

The study investigated the predictors of women's perception of intra partum care in a secondary health facility in Calabar Metropolis. Four research questions and one hypothesis guided the study.

The study adopted a descriptive survey design. Simple random sampling technique was used to select age and women's perception with x

in Ghana [9]. Findings showed that 143 out of 183 nursing mothers claimed that the intra-partum care had to do with all the nursing intervention and care employed by midwives in order to ensure that pregnant women deliver their children successfully. More than half (62.4%) of the participants claimed that labour pains management through medical and nursing care strategies is one of the ways by which midwives deliver quality intra-partum care. Few of the participants (31.8%) acknowledged that the use of anaesthesia was part of intra-partum care practices that ensured safe delivery.

In a study on knowledge and attitude of women toward focused ANC in Cross Rivers State, ndings showed that 81.2% of clients had adequate knowledge of intra-partum care [10]. us, this knowledge translated to their willingness and acceptance rate of intra-partum care from traditional birth attendance. Lundgren, investigated maternal satisfaction and pain control in women selecting natural childbirth [9]. It was discovered that many women who choose natural childbirth for labour ultimately requested epidural analgesia to control labour pain as an intra-partum care strategy. Findings from the study showed that 117 out of 183 nursing mothers had adequate knowledge of intrapartum care. e intra-partum care that were known to these women were: Monitoring of uterine contractions by nurses, determination of fetal position by abdominal palpation, monitoring of contractions by palpation, monitoring of fetal heart rate, monitoring of amniotic uid and management of labour pain.

Attitude of health care workers and women's perception of intra-partum care: In a randomized study about promoting childbirth companions in South Africa Brown et al., it was reported that most pregnant women claimed that health care workers with negative attitudes always make them perceive intra-partum care to be a fear-lled experience with lots of negative consequences, psychologically and physically [7]. Statistically, it was proven that a signi cant correlation existed between the attitude of health care workers and the perception of intra-partum care among pregnant women. In another study on factors in uencing rising maternal mortality rates in China between 1998 and 2008, results showed that there was a signi cant relationship between attitude of healthcare workers and women's perception of intra-partum care in their study [7]. It was discovered that pregnant women tend to perceive intra-partum care to be very e ective and less painful whenever they are delivered by health care workers with positive attitude. Ojong et al., reported that although perception of intra-partum care was good among women, the kind of attitude skillful midwives/nurses portray before pregnant determined the kind of perception of intra-partum care that may exist among pregnant women [10]. In a study on FANC in South East Nigeria posited that the perception of intra-partum care among pregnant women was basically determined by the attitude of health care workers who are in charge of caring for them [11]. stated that the more nice and kind health care workers are to pregnant women, the more positive pregnant women become satis ed about the process of child birth and the quality of care they are receiving during child birth.

Educational status and women's perception of intra-partum care: In their study on factors in uencing rising maternal mortality rates in China between 1998 and 2008 opined that acceptance of intra-partum care from the hands of medical professional was higher among the educated women than women with low educational status [7,12]. Also opined that clients with higher educational level had a good perception of intra-partum care than those with just secondary educational level.

is also agrees with Omah, who investigated the relationship between formal education and the perception of intra-partum care among

pregnant women in Nigeria [13]. He found out that formal education was signi cantly correlated to perception and attitude pregnant women have concerning intra-partum. Study in Nigeria, stated that among the Yoruba women, age, misery, anger, misconception and anxiety were some factors associated with women's perception of intra-partum care [14]. In support of the above, Ojong et al., ndings showed that 81.2% of client would only accept intra-partum care from traditional birth attendance and perception was in uenced by negative impact of cultural factors [10]. ese factors included their traditional beliefs that TBAs were more experienced and caring in delivering intra-partum care. Statistically, a relationship between the age of pregnant women and their perception of intra-partum care.

Target population

e target population consisted of all the women of child bearing age attending antenatal clinic in the secondary health facility within the period of the research from January 2019-March 2019. ese were all the women who were either nursing mothers or mothers of at least one who were found in General Hospital. is summed up to 312.

Accessible population

e accessible population was made up of women found in postnatal ward who had registered with the Antenatal Clinic of General Hospital. ese summed up to 175.

Sample and sampling technique

Simple random sampling technique was used to select the respondents while the sample size was calculated using Taro Yamane's sample size formula as shown below. Target population was 312 and the sample size is 175.

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

Instrument for data collection

A self-developed validated questionnaire was used to elicit data from the respondents. e instrument was divided into ve (5) sections. Section A sought information on respondents socio demographic data, Section B is on women perception on intra-partum care, Section C is women's knowledge on intra-partum care, Section D attitude of healthcare workers on women's perception of intra-partum care, Section E is on educational status and women's perception on intra-partum care.

Validity of instrument

Face validity and content validity of the research instrument was estabooorkers

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Islam	3	1.7
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Socio-demographic data of respondents (n=175).

Research question one

What are women's perception (opinion) toward intra-partum care in secondary health facility in, Calabar? (Table 2).

By application of weighted mean scores, results in Table 2 showed that 90 (51.4%) respondents with individual mean scores that were 5.2 were considered to possess positive perception of intra-partum care. Also, 85 (48.6%) respondents with individual mean scores that were <5.2 were considered to possess negative perception of intra-partum care.

Research question two

How does the knowledge on intra-partum in uence women's perception of intra-partum care in secondary health facility in, Calabar? (Table 3).

e results in Table 3 showed that 136 (77.7%) pregnant women's with mean scores 9 were considered to have good knowledge with positive perception of intra-partum care while 39 (22.3%) pregnant women's with mean scores <5 were considered to have poor knowledge with poor perception of intra-partum care.

Research question three

How does attitude of health care workers a ects women's perception of intra-partum care in secondary health facility in Calabar Metropolis? (Table 4).

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Negative	<5.2	ÌÍÁÇIÌÈÎD

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Good	-Á9	136 (77.7)
Poor	<5	HJÁÇGGÈHD

Knowledge on intra-partum and women's perception of intra-partum care (n=175).

Classif cation of level of attitude		
Positive attitude	⁻Á6.7	F€ÏÁÇÎFÈFD
Negative attitude	<6.7	î ÌÁÇHÌĖJD

Attitude of health care workers and women's perception of intra-partum care (n=175).

Consequently, by application of weighted mean scores, results in Table 4 showed that the attitude of health workers had a 61.1% positive in uence on 107 pregnant women's perception of intra-partum care while it had a 38.9% negative in uence on 68 pregnant women's perception of intra-partum care.

Research question four

What is the in uence of educational status on women's perception of intra-partum care in secondary health facility in Calabar? (Table 5).

e above results on educational attainment and women's perception of intra partum care revealed that, majority of the women 40 (22.9) with tertiary education had positive perception. While most women 44 (25.2) with secondary education had negative perception towards intra partum care. One would expect the women with primary education to have negative perception but reverse is the case in this result.

Hypothesis one

Table 6 shows that the X^2 calculated of 23.82 was greater than the X^2 critical of 11.07 with 5 degrees of freedom and P-value of 0.025. is implies that the null hypothesis is rejected and the alternative is upheld. erefore, there is a signi cant relationship between age and women perception of intra-partum care in Secondary health facility in Calabar.

Discussion

Research question one

From the ndings in this study, it was revealed that majority of the respondents'possessed positive perception of intra-partum care while few of them possessed negative perception of intra-partum care. is was as a result of most of them disagreeing that quality intra-partum care is not only for women who have been to tertiary institutions, not only for women who understand english and not for only women with secondary school certicates. ending is in line with the observations of Brown et al., where many women had positive perceptions about intra-partum care [7]. e above ndings also support the study of Lundgren, who reported that there was high level of positive perception toward intra-partum care among nursing mothers [9].

Research question two

From the ndings in this study, it was revealed that the majority of the pregnant women had good knowledge of intra-partum care with positive perception of intra-partum care due to health education given during care of labour, pregnant women's knowledge of nurses monitoring of their uterine contraction, labour pain management via massage of women's waist during labour and receiving of pain relief drugs. e ndings is in line with Lundgren study on maternal satisfaction and pain control in women electing natural childbirth which many women with good knowledge of intra-partum care choose natural childbirth for labour ultimately as long as epidural analgesia were used to control labour pain as an intra-partum care strategy [9]. is nding revealed that knowledge was the key to positive perception.

Research question three

In assessing how the attitude of health care workers a ects women's perception of intra-partum care in the facility, the ndings revealed that majority of the pregnant women stated that they refused intra-partum care from abusive nurses, impatient health care workers and aggressive nurses give them wrong impressions of intra-partum care, kind nurses make them have con dent in the e cacy of intra-partum care and nurses' lateness to work gives pregnant women a wrong impression of intra-partum care. e above ndings is supported by Ojong et al., who discovered that the kind of attitude skillful midwives/nurses portray before pregnant determined the kind of perception of intra-partum care that may exist among pregnant women [10]. is agrees with the study of Naithani, who reported pregnant women's perception of intra-partum care was basically determined by the attitude of health care workers who are in charge of caring for them [12].

Research question four

From the ndings in this study, it was revealed that educational status had low in uence on the perception of intra-partum care of most of the respondents with primary education, moderate in uence on the perception of intra-partum care of few respondents with secondary education, high in uence on the perception of intra-partum care of few respondents with tertiary education. is was as a result of most of them disagreeing that quality intra-partum care is not only for women who have been to tertiary institutions, not only for women who understand English and not for only women with secondary school certi cates.

e nding is in line with the observations of Omah, in their study that formal education was signi cantly correlated to perception and attitude pregnant women have concerning intra-partum [13]. e above ndings also support the study of Ojong et al., who reported that clients with higher educational level had a good perception of intra-

partum care than those with just secondary educational level [11].

Hypothesis

e result of hypothesis one revealed a statistical signi cant relationship between age and women's perception of intra-partum care in the facility. e above result was supported by WHO, who reported in their work that a relationship between the age of pregnant women and their perception of intra-partum care [15]. is nding is in line with the ndings of Yoruba, who reported that age, was one of the factors in uencing women's perception of intra-partum care [14].

Limitation

e limitation of the study was the lackadaisical attitude of the respondents towards their responses on questionnaires item, this was overcome by explaining to the women that their responses will only be used for research purposes and to enhance quality care.

Conclusion and Recommendations

Conclusion

With the results obtained from the study, it revealed that the pregnant women with positive perception of intra-partum care also had good knowledge of it. Also in socio demographic variables, age in uenced pregnant women's perception of intra-partum care in the facility. us, it was concluded that sensitization of pregnant women on intra-partum care should be carried out in antenatal clinics found in both rural and urban areas.

Recommendations

- e hospital should de ne the universal norms of what the pregnant women should expect from their facility during the intra-partum period.
- e government should strengthen the referral system and antenatal care o ered at the health centres to enable the mothers reach health facilities in time.

References

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