

DECLARATION

I Chinee Iloabanafor, declare that this research report is my own work. It is being submitted for the degree of Master of Public Health in the University of the Witwatersrand, Johannesburg. To the best of my knowledge, it has not been submitted before for any degree or examination at this or any other university.

Chinee Iloabanafor

----- day of -----, 2008

DEDICATION

This report is dedicated to my most loving and caring husband Ben Benson-Okoli, who provided invaluable support, Intermittent finances and a supportive ear during the period of this research. My two daughters Ifebube Chelsea and Sommachukwu Elizabeth Benson-Okoli whom I both had their births in the period of my study, for all the time you missed to be with me, I hope this report serves to justify all you had to bear while I undertook this study.

I just wish my father was not sick of stroke and lost consciousness, Daddy thank you for being the great intellect you are, a man who believed in and practiced thought, truth and intellectual rigor at all times. You are one of the people for whom I found courage to carry on and finish this research report, may the good Lord heal and strengthen you to enjoy the fruit of your labor.

ABSTRACT

TITLE: What Happens To Advanced Midwives After Their Training?

OBJECTIVES: The primary objective of this study was to explore how many Advanced Midwives who graduated between 2000 and 2004 are still working in public sector facilities. The second objective was to determine of those working in the public sector, how many are still doing clinical works in maternity wards. The third objective was to explore the reasons why the Advanced Midwives who left did and where they had gone to followed by the fourth objective which was to explore the reasons why those who stayed back did, the fifth objective was to see whether age, level of facility, rural or urban and province impacted on whether they have remained in the facility and the Sixth objective was to document the recommendations given by the Advanced Midwives on how to keep Advanced Midwives using their skill in the public sector.

STUDY POPULATION: Graduates of Chris Hani Baragwanath nursing college and the University of Johannesburg nursing college for a period of five years 2000 to 2004

METHODS: Following Ethics approval, the two nursing colleges were approached to give the contact details of their graduates between 2000 and 2004. All the advanced Midwives who graduated within these years from the two nursing colleges totaling 320 graduates were communicated with. While some of the advanced midwives whose contact telephone numbers were available were communicated with telephonically, other advanced midwives who had no contact telephone numbers were forwarded the questionnaires by post, including a formal letter containing full explanation of the purpose of the research and the confidentiality of the information they were asked to give. A self addressed envelope was included in the letter to enable those who wished to

reply to easily reply without incurring any cost. These questionnaires were completed by the advanced midwives and sent back to the researcher.

RESULTS: 69% of the respondents were still working in the public sector while an alarming 31% had moved from the public sector to the private sector. 89% were found to be doing clinical works in the maternity wards while 11% were no longer doing clinical works and found to have either moved to hospital management within the same hospital or moved to ICU and Theater departments. Reasons for Advanced Midwives leaving the public sector facility to the private sector ranged from lack of recognition of Advanced Midwives by the government, lack of scarce skill allowances for doing a one year post basic training in Advanced Midwifery, lack of increment in salary generally, poor working conditions, lack of staff to not being allowed to practice independently and as a result had moved into the private sector where life was a lot better according to them. The reasons why the Advanced Midwives are still working in the public health sector ranged from the fact that the facilities they were working was near their homes, their passion for midwifery, their quest to upgrade themselves to the fact that they have been working as Advanced Midwives for so long.

There were no association between the age, rural/urban and province to whether they have remained in the facilities, with the following P-values ($P= 0.135, 0.174$ AND 0.779) respectively, however an association was found between the level of facilities the Advanced Midwives worked with whether they have remained in the public facility with P-value ($P= 0.001$) Therefore Advanced Midwives working in smaller hospitals were more likely to remain in that hospital as against those working in bigger hospitals. The recommendations the advanced midwives had on how to keep Advanced Midwives using

their midwifery skills in the public sector ranged from recognizing Advanced Midwives in the public sector, in terms of provision of scarce skill allowances for Advanced Midwives like is the case with the ICU and theater nurses who are paid higher than their counterparts in other departments, increasing their salaries in general, improving their working conditions, increasing the number of staff per midwifery unit, to allowing them practice independently in terms of exploring their expertise without the doctor's interferences.

CONCLUSION: Although many Advanced Midwives had left the public sector to private sector facilities, a good number of them have remained and more so, many have continued using their Advanced Midwifery skills in the maternity wards. Among the Advanced Midwives working in the public sector there are high levels of dissatisfaction, which was reflected in the reasons why they intend to leave. Therefore there is urgent need to address the recommendations given by these Advanced Midwives themselves; by so doing greater number of those who intend to leave the public sector would be compelled to stay back.

ACKNOWLEDGEMENTS

I would like to express my sincere appreciation to my supervisor Loveday Penn-Kekana who painstakingly supervised this work. I am also grateful to all my lecturers who advised me at one point or another.

Thanks to the staff of the University of Johannesburg nursing college and Chris Hani Baragwanath nursing college for all their assistance.

My involvement in this programme would not have been undertaken without the love and encouragement I received from my very understanding relations and circle of friends located across the globe. Thanks also to my one and only sister Mrs Obianuju Aloh for her continuous prayers and well wishes throughout the period of my study.

Above all, I say a big “thank you” to God Almighty who made it possible for me to be where I am today, to him be all the glory.

TABLE OF CONTENTS

DECLARATION.....	I
DEDICATION.....	II
ABSTRACT.....	III
ACKNOWLEDGEMENTS.....	VI
TABLE OF CONTENTS.....	VII
LIST OF TABLES AND FIGURES	X
APPENDIX.....	XII
ABREVIATIONS & DEFINITION OF TERMS.....	XIII-V
CHAPTER ONE: INTRODUCTION.....	1
1.1 BACKGROUND.....	1
1.2 JUSTIFICATION OF THE STUDY.....	3
1.3 NURSING RESOURCES IN SOUTH AFRICA.....	3
1.4 FACTORS AFFECTING THE DEMAND OF NURSES.....	5
1.5 FACTORS AFFECTING NURSES AT HEALTH FACILITIES IN SOUTH AFRICA.....	6
CHAPTER TWO: LITERATURE REVIEW.....	8
2.1 HUMAN RESOURCES FOR HEALTH.....	8
2.2 MIGRATION OF SKILLED HEALTH PROFESSIONALS.....	11
2.3 MILLENIUM DEVELOPMENT GOALS AND GLOBAL SHORTAGE OF ADVANCED MIDWIVES.....	13
2.4 MATERNAL MORTALITY AND THE NEED FOR SKILLED ATTENDANTS e.g. ADVANCED MIDWIVES.....	14

2.5 SOUTH AFRICA: A CASE STUDY.....	14
2.6 STUDY OBJECTIVES.....	15
CHAPTER THREE: METHODOLOGY.....	17
3.1 STUDY DESIGN.....	17
3.2 STUDY POPULATION.....	17
3.3 DATA COLLECTION METHODS.....	17
3.4 MAIN STUDY DATA COLLECTION.....	19
3.5 ETHICAL CONSIDERATIONS.....	21
3.6 STUDY LIMITATIONS.....	22
CHAPTER FOUR: RESULTS.....	23
4.1 RESPONDENTS.....	23
4.2 POSTAL AND TELEPHONIC RESPONSES.....	36
CHAPTER FIVE.....	45
5.1 DISCUSSION.....	45
CHAPTER SIX: CONCLUSION AND RECOMMENDATIONS.....	52
6.1 SHORTAGES OF ADVANCED MIDWIVES IN THE PUBLIC SECTOR.....	53
6.2 SCARCE SKILL ALLOWANCES FOR ADVANCED MIDWIVES IN THE PUBLIC SECTOR.....	54
6.3 UNCONDUSIVE WORK ENVIRONMENTS.....	55

REFERENCES.....56

LIST OF TABLES

Table	page
TABLE 1: GEOGRAPHICAL DISTRIBUTION OF NURSING STAFF PER 100 000 OF THE POPULATION: SEPTEMBER 2001	4
TABLE 2: DEMOGRAPHIC DATA AND DETAILS OF WHERE ADVANCED MIDWIVES WORKED BEFORE THEIR TRAINING	20
TABLE 3: TOTAL NUMBER OF ALL THE ADVANCED MIDWIVES WHO GRADUATED FROM THE TWO NURSING COLLEGES, BETWEEN 2000 AND 2004	24
TABLE 4: THE DIFFERENT YEARS THE ADVANCED MIDWIVES WHO PARTICIPATED IN THIS STUDY GRADUATED	24
TABLE 5: RESPONSE RATE INCLUDING (TELEPHONE AND POSTAL) FOR UNIVERSITY OF JOHANNESBURG GRADUATES BY YEAR.	25
TABLE 6: RESPONSE RATE INCLUDING (TELEPHONE AND POSTAL) FOR THE CHRIS HANI BARAGWANATH NURSING COLLEGE.	26
TABLE 7: WHERE THE ADVANCED MIDWIVES WERE BEFORE THEIR TRAINING BY PRIVATE AND PUBLIC	27
TABLE 8: WHERE THE ADVANCED MIDWIVES ARE NOW BY PUBLIC AND PRIVATE	28
TABLE 9: WHERE ADVANCED MIDWIVES ARE NOW BY COLLEGE (CHRIS HANI BARAGWANATH NURSING COLLEGE)	29
TABLE 10: WHERE ADVANCED MIDWIVES ARE NOW BY	30

COLLEGE (UNIVERSITY OF JOHANNESBURG NURSING COLLEGE)

TABLE 11: AGE DISTRIBUTION OF ADVANCED MIDWIVES FROM.....30
THE CHRIS HANI BARAGWANATH NURSING COLLEGE AND THE
UNIVERSITY OF JOHANNESBURG, WHO GRADUATED BETWEEN 2000 AND
2004

TABLE 12: HOW ADVANCED MIDWIVES FUNDED THEIR.....31
ADVANCED MIDWIFERY TRAINING

TABLE 13: ADVANCED MIDWIVES IN URBAN OR RURAL AREA32
BEFORE AND AFTER THEIR TRAINING.

TABLE 14: LEVELS OF THE DIFFERENT FACILITIES WHERE.....32
ADVANCED MIDWIVES WERE WORKING BEFORE AND AFTER THEIR
TRAINING

TABLE 15: ADVANCED MIDWIVES WHO ARE STILL DOING.....33
CLINICAL WORKS IN THE MATERNITY WARDS

TABLE 16: ASSOCIATION OF LEVEL OF FACILITY WITH WHETHER.....34
ADVANCED MIDWIVES ARE STILL WORKING IN THE PUBLIC SECTOR

TABLE 17: ASSOCIATION OF AGE, RURAL/URBAN, PROVINCE AND.....35
LEVEL OF FACILITY WITH WHETHER THEY ARE STILL WORKING IN THE
PUBLIC SECTOR

APPENDIX

APPENDIX 1 ETHICAL CLEARANCE CERTIFICATE.....	61
APPENDIX 2 POST GRADUATE APPROVAL CERTIFICATE.....	62
APPENDIX 3 LETTER OF PERMISSION FROM CHRIS HANI	63
BARAGWANATH NURSING COLLEGE TO CARRY OUT THE RESEARCH WITH THEIR STUDENTS	
APPENDIX 4 LETTER TO ADVANCED MIDWIVES REQUESTING THEIR PARTICIPATION IN THE RESEARCH EXCERSISE.....	64
APPENDIX 5 TELEPHONE CONVERSATION SCRIPT	65
APPENDIX 6 QUESTIONNAIRE FOR ADVANCED MIDWIVES.....	67
APPENDIX 7 CHANGE OF NAME.....	68

ABBREVIATIONS

AM	ADVANCED MIDWIFE
DoH	DEPARTMENT OF HEALTH
LFS	LABOUR FORCE SURVEY
WHO	WORLD HEALTH ORGANISATION
ADMs	ADVANCED MIDWIVES
SA	SOUTH AFRICA
SANC	SOUTH AFRICAN NURSING COUNCIL
BER	BUREA FOR ECONOMIC RESEARCH
TB	TUBERCULOSIS
HIV/AIDS	HUMAN IMMUNO VIRUS/ ACQUIRED IMMUNE DEFICIENCY SYNDROME
HR	HUMAN RESOURCES
SSA	SUB-SAHARAN AFRICA
USAID	UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT
SAPs	STRUCTURAL ADJUSTMENT PROGRAMMES ECA/IDRC/IOM
WB	WORLD BANK
ODA	OVERSEAS DEVELOPMENT ASSISTANCE
MDGs	MILLENIUM DEVELOPMENT GOALS
MMR	MATERNAL MORTALITY RATIO
GNP	GROSS NATIONAL PRODUCT

SADHS	SOUTH AFRICA DEMOGRAPHIC AND HEALTH SURVEY
NDOH	NATIONAL DEPARTMENT OF HEALTH
CHB	CHRIS HANI BARAGWANATH NURSING COLLEGE
UNI J	UNIVERSITY OF JOHANNESBURG
ICU	INTENSIVE CARE UNIT
NCLWC	NORTH CENTRAL LONDON WORKFORCE DEVELOPMENT CONFEDERATION