

USE OF INSTRUCTIONAL MATERIALS IN SKILLS ACQUISITION AMONG LECTURERS OF MIDWIFERY INSTITUTIONS IN FAKO DIVISION, SOUTH WEST REGION, CAMEROON

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Abstract: Background: Instructional materials have been observed as a powerful tool used by lecturers to bring about effective teaching and learning. The importance of quality and adequate instructional materials in the teaching-learning process cannot be under estimated.

Objectives: This study aimed at investigating the availability and use of instructional materials in imparting skills, and barriers faced by lecturers of midwifery institutions in Fako Division, Cameroon.

Methods: The study employed an institution based cross-sectional design. Purposive and convenient sampling techniques were used to select the study sites and enroll participants to the study. This study was carried out in Biaka University Institute of Buea, Redemption Higher Institute of Biomedical and Management Sciences, Maflekumen Higher Institute of Health Sciences and the University of Buea all found in Fako Division, South West Region of Cameroon. The study participants were made up of all teachers in the selected institutions in Fako Division who teach Midwifery Courses. Lecturers who met the inclusion criteria and gave their consent to participate in the study were included. Data was collected using a checklist and a four point Likert scale pretested questionnaire. Data was analysed using the Epi info version 7.0.

Results: A total of 78 lecturers of midwifery courses participated in the study. Anatomical models (Bony Pelvis) necessary for the training of midwives were not adequately available [2 (50%)], while 5 equipment necessary for the training of midwives were not available [00(00%)] in the 4 schools. Sixty-six (84.6%) teachers improvised some instructional materials during the teaching and learning process and most [75(96.1%)] of them agreed that instructional materials are vehicles through which teachers communicate information. There was a statistically significant difference ($p < 0.005$) between the perceived use of instructional materials and the imparting of skills on midwifery students. The lack of a supervisory body [70(89.8%)] was a major challenge to the use of instructional materials.

Conclusion: Overall, instructional materials necessary for the training of midwives were not available. It was perceived that teachers used the instructional materials available at their disposal, although students were not giving the opportunity to practice after lectures. This study revealed that teachers faced barriers in the use of instructional materials.

Key words: Instructional materials, use, skills acquisition, Midwifery Institutions, Fako Division.

INTRODUCTION

Instructional materials (IMs) are resources that a teacher uses as a vehicle to communicate information [1]. Instructional materials have been observed as a powerful tool to bring about effective teaching and learning. The importance of quality and adequate instructional materials in the training of Midwifery Students cannot be over emphasised. Teaching and learning can occur through effective utilisation of instructional materials in the classroom. Instructional materials include all the tools that a teacher uses to make learning concrete and memorable. Teaching and learning according to Adeyanju [2] is the science of instructions focused and restricted to the domain of materials and educational aids. They include but are not limited to real objects that provide the audio and/or visual components necessary for the acquisition of skills. Instructional materials include both print and non-print media that are intended to supplement, and not replace, actual teaching. The main aim of instructional material is to provide a more creative and clear means of passing information across [3]. The advantage of a multimedia approach in teaching assists learners in gaining increased awareness and skills and in retaining more effectively what they learn [4].

Historically, according to Raiser [5] in the 1900s teachers were the primary means through which instruction was presented to learners. But in 1905, the first school museum was built in St. Louis. School museums housed supplemental instructional materials that could aid teachers when teaching different topics [6]. Instructional Materials (IMs) are classified into audio materials, visual materials, audio-visual materials, software, hardware, projected media, two-dimensional resources, three-dimensional resources and internet. Since IMs are varied, there are therefore certain criteria which teachers must consider in making good selection, so that the resources will serve the purpose of their usage [8]. These criteria were identified as relevance to lesson objectives, availability, suitability, clarity, durability, portability and cost.

World Health Organisation and Minnesota Board of Education (M.B.E.) [7, 8] stipulate that IMs arouse and increase interest in learning, hold learner's attention, and help in the retention of taught content among learners. Teaching and learning in Midwifery schools is incomplete and ineffective without the utilisation of appropriate IMs [9]. Lack of available IMs and teachers' inability to select appropriate IMs lead to poor academic performances in teaching and learning process [10]. According to Tambo [11], the lack of IMs will often make teachers to rush through explanation of complicated concepts, expecting students to learn them within the few minutes of the lesson time.

The International Council of Midwives (IMC) accelerate progress towards MDGs 4 & 5 at country and regional levels by stating standard basic equipment that institutions should have and use during the course of midwifery training [12]. Meanwhile, the competency-based approach with the midwifery curriculum lays emphasis on the acquisition of skills and competencies related with the use of instructional materials in the midwifery training [13]. It is on this backdrop that this study had as objective to specifically assess the availability and use of IMs in skill acquisition and identify the barriers in the use of instructional materials by lecturers of midwifery institutions. This is crucial in providing data to assist in the designing and implementing guidelines that would ensure that student midwives are effectively trained in midwifery institutions.

METHODS

This study adopted a descriptive cross sectional survey design aimed at investigating the availability and use of instructional materials in skills acquisition among midwifery lecturers from the 20th of October, 2021 to 30th of June, 2022. The study was carried out in Biaka University Institute of Buea, Redemption Higher Institute of Biomedical and Management Sciences (RHIBMS), Maflekumen Higher Institute of Health

Sciences and the University of Buea all in Fako Division, South West Region of Cameroon. The purposive sampling technique was used in selecting the study sites. These institutions were selected because they have a good number of midwifery students and they have been training midwives in this region of the country for a couple years now. Also, they have Midwifery Programmes at the undergraduate and graduate levels. The target population was made up of all teachers both males and females in the above-mentioned institutions who teach midwifery courses. All teachers in these institutions who gave their consent to participate in the study were included in the study. All teachers who were absent from the institutions during the study period were excluded from the study.

A total of 78 teachers of midwifery courses selected by a convenient sampling technique participated in the study. Data was collected using a pretested questionnaire, which made up of a checklist (consisting of the necessary IMs) and a four point Likert Scale. Data was collected on the availability and use of instructional materials in the midwifery institutions, and the barriers faced. The questionnaire was pretested in order to validate the study questions by administering eight copies of it to eight teachers of midwifery courses who were not part of the study population. Their responses confirmed the clarity and validity of the questions. Copies of the questionnaire were then administered to the selected study participants who completed the various sections of the questionnaire. With respect to the availability of instructional materials (IMs), the respondents were expected to tick or select adequately, moderately, not adequately or not available on the check list provided. Regarding the use of instructional materials in imparting skills and the barriers faced, the respondents were expected to tick strongly agree, agree, disagree or strongly disagree on the Likert Scale.

Data collected was inputted into Excel spreadsheets and later analysed using Epi info 7.0. Both quantitative and qualitative data were analyzed with the chi square test (with a P-value of 0.005) used to test for the statistical significance of the results gotten. Categorical variables (qualitative data) such as marital status, occupation, and religion were summarized using frequencies and percentages.

Ethical Approval

This study was authorised by the Department of Nursing, Faculty of Health Sciences, University of Buea, Cameroon. The proposal was reviewed and authorised by the Institutional Review Board of the Faculty of Health Sciences, University of Buea, Cameroon. Administrative authorisation was first obtained from the Regional Delegation of Public Health and then from the heads of the various health training institutions. Before responding to the questionnaire, each respondent gave his or her consent by signing the consent form.

RESULTS

A total of 78 participants participated in the study with a majority [49 (62.8%)] of them comprising females and 46 (59.0%) were holders of a Master's degree. The work experience of the respondents showed that majority, 41 (52.5%) had more than 5 years of work experience, while 37 (47.4%) had 5 years or less of work experience (Table 1).

Variables	Indicators	n (%)
Sex	Males	29 (37.2)
	Females	49 (62.8)
	Total	78(100)
Age group	20-29	30 (38.5)
	30-39	25 (32.1)
	40-49	15 (19.2)
	≥ 50	8 (10.3)
	Total	78(100)
Marital status	Married	38 (48.7)
	Single	36 (46.2)
	Divorced	4 (5.1)
	Widow(er)	0
	Total	78(100)
Academic level	HND	0
	First Degree	22 (28.2)
	Masters	46 (59.0)
	Ph.D	10 (12.8)
	Total	78 (100)
Work Experience	≤ 5 years	37 (47.4)
	> 5 years	41 (52.5)
	Total	78 (100)
Religion	Christianity	73 (93.6)
	Islam	4 (5.1)
	Others	1 (1.3)
	Total	78 (100)

Table 1: Socio-demographic Characteristics of Respondents

Regarding the availability of instructional materials (availability of anatomical models) in the selected schools necessary for the training of midwives were not adequately available [2 (50%)] while child birth simulator, pregnant abdomen model, fetal skull and cervical dilation anatomical models were not available 0 (0%) (Table 2).

Table 2: Availability of Anatomical Models in the Selected Training Institutions in Fako Division 2022

SN	Instructional materials	Available n (%)	Not available n (%)
1	Pelvic model	3(75%)	1 (25%)
2	Child birth simulator	0 (0%)	4 (100%)
3	Models for injection	1 (25%)	3 (75%)
4	Pregnant abdomen model	0 (0%)	4 (100%)
5	breastfeeding model	1 (25%)	3 (75%)
6	Bony pelvis	2 (50%)	2 (50%)
7	Fetal skull	0 (0%)	4 (100%)
8	Uterus and placenta models	1 (25%)	3 (75%)

9	Cervical dilation model	0 (0%)	4 (100%)
10	Newborn resuscitation model	1 (25%)	3 (75%)

Looking at the availability of equipment, half (7) of them were not available 0%, two were moderately available (50%) and five were not adequately available as they scored 25% on availability (Table 3).

Table 3: Availability of Equipment in the Selected Training Institutions in in Fako Division 2022

SN	Instructional materials	Available n (%)	Not available n (%)
1	Implant insertion/removal kit	2 (50%)	2 (50%)
2	IUD insertion kit	1 (25%)	3 (75%)
3	Infant weighing scale	2 (50%)	2 (50%)
4	Vaginal speculums – sizes	1 (25%)	3 (75%)
5	Fetoscope (fetal stethoscope)	1 (25%)	3 (75%)
6	Cord scissors	0 (0%)	4 (100%)
7	Needle holding forceps	1 (25%)	3 (75%)
8	Episiotomy kit	0 (0%)	4 (100%)
9	Ambu bag (adult & pediatric with masks)	0 (0%)	4 (100%)
10	Suturing set (box/bag plus some items on list).	1 (25%)	3 (75%)
11	Manual vacuum aspirator (MVA plus)	0 (0%)	4 (100%)
12	Delivery bed (delivery table, with privacy screens).	0 (0%)	4 (100%)
13	Sterilization kit or autoclave	0 (0%)	4 (100%)
14	Vacuum extractor	0 (0%)	4 (100%)

For the consumables, they were very much available as 4 out of 6 scored adequately available while only one scored not adequately available and one not available at all (Table 4).

Table 4: Availability of Consumables in the Selected Training Institutions in Buea, 2022

SN	Instructional materials	Available n (%)	Not available n (%)
1	Family planning samples	3 (75%)	1 (25%)
2	Examination gloves (clean, sterile & HLD; both disposable & reusable)	3 (75%)	1 (25%)
3	Test materials for hemoglobin	4 (100%)	0 (0%)
4	Identification bands (baby) 85	1 (25%)	3 (75%)
5	Safety box for sharps	0 (0%)	4 (100%)
6	Urine test kit for proteins & glucose (or reagents for lab)	4 (100%)	0 (0%)

Charts and visuals were not very much available as just 2/9 were adequately available scoring 100%, one moderately available (50%), two not adequately available 25% while four were not available at all scoring 0% (Table 5).

Table 5: Availability of Charts/visuals Depictions in the Selected Training Institutions in Fako Division 2022

SN	Instructional materials	Available n (%)	Not available n (%)
1	Female reproductive Anatomy	4 (100%)	0 (0%)
2	Male reproductive Anatomy	4 (100%)	0 (0%)
3	Stages of labor	1 (25%)	3 (75%)
4	Midwives code of conduct	0 (0%)	4 (100%)
5	Mechanism of birth (vertex & breech)	0 (0%)	4 (100%)
6	Family planning flip chart	0 (0%)	4 (100%)
7	Gestational age calculator (pregnancy wheel)	1 (25%)	3 (75%)
8	Partograph	2 (50%)	2 (50%)
9	Newborn resuscitation protocol	0 (0%)	4 (100%)

Books/ manuals/ videos were mostly not available as only three were not adequately available while the rest of them, five were not available at all (Table 6).

Table 6: Availability of Books/Manuals/Videos in the Selected Training Institutions in Fako Division 2022

SN	Instructional materials	Available n (%)	Not available n (%)
1	Female reproductive Anatomy	4 (100%)	0 (0%)
2	Male reproductive Anatomy	4 (100%)	0 (0%)
3	Stages of labor	1 (25%)	3 (75%)
4	Midwives code of conduct	0 (0%)	4 (100%)
5	Mechanism of birth (vertex & breech)	0 (0%)	4 (100%)
6	Family planning flip chart	0 (0%)	4 (100%)
7	Gestational age calculator (pregnancy wheel)	1 (25%)	3 (75%)
8	Partograph	2 (50%)	2 (50%)
9	Newborn resuscitation protocol	0 (0%)	4 (100%)

Regarding the use of instructional materials and reasons, the results showed that in all 4 sampled institutions, teachers actually used the instructional materials available at their disposal; 66 (84.6%) teachers improvised some instructional materials during the teaching and learning process. Thirty-two (41%) of the teachers said students in their classrooms were not given the opportunity to practice after lectures. Regarding reasons for using IMs, [75(96.1%)] of them agreed that instructional materials were vehicles through which teachers communicate information (Table 7).

Table 7: Use of and Reason for Using Instructional Materials among Lecturers in the Selected Training Institutions in Buea, 2022

SN	Use of/reason for use of Instructional materials	SA n (%)	A n (%)	D n (%)	SD n (%)
1	Instructional materials are vehicles through which teachers communicate information.	38 (48.7%)	37 (47.4%)	1 (1.3%)	2 (2.6%)
2	Instructional materials for practical courses in midwifery enable student midwives to learn and acquire skills	29 (37.2%)	47 (60.3%)	1 (1.3%)	1 (1.3%)

	more than just teacher's voice and chalk board				
3	Instructional materials in midwifery makes use of models, charts, consumables, manuals and equipment.	35 (44.9%)	38 (48.7%)	4 (5.1%)	1 (1.3%)
4	Practical courses in midwifery cannot be taught effectively without appropriate use of relevant instructional materials	34 (43.6%)	37 (47.4%)	5 (6.4%)	2 (2.6%)
5	Teachers improvise some instructional materials during the teaching and learning process	32 (41.0%)	34 (43.6%)	8 (10.3%)	4 (5.1%)
6	After performing a procedure, students are given the opportunity to demonstrate mastery	9 (11.5%)	23 (29.5%)	27 (34.6%)	19 (24.4%)
7	Instructional materials used in class should also include textbooks to help strengthen skills.	25 (32.1%)	43 (55.1%)	7 (9.0%)	3 (3.8%)
8	Instructional materials make lessons captivating and interesting.	1 (1.3%)	31 (39.7%)	44 (56.4%)	2 (2.6%)
9	Use of Instructional materials help students acquire skills with long-term effect.	34 (43.6%)	36 (46.2%)	5 (6.4%)	3 (3.8%)
10	Use of instructional materials helps to build teachers' confidence and flexibility in presenting concepts which foster students' mastery of concepts.	28 (35.9%)	45 (57.7%)	4 (5.1%)	1 (1.3%)

Furthermore, the results from the participants in all 4 sampled institutions indicated that many teachers had the qualifications and the required professional skills in teaching. It was perceived that the only problem the teachers had was lack of motivation to effectively execute their professionalism, which include developing instructional materials. Thus, at a level of significance ($p=0.005$) set by convention, the Chi squared test (χ) was calculated for all sampled institution, $\chi=1.34593E-10$. The Chi squared test (χ) value is far less than the critical value 1.96 (so $p\text{-value}<0.005$). Therefore, at a level of significance of 0.005, there was a statistically significant difference between the use of Instructional Materials (IMs) by lecturers and the imparting of skills in midwifery students.

Regarding the barriers in the use of instructional materials, all of the factors were agreed upon as barriers to the use of instructional materials in midwifery training; they mostly attested that the lack of supervisory body [70(89.8%)] was a major challenge. Though other aspects like negligence on the part of the teachers was also considered highly with a mean value of 3.30, others like materials not being kept at the reach of the teachers and bureaucratic measures were seen as minor problems as they scored a mean value of 2.71 (70.5%) each (Table 8).

Table 8: Barriers to the use of Instructional materials among Tutors/Educators in the Selected Training Institutions in Buea, 2022

SN	Barriers to the use of Instructional materials	Strongly agreed n (%)	Agreed n (%)	Disagreed n (%)	Strongly disagreed n (%)
1	Lack of knowledge to operate equipment	26 (33.3%)	36 (46.2%)	13 (16.7%)	3 (3.8%)
2	Materials are not kept at the reach of teachers	18 (22.1%)	37 (47.4%)	17 (21.8%)	6 (7.7%)
3	Lack of a well-equipped demonstration room.	22 (28.2%)	38 (48.7%)	9 (11.5%)	9 (11.5%)
4	Lack of essential instructional materials in the facility.	32 (41.0%)	32 (41.0%)	7 (9.0%)	7 (9.0%)
5	Lack of knowledge and the effect on non-use of instructional materials.	29 (37.2%)	31 (39.7%)	12 (15.4%)	6 (7.7%)
6	Limited time allocation for practical courses.	26 (33.3%)	31 (39.7%)	15 (19.2%)	6 (7.7%)
7	Negligence by teachers in selecting course-appropriate instructional materials for practical courses.	42 (53.8%)	21 (26.9%)	12 (15.4%)	3 (3.8%)
8	Bureaucratic measures put in place by institutions on accessibility and use of instructional materials.	15 (19.2%)	32 (41.0%)	25 (32.1%)	6 (7.7%)
9	Irregular power supply	19 (24.4%)	36 (46.2%)	18 (23.1%)	5 (6.4%)
10	Lack of supervisory body to oversee the implementation of the use of instructional materials	46 (59.0%)	24 (30.8%)	3 (3.8%)	5 (6.4%)

DISCUSSION

The aim of this study was to assess the availability and use of Instructional Materials (IMs) in skills acquisition, and also identify the barriers to its use among midwifery lecturers in health training institutions. The goal was to determine whether the barriers to the use of instructional materials in skills accusation emanated from factors related to the schools or from the inability of the lecturers to properly use or develop

the instructional materials. Instructional materials have been in existence for a long time but they are often underutilised in the training of midwifery students [14]. It is hoped that, the findings of this study will cause policy and decision makers to reflect seriously on the absolute implementation of instructional materials (IMs) in the training of midwives, design and establish guidelines, which could promote the use of IMs in health training institutions in enhancing skills acquisition.

The results of this study revealed that materials for the training of midwives are not adequately available in the training institutions, when compared to the requirements stipulated by the International Conference of Midwives necessary in the training of midwifery students. Though table 4 records the highest number of available materials out of the five tables in total, the others were mostly either not adequately available or moderately available. It is glaring that table 3 on equipment recorded the lowest number of available equipment as most of the equipment were not available at all. The poor availability of these instructional materials could be the major reason for the poor acquisition of skills during the training of midwives today. John [15] stated that instructional materials are the key to teachers' and students' performance. A similar study conducted by Agaba *et al.* [16] in Nigeria, results showed that, only few (35.5%) instructional materials were available and majority (67.2%) of the tutors do not use instructional materials in the course of teaching. The study concluded that the lesser the availability, the lesser the effectiveness of instructional material and lower academic performance. According to Hitesh [13], the goal of the International Confederation of Midwives (ICM) was to develop the document (Standard ICM Competency-Based List for Basic Skills Training in Midwifery Schools) as a reference for 'programme' countries in their efforts to upgrade and/or equip the skills laboratories in midwifery schools. It is evident that these materials are lacking in our schools. Another study conducted by John [15] found out that, most schools in higher education suffer shortage of essential teaching and learning materials. This could be the reason for the teachers' reluctance in giving students the opportunity to practice after explaining concepts. They will not see the need for emphasising on the availability due to its poor utilisation. This is also supported by Sideridis [17] in his work on the relationship between educational resources and students' performance. His findings concluded that, schools with adequately available instructional materials perform better than schools with non-adequate available instructional materials.

Our findings revealed that teachers actually used the instructional materials available at their disposal but did not insist on the aspect of skills acquisition. This is evident in the fact that, students in their classrooms were not given the opportunity to practice after lectures as most of them attested as can be seen in their responses in tables 6 and 7. Also, most of the teachers did not believe in the ability of instructional materials to make the learning environment captivating as stated in table 7 above. This is in contrast with the Minnesota Board of Educators who affirmed that, instructional materials make the teaching and learning process effective as they help to attract and hold the attention of learners, promote acquisition of knowledge and facilitate the understanding of abstract explanations. However, most of them saw instructional materials as vehicles through which teachers communicate information. There was a statistically significant difference ($p < 0.005$) between the perceived use of instructional materials and the imparting of skills on midwifery students.

Obiageli *et al* [18] reported that student midwives perceived that utilisation of instructional resources promoted their concentration and aided their retention of knowledge to a high extent. They concluded that tutors utilised instructional resources to a low extent in the teaching of student midwives, though it aided concentration and retention of knowledge to a high extent. Meanwhile Bloom's model of evaluation [19] on the use of instructional materials states that for effective teaching to take place, there should be the interdependence of variables, teaching materials, teaching and learning process to students' performance as an outcome. Therefore, after teaching and demonstrating, the teacher should be able to give the students the opportunity to perform in order to ascertain that learning has occurred. The study further revealed that all the

respondents agreed that they were barriers to the use of instructional materials in midwifery training. Most especially, the aspect of lack of supervisory body was agreed to be a major barrier.

Though other aspects like negligence on the part of the teachers was also considered highly with a mean value of 3.30, others like materials not being kept at the reach of the teachers and bureaucratic measures were seen as minor problems. This indicates that teachers in midwifery training institutions faced many challenges in using instructional materials in their classrooms. Our findings concur with the findings of Malgorzata [14] who pointed out that, lack of using instructional materials in classrooms was very much related to insufficient skills and creativity among the teachers. Although Keshav lamented on limited time allocation for the courses he also emphasized on support from the authority like the bureaucratic measures put in place by institutions on accessibility and use of instructional materials [20]. These materials which are not being easily accessible, together with the limited time allocation may prompt the teachers to willfully under rate their importance.

Tambo holds that the lack of instructional materials will often make teachers to rush through explanation of complicated concepts, expecting students to learn them within the few minutes of the lesson time [21]. To quote Bralavsky [22] “incredibly, we are now confronted with the task of teaching the teachers to teach.” The State of the World’s Midwifery Report (SOWMy) [23] states that, out of the 73 countries from which data was gathered, only four countries have the workforce capacity to provide the care needed by women in their reproductive years, as well as for newborns. In addition, many of the education programmes described lack basic training in the development of skills required of a midwife [24]. This is evident in our finding as most of the participants strongly agree and agree to the fact that, lack of a supervisory body to follow up the effective use of instructional materials during the teaching and learning process is a major setback. Also, this can be reflected on the teacher’s negligence in preparing content relevant materials; hence, could lead to poor performance of the students, which might in turn result in the training of incompetent midwives.’

CONCLUSION

This study revealed that most Instructional Materials (IMs) are not available at the training institutions; however, teachers used the instructional materials available at their disposal. They reported that students in their classrooms were not given the opportunity to practice after lectures and also, most of the teachers did not believe in the ability of instructional materials to make the learning environment captivating. However, most of them that used IMs attested that instructional materials are vehicles through which teachers communicate information. There was a statistically significant difference ($p < 0.005$) between the perceived use of instructional materials and the imparting of skills on midwifery students. Teachers had so many barriers as to the use of instructional materials. These barriers ranged from the bureaucratic measures put in place restricting the teachers to the lack of supervisory body, which was a major barrier. Based on these findings, it is recommended that the regulatory body should see to it that materials are available at training institutions.

It is worth noting that some fundamental problems plaguing midwifery education today are outdated basic didactic materials, obsolete libraries, text books, and inadequate resource persons and subject area specialists and unwillingness to embrace change. Hence, heads of institutions or departments should be instructional supervisors, to ensure that instructions are going on as expected and students are given quality education. In addition, refresher in service trainings on the importance and use of instructional materials could be organised in midwifery training institutions. Furthermore, regular unannounced supervision will serve as a wakeup call for teachers who are neglectful and nonchalant. These might in turn ensure the effective training of knowledgeable and skilful midwives who can render competent and safe patient care.

Limitation of the study

The study was conducted in Fako Division which is just a division in the South West Region of Cameroon, thus, results may not be generalizable to all midwifery institutions in the country. However, the study used the top health training schools in Fako Division in the South West Region of Cameroon; hence, the findings might have painted a true picture of the situation.

Conflict of Interest

The authors declare that they have no conflicts of interest.

Authors' Contribution

All authors participated in all steps of the study from its commencement to writing. That is, conception and design, acquisition of data, analysis and interpretation of data as well as drafting and or revising and approving the final manuscript. Ebob M and Kome R contributed in drafting the manuscript while Tumabang D analysed the data.

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