KNOWLEDGE, ATTITUDE, AND PRACTICE OF LABOUR ANALGESIA AMONG HEALTH CARE WORKERS IN THE AHMADU BELLO UNIVERSITY DISTANCE LEARNING PROGRAMME (ABUDLP)

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Abstract

Labour is a physiologically painful process, and the World Health Organization recommends that all women in labour should have access to effective pain relief as part of respectful maternity care. However, the use of labour analgesia remains suboptimal in many low- and middle-income countries, including Nigeria. The main objective is to assess the knowledge, attitude, and practice of labour analgesia among healthcare workers enrolled in the Ahmadu Bello University Distance Learning Programme (ABUDLP) in public health. A cross-sectional study was conducted among 84 healthcare workers undergoing postgraduate training. A structured questionnaire was used to collect data on socio-demographic characteristics, knowledge, attitude, and practice (KAP) of labour analgesia. Data were analysed using descriptive statistics. Frequencies and percentages were used to summarize categorical variables. The mean age of participants was 34 years, and 75% were female. Nurses constituted 44% of respondents, and 63% had over five years of work experience. The majority (81%) had poor knowledge of labour analgesia, while 88.1% had a positive attitude. However, only 8.3% demonstrated good practice. The most reported barriers to labour analgesia use were lack of awareness among parturients (53.7%) and extra cost (47.2%). Despite the high proportion of healthcare workers with a positive attitude toward labour analgesia, there is a significant gap in knowledge and practice. Addressing this discrepancy through targeted education, policy support, and institutional guidelines is essential to improve the uptake and use of labour analgesia in Nigeria.

Keywords: Labour analgesia, Knowledge, Attitude, Practice, Healthcare workers, Nigeria, Pain relief in labour

Introduction

Labour is a physiologically painful process that significantly contributes to the overall birth experience. Pain management during labour is a critical aspect of maternal care, yet it remains underutilised in many healthcare settings, particularly in low- and middle-income countries.[1]

Labour pain ought to be managed because it could present with both physical and mental impact on maternal health.[21] The World Health Organization (2018) also emphasizes the importance of pain relief options during labour, but this is not the case in developing countries like Nigeria whom healthcare system have not fully integrated labour analgesia and women are left to go through labour pain without analgesia or any form of pain management. Studies have

suggested that factors like awareness, culture, acceptability and availability of analgesia could be related to the lack of usage of the analgesia while another study stated that health care workers in Nigeria prioritises safety over comfort and since they are not fully aware of the safety of analgesia during labour on the mother and child, they shy away from practicing it, leaving women to struggle through one of the worse form of pain alongside its complications.[4]

Despite advancements in labour analgesia techniques, misconceptions, inadequate training, and institutional barriers often hinder its effective implementation. Understanding the knowledge, attitudes, and practices (KAP) of healthcare professionals involved in maternal care is crucial for improving pain relief options for women in labour.[4]

The World Health Organization recommends that all women in labour should have access to effective pain relief, which is an essential component of respectful maternity care.[1] Despite increasing global advocacy for pain relief in labour, many women in low- and middle-income countries, including Nigeria, still undergo childbirth without effective analgesia.[2-4] Studies have shown that although methods of pain relief during labour are available, their use remains suboptimal in many settings.[5]

The underutilization of labour analgesia has been attributed to multiple factors, including poor knowledge, negative attitudes, and misconceptions among both healthcare providers and parturients.[6-9] Healthcare workers' knowledge and attitudes play a pivotal role in shaping practice, as they are the ones who offer and administer analgesia during labour.[6] In Nigeria, studies have shown gaps in knowledge and varying levels of awareness and use of labour analgesia among healthcare workers.[4-6,10]

The theory of planned behaviour proposes that an individual's behaviour is driven by behavioural intentions where knowledge and attitude are major determinants.[11] This theory has been used to assess the relationship between knowledge, attitude, and practice in various healthcare domains, including pain management.[6,12] Understanding the knowledge, attitude, and practice (KAP) of healthcare workers on labour analgesia is therefore crucial to improving its utilization, especially in low-resource settings.[6,12]

By assessing the KAP of ABUDLP MPH students on labour analgesia, this study will contribute to bridging the knowledge gap, promoting evidence-based practice, and ultimately improving maternal healthcare services in Nigeria and beyond. The findings will also guide policy recommendations for integrating labour analgesia training into public health and maternal care curricula.

This study aimed to assess the knowledge, attitude, and practice of labour analgesia among healthcare workers in the Ahmadu Bello University Distance Learning Programme (ABUDLP), who are currently undergoing postgraduate training in public health.

Methodology

Study design

This was a descriptive cross-sectional study conducted to assess the knowledge, attitude, and practice of labour analgesia among healthcare workers enrolled in the Ahmadu Bello University Distance Learning Programme (ABUDLP).

Study Population

The study population comprised healthcare workers (doctors, nurses, and midwives) undergoing postgraduate training in public health under the ABUDLP.

Sample Size

A total of 84 participants were recruited using a convenient sampling technique.

Ethical Consideration

Permission for the study was obtain from Ethical and Research committee of the Jos University Teaching Hospital and Histopathological Department of the same institution

Sample Collection

Data were collected using a structured self-administered questionnaire. The questionnaire consisted of sections assessing socio-demographic characteristics, knowledge, attitude, and practice regarding labour analgesia.

Data Analysis

Collected data were entered and analysed using Statistical Package for the Social Sciences (SPSS) version 25. Descriptive statistics such as frequencies and percentages were used to summarize categorical variables. Results were presented in tables and charts.

Results

Table 1a

Socio-demographic Characteristics of Participants

Table 1a shows the age of the respondents to be 34yrs on average, 75% were females. Nurses had a higher response rate of 44%, with 63% of respondents having more than 5yrs working experience.

Characteristics	Frequency	Percentage
Gender		
Female	63	75
Male	21	25

Age (years)		
21 – 30	32	38.1
31 – 40	34	40.5
41 – 50	16	19
>51	2	2.4
Mean Age: 34 SD: 7yrs		
Cadre		
Doctor	30	35.7
Nurse	37	44
Nurse-Midwife	17	20.2
Years of experience		
>5	53	63.1
3-5	27	32.1
0-2	4	4.8

Figure 1: *Knowledge of health care workers on labour analgesia*
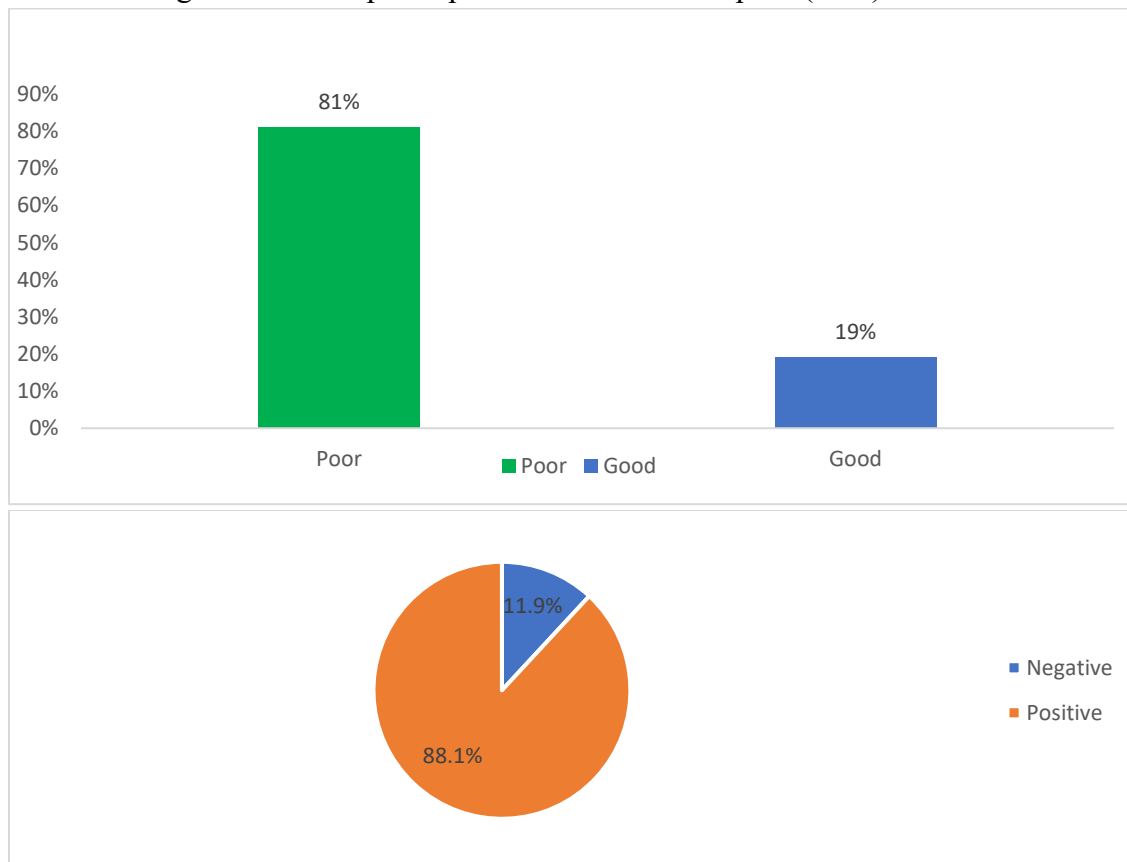The knowledge level of the participants was found to be poor (81%).

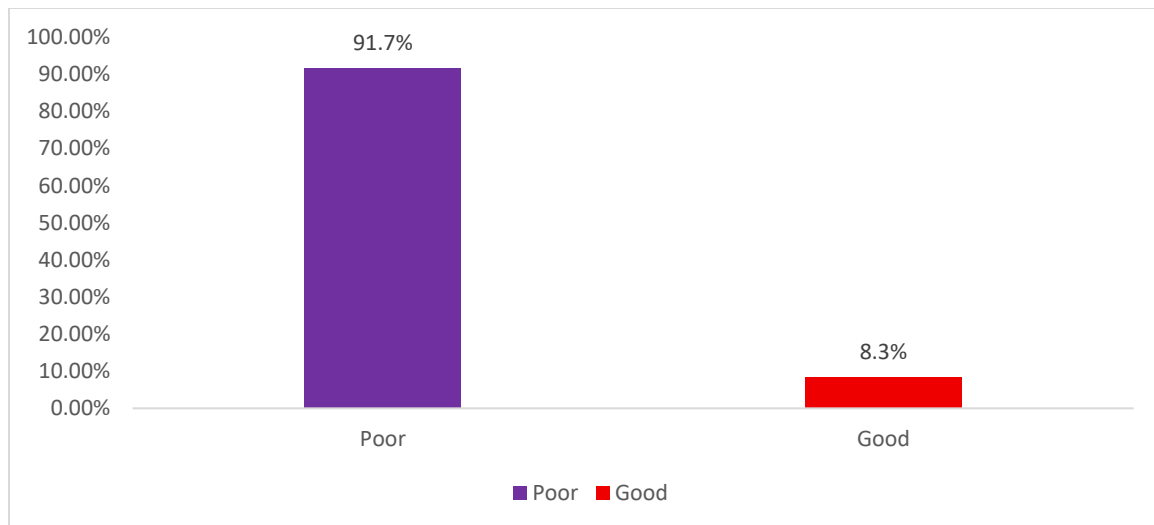**Figure 2: Attitude of health care workers on labour analgesia**

Figure 3: *Practice of analgesia among health care workers*

Table 2
Challenges that mitigates the use of labour analgesia

Challenges	Frequency	Percent
Lack of awareness among parturient	66	53.7
Extra cost	58	47.2
Unavailability of anaesthetist	37	30.1
Lack of resources	39	31.7
Lack of dedicated manpower	38	30.9
Parturient fear of harm to baby	36	29.3
Need for additional monitoring	40	32.5
Contraindications	27	22
None	3	2.4

Discussion

The present study aimed to assess the knowledge, attitude, and practice (KAP) of labour analgesia among healthcare workers enrolled in the Ahmadu Bello University Distance Learning Programme (ABUDLP). The findings revealed critical gaps in knowledge and practice, despite a generally positive attitude towards labour analgesia.

A significant majority (81%) of participants demonstrated poor knowledge of labour analgesia. This aligns with a study conducted in Ethiopia by Solomon et al which also reported suboptimal knowledge among healthcare providers.[6] However, this finding contrasts with several recent Nigerian studies that have documented relatively higher levels of knowledge among health professionals.[4-6,10] The divergence may stem from differences in study populations; while previous Nigerian studies often focused on healthcare workers from similar or the same institutions, our study targeted participants from diverse and randomly distributed facilities, potentially affecting the uniformity and depth of training received.

Despite the observed knowledge deficit, the majority of respondents (88.1%) held a positive attitude towards the use of labour analgesia. This is consistent with the findings of Akunaeziri et al which emphasized favorable perceptions among Nigerian healthcare workers.[4] The theory of planned behaviour suggests that while positive attitudes are foundational to behavioural change, they may not always translate into practice, especially when constrained by structural or informational barriers.[11]

Indeed, the results of this study showed a stark disparity between attitude and actual practice. Only 8.3% of respondents reported good practice in administering labour analgesia, a figure that mirrors outcomes from similar Nigerian studies.[4,10]. The low practice rate may be a reflection of the poor knowledge observed, as healthcare providers are generally less inclined to implement interventions they do not fully understand. Additionally, the absence of institutional guidelines, such as those from the Society of Gynaecology and Obstetrics of Nigeria (SGON), may contribute to practitioners' hesitancy. This notion is supported by findings from Uganda, where Mugambe et al. highlighted the lack of clinical protocols as a major barrier to effective implementation.[13]

Several challenges to the utilization of labour analgesia were identified. Chief among them was the lack of awareness among parturients (53.7%), followed by concerns over extra cost (47.2%) and the unavailability of anaesthetists (30.1%). These findings resonate with previous studies by Azeze Gido and Vijapurkar who similarly documented demand-side and supply-side factors limiting uptake.[14-16] The results underscore the importance of community education, resource allocation, and institutional support to foster better implementation of labour analgesia in low-resource settings.

In conclusion, this study highlights critical gaps in knowledge and practice of labour analgesia among public health trainees in Nigeria, despite generally favorable attitudes. Addressing these gaps through policy reforms, guideline development, and targeted education may improve maternal comfort and outcomes during childbirth.

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