

Perceived Need for Supervised Delivery among Women in Moriki, Zamfara, Nigeria

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Abstract: *Supervised delivery is one of the important key strategies for reduction of maternal morbidity and mortality. There was an increase in the number of death of women during labour in Moriki. Most of these women had attempted deliveries by unskilled personnel (community health extension workers and traditional birth attendants) and relatives at home. The aim of this study was to examine women's perceived need for supervised delivery services in Moriki. The researchers used quantitative approach to examine a cross-section of the women in Moriki. Three hundred and fifty (350) questionnaires were administered to the selected samples of women who fulfilled the inclusion criteria. During retrieval, five (5) questionnaires were missing, three (3) were partially filled, and only 342 were completed fully. Only the 342 were used for data analysis. The data were analyzed using SPSS version 20. The results of one sample t-test showed that the overall perceived need for supervised delivery was low. However, maternal age, parity, education, level of income, and husband's education, were significantly correlated with perceived need for supervised delivery services. The findings have implications for midwives to enlighten women about supervised delivery services. Meanwhile, Midwives should be sensitive to the needs of the women during pregnancy and childbirth.*

Key words: *Perceived need, supervised delivery, skilled delivery, women*

I. Introduction

The phrase supervised delivery is in most cases synonymous to skilled birth attendance which means the woman giving birth is under the observation and assistance of a skilled health personnel (Adegoke & Broek, 2009). In addition, the skilled attendant ensures an enabling environment at home or in the hospital such as clean environment, supply of equipment for monitoring and assisted delivery, referral in case of any emergency and effective communication (Adegoke & Broek, 2009). Skilled personnel (midwives, doctors and nurses) are normally trained to provide care, supervision, and advice to women during labour, and the post-partum period. During supervision, skilled personnel assist women to have spontaneous delivery, and guide women on how to care for their babies (UNICEF, 2013). Supervised delivery was found to improve maternal and neonatal health outcomes (Chukuezi, 2010).

Globally, about twenty million women experience ill health due to pregnancy or labour related causes annually (Idris, Gwarzo, & Shehu, 2007). Furthermore, maternal death represents 30 percent of all deaths of women aged 15 to 49 years (Mengesha, Biks, Ayele, Tessema, & Koye, 2013). Nigeria like other developing countries has a very poor record of maternal and child health outcomes (WHO, 2008). However, evidence has shown that skilled delivery may reduce both maternal and childhood morbidity and mortality (Titaley, Hunter, Dibley, & Heywood, 2010).

Health authorities faced so many challenges in trying to meet the MDG deadline, especially in countries where births take place in villages without the help of skilled attendants (Kirby, 2013). In most of these countries, women may see the practice of birth without a skilled attendant as convenient and normal. Several empirical studies dwelled on describing the use of supervised delivery especially in Asia and Africa with strong recommendations to provide human and material resource in health to facilitate the use of skilled delivery services (Babalola & Fatusi, 2009; Bashar, 2012; Dhakal, Teijlingen, Raja, & Dhakal, 2011). However, the presence of health facilities and other logistics may not imply that the services would be utilized. The consumer of health services should perceive the need for the services to ensure proper utilisation (Andersen, 1995).

A need is a social construct, which could be perceived or evaluated (Andersen, 1995). Although an evaluated need (reported by health personnel) is more objective, perceived need (self-reported need) will be the primary option for capturing women's evaluation of their health status based on their belief, previous experience, and the need for skilled health services at birth (Andersen, 1995; Worku, Yalew, & Afework, 2013). The prediction is that an increase in the need may lead to an increase in the use of health services and vice versa (Andersen, 1995).

Very few qualitative studies have explored women's perceived need for supervised delivery services. The women may perceived no need for the entire services provided during skilled delivery (Titaley et al., 2010). Besides, some women may report no need for a particular procedure (e.g. instrumentation, vaginal examination etc) provided by skilled personnel during the birth process (Hassan, Sundby, Hussein, & Bjertness, 2012; Worku et al., 2013). For example, a study in Indonesia, showed that women who did not patronize supervised birth had the perception that delivery is a natural phenomenon, unless complication arises there is no need for a skilled personnel at birth (Titaley et al., 2010). Similarly, Marie, Grundy, Oum, and Bermudez (2011) found that lack of perceived need was frequently reported by the women for not patronizing supervised delivery services. However, perceived need was not measured on any scale to ascertain obstetric needs of the women. In Kenya (Africa), Kitui, Lewis and Davey (2013) conducted a study to find out the factors influencing patronage of supervised delivery. One of the findings indicated that about 60% of women cited supervised delivery as unnecessary. The large sample size used by the researchers is strongly commendable. However, the supervised delivery services were not measured on any perceived need scale.

Sometimes, the kind of services given during supervised delivery, or the approach by the skilled attendant may baffle the delivering women, and they may lose their interest and the need for the services. A qualitative study by Hassan et al. (2012) showed that women perceived no need for supervised delivery because they do not like vaginal examination during child birth. Vaginal examination may be an acceptable way of assessing the progress of labour. However, if done frequently by many providers or through insensitive approach, it may bring negative feelings and experience to women (Hassan et al., 2012; Stewart, 2010).

The perceived need for supervised delivery may be influenced by socio-demographic characteristics of women such as age, level of education and income level. However, the information on whether these socio-demographic variables have influence on the women perceived need for a supervised delivery service was very limited in the literature. Hassan et al. (2012) in their study also observed that most of the women who reported no need for supervised delivery were advanced in age (≥ 34 years). Similarly, it was also observed in the study of Tey and Lai (2013) that women younger in age perceived the need for supervised delivery services than those older in age. In addition, the educational level of women may have influence on their perceived need for supervised delivery. Tey and Lai (2013) in their cross-country survey found that women who reported no need for skilled delivery were mostly from lower level educational class, reflecting poor knowledge about the importance of services provided during delivery.

In conclusion, although researchers have tremendously examined the use of supervised delivery among women, perceived need for supervised delivery was given limited attention. Thus, this study examined women's perceived need for supervised delivery and socio-demographic variables associated with perceived need for supervised delivery.

II. Methodology

Design

A cross-sectional descriptive survey design was used to examine women's perceived need for supervised delivery and other relationship that exist between the variables under study.

Setting and population

The study was conducted in Moriki town, the headquarters for Moriki Area Development Council in Zurmi Local Government of Zamfara State. The town is situated along Kaura Namoda to Shinkafi (local governments), in Zamfara, and one of the biggest towns in Zurmi Local Government Area. There are many districts and towns around Moriki and within Moriki there are about 15 areas. From the 2006 Nigerian census, there are about 28,735 People in Moriki. However, the population of study comprised women who had given birth at least once, between the ages of 18 and 49 years and who were residing in Moriki.

Sample and Sampling technique

A formulae by Daniel (1999) was used to determine a sample size of 348. However, a multistage sampling technique was used to recruit 350. The additional two participants were to reduce the effect of missing questionnaire on the findings. Meanwhile, due to lack of sample frame for the household, the household that had at least one woman who met the study criteria was selected in all the seven selected areas. Equal samples (number of participants = 50) were recruited from each area.

Data collection instrument

Structured questionnaire was used for data collection. The scale was a modified form of perceived need Inventory scale by McNab and Meadows (2005) to identify the perceived need for mental health services in general practice. The questionnaire consisted 9 items specifying types of services provided during supervised

delivery. Against each of the services a three-point response format was assigned (I don't need this kind of help = 1, undecided = 2, I would like this kind of help = 3).

Validity and reliability

The instrument was reviewed by peers; corrections were incorporated to ensure face and content validity. In addition, the researchers included the relevant concepts to ensure the instrument answered the research questions. The instrument was pretested in Alawa about 2 kilometers away from Moriki. The reliability coefficient for the pretest was 0.8, which is better than the original scale which had an inter-rater reliability of 0.75.

Procedure for data collection

The principal investigator sought permission from leaders of Moriki to recruit participants. Two research assistants (women) were trained for data collection. Questionnaires were administered to the participants in their household after filling out the consent form by each participant. The completed questionnaires were collected by the research assistants.

Data analysis

To assess perceived need for supervised delivery, descriptive statistics in the form of means was used. However, One-sample t-Test (compared means) was used to assess overall perceived need for supervised delivery services. Finally, Pearson's Moment Correlation Co-efficient and Spearman's rho were used to examine the relationship between socio-demographic variables, and perceived need for supervised delivery services.

Ethical consideration

This research is part of the larger study reviewed and approved by the Institutional Review Board (IRB) of the Noguchi Memorial Institute for Medical Research in the University of Ghana.

III. Result

Demographic Characteristics

Results indicate that about 46.2% were between the ages of 18 and 25 years while older women (35 to 49 years) were only 23.7% of the respondents. Most (40.1%) of the respondents had 3 to 4 children and majority (60.5%) had no formal education. Further, the husbands of most respondents (43.9%) had secondary or above secondary school education. About 40.4% earned more than N10000 (\$62) per month and most of them (45.3%) reported that their husbands were business men. The result on demographic data is detailed in table 1.

Perceived need for Supervised Delivery services

As shown in Table 2, the mean score for "complication identification, action or referral" (mean = 2.22) and "delivery of placenta" (mean = 2.33) were higher than the mean scores of other items. This suggested that perceived need exist for those types of services. Considerably, the item "planning where to deliver and who will be present" had a mean score of 1.86 very close to the acceptable mean score (cut-off point = 2). However, other services listed in the scale have mean scores less than the acceptable average score, and therefore no perceived need for those types of services.

Further, the mean score for overall perceived need (in Table 3) was 15.4 with standard deviation of 4.4 which was lower than the normal average score of 20. The mean difference as shown in table 3 was -4.6. Thus, the overall perceived need score was statistically significantly lower by 4.6 (at 95% CI) than the normal average score of 20 [$t_{(341)} = -19.372$, $p < 0.001$]. Therefore, most respondents might have perceived no need for supervised delivery services.

Relationship between Socio-Demographic Characteristics and Perceived need for Supervised Delivery

Results of correlation analysis in Table 4 revealed that there was significantly negative correlation between age of the respondents and their perceived need for supervised delivery services [$r_{(340)} = -.230$, $p < 0.01$]. Thus, increased in maternal age was associated with slight decrease in perceived need for supervised delivery among women. Furthermore, results in Table 4 revealed that there was a significantly negative correlation between women's parity (number of children) and perceived need for supervised delivery services [$r_{(340)} = -.337$, $p < 0.01$]. That is, increased in the number of children was associated with moderate decreased in perceived need for supervised delivery among women. There was also a strong positive correlation between maternal age and number of children the women had [$r_{(340)} = .574$, $p < 0.01$].

As shown in Table 4, women's level of income had a significant positive correlation with perceived need for supervised delivery [$r_{(340)} = .207$, $p < 0.01$]. Thus, higher level of income slightly increased perceived

need for supervised delivery services. However, level of income had no significant correlation with other variables (age and number of children).

Results in Table 5 revealed that a significant positive correlation existed between respondents level of education and perceived need for supervised delivery services [$r_s(340) = .297, p < 0.01$]. Therefore, higher level of education was associated with slight increased in perceived need for supervised delivery services. The relationship between husband's level of education and perceived need was also examined. Results revealed a slight positive correlation between husbands' level of education and perceived need for supervised delivery [$r_s(340) = .206, p < 0.01$]. Thus, higher level of husband's education might slightly increase women's perceived need for supervised delivery services. The relationship between education levels of respondents and husband's levels of education was strongly positive [$r_s(340) = .459, p < 0.01$].

Although, there was strong positive correlation between husbands level of education and type of occupation [$r_s(340) = .466, p < 0.01$], the results indicated no significant correlation between husband's occupation and women's perceived need for supervised delivery services [$r_s(340) = .049, p > 0.05$]. Hence, perceived need for supervised delivery has no significant relationship with husband's type of occupation.

IV. Discussion

As reported by previous qualitative studies, this study also suggested that there were some procedures during supervised delivery that women may not like. For instance, the perceived need score for most of the supervised delivery services were low, which suggests that women perceived no need for such services. These findings were supported by Hassan et al. (2012) and Stewart (2010) who found that women perceived no need for vaginal examination. A possible explanation could be that these women were not given detailed information about the rationale for each of the procedures conducted during delivery by the skilled attendants. Another reason could be that some of the women were not comfortable when they received some of those services and possibly shared their experiences with other women. Nevertheless, other services such as "complication identification, action or referral" and "delivering of the placenta" were rated high by the respondents. This finding may suggest that women have the need for services that would prevent them from having complication at birth. However, they may not understand that several steps need to be taken to identify and prevent potential and actual complications. Therefore, for these women to like and appreciate other steps in supervised delivery there is need for detailed explanation of such steps taken by midwives. Titaley et al. (2010) also reported that unless complications arose there was no need for supervised delivery services. The finding that women had perceived need for placenta delivery service might reflect that women had either experienced or seen others having retained placenta after unsupervised home deliveries. Hence, having retained placenta in previous deliveries may have an influence on the women's need for services that facilitated delivery of the placenta at birth.

This study also found that the women's overall perceived need for supervised delivery services was low which may suggest that the women perceived no need for supervised delivery services. The finding resonates with previous qualitative studies by Titaley et al. (2010) and that of Marie et al. (2011) who reported that lack of perceived need was frequently reported by women who were not patronizing supervised delivery. The lower perceived need for supervised delivery demonstrated the inability of the health system to adequately mobilize these women and convinced them about the importance of supervised delivery services in reducing maternal morbidity and mortality as well as promoting the well-being of women and the new born within the prenatal, intranatal and postnatal cycles. Another reason could be lack of collaboration between the skilled (midwives, doctor, nurses) and unskilled (TBAs and CHEWs) attendants. The issue is that the women were mostly familiar with the TBAs and CHEWs (Titaley et al., 2010), possibly because they were mostly from the same community with the women, could attend to them at home, and with minimal cost of delivery services. On the other hand, most of the skilled health personnel were posted to the town from other places; may have different cultural background or different language with the women in the host community, and the cost of delivery services may be higher than that received from the unskilled birth attendants. For these reasons, midwives' services would only be sought if the unexpected events occur which could not be handled by the TBAs and CHEWs (Titaley et al., 2010). Consequently, the two categories of birth attendants might consider themselves rivals and fail to collaborate so that each category could act within their boundaries; assist each other in executing their roles; and advocate for the importance of the services provided by each other.

Relationship between Socio-Demographic Characteristics of Women and Perceived need for Supervised Delivery

As reported in previous qualitative studies that most of the women who reported no need for supervised delivery services were older in age compared to younger ones (Hassan et al., 2012; Tey & Lai, 2013), this study found a significant inverse (negative) correlation between maternal age and perceived need for supervised delivery services. The finding suggests that increased in maternal age may lead to slight decrease in women's

perceived need for supervised delivery services. One important inference could be that women older in age might have accumulated experiences, have more confidence, and feel more matured to manage themselves during child birth than the younger women. On the other hand, younger women might have fear of the unknown outcome during the journey of giving birth and the likely effect on their unborn babies, should any complication arise. However, the older women might fail to understand that pregnancy and child birth in older age may also be associated with other risks.

Similarly, a significant inverse relationship was observed between women's parity and perceived need for supervised delivery services. Age and parity were often correlated such that increased in age may be associated with the number of children a woman has and possibly a decrease in the need for supervised delivery services. Therefore, explanation for decreased in perceived need for supervised delivery among the women with higher number of children might also be due to their previous experiences in maternal role cycle.

One of the interesting finding in this study was the positive relationship between women's levels of education and perceived need for supervised delivery services. Accordingly, increased level of maternal education may increase women's perceived need for supervised delivery. This finding was consistent with that of Tey and Lai (2013) who found that women who reported no need for skilled delivery were mostly from lower level educational class. Although the relationship observed in this study was not a strong or perfect relationship, it suggested that education could serve as a proxy for women to understand the importance of services provided during delivery and the need to be with a skilled attendant at birth.

Whereas the relationship between husbands' educational level and women's perceived need for supervised delivery was not seen in previous studies, this study found a significant positive relationship between husbands' level of education and women's perceived need for supervised delivery. This suggested that increased in husbands' education might lead to increased perceived need for supervised delivery among women. The possible reason may be that, as expected, husbands who have higher education might have more knowledge about the potential risks associated with pregnancy and labour. Therefore, this category of husbands might enlighten and encourage their wives to seek better and safer delivery services.

The result of this study also illustrated a positive correlation between maternal incomes and perceived need for supervised delivery. This may imply that increased in maternal income may increase their perceived need for supervised delivery services. Since women have to pay for supervised delivery their need for the services might be influenced by their income which determined affordability for supervised delivery. On the other hand, women with lower income may prefer services of unskilled attendants due to high cost of supervised delivery services.

Although the husbands' type of occupation may bring about increase in the family income, leading to affordability of health services, the relationship between this socio-demographic variable and perceived need for supervised delivery was not statistically significant in this study. The possible reason could be that most of the respondents' husbands were business men with only few women having husbands in other categories of working class. In addition, the type of business might be low income or high income business which was not spelt out in this study.

V. Limitations

In this study only women who have given birth in Moriki town were included due to time and difficulty in reaching other villages around Moriki. In addition, simple random sampling was not applied due to lack of sample frame for the women. This may likely affect generalization of findings. Therefore, women's perceived need for supervised delivery in other parts of Nigeria may be different, which warrants future research.

VI. Conclusion and Recommendation

This study found that the overall perceived need for supervised delivery was significantly low, indicating minimal perceived need for supervised delivery services among women. The factors which may increase women's perceived need for supervised delivery services were identified and reported. Midwives need to be research minded in identifying the major concerns of women in the maternal cycle. Moreover, it is important for nurses and midwives to be sensitive to the needs of the women during pregnancy and childbirth. Health workers may use these factors to strengthen women's perceived need for supervised delivery which may in turn increase women's patronage for those services.

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Table 1: Socio-Demographic Characteristics

Demographics Variables	Frequency	%
Age (years)		
18-25	158	46.2
26-34	103	30.1
35-49	81	23.7
Total	342	100.0
Number of children		
1-2	104	30.4
3-4	137	40.1
≥ 5	101	29.5
Total	342	100.0
Level of education		
None	207	60.5
Primary school	66	19.3
Secondary and above	69	20.2
Total	342	100.0
Husband’s level of education		
None	103	30.1
Primary	89	26.0
Secondary	150	43.9
Total	342	100.0
Level of income (in Naira)		
< 5000/month	69	20.1
5000-10000	135	39.5
>10000	138	40.4
Total	342	100.0
Husband’s occupation		

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Farmer or hand work	96	28.1
Business men	155	45.3
Civil servants	91	26.6
Total	342	100.0

Table 2: Mean and Standard Deviation of Perceived need for each Supervised Delivery Service

Delivery services	Mean scores	Standard deviation
Information about supervised delivery	1.28	0.620
Planning where to deliver and who will be present	1.86	0.627
Midwife being around always	1.38	0.744
Vaginal examination	1.46	0.756
Abdominal examination	1.58	0.805
Complication identification, action or referral	2.22	0.854
Assistance for normal delivery	1.66	0.836
Delivery of the placenta	2.33	0.860
Care of the new born baby	1.61	0.845

Table 3: One-sample t-Test Summary Table on Women's Overall Perceived Need

One-Sample Statistic (N = 342)		One-Sample Test (Test Value = 20; 95% CI)				
Variable	Mean	Std. deviation	t	df	Sig.(2-tailed)	Mean Difference
Overall Perceived need	15.39	4.402	-19.372	341	.000	-4.611

Table 4: Pearson's Correlation Coefficient Summary on Correlation between Perceived need for Supervised Delivery and Demographic Variables (age, number of children, income level)

Variables	Perceived need	Age	Number of children	Level of income
perceived need	-	-.230**	-.337**	.207**
Age		-	.574**	-.002
Number of children			-	.094
Level of income				-

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

Table 5: Spearman's Correlation Coefficient Summary on Correlation between Perceived need and Socio-Demographic Variables (levels of education and type of occupation)

Variables	Perceived need	Level of ed.	Husband level of ed.	Husb. Occupation
Perceived need	-	.297**	.206**	.049
Level of education		-	.459**	.178**
Husbands level of ed.			-	.466**
Husbands occupation				-

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