THE VIEWS OF BOTSWANA ADULTS TOWARDS SUPPORT DURING CHILDBIRTH

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ABSTRACT

The positive effect of support during labour is well documented in the literature. It is not known whether the Botswana males are interested in supporting their partners during labour, or whether the women really want them there, especially in the African culture where it may be taboo for a man to witness a delivery.
In this research the views of Botswana adults regarding support during labour were explored and described in a qualitative study. Focus group discussions were conducted with groups of males and females from urban and rural areas of Botswana. The conclusion from the findings in this study is that Botswana adults of childbearing age feel that a woman in labour needs support from a relative of her own choice.

OPSOMMING

Die positiewe effek van ondersteuning tydens baring is goed gedokumenteer in die literatuur. Dit is egter nie bekend of Botswana mans hul vrouens wil ondersteun tydens baring nie, en of die vrouens hulle regtig daar wil hê nie, veral in die Afrika kultuur, waar dit taboe is vir 'n man om 'n bevalling waar te neem.
In die navorsing word die menings van volwasse Botswanas aangaande ondersteuning tydens baring verken en beskryf in 'n kwalitatiewe studie. Fokusgroep onderhoude is gevoer met groepe mans en vrouens van landelike en stedelike areas in Botswana. Die gevolgtrekking is dat volwassenes in Botswana voel dat vrouens ondersteuning tydens baring nodig het van 'n familielid van hul keuse.

INTRODUCTION AND STATEMENT OF THE PROBLEM

While pregnancy and childbirth are generally regarded as joyful and exciting events in a woman's life, women are also filled with fear, uncertainty, feelings of being "at risk" and anxiety about what the pregnancy and future may hold (Searle, 1996). Nevertheless, most of the time women face labour and birth alone in a strange and alien hospital environment (Railoun, 1993:3). The labouring woman's immediate support person becomes the midwife whom she has just met. From the researcher's own personal observation and experience as a midwife, the midwife is often very busy with her nursing and midwifery activities and spends little time with the woman in labour. Above all, she might be attending to other labouring women considering that the ratio of labouring women to a midwife is very high.

Railoun (1993:3) states that the family is regarded as the primary source of physical and emotional support for its members and May and Mahlmeister (1990:22) further emphasise that the family is capable of making decisions about care during the childbearing period given adequate information and professional support. Despite these family capabilities, the physical and emotional support of a woman during labour and birth is still entirely that of the midwife.

In everyone's life, supportive relationships play an

important role in promoting health, preventing medical problems, buffering the effects of stress and strengthening coping efforts (Nichol & Humenick, 1988:362). Social support has been defined as information leading to the belief that one is cared for, loved, esteemed, valued and part of a network of communication, and labour and childbirth support will therefore be defined as information and attention given to a woman during labour and childbirth leading her to believe that she is cared for, loved, esteemed, valued and part of a network of communication and mutual obligation. Crossman-Schultz (*in* Nichol & Humenick, 1988:279) found that behaviours most commonly associated with support were empathy, offering verbal acknowledgement and encouragement, physical presence and availability, encouraging ventilation, listening and providing positive enforcement and reassurance. The support person during labour may be the father of the child, the mother or mother-in-law of the woman in labour, a friend, a grandmother or an aunt.

The positive effects of support during labour and childbirth are well documented in the literature. Sosa, Kennell, Klaus, Robertson and Urrutia (1980, *in* Nichol & Humenick, 1988:281) found that women who had human companionship during labour and childbirth had a shorter labour, were more alert following birth, and interacted with their babies more. Roberts (1983, *in* Nichol & Humenick, 1988:281) found that assistance of a significant other, particularly the woman's husband reduced the distress the expectant mother experienced during childbirth. Women consistently report that caring support contributes directly to a positive birth experience (Young, 1982, *in* May & Mahlmeister, 1990:25).

This is supported by Bedford and Johnson (1988:190) who observed that the women whose husbands participated in both labour and delivery reported less pain, received less pain relief and felt more positive about the birth experience than women without support. Many parents wish to become better informed about the progress of pregnancy, labour and birth (Solomon, 1996:4). Empowering the family through involvement in the birth process may enhance their self-esteem and decrease dissatisfaction with the birth experience.
Nikodem (1993:1) argues that the advent of modern obstetrics and male obstetricians brought changes in the birth environment. Mothers are no longer allowed to deliver in a known home environment with the support of an "old wise woman", but have to be moved to the hospital away from their emotional support and are put into a completely strange environment (Nikodem, 1993:1).

Although pregnancy and childbirth are supposed to be shared family events, in most cases it is the pregnant woman who faces the stress of labour and childbirth alone. In most African cultures, it is the man and/or the in-laws who determine the number of children the woman should bear, yet they are not the ones experiencing the stress of labour and birth, and neither do they avail themselves to support the labouring woman. Views of Botswana adults of childbearing age on support during labour and childbirth are not known. The literature reveals that related studies have been conducted in the western world and they focused specifically on the role of the father during labour and childbirth.

Not all fathers may be interested in supporting their spouses during labour and birth and not all women may welcome the idea of being supported or "watched" by a male partner while giving birth, regardless of whether they are married or not, especially in the African culture where it may be taboo for a man to witness a delivery. The research questions will therefore be:
What are the views of Botswana adults of childbearing age towards support during labour and childbirth?
Sub-questions are:
- *Do women of childbearing age need physical and emotional support during labour and birth?*
- *Do Botswana men of childbearing age feel women need physical and emotional support during labour and birth?*
- *If adults of childbearing age feel labouring women need support, whom do they prefer as the support person?*

PURPOSE OF RESEARCH

The purpose was to explore and describe the views of Botswana adults of childbearing age towards support during labour and childbirth.

Research objectives were:
- to find out if women of childbearing age need support during labour and birth;
- to find out if men of childbearing age feel women need support during labour and birth;

- to identify the preferred person for support during labour and birth; and
- to write guidelines on the support to women during labour and childbirth.

Only the first three objectives will be addressed in this paper.

DEFINITIONS OF TERMS

For the purpose of this study, the following terms will be defined:

Support during labour and childbirth is the information and attention given to a woman during labour and childbirth, leading her to believe that she is cared for, loved, esteemed, valued and part of a network of communication and mutual obligation.

ETHICAL CONSIDERATIONS

Permission to carry out this research was sought from the Ministry of Health, as it is responsible for government health facilities. The researcher sought permission from the Nursing Managers of the relevant clinics. Letters, clearly stating the purpose of the study and dates of engaging in the sampling units were hand-delivered to the relevant authorities.

The nature of the study was fully described to the participants by the investigator. Permission was sought from them to record the interviews on both audio and videotapes. Participants were assured of anonymity and confidentiality, and that the data will be reported in aggregated form once the transcription of tapes is over.

THE RESEARCH DESIGN AND METHODOLOGY

An explorative, descriptive and contextual qualitative design was adopted to investigate the views of Botswana adults of childbearing age towards labour and childbirth support.

Data Collection

The population and sample

The target population was Botswana men and women of childbearing age.

A purposive sample was selected from the accessible population. For this study the sample was selected from two different sampling units, that is, from a clinic with a maternity wing in the urban area and another from a Primary Hospital in a rural area in the far central part of Botswana.

The following criteria were followed to select participants into the sample:

Women:

- Aged between 20 and 39 years
- Parity between one and three, gravida 2 - 4
- Previous normal delivery/deliveries in a health facility
- No history of complicated delivery/deliveries or abortions
- Attending ante-natal clinic at the chosen sampling unit in the urban or rural area
- Voluntary participation in the study
- Able to converse in Setswana

The criteria for selecting women participants into the sample have been defined in such a way as to exclude the high-risk childbearing population from the sample. This is because these groups have had abnormal experiences about labour and birth and therefore may bias the findings. Also, they need special midwifery and obstetric care during labour and delivery.

Men:

- Aged between 20 and 39 years
- With or without children
- Married or single
- Able to converse in Setswana

The researcher recruited participants who meet the above criteria verbally into the sample. Recruiting was done while carrying out day-to-day activities in the health facility. Participants were informed about the purpose of the research and that information will be collected from them in a group discussion. Pregnant women were recruited individually from the maternal and child-health screening room.

A convenience sample was used to select male participants who meet the selection criteria. They were selected from injection and consulting rooms, and from the clinic premises. The researcher introduced herself

to the potential participants, explained the purpose of research and the research topic and requested their participation. It was clearly explained to the participants that participation is voluntary and that one is free to withdraw at any time when he/she feels like it. They were assured of anonymity and confidentiality.

Pilot Study

For this research, a pilot study to ascertain the relevance and simplicity of the questions developed was done with two women and two men from each sampling unit, who met the same criteria as the target population. If the participant answered the questions relevantly and no ambiguity was identified, the questions were adopted as they were for the main study.

Data collection procedure

The method of data collection was focus group interviews. Two groups (one group of men and the other of pregnant women) in each area, that is rural and urban, were interviewed on their views towards support during labour and childbirth, and interviews were audio-recorded.

For this study a total of four focus groups with four members each were conducted to describe their views on support during labour and childbirth, that is one group of males and one group of pregnant women from the urban and rural sampling units.

The interviews were held in empty and quiet isolated wards within the maternity wings in both sampling units. This environment enhanced the discussion and participants' freedom of expression since it is their natural environment where they express their health needs and problems. The interviews for all focus groups were held in the late mornings when the clinics are less busy with less noise. The researcher and the participants gathered around an empty bed with adequate light and ventilation. There was no alarming equipment or anything that may distract attention. Permission to audio-record was sought verbally from the participants. The audiotape was placed in a central point for effective recording. The raw data was transcribed verbatim for each group and then analysed.

The moderator

In these focus groups, the moderator and the researcher were one and the same, and her role included question development, facilitating the sessions, documentation, and analysis and interpretation of results. The researcher is a midwifery tutor at a nursing college, who has taught groups of students and clients of differing contexts, cultural and educational backgrounds. She therefore has reliable communications skills (has attended a communications skills workshop) and group dynamics/ interaction.

The researcher's major role, as the moderator was that of attentive listening and probing for more information whilst adopting a non-directive approach. Possible biases of the moderator were guarded against e.g. avoiding an affirmative nod, or a special relationship with a specific individual. The researcher avoided any unnecessary gestures and facial expressions to show members of the group that she is non-judgmental and value their views. She asked questions only when it was necessary in order to clarify what the client is relating. When the participants had described their views towards support during labour and birth, and when no further clarification was required, recording was considered complete. Refreshments were served after each group discussion.

The agenda for questions was:

For women participants:

As introduction and icebreaker:

- Tell me a little bit about yourselves with regard to your age, marital status, occupation, education background and your past labour and birth i.e. when was it.

The main question:

- What are your views towards having a family member, significant other or partner with you to massage, encourage, comfort, reassure you and provide positive enforcement during labour and birth?

Sub-questions:

- Do you think women need encouraging and supportive activities during labour and birth?
- If you think you need this kind of support and encouragement during labour and birth, whom do you prefer as your support person?

For male participants:

As introduction and icebreaker:

- Tell me a little bit about yourselves with regard

to your age, marital status, educational background, occupation and if you have a child/ children.

Main question:

- What are your views towards staying/being with your labouring partner, massaging, encouraging, comforting, reassuring her and giving her positive enforcement during her labour and childbirth?

Sub-questions:

- Do you think women need this kind of support and encouragement during labour and birth?
- If you think women need support (physical and emotional) during labour and birth, whom do you think should provide this support?

Data-analysis strategies

To analyse data for this study Tesch's (1990, *in* Creswell, 1994:154-156) approach to qualitative data-analysis methodology was used.

ENSURING TRUSTWORTHINESS

Issues concerning validity and reliability are different in qualitative research, and different criteria and concepts have been introduced. Guba and Lincoln (1985) make a case for alternatives to develop effective evaluation for trustworthiness.

Credibility

Credibility is the truth-value of the research. For this research the following techniques were engaged to improve credibility:

- Triangulation - four focus groups were interviewed to collect data, two groups in the urban and two in the rural area. A literature control was also conducted. A combination of data-analysis methods were used.
- Peer examination - an external coder was engaged and the researcher met regularly with her research supervisor to ensure vigour in data analysis and conclusions.

Transferability

- A purposive sample was used to select female and male participants into the sample.
- The sample was selected from both urban and rural areas.
- Literature control and verbatim quotes from focus group discussions were done to compare the findings with relevant studies regarding support during labour and childbirth.

Dependability

- Triangulation was applied to interview different contexts (urban and rural). A literature control was used to compare the findings with other relevant studies.
- Consensus discussions between researcher and external coder were held.

Conformability

- Researcher's status: a clear explanation of the researchers role as a M-student at a University was given to the participants. A further explanation that no form of their identity was needed and that data will be reported in aggregate form was provided. It was explained that findings of the research might be used to improve their care during labour.
- Method of research:
  - Data triangulation
  - Use of independent coder to identify relationships, central themes and categories
  - Compare findings and results with similar existing research or published studies to ensure the reliability of the study and to establish commonalities and uniqueness of the current study

LITERATURE CONTROL

A literature control was done to place the findings in the context of what is already known. Views of different authors and researchers who conducted similar or relevant studies regarding support during labour and childbirth were discussed in comparison with the results of the study. A general literature research was done from the library.

RESULTS

Sample description

The population sample consisted of seventeen participants assigned to four focus groups, two groups from the urban and two groups from the rural sampling units. Each focus group had four members except one group of females in the urban area that had five members. All participants were single with their ages ranging from 21 to 31. The average age of the sample was 25 years and 8 months. The average age of men was 25 years and 6 months and 26 years for pregnant women. All participants had gone through a formal education system, where the least educated had done standard 7 and the highest educated completed form 5. The group discussions lasted for 45 to 60 minutes.

Data analysis

Results of the data analysis are presented in the tables. The numbers in brackets indicate how often the theme was repeated only for those that appear more than once. In total, nine common categories of the female views towards support were identified, while male views included eight common categories. There are six categories common to both genders.

THEORETICAL SUPPORT FOR THE RESULTS OF THE STUDY

Views towards support

Nichol and Humenick (1988:362) have asserted that in everyone's life, supportive relationships play an important role in promoting health, preventing medical problems, buffering effects of stress and strengthening coping efforts. Support is defined as information leading to the belief that one is cared for, loved, esteemed, valued and part of a network of communication and mutual obligation (Nichol & Humenick, 1988:363). Phillips and Anzalone (1978:9) state that as the women were left to labour, separated from family and friends, they found that busy nurses could not spend hour after hour with one labouring woman, consequently she was often left to labour alone, anxious and apprehensive on a narrow hospital labour bed.

Wolman (1991:34) states that increased technology in obstetrics has placed greater demands on the midwifery staff to oversee equipment such as foetal monitors and intra-uterine devices. The midwife has to assess and diagnose labouring women and check machinery, and is therefore not free to offer support or even to continually be with the woman.

The women feel that having a familiar person with themin labour helped to combat their sense of isolation or alienation (Phillips & Anzalone, 1978:13). In another study done by Halldorsdottir and Karlsdottir (1996a:54) it was found that the women unanimously reported a need to feel safe and secure during the journey through labour and delivery. This need seemed to be fulfilled by the presence of a caring midwife, who guided the woman on her journey, explained and assisted her when needed, as well as by the presence of her partner.

Support person preferred

The preference for a female person to support the labouring woman is for the common reason that they have experience of the phenomenon under study and therefore know what they can do to help, and as such can offer better support. Most literature cite a female person for support; with the woman's mother frequently mentioned. Moore (1978:8) purports that for many Middle and Far-Eastern women, the traditional support during pregnancy comes from women in the extended family, i.e. their mother, aunts or sisters.

Amongst African women, those who are valued as birth companions are the grandmother, woman's own mother or mother-in-law (Chalmers, 1990:22).

If the mother-in-law is not favoured by both genders as a support person, then most Botswana adults may not welcome her involvement during this critical time. The pregnant woman's mother is an important contributor to the maternal role. She provides comfort, companionship, and reality testing for the pregnant woman.

Some women probably do want to share the experience of birth with their husbands as is the frequently expressed desire of Western mothers (Macy & Falkner, 1979, *in* Chalmers, 1990:44). Others express a need for husbands to be present, *"...to see how difficult it is, so*

Table 1: Categories and themes from female participants

Female Participants - Rural	Female Participants - Urban
1. Views towards support	**1. Views towards support**
- Very important - Worthy - Good idea	- Good idea
2. Reasons for views towards support	**2. Reasons for views towards support**

- Nurses are not always with you
- Support person will call the nurse for you
- Support person will help the nurse
- Nurses are busy
- Support person will protect against nurses:
    - Neglecting
    - Beating
    - Insulting
    - Scolding, harassing, tossing around
    - Hurting feelings
- Support person will reprove nurses
- Proper treatment will be offered
	- It shows love
	- Support person witness delivery

3. Are support activities important?	**3. Are support activities important?**
- Very, very important - Immediate care is available.	- Very important - You feel loved - You feel satisfied - You feel encouraged - You don't feel some pains
4. Support activities needed	**4. Support activities needed**
- Support to the toilet - Give drinking water - Encourage - Collect something from home - Wipe sweat	- Help to the toilet - Give drinking water - Massage you - Guard from falling - Observe condition - Talk to you - Show a happy, comforting face - Ask what I want
5. Support person preferred	**5. Support person preferred**
- Mother - Father of the child - Not mother-in-law	- Father of the child - Elder sister - Mother - Not mother-in-law
6. Reasons for the preferred person	**6. Reasons for the preferred person**
- Mother knows labour pains - Man must see how the woman suffers - Man must be involved in birth - Culture doesn't allow man to be involved - Mother-in-law has not love, can bewitch you.	- Man has more love - Mother is nearer - Elder sister and mother cares more - Mother and sister know labour pains - Man doesn't know labour pains - Man doesn't come anywhere near - Men don't want to see their wives delivering. - I can blame him for the pains - Men can become "weak" - Labour and birth is women's secret - Older women won't like men involved - Won't like man to be around when I deliver (4) - Will be shy to deliver in his presence
7. Men can say bad things afterwards	**7. Men can say bad things afterwards**
- Even if they can say bad things they must be present to see how the woman suffers	- Can talk about it outside
8. Better if married	**8. Better if married**
- No difference, can still say bad things - It depends on the person's character	- No difference
9. Cultural perceptions	**9. Cultural perceptions**
- Culture doesn't matter - Man should be involved - Man and woman should be together - Men are in the health professions	- Labour and birth are women's secret - Man can become "weak" - Older women won't allow men to be involved - Culture doesn't allow men in labour and childbirth activities

Table 2: Categories and themes from male participants

Male participants - Rural	Male participants - Urban
1. **Views towards support**	1. **Views towards support**
- Very important - Help important	- Very important - It is okay
2. **Reasons for views towards support**	2. **Reasons for views towards support**
- Shortage of nurses - Help nurses - Protect labouring woman against nurses	- Shows love - Help nurses
3. **Support activities needed**	3. **Support activities needed**
- Not known - Needs to be taken to the hospital - Give a bowl to vomit into	- Shows love - Don't know
4. **Support person preferred**	4. **Support person preferred**
- Mother of the labouring woman - Elder sister of the labouring woman - Aunt - Her grandmother - Not her mother-in-law	- Father of the child - Mother of the labouring woman - Father of the child and mother of the labouring woman - Not mother-in-law
5. **Reasons for support person preferred**	5. **Reasons for support person preferred**
- Labour is a woman's secret - Her mother knows her better - Child cannot be exchanged - Woman not used to mother-in-law - Don't want to see such things - Scared to watch delivery, can run away	- Mother knows care needed - Mother can help her change pads - Man cannot help change pads - Man loves her more - Mother knows her better - Mother knows how to massage - Mother-in-law doesn't know her
6. **Cultural perceptions**	6. **Cultural perceptions**
- It is against culture for men to be involved in labour and birth activities - It is a taboo for men to be involved - Elderly women won't allow men - Father or child may contact diseases and die - Afraid of culture - Labour is a women's secret - Culture can't restrict	- Can't touch woman's blood - Culture can't restrict
7. **Man can say bad things afterwards**	7. **Man can say bad things afterwards**
- No man can say bad things - It takes an irresponsible and mannerless man to say bad things	- No man can say bad things - It takes an irresponsible and mannerless man to say bad things
8. **Witnessing delivery can cause impotence**	8. **Witnessing delivery can cause impotence**
- It cannot cause impotence - It is nature, cannot be avoided	- Cannot cause impotence / "weakness" if there's: - Love - Responsibility - Knowledge of human life - Knowledge of nature

that he too won't want any more babies" or *"...to see for himself if things go wrong, so that he won't blame me if they do"* (Chalmers, 1990:44). In practice, the few women who actually do have their husbands present at delivery are pleased about his presence.

Halldorsdottir and Karlsdottir (1996a:54) report that, besides having a need for a caring and competent midwife, the woman journeying through labour and delivery seems to have a strong need for her partner to be with her. All of the women emphasised that they needed the presence of their partners during birth *"to experience this with me"*.

Men in the urban area expressed the need to be with the woman during this time of need to prove their love and compassion, that they were not taking her for a ride, and also that the child belongs to both of them. This statement is supported by Bedford and Johnson (1988:192) as they noted that, being with the labouring woman is an opportunity to express and demonstrate a joint commitment and responsibility towards parenthood in general. Fathers also see themselves as having a more specific role of guiding and comforting their partner through the experience.

In conclusion, most of the available literature identifies a female person/father of the child as the preferred person to support the woman in labour. In the Western world literature reveals that the father of the child mostly gives support. In this study about 56% of female participants, like their female counterparts in the Western world prefer their male partners to support them. About 50% of male participants strongly feel that the male partners should support the woman in labour. The remaining 44% of female participants and 50% of male participants in this study feel labour and birth are women's secret and support should be given by a female relative. Both points of view are supported by the available literature.

Support activities perceived as important

Women of childbearing age viewed support activities as very, very important. Some of the reasons cited for their importance were that immediate care/help is available, one feels loved, encouraged, satisfied and that some labour pains are not felt. Bedford and Johnson (1988:190) observed that women, whose husbands participated in both labour and delivery, reported less pain, received less pain relief and felt more positive about the birth experience than women without support.

In conclusion women perceived support activities as very, very important and this is confirmed by the reviewed literature. The reasons for this being that the availability of help would make the woman feel loved and encouraged.

Support activities needed

Women participants cited a number of support activities needed when in labour. Some of these activities were: support to the toilet, given drinking water, shown a happy, comforting face, encouragement, reassurance and communication, massage and the wiping off of sweat. Grossman-Schulz and Feeley (1984, *in* Nichol & Humenick, 1988:179) found that behaviours most commonly associated with support were the offering of verbal acknowledgement, encouragement, provision of positive reinforcement and reassurance. In a study by Halldorsdottir and Karlsdottir (1996b:53) one of the women explained: *"somehow you are exhausted and you have been doing this for so long and then you just want someone to be kind to you and you know ... feel sorry for you and just help you. You realise that you can't do this alone and then you need a midwife ... who you can feel is dedicated ... that encourages you and ... tells you that you can do it, that you are doing okay, that it will be okay".*

Fleissig, 1993; Lynam and Miller, 1993; McKay and Yager-Smith, 1993 (*in* Halldorsdottir & Karlsdottir, 1996b:49) further asserted that among the reported needs of a woman delivering or in labour are: being sustained by another human being, receiving bodily care, having labour attendants accept her personal philosophy and behaviour during the labour experience.

Men's knowledge of support activities

In this study 75% of men who participated are unfamiliar with support activities needed by the woman in labour. Even the remaining 25% know very little. In a study done by Chapman on expectant fathers' roles during labour and birth, men described the behaviour they engaged in during labour and birth to support their partner. These behaviours included comforting, encouraging, helping, directing and observing. Chapman identified three roles from the many behaviours described by men, i.e. coach, teammate and witness (Chapman, 1992:116). It can be implied that these men accompanied their partners in labour not necessarily knowing what they were going to do and how they will help them. Some of the men even depended on their partner to direct them on what to do.

One can therefore deduce that most men have no knowledge of what happens when a woman is in labour and hence do not know the support activities that may be needed.

Cultural perceptions

Most of the participants, especially men in the rural and women in the urban areas kept reiterating that it is against their culture for men to be involved in labour and childbirth activities. Several African literature available support this view, for instance Brindley, 1982; Ntoane, 1988; Schneider, 1985; Tyrren and Juegens, 1983 (*in* Chalmers, 1990:22) and agree that while women are encouraged to attend births, men and specifically fathers are strictly excluded. The father may even be excluded from the village itself at least until the umbilical cord drops off, and frequently until the cessation of his wife's post-natal bleeding or even longer (Brindly, 1982; Gumede, 1978; Schneider, 1985; Staugard, 1985, *in* Chalmers, 1990:22).

Cultural practices and tradition related to labour and childbirth are still highly valued and practised as can be observed in this study and literature. Therefore whatever beliefs and values the individual client holds, should be respected.

Witnessing childbirth may cause impotence

Some of the men, especially those of forty years and

older, expressed the idea that witnessing their partner delivering could make them loose their appetite towards sexual relationships. Although male participants in this study reiterated that they cannot be involved in labour and birth activities, the main reason and seemingly the only one, is that they fear their culture. Almost all the fathers experienced feelings that made them feel good during the birth, feelings of pleasure and pride related to the baby, the partner and the father himself (Vehviläinen-Julkunen & Liukkonen, 1998:13).

One can then conclude that witnessing delivery cannot cause impotence in male partners as has been affirmed by the male participants of this study, but can rather improve family relationships.

The man can say bad things

Women in the urban area felt that, after being with them during labour and birth, the men can later go around saying bad things about them, especially when their love is *"on the rocks"*.

In a research study by Vehviläinen-Julkunen and Liukkonen (1998:11) fathers felt that their support was appreciated by the mothers. Makkonen (1981, *in* Vehviläinen-Julkunen & Liukkonenl, 1998:11) observed that fathers who took part in the research study felt that their involvement brought them closer to their partner.

Better if married

Women in this study generally felt that, after witnessing delivery, men can say bad things about them, especially when the relationships breaks up. When asked if they think it is better when they are married, they unanimously affirmed that there is no difference. Whether the man has married her or not, he can still say bad things about the woman. They say it all depends on the character of the man. There is no literature that substantiates this viewpoint.

CONCLUSION

Botswana adults of childbearing age view support during labour and birth as very, very important and worthy. Some of the reasons advanced for the need for support are: that it shows love and one feels loved, that the support person can help nurses when there is a shortage of staff, and that the support person will protect the labouring woman against the nurse's rude behaviour.

From these findings and from the reviewed literature, one can deduce that support during labour and childbirth is highly essential. Its benefits are well documented in the literature and its positive emotional impact cannot be overlooked. Fleissig, 1993; Lynam & Miller, 1993; McKay & Smith, 1993 (*in* Halldorsdottir & Karlsdottir, 1996a:49) stated that among the reported needs of a woman giving birth or in labour is the need to be sustained by another human being, receiving bodily care, having labour attendants accept her personal philosophy and behaviour during the labour experience.

Both genders identified the following preferred persons for support ranked in the order of importance:

1. Mother of the labouring woman
2. The father of the child
3. The elder sister of the labouring woman
4. The grandmother
5. An aunt

The reasons cited for preferring a female person are that they have the experience of the phenomenon under study and therefore can offer better care and support. Rural males and urban females professed that labour and childbirth activities are "women's secret" and therefore should be attended to by women only. The urban female participants further claimed that men could say bad things about them after watching them give birth. They also reported that they might feel shy to deliver in the presence of a man. Women confessed that since the man does not know anything about labour pains, he might be astounded at the woman's behaviour during labour. They also feel the man may not be as patient as the female supporter.

Female participants in the rural area affirmed that whether the man said bad things or not after witnessing the delivery, he should be with the woman during labour and childbirth to see how she suffers. Both points of view are well addressed in the literature.

In conclusion, Botswana adults of childbearing age feel a woman in labour needs support from a relative of her own choice. Several activities that such a support person

should perform have been identified. Both physical and emotional support seem to be important.

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