

Commonwealth Journal of Academic Research (CJAR)

ISSN: 2708-4841 (Online) & 2708-7042 (Print)



CJAR

An Initiative of
**ThoughtWares Consulting & Multi
Services International(TWCMSI)**

Special issue

**Issue: 8
Volume: 1
November: 2020**

Website: www.cjar.eu
Email: editor.cjar@gmail.com
special.cjar@gmail.com

Indexed and affiliated with organizations:



... (+) Many other organisations





Commonwealth Journal of Academic Research(CJAR)

**Special Issue on Multidisciplinary
Social Sciences, Science, Engineering and Business**

Issue: 8, Volume: 1, November: 2020

ISSN: 2708-4841 (Online) & 2708-7042 (Print)

Website: www.cjar.eu
E-mail: editor.cjar@gmail.com



COMMONWEALTH JOURNAL OF ACADEMIC RESEARCH (CJAR)

(www.cjar.eu)

**CJAR: An Commonwealth & European
International Multidisciplinary Research
Journal**

ISSN: 2708-4841 (Online), 2708-7042 (Print)

Impact Factor: I2OR = 3.425 (Year: 2020)





Commonwealth Journal of Academic Research(CJAR)
Special Issue on Multidisciplinary
Social Sciences, Science, Engineering and Business

Issue: 8, Volume: 1, November: 2020

ISSN: 2708-4841 (Online) & 2708-7042 (Print)

Website: www.cjar.eu
E-mail: editor.cjar@gmail.com



SPECIAL ISSUE ON

Multidisciplinary Social Sciences, Science, Engineering and Business.

NOVEMBER 2020

DOI NUMBER:

www.doi.org/10.5281/zenodo.4379373





Commonwealth Journal of Academic Research(CJAR)
**Special Issue on Multidisciplinary
Social Sciences, Science, Engineering and Business**
Issue: 8, Volume: 1, November: 2020

ISSN: 2708-4841 (Online) & 2708-7042 (Print)

Website: www.cjar.eu
E-mail: editor.cjar@gmail.com



Editor in Chief: Dr. Rejaul Abedin, PhD, FCMAN

Impact Factor: 3.425 (Year 2020, I20R)

Frequency: Monthly

Country: Austria

Language: English

Starting Year: 2020





Commonwealth Journal of Academic Research(CJAR)
**Special Issue on Multidisciplinary
Social Sciences, Science, Engineering and Business**
Issue: 8, Volume: 1, November: 2020

ISSN: 2708-4841 (Online) & 2708-7042 (Print)

Website: www.cjar.eu
E-mail: editor.cjar@gmail.com



***Indexed & Abstracted with following
International Organisations:***

Google Scholar, I2OR, Citefactor, Advance Science Index (Germany), figshare, WorldCat, Core, CiteSeer, JournalFactor, Academia.edu, DRJI, JournalsDirectory, Zotero etc.

&

***Our publications are readable & Accessible
via Popular Academic Research Search
Engines:***

worldwidescience.org, base-search.net,
semanticscholar.org





Commonwealth Journal of Academic Research(CJAR)
**Special Issue on Multidisciplinary
 Social Sciences, Science, Engineering and Business**
 Issue: 8, Volume: 1, November: 2020

ISSN: 2708-4841 (Online) & 2708-7042 (Print)

Website: www.cjar.eu
 E-mail: editor.cjar@gmail.com



OUR PURPOSE

Commonwealth Journal of Academic Research (CJAR),ISSN: 2708-4841 (Online), 2708-7042 (Print)

is an academic research based International Journal that works under *Academic Research and Publications*. It's publisher Name is "TWCMSI". CJAR aims to identifying, exploring and nurturing intellectual researchers in the fields of Business Management, Arts, Social Sciences & Humanities, Science and inclined to attain a significant place in the world of academic research by its commendable activities. Our holistic endeavor includes the establishment and promotion of academic/professional researchers/students and their valuable contributions by providing them an electronic platform where they can publish their academic researches and scholarly contributions in order to have larger readership. CJAR seeks an effectual role to play in the development of research, leadership and knowledge management skills not only among its members but also in its readers so that global society could enable the transfer of knowledge among world's intellectual human being is called as human capital. We the Authority of CJAR invite you to join our purpose and to make it more strengthen so that this noble cause could spread in its all webs.



OUR VISION

To explore the intellectual human capital by emphasizing on research article creation, dissemination and protection of knowledge by our valued scholars & researchers, intellectuals, professionals and leveraging their collective wisdom.

OUR MISSION

To develop the world's largest directories of academic e-publications in the field of Business Management, Arts, Social Sciences & Humanities, Science and to provide the International platform where the scholars, researchers and intellectuals could collaborate for effectual knowledge management.

Last but not least, CJAR strongly accredit that, Researchers, Scholars, Academicians from Commonwealth International Countries have a variety of research skills in multiple areas. They well-preserved a long-cherished scientific research history & background. In order to recognize & boost their further such scholarly works, CJAR's International Board set a unique research paper publishing platform through open access sharing. Moreover, in essence, **CJAR's aim** is to nurture and enlighten such key research and innovative findings among its global readers.





Commonwealth Journal of Academic Research(CJAR)
**Special Issue on Multidisciplinary
Social Sciences, Science, Engineering and Business**
Issue: 8, Volume: 1, November: 2020

ISSN: 2708-4841 (Online) & 2708-7042 (Print)

Website: www.cjar.eu
E-mail: editor.cjar@gmail.com



CJAR.EU

is an initiative of THOUGHTWARES
CONSULTING & MULTI SERVICES
INTERNATIONAL (TWCMSI).





Commonwealth Journal of Academic Research(CJAR)

Special Issue on Multidisciplinary Social Sciences, Science, Engineering and Business

Issue: 8, Volume: 1, November: 2020

ISSN: 2708-4841 (Online) & 2708-7042 (Print)

Website: www.cjar.euE-mail: editor.cjar@gmail.com

TABLE OF CONTENTS

SR. NO.	PARTICULARS	PAGE NO.
1.	Assessment of Self-Reported Practice Regarding Kangaroo Mother Care Among Nurses in Lagos State, Nigeria Author(s), OJO, Eunice Abimbola (RN, RM, RNA, BNSc., M.Sc. Soc, M.Sc. Nurs) ADEMUYIWA, Iyabo Yewande (RN, RM, RNE, B.Sc., M.Sc. Ph. D) OPE-BABADELE, Oluwatosin O. (RN, RM, BNSc., M.Sc.) And PERETOMODE, Evans O. (RN, RM, RPHN, BNSc.)	12-21
2.	Assessment of Occupational Aspirations of Students with Disabilities in Integrated Secondary Schools in Southwest, Nigeria Author(s), OKE, CHIGOZIE CELESTINA	22-30
3.	Attitude of Health Professionals and Care of Elderly in Nupeland, Nigeria Author(s), ALIYU, Isiaku Nda (Dip, B.Sc. (ed), M.Sc., MPH)	31-40
4.	Educational Funding as A Correlate of Students' Academic Achievement in Kwara State Secondary Schools Author(s), BABARINDE, SUNDAY EBENEZER	41-49
5.	Awareness of and Barriers to Maternal Health Care Services in Ogun State, Nigeria Author(s), SOMADE, Eunice Chinwe (RN, RM, RON, RPHN, B. Sc (Ed), BNSc, M.Sc. Nursing) AND ABARIBE, Chidinma Emeka (RN, BNsc, M.Sc. Nursing)	50-58





Commonwealth Journal of Academic Research(CJAR)
**Special Issue on Multidisciplinary
Social Sciences, Science, Engineering and Business**
Issue: 8, Volume: 1, November: 2020

ISSN: 2708-4841 (Online) & 2708-7042 (Print)

Website: www.cjar.eu
E-mail: editor.cjar@gmail.com



WELCOME TO
SPECIAL ISSUE ON
***Multidisciplinary Social Sciences,
Science, Engineering and Business.***
NOVEMBER 2020



CJAR.EU



Assessment of Self-Reported Practice Regarding Kangaroo Mother Care Among Nurses in Lagos State, Nigeria

AUTHOR(S): OJO, Eunice Abimbola (RN, RM, RNA, BNSc., M.Sc. Soc, M.Sc. Nurs)

ADEMUYIWA, Iyabo Yewande (RN, RM, RNE, B.Sc., M.Sc. Ph. D)

OPE-BABADELE, Oluwatosin O. (RN, RM, BNSc., M.Sc.)

And

PERETOMODE, Evans O. (RN, RM, RPHN, BNSc.)

Abstract

In Nigeria, there is a high prevalence of preterm and low birth weight infants, with 16% of new-borns being low birth weight and 12% born preterm. This could be as a result of their practice regarding mother care. Hence, this research study assessed self-reported practice regarding kangaroo mother care among nurses in Lagos State, Nigeria. The study specifically investigated nurses' self-reported practices of kangaroo mother care; and determined factors influencing nurses' practice of kangaroo mother care. The research design utilised was a descriptive survey design. The population for this study comprised nurses working at the neonatal intensive care units (NICUs) of the selected health facilities in Lagos State. Convenient sampling technique was used to select the 130 nurses working at the neonatal intensive care units (NICUs) of the selected health facilities. The survey instrument was the Kangaroo Care Questionnaire (KCQ) which was modified and adapted for local language use. The instrument was presented to experts of Tests and Measurement, and Nursing Education to ascertain the face and content validity of the instrument and confirm relevance to the area of research. The number of copies of questionnaire distributed were 130 but 125 were returned giving a response rate of 96.2%. The data collected were analysed using SPSS version 20 via descriptive statistics. The findings of the study revealed that the majority of the respondents 73(58.4%) never practiced KMC, 33(26.4%) reported sometimes practicing KMC and 19(15.2%) indicated they regularly practice KMC. The practice of KMC is limited due to factors such as fear of impending technological aspects of neonatal care, inadequate staffing and facilities and family reluctance to engage in this practice. It was recommended among others that Government, through the Ministry of Health, should address the challenge of inadequate human

CJAR

Accepted 25 November 2020

Published 30 November 2020

DOI: 10.5281/zenodo.4319217



resources and facilities which impede KMC implementation.

Keywords: Nurse, Self-Reported Practice, Kangaroo Mother Care (KMC),

About Author

Author(s): OJO, Eunice Abimbola (RN, RM, RNA, BNSc., M.Sc. Soc, M.Sc. Nurs)

School of Nursing Science,
Babcock University, Ilishan-Remo, Ogun State, Nigeria.

ADEMUYIWA, Iyabo Yewande (RN, RM, RNE, B.Sc., M.Sc. Ph.D)

Department of Nursing Science,
Faculty of Clinical Sciences,
University of Lagos, Lagos, Nigeria.

OPE-BABADELE, Oluwatosin O. (RN, RM, BNSc., M.Sc.)

School of Nursing Science,
Babcock University, Ilishan-Remo, Ogun State, Nigeria.

And

PERETOMODE, Evans O. (RN, RM, RPHN, BNSc.)

Department of Nursing Science,
University of PortHarcourt, PortHarcourt, Rivers State, Nigeria.

Introduction

The World Health Organisation (WHO) (2016) reported that every year more than 20 million infants are born weighing less than 2500g, with over 96% of these born in lower-middle-income countries. According to Wagura, Wasunna, Laving, Wamalwa, and Ng'ang'a (2018), infants of African origin have a 12 times greater risk of neonatal death due to complications of preterm birth when compared to their counterparts in the high income and well-resourced countries.

Many deaths due to preterm birth are preventable (Chan, Valsangkar, Kajeepeta, Boundy & Wall, 2016). According to WHO (2016), appropriate care of infants with low birth weight, such as feeding, temperature maintenance, hygienic cord and skincare, and early detection and treatment of infections and complications can substantially reduce mortality in both high income and low- and middle-income countries. WHO (2016) advocates that to reduce neonatal and infant mortality rates, efforts should be geared towards improving the care for the mother during pregnancy and childbirth and in particular of LBW infants; therefore, the recommended three areas of focus are midwife-led continuity of care, specific clinical interventions and Kangaroo Mother Care.

Kangaroo Mother Care (KMC), also known as skin-to-skin contact (SSC), has had varied definitions in the literature and lacks an accepted standardized definition (Chan et al., 2016). Nyqvist et al. (2010), defined KMC as 'a standardized, protocol-based care system for preterm and/or LBW infants, based on skin-to-skin contact between the preterm baby and the mother'. Moore, Bergman, Anderson and Medley (2016) suggested that skin-to-skin contact ideally begins at birth and involves placing the dried, naked baby prone on the mother's bare chest, often covered with a warm blanket. A systematic review of the definition of KMC by Chan et al., (2016) reported that skin to skin contact is the core component of KMC, whereas components such as breastfeeding, early discharge, and follow-up care are context-specific.

There are four components of KMC: early, continuous, and prolonged skin-to-skin contact between infant and caregiver, exclusive breastfeeding, early discharge from hospital, and adequate support for caregiver and infant at home. KMC has long been prescribed and utilized as a natural method of thermoregulation for premature and low birth weight neonates in underdeveloped, developing and developed countries (Charpak et al., 2017). According to Smith, Bergelson, Constantian, Valsangkar and Chan (2017), KMC is one of the evidence-based life-saving interventions that can help reduce neonatal deaths. KMC has been shown to improve the survival rate of low birth weight (LBW) newborns, especially in low and middle-income countries. It has been described as a simple procedure, in which the role of the Kangaroo healthcare provider is to teach, coach, offer expert counselling and closely monitor the mother-infant dyad (Bergh, Charpak, Ezeonodo, Udani, & Van Rooyen, 2012).

Factors influencing the practice of KMC by nurses are barriers or enablers reported to influence the practice. These can be individual, facility/institutional or recipient factors. Individual factors are factors concerning the nurses e.g. the belief that KMC adds to the nurses' workload, reluctance to teach mothers, fear of arterial/venous line dislodgement, lack of knowledge and experience about KMC. Facility/Institutional factors are inadequate facility/bed space, lack of institutional policy on KMC and staff shortage. Recipient factors are family reluctance to accept or practice KMC, the belief of the parents that using an incubator is more beneficial, sick mother/carer and patient discouragement.

KMC has benefits for both mother and infant with a positive outcome in infants of mothers who practiced KMC when compared to newborns who do not have such care. Conde-Agudelo and Diaz-Rossello (2016), in a Cochrane systematic review, provided evidence that supports the use of KMC as an alternative to conventional neonatal care for low birth weight infants, especially in resource-limited settings. Newborns cared for with this approach have been reported to demonstrate physiological, behavioural, breastfeeding, psychological and neurobehavioural benefits (Conde-Agudelo, Belizán & Diaz-Rossello, 2011; Moore, Bergman, Anderson & Medley, 2016) and reduced pain experience in preterm infants (Gao et al., 2015).

Vittner, Cong, Ludington-Hoe and McGrath (2017) conducted a survey of skin-to-skin contact with perinatal nurses in Connecticut, USA, aimed at exploring perinatal nurses' knowledge, attitudes and practices of KMC. The participants strongly agreed that it was the nurses' responsibility to advocate for KMC. Significant differences ($p < 0.01$) were reported in the provision of KMC with eligible infants

between nurses within and between practice settings, education levels, year experience and age differences. Education levels significantly influenced attitudes and implementation of KMC. Perinatal nurses' responses about how difficult it is to initiate KMC changes were affected by the number of nursing practice years ($p < 0.04$). Perinatal nurses strongly believe in KMC practices, yet additional training regarding KMC implementation is needed. Education levels, primary practice settings and years of practice appear to influence nurses' implementation of KMC.

In the Lagos state, few health institutions provide neonatal intensive care services for preterm infants and LBW infants. Hospitals have limited facilities, including incubators (Arukaino, 2017) to meet the growing needs of preterm deliveries. From the researcher's experience in her clinical practice, it has been observed that KMC is not standard care for newborns. The general practice in clinical settings in Lagos State is for infants to be separated from their mothers and cared for in an incubator in the neonatal intensive care units (NICUs). Mothers are encouraged to express breast milk for their infants.

In view of the above, the study assessed self-reported practice regarding kangaroo mother care in Lagos State, Nigeria. The study specifically:

1. investigated nurses' self-reported practices of kangaroo mother care; and
2. determined factors influencing nurses' practice of kangaroo mother care

Research Questions

The following research questions were raised to guide the study:

1. What are nurses' self-reported practices of kangaroo mother care in Lagos State, Nigeria?
2. What are the factors influencing nurses' practice of kangaroo mother care in Lagos State, Nigeria?

Methodology

The research design utilised was a descriptive survey design. The population for this study comprised nurses working at the neonatal intensive care units (NICUs) of the selected health facilities in Lagos State. From the facility at the time of the study, the total population of the nurses was 166 (table 1).

Table 1: Population of respondents per facility

Hospital	Number of nurses in NICU
Lagos University Teaching Hospital	42
Lagos State University Teaching Hospital	36
Gbagada General Hospital	48
Massey Street Children's Hospital	40
Total	166

The sample for this study was derived by using the Taro Yamane formula (Ihudiebube-Splendor, Odikpo, Ogwu, Chinweuba & Osuala, 2019) for sample size determination for a known population below 1000 as shown:

$$n = \frac{N}{1 + N(e)^2}$$

Where n = sample size, N = population size, and e = level of precision (0.05)

$$n = \frac{166}{1 + 166(0.05)^2}$$

$$n = \frac{166}{1 + 0.415}$$

$$n = \frac{166}{1.415}$$

Therefore, n = 117

Thus, the adjusted sample size is $n + 10\%n = 130$ respondents.

Convenient sampling technique was used to select the 130 nurses working at the neonatal intensive care units (NICUs) of the selected health facilities. The survey instrument was the Kangaroo Care Questionnaire (KCQ) which was modified and adapted for local language use. The KCQ has three sections. Section A sought for the socio-demographic characteristics of the respondents while section B consisted of items on self-reported practice regarding KMC and section C consisted of items on factors influencing practice of KMC.

The instrument was presented to experts of Tests and Measurement, and Nursing Education to ascertain the face and content validity of the instrument and confirm relevance to the area of research. The number of copies of questionnaire distributed were 130 but 125 were returned giving a response rate of 96.2%. The data collected were analysed using SPSS version 20 via descriptive statistics.

Results

Research Question 1: What are nurses' self-reported practices of kangaroo mother care in Lagos State, Nigeria?

Table 2: Descriptive Statistics showing Respondents' Practice of KMC (n = 125)

Items	Yes (%)	No (%)
Have you ever:		
Encouraged mothers in the participation of KMC	63(50.4)	62(49.6)
Provided information about KMC to parents	43(34.4)	82(65.6)
Been supervised in the technique of KMC	24(19.2)	101(80.8)
KMC practiced regularly in your ward	48(38.4)	77(61.6)
Persuade mothers with preterm/low birth weight babies to practice KMC	67(53.6)	58(46.4)
Insist mothers practise KMC if they do not respond to persuasion	56(44.8)	69(55.2)
Always look forward to introducing KMC to a new parent	81(64.8)	44(35.2)
Assisted mothers in the participation of KMC		
with normal term infants	12(9.6)	
with preterm infants (>1000 g.)	24(19.2)	
with preterm infants (<1000 g.)	10(8.0)	
with preterm ventilated infants	6(4.8)	
never	73(58.4)	
Encouraged fathers in the participation of KMC	44(35.2)	81(64.8)
Assisted fathers in the participation of KMC		
with normal term infants	16(12.8)	
with preterm infants (>1000 g.)	10(8.0)	
with preterm infants (<1000 g.)	6(4.8)	
with preterm ventilated infants	4(3.2)	
never	89(71.2)	
Extent of practice of KMC		
Always	19(15.2)	
Sometimes	33(26.4)	
Never	73(58.4)	
How enthused are you when assisting mothers to practice KMC?		
Highly enthused	5(4.0)	
Much enthused	10(8.0)	
Moderately enthused	18(14.4)	
Slightly enthused	11(8.8)	
Not enthused at all	8(6.4)	
Not applicable	73(58.4)	

Table 2 shows the respondents' self-reported practice of KMC. The majority 73 (58.4%) never practised it, 33 (26.4%) sometimes practised KMC and 19 (15.2%) indicated that they always practice KMC. The majority 82 (65.6%) never provided information about KMC to parents, 101(80.8%) had never been supervised in the technique while 77 (61.6%) did not practice KMC regularly in their units. Eighty-nine (89) (71.2%) had never encouraged fathers to get involved in offering KMC to their infants.

The majority of the respondents 81 (64.8%) desire to introduce KMC to a new parent and 63(50.4%) had encouraged mothers to offer KMC to their newborn infants. Nineteen respondents (15.2%) reported that they always practised KMC, 33 (26.4%) practice sometimes and 73 (58.4%) had never practised KMC.

Research Question 2: What are the factors influencing nurses' practice of kangaroo mother care in Lagos State, Nigeria?

Table 3: Descriptive Statistics showing Factors influencing practice of KMC (n = 125)

Items	Agree (%)	Disagree (%)
Reluctance to practice KMC among nurses	32(25.6)	93(74.4)
Belief that technology (e.g., incubators) is more beneficial to babies than care a parent can provide	44(35.2)	81(64.8)
Family reluctance to initiate and participate in KMC	84(67.2)	41(32.8)
Fear of arterial or venous line dislodgement	88(70.4)	37(29.6)
Nurses' feeling that KMC adds a burden to their workload	37(29.6)	88(70.4)
Parents' discomfort with exposing their chest during KMC	59(47.2)	66(52.8)
Shortage of nursing staff	87(69.6)	38(30.4)
Lack of institutional policy	82(65.6)	43(34.4)
Lack of knowledge of KMC	77(61.6)	48(38.4)
Lack of experience/skill	65(52.0)	60(48.0)
Inadequate facilities/bed space	98(78.4)	27(21.6)

Table 3 above shows the factors influencing practise of KMC. It can be seen that all the items were identified as barriers. Over 70% of respondents indicated that the fear of arterial or venous line dislodgement and inadequate facilities/bed space were major factors influencing their practice of KMC. Other factors indicated by the majority of respondents were family reluctance to initiate and participate in KMC and shortage of nursing staff. However, the majority, 93 (74.4%) did not agree that reluctance to practice KMC was a factor influencing their practice. Eighty-eight 88 (70.4%) disagreed that the feeling that KMC adds a burden to their workload influenced their practice thereof.

Discussion

The findings of the study revealed that over fifty percent (58.4%) of the respondents in the current study had never practiced KMC, 26.4% reported infrequent practice while only 15.2% reported regular KMC practice. This may be due to the knowledge gap and possibly to the lack of support from management, although this could not be determined in this study. Several studies have found the practice of KMC among nurses to be inconsistent (Shah et al., 2018; Deng et al., 2018). Shah et al. (2018) in a study on the knowledge, attitude and practice of KMC among health workers in tertiary health centres in Nepal, reported that only half of the nurses in their study agreed that KMC was practiced regularly in their ward ($p = 0.016$). Deng, et al., (2018), in China, reported that less than half of respondents practiced KMC. In contrast, Solomon and Rosant, (2012) reported that nurses in Cape Town, despite not receiving training, implemented KMC.

The findings in this study have shown that the majority of the respondents did not provide information about KMC to parents (65.6%), KMC was not practiced regularly in their wards (61.6%) and they received no supervision in the technique of KMC (80.8%). This may be due to inadequate knowledge and lack of experience together with the lack of policy guidelines and implementation by facility management. In the current study, 50% mothers were encouraged to provide KMC for their infants, but fathers were not. This could be due to cultural beliefs about the female role in Nigeria. This finding concurs with of Al-Shehri and Binmanee (2019). Mekle, et al. (2019) also found in their study in India that fathers were not encouraged to support the mothers in providing KMC.

This study has found that although most respondents were positive about KMC, there was some reluctance to practice this and concern about the perceived increase in workload. It is possible that, if the right environment and resources are made available, nurses would be more willing to implement KMC. Seidman et al. (2015), in a systematic review on barriers and enablers of KMC, reported that the actual increased workload due to KMC was the main barrier to the adoption of KMC by nurses in LMICs. Other barriers to adoption of KMC by nurses reported in this study were lack of clear guidelines, resources, level of experience, country specific beliefs and practices and logistical issues (Seidman et

al., 2015).

In the current study, factors that were reported to influence the practice of KMC included family reluctance to initiate and participate in KMC, fear related to technological life support measure for the infant, shortage of nursing staff, lack of institutional policy to support implementation and lack of experience/skill. It is essential to provide appropriate training (Mekle et al., 2019) and work towards strengthening health facilities for effective KMC implementation (Jamali et al., 2019). Deng et al., (2018) reported that a major barrier to KMC practice was the reluctance of physicians, and nurses to initiate KMC and parental resistance to the practice.

Conclusion

It was concluded that the majority of the respondents 73(58.4%) never practiced KMC, 33(26.4%) reported sometimes practicing KMC and 19(15.2%) indicated they regularly practice KMC. The practice of KMC is limited due to factors such as fear of impending technological aspects of neonatal care, inadequate staffing and facilities and family reluctance to engage in this practice.

Recommendations

A number of recommendations are made based on the results of this study:

1. Institutional policies that focus on evidence-based interventions such as KMC should be clearly stated and communicated to workers and strict implementation strategies should be leadership-driven.
2. Government, through the Ministry of Health, should address the challenge of inadequate human resources and facilities which impede KMC implementation.
3. The challenge of implementation of KMC, which has been shown to have benefits for mother, infant and the health services, requires further study, especially in Nigeria.



References

- Al-Shehri, H., & Binmanee, A. (2019). Kangaroo mother care practice, knowledge, and perception among NICU nurses in Riyadh, Saudi Arabia. *International journal of paediatrics and adolescent medicine*. <https://doi.org/10.1016/j.ijpam.2019.11.003>
- Arukaino, U. (2017). Incubators scarcity hampers deliveries in public hospitals. The Punch Newspaper. Retrieved from <https://punchng.com/incubators-scarcity-hampers-deliveries-in-public-hospitals/>
- Bergh, A. M., Charpak, N., Enzeonodo, A., Udani, R., & VanRooyen, E. (2012). For the KMC education and training working group. Education and training in the implementation of kangaroo mother care. *S Afr J Child Health*, 6(2), 38–45. doi: 1.7196/SAJCH.417
- Chan, G. J., Valsangkar, B., Kajeepeta, S., Boundy, E. O., & Wall, S. (2016). What is kangaroo mother care? Systematic review of the literature. *J Global Health*, 6(1), 1 – 9. doi: [10.7189/jogh.06.010701](https://doi.org/10.7189/jogh.06.010701)
- Charpak, N., Tessier, R., Ruiz, J. G., Hernandez, J. T., Uriza, F., Villegas, J., ... Maldonado, D. (2017). Twenty-year follow-up of Kangaroo mother care versus traditional care. *Pediatrics*, 139(1). doi: 10.1542/peds.2016-2063.
- Conde-Agudelo, A., & Diaz-Rossello, J. (2016). Kangaroo mother care to reduce morbidity and mortality in low birth weight infants. *Cochrane Database Syst Rev*. (4), <https://doi.org/10.1002/14651858.CD002771.pub4>
- Conde-Agudelo, A., Belizan, J. M., & Diaz-Rossello, J. (2011). Kangaroo mother care to reduce morbidity and mortality in low birth weight infants. *Cochrane Database Syst Rev*. (3), CD002771.
- Deng, O., Zhang, Y., Li, Q., Wang, H., & Xu, X. (2018). Factors that have an impact on knowledge, attitude and practice related to kangaroo care: National survey study among neonatal nurses. *Journal of Clinical Nursing*, 27(21-22), 4100 – 4111. doi: 10.1111/jocn.14556
- Gao, H., Xu, G., Gao, H., Dong, R., Fu, H., Wang, D., ... Zhang, H. (2015). Effect of repeated kangaroo mother care on repeated procedural pain in preterm infants: A randomized controlled trial. *International Journal of Nursing Studies*, 52(7) 1157–1165. <https://doi.org/10.1016/j.ijnurstu.2015.04.006>
- Jamali, Q.Z., Shah, R., Shahid, F., Fatima, A., Khalsa, S., Spacek, J., ... Regmi, P. (2019). Barriers and enablers for practicing kangaroo mother care (KMC) in rural Sindh, Pakistan. *PLoS ONE*, 14(6), 1-15. <https://doi.org/10.1371/journal.pone.0213225>
- Mekle, D., Singh, A.K., & Dixit, J. (2019). Kangaroo mother care for low birth weight babies: supportive factors and barriers. *International Journal of Contemporary Pediatrics*, 6(4), 1737-1742. DOI: <http://dx.doi.org/10.18203/2349-3291.ijcp20192786>
- Moore, E. R., Bergman, N., Anderson, G. C. & Medley, N. (2016). Early skin-to-skin contact for mothers and their healthy newborn infants. *Cochrane Systematic Review-Intervention*, 2016(11). <https://doi.org/10.1002/14651858.CD003519.pub4>
- Nyqvist, K. H., Anderson, C. G., Bergman, N., Cattaneo, A., Charpak, N., Davanzo, R.,... Widstrom, A-M. (2010). State of the art and recommendations: Kangaroo mother care: application in a high-tech environment. *Acta Paediatr*, 99, 812-819. <https://doi.org/10.1111/j.1651-2227.2010.01794.x>
- Seidman, G., Unnikrishnan, S., Kenny, E., Myslinski, S., Cairns-Smith, S., Brian Mulligan., ... Engmann, C. (2015). Barriers and Enablers of Kangaroo Mother Care Practice: A Systematic Review. *Plos one*, 10 (5), 1-20. doi: [10.1371/journal.pone.0125643](https://doi.org/10.1371/journal.pone.0125643)
- Shah, R., Sainju, N., & Joshi, S. (2018). Knowledge, attitude and practice towards kangaroo mother care. *Journal of Nepal Health Research Council*, 15(37), 275-81. doi: 10.3126/jnhrc.v15i3.18855.
- Smith, E.R., Bergelson, I., Constantian, S., Valsangkar, B., & Chan, G.J. (2017). Barriers and enablers of health system adoption of kangaroo mother care: a systematic review of caregiver perspectives. *BMC Pediatrics*, 17(35), 1-16. <https://doi.org/10.1186/s12887-016-0769-5>
- Solomon, N. & Rosant, C. (2012). Knowledge and attitude of nursing staff and mothers towards kangaroo mother care (KMC) in the eastern sub-district of Cape Town. *South African Journal of Clinical Nutrition*, 25(1), 33 – 39. <https://doi.org/10.1080/16070658.2012.11734400>
- Vittner, D., Cong, X., Ludington-Hoe, S., & McGrath, J. (2017). A survey of skin-to-skin contact with perinatal nurses. *Applied Nursing Research*, 33(1), 19-33.



<https://doi.org/10.1016/j.apnr.2016.09.006>

Wagura, P., Wasunna, A., Laving, A., Wamalwa, D. & Ng'ang'a, P. (2018). Prevalence and factors associated with preterm birth at Kenyatta National Hospital. *BMC Pregnancy and Childbirth*, 18(107), 1-8. <https://doi.org/10.1186/s12884-018-1740-2>

World Health Organization. (2016). WHO recommendations on antenatal care for a positive pregnancy experience. Accessed 4/9/2019 at https://www.who.int/reproductivehealth/publications/maternal_perinatal_health/anc-positive-pregnancy-experience/en/

Cite this article:

Author(s), OJO, Eunice Abimbola (RN, RM, RNA, BNSc., M.Sc. Soc, M.Sc. Nurs), ADEMUYIWA, Iyabo Yewande (RN, RM, RNE, B.Sc., M.Sc. Ph.D), OPE-BABADELE, Oluwatosin O. (RN, RM, BNSc., M.Sc.), And PERETOMODE, Evans O. (RN, RM, RPHN, BNSc.), (2020). "Assessment of Self-Reported Practice Regarding Kangaroo Mother Care Among Nurses in Lagos State, Nigeria". **Name of the Journal:** Commonwealth Journal of Academic Research, (CJAR.EU), P, 12- 21. DOI: <http://doi.org/10.5281/zenodo.4319217>, SPECIAL ISSUE, Issue: 8, Vol.: 1, Article: 1, Month: November, Year: 2020. Retrieved from <https://www.cjar.eu/all-issues/>

Published by



AND

ThoughtWares Consulting & Multi Services International (TWCMSI)



Assessment of Occupational Aspirations of Students with Disabilities in Integrated Secondary Schools in Southwest, Nigeria

AUTHOR(S): OKE, CHIGOZIE CELESTINA

Abstract

This study assessed occupational aspirations of students with disabilities in integrated secondary schools in Southwest, Nigeria. The descriptive research design of the survey type was used in this study. The population consisted of all 1,106 students with disabilities in integrated public secondary schools in Southwest, Nigeria. The sample for this study consisted of 349 students with disabilities from 12 integrated public secondary schools in Southwest, Nigeria. The sample was selected via multi stage sampling procedure. An instrument tagged "Occupational Aspiration Questionnaire (OAQ)" was used to collect relevant data for the study from the respondents. The validity of the instrument was ensured through face, content and construct validity. Convergent construct validity between MOPS (standardized instrument) and OAQ yielded $r= 0.859$. The data collected from the questionnaire were analyzed using descriptive and inferential statistics. The findings of the study revealed that students with disabilities have highest preference for business based occupation, closely followed by art/humanity based occupation and science based occupation while the least preference was technology based occupation. It was also revealed that the occupational aspirations of students with disabilities in integrated secondary schools differ. In addition, occupational aspirations of integrated secondary school students with disabilities do not differ based on their gender and religion. It was recommended among others that the government should create a department that will provide career guidance for students with disabilities.

Keywords: Occupational Aspirations, Disabilities, Integrated Schools,

CJAR

Accepted 25 November 2020

Published 30 November 2020

DOI: 10.5281/zenodo.4319224



About Author

Author(s): OKE, CHIGOZIE CELESTINA

Counselling and Human Development Centre,
Federal University, Oye - Ekiti, Ekiti State, Nigeria.



Introduction

There shows to be diverse kinds and degrees of disabilities that occur in endowed and talented children, mental retardation, speech impairment, hearing impairment, learning disability, physical impairment to mental and developmental disabilities, not excluding the various kinds of invisible disabilities, some of which are not even visible and identified as disabilities. Notwithstanding all these diversities and, in fact, duly considering the concerns of each of them, certain common factors, definitions and combined understanding would have to be attained for the purposes of analysis and discussion. However, the researcher is interested in students with visible disabilities because of their easy recognition and presence in integrated secondary schools. Students with seen disabilities like visual impairment, physical impairment and hearing impairment can be easily spotted unlike other forms of disabilities.

The integration method is an essential model where both disabled and nondisabled students are taught within the same school. Educational combination, then, offers education focused to include all students, even those with disabilities in the same learning location. This may consist of special needs of children who have emotional and/or behavioural challenges. Teachers may come across a variety of circumstances in the classroom, including those with learning disorders, emotional disabilities, and mental retardation. Exceptional needs students are placed in the usual education classroom and are involved in instructional situations that may have the general education teacher, the special education teacher, the teacher assistant and possibly parental or community volunteers (Wiebe & Kim, 2008).

According to Ahmad (2000), incorporated education is the education of all children and young people with and without disabilities in learning together in ordinary nursery, primary schools, colleges, and universities with suitable network support. In integrated school setting, the gifted/exceptional child is more educationally comfortable to the level that his/her inadequacies brought about by his/her disabilities are decreased. This means that incorporating implies the taking part of persons with disabilities in every academic related endeavour or activities with their non-disabled counter parts. Integrated education is also viewed as an educational strategy that provides opportunity, admittance and enabling atmosphere for all children to be equitably well-informed without isolation or discrimination irrespective of perceived abilities or restrictions.

Research has shown that persons with disabilities are at constraints when it comes to occupational journey and progress in that they are more likely to be without a job or underemployed than colleagues without disabilities and less likely to pursue and achieve postsecondary education or added job training (Ochs & Roessler, 2001). It was evident that students with disabilities have limited chances for occupational progress and these limited opportunities may cause occupational uncertainty which, from every sphere shows to be the grounds why they are less successful than their mates when making the movement from high school into the world of work. They show to have a smaller amount of time to explore and make an effort to occupation-related courses and activities because they may have been deemed needless (Luzzo, 2000); and are notably less able to select occupational goals fitting for their disability and less informed about job opportunities and occupations.

Sex can be seen as a socially constructed sex, be it female or male. On the basis of gender discrimination, disabled boys may be prioritized over girls with disabilities for family expenditure on education, while, in some situations, the rate at which opportunities available for disabled girls and boys vary depending on the cultural, and socio-economic, contexts. In some culture, Girls with disabilities face unfairness with respect to security and safety, thus girls with disabilities are more susceptible to physical and sexual abuse. In addition to maltreatment at home, it can happen in school or on the way to school (Agran & Wehmeyer, 2014).

Girls seem to be discriminated against from birth, have lower life expectancy and receive less care, especially if they are disabled. They may be considered an extra stress or cause of despair which may influence their occupational aspiration or decision. It was observed that female students with disabilities are faced with higher prejudice. Whereas the occupation journey of the non-disabled female students appears to be hindered by their gender. Being a male or female could therefore be expected to affect the job/career aspirations of students with disabilities differently.

This study therefore assessed occupational aspirations of students with disabilities in integrated



secondary schools in Southwest, Nigeria. The study specifically examined:

- i. the occupational aspirations of students with disabilities in secondary schools;
- ii. difference in the occupational aspirations of students with disabilities in integrated secondary schools;
- iii. the sex difference in occupational aspirations of integrated secondary school students with disabilities; and
- iv. the difference in occupational aspirations of integrated secondary school students with disabilities based on their religion.

Research Question

This research question was raised to guide the study:

1. What are the occupational aspirations of students with disabilities in secondary schools in South-west, Nigeria?

Research Hypotheses

The following null hypotheses were formulated for this study:

1. There is no significant difference in the occupational aspirations of students with disabilities in integrated secondary schools.
2. There is no significant sex difference in occupational aspirations of integrated secondary school students with disabilities.
3. Religion will not significantly differentiate in the occupational aspirations of integrated secondary school students with disabilities.

Methodology

The descriptive research design of the survey type was used in this study. The population consisted of all 1,106 students with disabilities in integrated public secondary schools in Southwest, Nigeria. The states were Lagos, Ogun, Oyo, Osun, Ondo and Ekiti. In Lagos state, there were 297 students with disabilities, in Ogun state, 184; in Oyo state, 168; in Osun state, 172; in Ondo state, 146; and in Ekiti state, 139 (**Source:** State Ministries of Education, 2019).

The sample for this study consisted of 349 students with disabilities from 12 integrated public secondary schools in Southwest, Nigeria. The sample was selected via multi stage sampling procedure. In stage one, four states were selected from the six states in Southwest, Nigeria through simple random sampling technique. The second stage involved the selection of three Local Government Areas from each of the four States through purposive sampling technique because the local government area where an integrated secondary school is located was selected. In stage three, one integrated public secondary school was selected from each of the Local Government Areas earlier selected through purposive sampling technique. The reason for using purposive in selecting the schools was because the three types of disabilities were considered in the study. In stage four, thirty students with disabilities were selected from each of the integrated public secondary schools using purposive random sampling technique. The reason for using purposive technique in selecting students with disabilities was to ensure that those with visual impairment, hearing impairment and physical impairment were equally selected and represented.

An instrument tagged "Occupational Aspiration Questionnaire (OAQ)" was used to collect relevant data for the study from the respondents. OAQ consisted of two sections namely section A and B. *Section A* of the OAQ sought for information on demography about the respondents which included sex, religion among others. *Section B* consisted of 20 items on occupational aspiration of students drawn from science based, art/humanities based, business based and technological based. Adapted four point Likert type rating scale was used for section C as follows: Like Very Much (LVM), Like (L), Dislike (D) and Dislike Very Much (DVM). Like Very Much was scored 4 points, Like was scored 3 points, and Dislike was scored 2 points while Dislike Very Much was scored 1 point. The braille version of the instrument

was produced for the visually impaired students.

The validity of the instrument was ensured through face, content and construct validity. The experts took time to check the extent to which the items of the instrument represent the content of the study and suitability of the items being measured. In ensuring the construct validity of Occupational Aspiration Questionnaire (OAQ), a standardized instrument, Motivation for Occupational Preference Scale (MOPS) was compared with OAQ. Convergent Construct Validity between MOPS and OAQ yielded $r = 0.859$. The coefficient value was gotten after analysing the data collected using Pearson's Product Moment Correlation Coefficient. The data compared were gotten from students' response to MOPS and OAQ after it was administered on 30 students outside the sampled area. Based on that, the OAQ is capable of measuring the occupational aspiration of students.

The data collected from the questionnaire were analyzed using descriptive and inferential statistics. The research question was answered using frequency count, mean, standard deviation and chart. The hypotheses were tested using inferential statistics involving one - way Analysis of Variance and t - test at 0.05 level of significance.

Results

Research Question 1: What are the occupational aspirations of students with disabilities in secondary schools in South-west, Nigeria?

In answering this question, data on occupational aspirations were collected from the responses of the respondents to items under Section B of OAQ (item 1 - 20) in the questionnaire. The data were collated and analysed using descriptive statistics such as frequency counts, percentage, mean and standard deviation.

Table 1: Percentage and Mean Scores of occupational aspirations of students with disabilities

S/N	ITEMS	Total Mean	Average Mean	Rank
1	Science Based	9.61	1.92	3 rd
2	Art/Humanity Based	9.89	1.98	2 nd
3	Business Based	11.69	2.34	1 st
4	Technology Based	9.32	1.86	4 th

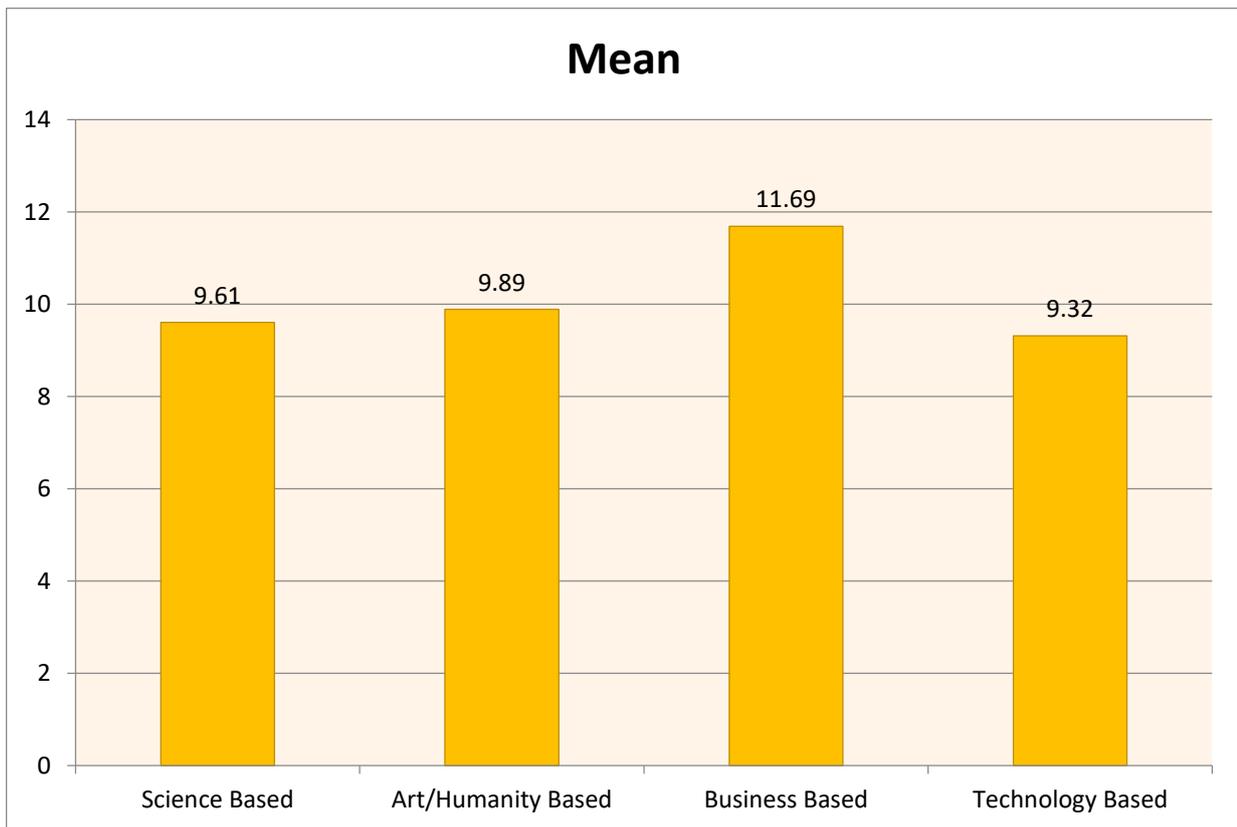


Figure i: Bar chart showing occupational aspirations of students with disabilities

Table 1 and figure i showed the occupational aspirations of students with disabilities in secondary schools in South-west, Nigeria. The result indicated that the total mean mark of science based occupation is ($\bar{X} = 9.61$), art/humanity based occupation ($\bar{X} = 9.89$), business based occupation ($\bar{X} = 11.69$) and technology based ($\bar{X} = 9.32$). It is deduced from the above that students with disabilities have highest preference for business based occupation, closely followed by art/humanity based occupation and science based occupation while the least preference was technology based occupation.

Testing of Hypotheses

Hypothesis 1: There is no significant difference in the occupational aspirations of students with disabilities in integrated secondary schools.

Table 2: Analysis of Variance (ANOVA) for difference in the occupational aspirations of students with disabilities

Groups	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	2598.557	2	1299.278	23.662*	.000
Within Groups	18998.532	346	54.909		
Total	21597.089	348			

* $P < 0.05$

The result presented in table 2 showed that F-cal value of 23.662 was significant at 0.05 level of significance. Hence, the null hypothesis is rejected. This implies that there was significant difference in the occupational aspirations of students with disabilities in integrated secondary schools. In order to investigate the source of the differences observed, Post - hoc analysis (Scheffe) with mean difference

was carried out.

Table 3: Scheffe Post – hoc test and mean for observed difference in the occupational aspirations of students with disabilities

Groups	N	Mean	1	2	3
			44.28	38.25	38.87
Visual Impaired (1)	120	44.28			
Hearing Impaired (2)	118	38.25	*		
Physical Impairment (3)	111	38.87	*		

*P < 0.05

In table 3, significant difference was found between the occupational aspirations of hearing impaired students and visually impaired students in integrated secondary schools. Also, a significant difference was found between the occupational aspirations of physical impaired students and visual impaired students in integrated secondary schools. However, significant difference was not found between the occupational aspirations of physical impaired students and hearing impaired students in integrated secondary schools.

Hypothesis 2: There is no significant sex difference in occupational aspirations of integrated secondary school students with disabilities.

Table 4: Sex difference in occupational aspirations

Variations	N	Mean	SD	df	t _{cal}	P
Male	217	40.68	7.89	347	0.488	0.626
Female	132	40.26	7.88			

P > 0.05

Table 4 shows that the t-cal value of 0.488 was not significant because the P value (0.626) > 0.05. This implies that null hypothesis was not rejected. Hence, there was no significant sex difference in occupational aspirations of integrated secondary school students with disabilities.

Hypothesis 3: Religion will not significantly differentiate in the occupational aspirations of integrated secondary school students with disabilities.

Table 5: Analysis of Variance (ANOVA) for difference in the occupational aspirations of students with disabilities

Groups	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	45.873	2	22.937	0.368	.692
Within Groups	21551.216	346	62.287		
Total	21597.089	348			

P > 0.05

The result presented in table 5 showed that F-cal value of 0.368 is not significant at 0.05 level of significance because p-value of 0.692 > 0.05. Hence, the null hypothesis is not rejected. This implies that religion will not significantly differentiate in the occupational aspirations of integrated secondary school students with disabilities.

Discussion

The study revealed that students with disabilities have highest preference for business based occupation, closely followed by art/humanity based occupation and science based occupation while the least preference was technology based occupation. It was revealed that there was significant difference in the occupational aspirations of students with disabilities in integrated secondary schools. This implies that students with disabilities have different occupational aspirations. The probable reason for this finding might be due to the peculiarity attached to each disability. This finding is in consonance

with the findings of Lazarus and Ihuoma (2011), Osakinle (2010) and Rufai (2004) who concluded that occupational aspirations of students with disabilities differs.

The study revealed that there was no significant sex difference in occupational aspirations of integrated secondary school students with disabilities. This implies that the occupational aspirations of male and female students with disabilities are at equal level. This finding however contradicted the submission of Groce (2007), who found gender difference in favour of male students.

The study also revealed that religion did not significantly differentiate the occupational aspirations of integrated secondary school students with disabilities. This implies that students with disabilities irrespective of their religion have the same occupational inspiration.

Conclusion

Sequel to the findings of this study, it was concluded that students with disabilities have highest preference for business based occupation, closely followed by art/humanity based occupation and science based occupation while the least preference was technology based occupation. It was also concluded that the occupational aspirations of students with disabilities in integrated secondary schools differ. In addition, occupational aspirations of integrated secondary school students with disabilities do not differ based on their gender and religion.

Recommendations

Based on the findings of this study, the following recommendations were made.

1. Parents should only guide their children in their occupational decision and not insisting on taking up occupations that will please them
2. The government should create a department that will provide career guidance for students with disabilities

References

- Agran, M., & Wehmeyer, M. (2014). *Teaching problem solving to students with mental retardation*. Washington, DC: American Association on Mental Retardation.
- Ahmad, A. (2000). Integrated education for children with special needs: Problems and prospects. A paper presented at *The 11th National Counsel for Exceptional Children's Annual Conference*. Okene
- Groce, N. (2007) International News and Views: Measuring the Quality of Life: Rethinking the World Bank's Disability Adjusted Life Years, *Disability World*, 3, 45 – 52
- Lazarus, K. U., and Ihuoma, I., (2011). Role of guidance counselor in the occupational development of adolescent and young adult with special needs. *British Journal of Arts and Social Science*. 2(1), 45 – 51
- Luzzo, D. A. (2000). *Occupation counselling of college students*. Washington, DC: American Psychological Association.
- Ochs, L. A., & Roessler, R. T. (2001). Students with disabilities: Are they ready for the 21st Century? *Rehabilitation Counselling Bulletin*, 44, 170-176.
- Osakinle, E. O. (2010). In-school adolescents and occupational aspiration: The case of Ekiti state, Nigeria, 2010IABN & ITLC. Conference proceeding, Orlando, FL, USA.
- Rufai, T.G. (2004). Integrated education practices in special education, *Journal of Advocacy, Rehabilitation and Special Education*, 2(2), 49-53.



Wiebe, B. B., & Kim, C. (2008). The impact of family, peers, and educational personnel upon occupational decision making. *Journal of Occupational Behaviour*, 23, 35-44.

Cite this article:

Author(s), OKE, CHIGOZIE CELESTINA, (2020). "Assessment of Occupational Aspirations of Students with Disabilities in Integrated Secondary Schools in Southwest, Nigeria". **Name of the Journal**: Commonwealth Journal of Academic Research, (CJAR.EU), P, 22- 30. DOI: <http://doi.org/10.5281/zenodo.4319224> , SPECIAL ISSUE, Issue: 8, Vol.: 1, Article: 2, Month: November, Year: 2020. Retrieved from <https://www.cjar.eu/all-issues/>

Published by



AND

ThoughtWares Consulting & Multi Services International (TWCMSI)



Attitude of Health Professionals and Care of Elderly in Nupeland, Nigeria

AUTHOR(S): ALIYU, Isiaku Nda (Dip, B.Sc. (ed), M.Sc., MPH)

Abstract

The study examined attitude of health professionals and care of elderly in Nupeland. The descriptive research design of the survey type was used in this study. The population consisted of all health professionals and elderly people above 65 years old in Nupeland. The sample size for this study consisted of 294 health professionals and 581 elderly people above 65 years old from Nupe tribe in Nupeland. The sample was selected using multi stage sampling procedure. Two sets of questionnaire designed by the researcher tagged "Attitude towards Care of the Elderly Questionnaire (ACEQ)" and "Care Received by Elderly Questionnaire (CREQ)" were used to collect relevant data for the study. The validity of the instruments was ensured through face and content validity. The reliability of the instruments (ACEQ and CREQ) was determined by finding the internal consistency which yielded a co-efficient value of 0.89 and 0.75 for ACEQ and CREQ respectively. The data collected from the questionnaire were analyzed using descriptive and inferential statistics. The findings of the study revealed that health professionals exhibited positive attitude towards the care of the elderly. It was further revealed that there was no significant difference in the attitude of health professionals towards care of the elderly based on their educational status, religion and gender. It was recommended that healthcare professionals should improve on their own attitude in all aspects of elderly care.

Keywords: Attitude, Health Professionals, Care, Elderly,

CJAR

Accepted 25 November 2020

Published 30 November 2020

DOI: 10.5281/zenodo.4320010



About Author

Author(s): ALIYU, ISIAKU NDA (DIP, B.SC(ED), M.SC., MPH)

KWARA STATE COLLEGE OF HEALTH TECHNOLOGY,
PMB 430, OFFA, NIGERIA



Introduction

Ageing is both a normal and general process; but growing elderly can be as beautiful as it can be painful. Ageing is a biological, social and psychological course. Because ageing is critically a cultural kind, its sense and importance change both historically and culturally. Age, in almost every culture, is one of the major attributes that determine groupings and role descriptions. How old people are, or the response of other people to them, play a key part in influencing how they feel about themselves and whom they relate with, and what the society expects of them. Societal definition of the elderly differs from society to society. In most societies, elderly serves as a pedestal for explaining cultural and social attributes of man for the creation of some of their natural description of social roles (Iwasaki & Jones, 2008).

As an important component of social life, old age is highly revered in indigenous African communities where it is commemorated as 'the age of wisdom and of teaching'. In Nigeria, the elderly are highly respected as the custodians of inherited wisdom and experience and they are the major decision-makers. Nowadays, however, in our dynamic societies, the accrued knowledge of the elderly is scarcely viewed as the spring of wisdom; it is mostly regarded as something outdated and archaic (Pestic, 2007; Loh, 2006).

Ageing is a sensitive and highly regarded issue and it is a course of becoming older. The aged in Nigeria are highly honoured, respected and often held in high esteem. The elderly constitutes a store of wisdom and experiences. In Nigeria, the stress of care majorly rests on family members irrespective of the provisions in the 1999 Constitution, Section 14 2(b) which states categorically that, "The security and welfare of its people shall be the primary purpose of the government" and in Section 16, sub-section 2(d) promises, "That suitable and adequate shelter and suitable and adequate food, reasonable national minimum living wage, old age care and pensions and unemployment, sick benefits and welfare of the disabled are provided for all citizens." Regrettably, the government seems to have backed out of these promises as most aged are not protected by any social security scheme. The only recipients are those in formal job who have pension remuneration which are insufficient and often hindered due to corruption in the pension scheme (Iwasaki & Jones, 2008).

The researcher observed that the elderly in this society makes up the most vulnerable group; however, the least care and concern are shown by the healthcare workforce, the policy makers, researchers and their own families and relations. They appear to be openly snubbed by the most people especially their own immediate families and close relations. This seems to place an unjust and needless burden on the aged who have held significant positions and made huge contributions to the development and welfare of this country.

In the traditional Nupe society the aged occupies a very significant position in the family, the society and the entire region. He/she is seen as a store of knowledge, wisdom, folkways, record and leadership. There are probably about 4.5million Nupes, principally in Niger, Kwara and Kogi States to the FCT. They are mostly Muslims with a few Christians and followers of African Traditional religion. The researcher observed that there is an increasing need for health professionals to show appropriate attitudes toward the elderly. A high standard of care for the elderly seems to be associated with the positive attitudes of health workers.

The health worker, according to Abdulrahem and Parakoyi (2005) plays key roles in determining and ensuring desirable standards of interventions, acting as a professional in developing core of professional knowledge, expertise and should have ability to convey same to others. They are often the providers of services aimed at health maintenance and disease prevention.

Attitude is a core part of human identity (Doherty, Mitchell & Elisabeth, 2011). Everyday people love, hate, like, dislike, favour, oppose, agree, disagree, argue, persuade and so on. All these are evaluative reactions to an object. Attitudes develop and alter with time. According to Ige and Olowolabi (2010), attitudes are influenced by three components. They are cognitive (beliefs, thoughts, attributes), affective (feelings, emotions) and behavioural information (past events, experiences).

A fundamental link in developing the dimension of attitudes toward caring for the aged as a

social indicator is to create the relationships between such attitudes and care for the elderly. These links are complex. It is part of the human condition for health workers to do things which are opposing to their beliefs, and it is also true that health workers sometimes fail to act in harmony with their beliefs. Nevertheless, such deviations of what might be expected are seen as variation, and it appears logical to suppose that on the whole, health workers are more likely to behave in harmony with their beliefs than in disharmony to them (Engstrom & Fagerberg, 2011).

Unfavourable attitudes and stereotypes of elderly people are also believed to stand as a hindrance to the successful care of the elderly people (Lee, Wong, & Loh, 2006). The researcher observed that some people express unconstructive attitude towards old people. When caring for elderly people, some health workers were more likely to use physical constraints, to disrespect their independence and dignity and show favouritism against them (Weiss 2005).

Sadly, standards connected with old age are changing, while young family, health workers' attitude towards the elderly are changing, the effectiveness of the traditional way of caring for the elderly is also being compromise because of the ways old age and the elderly are perceived by young family members. The change in attitude of old age has been attributed by Researchers to the effects of urban, modern and western influence (Liu, Norman & While, 2013).

This study therefore examined attitude of health professionals and care of elderly in Nupeland. The study specifically examined:

- v. the attitude of health professionals towards the care of the elderly in Nupeland;
- vi. the relationship between the attitude of health professionals and care received by the elderly; and
- vii. the difference in the attitude of health professionals towards care of the elderly based on their educational status, religion and gender.

Research Question

This research question will be raised to guide the study:

2. What is the attitude of health professionals towards the care of the elderly in Nupeland?

Research Hypotheses

The following null hypotheses were formulated for this study:

4. There is no significant relationship between the attitude of health professionals and care received by the elderly in Nupeland
5. There is no significant difference in the attitude of health professionals towards care of the elderly based on their educational status.
6. There is no significant difference in the attitude of health professionals towards care of the elderly based on their religion
7. There is no significant difference in the attitude of health professionals towards care of the elderly based on their gender.

Methodology

Research Design

The descriptive research design of the survey type was used in this study. The design was considered appropriate because it focuses on the observations and perception of the existing situation of attitude toward care of the elderly among Nupe people in North Central, Nigeria. This describes and interprets what is concerned with attitude towards care of the elderly without manipulation of variables. The population consisted of all health professionals and elderly people above 65 years old in Nupeland. The sample size for this study consisted of 294 health professionals and 581 elderly people above 65 years old from Nupe tribe in Nupeland. The sample was selected using multi stage sampling procedure.

Two sets of questionnaire designed by the researcher tagged “Attitude towards Care of the Elderly Questionnaire (ACEQ)” and “Care Received by Elderly Questionnaire (CREQ)” were used to collect relevant data for the study. The ACEQ was administered on the health professionals and it consisted of two sections namely Section A and Section B. *Section A* sought for bio-data of the respondents. *Section B* consisted of 15 items to elicit information on attitude towards the caring of the elderly.

The CREQ was administered on the elderly people and it consisted of two sections namely Section A and Section B. *Section A* sought for bio-data of the respondents while *Section B* consisted of 20 items to elicit information on the extent of care received by the elderly people. The instruments adopted 4 point scale of Likert type as follows: Strongly Agree (SA) - 4, Agree (A) - 3, Disagree (D) - 2 and Strongly Disagree (SD) - 1.

The validity of the instruments was ensured through face and content validity. The items in the Questionnaire were presented to experts in the fields of Health Education and Tests and Measurement. To ensure face validity of the instrument, the experts helped to determine the facial value of the instrument.

To ensure content validity, the experts including researcher’s supervisor checked the items and ascertain that they represented the variables and its adequacy to measure what it was meant for. The experts took time to check the extent to which items of the instruments represented the adequacy and suitability of the items being measured. In so doing, all irrelevances and ambiguous items were eliminated.

The reliability of the instruments (ACEQ and CREQ) was determined by finding the internal consistency through a study carried out among the Nupe people in Ondo and Ekiti States which is outside the sampled locations. The instruments were administered on 20 health professionals and 20 elderly people above 65 years of age. ACEQ was administered on health professionals while CREQ was administered on elderly people. In order to ascertain reliability of the instruments, data collected were tested using Cronbach’s alpha to determine the internal consistency of the items which yielded a coefficient value of 0.89 and 0.75 for ACEQ and CREQ respectively.

The researcher personally administered the instruments with the help of 2 trained research assistants from each of the state sampled in the study. The data collected from the questionnaire were analyzed using descriptive and inferential statistics. Hypotheses 1 was tested using Pearson’s Product Moment Correlation Analysis, hypotheses 2 – 3 were tested using one – way Analysis of Variance while hypothesis 4 was tested using t-test. All hypotheses were tested at 0.05 level of significance.

Results

Research Question 1: What is the attitude of health professionals towards the care of the elderly in Nupeland?

In answering this question, data on attitude towards care of the elderly in Nupeland were collected from the responses of the respondents to items under Section B of ACEQ (items 1 – 15). The data were collated and analysed using descriptive statistics such as mean and standard deviation. In table 2, the mean score cut-off mark of 2.50 was derived by finding the average of the scoring system. Mean score of items greater than mean cut-off of 2.50 were accepted while those less than 2.50 were rejected.

Table 1: Mean Scores of attitude of health professionals towards the care of the elderly

S/N	ITEMS	Mean	S.D	Remark
1.	I feel good taking care of the elderly	2.95	0.72	Agreed
2.	I see the care of the elderly people as being time consuming.	1.69	0.46	Disagreed
3.	I prefer giving attention to younger people than the elderly ones	1.86	0.42	Disagreed

4.	Time should not be wasted for elderly persons with terminal illnesses.	1.73	0.45	Disagreed
5.	The older the elderly the more demanding he/she becomes.	2.92	0.76	Agreed
6.	The elderly do not deserve the care health workers give them.	1.76	0.43	Disagreed
7.	Some elderly look untidy and dirty. And as such I do not like caring for them.	1.67	0.53	Disagreed
8.	The majority of the elderly are senile	1.70	0.46	Disagreed
9.	I get stressed up when taking care of the elderly	1.91	0.28	Disagreed
10.	The elderly can often provoke the care giver.	1.68	0.52	Disagreed
11.	I like taking care of older people.	2.55	0.50	Agreed
12.	I neglect myself and concentrate only on the aged when taking care of them.	2.96	0.21	Agreed
13.	Elderly patients exhibit different behaviors which affect their care	2.98	0.17	Agreed
14.	It is difficult to convince reluctant patient about their care in the hospital	2.53	0.50	Agreed
15.	Working with older people does not appeal to me at all	1.41	0.49	Disagreed

Mean Cut-off: 2.50

Table 1 showed the attitude of health professionals towards the care of the elderly. Using the criterion mean score of 2.50 as cut-off to determine the affirmative of each statement, the respondents agreed that they feel good taking care of the elderly, the older the elderly the more demanding he/she becomes, they like taking care of older people; and they concentrate only on the aged when taking care of them. However, most of the respondents disagreed that they see the care of the elderly people as being time consuming; they prefer giving attention to younger people than the elderly ones, among others. From the above table, it can be concluded that the health professionals have positive attitude towards the care of the elderly in Nupeland.

Testing of Hypotheses

Hypothesis 1: There is no significant relationship between the attitude of health professionals and care received by the elderly in Nupeland

Table 2: Relationship between the attitude of health professionals and care received by the elderly

Variables	N	Mean	Stand Dev	r-cal	P-value
Attitude towards care of the elderly	294	32.28	2.13	0.675*	0.000
Care received by the elderly	581	53.74	4.69		

*P<0.05

Table 2 showed a positive relationship between the attitude of health professionals and care received by the elderly in Nupeland. The r-calculated value of 0.675 is significant at 0.05 level ($r = 0.675$, $p < 0.05$). This indicated that there was a significant positive relationship between the attitude of health professionals and care received by the elderly in Nupeland. The null hypothesis was rejected. This implies that attitude towards care of elderly increases is moderately related to the care received by the elderly.

Hypothesis 2: There is no significant difference in the attitude of health professionals towards care of the elderly based on their educational status.

Table 3: Analysis of Variance for difference in attitude of health professionals towards care of the elderly based on their educational status

Groups	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	1.681	2	.840	0.184	.832
Within Groups	1331.887	291	4.577		
Total	1333.568	293			

$P > 0.05$

The result presented in Table 3 showed that F_{cal} value of 0.184 was not significant because the P value (0.832) > 0.05 at 0.05 level of significance. Hence, the null hypothesis was not rejected. This implies that there was no significant difference in the attitude of health professionals towards care of the elderly based on their educational status.

Hypothesis 3: There is no significant difference in the attitude of health professionals towards care of the elderly based on their religion

Table 4: Analysis of Variance for difference in the attitude of health professionals towards care of the elderly based on their religion

Groups	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	18.053	2	9.027	1.997	.138
Within Groups	1315.515	291	4.521		
Total	1333.568	293			

$P > 0.05$

The result presented in Table 4 showed that F_{cal} value of 1.997 was not significant because the P value (0.138) > 0.05 at 0.05 level of significance. Hence, the null hypothesis was not rejected. This implies that there was no significant difference in the attitude of health professionals towards care of the elderly based on their religion.

Hypothesis 4: There is no significant difference in the attitude of health professionals towards care of the elderly based on their gender.

Table 5: Difference in attitude of health professionals towards care of the elderly based on their gender

Variations	N	Mean	SD	df	t_{cal}	P
Male	109	32.43	2.14	292	0.918	0.359
Female	185	32.19	2.13			

$P > 0.05$

Table 5 shows that the t_{cal} value of 0.918 was not significant because the P value (0.359) > 0.05 . This implies that null hypothesis was not rejected. Hence, there was no significant difference in the attitude of health professionals towards care of the elderly based on their gender.

Discussion

Health professionals have positive attitude towards the care of the elderly in Nupeland. In consonance with this finding, Oyetunde, Ojo and Ojewale (2013) found out that health professionals showed positive attitude towards the care of the elderly and good knowledge of ageing process. The submission of Okoye and Asa (2011) however contradicted this finding as they concluded that most of the healthcare professionals have negative attitude towards the care of the elderly as most of them preferred taking care of young adult than elderly people.

The findings further revealed that there was significant relationship between the attitude of health professionals and care received by the elderly in Nupeland. This implies that the attitude of knowledge of health professionals will determine the care received by the elderly people. Ayenibiowo,

Kehinde, Obashoro-John and Ayeni (2014) found a significant relationship between the attitude of health professionals and care received by the elderly people. Redmond, Guerin and Devitt (2008) however contradicted this finding as they submitted that ageism has been found to negatively affect the attitude of health care professionals, both implicitly through unfair resource allocation by stakeholders and explicitly by providing offensive and poor quality treatment.

The findings however revealed that there was no significant difference in the attitude of health professionals towards care of the elderly based on their educational status. The submission of Loh (2006) contradicted the findings of this study as he submitted that registered health professionals with master's degree hold positive attitude towards the care of the elderly while less educated health professionals display the most negative attitude (Loh, 2006).

The study further revealed that there was no significant difference in the attitude of health professionals towards care of the elderly based on their religion. Almost all religions viewed elderly care as God's blessing and eternal reward. This finding is in consonance with the finding of Jimada (2005) who concluded that religion has no influence on attitude of caregivers towards care of the elderly.

The findings of the study further revealed that there was no significant difference in the attitude of health professionals towards care of the elderly based on their gender. This implies that both male and female health professionals have almost the same attitude towards care of the elderly. This finding however is not in consonance with the findings of Herdman (2002) and Cicirelli (2003) who concluded that gender influences the attitude of care of the elderly as female health professionals are easily stressed up and have frustrating feeling and a feeling of guilt when their care receivers are not satisfied

Conclusion and Recommendation

It is concluded that health professionals exhibited positive attitude towards the care of the elderly. It is further concluded that there was no difference in the attitude of health professionals towards care of the elderly based on their educational status, religion and gender. It is recommended that healthcare professionals should improve on their own attitude in all aspects of elderly care.

References

- Abdulraheem I. S. & Parakoyi D.B. (2005) Improving attitude towards elderly people: Evaluation of an intervention programme for caregivers. *Nigerian Journal Postgraduate Medical*, 4(12), 280-285.
- Ayenibiowo, O., Kehinde O., Obashoro-John, O.A. & Ayeni, O.B. (2014). The Attitude of Nigerian Young Adults and Adolescents to Grandparents: Implications for Care of the Elderly in Nigeria. *Modern Social Science Journal*, 5(2), 56 – 67
- Cicirelli, V. G. (2003) A measure of filial anxiety regarding anticipated care of elderly parents. *The Gerontologist*, 23(4), 478-482.
- Doherty M, Mitchell, E A, & Elisabeth, O. (2011) Attitude of healthcare workers towards older people in rural population: A survey using the Kogan Scale. *Nursing Research and Practice*. Article ID 352627 BT487JL, UK.
- Engstrom, G. & Fagerberg, A. (2011). Attitude towards older people among Swedish health care students and health care professionals working in elder care Retrieved 5th April, 2019 from <http://dx.doi.org/10.4081/nurse rep, 2019/02>
- Herdman, E. (2002). Challenging the discourses of nursing ageism. *International Journal of Nursing Studies*, 39(1), 105-114.

- Ige A. M & Olowolabi, S. (2010). Student unrest in universities in Nigeria: causes and remedies. *Journal of Educational Research and Development*, 4(3), 137 – 146.
- Iwasaki M. and Jones J. A. (2008). Attitude towards older adults: a re-examination of two major scales. *Gerontology and Geriatrics Education*, 29(2), 139-157.
- Jimada, I. S. (2005). *The Nupe and the origins and evolution of the Yoruba C1275 – 1897*, Zaria: Abdullahi Smith Centre for Historical Research.
- Lee, A.C.K, Wong, A.K.P and Loh, E.K.Y (2006) Score in the aging quiz, knowledge preference of undergraduate students toward the elderly in Hong Kong. *Nurse Education Today*, 26(4),269-276.
- Liu, Y., Norman I.J. & While, A. (2013). Nurses' attitudes towards older people: A systematic review. *International Journal of Nursing Studies*, 50(9) 1271-1282.
- Loh, D. (2006) Attitudes towards caring for older people: Literature review and methodology. *Nursing Older People* 25(3), 22-27.
- Mandy D, Elizabeth A, M & O'Neils S. (2011). Attitudes of health care workers towards older people in a rural population: a survey using the Kogan scale. *Nursing Research and Practice*, 20(11), 7 – 15
- Okoye U.O and Asa S.S (2011). Caregiver and Stress: Experience of people taking care of the elderly relations in South Eastern Nigeria *Arts and social sciences Journal*, 4(2), 56 – 64
- Oyetunde, M O. Ojo. O.O. and Ojewale, L.Y. (2013). Nurses attitude toward the care of the elderly, implication for gerontological nursing training. *Journal of Nursing Education and practice*, 3(1), 150-158
- Pesic, L. (2007). *Social and health problems of the elderly, Review articles, Home Treatment & Care Department*. Health Care Centre Nis.
- Redmond, B, Guerin, S and Devitt, C (2008) Attitudes, perception and concerns of social worker: First two years of longitudinal study. *The International Journal*, 27(8), 868-882.
- Weiss, I. (2005) Interest in working with the elderly: A cross-national study of graduating social work students. *Journal of social work education* 41(3), 379-391.

About the Author

ALIYU ISIAKU NDA, was born in April 1969 at Edogi-dukun via Lafiagi, Kwara State. He attended the LGEA school, Edogi for his elementary education, proceeded to Lafiagi Secondary School where he obtained the Senior School Certificate in 1984. After his secondary education, he bagged the West Africa Health Examination Board Diploma in Environmental Health. He bagged his Bachelor of Science in Health Education from the University of Ilorin while he obtained two Master Degrees (MPH, M.Sc) from Ladoko Akintola University of Technology, Ogbomosho. He is rounding up his Ph.D. programme in Ekiti State University, Ado – Ekiti.

He is a registered and licensed Environmental Health Officer. He is also married and blessed with children.



Cite this article:

Author(s), ALIYU, Isiaku Nda (Dip, B.Sc(ed), M.Sc., MPH), (2020). "Attitude of Health Professionals and Care of Elderly in Nupeland, Nigeria". **Name of the Journal:** Commonwealth Journal of Academic Research, (CJAR.EU), P, 31- 40. DOI: <http://doi.org/10.5281/zenodo.4320010> , SPECIAL ISSUE, Issue: 8, Vol.: 1, Article: 3, Month: November, Year: 2020. Retrieved from <https://www.cjar.eu/all-issues/>

Published by



AND

ThoughtWares Consulting & Multi Services International (TWCMSI)



Educational Funding as A Correlate of Students' Academic Achievement in Kwara State Secondary Schools

AUTHOR(S): BABARINDE, SUNDAY EBENEZER

Abstract

The current situation of secondary education in Kwara State suggests that things may get worse unless measures are taken to address the problem of underfunding. If this problem is not addressed, the outcome may negatively influence students' academic achievement. This study therefore investigated educational funding as a correlate of students' academic achievement in Kwara State secondary schools. The descriptive research design of the survey type was used in this study. The population for this study consisted of 18,109 teachers and students whose results were used in all public secondary schools in Kwara State. The sample for the study consisted of 600 teachers and students whose results were used in 60 public secondary schools in Kwara State. The sample was selected using multistage sampling procedure. An instrument tagged Educational Funding Questionnaire (EFQ) was used to collect relevant data for the study. The second instrument was an Inventory on Senior Secondary School Certificate Examination results. The face and content validity of the instruments were determined by Educational Management and Test and Measurements experts. The reliability of EFQ was determined through the test re-test method and correlation coefficient value of 0.85 was obtained for EFQ. The responses obtained were collated and analysed using descriptive statistics while the hypotheses postulated were subjected to inferential statistics. The findings of the study revealed that Government funding, parent funding and institutional funding were significantly related to students' academic achievement. It was recommended among others that parents should supplement government funding of secondary education through PTA and provision of needed facilities which could lead to better students' academic achievement.

CJAR

Accepted 25 November 2020

Published 30 November 2020

DOI: 10.5281/zenodo.4320021

Keywords: Educational Funding, Students, Academic Achievement,



About Author

Author(s): BABARINDE, SUNDAY EBENEZER

ACCOUNTING EDUCATION DEPARTMENT,
SCHOOL OF SECONDARY EDUCATION (BUSINESS),
FEDERAL COLLEGE OF EDUCATION (TECHNICAL),
BICHI, KANO STATE, NIGERIA.



Introduction

Studies have revealed that there has been a downward trend in educational achievement of students in Nigerian Secondary Schools in general and in Kwara State in particular. The 2017 – 2019 Senior School Certificate Examination result released by West Africa Examination Council (WAEC) attested to this claim that there is descending trend in the achievement of students in Kwara State that was not graded among the first twenty based on students' achievement. Parents, teachers, Curriculum experts have also uttered considerable worry about this low achievement in external examination such as West African Examination Council. It is assumed in some instances that the academic achievement of students is facing a lot of abandonment and problems due to lack of funds. The educational system in Nigeria appears to be confronted with so many monetary challenges which have eventually brought about a fast decline in the quality of education.

The researcher observed that the insufficient funding of education seems to be the reason for the poor achievement of the students in Secondary Schools in Kwara State. Secondary Schools in Kwara State are apparently not well funded as this could be seen through terrible learning conditions of the students, poor learning situation, challenge of textbooks, problem of teaching aid, low provision for training of teachers and inadequate facilities to improve comprehension and skills.

Funding Secondary education in Kwara State has become a matter of public concern as a result of the present financial down turn and worldwide inflation. According to Central Bank of Nigeria (2019), poor funding has been the misery of Nigerian educational system to the level that the budgetary allocation has been very low. In several Secondary Schools in Kwara State, the researcher observed that as many as four classes are put up in one classroom and these are classes that are already congested and in deplorable state. In addition, laboratories and apparatuses appear to be grossly insufficient and the attendant challenges seem to affect learners' academic achievement.

Considering the necessity of sources of educational funding and its effect on students' academic achievement in Schools, this study's intent was to investigate specifically selected variables such as funds from institution, parents and government.

The government of Nigeria recognized the vital role of education on the life and growth of human resources, and hence the relevance of adequate monetary commitment from all the three tiers of government for effective execution of educational programmes in Nigeria. In Nigeria, Secondary education derives its major fund from the annual allocation to the education sector by the government.

Unfortunately, it seems the apportionment to the education sector on which Secondary education depends has been constantly low in spite of the vital role of the sector in the training of manpower for the development of the economy. Statistics (Central Bank of Nigeria, 2019) showed that between 2000 and 2018, allocation to the education sector by Federal Government in Nigeria was not more than 14% of the annual budget. Furthermore, out of the three levels of education in Nigeria, tertiary education receives the largest portion of Education Vote, thus showing that the remaining fund is to be shared by Primary and Secondary education (Hinchliffe, 2002). It has even been the practice of States to make provision for Secondary education from the distribution to the education sector, which in most cases has been in form of consecutive grant to schools, on term or session basis and depending on the size of enrolment of each school.

The Researcher observed that the UNESCO recommendation of 26% of the annual budget to education is never followed in Nigeria talk less in Kwara State. Secondary education in Kwara state seems to be grossly underfunded and this shows in poor quality of education, low provision of human and material resources in Schools.

The government in a bid to find another means of funding of education decided to partly delegate funding of Secondary education to parents not minding their income levels and other economic burden. The duty of nurturing a child is dependent on the parents. These tallies with the common assertions by sociologist, that education can be an instrument of socialisation which is being taught from home. It is relevant to imagine that parental financial involvement in education can have possible consequences on the academic achievement of children in school.

Parents have for long been known for their vital role in funding schools right from the colonial era especially after the First World War had disturbed funds from missionaries to run schools



(Sekamwa, 2007). Parents' income level is seen as a major basis of their level of involvement in the funding of education. Parents' input in funding not only targets school fees but may also involve students' personal requirements that allow them acquire education easily. Caro (2009) discovered the relationship between parental funding of education and academic achievement as pleasant. The researcher also observed that children of parents who do not sponsor the education of their children seem to be behind children who are adequately sponsored by their parents. This may be reason why students of private schools appear to perform better than students of public schools.

Currently, Secondary education in Kwara state is majorly funded by the state government. The researcher observed that the State allocation to Secondary Schools in Kwara state is always very lean, as this does not boost successful achievement of Secondary education goals in Kwara state. So there is need for schools to generate money so as to fund some School activities though there is a fixed cost that must be paid by the government if we must achieve common access to education. Various institutional financing of secondary education as observed by the researcher include PTA, proceeds from the community involvement, rebate from school vendors, school farm, endowments, fund raising activities, donations, old students associations among others.

This study therefore investigated educational funding as a correlate of students' academic achievement in Kwara State secondary schools. The study specifically examined:

- viii. the relationship between Government funding of education and students' academic achievement;
- ix. the relationship between parental funding of education and students' academic achievement;
- x. the relationship between institutional funding of education and students' academic achievement; and
- xi. the contribution of the sources of educational funding to students' academic achievement.

Research Hypotheses

The following null hypotheses were formulated for this study:

- 8. There is no significant relationship between Government funding of education and students' academic achievement in Kwara State secondary schools.
- 9. There is no significant relationship between parental funding of education and students' academic achievement in Kwara State secondary schools.
- 10. There is no significant relationship between institutional funding of education and students' academic achievement in Kwara State secondary schools.
- 11. Sources of educational funding will not significantly contribute to students' academic achievement in Kwara State secondary schools.

Methodology

The descriptive research design of the survey type was used in this study. The population for this study consisted of 18,109 teachers and students whose results were used in all public secondary schools in Kwara State. The sample for the study consisted of 600 teachers to assess the sources of educational funding and students whose results were used in 60 public secondary schools in Kwara State. The sample was selected using multistage sampling procedure.

An instrument tagged Educational Funding Questionnaire (EFQ) was used to collect relevant data for the study. The second instrument was an Inventory on Senior Secondary School Certificate Examination results. *Section A* of the EFQ sought for background information about the respondents while *Section B* consisted of 30 items. Likert type 4 point rating scale of preference was used as follows: Strongly Agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD). The inventory was used to collect data on students' grades in subjects written at the Senior Secondary School Certificate Examination level in the May/June of 2016/2017, 2017/2018 and 2018/2019 sessions. The same scale



was adopted to classify the results of the students as 5 credits and above including Mathematics and English, 5 credits and above including either Mathematics or English, 5 credits and above without English and Mathematics and Less than 5 credits.

The face and content validity of the instruments were determined by Educational Management and Test and Measurements experts. The instruments were said to have facial relevance and concerned with the subject matter, the instrument claim to measure. The reliability of the Educational Funding Questionnaire (EFQ) was determined through the test re-test method carried out in 2 secondary schools outside the sampled area. A correlation co-efficient value of 0.85 was obtained for EFQ which was considered high enough to make the instrument reliable. The responses obtained were collated and analysed using descriptive statistics of frequency counts, percentages, mean standard deviation and graphs, while the hypotheses postulated were subjected to inferential statistics of Pearson Product Moment Correlation and multiple regression analysis. All the hypotheses were tested at 0.05 level of significance.

Results

Hypothesis 1: There is no significant relationship between Government funding of education and students' academic achievement in Kwara State secondary schools.

Table 1: Relationship between Government funding of education and students' academic achievement

Variables	No of Schools	Mean	Stand Dev	r-cal	p-value
Government Funding	60	23.71	1.74	0.371*	0.014
Students' Academic Achievement	60	3.06	0.19		

*P<0.05

Table 1 showed r-cal (0.371) is significant because the p-value (0.014) is less than 0.05 level of significance. The null hypothesis is rejected. This implies that there is significant relationship between Government funding of education and students' academic achievement in Kwara State secondary schools. Hence, Government funding of education is positively and moderately related to students' academic achievement.

Hypothesis 2: There is no significant relationship between parental funding of education and students' academic achievement in Kwara State secondary schools.

Table 2: Relationship between parental funding of education and students' academic achievement

Variables	No of Schools	Mean	Stand Dev	r-cal	p-value
Parental Funding	60	28.44	1.32	0.602*	0.000
Students' Academic Achievement	60	3.06	0.19		

*P<0.05

Table 2 showed r-cal (0.602) is significant because the p-value (0.000) is less than 0.05 level of significance. The null hypothesis is rejected. This implies that there is significant relationship between parental funding of education and students' academic achievement in Kwara State secondary schools. Hence, parental funding of education is positively and moderately related to students' academic achievement.

Hypothesis 3: There is no significant relationship between institutional funding of education and students' academic achievement in Kwara State secondary schools.

Table 3: Relationship between institutional funding of education and students' academic achievement

Variables	No of Schools	Mean	Stand Dev	r-cal	p-value
Institutional Funding	60	24.08	1.51	0.417*	0.000
Students' Academic Achievement	60	3.06	0.19		

*P<0.05

Table 3 showed r-cal (0.417) is significant because the p-value (0.000) is less than 0.05 level of significance. The null hypothesis is rejected. This implies that there is significant relationship between institutional funding of education and students' academic achievement in Kwara State secondary schools. Hence, institutional funding of education is positively and moderately related to students' academic achievement.

Hypothesis 4: Sources of educational funding will not significantly contribute to students' academic achievement in Kwara State secondary schools.

Table 8: Multiple Regression showing Contribution of sources of educational funding on Students' Academic Achievement

Model	Unstandardized Coefficients		Standardized Coefficients	T	R	R ²	F
	B	Std. Error	Beta				
(Constant)	2.368	.249		9.510			
Government Funding	.018	.005	.362	3.600	0.804	0.646	24.011
Parents Funding	.038	.008	.589	4.750			
Institutional Funding	.025	.006	.461	4.167			

a. Dependent Variable: Students' Academic Achievement

Table 4 indicates that the F-cal value of 24.011 is significant at 0.05 level of significance, the null hypothesis was therefore rejected. Hence, sources of educational funding would significantly contribute to students' academic achievement in Kwara State secondary schools. All the sub-variables such as government funding, parental funding and institutional funding account for 64.6 percent of students' academic achievement (R²= 0.646, p < 0.05).

The result showed that government funding, parents funding and institutional funding of sub-variables of educational funding positively contributed to students' academic achievement with government funding having a beta weight of ($\beta = 0.362$, p < 0.05), parents funding ($\beta = 0.589$, p < 0.05) and institutional funding ($\beta = 0.461$, p < 0.05). The table also shows that parental funding of education is the highest contributor to students' academic achievement while government funding of education is the least contributor to students' academic achievement.

The resulting regression equation is given as:

$$Y = 2.368 + 0.018X_1 + 0.038X_2 + 0.025X_3$$

where:

- Y = Students' Academic Achievement
 X₁ = Government Funding of Education
 X₂ = Parents Funding of Education
 X₃ = Institutional Funding of Education

Discussion

The study revealed a significant relationship between Government funding of education and students' academic achievement in Kwara State secondary schools. The probable reason for this finding could be because of the important role the government plays in funding of secondary education. The research conducted by Gupta and Verhoeven (2001) reveals that the scale and efficiency of government education investment plays a very important role in the process of promoting students' academic achievement. This result is consistent with previous findings of other scholars such as Gupta and Verhoeven (2011) and Jefferson (2005) who all found a positive relationship between government funding of education and students' academic achievement. However, Picus and Robillard (2010) found out that government funding of education has no significant influence on students' achievement. The result indicated that students from schools well-funded by the government will perform well in school. It could be inferred that students' academic achievement will be above average if public schools are well funded by the government.

It was further revealed that there was significant relationship between parental funding of education and students' academic achievement in Kwara State secondary schools. The researcher is of the view that when parents support the financing of education through the support they give their children, students are likely to be motivated to perform academically well. Parents' participation in financing not only focuses on school fees but may also include students' personal requirements that enable them acquire education easily. These may include clothing, note books and proper medication when they fall sick both at home and at school. This finding supports the contention of Sirin (2015), Caro (2009) and Udida, Ukway and Ogodo (2012) who concluded that a significant relationship existed between parent financing of education and students' academic achievement. The implication of this finding is that if parents supplement government financing of secondary education, it will lead to better students' academic achievement.

The study also revealed a significant relationship between institutional funding of education and students' academic achievement in Kwara State secondary schools. The probable reason this finding might be because of the fact that the state government cannot adequately fund the secondary education alone. This result is consistent with previous findings of other scholars such as Caro (2009) and Nwakpa (2007) who all found a positive relationship between institutional funding of education and students' academic achievement. It could be inferred that for secondary school to be well funded, the institution must internally generate fund to support other sources of educational funding.

The study also revealed that sources of educational funding significantly contributed to the students' academic achievement. The three sources acting as predictors had effect on students' academic achievement at varying degrees. Parental funding of education has the highest predictive strength while government funding of education has the least predictive strength on students' academic achievement.

Conclusion

Based on the findings of this study, it is concluded that Government funding, parent funding and institutional funding of education would go a long way to improve students' academic achievement.

Recommendations

Based on the findings of this study, the following recommendations were made.

3. The government should release running grants to schools before the academic session begins.
4. Parents should supplement government funding of secondary education through PTA and provision of needed facilities which could lead to better students' academic achievement.



5. Secondary school administrators should work out means to internally generate funds to augment other sources of educational funding for smooth running of the school.

References

- Caro, D.H. (2009). Socio-economic status and academic achievement trajectories from childhood to adolescence, *Canadian Journal of Education* 32 (3), 558-590.
- Central Bank of Nigeria (2019). Statistical bulletin and information. Available at www.nigeria.gov.ng.
- Gupta, S. & Verhoeven, M. (2011). The Efficiency of Government Expenditure: Experience from Africa. *Journal of Policy Modelling*, 3(1), 79-86
- Hinchliffe K (2002). *Public expenditure on education in Nigeria. Issues, estimates and some implications*. Abuja, Nigeria: World Bank.
- Jefferson, A. L. (2005). Student performance: Is more money the answer? *Journal of Education Finance*, 31(2), 111-124.
- Nwakpa, P. (2007), Educational Financing and Academic Achievement. *PHD thesis of the department of Educational Foundations Ebonyi State University, Abakaliki*.
- Picus, L.O. & Robillard, E. (2010). The collection and use of student level data: implications for school finance research. *Educational Considerations*, 28(1), 26-31.
- Sekamwa J.C (2007). *History and development of education in Uganda*, Kampala: Fountain Publishers Ltd.
- Sirin, S. R. (2015). Socio-economic Status and Academic Achievement: A Meta-analytic Review of Research. *Review of Educational Research*, 75(3), 417-453.
- Udida, L.A. Ukway, J.K. and Ogodo, F.A. (2012). Parental socio-economic background as a determinant of students' academic performance in selected public secondary schools in Calabar Municipal Local Government Area, Cross River State, Nigeria, *Journal of Education and Practice* 3 (16): 129-135.

Cite this article:

Author(s), BABARINDE, SUNDAY EBENEZER, (2020). "Educational Funding as A Correlate of Students' Academic Achievement in Kwara State Secondary Schools ". **Name of the Journal:** Commonwealth Journal of Academic Research, (CJAR.EU), P, 41- 49. DOI: <http://doi.org/10.5281/zenodo.4320021> , SPECIAL ISSUE, Issue: 8, Vol.: 1, Article: 4, Month: November, Year: 2020. Retrieved from <https://www.cjar.eu/all-issues/>

Published by



AND

ThoughtWares Consulting & Multi Services International (TWCMSI)



Awareness of and Barriers to Maternal Health Care Services in Ogun State, Nigeria

AUTHOR(S): SOMADE, Eunice Chinwe (RN, RM, RON, RPHN, B.Sc (Ed),
BNsc, M.Sc. Nursing)

AND

ABARIBE, Chidinma Emeka (RN, BNsc, M.Sc. Nursing)

Abstract

Maternal mortality is preventable if women use health facility for delivery. The study therefore examined the awareness of and barriers to maternal health care services in Ogun State, Nigeria. The descriptive survey research design was used in this study. The population of this study consisted of women residing in Ogun State. Multistage sampling procedure was used to select the sample for the study. A total number of one hundred and forty-two respondents were involved in the study. A self-designed questionnaire was used to collect data for the study. The instrument was subjected to face and content validity. A pilot study was carried outside the sampled location to ensure the reliability of the instrument. The reliability coefficient value of 0.83 was gotten as it was adequate to make the instrument reliable for the study. The data collected were analyzed using descriptive statistics and inferential statistics. The findings of the study revealed that level of awareness of available maternal services is high and women have access to the primary health care centres. The major barriers to utilization of maternal health care service were non availability of modern equipment and cost of maternal health care services. It was recommended among others that Government should encourage women to utilise maternal health care services by providing modern equipment in Primary Health Care (PHC) centres and other hospitals providing maternal health care services.

CJAR

Accepted 25 November 2020

Published 30 November 2020

DOI: 10.5281/zenodo.4320031

Keywords: Awareness, Barriers, Maternal Health Care,



About Author

**Author(s): SOMADE, EUNICE CHINWE (RN, RM, RON, RPHN, B.SC (ED),
BNSC, M.SC. NURSING)**
LAGOS UNIVERSITY TEACHING HOSPITAL,
PRIMARY HEALTH CARE,
IFO, OGUN STATE, NIGERIA

AND

ABARIBE, CHIDINMA EMEKA (RN, BNSC, M.SC. NURSING)
DEPARTMENT OF PUBLIC HEALTH NURSING,
BABCOCK UNIVERSITY, ILISAN-REMO,
OGUN STATE, NIGERIA

Introduction

Globally, 287,000 mothers die yearly as a result of pregnancy and delivery related causes, mostly from developing countries (Bustreo, Say, Koblinsky & Pullum, 2013). Maternal deaths are preventable if women give birth in a health facility. To reduce maternal deaths, providing skilled attendant at birth, with right to use emergency obstetrical service, is an effective method (Gabrysch & Campbell 2011). Several factors are associated with giving birth in a health facility, these includes mother's education, economic status, location of abode and distance to health facility, care during pregnancy, and perceived quality of service which results into high rate of maternal mortality in Nigeria (Karkee & Binns, 2013).

In 2018, WHO (2019) reported that globally, Africa recorded the highest MMR of 449 per 100000 live births. The use of Maternal health care services (MHCS) remain little in sub-Saharan Africa because women in developing countries do not have access to this services, including Nigeria (Babalola & Fatusi, 2017); where only 58% of pregnant women have attended at least one clinic during pregnancy, 39% of births are attended to by a skilled professional, 35% of deliveries take place in a health facility and 43.7% receive postnatal care (National Demographic Health Survey, 2011).

Maternal Health Care Services are planned services provided to care for the health needs of women during pregnancy (ANC), labour (delivery care), and postnatal care (PNC) or puerperal periods so as to reduce illness and deaths (Gabrysch & Campbell, 2011). Maternal healthcare services are very vital since it ensures that both maternal and child mortalities are prevented.

According to World Health Organization (2019), access to health care services is important particularly at the crucial time of birth so as to ensure that delivery is a pleasurable experience. Access to health services is inadequate and most mothers are poor, uneducated or rural dwellers. With the strong positive association that is evident between level of care obtained during pregnancy and the utilisation of health facility for delivery, antenatal care also stands as a key to indirectly reduce maternal mortality.

The researcher observed that some women were not aware of maternal health care services while some women who were aware tendered excuses acting as hindrances to access the service. Ibekwe and Ajaeagbu (2010) stated that many of these PHC centers are not efficient due to lack of kits, essential supplies, qualified workers and frequent stock out. This may have necessitated the choice of orthodox delivery services by pregnant women. Hence the need to examine awareness of and barriers to maternal health care services.

The study examined the awareness of and barriers to maternal health care services in Ogun State, Nigeria. The study specifically examined:

1. the level of awareness of the available maternal health care services;
2. the barriers to utilisation of maternal health care services;
3. the relationship between parity and the awareness of maternal health care services; and
4. the relationship between the level of education of women and their awareness of maternal health care services.

Research Questions

The following research questions were raised to guide the study:

1. What is the level of awareness of the available maternal health care services in Ogun State?
2. What are the barriers to utilisation of maternal health care services in Ogun State?

Research Hypotheses

The following null hypotheses were generated for this study:

1. There is no significant relationship between parity and the awareness of maternal health care services.
2. There is no significant relationship between the level of education of women and their awareness of maternal health care services.

Methodology

The descriptive survey research design was used in this study. The population of this study consisted of women residing in Ogun State. Multistage sampling procedure was used to select the sample for the study. A total number of one hundred and forty-two respondents were involved in the study.

A self-designed questionnaire was used to collect data for the study. The instrument consisted of three sections namely Section A, B and C. Section A sought for the respondents socio-demographic data while Section B consisted of items on awareness of maternal health care services and Section C consisted of items on barriers to utilisation of maternal health care services. The instrument was validated by finding the validity and reliability.

To ensure that the instrument is valid, it was subjected to face and content validity. The instrument was subjected to comprehensive screening by experts in Nursing Science. In so doing, all irrelevances and ambiguous items in the instrument were eliminated. A pilot study was carried outside the sampled location to ensure the reliability of the instrument. The internal consistency of the instrument was ensured by subjecting the data collected to a statistical test using Cronbach alpha analysis. It yielded reliability co-efficient value of 0.83 as this was adequate to make the instrument reliable for the study.

The questionnaire administered was distributed and then collected for analysis which was done electronically using Statistical package for social sciences (SPSS) 21st edition. The data collected were analyzed using descriptive statistics and inferential statistics. The descriptive statistics took care of the research questions while the hypotheses were subjected to inferential statistics and tested using Pearson's Product Moment Correlation at 0.05 level of significance.

Results

Research Question 1: What is the level of awareness of the available maternal health care services in Ogun State?

Table 1: Level of awareness of the available maternal health care services

	Frequency	N=142	Percentage
Have you heard of Maternal Health Service before			
No		13	9.2
Yes		129	90.8
What is your initial source of information			
None		14	9.9
Hospital		82	57.7
School		10	7.0
Mass media		10	7.0
Friends/Family		25	17.6
Others		1	.7
Do you know the type of services that are rendered at maternal health care center			
No		23	16.2
Yes		119	83.8
Antenatal Care (ANC)			
Not aware		21	14.8
Slightly Aware		21	14.8
Highly Aware		100	70.4
Delivery Care			
Not aware		24	16.9

Slightly Aware	25	17.6
Highly Aware	93	65.5
Postnatal Care (PNC)		
Not aware	56	39.4
Slightly Aware	30	21.1
Highly Aware	56	39.4
Immunization		
Not aware	19	13.4
Slightly Aware	26	18.3
Highly Aware	97	68.3
Family Planning		
Not aware	31	21.8
Slightly Aware	41	28.9
Highly Aware	70	49.3

Source: Field survey 2020

From the level of awareness of the available maternal health care services in table 1, for have you heard of maternal health service before; the respondents that said yes were 129 (90.8%) while no were 13(9.2%) respondents. Meanwhile for what is your initial source of information; 14(9.9%) had no source of information, 82(57.7%) heard from hospital, 10(7.0%) heard from school, 10(7.0%) heard from mass media, 25(17.6%) heard from Friends/Family while 1(0.7%) respondents heard it from other sources. Moreover, for do you know the type of services that are rendered at maternal health care center; the respondent that said no were 23(16.2%) while yes were 119(83.8%).

Whereas for antenatal care (ANC); 21(14.8%) were not aware, 21(14.8%) were slightly aware while 100(70.4%) of the respondents were highly aware. And for delivery care; 24(16.9%) were not aware, 25(17.6%) were slightly aware while 93(65.5%) of the respondents were highly aware. Also for postnatal care (PNC); 56(39.4%) were not aware, 30(21.1%) were slightly aware while 56(39.4%) of the respondents were highly aware. For immunization; 19(13.4%) were not aware, 26(18.3%) were slightly aware while 97(68.3%) of the respondents were highly aware. For family planning; 31(21.8%) were not aware, 41(28.9%) were slightly aware while 70(49.3%) of the respondents were highly aware.

In conclusion, the level of awareness of available maternal health care services is high. While some of them heard it from other sources, majority of them heard it from hospital. As for the services rendered, few were not aware of the postnatal care (PNC) services rendered.

Research Question 2: What are the barriers to utilisation of maternal health care services in Ogun State?

Table 2: Barriers to utilization of maternal health care services

	YES	NO
Do you encounter any form of barrier in making use of maternal health care service	94(66.2%)	48(33.8%)
Barriers to utilization maternal health care		
	Agree	Disagree
Work attitude of health care providers	66(46.5%)	76(53.5%)
Availability of modern equipment	76(53.5%)	66(46.5%)
Distance of Maternal Health Care Center to home	51(35.9%)	91(64.1%)
Lack of knowledge about the existing service	32(22.5%)	110(77.5%)
Language barrier	45(31.7%)	97(68.3%)
Schedule of maternal health care service	68(47.9%)	74(52.1%)
Lack of money for maternal health care services	50(35.2%)	92(64.8%)
Maternal health care services are free	33(23.2%)	109(76.8%)

Cultural acceptance, husband acceptance of the service rendered 66(46.5%) 76(53.5%)

Source: Field survey 2020

From the barriers to utilization of maternal health care service in table 2, for do you encounter any form of barrier in making use of maternal health care service; the respondent that said yes were 94(66.2%) while 48(33.8%) said no. Meanwhile for work attitude of health care providers; 38(26.8%), strongly agreed, 28(19.0%) agreed, 22(15.5%) disagreed, while 54(38.0%) strongly disagreed. Moreover, for availability of modern equipment; 41(28.9%) strongly agreed, 35(24.6%) agreed, 14(9.9%) disagreed, while 52(36.6%) strongly disagreed.

Also for distance of Maternal Health Care Center to home; 23(16.2%) Strongly agreed, 28(19.7%), agreed 28(19.7%) disagreed while 63(44.4%) strongly disagreed. And for lack of knowledge about the existing service; 13(9.2%) strongly agreed, 19(13.4%) agreed, 33(23.2%) disagreed, while 77(54.2%) strongly disagreed. For language barrier; 21(14.8%) strongly agreed, 24(16.9%) agreed, 33(23.2%) disagreed, while 64(45.1%) strongly disagreed. Moreover, for schedule of maternal health care service; 25(17.6%) strongly agreed, 43(30.3%) agreed, 14(9.9%) disagreed, while 60(42.3%) strongly disagreed. And for lack of money for maternal health care services; 22(15.5%) strongly agreed, 28(19.7%) agreed, 31(21.8%) disagreed, while 61(43.0%) strongly disagreed.

For maternal health care services are free; 18(12.7%) strongly agreed, 15(10.6%) agreed, 25(17.6%) disagreed, while 84(59.2%) strongly disagreed. Whereas for cultural acceptance, husband acceptance of the service rendered; 33(23.2%) strongly agreed, 30(21.1%) agreed, 19(9.2%) disagreed, while 66(46.5%) strongly disagreed. From the above it was revealed that the major barriers to utilization of maternal health care service were: Non availability of modern equipment and cost of maternal health care services.

Testing of Hypotheses

Hypothesis 1: There is no significant relationship between parity and the awareness of maternal health care services.

Table 3: Relationship between parity and awareness of maternal health care services

		Awareness
Parity	Pearson Correlation	.017
	Sig. (2-tailed)	.838
	N	142

As shown in the table 3 below, the correlation result between parity and awareness of maternal health care services showed that there is no correlation between parity and awareness of maternal health care services with p-value (0.838) greater than 0.05 and the R-value calculated (0.017). Therefore, the null hypothesis was accepted. Hence, there was no significant relationship between parity and the awareness of maternal health care services.

Hypothesis 2: There is no significant relationship between the level of education of women and their awareness of maternal health care services.

Table 4: Relationship between the level of education of the women and their awareness of maternal health care services

		Educational Level
Level of Awareness	Pearson Correlation	.281**
	Sig. (2-tailed)	.001
	N	142

** . Correlation is significant at the 0.01 level (2-tailed).

As shown in the table 4 above, the correlation result between level of education of the women and their awareness of maternal health care services shows that there is correlation between level of education of the women and their awareness of maternal health care services with p-value (0.001) less than 0.05 and the R-value calculated (0.281). The null hypothesis was rejected; hence, there was significant relationship between level of education of the women and their awareness of maternal health care services.

Discussion

The result showed that the level of awareness of maternal health services is high and women were highly aware of the available maternal health care services. Majority of the respondents heard it from hospital but few were not aware of the postnatal care (PNC) services rendered. This is similar to study carried out by Fawole (2011) where mothers reported that CHEWs (community health extension worker) and community health agents informed them of the existence of PNC (postnatal care services). However, those who knew about the services did not have adequate information on when post-natal clinics are offered, or for whom. Most mothers assumed that the services rendered at the primary health care center were only for children and for vaccination 45 days after birth. According to World Health Organisation (2019), the postnatal period begins immediately after birth and last six weeks.

The study also showed that the major barriers to utilization of maternal health care service are: Non availability of modern equipment and cost of maternal health care services. According to Ibekwe and Ajaegbu (2010), they suggested that it is due to brain-drain and shortage of health workers, as well as ill-equipped health facilities. Free maternal health care (MHC) by skilled birth attendant (SBA) can only be accessed at the primary healthcare centers (PHC) and secondary health facilities.

The study further revealed that there was no significant relationship between parity and awareness of maternal health care services. According to the study conducted by Raj, Lyons, Skinner and Teijlingen (2012) regarding parity, it is generally argued that those who have more than three living children tend to believe that they are more aware of maternal and reproductive health issues; as such they utilize maternal health services less frequently as compared to those who have had less than three children.

The study however revealed that there was significant relationship between level of education of the women and their awareness of maternal health care services. This is similar to result from the study carried out by Singh (2014) as they found that level of education of respondents and their level of awareness of antenatal care services as well as the utilization of the services was found to be statistically significant. This is quite true as peoples' decisions most of the time are influenced by their level of education as highly educated childbearing women for example will patronize the best health institution based on their informed minds and perhaps affordability of the service. This is also because the highly educated respondents are likely to earn more to afford even the service cost of the institutions of their choice.

Conclusion

The study concluded that level of awareness of available maternal services is high and women have access to the primary health care centres. The major barriers to utilization of maternal health care service were non availability of modern equipment and cost of maternal health care services. In addition, there was no relationship between parity and awareness of maternal health care services but level of education of the women influenced their awareness of maternal health care services.

Recommendations

Based on the findings of this study, the following recommendations were made.

1. Government should encourage women to utilise maternal health care services by providing modern equipment in Primary Health Care (PHC) centres and other hospitals providing maternal health care services.
2. There is need for women to be well educated on utilization of maternal health care services for their antenatal care, delivery, postnatal care, family planning and immunization.
3. The government should reduce the cost of maternal health care to bearest minimum and if possible some maternal health care services should be provided free of charge so as to encourage women to utilize maternal health care services.

References

- Babalola, S. & Fatusi, A. (2017). Determinants of use of maternal health services in Nigeria—looking beyond individual and household factors. *BMC Pregnancy Childbirth*, 17(1), 43 – 53.
- Bustreo, F., Say, L., Koblinsky, M. & Pullum, T.W. (2013): Ending preventable maternal deaths: the time is now. *Lancet Glob Health*, 7(1), e176
- Fawole A. O. (2011). Determinants of perinatal mortality in Nigeria. *Int J Gynecol obstetric*, 114(1), 37-42.
- Gabrysch, S. & Campbell, O.M. (2011). The influence of distance and level of care on delivery place in rural Zambia: a study of linked national data in a geographic information system. *PLoS Med*, 8(1), e1000394.
- Ibekwe, P.C. & Ajaegbu, O.O. (2010). Healthcare problems in developing countries. *Med Pract Rev*, 1(1), 9–17.
- Karkee, R. & Binns, C.W. (2013). Determinants of facility delivery after implementation of safer mother programme in Nepal: a prospective cohort study. *BMC Pregnancy Childbirth*, 13(1), 193 – 198.
- Nigeria Demographic and Health Survey (2011). Preliminary report. National Population Commission. Federal Republic of Nigeria, Abuja, Nigeria May 2012.
- Raj, B.Y., Lyons, K., Skinner, J. & Teijlingen ER. (2012) maternal health services utilisation in Nepal: Progress in the new millennium? *Health Science Journal*, 6(4), 618–633
- Singh, P.K. (2014). Factors associated with maternal health care services utilisation in nine high focus states in India: a multilevel analysis based on 14385 communities in 292 districts. *Health policy plan*, 29(5), 542- 559
- World Health Organization (2019). *Companion of Choice during Labour and Childbirth for Improved Quality of Care*. Geneva: WHO.

Cite this article:

Author(s), SOMADE, Eunice Chinwe (RN, RM, RON, RPHN, B.Sc (Ed), BNSc, M.Sc. Nursing), ABARIBE, Chidinma Emeka (RN, BNsc, M.Sc. Nursing), (2020). "Awareness of and Barriers to Maternal Health Care Services in Ogun State, Nigeria". **Name of the Journal:** Commonwealth Journal of Academic Research, (CJAR.EU), P, 50- 58. DOI: <http://doi.org/10.5281/zenodo.4320031>, SPECIAL ISSUE, Issue: 8, Vol.: 1, Article: 5, Month: November, Year: 2020. Retrieved from <https://www.cjar.eu/all-issues/>

Published by



AND

ThoughtWares Consulting & Multi Services International (TWCMSI)



Commonwealth Journal of Academic Research (CJAR)

ISSN: 2708-4841 (Online) & 2708-7042 (Print)



CJAR

An Initiative of
ThoughtWares Consulting & Multi
Services International(TWCMSI)

Special issue

Issue: 8
Volume: 1
November: 2020

Website: www.cjar.eu
Email: editor.cjar@gmail.com
special.cjar@gmail.com

Indexed and affiliated with organizations:



... (+) Many other organisations

Commonwealth Journal of Academic Research (CJAR.EU)

Email: editor.cjar@gmail.com editor@cjar.eu Website: cjar.eu

CJAR.EU SPECIAL ISSUE
NOVEMBER 2020

*Thank you for reading & visiting
CJAR.EU Journal.*

THE END



Commonwealth Journal of Academic Research(CJAR)

Special Issue on Multidisciplinary Social Sciences, Science, Engineering and Business

Issue: 8, Volume: 1, November: 2020

ISSN: 2708-4841 (Online) & 2708-7042 (Print)

Website: www.cjar.eu
E-mail: editor.cjar@gmail.com



