



Perception of Clients on the Quality of Maternity Services Rendered in State Specialist Hospital Asubiaro, Osogbo

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Abstract

Background: *Quality of Maternity Service is an important determinant of Safe Motherhood. The Ethiopia Demographic and Health Survey (EDHS) 2011 estimated maternal mortality rate to be 676 maternal deaths per 100,000 live births. Nigeria ranks second globally from maternal mortality rate. The aim of this study was to determine the Perception of clients on the quality of maternity services rendered in State Specialist Hospital Asubiaro, Osogbo.*

Methods: *A descriptive quantitative approach was used to obtain information relevant to the research question. 110 women who fulfilled the inclusion criteria were selected using purposive sampling technique. A structured questionnaire was administered to the respondent after they have consented to participate. The completed questionnaire was retrieved and analyzed using SPSS version 17.0 with frequency tables and bar charts.*

Findings: *The finding revealed that more than half (59.1%) of the clients perceived maternity services not to be of quality while only 40.9% perceived the services to be of quality.*

They were most satisfied with the health care delivery (mean=23.01±2.03), and least satisfied with the attitude of health care workers (14.55±1.78). While most patients individually often desire longer consultation with care providers, they often expressed dissatisfaction with long waiting time. There was also greater preference for private health facilities to public health facilities and this was not due to difference in technical competence but primarily due to the process of service provision.

Conclusion and Recommendation: *This study has provided an insight into an important, but often neglected aspect of maternal health care. This is necessary to improve on the current maternal health profile in the State Specialist Hospital, Asubiaro, Osogbo, Osun State, Nigeria. Overall, the findings of this study have demonstrated low level of satisfaction with the quality of maternity services rendered in this institution. We therefore recommend adequate staffing of health care facilities with skilled personnel, such as medical doctors and midwives. Policy makers should train public hospital staff on effective communication and interpersonal skills, more equipment should also be provided.*

Keyword: *Quality, Maternity Services, Pregnant Women, Nursing Mothers and Midwives.*

Introduction

Every day, approximately 830 women die from preventable causes related to pregnancy and childbirth, 99% of these maternal deaths occur in developing countries particularly sub-Saharan Africa (World Health Organization, 2018). Around the world, quality of care during antenatal intrapartum and postpartum period plays a vital role to promote maternal health, better birth process and a healthy baby. It was estimated that by the end of 2015, roughly 303,000 women will have died during and following pregnancy and childbirth, Almost all of these death occurred in low resource setting, and most could have been prevented (World Health Organization, 2017).

Maternal and child mortality is not an uncommon event in several parts of the developing world mother and children are at highest risk for disease and death. While motherhood is supposed to be a positive and fulfilling experience for women, it is associated with ill-health and even death for many (Mona, 2016). According to Ethiopia Demographic and Health Survey (EDHS) 2011, maternal mortality rate was estimated to be 676 maternal deaths per 100,000 live births (Tarekegn, Lieberman, Giedritis, 2014). However, in spite of the concentrated effort of the Ethiopian government, the level of maternal mortality is not reduced as desired.

Studies have shown that 99% of all maternal deaths occur in developing countries and it's higher in woman living in rural areas and among poorer communities. Young Adolescents face a higher risk of complications and death as a result of pregnancy than other women between 1990 and 2015, maternal mortality rate worldwide dropped by about 44% and this occur as result of skilled care before, during and after childbirth that save the lives of women and new-born babies (Prata, Passano, Sreenivas, Gerdt, 2010; Daughters of Africa, 2016).

Between 2016 and 2030, as part of the sustainable development Agenda, the target is to reduce the global maternal mortality ratio less than 70 per 100,000 live births. In sub-Saharan

Africa, a number of countries halved their level of maternal mortality since 1990. In other regions, including Asia and North Africa, even greater headway was made, studies also shows that most women who utilize antenatal care (ANC) service in sub-Saharan Africa (SSA) do not receive adequate attention, as care providers are overwhelmed by the number of pregnant women seeking ANC (Nikiema, Kameli, Capon, Sondo, Martin-Prevel, 2010). In the developing countries including Nigeria, standard of quality of care often sort by health managers and care providers. Although there are several policies and guidelines to ensure quality of care, the extent to which they are adhered to is not well known (Bauhoff, 2015). Despite successive efforts to improve maternal health outcomes in Nigeria, relevant indicators in the country remain generally poor. A woman's chance of dying during pregnancy and childbirth in Nigeria is high, at 1 in 13 as compared to 1 in 31 for sub-Saharan Africa (Izugbara, Wekesah, Adedini, 2016). Nigeria has high maternal and infant mortality partly contributed by the poor perception of patients concerning the quality of service making women patronize over the counter drugs instead of seeking care in public health care institution (Nnebue, Ebenebe, Adinma, Iyoke, Obionu & Ilika, 2014). Although, In recent years the country embarked on measures to reform the healthcare system, including maternal healthcare (MHC) delivery in a bid to attain millennium development Goals (MDGS) 4 and 5.

In Nigeria, for instance, maternal mortality ratio increased from 545 to 575 deaths per 100,000 live births between 2008 and 2013, reflecting a worsening situation. Studies have shown that increased availability of service does not always translate to increased access to healthcare (National Population Commission (NPC), 2014; Federal Republic of Nigeria report on Millennium Development Goals (MDGs), 2010).

According to Emelumadu, et al,(2014) many patients in south east Nigeria are poor and ignorant, hence often feel that they are not in a good position to influence the type and quality of

service they recurs even if their expectation are not met. Therefore, quality of maternity service is a multidimensional concept and it refers to the standard of care that is regularly monitored by the nurse midwife.

Methods and Procedures

Design

A quantitative descriptive cross sectional design was employed to determine the client perception on the quality of maternity services rendered in State Specialist Hospital Asubiaro, Osogbo.

Recruitment of Participants

Participants were recruited from the antenatal and postnatal clinic of the State Specialist Hospital. A simple random technique was used to recruit pregnant and nursing mothers assessing maternity services from the two clinics. The sample size was calculated to be 110 participants 70 pregnant women and 40 nursing mothers using Leslie Fiscer's Formula.

Data collection

A self-designed questionnaire based on the purpose of the study and extensive review of literature was used for data collection. The questionnaire consisted of 29 items and divided into four sections: socio-demographic characteristics, perception of client on the maternity services rendered at the State Specialist Hospital, Asubiaro, Osogbo, factors that can improve maternity services and barriers to the use of maternity services. The questionnaire was reviewed by the researchers and an expert in scale development to ensure the construct and content validity of the questionnaire. In order to ensure clarity and understanding of the items, the questionnaire was piloted among 6 pregnant women and 4 nursing mothers in similar settings in Osogbo. However, the data collected during the pre-test were not included in the actual study. The Cronbach's alpha of the present study was 0.67.

Permission was sought from the director of nursing services of the hospital prior to data collection. The purpose of the study was explained to each participant. Participants who

agreed to participate was administered the questionnaire for responses to be provided. A total of 150 questionnaires were distributed but 110 questionnaires were retrieved.

Data analysis

Data were analyzed using SPSS version 17.0 to conduct descriptive and correlational analysis. In order to examine the relationship between the socio-demographic characteristics and client's perception of quality of maternity services, Chi Square test was used to establish the relationship.

Results

Table 1: Socio-demographic characteristics of the respondents

Variables	Frequency	Percentage
Age		
16-20	12	10.9
21-25	21	19.1
26-30	49	44.5
31-35	28	25.5
Religion		
Islam	52	47.3
Christianity	58	52.7
Marital Status		
Married	72	65.5
Single	29	26.4
Separated	9	8.2
Educational Status		
No education	11	10.0
Primary	14	12.7
Secondary	30	27.3
Tertiary	55	50.0
Occupation		
Housewife	29	26.4
Trading	49	44.5
Civil servant	32	29.1
No of Children		
1 – 2	62	56.4
3 – 4	44	40.0
5 and above	4	3.6

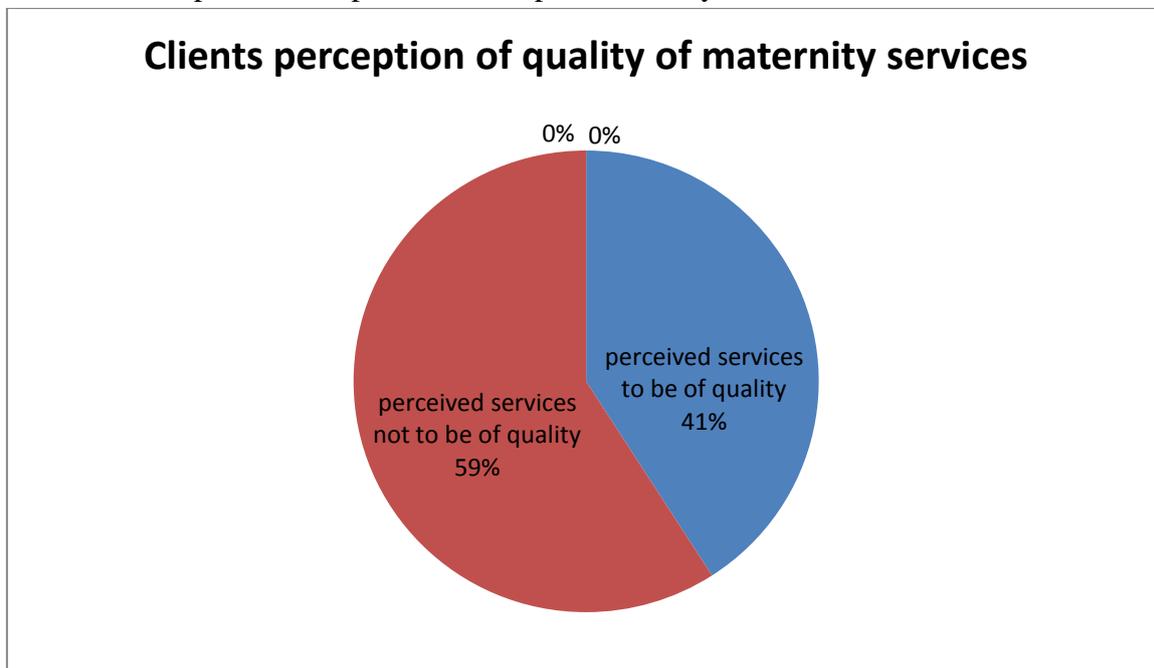
Table 1 shows the socio-demographic factors of the respondents with majority of them 49 (44.5%) falls within the ages of 26-30 years and were married (65.5%). More than half of the respondents (52.7%) were Christians and 44.5% were Traders.

Table 2: Mean and Standard Deviation of perception of Quality of Maternity Services

Variable	Mean	Standard Deviation
Health Facility	19.37	3.50
Adequacy of Staff	2.05	0.61
Adequacy of Room	3.01	0.49
Adequacy of Water	2.16	0.78
Clean Environment	2.88	0.62
Adequacy of Medical Equipment	2.53	0.63
Distance	2.78	0.11
Health Care Delivery	23.01	2.03
Examine well	2.88	0.35
Staff Competency	3.13	0.37
Prescription of drug	2.96	0.29
Cost of Service	3.48	0.45
Availability of drugs	2.07	0.52
Privacy	2.76	0.53
Waiting time	3.07	0.15
Adequacy of information	2.85	0.52
Interpersonal Aspects	14.55	1.78
Openness to clients	2.81	0.46
Compassion for clients	2.96	0.33
Respects for clients	2.84	0.31
Time devoted to patients	2.75	0.24
Good interpersonal attitude to clients	2.18	0.11

The quality of maternity services was assessed under 3 sub scales namely; Health facility, health care delivery and interpersonal aspect. With regards to health facility, adequate room, clean environment and distance from the community revealed high mean score of clients having good perception (3.01±0.49, 2.88±0.62 and 2.78±0.11 respectively). As regards health care delivery, staff competency, cost of service and waiting time revealed a High mean scores of clients having good perception (3.13±0.37, 3.48±0.44 and 3.07±0.35 respectively). Also, in the subscale of interpersonal aspects, respect for patient has highest mean score of 2.96±0.33; follow by compassion to patient and time devoted to clients having mean score of 2.91±0.46 and 2.84±0.31 respectively

Figure 1: Overall Perception of Respondents Irrespective of any Influence Factors



The Overall Perception of Respondents Irrespective of any Influence Factors is depicted in figure 1. More than half (59.1%) of the clients

perceived maternity services not to be of quality while only 40.9% perceived the services to be of quality.

Table 3: Socio-Demographic Characteristics and clients perception of quality of maternity services

Variables	Perceived Services to be of quality (%)	Perceived services not to be of quality (%)	X ²	Df	P-Value
Age(Years)					
16-25	10(30.3)	23(69.7)	9.70	2	0.008
26-35	35 (45.5)	42(54.5)			
Religion					
Islam	19(36.5)	33(63.5)	9.14	1	0.215
Christianity	26(44.8)	32(55.2)			
Marital status					
Married	28(38.9)	44(61.1)	4.61	1	0.032
Single	12(41.4)	17(58.6)			
Separated	5(55.6)	4(44.4)			
Educational status					
None	4(36.4)	7(63.6)	3.83	2	0.147
Primary	8(57.1)	6(42.9)			
Secondary	11(36.7)	19(63.6)			
Tertiary	22(40)	33(60)			

Age ($X^2=9.70$, $df=2$, $P\text{-value}=0.008$) and marital status ($X^2=4.16$, $df=1$, $P\text{-value}=0.032$) were significantly associated with overall clients perception of quality of maternity services.

Table 4: The ways of improving the quality of maternity services as suggested by respondents

Factors that can help to improve the quality of maternity services	Mean	SD
Adequate staffing of health care facilities	3.98	0.20
Availability of equipment and supplies	3.76	0.15
Availability of services	3.51	0.11
Provision of essential drugs and supplies	2.86	1.21
Provision of affordable care and services	2.11	0.89
Positive and encouraging attitude of health care providers	2.71	0.16

Most common suggestions for improving QMHCS include, adequate staffing of health care facilities with skilled personnel (3.98 ± 0.20), availability of equipment and supplies (3.76 ± 0.15) and availability of services (3.51 ± 0.11).

Discussion

Women utilizing maternity services are increasingly becoming aware and desirous of the need to improve quality of services provided to them. Their utilization of maternal care services has been shown to depend on their perceptions on these services (Vidler, et al. 2016). Hence, their

perception of MHC services is an important measure for assessing the extent at which their expectations are being met by both the policy makers and the care providers. More than half (59.1%) of the clients perceived maternity services not to be of quality while only 40.9% perceived the maternity services to be of quality. They were most satisfied with the health care delivery ($\text{mean}=23.01\pm 2.03$), and least satisfied with the attitude of health care workers (14.55 ± 1.78). Elsewhere in Africa, clients' satisfaction with maternal services is generally high, even though service cost, payment mechanism and long waiting time were identified as barriers to MH service utilization (Emelumadu, et al., 2014). While most patients individually often desire longer consultation with care providers, they often expressed dissatisfaction with long waiting time. There was also greater preference for private health facilities to public health facilities and this was not due to difference in technical competence but primarily due to the process of service provision (Emelumadu, et al., 2014).

The most striking finding was client not satisfied with the attitude of health care workers (14.55 ± 1.78). It shows the importance women attach to being treated with courtesy and empathy, irrespective of socio-cultural or economic context. Women identify 'being treated as a human being'

as one of the benchmarks of high quality care (Srivastava, Avan, Rajbangshi, Bhattacharyya, 2015). Across the world, women seek dignity and respect while undergoing maternity care. Provider behavior and attitudes are therefore major determinants of utilization of skilled maternity care. Increasing documentation of neglect and intentional abuse and humiliation of women during childbirth in countries across the world indicates that this is indeed a major factor inhibiting uptake of services (Srivastava, Avan, Rajbangshi, Bhattacharyya, 2015). In this context it is important that efforts to improve access and availability of skilled delivery care to women in developing countries focus equally on sensitizing providers on respectful care. Previous studies have not demonstrated consistent relationship between patient satisfaction and socio-demographic characteristics of users of healthcare services. This is because determinants of clients' satisfaction are multi-factorial and no factor has been shown to contribute to satisfaction or dissatisfaction more than the other. Patients' satisfaction with health services is purely individualistic and dynamic. On the contrary, more consistent association has been demonstrated between service satisfaction and age of patients. This study revealed that Age ($X^2=9.70$, $df=2$, $P\text{-value}=0.008$) and marital status ($X^2=4.16$, $df=1$, $P\text{-value}=0.032$) were significantly associated with overall clients perception of quality of maternity services.

Conclusion

This study has provided an insight into an important, but often neglected aspect of maternal health care. This is necessary to improve on the current maternal health profile in the State specialist hospital, Asubiaro, Osogbo, Osun State, Nigeria. Overall, the findings of this study have demonstrated low level of satisfaction with the quality of maternity services rendered in this institution. We therefore recommend adequate staffing of health care facilities with skilled personnel, such as medical doctors and midwives. Policy makers should train public hospital staff on

effective communication and interpersonal skills, more equipment should also be provided.

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