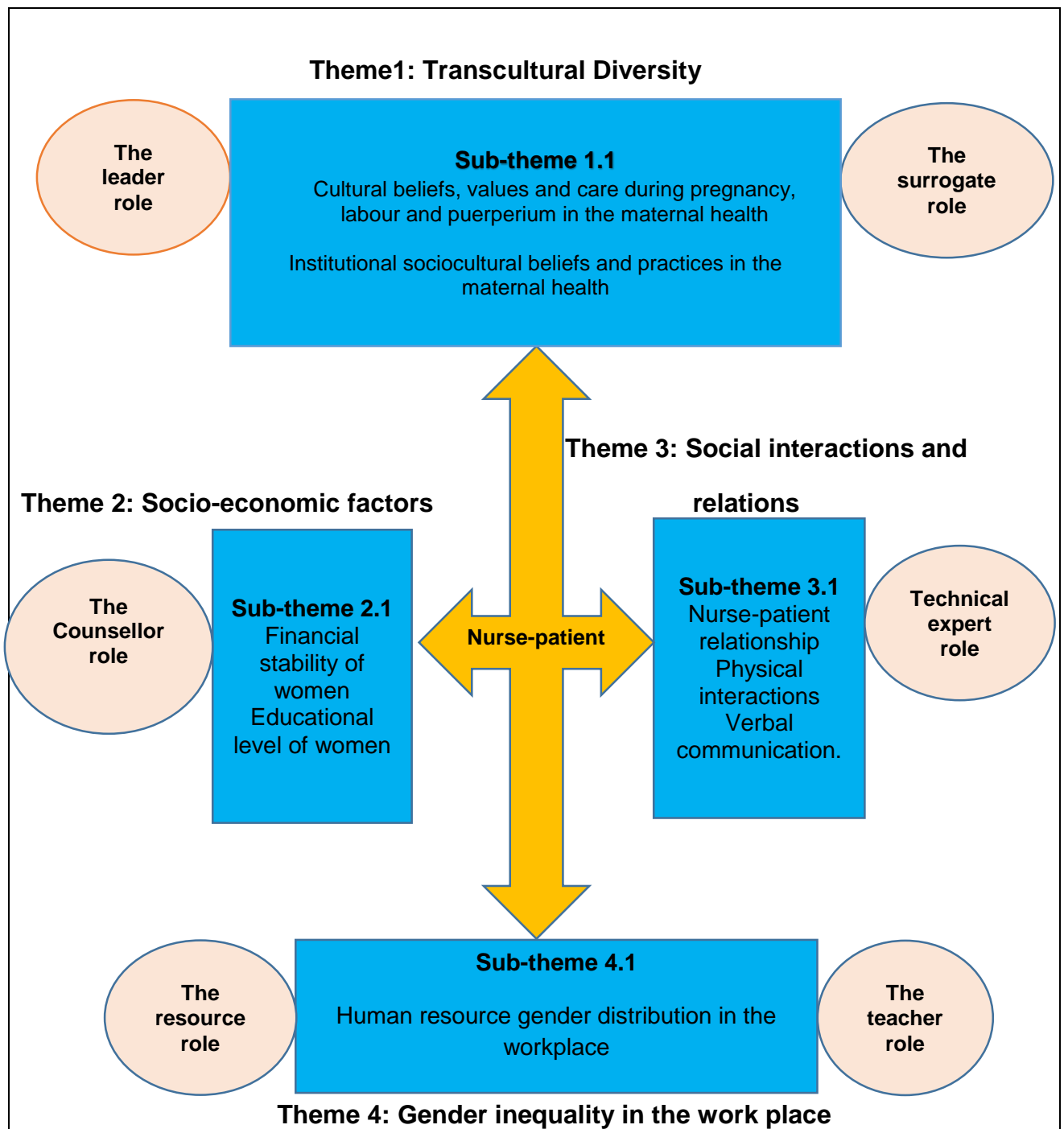


Figure 6.1: Peplau's Theory of Interpersonal Relations' integrated themes and sub-themes

6.3 THEME 1: TRANS-CULTURAL DIVERSITY

According to Karout, Abdelaziz, Goda, AlTuwaijri, Almostafa, Ashour and Alradi (2013: 173), cultural diversity, is a culture with different groups such as ethnic, religious and linguistic in which each group has their own values, belief systems, traditions and different lifestyles. These authors further state that people belong to different cultures and they will have different preferences in terms of health care (Karout *et al.* 2013: 173). The Free State maternal health care sector provides services to women from diverse cultural backgrounds. This was evident during the participants' responses which revealed that their practices and beliefs differ regarding how they perceive males' involvement in their maternal health care.

6.3.1 Sub-theme 1: Cultural beliefs, values and care during pregnancy, labour and puerperium in maternal health.

Cultural beliefs, values and caring

Pregnant women pointed out that males, including their own husbands, were not allowed in maternity units as this is believed to be a taboo in their culture. Some participants believed that the presence of a man during labour brings bad spirits to the child. This notion was supported by Pilkenton and Schorn (2008: 32) who argue that other reasons for refusing males in the delivery room were related to the cultural ideologies of women. Women were taught by their elders that to prevent these bad spirits from affecting their children during birth, men must stay away from the birth room for a period of ten days. Peplau's Theory of Interpersonal Relations describes this as an exploration phase (Masters 2012: 200). During this phase, the patient takes advantage of all services available by making more demands about her care (Masters 2012: 200). Student accoucheurs need to explore and deal with the subconscious forces that cause pregnant women to act in that manner and encourage the patient to recognise her feelings, thoughts and actions. Student accoucheurs apply for the leader role by initiating and maintaining a non-judgemental atmosphere conducive to pregnant women expressing their cultural beliefs and values about being cared

for by a male. The leader role application requires student accoucheurs to assist pregnant women to achieve their maternal health care goals by interacting, educating, counselling and motivating them without jeopardising their beliefs (Masters 2012: 200). In this way, the student accoucheurs will also achieve their maternal health care objectives required for their training.

Some women argued that they felt embarrassed, fearful and discomfort to be seen naked by younger student accoucheurs. Pilkenton and Schorn (2008: 31) agreed that the presence of males was causing embarrassment to women in the maternity unit. According to Peplau's Theory of Interpersonal Relations (Master 2012: 200), a nurse should play a surrogate role. This implies that a nurse should take the place of another, a student accoucheur takes the place of a female midwife by rendering maternal health care services to pregnant women. It is imperative that student accoucheurs understand pregnant women's concerns and fears and cultural backgrounds and respect them. This will ease women's concerns, leading to acceptance of maternal health care services rendered by them. This notion was confirmed by married women during the individual face to face interviews when they indicated that, initially they felt uncomfortable to be treated by student accoucheurs, but after experiencing their care they had a change of mind set.

According to Pilkenton and Schorn (2008: 31), many women reported that initially, they were hesitant about having a male midwife, but once rapport was developed, gender was no longer a consideration. Furthermore, these authors stated that in their study findings one woman reported that her male midwife was "much more caring and sympathetic" than her female midwives (Pilkenton and Schorn 2008: 31). Student accoucheurs confirmed this notion by indicating that some women complimented the maternal health care services rendered by them, stating that it was better than the services rendered by their female midwives.

Religious beliefs

From a religious perspective, most of the participants' opinions were that pregnancy was a sensitive period for some women which cannot be understood by males. Women indicated that their religious beliefs did not approve of men caring for women in maternity units. According to Shavai and Chinamasa (2015: 175), some women were suspicious of men's motives in the maternity units, while others rejected student accoucheurs, based on their religious beliefs. In the current study, the student accoucheurs confirmed such rejection they received from women.

Student accoucheurs affirmed that some Muslim women did not allow them to assist in their care because it was against their religious beliefs. Karout, Abdelaziz, Goda, AlTuwaijri, Almostafa, Ashour and Alradi (2013: 173) supported this by stating that, according to the Muslim religion, privacy was an important factor, especially in the presence of mixed gender health-care professionals. Health care workers were advised that, whenever health-care workers of the opposite sex enter the patient's room, a warning should be given so that the patients arrange their attire appropriately and cover their hair (Karout *et al.* 2013: 173). When student accoucheurs provide maternal health care to religiously sensitive women, they are faced with challenges on how to approach the situation and often end up not taking care of them because of the resistance, religious discrimination and non-acceptance by them. Therefore, by not taking part in the care of religiously sensitive women student accoucheurs played a surrogate role by respecting the strong beliefs and request of the patient to be assisted by a female midwife (Masters 2012: 200). This led to non-achievement of their maternal health clinical practice objectives required as a qualification to be registered with SANC as accoucheurs.

Married women versus unmarried women

The response towards the maternal health care rendered to women differs based on the marital status of women. Married women were more reluctant to receive maternal health care services rendered by student accoucheurs than unmarried women because of their husbands' reaction to care rendered by student accoucheurs. Most married women indicated that their husbands become jealous when they are cared for by student accoucheurs. According to Pilkenton and Schorn 2008: 31), women's partners may be intimidated or jealous of the bond between their wives and student accoucheurs. Student accoucheurs should play a leading role by educating, motivating and counselling women and their husbands regarding their presence in the maternal health care institutions (Masters 200: 200). The friendly reception by unmarried women facilitated student accoucheurs' clinical practice at the maternal health care units.

Age of women

Maternal health care involves being naked during a physical examination. Many women indicated that during pregnancy their body undergoes physical changes. This is supported by Mohamed, Magrabi and Mohamed (2012: 3615) who concur that pregnancy is accompanied by significant biological, physiological and psychological changes in women. Hence, most women stated that due to those changes they felt ashamed and embarrassed to be seen naked by males of the same age as their sons. Older women felt uncomfortable with being naked in the presence of young student accoucheurs and they indicated that culturally, it was not acceptable to be seen naked by a younger person of the opposite sex. The age gap was a contributing factor to non-acceptability of student accoucheurs by women in maternal health care.

Student accoucheurs stated that this feeling of embarrassment and resistance portrayed by women towards them due to their age was a barrier leading to non-achievement of their required clinical objectives of maternal health care. Peplau's theory of interpersonal relations indicated that a leader role applied by

student accoucheurs in educating, counselling and motivating women would help to overcome the age concerns including their feeling of embarrassment. (Masters 2012: 200).

Pregnant women's mother and grandmother bond

During pregnancy, most women are taken care of by their mothers or grandmothers. This care includes teaching, guidance and supports a woman needs during pregnancy, labour and puerperium. Therefore, women perceived the support, guidance and care given by their mothers and grandmothers as building special woman to woman bond that males do not understand. Therefore, most women expect to be taken care of by other women who understand what they are going through during pregnancy. According to Pilkenton and Schorn (2008: 31), the woman-to-woman relationship is characterized as nurturing, intuitive, sensitive, and understanding which explains why women do not have confidence in student accoucheurs' support and care during pregnancy. A man would be unable to bond with a woman, would never understand what a woman was going through and that a man would not be able to have a woman-to-woman relationship (Pilkenton and Schorn 2008: 31). This notion contradicts the practices in a hospital setting as students are trained to become accoucheurs. In their training, they are taught about communication, patient support, teaching and building of a professional relationship with patients. Non-acceptance of student accoucheurs by women in this discipline do not afford them the opportunity of developing teaching, support and communication skills required for the accomplishment of their objectives required to become accoucheurs. Therefore, it is important for student accoucheurs to play the leader role of educating women about the importance of their presence in the maternity units and motivating and supporting them to build professional nurse-patient relationships (Masters 2012: 199).

6.3.2 Sub-theme 2: Institutional sociocultural beliefs and practices in maternal health

Gender domination in maternity units

Health care institutions across the globe have their own culture of staff distribution, within the respective unit, for work purposes. Most of the institutions place male nurses in units such as emergency departments, operating room theatres, and general wards including intensive care units except in the maternity units. This was also confirmed by Inoue, Chapman and Wynaden (2006: 559) by revealing that most men have been working in places such as detention centres with the sick and injured but not in maternity units. Student accoucheurs attested to this by indicating that within the Free State maternal health institutions, where they were placed for their clinical practice, there were no accoucheurs working in these units. Hence, they saw the institutional sociocultural beliefs and practices in relation to accoucheurs unequal distribution in maternity as a contributing factor to their non-acceptance by women in the maternal health care institutions. According to Peplau's Theory of Interpersonal Relations (George 2010: 65), the orientation phase is regarded as when the patient identifies a health problem and seeks professional assistance. Hence pregnant women consult at the maternal health care institutions. Therefore, if gender in the maternity units were distributed equally that could assist in acceptance of student accoucheurs by pregnant women as they would have been familiar with the maternal health care services rendered by accoucheurs in the maternity units.

Gender threats in the maternity units

Female midwives were accustomed to working by themselves as females in the maternity units. They felt threatened by the presence of student accoucheurs in the maternal health care units. According to Ju-Young, So-Hee, Hye-Young and Young-Mi (2015: 233), male student midwives reported that midwife staff were cold and hostile during the placement. This was confirmed by student accoucheurs in the current study at the Free State Maternal health care

institutions where some midwives, who were used to working alone in these units, shouted at them in the presence of women and made them feel unwanted. Masters (2012: 200) suggested a surrogate role played by student accoucheurs, that is, taking the place of a female midwife in the maternity unit. Some female midwives negatively accept the presence of student accoucheurs as it is an institutional cultural custom that female midwives work independently in the maternity units. The institutional cultural practices, resulting in such behaviour of some of the midwives, were a contributing factor in the rejection of student accoucheurs by women in maternal health care services. Therefore, Nurse Managers need to exercise a leadership role in initiating and maintaining the group goals of pregnant women, female midwives and student accoucheurs in the maternal health care units (Masters 2012: 199).

6.4 THEME 2: SOCIO-ECONOMIC FACTORS

According to Haque (2009: 11), women and their families' socio-economic status, such as education, occupation and income, is the most important indicator for utilization of antenatal care, choice of place of delivery, and types of assistance during delivery by women. This notion was confirmed during the interviews with women who indicated that financial stability and educational level was a determining factor in choosing maternal health care institutions as well as the type of maternal assistance they would prefer.

6.4.1 Sub-theme 1: Financial stability of women

Unemployed pregnant women

Lack of employment opportunities for women and their families is a great challenge which influences pregnant women's choice of maternal health care institution. The choice of maternal health care institutions of unemployed pregnant women is limited due to financial challenges. Therefore, most unemployed women attend the public health clinics or hospitals for their maternal health care. Yosufus *et al.* (2011: 13) indicate that unemployed women rarely attend the health care facilities of their choice due to lack of

money to pay for their health care. Most of the unemployed women stated that financial instability prevented them attending private maternal health care institutions where they would have autonomy of choosing their midwife based on their preferred gender. Student accoucheurs also observed that predominantly unemployed women utilise the public maternal health care services. Some of these women at public maternal health units were also reluctant to be assisted by student accoucheurs contributing to their non-achievement of the required objectives. Peplau's Theory of Interpersonal Relations states that the counsellor role of a nurse helps the patient to recognise her challenges, face them, accept them and resolve them (Masters 2012: 200). Student accoucheurs should counsel pregnant women to realise that even if they are unemployed they deserve quality maternal health care. They should help pregnant women to clear uncertainties they may have about them, and explain the important role they play in the maternity units.

Employed and financially stable pregnant women

Employed and financially stable pregnant women stated that being financially stable gives an individual a greater choice of seeking maternal health care in private institutions where they will have the autonomy to choose the gender of midwife they prefer. Student accoucheurs indicated that a few of the financially stable women do attend the maternal health care services at the public institutions for unknown reasons. These women tend to reject the maternal health care services rendered by student accoucheurs which contribute to non-achievement of learning objectives. Despite being counselled by student accoucheurs, some pregnant women refused to be assisted by student accoucheurs (Masters 2012: 200). Financial stability plays a crucial role in the choice of the maternal health care institution the woman would like to attend. Women who can afford the maternal health care institutions of their choice have a greater chance of choosing their preferred gender of the midwife. Their choice of midwife becomes gender orientated which limits student accoucheurs' opportunities of completing their required maternal health care objectives.

6.4.2 Sub-theme 2: Educational level of women

Knowledge of career choices

Over the years, nursing has been a female dominated career. This changed when men joined nursing for the reasons of self-actualization or to embark on career development to become nurses (Kouta and Kaite 2011: 59). Male nurses were trained and offered the same training as their female counterparts including being trained as accoucheurs (Bwalya *et al.* 2015: 47). Most women whose educational level ranges from Certificate to Degree were aware that male nurses, besides being trained as nurses, are also trained to work in maternal health care units as accoucheurs. To be declared competent accoucheurs, they must gain clinical experience in the maternal health care institutions. This explains why there was less resistance from educated women towards student accoucheurs in the maternal health care institutions.

Many uneducated women lacked knowledge regarding the nurse training programme. Some women whose educational level ranged from Grade R to Grade 12 did not know that males could choose to nurse as a career including being accoucheurs. These women believed that the maternal health care institutions were female dominated units. This explains their scepticism of student accoucheurs which presents a great challenge for student accoucheurs towards the completion of required maternal health care objectives Bwalya *et al.* (2015: 47) state that health care systems need to intensify information, education and communication in creating community awareness about the training of accoucheurs.

Student accoucheurs need to be equipped with skills and knowledge to effectively play a counsellor role (Masters 2012: 200). The counsellor role entails addressing the subconscious forces that cause women's antagonism towards them. Student accoucheurs must be able to encourage women to recognise and explore feelings, thoughts, and emotions as well behaviours by providing a non-judgmental atmosphere and therapeutic emotional climate.

During counselling the student accoucheurs must help women to recognise, face, accept and resolve problems (Masters 2010: 200). This could be achieved by assisting women to realise the importance of maternal health care services provided by them despite their gender. These counselling sessions will be useful in shifting the mind set of pregnant women regarding their preconceived ideas about student accoucheurs by accepting their services and enabling them to achieve their required clinical objectives.

6.5 THEME 3: SOCIAL INTERACTIONS AND RELATIONS

Gender stereotypes result from gender socialisation where males and females are taught and expected to act and behave in accordance with their assigned gender within their respective societies. This has a great impact on an individual's beliefs. Society is socialised to believe that there are activities that can be performed by each gender due to the nature and strength of gender. Wood and Eagly 2012: 55) state that society establishes gender roles, beliefs and expectations regarding the division of labour. Hence, people respond more favourably to those who conform to gender role expectations in social interactions and relations. Pregnant women are socialised to interact with other women and form effective relations with each other. Therefore, the presence of student accoucheurs in the maternal health care institutions tends to be unacceptable by women.

6.5.1 Sub-theme 1: Nurse-patient relationship

Trusting relationship

Pregnant women visit the maternal health care institution with different expectations from the midwives regarding their pregnancies. This was confirmed by Sengane (2013: 1) who states that the expectations arise from stories heard from friends and relatives, films, television programmes, books and magazines. The preconceived information affects pregnant women's beliefs about their expected maternal health care services including the gender of the midwife who will be rendering this care. The information received

influences her beliefs about child-bearing and what she expects will happen when she gives birth at the maternal health care institution (Sengane 2013: 1). It became evident from the participants' responses that they are shocked when they find out that they will be assisted by student accoucheurs at the maternal health units. Pregnant women said that when they visited the maternal health unit, they expected to meet a female midwife with the hope of building a close, trusting relationship with a woman (Pilkenton and Schorn 2008: 31). Most women, during the face to face individual interviews, stated that it was difficult for them to build an open and trusting relationship with student accoucheurs because it was contrary to their beliefs about social interactions and relations. Kennedy *et al.* (2006: 51) state that woman to woman relationship is characterised as nurturing, intuitive, patient, sensitive and understanding which is perceived by women as non-existent in student accoucheurs.

George (2010: 65) identifies the orientation phase as an important phase in Peplau's Theory of Interpersonal Relations. In this phase, the patient's reactions are influenced by preconceived ideas and expectations (George 2010: 65). The orientation phase is regarded as the phase where the nurse-patient relationship is built (George 2010: 65). Therefore, student accoucheurs should play the technical expert role by explaining and executing maternal health care service without causing discomfort to pregnant women (Masters 2012: 200). This will assist in building a trusting nurse-patient relationship between the student accoucheur and the pregnant woman.

6.5.2 Sub-theme 2: Physical interaction

Feeling of discomfort and embarrassment

Maternal health care services include physical touch and invasive examination of pregnant women in ANC, during delivery and in PNC. During this examination, pregnant women are required to be naked. Most women stated that they feel uncomfortable and embarrassed during the examination by student accoucheurs. Their main concern was being assisted by student accoucheurs in giving birth because they were not comfortable being naked in

the presence of another man besides their own husbands. Bwalya (2015: 47) attests to the notion that women feel embarrassed and uncomfortable when male student midwives attend to them. According to Peplau's Theory of Interpersonal Relations (Masters 2012: 200), a nurse provides physical care using clinical skills as a technical expert. Student accoucheurs, when examining pregnant women and assisting them in child birth, should limit the feeling of discomfort and embarrassment to women. The pregnant women, during the interviews, suggested that this can be achieved by explaining and giving reasons for each step taken in a professional manner to make them feel at ease which will also alleviate their fears, embarrassment and concerns about the gender of the midwife. Student accoucheurs will be accepted into maternal health care and achieve their required training objectives.

6.5.3 Sub-theme 3: Verbal communication

Communication skills

Most women stated that maternal health care was indeed a female territory as it involves divulging sensitive information about themselves regarding pregnancy. The literature review revealed that women believe that maternal health information is sensitive and private and it would be uncomfortable to receive and give such information to student accoucheurs (Chasowa *et al.* 2015: 69). Some student accoucheurs argued that it became difficult for them to give instructions in SeSotho vernacular during delivery as words such as "bula dirope and kokomosa" sounded vulgar when being said by a male. This hindered an open, free and effective communication between student accoucheurs and women. Furthermore, this communication barrier between pregnant women and student accoucheurs have a negative impact on women's pregnancy and the unborn baby. It also has a negative impact on student accoucheurs in acquiring maternal health care skills and knowledge to meet the required objectives.

Student accoucheurs identified a gap in their communication skill with regards to history taking and giving instructions effectively to pregnant women without discomfort and feeling of embarrassment. History taking from pregnant women by a midwife is of utmost importance to exclude any preventable risk factors during pregnancy. Therefore, a non-threatening, non-embarrassing and comforting environment should be created by a midwife to ensure adequate history taking from pregnant women. Student accoucheurs should be equipped with such communication skills which will assist them to achieve the required objectives.

Peplau's Theory of Interpersonal Relations identification phase states that in this phase, the patient responds selectively to people who can meet her needs (Masters 2012: 200). This became evident during discussions with student accoucheurs who said that pregnant women become sceptical to divulge information during history taking. According to Kozhimannil, Attanasio, Yang, Avery and Declercq 2015: 1608), once a woman has chosen a provider for maternity care, the quality of that relationship is strongly influenced by communication. The key facets of constructive communication in maternity care include an empathetic communication style, willingness to respond to questions, and allowing enough time to discuss the woman's concerns (Kozhimannil *et al.* 2015: 1609).

Student accoucheurs should be assisted in the application of technical expert roles which involve being empowered with communication skills in maternal health care units when providing care to women (Masters 2012: 200). The types of communication skills include verbal and non-verbal communication, observation, and being sensitive to women's age and cultural background. Student accoucheurs should show empathy, willingness to give information, instructions and education in a non-threatening and comfortable manner to women to change their preconceived ideas about student accoucheurs' presence in the maternity units.

The care rendered to women in these units could cause discomfort and embarrassment to both the patient and the student accoucheurs. Therefore, it is important that student accoucheurs are supported, guided and equipped with skills and knowledge to enhance the execution of their technical expert roles. The support and guidance given to student accoucheurs to master technical expert roles will enable them to complete their required objectives to register with the SANC as accoucheurs.

6.6 THEME 4: GENDER INEQUALITY IN THE WORKPLACE

The maternal health care services in the Free State Province were rendered by female midwives. This was noticed by the researcher during data collection within the sampled maternal health care institution that met the inclusion criteria within the Free State Province. There were no accoucheurs and no Male Nurse Managers in-charge of the maternal health care units.

6.6.1 Sub-theme 1: Human Resource gender distribution in the work place

Accoucheurs' placement in the institutions

The Nursing Managers in the Free State Province place accoucheurs on a rotational basis in the units such as casualty, intensive care and general units except in the maternal health care units. Folami (2017: 15) attested to this by stating that male nurses were usually moved to technical areas such as operating theatres and emergency rooms because such areas appear more congruent with the masculine role of males. The lack of equal gender distribution in the Free State Province maternal health care institutions deprives pregnant women of exposure to the maternal health care services rendered by accoucheurs contributing to the resistance and discrimination against them. Therefore, student accoucheurs are faced with challenges in this unit leading to poor achievement of their required learning objectives. Folami (2017: 215) argues that the rejection or restriction experienced by student accoucheurs are based on socially constructed gender roles.

Folami (2017: 215) suggests that nursing institutions should ensure that gender bias and stereotypes are minimised to provide equitable learning situations for all students as well as creating a nursing working force that reflects greater gender diversity. Therefore, it is imperative that Nurse Managers of maternal health institutions be cognisant of gender equity when placing staff within their organisations. There should be an equal distribution of males and females across all the maternal health care units within the institutions. The researcher believes that this practice could assist in building confidence, support and acceptance of student accoucheurs by women.

Student accoucheurs are faced with resentment, discrimination and rejection to provide maternal health care to pregnant women during their clinical placement at the maternal health care institutions. This is supported by Folami (2017: 214) who argues that gender discrimination remains a problem in the world and unfortunately, the nursing profession is not immune to this problem. According to Peplau's Theory of Interpersonal Relations (Masters 2012: 200), as a teacher role a nurse provides knowledge about a need or problem. Therefore, the Nurse Managers need to revise their methods of assigning staff in their institutions to ensure gender equity in all the units including maternal health care units.

The placement of accoucheurs in the maternal health care units will help change the attitudes of pregnant women and their families towards accoucheurs within the Free State Province. Participants agreed that the presence of accoucheurs in the maternity units would cause a paradigm shift. Women and their families would get accustomed to the maternal health care rendered by accoucheurs, leading to the achievement of learning objectives by student accoucheurs.

6.6.2 Sub-theme 2: Accoucheurs' work discipline preference

Choice of disciplines

The four-year comprehensive integrated programme leading to registration as a Nurse (General, Psychiatry and Community) and Midwife, Regulation R425 of 22 February 1985 as amended (SANC 1985: 1) allows students to be trained in four disciplines irrespective of their gender. Student accoucheurs are placed in various institutions within the Free State Province for a period of one year to complete their community service as stipulated in section 40 of the Nursing Act. No. 33 of 2005 before being registered with the SANC (SANC 2017: 5). Student accoucheurs at these institutions are placed in all units on a rotational basis to gain more experience. During this period, student accoucheurs start to develop interests in the disciplines they would like to pursue on completion of their community service.

It became evident from the participants' responses that their discipline of choice would be midwifery on completion of their training. Some pregnant women indicated that the maternal health care services rendered by student accoucheurs were much better than that of their female counterparts. Therefore, they would recommend that more males be trained as midwives. Shavai and Chinamasa (2015: 174) corroborate with this view by stating that many women reported being initially hesitant about having a male midwife, but once the rapport was developed gender was no longer a consideration. Furthermore, one woman reported that her male midwife was "much more caring and sympathetic" than her female midwife (Shavai and Chinamasa 2015: 174). Peplau's Theory of Interpersonal Relations regards this phase as a resolution phase whereby the patients' needs have been met by the collaborative efforts of the nurse and the patient (Masters 21012: 200). Student accoucheurs, by providing information and reasons for their presence in the maternal health care institutions in their resource role, would achieve acceptance by pregnant women and feel confident in choosing their preferred discipline.

6.7 SUMMARY OF THE CHAPTER

In this chapter, discussion and triangulation of the study results with the integration of Peplau's Theory of Interpersonal Relations as a theoretical framework guiding the study was presented. In Chapter 7, the study findings were used to develop the guidelines to facilitate support of student accoucheurs during their clinical placement at the Free State maternal health care institutions.

CHAPTER 7

DEVELOPMENT OF THE GUIDELINES

7.1 INTRODUCTION

In Chapter 6, results of the current study were discussed guided by Peplau's Theory of Interpersonal Relations. This chapter describes the development of the guidelines and presents the guidelines which will facilitate acceptance of student accoucheurs at the Free State maternal health care institutions.

7.2 THE PROCESS OF DEVELOPING THE GUIDELINES

The final objective of the current study was to develop guidelines to assist the nurse training institutions, maternal health care institutions and the policy makers to facilitate the acceptance of student accoucheurs in clinical practice at the Free State health care institutions.

The process of developing the guidelines was guided by the information and recommendations from the findings of the current study. The achievement of the first two objectives which were to explore and describe the views of both the student accoucheurs and those of the pregnant women regarding maternal health care rendered by the student accoucheurs' to women at the Free State maternal health care institutions assisted in the achievement of the third objective. The third objective was to determine and describe the factors that influence the acceptability of student accoucheurs' by women during their clinical practice at the Free State maternal health care institutions. These were the key factors that were taken into consideration during the development of the guidelines. The guidelines were in relation to the four major themes, nine sub-themes and categories that emerged from the analysis of data which was obtained from the participants during the two phases of the study (Table 6.1).

7.3 PURPOSE OF THE DEVELOPED GUIDELINES

The developed guidelines were aimed to inform/guide the stakeholders involved in the training of student accoucheurs regarding possible ways to facilitate acceptance of student accoucheurs at the Free State maternal health care institutions. The stakeholders include the policy makers in the Free State Department of Health, the Lecturers in the Free State School of Nursing, the Nursing Managers and student accoucheurs. The purpose of the developed guidelines is to assist the student accoucheurs in achieving their required training objectives during their placement in the maternal health care institutions. The application of the developed guidelines by the stakeholders will facilitate training of more accoucheurs who can be placed in the maternal health care units and alleviate the shortage of midwives/accoucheurs. The developed guidelines are not legally binding but are recommended as a guide to facilitate acceptance of student accoucheurs in clinical practice, particularly in mental health care institutions where the student accoucheurs are not well accepted by pregnant women.

7.4 RATIONALE FOR THE DEVELOPED GUIDELINES

The education of student nurses in South Africa takes place in the training institutions accredited by the SANC. The SANC as a professional controlling body requires that student nurses registered for a four-year comprehensive programme leading to registration as a Nurse (General, Psychiatry and Community) and Midwife (R425) should be successfully trained in all four disciplines to be registered as a professional (SANC 1985: 1). To fulfil this requirement, all students should successfully meet the objectives in all four disciplines including midwifery irrespective of their gender. This is to ensure that students are adequately trained in these disciplines to combat an escalated number of malpractice cases in midwifery because of poorly trained midwives. This is confirmed by 12 maternity related professional misconduct cases committed by 15 Registered Nurses/Midwives between the period of March 2015 to November 2015, and four maternity related professional misconduct cases committed by five Registered Nurses/Midwives between March 2016 to

October 2016 respectively (SANC Statistical Report 2015-2016: 1). Failure of student accoucheurs to meet the required training objectives in the midwifery discipline could lead to inadequately trained accoucheurs that contribute to the escalated number of maternal health care malpractices.

Student accoucheurs are faced with rejection from pregnant women during their clinical placement (Elnemer 2013: 2812). This leads to poor or non- achievement of their required clinical objectives which may lead to maternal health malpractices on completion of their training. This necessitated the development of guidelines to facilitate acceptance of student accoucheurs in clinical practice during their placement at the Free State maternal health care institutions.

7.5 SCOPE OF THE GUIDELINES

The guidelines are targeted at policy makers in the Free State Department of Health, Lecturers in the Free State School of Nursing and Nurse Managers in the Free State maternal health care institutions accredited for student accoucheurs' training. These stakeholders are tasked with the planning, implementation and evaluation of student accoucheurs' training within the Free State Province. The development of these guidelines was guided by the NGT technique to ensure that the aim and objectives of the study are achieved (Evaluation Briefs 2006: 7).

7.6 RECOMMENDATIONS FOR DEVELOPING GUIDELINES FOR STAKEHOLDERS

The findings of the current study highlighted the recommendations made by the participants which were outlined in Chapter 6. The researcher recommends that developed guidelines be implemented by all stakeholders who are involved in the training of student accoucheurs in the Free State Province to ensure that they are accepted in the clinical practice of the Free State maternal health care institutions. The recommendations for developing the guidelines include the following:

7.6.1 Recommendations for developing guidelines for policy makers at the Free State Department of Health

The Free State Department of Health provides maternal health care services to pregnant women in the Free State Province. The responsibilities of the Minister of Health in this Province includes the development and formulation of policies that should be implemented at the maternal health care institutions. The policy guiding the education of student nurses at the Free State School of Nursing within the Free State Province is one of the policies (Free State Nursing Education Act 15 of 1998). Therefore, the guidelines are developed as a recommendation to the policy makers at the Free State Department of Health.

7.6.2 Recommendation for developing guidelines for the Free State School of Nursing

The Free State School of Nursing is accredited by the SANC to provide student nurses training in the Free State Province. This institution undertakes the role of policy implementation as a mandate directed by the Free State Department of Health (Free State Nursing Education Act 15 of 1998). During clinical placement, the Free State School of Nursing integrates theory and practice by placing the student nurses at the Free State maternal health care institutions for midwifery practice. Student accoucheurs who are in their third and fourth levels of training are among these students who are placed at these institutions.

Student accoucheurs are required to complete a prescribed number of hours and achieve certain objectives to be registered as accoucheurs on completion of their training (R. 254 of February 1975). The achievement of the required maternal health care objectives becomes problematic for student accoucheurs during their clinical placement at the Free State maternal health care institutions as they are faced with rejection from pregnant women. Therefore, the developed guidelines have been proposed in accordance with the integration of theory and practice implementation during clinical placement of student accoucheurs at the Free State maternal health care institutions. The developed

guidelines are aligned with the findings and recommendations made by the participants from the themes emerged during data analysis in Chapter 5.

7.6.3 Recommendation for developing guidelines for Nurse Managers

The Free State School of Nursing entrusted the training of student accoucheurs at the Free State maternal health care institutions to the Nursing Managers (Free State Nursing Education Act 15 of 1998). During the clinical placement of student accoucheurs at these institutions they are under the indirect supervision of the Nursing Managers. Nursing Managers ensure that the training policies designed by the Free State Department of Health are implemented efficiently and effectively in their institutions (Free State Hospitals Act 13 of 1996). The developed guidelines are intended to assist the Nurse Managers in ensuring the facilitation of acceptance of student accoucheurs in their institutions during their clinical placement. The implementation of these guidelines by Nursing Managers will further assist in enhancing student accoucheurs' outputs in the Free State School of Nursing.

7.6.4 Recommendation for developing guidelines for the student accoucheurs

During data collection from student accoucheurs, it was evident that they had difficulty achieving their required maternal health care objectives during their placement at the Free State maternal health care institutions. Failure to meet the required maternal health care objectives led to non-completion of their training which prevented their registration as accoucheurs with the SANC (SANC 1985: 1). Completion of training by student accoucheurs is vital to increase the number of trained accoucheurs in the Free State maternal health care institutions and relieve the great shortage of midwives. In this context, the developed guidelines will assist in enhancing the achievement of required training objectives by the student accoucheurs who can then qualify as accoucheurs and register with the SANC.

7.7 DEVELOPED GUIDELINES

The developed guidelines in this study are proposed for the individual stakeholders that are involved in student accoucheurs' training and for student accoucheurs themselves. Four sets of guidelines were developed as presented in Table 7.1 and each set is described in detail in the next section.

Table 7.1: Four sets of guidelines developed

Guideline	Targeted stakeholders	Focus Area
Guideline A	Guideline for policy makers in the Free State Department of Health.	1. Integration of cultural and religious sensitivity in the provision of maternal health care services in the Free State maternal health care institutions.
Guideline B	Guidelines for the Free State School of Nursing.	<ol style="list-style-type: none"> 1. Development of a teaching programme on gender equality in nursing for pregnant women. 2. Development and integration of a teaching programme on communication skills for student accoucheurs in maternal health care. 3. Clinical instructors stationed at the Free State maternal health care institutions. 4. Utilisation of upgraded skills laboratory with high and low fidelity manikins for midwifery simulation of clinical skills at the Free State School of Nursing.
Guideline C	Guidelines for Nurse Managers.	<ol style="list-style-type: none"> 1. Distribution of accoucheurs in the Free State maternal health care institutions 2. Accoucheurs' freedom to exercise their right to choose preferred disciplines in the Free State health care institutions.
Guideline D	Guidelines for student accoucheurs.	<ol style="list-style-type: none"> 1. Skills development on interaction with pregnant women at Free State maternal health care institutions. 2. Empowerment of student accoucheurs in building a nurse-patient relationship at the Free State maternal health care institutions. 3. Assertiveness and confidence capacity building for student accoucheurs in rendering maternal health care services.

7.7.1 Guideline A: Guideline for Policy Makers in the Free State Department of Health

A1. Integration of cultural and religious sensitivity in the provision of maternal health care services in the Free State maternal health care institutions.

The provision of quality maternal health care at the Free State maternal health care institutions is of utmost importance in the Free State Province. Therefore, it is imperative that the Free State Department of Health policy makers incorporate the training of student accoucheurs in these policies.

Rationale for implementation of the developed guidelines

Pregnant women in the Free State Province come from culturally and religiously diverse communities. The policy makers in the Free State Department of Health need to ensure that maternal health care services rendered at the Free State maternal health institutions cater for all pregnant women despite their cultural or religious backgrounds. Therefore, inclusion and implementation of the recommended guideline in the Free State maternal health policies will facilitate the acceptance of student accoucheurs in the maternal health care units.

Recommendation for implementation of this guideline

The following recommendations for the implementation of this guideline should be taken into consideration by policy makers in the Free State Province:

- A policy which incorporates cultural sensitivity of pregnant women to student accoucheurs' presence in the maternal health care institutions should be implemented.
- A policy which considers the religious sensitivity of pregnant women in the provision of maternal health care by student accoucheurs should be implemented.
- Integration of cultural and religious sensitive maternal health care policy in the curriculum of the Free State School of Nursing to ensure that student

accoucheurs are taught about pregnant women's religious and cultural beliefs.

- Compulsory implementation of cultural and religious sensitive policy at the Free State maternal health care institutions to ensure that pregnant women's culture and religion are taken into consideration.
- Recognition and integration of sociocultural beliefs in the policies guiding the provision of maternal health care in the Free State Province.

7.7.2 Guideline B: Guideline for the Free State School of Nursing

B1. Development of a teaching programme for pregnant women about gender equality in nursing.

Student the accoucheurs are trained at the Free State School of Nursing to become accoucheurs on completion of their training. The Free State School of Nursing is mandated to design and implement the curriculum which is in line with the Free State Department of Health policies regarding maternal health care within the Province (Free State Provincial Health Act 8 of 1999). Therefore, it is imperative that during the implementation of the curriculum and the training policies student accoucheurs challenges at the maternal health care institutions are taken into consideration to assist them in achieving their required maternal health care objectives. The developed guidelines in this context are designed to assist the academia in the Free State School of Nursing to facilitate acceptance of student accoucheurs in clinical placement during the training.

Rationale for implementation of the developed guideline

In the nursing profession, students are trained to become professional nurses despite their gender. This prepares the student to be able to work in various disciplines on completion of their training to alleviate the shortage of professional nurses in the Free State province and in the whole of South Africa. Therefore, student accoucheurs undergo the same training as their female counterparts. A career exposure programme that will focus on teaching pregnant women and their family members about career choice and the

contribution of student accoucheurs in maternal health care is required. Hence the researcher made recommendations to implement the developed guideline.

Recommendations for implementation of the developed guideline

The following recommendations for implementation of the developed guideline should be considered during programme design for pregnant women:

- A programme designed to teach pregnant women at ANC, labour wards and postnatal wards about gender and its importance in nursing and to equip pregnant women and their families with knowledge about the nursing profession.
- Involve the relevant training stakeholders in the implementation of the teaching programme about gender equity in nursing to ensure correct implementation of the programme at the Free State maternal health care institutions.
- Involve student accoucheurs in teaching pregnant women and their families about their roles in maternal health care to promote gender equity in nursing.
- Encourage pregnant women to verbalise their concerns and uncertainties about student accoucheurs in maternal health care and to give clear and accurate responses.
- Create an environment conducive to free and open discussion of issues raised by pregnant women regarding student accoucheurs in the maternal health care institutions.
- Evaluate the reception and impact of gender equity in the nursing programme after its implementation to ascertain the effect of the implemented teaching programme.

B2. Development and integration of communication skills teaching programme for student accoucheurs in maternal health care.

The development of a programme that will integrate communication skills specifically in maternal health for student accoucheurs in their third and fourth year level of training is necessary. This programme will facilitate effective

communication skills for student accoucheurs as the key facets of constructive communication in maternity units (Kozhimannil *et al.* 2015: 1609).

Rationale for implementation of the developed guideline

Communication between a midwife and pregnant women plays a vital role in maternal health care (Kozhimannil *et al.* 2015: 1609). Ineffective communication skills in maternal health care may lead to poor assessment, diagnosis and treatment of pregnant women leading to detrimental outcomes.

Recommendations for implementation of the developed guideline

It is imperative that student accoucheurs are taught about communication in maternal health care in their teaching programme. The following are recommendations for the implementation of the developed guideline:

- Lecturers at the Free State School of Nursing should develop and integrate communication skills in their teaching objectives so that student accoucheurs are equipped with effective communication skills in maternal health care.
- Translation of culturally sensitive terminologies, used in midwifery, into a less embarrassing and non-offensive form so that student accoucheurs and pregnant women are not embarrassed.
- Lecturers should encourage student accoucheurs to implement the communications skills, acquired in their training, during their clinical placement at the Free State maternal health care institutions.
- Student accoucheurs should evaluate the effectiveness of implemented communications skills and give feedback to lecturers for improvement of the communication skills programme.
- Pregnant women should be encouraged to give feedback regarding maternal health care services rendered by student accoucheurs to assist in improving the communication skills programme.

B3. Clinical Instructors stationed at the Free State maternal health care institutions.

The Free State School of Nursing should consider adopting a Clinical Facilitation Model that will provide for clinical instructors who can accompany students, including student accoucheurs, in clinical practice at the Free State maternal health care institutions. The constant support and availability of clinical instructors at the maternal health care institutions will facilitate the acceptance of student accoucheurs in maternal health care.

Rationale for implementation of the developed guideline

The training of student nurses in the Free State School of Nursing is provided by lecturers who teach both theory and practice. There are no clinical instructors employed in this School to provide clinical accompaniment to students. Lecturers find it difficult to provide the effective clinical accompaniment of students in demanding disciplines such as midwifery. Therefore, the developed guideline and the proposed implementation is aimed at improving the supervision of student accoucheurs by clinical instructors stationed at the Free State maternal health care institutions.

Recommendations for implementation of the developed guideline

It is imperative that the Free State School of Nursing consider the recommendations below for implementing the developed guideline:

- Creation of posts with specific requirements for clinical instructors to be allocated in various maternal health care institutions in the Free State Province, employed by the Free State School of Nursing.
- Advertisement of the approved clinical instructors' positions.
- Enrolment of clinical instructors in a simulation course for health professionals to equip them with skills and knowledge on clinical accompaniment for students including student accoucheurs.
- Allocation of clinical instructors in the Free State maternal health care institutions accredited for placement of student accoucheurs to ensure

prompt and active supervision of student accoucheurs to meet their required objectives.

- Clinical instructors should actively utilise the simulation skills laboratory at the Free State School of Nursing in demonstrating skills and feedback from student accoucheurs to ensure that their objectives are met.
- Clinical instructors at the Free State maternal health care institutions should frequently give feedback to lecturers about challenges, progress and proposed solutions regarding student accoucheurs placed in these institutions.

B4. Utilisation of upgraded skills laboratory with high and low fidelity manikins for midwifery simulation of clinical skills at the Free State School of Nursing.

Skills laboratory use is one of the other strategies used in teaching clinical skills to nurse students. This method of teaching is effective in developing confidence and self-efficacy in nursing students (Coffey 2015: 30). Therefore, student accoucheurs should be exposed to this teaching method to assist them in the achievement of their required maternal health care objectives.

Rationale for implementation of developed guideline

The clinical skills laboratory at the Free State School of Nursing should be equipped with the high and low fidelity manikins designed for midwifery teaching purposes. This skills laboratory should be fully utilised for midwifery clinical practice to enhance skills and knowledge of student midwives and student accoucheurs enabling them to achieve the required maternal health care objectives.

Recommendations for implementation of the developed Guideline

The Free State School of Nursing academia should consider the following recommendations for implementation of this guideline:

- A designed programme with stipulated time frames for clinical skills demonstrations and feedback for student accoucheurs to improve practice and achievement of midwifery clinical objectives.
- Compulsory attendance and supervision of student accoucheurs during clinical practice in the skills laboratories.
- Use simulated patients in the skills laboratory for maternal health care history taking to prepare the student accoucheurs with effective communication skills so that they feel confident.
- Giving constructive feedback, negative and positive, to student accoucheurs after the performance of their clinical tasks to encourage them to improve their skills and knowledge.
- Debriefing sessions after each clinical task should be conducted to ensure that student accoucheurs express their fears and concerns which should be addressed by clinical instructors.
- Counselling sessions and referrals to student counsellors for student accoucheurs who experience difficulty in clinical practice in the skills laboratory.
- Compulsory briefing sessions by lecturers for student accoucheurs on what to expect and how to deal with rejection by pregnant women prior to their clinical placement in the Free State maternal health care institutions.

7.7.3 Guideline C: Guideline for Nurse Managers

C1. Distribution of accoucheurs in the Free State maternal health care institutions

Nurse Managers are responsible for the distribution of staff in the various units of the Free State health care institutions to ensure that the workforce is adequate to render the required health care services within their institutions. However, gender equity during the distribution of human resources is not taken into consideration. Accoucheurs are placed in various units, except in the maternal health care units, despite their preferences. This norm contributes negatively to the training of student accoucheurs at the Free State maternal

health care institutions. Pregnant women are deprived of the opportunity to experience the services rendered by accoucheurs in the maternal health care institutions. Hence their rejection and unacceptability of maternal health care rendered by student accoucheurs during their clinical placement at these institutions.

Rationale for implementation of the developed guideline

The Free State maternal health care institutions are faced with shortages of midwives, like other provinces in South Africa. The Free State School of Nursing produces trained midwives and student accoucheurs annually to combat the shortage of midwives. Nursing Managers allocate available human resources at their disposal in various units according to institutional needs. Student accoucheurs are placed in all other units in the Free State Province except in the maternal health care units despite being trained to work in this discipline. This deprives pregnant women an opportunity to experience the maternal health care provided by student accoucheurs. Hence the recommendations for implementation of the developed guideline.

Recommendations for implementation of the developed guideline

The following recommendations for implementation of the developed guideline should be considered by Nurse Managers:

- Nurse Managers should allocate accoucheurs on a rotational basis in the maternal health care units to improve the visibility of accoucheurs in these units.
- Nurse Managers should consider accoucheurs when vacant positions for Unit Managers in maternal health care becomes available to ensure gender equity in the work place.
- Placement of accoucheurs in maternal health care units will ease the concerns raised by pregnant women, and contribute to changing their mindsets regarding the presence of student accoucheurs in these units.

C2. Accoucheurs' freedom to exercise their right to choose preferred disciplines in the Free State health care institutions.

The researcher noticed that no accoucheurs were allocated to the Free State maternal health units by Nurse Managers where student accoucheurs are placed for their clinical practice. This was confirmed by the participants in this study who attested that student accoucheurs were present in the maternal health care units for a short period during their placement.

Rationale for implementation of developed guideline

The choice of practising in their preferred discipline on completion of training is of utmost importance to student accoucheurs. Nursing Managers need to consider how student accoucheurs are allocated in the Free State health care institutions. The random allocation of student accoucheurs in general units except for maternity units, despite their preference, deprives them of the opportunity to explore and grow their careers in maternal health care units.

Recommendations for implementation of the developed guideline

The Nurse Managers should consider the following recommendations for implementation of the developed guideline:

- Nurse Managers should ascertain accoucheurs' preferred discipline and negotiate placement with them to promote gender equity in maternal health care institutions.
- Nurse Managers should encourage accoucheurs to rotate and explore their maternal health care skills in these units to enable student accoucheurs to complete their clinical objectives.
- Accoucheurs requesting to be placed in maternal health care units should be granted the opportunity to practice midwifery.
- Accoucheurs who have an interest in improving their career by furthering their studies in advanced midwifery should be given the relevant opportunities by Nurse Managers.

- Accoucheurs should be given opportunities to mentor and supervise student accoucheurs in the maternal health care institutions to promote achievement of clinical objectives.

7.7.4 Guideline D: Guideline for student accoucheurs

D1. Skills development for interactions with pregnant women at Free State maternal health care institutions.

Student accoucheurs are trained at the Free State School of Nursing to be registered with the SANC as accoucheurs on completion of all the prescribed objectives required in midwifery. The study findings confirmed the challenges and difficulties student accoucheurs are faced with during their clinical placement at the Free State maternal health care institutions, particularly regarding interaction with pregnant women. Therefore, skills development for interaction with pregnant women is crucial for student accoucheurs.

Rationale for implementation of the developed guideline

Skills development programmes, designed specifically for student accoucheurs, on interactions with pregnant women at the maternal health care institutions will equip them with skills and knowledge. The skills and knowledge imparted to student accoucheurs will lessen the feeling of embarrassment and discomfort when performing invasive procedures and educate pregnant women. The programme will assist student accoucheurs to understand and implement the skills and knowledge when interacting with women. This will result in their achievement of the required objectives of maternal health care.

Recommendations for implementation of the developed guideline

It is imperative that the following recommendations for implementation of the developed guideline be considered for the skills development programme:

- The programme planner should develop the programme in consultation with the Free State Department of Health policy makers, Free State

School of Nursing educators, Nursing Managers and pregnant women to incorporate their concerns and recommendations in the programme.

- The planner of the skills development programme should ensure that the contents are factual, relevant and adequate to avoid misleading information.
- The skills development programme should cover all aspects of the maternal health care provision by accoucheurs.
- The programme should be culturally and religiously sensitive to avoid infringing on cultural and religious beliefs of patients.
- The programme should be available to all institutions entrusted with the training of student accoucheurs within the Free State Province.
- Nursing Managers, Lecturers from the Free State School of Nursing and midwives in the Free State School of Nursing should work hand in hand to ensure that the skills development programme for student accoucheurs is implemented.

D2. Empowerment of student accoucheurs in building a nurse-patient relationship at the Free State maternal health care institutions.

A good nurse-patient relationship between a midwife and pregnant woman is of utmost importance in maternity health care. The nurse-patient relationship in midwifery is characterised as nurturing, intuitive, patient, sensitive and understanding (Kennedy *et al.* 2006: 51). Hence the developed guideline to empower student accoucheurs in building a nurse-patient relationship is imperative.

Rationale for implementation of the developed guideline

Building a professional nurse-patient relationship by student accoucheurs with pregnant women will lessen the concerns raised by pregnant women in the study findings. A sound nurse-patient relationship between student accoucheurs and pregnant women will enable pregnant women to give the required maternal health history to student accoucheurs. This will prevent the

risk of maternal health mortality and promote achievement of maternal health care objectives by student accoucheurs.

Recommendations for implementation of the developed guideline

The implementation of this guideline should consider the following recommendations:

- The lecturers and midwives should explain to pregnant women the importance of student accoucheurs' presence in maternal health care units.
- Student accoucheurs should be assisted in creating a non-threatening and free environment when rendering maternal health care to pregnant women. This will create a relaxed and trusting relationship between student accoucheurs and pregnant women.
- Student accoucheurs should be encouraged to create a private environment during history taking and provision of maternal health care to gain trust from pregnant women.
- Student accoucheurs should be assisted in reassuring pregnant women about their professional oath regarding confidentiality to ease pregnant women's concerns.
- Student accoucheurs should create a friendly atmosphere during the provision of maternal health care to build a good nurse-patient relationship.
- Student accoucheurs should consider pregnant women's concerns without coercion to promote nurse-patient relationship.
- Student accoucheurs should be actively involved in the care of pregnant women from ANC, labour and postnatal units. This continuity will encourage pregnant women to become accustomed to the care rendered by student accoucheurs.

D3. Assertiveness and confidence capacity building for student accoucheurs in rendering maternal health care services.

Student accoucheurs need to be capacitated in building their confidence and assertiveness by Lecturers and experienced midwives during their clinical placement in the maternity units. Pregnant women become relaxed and less concerned about the gender of the midwife if the midwife portrays confidence and assertiveness when rendering the maternal health care services. Pregnant women attested to this during data collection by stating that when a midwife is confident in her role they feel less stressful about the process of giving birth.

Rationale for implementation of the developed guideline

When rendering maternal health care to pregnant women a midwife needs to be assertive and confident. This reassures pregnant women that the midwife is knowledgeable and capable of providing good care and feels safe with her. Student accoucheurs need to be supported and assisted in developing assertiveness and becoming confident in rendering maternal health care to pregnant women so that they can achieve their required objectives. Furthermore, the maternal health care services rendered by student accoucheurs will be more acceptable to pregnant women.

Recommendations for implementation of the developed guideline

The following recommendations for implementation of the developed guideline should be considered:

- Provision of supervision of student accoucheurs by lecturers and midwives in the maternal health care institutions to ensure that student accoucheurs meet the required training objectives.
- Provision of support to student accoucheurs by lecturers and midwives to ensure that they develop confidence in providing a safe maternal health care environment to women.

- Disciplining student accoucheurs in case of mistakes should be done in a private room away from pregnant women to maintain their confidence and dignity.
- Debriefing sessions must be held with student accoucheurs after rendering maternal health care to pregnant women to ensure that student accoucheurs reflect on what was done and learn from the identified mistakes.
- Acknowledgement of good care rendered to pregnant women should be considered by lecturers and midwives to boost student accoucheurs' confidence.
- Feedback about the maternal health care service rendered by student accoucheurs should be requested from pregnant women and discussed with student accoucheurs to build their assertiveness and confidence.

7.8 SUMMARY OF DEVELOPED GUIDELINES

The researcher developed the guidelines for implementation by different stakeholders involved in student accoucheurs' training at the Free State School of Nursing. Furthermore, the developed guidelines were supported with recommendations to be taken into consideration during their implementation by stakeholders in the Free State Province. These guidelines were developed to achieve the aim of the research study. Table 7.2 presents the summary of developed guidelines for the integration of themes, subthemes and categories that emerged from the study findings.

Table 7.2: Summary of developed Guidelines for the integration of themes, sub-themes and categories

Theme 1: Transcultural diversity	<ul style="list-style-type: none"> • Cultural beliefs, values and care during pregnancy, labour and puerperium in the maternal health. 	<ul style="list-style-type: none"> • Cultural beliefs, values and caring. • Religious beliefs. • Married women versus unmarried women. • Age of women. • Pregnant women's mother and grandmother bond. 	<p>Guideline A1: Integration of cultural and religious sensitivity in the provision of maternal health care services in the Free State maternal health care institutions.</p> <p>Guideline B3: Clinical Instructors stationed at the Free State maternal health care institutions.</p>
	<ul style="list-style-type: none"> • Institutional sociocultural beliefs and practices in maternal health. 	<ul style="list-style-type: none"> • Gender domination in maternity units • Gender threats in the maternity units. 	
Theme 2: Socio-economic factors	<ul style="list-style-type: none"> • Financial stability of women. 	<ul style="list-style-type: none"> • Unemployed pregnant women. • Employed and financial stable pregnant women. 	<p>Guideline B1: Development of teaching programme for pregnant women about gender equality in nursing.</p>
	<ul style="list-style-type: none"> • Educational level of women. 	<ul style="list-style-type: none"> • Knowledge of career choices. 	
Theme 3: Social interactions and relations	<ul style="list-style-type: none"> • Nurse-patient relationship. 	<ul style="list-style-type: none"> • Trusting relationship. 	<p>Guideline D2: Empowerment of student accoucheurs in building a nurse-patient relationship at the Free State maternal health care institutions.</p> <p>Guideline D1: Skills development on interactions with pregnant women at Free State maternal health care institutions.</p> <p>Guideline B4: Utilisation of upgraded skills laboratory with high and low fidelity manikins for midwifery simulation of clinical skills at the Free State School of Nursing.</p> <p>Guideline B2: Development and integration of communication skills teaching programme for student accoucheurs in maternal health care</p>
	<ul style="list-style-type: none"> • Physical interactions. 	<ul style="list-style-type: none"> • Feeling of discomfort and embarrassment. 	
	<ul style="list-style-type: none"> • Verbal communication. 	<ul style="list-style-type: none"> • Communication skills. 	
Theme 4: Gender inequality in the workplace	<ul style="list-style-type: none"> • Human resource gender distribution in the workplace 	<ul style="list-style-type: none"> • Accoucheurs placement in the institutions. 	<p>Guideline C1: Distribution of accoucheurs in the Free State maternal health care institutions.</p> <p>Guideline C2: Accoucheurs' freedom to exercise their right to choose preferred disciplines in the Free State health care institutions.</p>
	<ul style="list-style-type: none"> • Accoucheurs' work discipline preference 	<ul style="list-style-type: none"> • Choice of disciplines 	

7.9 EVALUATION OF DEVELOPED GUIDELINES

According to Thomas (2017: 38), developed guidelines should be evaluated by various methods such as asking the professionals not involved in the guidelines development process to review them for clarity, internal consistency, and acceptability. The author further indicates that guidelines can then be tested in selected healthcare settings to ascertain whether they are feasible for use in routine practice (Thomas 2017: 38). The last stage of guidelines evaluation should include a review after a specified period and modified to take into account new knowledge.

In this study, the main aim of the development of these guidelines was to recommend their implementation by stakeholders involved in student accoucheurs' training during their placement in the Free State maternal health care institutions in the Free State Province.

Thomas (2017: 38) states that, for the guidelines to be effective they should have all the eleven (11) characteristics namely: validity, cost-effectiveness, reproducibility, reliability, representative development, clinical applicability, clinical flexibility, clarity, meticulous documentation, scheduled review, and unscheduled review. Table 7.3 below presents the summary of the eleven (11) characteristics which the developed guidelines should meet to ensure their effectiveness:

Table 7.3: Thomas' 11 characteristics of effective guidelines development and evaluation (Thomas 2017: 38)

Characteristics	Explanations
Validity	Guidelines should be rigorously developed and consistent with the available scientific evidence. In this study, literature was reviewed, professional experts were consulted for their inputs, and recommendations from study participants were taken into consideration.
Cost-effectiveness	The developed guidelines are recommended for implementation by the stake holders involved in student accoucheurs training with no foreseeable costs involved.
Reproducibility	The findings of the study were triangulated to enhance the developed guidelines. This further ensures that developed guidelines would yield similar recommendations using the same findings of the study.
Reliability	Guidelines in this study were developed in a systematic and rigorous manner so that given the same clinical circumstances, another health professional would apply the recommendations in a similar fashion.
Representative development	Guidelines development included the representations from pregnant women and student accoucheurs in the Free State maternal health care institutions.
Clinical applicability	The target population were defined as stakeholders involved in student accoucheurs' training such as policy makers, lecturers and Nursing Managers.
Clinical flexibility	Pregnant women's midwife gender preferences and student accoucheurs' needs to meet the required training objectives were taken into consideration to ensure that the developed guidelines were clinically flexible.
Clarity	The developed guidelines were supported by rationale and recommendations for their implementation to ensure clarity.
Meticulous documentation	The process of guidelines development involved the details of who participated, methods used and the recommendations were linked to the findings of the study.
Scheduled review	Professional experts in the field such as the study supervisors will review and validate the developed guidelines before they are disseminated for implementation purposes by the stakeholders in the Free State maternal health care institutions during the clinical placement of student accoucheurs.
Unscheduled review	Periodical modification of developed guidelines will take place during their implementation at the Free State maternal health care institutions to incorporate new knowledge.

7.10 DISSEMINATION OF DEVELOPED GUIDELINES

It is envisaged that the developed guidelines be disseminated to the wider health care communities for its evaluation, recommendations and implementation. Developed guidelines will be disseminated in various modes such as presentations of a paper at national and international conferences, seminars, research symposiums, and published in midwifery journals. Hard and soft copies of the thesis will be made available at the DUT library, Free State School of Nursing libraries and at the Free State Department of Health repository. These guidelines will also be disseminated to stakeholders such as the Free State maternal health care institutions, Nursing Managers, Free State School of Nursing and student accoucheurs for reference and implementation purposes.

7.11 SUMMARY OF THE CHAPTER

Chapter 7 presents the development of guidelines to facilitate the acceptance of student accoucheurs in clinical placement at the Free State maternal health care institutions. The findings and recommendations from the emerged themes, sub-themes and categories were integrated into the development of these guidelines. Developed guidelines were recommended for implementation by the policy makers in the Free State Department of Health, academia at the Free State School of Nursing, Nursing Managers and student accoucheurs. Chapter 8 focuses on the conclusion, recommendations and limitations of the study.

CHAPTER 8

CONCLUSION, RECOMMENDATIONS AND LIMITATIONS OF THE STUDY

8.1 INTRODUCTION

Chapter 7 presented the process of developing guidelines to facilitate acceptance of student accoucheurs in clinical practice at the Free State maternal health care institutions. The findings of the study in the form of the emerged themes, subthemes and categories guided the development of the guidelines. The rationale and recommendations for implementations of the developed guidelines by the stakeholders involved in student accoucheurs' training in the Free State maternal health care institutions were also discussed. In this chapter, the conclusion, recommendations and limitations of the study are presented.

8.2 CONCLUSION OF THE STUDY

The study was conducted at the maternal health care institutions where student accoucheurs, studying at the Free State School of Nursing, were placed for their clinical training. Although there were many theories that could have guided this study, due to the complex nature of the study Hildegard Peplau's Theory of Interpersonal Relations was adopted. Several factors that could be used to facilitate acceptance of the student accoucheurs in clinical practice at the Free State maternal care institutions were identified from the views of both the pregnant women and the student accoucheurs themselves. These factors together with the NGT were employed to develop guidelines to facilitate the acceptance of student accoucheurs in clinical practice at the Free State maternal health care institutions. The developed guidelines are intended for implementation by the nurse training institutions, maternal health care institutions and policy makers in the Free State Province and student accoucheurs themselves.

8.2.1 Realisation of study objectives

The first two objectives of this study were realised by interviewing pregnant women and conducting focus group discussions with student accoucheurs. The objectives included exploring and describing the views of both these groups (student accoucheurs and the pregnant women) regarding maternal health care rendered by student accoucheurs at the Free State maternal health care institutions. Triangulation of information from the two sources of data assisted the researcher in obtaining rich information from the study (Polit and Beck 2012: 590). Data from two data sets were analysed thematically to reach the conclusion and make recommendations.

8.2.2 Realisation of the aim of the study

The aim of this study was to explore and describe the views of student accoucheurs and women regarding the maternal health care services rendered by student accoucheurs to develop guidelines to facilitate the acceptance of student accoucheurs in clinical practice at the Free State maternal health care institutions. The aim of this study was realised by undertaking an explorative, descriptive, qualitative research design (Schmidt and Brown 2009: 159). The themes, sub-themes and categories that emerged from data analysis were discussed in Chapter 6 guided by the integration of Peplau's Theory of Interpersonal Relations as a theoretical framework. The findings of the study were used to develop the guidelines to facilitate acceptance of student accoucheurs in clinical practice at the Free State maternal health care institutions as presented in chapter 7.

8.3 RECOMMENDATIONS

The recommendations for this research study are based on the findings that emanated from data analysis which lead to the development of guidelines to facilitate acceptance of student accoucheurs in clinical practice at the Free State maternal health care institutions.

8.3.1 Recommendations for use of the developed guidelines within the province

The developed guidelines are recommended for all relevant stakeholders involved in the training of student accoucheurs at the Free State Province for the following purposes:

- To be considered by the policy makers in the Free State Province, during their policy review period, for possible integration into the training policies of nurses in this province.
- To be disseminated by the Free State Department of Health to their respective employees, after incorporating the developed guidelines in the nurse training policies.
- The policy, with integrated developed guidelines, be mandated as a maternal health care working policy document in the Free State maternal health care institutions within the Province.
- To be implemented by the Human Resource Managers in collaboration with Nurse Managers when filling vacant positions in the maternal health care institutions to facilitate sustainability of practice.
- To be taken into consideration by Nurse Managers when allocating and distributing accoucheurs in the maternal health care units to ensure gender equity in the workplace.
- The Free State School of Nursing to implement the developed guidelines in the current training of student accoucheurs.
- To be incorporated into the curriculum design of nurse training programmes by the Free State School of Nursing in preparation for the new Legacy Nursing Qualifications.
- To be implemented by midwives at the Free State maternal health care institutions accredited for the training of student accoucheurs.
- To be evaluated and recommendations for review considered to ensure their effectiveness in the Free State maternal health care institutions.
- To be made available for student accoucheurs as a referral document during their clinical placement at the Free State maternal health care institutions.

8.3.2 Recommendations for future research

The study findings revealed many research gaps regarding the training of student accoucheurs in maternal health institutions in the Free State Province.

The following areas are recommended for future research:

- The study was conducted in the Free State maternal health care institutions accredited for the clinical training of student accoucheurs in the Free State Province. It is recommended that the study is extended to other Provinces.
- The focus of the study was student accoucheurs who were studying in the Free State School of Nursing. It is recommended that the study is replicated for student accoucheurs studying at the Free State University and placed at the Free State maternal health care institutions accredited for their clinical placement.
- It came out strongly from the pregnant women that their tradition, culture and families, especially husbands and spouses had a positive influence on their acceptance of services by student accoucheurs. This warrants a further study involving pregnant women's spouses and boyfriends to explore and describe their views regarding the maternal health care services rendered by student accoucheurs.
- A wider study, involving several other stakeholders that are involved in the clinical training of student accoucheurs such as nurse educators, Nurse Managers and midwives at the Free State maternal health care institutions, is also recommended.
- The findings of the current study also necessitate that the Free State maternal health care institutional policies regarding recruitment and placement of accoucheurs be reviewed to ensure gender equity.

8.4 CONTRIBUTION OF THE RESEARCH STUDY TO THE BODY OF KNOWLEDGE

The study is in line with nursing education in the midwifery discipline and human resource management. The literature review and qualitative research methodology used in the study revealed that student accoucheurs' training, specifically during their clinical placement in the Free State maternal health care institutions is a challenge. The study findings also confirmed that gender equity in the Free State maternal health care needs to be reviewed to combat the shortage of midwives in the Province. The findings of this study assisted the researcher in developing the guidelines that will facilitate the acceptance of student accoucheurs in clinical practice at the Free State maternal health care institutions. Furthermore, the developed guidelines are intended for implementation by the policy makers in the Free State Department of Health, Free State School of Nursing and the Nurse Managers in their respective maternal health care institutions in the Free State Province. The researcher contends that this is the first comprehensive study that has researched and developed guidelines regarding the phenomena. The study is a contribution to the emerging education and training of student accoucheurs body of knowledge in the Free State Province and to the global existing body of knowledge regarding the phenomena.

8.5 LIMITATIONS OF THE STUDY

The following limitations were identified in this research study:

- The study was based on the student accoucheurs in their fourth level of training, thus the study findings could have been different if student accoucheurs from the third level of training had participated in this study.
- The participants purposely selected for the study were student accoucheurs and pregnant women. Therefore, the study could yield different findings if academia from the Free State School of Nursing, the policy makers at the Free State Department of Health, the accoucheurs, midwives, Nurse Managers and spouses of pregnant women were included in the sample.

- The credibility of the study findings could be affected by participants who refused to participate in the study as their responses could have been different.
- The study employed the qualitative descriptive and explorative design; the findings could have been different if other research methodologies such as mixed methods, were used.
- The study was conducted in the Free State Province; the study findings could have been different if the study settings were broadened to other Provinces in South Africa.
- Student accoucheurs participated in this study were studying at the Free State School of Nursing. Student accoucheurs studying at the Free State University's inclusion in the study population could have influenced the findings of the study.
- Several stakeholders, whose information could have enriched the findings of the study such as nurse managers, practising midwives and accoucheurs, nurse educators and relevant influential family members of the pregnant women, were not included.

8.6 CONCLUSION

Chapter 8 of this study focused on the study summary, recommendations and limitations. The literature review confirmed that there were gaps in the training of student accoucheurs and that there were no developed guidelines with respect to the support of student accoucheurs during their clinical placement in maternal health care institutions. The main aim and objectives of the current study were realised in that the guidelines to facilitate acceptance of student accoucheurs in clinical practice at the Free State maternal health care institutions were developed. Recommendations for implementation and evaluation of the effectiveness of the developed guidelines were suggested for future research. Despite the identified limitations of this study that could have resulted in different findings, the aim of the study was achieved.

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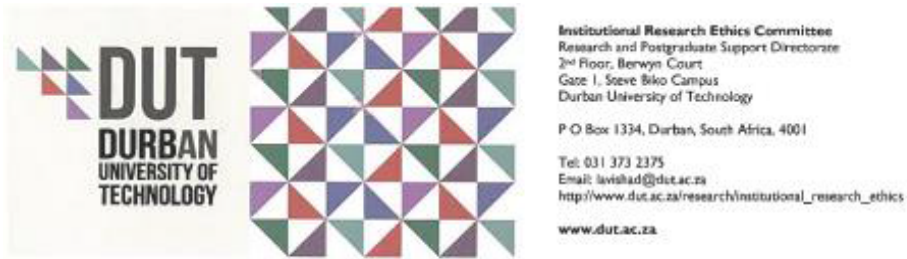
Wood, W., and Eagly, A. H. 2010. *Gender: Handbook of social psychology*. 5th edition. New York: Wiley.

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Yousuf, J., Ayalew, M. and Seid, F. 2011. Maternal health beliefs, attitudes and practices among Ethiopian Afar. *Exchange on HIV and AIDS, Sexuality and Gender*. Available at: <http://www.exchange-magazine.info/> (Accessed: 16 March 2016).

ANNEXURES

Annexure 1: University ethics clearance



14 June 2017

IREC Reference Number: **REC 10/17**

Mr S T Madlala
2583 Extension 1
Harrismith
9880

Dear Mr Madlala

Guidelines to facilitate acceptance of student accoucheurs in clinical practice at the Free State maternal health care institutions

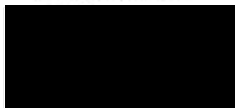
The Institutional Research Ethics Committee acknowledges receipt of your notification regarding the piloting of your data collection tool.

Kindly ensure that participants used for the pilot study are not part of the main study.

In addition, the IREC acknowledges receipt of your gatekeeper permission letter.

Please note that **FULL APPROVAL** is granted to your research proposal. You may proceed with data collection.

Yours Sincerely,



Professor J K Adam
Chairperson: IREC



Annexure 2a: Letter of permission to the Free State District Managers

2583 Extension 1
Harrismith
9880

The Research Committee
Free State Department of Health
Bophelo House
Bloemfontein
9300

Dear Sir/Madam

REQUEST FOR A PERMISSION TO CONDUCT A STUDY

I am registered for a Doctoral Degree at the Durban University of Technology Department of Nursing. The topic of my research study is: **Guidelines to facilitate acceptance of student accoucheurs in clinical practice at the Free State maternal health care institutions.**

The aim of the study is to explore and describe the views of student accoucheurs and women regarding the maternal health care services rendered by student accoucheurs during their clinical practice, and ultimately to develop guidelines to facilitate acceptance of student accoucheurs in clinical practice by women at the Free State maternal health care institutions.

The study will be conducted at the Free State maternal health care institutions. Semi-structured face to face interviews with women and focus group discussions with student accoucheurs will be conducted to explore their views regarding the health care services rendered by student accoucheurs at the Free State maternal health care institutions.

I hereby request your permission to conduct a research study at your institutions. The study will be conducted at the Free State health care institutions where student accoucheurs in the Free State School of Nursing are placed for their maternal health clinical practice. My research proposal has been attached for your perusal. Do not hesitate to contact my supervisor Prof Sibiya for any clarity. Her email address is nokuthulas@dut.ac.za

Your permission to conduct the study will be highly appreciated.

Sincerely,

Mr ST Madlala
Student no: 21449553
Themba.2@hotmail.com

Annexure 2b: Letter of approval from the Free State District Managers



mangaung metro

Department of Health
Mangaung Metro
FREE STATE PROVINCE

26 June 2017

Mr ST Madlala
2583 Extension 1
Harrismith
9880

GUIDELINES TO FACILITATE ACCEPTANCE OF STUDENT ACCOUCHEURS IN CLINIC PRACTICE AT THE FREE STATE MATERNAL CARE INSTITUTION

Permission is hereby granted to Mr ST Madlala to collect data from the following health care facilities in Mangaung Metro for the above-mentioned study:

1. Botshabelo District Hospital
Date: 4/7/2017
2. Gabriel Dichabe clinic (Previously Chris De Wet clinic)
Date: 5/7/2017

Please communicate the outcomes of your study to the Department of Health, Free State for the benefit of the department.

Thank you

Me BS Ramodula
Acting District Manager
Mangaung Metro



Me .BS Ramodula: Acting District Manager, Mangaung Metro, Bloemfontein, 9300, Tel: 051 403 9601 Fax: 051 403 9626, E-mail: ramodulabs@fshealth.gov.za



health

Department of
Health
FREE STATE PROVINCE

Mr SI Madlala
2583 Ext 1
Hartismill
9800

**RE: PERMISSION TO COLLECT DATA: PHAHAMENG CLINIC;
FRANKFORT**

1. Your request sent to this office on the 28 June 2017 hereby refers;
2. Permission is hereby granted to collect data at Phahameng Clinic in Frankfort. Consult Operational Manager Ms Molaoa on your arrival.

Thank you.


Mr SO Modiko
District Director
FEZILE DABI DISTRICT HEALTH

4/7/2017.

District Director - Fezile Dabi District Health Services - Private Bag X10 Kroonstad 9800
Tel: 056 215 5200. - e-mail address: ModikoSO@fshealth.gov.za



health

Department of
Health
FREE STATE PROVINCE

Mr Themba Madlala
Durban University of Technology

Dear Mr Madlala

APPROVAL TO DO RESEARCH IN XHARIEP DISTRICT

You are hereby granted to do research in line with approval by the HOD and the ethics committee.

Kindly bring along the approval from HOD and the ethics committee to the facilities for the attention of the Operational Manager.

Thank you



.....
Mr NE Kgasane
District Director
Xhariep District Health Services

2017/07/12

Xhariep District Health Services
Private Bag X15, Bloemfontein, 9300
22 Louw Street, Tromsburg, 9913
Tel: (051) 492 2107
Email: NgenoMR@fshealth.gov.za

Annexure 3a: Letter of permission to the Free State Department of Health

2583 Extension 1
Harrismith
9880

The Research Committee
Free State Department of Health
Bophelo House
Bloemfontein
9300

Dear Sir/Madam

REQUEST FOR A PERMISSION TO CONDUCT A STUDY

I am registered for a Doctoral Degree at the Durban University of Technology Department of Nursing. The topic of my research study is: **Guidelines to facilitate acceptance of student accoucheurs in clinical practice at the Free State maternal health care institutions.**

The aim of the study is to explore and describe the views of student accoucheurs and women regarding the maternal health care services rendered by student accoucheurs during their clinical practice, and ultimately to develop guidelines to facilitate acceptance of student accoucheurs in clinical practice at the Free State maternal health care institutions.

The study will be conducted at the Free State maternal health care institutions. Semi-structured face to face interviews with women and focus group discussions with student accoucheurs will be conducted to explore their views regarding the health care services rendered by student accoucheurs at the Free State maternal health care institutions.

I hereby request your permission to conduct a research study at your institutions. The study will be conducted at the Free State health care institutions where student accoucheurs in the Free State School of Nursing are placed for their maternal health clinical practice. My research proposal has been attached for your perusal.

Do not hesitate to contact my supervisor Prof Sibiya for any clarity. Her email address is nokuthulas@dut.ac.za
Your permission to conduct the study will be highly appreciated.

Sincerely,

Mr ST Madlala
Student no: 21449553
Themba.2@hotmail.com

Annexure 3b: Letter of approval from the Free State Department of Health



health
Department of
Health
FREE STATE PROVINCE

01 June 2017

Mr. ST Madlala
2583 Extension 1
Harrismith
9880

Dear Mr. ST Madlala

Subject: Guidelines to facilitate acceptance of student accoucheurs in clinical practice at the Free State maternal health care Institutions.

- Please ensure that you read the whole document. Permission is hereby granted for the above-mentioned research on the following conditions:
- Participation in the study must be voluntary.
- A written consent by each participants must be obtained
- Serious adverse events to be reported and/or termination of the study.
- Ascertain that your data collection exercise neither interferes with the day to day running of facilities nor the performance of duties by the respondents or health care workers.
- Confidentiality of information will be ensured and please do not obtain information regarding the identity of the participants.
- Research results and a complete report should be made available to the Free State Department of Health on completion of the study (a hard copy plus a soft copy).
- Progress report must be presented not later than one year after approval of the project to the Ethics Committee of Durban University of Technology and to Free State Department of Health.
- Any amendments, extension or other modifications to the protocol or investigators must be submitted to the Ethics Committee of Durban University of Technology and to Free State Department of Health.
- Conditions stated in your Ethical Approval letter should be adhered to and a final copy of the Ethics Clearance Certificate should be submitted to sebasolats@fshealth.gov.za before you commence with the study
- No financial liability will be placed on the Free State Department of Health
- Please discuss your study with the institution managers/CEOs on commencement for logistical arrangements
- Department of Health to be fully indemnified from any harm that participants and staff experiences in the study
- Researchers will be required to enter in to a formal agreement with the Free State department of health regulating and formalizing the research relationship (document will follow)
- You are encouraged to present your study findings/results at the Free State Provincial health research day
- Future research will only be granted permission if correct procedures are followed see <http://mahd.fst.org.za>

Dr D Motau

HEAD: HEALTH

Date: 02/06/17

Head : Health

PO Box 227 Bloemfontein, 9500

4th Floor Executive Suite, Bopone House, on Mahand and Harvey Road, Bloemfontein

Tel: (051) 430 1848 Fax: (051) 405 1656 e-mail: sebasolats@fshealth.gov.za / stheba@fshealth.gov.za / stheba@fshealth.gov.za

www.fs.gov.za

Annexure 4a: Letter of permission to the Free State School of Nursing

2583 Extension 1
Harrismith
9880

The Research Committee
Free State Department of Health
Bophelo House
Bloemfontein
9300

Dear Sir/Madam

REQUEST FOR A PERMISSION TO CONDUCT A STUDY

I am registered for a Doctoral Degree at the Durban University of Technology Department of Nursing. The topic of my research study is: **Guidelines to facilitate acceptance of student accoucheurs in clinical practice at the Free State maternal health care institutions.**

The aim of the study is to explore and describe the views of student accoucheurs and women regarding the maternal health care services rendered by student accoucheurs during their clinical practice, and ultimately to develop guidelines to facilitate acceptance of student accoucheurs in clinical practice at the Free State maternal health care institutions.

The study will be conducted at the Free State maternal health care institutions. Semi-structured face to face interviews with women and focus group discussions with student accoucheurs will be conducted to explore their views regarding the health care services rendered by student accoucheurs at the Free State maternal health care institutions.

I hereby request your permission to conduct a research study with your students. The study will be conducted at the Free State health care institutions where student accoucheurs in the Free State School of Nursing are placed for their maternal health clinical practice. My research proposal has been attached for your perusal.

Do not hesitate to contact my supervisor Prof Sibiya for any clarity. Her email address is nokuthulas@dut.ac.za
Your permission to conduct the study will be highly appreciated.

Sincerely,

Mr ST Madlala
Student no: 21449553
Themba.2@hotmail.com

Annexure 4b: Letter of approval from the Free State School of Nursing



health

Department of
Health
FREE STATE PROVINCE

DATE	20 June 2017	FROM	Me N.M.M. RALIKONYANA Head of Southern Campus Free State School of Nursing BLOEMFONTEIN
TO:	Mr. MADLALA S.T. 2583 Extension 1 Harrismith 9880		

Re: PERMISSION TO CONDUCT RESEARCH

Dear Mr. Madlala

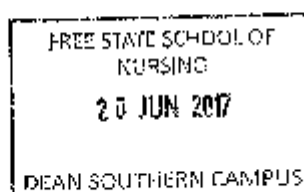
Permission is hereby granted for you to use students of the Southern campus of Free State School of Nursing to conduct research on "guidelines to facilitate acceptance of student accoucheurs in clinical practice at the Free State maternal health care institutions"

This permission is subject to approval and conditions of Head of Free State Department of Health. You will also be expected to provide the College with ethical clearance from the Durban University of Technology.

Wishing you all the best with your studies.

Warm regards


N.M.M. Ralikonyana
Head of Southern Campus
Free State School of Nursing
051 403 9831



Me N.M.M. Ralikonyana: Head of Campus, Free State School of Nursing, Private Bag X20520, Bloemfontein, 9300. Tel 051 403 9831 Fax 051 430 6469, e-mail ralikonyannm@fshealth.gov.za

**INTERNAL MEMO**

DATE:	22 JUNE 2016	FILE NO:	
TO:	Mr T Madlala	FROM:	M.M.J Mokhomo Acting Dean FSSoN Northern Campus Mothusi Road Tel: 057 396 6240 Fax: 057 396 3719 Email: mokhomM@fshealth.gov.za

Approval for conducting a research study on student accoucheurs

1. The above mentioned matter bears reference.
2. You are hereby informed that you are approved to do your research as per your request and approval from HOD: Health.
3. You are just reminded that you must adhere to the principles as tabulated in the approval letter of HOD,
4. Wishing you success with your studies

Warm regards,

General Manager – Health Support, Dr RD Chapman, • PO Box 227, Bloemfontein 9300 • Tel: 051-4033431
MEMM MOKHOMO
 Fax: 051-4036008 E-mail: chapmard@doh ofs.gov.za • Room 505, Lebohang Building, St Andrews Street,
 Bloemfontein

The Acting Dean



FSSON NORTHERN CAMPUS - WELKOM



Annexure 5: Letter of information for student accoucheurs



Thank you so much for agreeing to participate in the study.

Title of the Research Study: Guidelines to facilitate acceptance of student accoucheurs in clinical practice at the Free State maternal health care institutions.

Principal Investigator/s/researcher: Mr. ST Madlala, D Nursing Student

Co-Investigator/s/supervisor/s: Prof MN Sibiya. D-Tech: Nursing and Dr. TSP Ngxongo: D Nursing.

Brief Introduction and Purpose of the Study: The aim of the study is to explore and describe the views of student accoucheurs and women regarding the maternal health care services rendered by student accoucheurs during their clinical practice, and ultimately to develop guidelines to facilitate acceptance of student accoucheurs in clinical practice at the Free State maternal health care institutions.

Outline of the Procedures: You will be asked few questions in a focus group in a private room at the Free State maternal health care institutions. Permission is requested to use the voice recorder during the focus group discussions. The focus group discussion will take about an hour to two hours and there may be some follow ups to clarify certain issues if necessary.

Risks or Discomforts to the Participant: The study and the procedure involve no foreseeable risk and discomfort to you.

Benefits: The results from this study will be used to develop guidelines to facilitate acceptance of student accoucheurs in clinical practice at the Free State maternal health care institutions.

Reason/s why the Participant May Be Withdrawn from the Study: Your participation in this study is entirely voluntary. You may at any time withdraw from the study without prejudice or providing any reason to your decision. Your withdrawal will no way influence your clinical practice at the Free State maternal health care institutions.

Remuneration: Please note that there will be no monetary or remuneration given to the participants.

Costs of the Study: You will incur no costs for participating in this study.

Confidentiality: The information you provided during the focus group discussion will remain strictly confidential. Data collected will be coded so that there is not linked to your name. Your identity will not be revealed while the study is being conducted and on completion while the results are being reported in a scientific journal. Data that will be collected during the study will be stored in a secure locked area.

Research-related Injury: There is no foreseeable form of injury that could take place during the study.

Persons to Contact in the Event of Any Problems or Queries: Please contact me the researcher Themba Madlala at 082 581 84 73 or at themba.2@hotmail.com , my supervisor Prof MN Sibiyi during office hours at 031-372 2704 and my co-supervisor Dr. TSP Ngxongo during office hours at 031-373 2748 or the Institutional Research Ethics administrator on 031-373 2900. Complaints can be reported to the Director: Research and Postgraduate Support, Prof S Moyo on 031-373 2577 moyos@dut.ac.za

Annexure 6a: Letter of information for women in English



Thank you so much for agreeing to participate in the study.

Title of the Research Study: Guidelines to facilitate acceptance of student accoucheurs in clinical practice at the Free State maternal health care institutions.

Principal Investigator/s/researcher: Mr. ST Madlala. D Nursing

Co-Investigator/s/supervisor/s: Prof MN Sibiya. D-Tech: Nursing and Dr. TSP Ngxongo: D-Tech: Nursing.

Brief Introduction and Purpose of the Study: The aim of the study is to explore and describe the views of student accoucheurs and women regarding the maternal health care services rendered by student accoucheurs during their clinical practice, and ultimately to develop guidelines to facilitate acceptance of student accoucheurs in clinical practice at the Free State maternal health care institutions.

Outline of the Procedures: You will be asked few questions during the interview in a private room at the Free State maternal health care institutions. Permission is requested to use the voice recorder during the interview. The interview will take about half an hour to an hours and there may be some follow ups to clarify certain issues if necessary.

Risks or Discomforts to the Participant: The study and the procedure involve no foreseeable risk and discomfort to you.

Benefits: The results from this study will be used to develop guidelines to facilitate acceptance of student accoucheurs in clinical practice at the Free State maternal health care institutions. This will assist that on completion of their studies they are available to work in the maternal health care institution and thus improve and increase the health care professionals that are available to provide quality maternal health care services.

Reason/s why the Participant May Be Withdrawn from the Study: Your participation in this study is entirely voluntary. You may at any time withdraw from the study without prejudice or providing any reason to your decision. Your withdrawal will no way influence your maternal health care service you receive at the Free State maternal health care institutions.

Remuneration: Please note that there will be no monetary or remuneration given to the participants.

Costs of the Study: You will incur no costs for participating in this study.

Confidentiality: All the information that you will provide during the study will remain strictly confidential. Data collected will be coded so that there is not linked to your name. Your identity will not be revealed while the study is being conducted and on completion while the results are being reported in scientific journals. Data that will be collected during the study will be stored in a secure locked area.

Research-related Injury: There is no foreseeable form of injury that could take place during the study.

Persons to Contact in the Event of Any Problems or Queries: Please contact me the researcher Themba Madlala at 082 581 84 73 or at themba.2@hotmail.com , my supervisor Prof MN Sibiya during office hours at 031-372 2704 and my co-supervisor Dr. TSP Ngxongo during office hours at 031-373 2748 or the Institutional Research Ethics administrator on 031-373 2900. Complaints can be reported to the Director: Research and Postgraduate Support, Prof S Moyo on 031-373 2577 moyos@dut.ac.za

Sehlomathiso 6b: Lengolo la tlhahisoleseding bakeng sa basadi



Re a o leboha haholo bakeng sa ho dumela ho nka karolo phuputsong.

Sehlooho sa Phuputso: Moralo wa tshehetso ho tshehetsa tshebetso ya bongaka ya baithuti ba batona ba babelehisi mane Free State maternal health care institutions.

Mofuputsi ya ka Sehloohong: Mong. ST Madlala. D Nursing

(Ba)Mofuputsi-mmoho/(ba)mookamedi: Moprofesara MN Sibiya. D-Tech: Nursing le Ngaka TSP Ngxongo: D-Tech: D Nursing.

Selelekela se Sekgutshwanyane le Sepheo sa Phuputso: Sepheo sa phuputso ke ho fuputsa boiphihlelo ba baithuti ba batona ba babelehisi le maikutlo a basadi mabapi le ditshebeletso tsa tlhokomelo ya bophelo bo botle tsa baimana tse fanwang ke baithuti ba batona ba babelehisi nakong ya tshebetso ya bona ya bongaka, le ho qetella ka ho ntshetsa pele moralo o tshehetsang baithuti ba batona ba babelehisi phanong ya ditshebeletso tsa tlhokomelo ya bophelo bo botle tsa baimana mane Free State maternal health care institutions.

Moralo wa Mokgwatshebetso: O tshwanetse ho utlwisisa hore na phuputso e mabapi le eng pele o saena foromo ya tumello bakeng sa ho nka karolo. O tla koptjwa ho araba lethathamo la dipotso le nang le dipotso tse mmalwa kamoreng ya praevele mane Free State maternal health care institutions. Ho araba lethathamo la dipotso ho tla nka metsotso e ka bang mashome amararo ho isa ho hora. Mofuputsi o tla fumaneha ho o thusa haeba o hloka ho hlakisetswa dipotso dife kapa dife. Haeba o sa kgone ho bala le ho ngola mofuputsi o tla o balla dipotso ka lentswe le hodimo.

Dikotsi kapa Makukuno ho Monkakarolo: Phuputso le mokgwatshebetso ha di kenyeletse kotsi le makukuno ho wena tse ka bonwang esale pele.

Melemo: Diphetho tsa phuputso ena di tla sebedisetswa ho ntshetsa pele moralo wa tshebetso ho tshehetsa baithuti ba batona ba babelehisi e le hore ba fane ka ditshebeletso tsa bophelo bo botle tsa baimana nakong ya tshebetso ya bona ya bongaka mane Free State maternal health care institutions. Sena se tla thusa hore ha ba qeta dithuto tsa bona ba fumaneha bakeng sa ho sebetse setheong sa tlhokomelo ya bophelo bo botle sa baimana mme kahoo sena se tla ntlafatsa le ho eketsa tlhokomelo ya bophelo bo botle ya baprofeshinale ba fumanehang bakeng sa ho fana ka ditshebeletso tsa bophelo bo botle tsa boleng bo hodimo ho baimana.

Ma/lebaka leo Monkakarolo a ka Tloswang Phuputsong: Bonkakarlo ba hao phuputsong ena ke ka boithaopo ka ho feletseng. O ka nna wa ikgula phuputsong ka nako efe kapa efe ntle le kahlolo e leeme kapa ho fana ka lebaka lefe kapa lefe la qeto ya hao. Ho ikgula ha hao ho ke ke ha susumetsa ka tsela efe kapa efe tshebetso ya tlhokomelo ya bophelo bo botle ya boimana eo o e fumanang mona Free State maternal health care institutions.

Moputso: Ka kopo lemoha hore ho ke ke ha ba le tijelete kapa moputso o tla fuwa bankakarolo.

Ditjeo tsa Phuputso: O ke ke wa ba le ditjeo bakeng sa ho nka karolo phuputsong ena.

Lekunutu: Tlhahisoleseding kaofela eo o tla fana ka yona nakong ya phuputso e tla bolokwa e le lekunutu le thata. Tlhahisoleseding e bokeletsweng e tla kengwa khoutu e le hore e se hokahangwe le lebitso la hao. Boitsebahatso ba hao bo ke ke ba senolwa nakong eo ho tsamaiswang phuputso le nakong eo phuputso e phethilweng ha dipetho di tlalehwa dingodilweng tsa saense. Tlhahisoleseding e tla bokellwa nakong ya phuputso e tla bolokwa sebakeng se sireletsehileng se notletsweng.

Temalo e amanang le phuputso: Ha ho na mofuta wa temalo o ka bonwang esale pele o ka etsahalang nakong ya phuputso.

Batho Bao o ka Iteanyang le Bona Ketsahalong ya Mathata Afe kapa Afe ka Dipotso: Ka kopo iteanye le nna mofuputsi Themba Madlala at 082 581 84 73 kapa mona themba.2@hotmail.com , mookamedi wa ka Moprofesara MN Sibiyi nakong ya dihora tsa ofisi mona 031-372 2704 mookamedi-mmoho Ngaka TSP Ngxongo nakong ya dihora tsa ofisi mona 031-373 2748 kapa mohlokomedi wa Institutional Research Ethics mona 031-373 2900. Ditletlebo di ka tlalehelwa Motsamaisi: Tshehetso bakeng sa Phuputso le Postgraduate, Moprofesara S Moyo mona 031-373 2577 moyos@dut.ac.za

Annexure 7a: Consent in English



Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, _____ (name of researcher), about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: _____,
- I have also received, read and understood the above written information regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerised system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

_____	_____	_____	_____
Full Name of Participant Thumbprint	Date	Time	Signature / Right

I, Themba Madlala herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

_____	_____	_____
Full Name of Researcher	Date	Signature

_____	_____	_____
Full Name of Witness (If applicable)	Date	Signature

_____	_____	_____
Full Name of Legal Guardian (If applicable)	Date	Signature

Sehlomathiso 7b: Tumello



Polelo ya Ho Dumela ho Nka Karolo Phuputsong:

- Mona ke netefatsa hore ke ile ka tsebiswa ke mofuputsi, _____ (lebitso la mofuputsi), mabapi le sebopeho, tsamaiso, melemo le dikotsi tsa phuputso ena - Research Ethics Clearance Number: _____,
- Ke ile ka boela ka fumana, ka bala le ho utlwisisa tlhahisoleseding e ngotsweng e mona ka hodimo mabapi le phuputso.
- Ke a lemoha hore diphetho tsa phuputso, ho kenyeletswa le tlhahisoleseding ya ka mabapi le bong ba ka, dilemo, letsatsi la tswalo, ditlhaku tse qalang tsa mabitso a ka le phumano ya bokudi di tla sebetswa tlahong ya phuputso ntle le lebitso la ka.
- Ka lebaka la ditlhoheho tsa phuputso, ke dumela hore tlhahisoleseding e bokellwang nakong ya phuputso ena e ka sebetswa sistiming ya khomphutha ke mofuputsi.
- Ka nako efe kapa efe, ntle le kahlolo e leeme, nka hula tumello ya ka le bonkakarolo phuputsong.
- Ke bile le monyetla o lekaneng wa ho botsa dipotso mme (ke qeto ya ka) ke bolela hore ke malala-a-laotswe ho nka karolo phuputsong.
- Ke a utlwisisa hore diphumano tsa bohlokwa tse ntjha tse etswang nakong ya phuputso ena tse ka amang bonkakarolo ba ka di tla etswa hore di fumanehe ho nna.

Lebitso le Feletseng

Tshaeno /

Mohla

Nako

la Monkakarolo

Kgatiso ya Monwana o Motona

Nna, Themba Madlala mona ke netefatsa hore monkakarolo ya ngotsweng mona ka hodimo o ile a tsebiswa ka ho feletseng mabapi le sebopeho, tsamaiso le dikotsi tsa phuputso e boletsweng ka hodimo mona.

Lebitso le Feletseng la Mofuputsi

Mohla

Tshaeno

Lebitso le Feletseng la Paki

Mohla

Tshaeno

(Haeba ho hlokahala)

Lebitso le Feletseng la Mohlokomedi

Tshaeno

Mohla

ya Amohelahang Molaong (Haeba ho hlokahala)

Annexure 8: Focus group discussion for student accoucheurs

Date----- Group code:

Institution code

SECTION A: GRAND TOUR QUESTION

1. What are your views as student accoucheurs regarding being accepted by women during your clinical practice at the Free State maternal health care institutions?

SECTION C: SUB-QUESTIONS

1. In your opinion, what are the factors contributing to your non-acceptance by women in clinical practice at the Free State maternal health care institutions?
2. In your opinion, how does this factors contribute to your achievement of training objectives?
3. What suggestions will you give that will facilitate acceptance of student accoucheurs in clinical practice at the Free State maternal health care institutions?

Any other probing questions following the participants' responses will be used to facilitate the discussion.

Annexure 9a: Interview guide for women

Date----- Participant no:

Institution code:

SECTION A: DEMOGRAPHIC DATA

Age ----- Religion -----

Race ----- Marital status-----

Gender -----Your level of education-----

Employment status.....

SECTION B: GRAND TOUR QUESTION

1. What are your views regarding the maternal health care services rendered by student accoucheurs at the Free State maternal health care institutions?

SECTION C: SUB-QUESTIONS

1. Would you accept the maternal health care services from student accoucheurs?
2. What suggestions will you give that will assist to improve maternal health care services rendered by student accoucheurs?

Any other probing questions following the participants' responses will be used to facilitate the discussion.

Sehlomathiso 9b: Lethathamo laa Dipotso la bo mme

Mohla----- Nomoro ya khoutu ya monkakarolo:

Khoutu ya sebaka ya phuputso

KAROLO YA A: TLHAHISOLESEDING YA DEMOKRAFIKI

Dilemo ----- Bodumedi-----

Moloko ----- Boemo ba lenyalo -----

Palo ya bana ----- Boemo ba thuto -----

KAROLO YA B: POTSO EKASEHLOHLOLONG

1. Keeng maikutlo a hao mabapi le ditshebeletso tsa tlhokomelo ya bophelo bo botle tsa baimana tse fanwang ke baithuti ba batona ba babelehisi mane Free State maternal health care institutions?

KAROLO YA C: DIPOTSO TSE HLAHLAMANG

1. Ka maikutlo ahao, ke eng mabaka akaqobella tsamaiso ya hofana jka bophelo bobotle ho bomme ke baithuti ba batona ba babelehisi mane Free State maternal health care institutions?
2. Ke maelle afeng okafana kaona ho tswelletsa pele bophelo bobotle ho bomme ke baithuti ba batona ba babelehisi mane Free State maternal health care institutions?

Re a o leboha ka ho nka karolohoarabeng lethathamo lena la dipotso

Annexure 10: Matrix to assess the level of consensus in a focus group

Focus group grand tour question	Participant 1	Participant 2	Participant 3	Participant 4	Participant 5	Participant 6	Participant 7	Participant 8
1								
Focus group sub questions								
1								
2								
3								
4								

Matrix codes
A – Indicated agreement (i.e. verbal or nonverbal)
D – indicated dissent (i.e. verbal or nonverbal)
SE – Provided significant statement or example suggesting agreement
SD – Provided significant statement or example suggesting dissent
NR – Did not indicate or dissent (i.e. nonresponsive)

(Onwuegbuzie, Dickinson, Leech and Zoran 2009: 8)

Annexure 11: Sample of Focus group discussion for student accoucheurs

Date 17 July 2017 Group code:

FG5

Institution code

C1

Demographic data: Number of student accoucheurs: 4

Ages: 20 – 24

Gender: Males

Race: Black

Educational level: 4th Level of training

Interviewer: Good day Gentlemen, and how are you doing today?

Participants: Morning Sir (all participants), we are doing well and hoe are you?
(Participant 1)

Interviewer: I am also doing well thank you, I would like to take this opportunity to thank everybody for agreeing to be part of this study. Before we start... is there any questions you would like to ask me?

Participants: No Sir.

Interviewer: Ok, thanks once more, eh...as it is stated on the information letter...I will be recording our discussion and take notes during the session. I would like us to lay some ground rules before we commence so that we can all work according to them during our discussion... it is important for all of us to participate actively in this discussion, we should give each other an opportunity to state our views, we should respect each other's' point of views, we should all keep our cell phones off or on silent for the rest of the sessions and we are allowed to ask for any clarity. Is there anyone who would like to add any ground rule to the ones I have mentioned?

Participants: No Sir (**All**). (**Participant 2**), I think they are fair ground rules.

SECTION A: GRAND TOUR QUESTION

Interviewer: What are your views as student accoucheurs regarding being accepted by women during your clinical practice at the Free State maternal health care institutions?

Participant 1: My I start... I have a great challenge in this maternity units...eh... most of women do not want to be assisted by us males. Sometimes you have to beg and plead in order to get a case for your register as some women refuses. Sir, it is really frustrating. *(Theme 1- Trans cultural diversity – sub-theme 1.1 cultural beliefs, values and care during pregnancy, labour and puerperium, Category – married women versus unmarried women)*

Participant 2: Nodding... indeed but what I have noticed although there are some of those that come in alone... unmarried ones...those women banale kutlwisiso “more understanding”. They may show resistance but at the end they tend to allow you to assist them. *(Category – married women versus unmarried women)*

Participant 3: Sir... I have noticed that when a woman comes in with her husband, she does not want you to examine her you know... yes you can take vital signs... she will not have a problem buy when it comes to physical examination to measure fundal heights and do vaginal examination... yhoo she will refuse. *(Theme 1- Trans cultural diversity – sub-theme 1.1 cultural beliefs, values and care during pregnancy, labour and puerperium)*

Participant 4: Yes, I agree... with you. What I have notice is that they don't want us to see them naked. I have observed that in many occasions from those that are married. *(Theme 1- Trans cultural diversity – sub-theme 1.1 cultural beliefs, values and care during pregnancy, labour and puerperium).*

Interviewer: ... it must be challenging indeed... eh... any other view? *(Probing question)*

Participant 3: I think Sir we are facing same challenge all of us from what I heard at the maternity units.

Participants: nodding and echoing “mmh mmh”

SECTION C: SUB – QUESTIONS

Interviewer: In your opinion, what are the factors contributing to your non-acceptance by women in clinical practice at the Free State maternal health care institutions?

Participant 2: In my opinion... eh I think women are more used to be assisted by female midwives in this units. I think that is the case. *(Theme 1: Transcultural diversity. Sub-theme 1.2: Institutional sociocultural beliefs and practices, Category: gender discrimination and gender threats in maternity units).*

Participant 3: I agree with you.... You know since I was allocated in this units from third year to now.... I have seen no male nurse in this units. Females are used to be alone. That's why most of these women don't want us in this units. *(Theme 4: Gender inequality in workplace, Sub-theme 4.1: Human resource gender distribution in the workplace, accoucheurs placement).*

Participant 4: Even if you check Sir... I have never seen a male Unit Manager in this units are only females... *(Theme 4: Gender inequality in workplace, Sub-theme 4.1: Human resource gender distribution in the workplace, accoucheurs placement).*

Participant 1: The only time you will see the male nurse in this units is when they have a community service nurse, but sometimes he will be allocated there for few weeks or mostly be asked to go assist in other units because of shortage. I will also agree that it may be the reason why women do not accept us in this units. *(Theme 4: Gender inequality in workplace, Sub-theme 4.1: Human resource gender distribution in the workplace, accoucheurs placement).*

Interviewer: It must be really a challenge, ... what else do you think contribute to them not accepting you in this units during your clinical placement? *(Probing Question)*

Participant 4: I remember other time I was refused to assist to deliver a lady teacher whose husband was a taxi owner... I felt so bad as I really wanted the case for my register. *(Category: Cultural beliefs, values and caring).*

Interviewer: Why do you think was a reason for her refusing to be assisted by you? *(Probing Question)*

Participant 4: Eh ... Sir, I think women with money they have a liberty of choosing whom they want to deliver them *(Theme 2: socioeconomic factors).* I think because

they had money that's the reason why they refused to be assisted by me. Even the Unit Manager did not talk on my behalf. (*Theme 2: Socioeconomic factors, Sub-theme 2.1: Financial stability of women, Category: Employed and financially stable pregnant women*).

Participant 2: mhh... women with money do not really come here for deliveries unless they are forced by situations such as real emergency and the private hospitals are not within their reach. *Sub-theme 2.1: Financial stability of women, Category: Employed and financially stable pregnant women*).

Participant 3: Nodding

Interviewer: What do you think "Participant 1" (*Probing Question to engage Participant*)

Participant 1: Oh yes Sir, absolutely I agree with them, but also you know we are still lacking experience such as how to give orders effectively. (*Category: Communication skills*).

Interviewer: Can you please elaborate to that what exactly do you mean? (*Probing Question*)

Participant 1: I mean our communication skills are still lacking, as a young person sometime telling older women to push in SeSotho it can be quite embarrassing. (*Theme 3: Social interactions and relations*). Therefore, we still need to be really capacitated in communication and the use of words without causing embarrassment to women and also us feeling embarrassed. (*Sub-theme 3.3 Verbal communication, Category: Feeling of discomfort and embarrassment, communication skills*).

Participants: Giggles and nodding.

Participant 2: Indeed, it can be embarrassing sometimes eish... (*Category: Feeling of discomfort and embarrassment, communication skills*).

Interviewer: In your opinion, how do these factors contribute to your achievement of training objectives?

Participant 3: Very bad Sir... we end up having to sacrifice our own time to come to these units when we are off duty to come and do extra work to get cases otherwise we won't finish the required objectives. (*Impact of factors to training*)

Participant 2: Compared to our female colleagues, they finish their cases very quickly because they are not faced with this challenge like us. *(Comparison)*

Participant 1: It really affects us and our training negatively as we are struggling to get cases to meet the required objectives. *(Impact of factors to training)*

Interviewer: What suggestions will you give that will facilitate acceptance of student accoucheurs in clinical practice at the Free State maternal health care institutions?

Participant 2: I would suggest that there should be a lecturer all the time with us to assist us at these units when we are faced with these challenges. *(Recommendation)*

Participant 1: Yes, I also agree to that, and women should be taught about us as males that we are also doing the same course as our female colleagues so we are also required to meet the same objectives in these units. *(Recommendation)*

Participant 3: Yes... Sir, what I can suggest is that there should be more male nurses who are allocated in these units so that women can adjust and be familiar with the idea that males can be midwives too. *(Recommendation)*

Interviewer: Any suggestion from you 'Participant 4'? (Probing Question to engage Participant)

Participant 4: I think they made valid points that can really assist us to be accepted in these units I agree with them. *(Agreeing statement)*

Interviewer: Ok Gentlemen, is there any other additional information you would like to share with me that I did not ask regarding this issue we discussed?

Participants: No Sir.

Interviewer: This brings us to the end of our discussions, let me take this opportunity and thank each of you to agree and participate in this discussion. Thank you very much. Good luck with your studies.

Participants: Thank you Sir.

Any other probing questions following the participants' responses will be used to facilitate the discussion.

SECTION C: MATRIX

Figure 1: Matrix to assess level of consensus in a focus group

Focus group grand tour question	Participant 1	Participant 2	Participant 3	Participant 4
1	SE	A + SE	SE	SE
Focus group sub questions				
1	SE	SE	SE + A	SE
2	SE	SE	SE	NR
3	SE	SE	SE	SE

Matrix codes
A – Indicated agreement (i.e. verbal or nonverbal)
D – indicated dissent (i.e. verbal or nonverbal)
SE – Provided significant statement or example suggesting agreement
SD – Provided significant statement or example suggesting dissent
NR – Did not indicate or dissent (i.e. nonresponsive)

(Onwuegbuzie, Dickinson, Leech and Zoran 2009:

Annexure 12: Sample of a transcript: Interview with a woman

Date 17 July 2017 Participant no:

11

Institution code:

R1

SECTION A: DEMOGRAPHIC DATA

Age: 40 **Religion:** Muslim

Race: Indian **Marital status:** Married

Gender: Female **Your level of education:** Certificate

Employment status: Unemployed

Interviewer: Good morning Mam and how are you?

Participant: Good morning Sir, I am well thanks except the tiredness and cold... eh... this weather.

Interviewer: I am well thanking you, the weather is really cold but hopefully it will end soon. Thank you for agreeing to participate in this study, are there any questions you would like to ask me before we start?

Participant: No Sir, we can start.

SECTION B: GRAND TOUR QUESTION

Interviewer: What are your views regarding the maternal health care services rendered by student nurses at the Free State maternal health care institutions?

Participant: Eh... as a married woman belonging to a Muslim religion, I strongly believe in our religion and cultural practices of doing things during pregnancy and labour... (*Theme 1: Transcultural diversity*).

Interview: Can you please elaborate what do you mean about believing in your religion and cultural practices of doing things during pregnancy and labour? *(Probing Question)*.

Participants: Sir, I don't have anything against student male nurses but according to our religion and cultural practices.... males are not allowed to witness or take part when I give birth... this is taboo and totally against my religion *(Theme 1: Transcultural diversity, Sub-theme 1.1: Cultural beliefs, values and care during pregnancy, labour and puerperium in the maternal health, Category: Religious beliefs)*. Eh ...you know Sir... even my husband is not allowed to witness me giving birth *(Category: Religious beliefs)*. This is not how we do things according to our religion and cultural believes.

Interviewer: Why males including male student nurses are not allowed during labour according to your religion and culture? *(Probing question)*

Participant: Sir, you know as women during pregnancy our bodies undergoes changes including during labour. Therefore, we mostly rely on our mothers, grandmothers and other women to teach us about these changes and give care to us during this process *(Category: Pregnant women's mother and grandmother bond)* ...and the value of care is best when you receive it from other woman who understand exactly what you are going through *(Theme 3: Social interactions and relations, Sub-theme nurse-patient relationship: Category: Trusting relationship)*.

Interviewer: mh...mh... (nodding) *(None verbal communication)*

Participant: The presence of males in labour is unacceptable... when this care is being rendered by male student nurses it becomes a challenge to us as women.

Interviewer: What challenges are caused by male student nurses if they render maternal health services to you? *(Probing question)*

Participant: You know certain care during pregnancy are invasive and can be quite unacceptable according to our culture to be done by males *(Sub-theme 1.1: Cultural beliefs, values and care)*. Just to be naked in front of other man beside yours is unacceptable and can be embarrassing. *(Theme 3: Social interactions and relations, Sub-theme 3.2: Physical interactions, Category: Feeling of discomfort and embarrassment)*.

SECTION C: SUB – QUESTIONS

Interviewer: Would you accept the maternal health care services from male student nurses?

Participant: Eh... if I had a choice, I would prefer that male student nurses not to be part of my delivery process base on my cultural and religious beliefs *(Theme 1: Transcultural diversity)* but be part of my new-born's care.

Interviewer: What suggestions will you give that will assist to improve maternal health care services rendered by male student nurses?

Participant: I know they are students and they are in training...so I will suggest that we be given a choice as to what extent we would allow them to take part in our care... but again if we can get thorough explanation we can end up being accustom to their presence and their services...who knows? *(Recommendation)*

Interviewer: Is there still other information you would like to add that I did not ask about male student nurses care in maternity? *(Probing question)*.

Participant: Mhh... not really

Interviewer: Ok...Mam...this brings us to the end of our interview session. Let me take this opportunity and thank you for taking part in this study and giving me the opportunity to interview you.... I really appreciate it, Thank you. I wish you well.

Participant: Thank you Sir.

Any other probing questions following the participants' responses will be used to facilitate the discussion.

Annexure 13: Certificate for translation of research documents to SeSotho



12th September 2016

To whom it may concern

This serves as confirmation that the Sesotho translation done for Themba Madlala was completed by a qualified linguist.

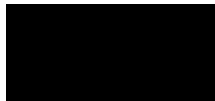
Documents translated:

Annexure 3 – Letter of info for pregnant women

Annexure 4 – Consent

Annexure 6 – Questionnaire

With thanks and kind regards



Jackie Smith
ST Communications
Project Manager



Brainwave Projects 2298 trading as ST Communications

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Annexure 14: Certificate of proof reading from the professional editor

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EDITING CERTIFICATE

Re:

Ph.D Thesis: Mr. Siphiwe Themba Mdlala

GUIDELINES TO FACILITATE ACCEPTANCE OF STUDENT ACCOUCHEURS IN CLINICAL PRACTICE AT THE FREE STATE MATERNAL HEALTH CARE INSTITUTIONS

I am a freelance editor specialising in proofreading and editing academic documents. I confirm that I have edited this dissertation and the references for clarity, language and layout. I used the track changes/review option in Microsoft Word. I returned the document to the author:

- Ensuring that spelling, grammar, punctuation, line spacing, and font is consistent and correct.
- Checking the List of References for consistency and style, and checking entries against online databases to check accuracy of spelling and reference detail.
- Ensuring that all references in the text appear in the List of References and vice versa.

Resolving and accepting the changes in the text and references is the responsibility of the author.

My Qualifications and Experience:

- 30 years' experience as a research librarian at the University of KwaZulu-Natal and the Durban University of Technology.
- 16 years' experience in editing theses, research reports, teaching materials, journal articles, newsletters.
- Scribing, recording and transcriptions for workshops, seminars, debates.
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Thara Devi Shah



29 December 2017