

## Utilization of Obstetric Care Services by Female Teachers in Public Secondary Schools in Enugu State, Nigeria.

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### ABSTRACT

The study was carried out to ascertain the utilization of obstetric care services by female teachers in public secondary schools in Enugu State. It specifically sought to ascertain the extent of utilization of essential obstetric care services by female teachers in secondary schools in Enugu state based on location. Relevant and related literature were reviewed. The study adopted the descriptive survey research design. The population for the study consisted of all the 7419 female teachers in the 291 public secondary schools in Enugu State. A sample of 440 female secondary school teachers were selected using Taro Yamen formula. A self-structured instrument developed by the researcher which was validated by three experts -one in Measurement and Evaluation and two from Health and Physical Education was used to collect data for the study. The instrument's reliability coefficient was ascertained using Cronbach Alpha reliability estimate. 440 copies of the instrument were administered to the respondents and collected on the spot. The data collected were analyzed using mean and standard deviation to answer the research question. The hypothesis was tested using t-test statistic. The result obtained showed that essential obstetric care services are utilized by female teachers in public secondary schools in Enugu state based on location to a great extent. Hence, the study, by implication, revealed also that location influence the health status of the respondents. Based on the findings, the researcher recommends, among others, that government should ensure the availability of skilled midwives at health centers within the health work force development plan in Enugu State. The researcher suggested that the study be conducted in all the other states of the federation.

Keywords: Safe Motherhood, Initiative, and Obstetric Care, Services

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### INTRODUCTION

Emergency obstetric care is an essential component of safe motherhood initiative (SMI) which every mother should utilize in order to ensure smooth and safe delivery of her baby. According to [1] obstetric care provides a record of what happened in previous pregnancies and Labours that will often give a clue as to what may be anticipated in present instance. The report stated that certain conditions may reoccur and may be possible to give advice or instant treatment to avert them. This will help in the maternal morbidity and mortality (MMM). [2], remarked that promoting mental health of pregnant woman is just as important as promoting her physical health which is an aspect of obstetric care which may help in reducing maternal mortality rate (MMR). This is because obstetric care is concerned with

the supervision and management of pregnancy, the making for provision for labour, the puerperium and the prevention, diagnosis and treatment of complications. Obstetric care services involve investigation, examination, supervision, advice, treatment, nutritional care, health education, hygiene of the pregnant women and post abortion care [3].

The utilization of obstetric care service may be influenced by the place of residence of women. According to [4], women in many rural and urban areas of the developing world lack access to appropriate routine and emergency obstetric care. This possibly suggests that accessibility may affect the utilization of obstetric care services. It is therefore essential that all available health

personnel should be adequately trained and fully utilized to provide broad range of service that women need [5]. [6], observed that pregnant women in Alate Wondo district of Southern Ethiopia had good knowledge of obstetric care services but failed to utilize it effectively. [7], reported that over 88% of Malaysian women were delivered by professional attendant in a basic essential obstetric care facility. Another report by [8], showed that over 94% of Sri-Lankan women births took place in hospital. According to the report, the accessibility of health services to the poorest people was ensured by making them free. A wide spread use of hospital with comprehensive obstetric care is also common in many developing countries. [9], stated that most urban populations prefer childbirth to occur in facility.

There in this argument among experts that low maternal mortality ratio may not be entirely guaranteed by having all births attended to by professionals in the hospitals. In Romania, the maternal mortality ratio reached nearly 180 per 100,000 in the 80s due to unsafe abortion [10]. The trend of provision of such services to pregnant women in Nigeria is far-fetched. Although the trend may have changed drastically with modern technology, women especially working mothers teaching in secondary schools should be sensitized to utilize obstetric and child health care services at all times. The issue at the moment is the extent of usage.

The place of residence of the female teachers in public secondary schools may be a factor in the utilization of SMI component such as obstetric care service. A study by [11], observed that pregnant women in the rural district of Kenya combine obstetric care service visits with the use of herbs which they bathe and drink or sit-in during pregnancy, childbirth and immediately after birth. According to the report, women in that region share the opinion that these practices prevent clot of blood after delivery. Perhaps, the utilization of obstetric care service may be low among

women of that region. It has not been established if female teachers in public secondary schools in Enugu state utilize obstetric care service bundles as they may be deeply involved in traditional practices. [12], reported that pregnant women in Orlu urban of Imo state had low utilization of child care services, but their nutritional practices were efficient. [13], observed that child bearing mothers (CBMs) in rural Bangladesh received health care services from village doctors, and attributed this disposition to financial insolvency. Corroborating, [14], earlier report affirmed that in most rural settings, there are challenges. This may be because the decisions that lead women to utilize the services seem to occur within the context of their marriage and family.

In Enugu State, obstetric care services seems to be elusive. It has been claimed that most of the pregnancy complications and problems being experienced are deeply rooted in poor utilization of obstetric care services. Poor utilization of qualitative health service continues to contribute to maternal morbidity and mortality in Enugu State [15]. When expectant women arrive at the hospital, certain preparations are made to make the delivery safe. This also means that obstetric care services are carried out by the nurses. The desire and confidence to continue the utilization of nurses and midwives as well as other health personnel may be largely dependent on these health personnel. This possibly suggests that utilization of these personnel by the female/teachers mothers may be high or low with far reaching health implications. Perhaps, understanding the preferences of the people and the various factors that influence their preferences will help to improve the utilization of obstetric care services and thereby reduce unnecessary loss of lives. As a result of the foregoing, the researcher is poised to ascertain the extent obstetric care services are utilized by female teachers in public secondary schools in Enugu State.

### Statement of the Problem

Complications of pregnancy and childbirth are the leading causes of maternal mortality and morbidity in women in developing countries of the world. Observations of women in rural and urban settings of Enugu State revealed that some of them appear to patronize traditional birth attendants (TBAs) more than having to seek expert advice in Maternal Care Hospital (MCH); maternities and hospitals. This invariably means that some aspects of SMI- obstetric care services are neglected by female teachers teaching in public secondary schools in Enugu State as such increases mortality rate. However, it has not been established whether women are differentiated in attendance to these

facilities by any recognizable criteria. It is therefore likely that such criteria may be based on attitudinal inclinations. For instance, could the preference to use any health facility of choice be based on location or parity or could it be that the more the inclination to utilize it, the more obstetric care services are prevalent? Recent report indicates that Nigeria is one of the six countries of the world that account for 50% of global maternal deaths [16, 17]. These observations are indeed the motivation or problem and crux of this study. The problem of this study, posed as a question, is: what is the extent of utilization of obstetric care services by female teachers in public secondary schools in Enugu State?

### Purpose of the Study

The study sought to examine the utilization of essential obstetric care services by female teachers in public secondary schools in Enugu State. Specifically, the study sought to;

- i. ascertain the extent of utilization of essential obstetric care services by female teachers in public secondary schools in Enugu State.

### Research Question

The following research question were raised to guide this study.

- i. To what extent do female teachers in public secondary

school utilize essential obstetric care services in Enugu State?

### Research Hypothesis

The following null hypothesis was formulated and tested at .05 level of significance

- H<sub>01</sub> There is no significant difference between the mean ratings of urban

and rural female teachers in public secondary schools in Enugu State regarding their extent of utilization of essential obstetric care services.

### Methodology

The study adopted a descriptive survey design. The area of the study was Enugu State, Nigeria. The population for the study consisted of 7419 female teachers in the 291 public secondary schools in Enugu State. In all, we have 4491 female teachers are in urban public secondary schools and 2928 serve in rural public secondary schools. In accordance with location, 1307 female secondary school teachers urban while 2112 are in rural areas). A total of 440 female teachers in public secondary schools in Enugu state were used for the study. The sample size was determined using Taro Yamane formula. The sample size consisted of

264 urban and 176 rural female teachers in public secondary schools in Enugu State. In accordance with parity, the sample size was 153 for primiparous (ie those that have given birth only once) and 287 for multiparous (ie those that have given birth more than once) female secondary school teachers in public secondary schools in Enugu State. The instrument used for data collection was an 8 items questionnaire called Essential Obstetric Care Services of Female Teachers (EOCS-FT). The instrument had a 4-point response scale with response category of very great extent (VGE 4Points), great extent (GE-3 points) , little

extent (LE-2) and very little extent (VLE-1 Point). The instrument was validated by three experts; two from Health Education Department and one from measurement and evaluation, all from Faculty of Education Foundation, Enugu State university of Science and Technology (ESUT), Enugu. The internal consistency of the instrument was determined using Cronbach Alpha reliability estimate and it yielded a reliability coefficient of .82. The study was carried out among the female secondary school teachers in all the secondary schools in the six education zones of Enugu state. The researcher and the research assistants administered the questionnaire to the female secondary school teachers. The administered copies of the questionnaire were collected on the Very great extent (VGE)----4 points  
 Great extent (GE)-----3 points  
 Low Extent (LE)-----2 points  
 Very little extent (VLE)---1 point

The decision rule for the null hypothesis is that if t-calculated is equal to or greater than t-critical at the chosen confidence level (.05) and degree of freedom ( $n_1 + n_2 - 2$ ) the null hypothesis is rejected; if on

**Presentation of Results**

This section presents the results of the study according to the research question that guided the study.

**Analysis of Data**

The data analyzed was presented in Tables 1

**Research Question 1:** To what extent do female teachers in public secondary

spot. This helped to minimize interference which may substantially influence the outcome of the study. Through this a 100% return rate was recorded. Data collected were analyzed using mean, standard deviation and grand mean. The mean rating numerical value was added up and divided by the number of response items. This is referred to as the cut-off point which the researcher used to make inferences for the study. For the research question, any item below 2.50 signifies low extent while items equal to or above 2.50 signifies high extent. The hypothesis was analyzed using the t-test. Nominal values were assigned to different scaling options as follows;

the other hand, the calculated t-value is less than the value of the t-critical from the table value, then the null hypothesis is accepted.

schools utilize essential obstetric care services in Enugu State?

**Table1: Mean (X) Ratings of the Extent to which Female Teachers in Public Secondary Schools Utilize Essential Obstetric Care Services in Enugu State**

		N= 440							
S/N	Items	VGE	GE	LE	VLE	X	SD <sub>3</sub>	Decision	
1.	When pregnant I receive adequate supervision and management from obstetrician .	133	119	107	81	2.93	1.01	GE	
2.	I utilize the provisions for labour	203	107	67	63	3.02	1.09	GE	
3.	I received adequate diagnosis and treatment for pregnancy	157	131	83	69	2.85	1.07	GE	
4.	I undergo investigation/medical examination regularly when pregnant	87	101	109	143	2.30	1.12	LE	
5.	I obtain Treatment when necessary from obstetric care center	81	89	93	177	2.16	1.14	LE	
6.	I utilize nutritional care services.	33	57	103	247	1.71	0.95	LE	
7.	I receive health education talks	231	103	73	33	3.20	0.97	GE	
8.	I utilize post abortion care services	17	61	133	229	1.99	1.05	LE	
<b>Grand Mean</b>						<b>2.52</b>	<b>1.05</b>	<b>GE</b>	

Table 1 shows that of the 8 items on the extent to which females teacher in public secondary school utilize obstetric care services in Enugu State. The respondents agreed to a great extent with 4 items 1, 2, 3 and 7 as they recorded mean scores of (2.93, 3.02, 2.85 and 3.20) which are above the cut-off point of 2.50. They however disagreed to a low extent with 4 of the items (4, 5, 6 and 8) with a mean score of (2.30, 2.16 and 1.99). The standard deviation for all the items are small signifying that in the responses of

the respondents around the mean was closely clustered ar. The table also shows that the respondents grand mean score of the extent to which female teachers in public secondary schools utilize obstetric care services in Enugu State is 2.52. Going by the decision rule for the interpretation of the respondents data, the answer to research question 1 is that female teachers in public secondary schools utilize essential obstetric care services in Enugu State to a great extent.

#### Hypothesis 1

There is no significant difference between the mean ratings of urban and rural female teachers in public secondary

schools in Enugu State regarding their extent of utilization of obstetric care services.

**Table 2: t-test Analysis of the Difference Between the ( $\bar{x}$ ) Mean Scores of Urban and Rural Female Teachers in Public Secondary Schools in Enugu State regarding their Extent of Utilization of Obstetric Care Services.**

Location	N	$\bar{x}$	SD	df	t-cal	t-crit	Decision
Urban	264	2.63	1.03	338	0.51	$\pm 1.96$	NS Do not reject $H_{01}$
Rural	176	2.52	0.90				

Significant at  $P < .05$ ,  $df = 338$ , critical t-value =  $\pm 1.96$

The t-test analysis in table 12 above indicates that the calculated t-value is 0.51 while the critical t-value is  $\pm 1.96$  at .05 level of significance. This implies that the calculated t-value is less than the critical t-value. Thus, going by the

#### Discussion of Findings

For the discussion of the findings inherent in this study, research question and hypothesis that are related was treated together. The research question sought to ascertain the extent to which female teachers in public secondary schools utilize essential obstetric care services in Enugu State. The result in Table 2 showed that female teachers in public secondary schools utilize essential obstetric care services in Enugu State to a great extent. The hypothesis ascertained if there is a significant difference in the essential obstetric care services utilization by female teachers in public secondary schools in Enugu State based

decision rule, there is no significant difference in the mean scores of urban and rural female teachers in public secondary schools on the obstetric care services they utilize in Enugu State based on location.

on location. Thus, going by the decision rule, there is no significant difference in the essential obstetric care utilization by female teachers in public secondary schools in Enugu State based on location. The findings is at variance with the findings of Maine (2016), who held that women in many rural and urban areas of the developing world lack access to appropriate routine and emergency obstetric care. The findings is in line with the findings of [17], who found that pregnant women in Alate Wondo district of Southern Ethiopia had good knowledge of obstetric care services but failed to utilize them effectively.

#### CONCLUSION

Conclusively from the above analysis and interpretations done and the information from related literature, it implies that

female teachers in Enugu State secondary schools utilize essential obstetric care services to a great extent.

#### Educational Implication of the Finding

This study has revealed that Ministry of Health is to be commended for the outstanding accomplishments made to date in the establishment of relevant, appropriate, and forward-

looking policy in relation to the health of mothers and children, in general, and to Safe Motherhood Initiative specifically essential obstetric care services.

#### RECOMMENDATIONS

At the end of the study, the study recommended that:

- i. State government should ensure the availability of

skilled midwives at health centers within the health work force development plan in Enugu State.

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