ISSN No:-2456-2165 https://doi.org/10.38124/ijisrt/25jul868

An Investigation into Primary Healthcare Workers' Awareness and Practical Application of the Partograph in Ilorin Metropolis, Kwara State, Nigeria

Dauda, Musa Kwanchi[1]; Patricia Peter[2]; Mal. Sale Mohammed[3]

[1,2]Department of Community Health Science, College of Pure and Applied Science, School of Allied Health and Environmental Science, Kwara State University, Malete, Nigeria.

[3]Department of Community Health Science, Taraba State College of Health Technology, Takum, Nigeria.

Publication Date: 2025/07/22

Abstract: Maternal mortality continues to be a significant global health issue, with many women dying each year due to pregnancy and childbirth complications. Nigeria ranks among the nations with the highest maternal and child death rates, with a maternal mortality ratio of 540 per 100,000 live births and a child mortality rate of 21 per 1,000 live births. To address these challenges, the World Health Organization (WHO) promotes the use of the partograph a labor-monitoring tool aimed at improving maternal and neonatal outcomes. Despite this recommendation, the presence of skilled birth attendants in Nigeria remains limited. This study explores how well primary healthcare workers in Ilorin Metropolis, Kwara State, are informed about and apply the partograph in their practice. The research specifically assesses knowledge levels, identifies barriers to usage, and evaluates influencing factors. Guided by Patricia Benner's nursing practice model, a descriptive and quantitative approach was employed. Data were gathered through structured questionnaires from 154 respondents and analyzed using SPSS version 20.0. Results indicated that although healthcare workers possessed moderate knowledge of the partograph (grand mean = 2.50), its actual application was low (grand mean = 2.29). Barriers included lack of training, unavailability of the tool, limited competence, and difficulty interpreting findings. The study recommends ongoing in-service training and better resource provision to enhance partograph use in primary care labor management.

How to Cite: Dauda, Musa Kwanchi; Patricia Peter; Mal. Sale Mohammed (2025). An Investigation into Primary Healthcare Workers' Awareness and Practical Application of the Partograph in Ilorin Metropolis, Kwara State, Nigeria. *International Journal of Innovative Science and Research Technology*, 10(7), 1654-1661. https://doi.org/10.38124/ijisrt/25jul868

I. INTRODUCTION

Improving maternal health remains a top priority in global health agendas and is prominently featured among the Millennium Development Goals (WHO, 2023). Each year, nearly 529,000 women die from complications related to pregnancy and childbirth, with sub-Saharan Africa bearing a disproportionately high burden (Fawole & Fadare, 2018). In Nigeria, maternal death rates remain alarmingly high, especially within healthcare institutions, raising concerns over the quality of intrapartum care (Oladapo et al., 2016). Among the significant causes of preventable maternal deaths is the failure to detect and respond to complications promptly during labor, often due to inadequate monitoring (Christensson et al., 2016). Prolonged or obstructed labor stands out as a leading contributor to maternal mortality in Nigeria (WHO, 2023). In response, the World Health Organization advocates for the routine use of the partograph—a structured clinical chart that enables healthcare providers to track labor progression and promptly identify deviations requiring intervention.

The partograph was originally introduced by Friedman in 1954 and later modified by Philpott and Castle in 1972. These modifications incorporated essential labor indicators, such as cervical dilation, fetal heart rate, maternal vital signs, and frequency of uterine contractions (Lavender et al., 2019; Magon, 2019; Soni, 2023).

Despite its recognized value, partograph use remains low across Nigerian healthcare facilities, particularly in primary healthcare centers, where most deliveries occur (Ogunfowokan et al., 2019). This underutilization is commonly attributed to factors such as insufficient training, lack of partograph tools, and difficulty interpreting recorded data (Ita et al., 2014; Nwaneri et al., 2017). Furthermore, due

ISSN No:-2456-2165 https://doi.org/10.38124/ijisrt/25jul868

to a shortage of trained birth attendants, community health extension workers (CHEWs)—often without formal midwifery training—are increasingly tasked with managing labor (Society of Gynaecology and Obstetrics of Nigeria, 2022).

This study seeks to evaluate both the knowledge and practical use of the partograph among primary healthcare providers in Ilorin Metropolis, Kwara State, Nigeria. Additionally, it investigates barriers hindering effective implementation and identifies factors that influence partograph use in primary care settings.

II. STATEMENT OF THE PROBLEM

Prolonged and obstructed labor remains a substantial threat to maternal health, contributing to approximately 8% to 10% of maternal deaths globally. Mechanical obstruction, especially during the second stage of labor, is reported in around 1% to 2% of all deliveries (WHO, 2023). The World Health Organization estimates that obstructed labor alone is responsible for nearly 50,000 maternal deaths each year. Beyond mortality, obstructed labor also leads to serious long-term consequences, such as vesicovaginal fistula (VVF)—a condition particularly prevalent in sub-Saharan Africa, affecting over two million women as reported by the United Nations Population Fund (2021). Women suffering from VVF often experience not only physical pain but also psychological distress and social stigma.

Although the partograph is widely acknowledged as a standard and effective tool for monitoring labor, its consistent application across Nigerian healthcare facilities is limited. Numerous studies have shown that while many healthcare workers are aware of the partograph, their ability to apply it appropriately in clinical settings is often lacking. For instance, Opiah (2021) found that although 84% of midwives had good knowledge of the partograph, only 35.1% of recorded charts were correctly completed. Contributing factors included the unavailability of partograph forms (30.3%) and inadequate staffing (19.4%). Similar findings by Fawole et al. (2018) emphasized low levels of knowledge and poor usage across all tiers of the health system—primary, secondary, and tertiary. Their study highlighted the role of training in significantly improving knowledge and usage patterns. A follow-up study by the same authors in 2020 revealed that tertiary health facilities had higher utilization rates compared to lower-level centers, with just 33.7% of labor cases monitored using the partograph. While existing literature offers broad quantitative insights, there is a noticeable lack of focus on how partographs are specifically used by community health extension workers (CHEWs) and midwives in primary healthcare settings. Observational evidence and interviews indicate that partograph forms are often incomplete or entirely unused in both primary and tertiary care centers—pointing to systemic barriers in partograph adoption and usage.

Furthermore, many primary healthcare managers acknowledge that CHEWs frequently manage labor without adequate training due to a shortage of qualified midwives (Adebe et al., 2023; Society of Gynaecology and Obstetrics of Nigeria, 2022). This human resource gap significantly undermines maternal healthcare delivery and impedes efforts to reduce maternal and newborn mortality at the community level.

➢ *General Objective:*

To explore the level of awareness and practical application of the partograph among primary healthcare workers in Ilorin Metropolis, Kwara State, Nigeria.

➢ *Specific Objectives:*

- To assess the extent of knowledge about the partograph among primary healthcare providers in Ilorin Metropolis.
- To evaluate how frequently and effectively the partograph is used by these healthcare workers during labor monitoring.
- To identify the key barriers and enabling factors that influence the use or non-use of the partograph in primary healthcare settings

III. METHODOLOGY

➢ *Research Design*

This research employed a descriptive cross-sectional design with a quantitative data collection approach.

➢ *Research Setting*

The study was carried out in Ilorin, the capital of Kwara State, Nigeria. Ilorin lies at latitude 8º3’ and longitude 4º35’E, with a population of approximately 825,027 (projected from the 2006 census at a 3.0% annual growth rate). The city covers 468 square kilometers and lies within the transitional forest-savannah zone of Nigeria.

➢ *Target Population*

The target group consisted of all licensed and consenting primary healthcare workers practicing in Ilorin metropolis.

➢ *Sample size Determination*

The minimum sample size was determined using the formula for descriptive study. The formula is given as:

$$n= \frac{N}{1+N(e^2} \text{ (Yamane Taro, 1967)}$$

Where,

n = desire sample size for the study

N = Population size for the study = 250

e = A value representing how error to allow from estimate in the study.

95%= 0.05, 98% = 0.02, 99% = 0.01 etc.

Therefore, by using this formula,

ISSN No:-2456-2165 https://doi.org/10.38124/ijisrt/25jul868

$$n= \frac{N}{1+N(e^2)} \quad (N=250, E=0.05)$$

$$n= \frac{250}{1+250(0.05^2)}$$

$$n= \frac{250}{1+250\times0.0025}$$

$$n= \frac{250}{1+0.625}$$

$$n= \frac{250}{1.625}$$

n= 153.8

n= 154 (this is the sample size for the study)

Thus, the minimum sample size is 154

➢ *Sampling Technique*

Systematic random sampling was used. A sampling frame of 250 licensed primary healthcare workers was established. Participants were randomly selected via balloting without replacement across primary health centers in Ilorin metropolis.

➢ *Research Instrument*

A structured questionnaire was adapted from previous literature on partograph knowledge and usage. It assessed respondents' awareness, application, and perceived barriers to using the partograph.

➢ *Validity and Reliability*

Content validity was ensured through expert review by academic supervisors and professionals in the field. The instrument was revised based on their feedback. Reliability was tested via a pilot study involving 10% of the sample using test-retest method. Cronbach's alpha coefficient was 0.773, indicating high reliability.

➢ *Data Collection Procedure*

Ethical permission was obtained from health facility authorities. Consent was sought from all participants. Questionnaires were administered during work shifts and retrieved the same day. The study included participants from three local government areas: Ilorin South (36), Ilorin West (43), and Ilorin East (75).

$$\text{Ilorin South} = \frac{58}{250} \times 154 = 35.628 = 36$$

$$\text{Ilorin West} = \frac{70}{250} \times 154 = 43.12 = 43$$

$$\text{Ilorin East} = \frac{122}{250} \times 154 = 75.152 = 75$$

Total = 154

A total of 154 copies were distributed, also, 154 copies were recovered.

The questionnaire was written in English language. Anonymity and confidentiality of the information obtained was assured and maintained throughout the study.

➢ *Data Analysis*

Data were analyzed using IBM SPSS version 20. Descriptive statistics summarized demographic and core variables, while inferential tests (e.g., one-sample t-test) examined relationships at a significance level of 0.05.

➢ *Ethical Considerations*

Ethical clearance was granted by the Department of Community Health. Additional permissions were obtained from PHC Directors in Ilorin metropolis. Participants were informed about the study's purpose, confidentiality measures, and their right to withdraw at any time. Informed consent was documented.

IV. RESULT

Table 1 Responses of the Respondents on Knowledge of Partograph Among Primary Health Care Workers in Ilorin Metropolis, Kwara State.

S/NO Items	Mean	Std. Deviation	Remarks
1. A chart developed for midwives in developing countries to monitor labor	2.82	.565	Agreed
2. A complex tool with pictorial overview of labor for use by midwives	3.18	1.289	Agreed
3. A simple graphic recording of progress of labor and salient conditions of mother and fetus against time in hours	2.63	.536	Agreed
4. Cervical dilatation is not part of partograph	2.34	1.105	Agreed
5. During labor, 1 contraction is being observed every 10 minutes	2.90	.613	Agreed
6. I'm aware of partograph as a tool to monitor the progress of labor	2.92	1.260	Agreed
7. I have use partograph to monitor the progress of labor	1.67	1.067	Disagreed
8. Partograph has five (5) components	1.97	1.212	Disagreed
9. Partograph has four (4) components	2.12	1.146	Disagreed
10. Partograph has three (3) components	2.65	.867	Agreed
11. Partograph has no benefit if used to monitor the progress of labor	2.74	1.142	Agreed
12. Fetal wellbeing is not part of partograph	2.68	1.160	Agreed
13. Active phase of labor commence after 4cm dilatation	1.84	1.103	Agreed
Grand mean	**2.50**		

ISSN No:-2456-2165 https://doi.org/10.38124/ijisrt/25jul868

Table one (1) above show's that, respondents agreed with items 1, 2, 3, 4, 5, 6, 10, 11, 12, and 13 and they disagreed with items 7, 8 and 9. The grand mean of 2.49 indicated that, majority of the items was regarded as agreed. This means that the respondents are knowledgeable about partograph.

Table 2 Responses of the Respondents on Utilization of Partograph Among Primary Health Care Workers in Ilorin Metropolis, Kwara State.

Items	Mean	Std. Deviation	Remarks
14. I have used partograph to monitor the progress of labor	1.77	1.089	Disagreed
15. I can complete and interpret the result recorded on the partograph	1.92	1.306	Disagreed
16. partograph involves much responsibilities	2.67	.687	Agreed
17. Partograph is difficult to use	3.23	1.257	Agreed
18. Partograph has less responsibilities	1.53	1.092	Disagreed
19. I used partograph very often	1.90	1.284	Disagreed
20. I have never used partograph for the period of my service	2.99	1.316	Agreed
Grand mean 2.29			

Table two (2) above indicated that, respondents are agreed with 16, 17 and 20 while they disagreed with items 14, 15, 18. And 19. The grand mean of 2.29 shows that, the majority of the items were disagreed by the respondents. This means that, the respondents are not utilizing partograph to monitor the progress of labor.

Table 3 Responses of the Respondents on Factors Responsible for Non-Utilization of Partograph Among Primary Health Care Workers in Ilorin Metropolis, Kwara State

Items	Mean	Std. Deviation	Remarks
21. Lack of knowledge of partograph	2.68	2.606	Agreed
22. Non-availability of the partograph	3.29	1.192	Agreed
23. Skill incompetency in carrying out the assessment with the partograph	3.49	1.049	Agreed
24. Filling the partograph is an additional time consuming task for the inadequate staff	2.65	.719	Agreed
25. Attitudes of women	1.99	1.060	Disagreed
26. Inability to interpret findings correctly after assessment with the partograph	3.18	1.228	Agreed
27. Lack of adequate orientation to partograph use	2.50	.802	Agreed
28. Negligence of duty	1.49	.916	Disagreed
29. Lack of interest	1.49	.945	Disagreed
30. It involves much responsibilities	3.30	1.115	Agreed
31. Lack of human resources	2.50	.802	Agreed
32. I was not taught during my training	3.28	1.191	Agreed
33. It is only meant for midwives because they were taught	1.34	.514	Disagreed
34. Not in the training curriculum	3.25	1.222	Agreed
Grand mean 2.60			

Table three (3) above shows that, respondents agreed with items 21, 22, 23, 24, 26, 27, 30, 31, 32 and 34, while they disagreed with items 25, 28, 29, and 33. The grand mean of 2.60 indicated that, many factors militates against utilization of partograph among primary health care workers in Ilorin metropolis.

- *Hypothesis by Hypothesis Presentation*

✓ *H_O 1:*

The level of knowledge of partograph among primary health care workers will not be significantly high in Ilorin metropolis

In testing this hypothesis, the respondent's scores on the level of knowledge of partograph among primary health workers measured by 13 items were summed up. Based on the scale score interpretation, a level of partograph knowledge to be considered significantly high should be higher than 32.5, out of the maximum score of 52 (which is the midpoint between minimum and maximum scores i.e. 13+52 = 65 divided by 2 = 32.5). The null hypothesis was tested with a test of One-sample mean (otherwise called Population t-test. The results are presented in Table 5.

Table 4 One-Sample t-Test Analysis of Level of Partograph Knowledge Among Primary Health Care Workers.

Variable	N	Sample Mean	Sample SD	Reference Mean	t	p-value	Decision
Level of partograph knowledge	154	34.42	4.17	32.5	5.72	<.001	Reject Ho

ISSN No:-2456-2165 https://doi.org/10.38124/ijisrt/25jul868

The results of data analysis presented in Table 4 indicated a statistically significant high level of knowledge of partograph among primary health care workers in Ilorin Metropolis (M=34.42, SD=4.17), t(153) = 5.72, P <.001, leading to the first null hypothesis not been supported and thus rejected. This then implies that the level of partograph knowledge among the primary health care workers is high in Ilorin Metropolis.

✓ *H_O 2:*

The level of utilization of partograph among primary health care workers will not be significantly high in Ilorin metropolis.

Similarly, the respondent's scores on the level of utilization of partograph among primary health workers measured by 7 items were summed up. Based on the scale score interpretation, a level of partograph utilization to be considered significantly high should be higher than 17.5, out of the maximum score of 28 (which is the midpoint between minimum and maximum scores i.e. 7+28 = 35 divided by 2 = 17.5). The null hypothesis was tested with a test of One-sample mean (otherwise called Population t-test. The results are presented in Table 6.

Table 5 One-Sample t-Test Analysis of Level of Utilization of Partograph among Primary Health Care Workers

Variable	N	Sample Mean	Sample SD	Reference Mean	t	p-value	Decision
Level of partograph Utilization	154	16.01	3.18	17.5	-5.82	<.001	Reject Ho

The results of data analysis presented in Table 5 indicated a statistically significant low level of utilization of partograph among primary health care workers in Ilorin Metropolis (M=16.01, SD=3.18), t(153) = -5.82, P <.001, leading to the second null hypothesis been supported and thus supported. This then implies that the level of partograph utilization among the primary health care workers is low in Ilorin Metropolis because the t-value is indicating a negative direction, implying low or the opposite of positive high. In conclusion it is implying that the primary health care workers are having low level of utilization of the partograph.

✓ *H_O 3:*

The factors responsible for non-utilization of partograph among primary health care workers will not be significantly differ in Ilorin Metropolis

In addition, the respondent's scores on the Factors responsible for non-utilization of partograph among primary health care workers measured by 14 items were summed up. Based on the scale score interpretation, a level of Factors responsible for non-utilization of partograph among primary health care workers to be significantly agreed upon, should be higher than 35, out of the maximum score of 56 (which is the midpoint between minimum and maximum scores i.e. 14+56 = 70 divided by 2 = 35). The null hypothesis was tested with a test of One-sample mean (otherwise called Population t-test. The results are presented in Table 7.

Table 6 One-Sample t-Test Analysis of Factors Responsible for Non-Utilization of Partograph among Primary Health Care Workers

Variable	N	Sample Mean	Sample SD	Reference Mean	t	p-value	Decision
Factors responsible for non-utilization of partograph	154	36.40	4.89	35	3.56	<.001	Reject Ho

The results of data analysis presented in Table 6 indicated a statistically significant agreed results on the factors responsible for non-utilization of partograph among primary health care workers in Ilorin Metropolis (M=36.40, SD=4.89), t(153) = 3.56, P <.001, leading to the third null hypothesis been supported and thus sustained. This means that the respondents agreed to the Factors responsible for non-utilization of partograph among primary health care workers in Ilorin Metropolis.

V. DISCUSSION OF FINDINGS

➢ *Knowledge of Partograph Among Primary Health Care Workers in Ilorin Metropolis*

The results revealed that most respondents possessed general knowledge of the partograph, with a grand mean of 2.50. However, deeper understanding, particularly regarding specific components and practical applications, appeared limited. This was further supported by a one-sample t-test which confirmed significantly high knowledge levels (M = 34.42, SD = 4.17; t(153) = 5.72; p < .001). These findings align with previous research by Opiah (2022) and Fawole et al. (2018), who noted that although many midwives and community health workers are aware of the partograph, they often lack adequate training on its correct usage. Despite this knowledge, the level of partograph utilization among respondents was low (grand mean = 2.29). A one-sample t-test showed statistically significant low utilization levels (M = 16.01, SD = 3.18; t(153) = -5.82; p < .001). This pattern of underuse is consistent with earlier studies, such as those by Oladapo et al. (2016) and Delvaux et al. (2017), which revealed poor implementation and documentation even in facilities where the partograph was available. Similarly, Christensson et al. (2016) found that the partograph was rarely used effectively to monitor labour progress in Nigerian hospitals.

ISSN No:-2456-2165 https://doi.org/10.38124/ijisrt/25jul868

The findings agree with that of Udeme et al (2019) in their study on partograph in labor monitoring, their result revealed that, the majority of the respondents (70.8%) are well aware and had good general knowledge of the partograph. However, the respondents lacked detailed knowledge of the component parts of the partograph. For instance, almost two-thirds (66%) of the study respondents could not locate the action line, 73.8% could not locate the alert line, and 51.5% did not know about the minimum duration of strong uterine contraction. The finding in this study is comparable with studies done in Enugu in Nigeria (Umezulike et al, 2022) and Addis Ababa in Ethiopia (Yimsa et al, 2023), which also showed lack of depth of knowledge.

- *Utilization of Partograph Among Primary Health Care Workers in Ilorin Metropolis*

The findings of this study also revealed lack of utilization of partograph among primary health care workers in Ilorin metropolis with a grand mean of 2.29. The null hypothesis of this study confirm this finding (M=16.01, SD=3.18), t (153) = -5.82, P <.001, leading to the second null hypothesis been supported and thus sustain. This implies that the level of partograph utilization among the primary health care workers is low in Ilorin Metropolis because the t-value is indicating a negative direction, implying low or the opposite of positive high. The result agree with that of Fawole et al, (2018) which stated that Low utilization of the partograph had also been reported in previous surveys among health care professionals in peripheral units in Nigeria . The utilization rate in their study (8.4%) is similar to the rate of 9.8% reported by Oladapo et al (2016). It is crucial that emphasis be placed on the quality of partograph use as Delvaux et al (2017) drew attention to poor documentation on the partograph while Christensson et al (2016) showed that in health facilities where the partograph was available, it was rarely utilized for the individual parturient woman. Thus, I agree with Oladapo et al (2016) on the need for continuous reinforcement and quality assurance after its implementation as stand-alone training may not be the solution. The result of this study confirm what Ogunfowokan et al (2019) identified in their study that Non-utilization and inappropriate utilization of the partograph in maternity units to monitor progress of labour has implications for increased maternal and neonatal morbidity and mortality in Nigeria.

- *Factors Responsible for Utilization of Partograph Among Primary Health Care Workers in Ilorin Metropolis*

The findings of this study reveal that there several factors that militates against partograph utilization among primary health care workers which includes lack of knowledge, not in their training curriculum, inability to interpret findings correctly, lack of adequate orientation among others with a grand mean of 3.60. The null hypothesis of this study confirm the results on the factors responsible for non-utilization of partograph among primary health care workers in Ilorin Metropolis (M=36.40, SD=4.89), t(153) = 3.56, P <.001, leading to the third null hypothesis been supported and thus sustained. These findings are consistent with those of Nwaneri et al. (2017), who reported that midwives face several challenges in the effective use of the partograph. Prominent among these are inadequate knowledge and difficulty interpreting the tool's recorded data. A major contributing factor was the lack of in-service training on partograph use, as confirmed by the majority of respondents in their study. Similarly, Oladapo et al. (2016), in their investigation of partograph knowledge and usage in Ogun State, Nigeria, also identified limited awareness and underscored the need for continuous professional development among obstetric care providers.

In line with these results, Yisma et al. (2023) conducted a study in Ethiopia and reported that insufficient training, limited knowledge, and negative attitudes among obstetric caregivers significantly hindered the effective utilization of the partograph. Another major obstacle was the perception that completing the partograph is a time-consuming task, especially among facilities experiencing staffing shortages. This sentiment was echoed in the work of Khonje (2022), who found that many midwives lacked understanding of the tool's benefits and viewed it as a burdensome responsibility rather than a life-saving intervention. Additionally, the absence of proper orientation and unavailability of essential monitoring tools were also highlighted as barriers to consistent use.

Furthermore, Ita et al. (2019) identified similar factors in their study, citing limited knowledge (79%), lack of access to the tool in labour wards (58.6%), and staff shortages (46.9%) as key issues. Interestingly, while 24.1% of respondents viewed the partograph as time-consuming, a majority (75.9%) did not share this view. This apparent contradiction suggests that time constraints may not be the primary concern; rather, a lack of appreciation for the tool's value in clinical outcomes could explain the reluctance to use it consistently. These findings highlight the urgent need for hospital administrators and health ministries to ensure that partographs—being both cost-effective and essential for monitoring labour—are readily available and routinely used in all maternity care facilities. Furthermore, some health workers, especially Community Health Extension Workers (CHEWs), are tasked with responsibilities typically reserved for midwives, often without the appropriate training (Adebe et al., 2023; Society of Gynaecology and Obstetrics of Nigeria, 2022). This not only reduces the quality of obstetric care but also puts mothers and babies at increased risk of preventable complications such as obstructed labour and postpartum hemorrhage (WHO, 2023).

VI. CONCLUSION

The partograph remains a critical tool in the monitoring of labour, particularly in low-resource settings like Nigeria. It serves as a cost-effective method for early detection of complications and enhances timely clinical decisions that can prevent adverse maternal and neonatal outcomes (Magon, 2019; WHO, 2023). Despite its significance, this study highlights that primary health care workers in Ilorin Metropolis, Kwara State, though moderately knowledgeable about the partograph, rarely use it in practice.

ISSN No:-2456-2165 https://doi.org/10.38124/ijisrt/25jul868

Low utilization levels are influenced by several factors including inadequate training, lack of availability, poor orientation, and exclusion from formal training curricula (Fawole et al., 2018; Nwaneri et al., 2017). Moreover, the assumption of midwifery roles by undertrained personnel like CHEWs exacerbates the challenges (Society of Gynaecology and Obstetrics of Nigeria, 2022). These findings underscore the need for strategic interventions to improve partograph knowledge and usage among frontline maternal health workers.

RECOMMENDATIONS

Based on the findings of this study, the following recommendations are proposed:

- **Intensive and continuous training** on the proper use of the partograph should be provided to all categories of primary health care workers. In-service education and refresher programs are essential to build competence and confidence
- **Curriculum revision** is required to ensure that partograph training is formally included in the academic programs of all healthcare training institutions, especially for community health workers
- **Regular supply of partograph tools** should be ensured by the local and state governments. Facilities must be equipped with adequate materials to facilitate compliance with whose recommendations on labour monitoring.
- **Addressing human resource gaps** is critical. Government and stakeholders should recruit and deploy more trained midwives and nurses to manage labour effectively and reduce task shifting to unqualified personnel.
- **Policy enforcement** is needed. A directive should be put in place mandating the use of partograph for all labour admissions in public primary healthcare centers. Supervisory mechanisms must also be established to ensure compliance and documentation quality.

The use of the partograph in primary health settings can improve, contributing to reductions in maternal and neonatal mortality and promoting safer childbirth practices in Nigeria.

REFERENCES

[1]. Abebe, F., Birhanu, D., Awoke, W., & Ejigu, T. (2023). *Assessment of knowledge and utilization of the partograph among health professionals in Amhara Region, Ethiopia*. Science Journal of Clinical Medicine, 2(2), 26–42.

[2]. Adebe, F., Birhanu, D., Awoke, W., & Ejigu, T. (2023). Assessment of knowledge and utilization of the partograph among health professionals in Amhara Region, Ethiopia. *Science Journal of Clinical Medicine, 2*(2), 26–42.

[3]. Christensson, K., Odberg, P. K., Bulgaho, A., Manuela, C. M., Dgedge, C., Johansson, E., & Bergström, S. (2016). The challenge of improving perinatal care in settings with limited resources: Observations of midwifery practices in Mozambique. *African Journal of Reproductive Health, 10*(3), 47–61.

[4]. Delvaux, T., Ake-Tano, O., Gohou-Kouassi, V., Bosso, P., Collin, S., & Ronsmans, C. (2017). Quality of normal delivery care in Cote d'Ivoire. *African Journal of Reproductive Health, 11*(1), 22–32.

[5]. Fawole, A. O., & Fadare, O. (2018). Influence of parity on the partographic management of labour in a Nigerian tertiary hospital. *Nigerian Postgraduate Medical Journal, 15*(4), 234–237.

[6]. Fawole, A. O., Hunyinbo, K. I., & Adekanle, D. A. (2018). Knowledge and utilization of the partograph among obstetric care givers in South West Nigeria. *African Journal of Reproductive Health, 12*(1), 22–29.

[7]. Fawole, A. O., Hunyinbo, K. I., & Adekanle, D. A. (2020). Utilization of the partograph among health workers across different levels of healthcare in Nigeria. *African Journal of Reproductive Health, 14*(2), 45–53.

[8]. Ita, B. O., Oku, A. O., Agan, T. U., Asibong, U. E., Essien, E. J., & Monjok, E. (2019). An evaluation of the knowledge and utilization of the partograph in primary, secondary, and tertiary care settings in Calabar, South-South Nigeria. *Journal of Primary Health Care and Family Medicine, 6*(3), 123–129.

[9]. Khonje, M. (2022). A cross-sectional study on use and documentation of partograph and factors that prevent optimal utilization of the partograph: Perspectives of health workers at Bwaila and Ethel Mutharika Maternity Units in Lilongwe, Malawi. *University of Oslo*.

[10]. Lavender, T., Hart, A., & Smyth, R. (2019). Effect of partograph use on outcomes for women in spontaneous labour at term (Review). *The Cochrane Database of Systematic Reviews*, 7, 1–24.

[11]. Magon, N. (2019). Partograph revisited. *International Journal of Clinical Cases Investigations, 3*, 1–6.

[12]. Nwaneri, N., Ehiemere, E., Okafor, C., Ezenduka, P., & Emeh, J. (2017). Evaluation of factors affecting the utilization of partograph by nurses/midwives in primary/secondary health facilities in Enugu Metropolis. *Gynecology & Obstetrics (Sunnyvale), 7*(8). https://doi.org/10.4172/2161-0932.1000446

[13]. Ogunfowokan, A., Irinoye, O., Olowokere, A., & Onipe, A. (2019). Partograph utilization at three levels of health care delivery services in Ile-Ife, Nigeria. *International Journal of Caring Sciences, 7*(2), 345–352.

[14]. Oladapo, O. T., Daniel, O. J., & Olatunji, A. O. (2016). Knowledge and use of the partograph among healthcare personnel at peripheral maternity centres in Nigeria. *Journal of Obstetrics and Gynaecology, 26*(6), 538–541.

[15]. Opiah, M. M. (2021). Factors affecting utilization of the partograph in monitoring labour in selected hospitals in Bayelsa State. *African Journal of Primary Health Care and Family Medicine*. http://www.phcfm.org/index.php/phcfm/thesis/view/22.

ISSN No:-2456-2165 https://doi.org/10.38124/ijisrt/25jul868

[16]. Society of Gynaecology and Obstetrics of Nigeria. (2022). *Status of emergency obstetric services in six states of Nigeria – A needs assessment report*. Abuja, Nigeria: Society of Gynaecology and Obstetrics of Nigeria.
[17]. Soni, B. L. (2023). Effect of partograph use on outcomes for women in spontaneous labour at term: RHL commentary. *The WHO Reproductive Health Library*. http://apps.who.int
[18]. United Nations Population Fund. (2021). *Fast facts*. http://www.endfistula.org/public/pid/7437
[19]. World Health Organization. (2023). *WHO partograph in management of labour*. Maternal Health and Safe Motherhood Programme. http://www.sciencestage.com
[20]. Yisma, E., Dessalegn, B., Astatkie, A., & Fesseha, N. (2013). Knowledge and utilization of partograph among obstetric care givers in public health institutions of Addis Ababa, Ethiopia. *BMC Pregnancy and Childbirth*, *13*, 17. https://doi.org/10.1186/1471-2393-13-17