

**QUALITY OF CARE AMONG WOMEN ATTENDING ANTENATAL CARE IN A
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ABSTRACT

Background: Good quality antenatal care is a proximate determinant of maternal morbidity and mortality particularly in low-income countries. Quality of antenatal care may influence the utilization of the facility. **Objective:** To determine the perceived-quality of antenatal care services in Usmanu Danfodiyo University Teaching Hospital (UDUTH) Sokoto. **Materials and Methods:** This is a descriptive cross-sectional study involving 270 pregnant women attending antenatal care at UDUTH who were selected by convenient sampling. A semi-structured questionnaire was the instrument of data collection. Data analysis was done using frequency tables and chi-square statistic test was used to explore associations at 5% level of significance. **Results:** The mean age of the respondents was 27.63 (SD 6.516 years), while 153/270 (56.6%) were within the age group of 25 to 34 years. Majority of the respondents 216/270 (80%) had formal education while 153/270 (56.7%) were home makers. About two thirds of the respondents were multipara. More than 93% (N/D) of them assessed the attitude of the healthcare personnel positively; while about 67% (N/D) were displeased with the amount of time spent in clinic. This was the most frequently mentioned reason for non-satisfaction with the quality of care received. About 40% of the women would want an improvement in the sanitary condition of the hospital. **Conclusion:** Majority of respondents assessed the overall quality of care received as satisfactory. A major point of dissatisfaction is the long clinic waiting period and poor sanitary condition. **Recommendation:** There is need to perform periodic assessment of the quality of ANC care in order to improve utilization of antenatal care services.

KEYWORD: Antenatal care, Quality of care, Tertiary institution.**INTRODUCTION**

Maternal health care services in health systems constitute a large range of curative and preventive health services of particular importance to the health of women of reproductive age and their infants. It includes population-based services such as attitudinal change and health communication (e.g., promotion of antenatal care).^[1] Maternal health care services aim to reduce maternal mortality and morbidity by ensuring that pregnant women remain healthy throughout pregnancy, have safe delivery of healthy babies and recover fully from the physiological changes that occur during pregnancy.^[2]

According to the WHO (World Health Organization), "quality health care is defined as that care which consists of the proper performance according to standards."^[3]

Antenatal care is an important part of preventive medicine and healthcare professionals providing this service can reduce the risk of complications through education, counselling and various interventions. Quality of health care is seen as a factor closely related to effectiveness, compliance and continuity of care.^[4] Patient satisfaction has traditionally been linked to the

quality of services given and the extent to which specific needs are met. Satisfied patients are likely to come back for the services and recommend services to others.^[5] Various factors including attitude of staff, cost of care, time spent at the hospital and doctor communication have been found to influence patient satisfaction in previous studies.^[6,7] Women's perceptions of antenatal visits significantly influence their assessment of quality of services that are provided.^[8]

As a result of this new focus, measurement of customer satisfaction has become equally important in assessing system performance. In many resource-limited settings, the little amount of focus on quality of care has been from the healthcare provider's viewpoints with professional standards being used as the index of quality. However, studies have shown that perception of quality by pregnant women and their care providers may differ, with providers more interested in technical precision while women may be more concerned with other sensitive issues such as interpersonal relations with care providers, fulfillment of their information needs, birth positions and social supports during labour.^[9,10] In situations where women have access to more than one

facility, their perceived quality of service often becomes the key decisionmaking variable with respect to their choice. It is therefore imperative that the search for high quality antenatal care must reconcile the health care providers' as well as the women's perspectives in order to obtain the maximum benefits from investments in maternal health care services.

OBJECTIVE

The study assessed the perception of the quality of care at UDUTH, Sokoto among pregnant women attending the antenatal clinic.

SUBJECTS AND METHODS

Study Area: UDUTH Sokoto is a tertiary health institution located in Northwestern Nigeria. The hospital has 600-bed spaces and provides tertiary and secondary healthcare services to neighbouring states. It also runs a residency training program for doctors in the various subspecialists including Surgery, Obstetrics and Gynaecology, Internal Medicine, Paediatrics, Pathology among others. In 2013, antenatal clinic attendance was 12,674. There are four ANC clinics during the weekdays. The pregnant women book for antenatal care on every Friday of the week and subsequent follow up clinics are carried out on other weekdays. An average of 61 pregnant women is seen per clinic day. The clinics usually commence with an interactive health talk coordinated by a midwife, which usually lasts for a period of 45 minutes.

Study design: This was a cross-sectional study conducted over a period of 3 months (April 2017-July 2017). Two hundred and seventy pregnant women were recruited by convenience sampling. Informed verbal and written consents were obtained from all the participants. Women attending the booking clinics and those who declined consent were excluded from the study.

Study Population: The study population consisted of pregnant women who assessed antenatal care follow up visit at UDUTH A structured interviewer-administered questionnaire was the instrument of data collection. The questionnaire was divided into sections: the first section consisted of the socio-demographic and obstetric characteristics of the subjects, while the rest assessed the amenities, attitude of health personnel, effective

communication and overall rating of antenatal care services. Each questionnaire took 5–10 minutes to complete. The questions were closed and open-ended and were written in simple language. Kish formula for cross sectional studies was used to determine the Sample size. The data were collected, coded and entered into an IBM SPSS version 20 for Windows. The analysis of data was performed using descriptive statistics and frequency tables. The level of significance was $P=0.05$.

RESULTS

Two hundred and seventy pregnant subjects participated in the study. The mean age of the respondents was 27.63 ± 6.516 years. The modal age group was 25 to 34 years constituted 56.6% (153/270) of the subjects. The rate of adolescent pregnancy in this study was 3.3% (9/270). Skilled workers and professionals accounted for 43.3% (117/270). About 60% (162/270) were multipara. Most of the respondents 73.3% (198/270) belonged to the Hausa/Fulani ethnic group.

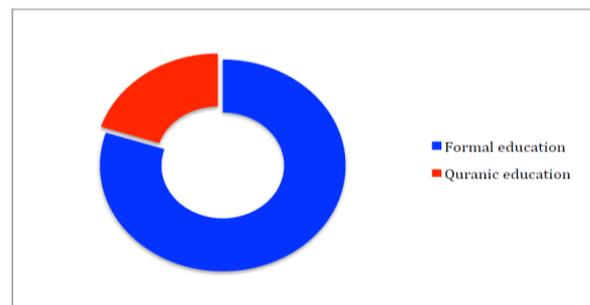


Table 1: Sources of Knowledge about ANC.

Variables	Number (n)	Percentage (%)
Family and Friends	162	60
Media	27	10
Referred from other health facility	18	6.7
Health personal	33	12.2
Others	30	11.1
Total	270	100%

Most of the women heard about ANC clinic through their family and friends, and this was followed by the health personal as shown in Table 1.

Table 2: Assessment of health personal/care giver.

Care givers	Excellent n(%)	Good n(%)	Discouraging n(%)	Need to improve n(%)
Doctors	207(76)	63(23.3)	---	---
Nurses	153(56.7)	117(43.3)		
Pharmacist	144(53.3)	108(40)		
Lab technician	171(63.3)	72(26.7)	9(3.3)	9(3.3)
Record officer	135(50)	108(40)	18(6.7)	9(3.3)
Ward servant	153(56.6)	108(40)	---	9(3.3)

The women assessment of the healthcare professional was quite encouraging especially the doctors, nurses and the pharmacists. However, they also stated that the laboratory technicians, record officers and the ward cleaners need to improve on their services; this was shown in Table 2.

Table 3: Assessment of amenities and the health topic discussed at facility.

Health talk/ Amenities	Excellent n(%)	Good n(%)	Discouraging n(%)	Need to improve n(%)
Health talk	189(70)	81(30)	-----	-----
Counselling	135(49)	126(46.7)	-----	9(3.3)
Consulting room	27(10)	117(43.3)	108(40)	18(6.6)
Privacy	36(13.4)	171(63.3)	-----	63(23.3)
Toilet facilities	54(20)	99(36.7)	9(3.3)	108(40)
Sanitation	18(6.7)	207(76.7)	9(3.3)	36(13.3)

Almost all the women 70% 189/30) were satisfied with the health talk and counseling session during antenatal care, however about 40% (108/270) assessed that the consulting room and the toilet facilities were discouraging and need to improve. This was shown in Table 3.

Table 4: Overall rating of antenatal services.

Evaluation of ANC	Satisfied	Not Satisfied
Time spent in the clinic	180(66.7)	90(33.3)
Level of attention	252(93.3)	18(6.7)
Attitude of overall staff	243(90)	9(3.3)

A significant proportion of clients 33.3% (90/270) viewed the clinic waiting time to be long; however they were satisfied with the level of attention and attitude of the staff as seen in Table 4.

DISCUSSION

This study examined the quality of antenatal care services in the tertiary health institution as perceived by pregnant women in an urban population in Sokoto State, Nigeria. The study shows that the women in general were satisfied with the quality of services received at the centre in spite of some inconsistencies between the received care and their expectations of the facilities. Specifically, majority of the women were pleased with the level of expertise of their care providers, and a significant proportion was confident of the basic technical competence of their providers. Furthermore, at least two-thirds of the women received as much information as they desired in salient aspects of antenatal health information needs and majority of them expressed positive client-provider interactions. Overall, these results show that antenatal care services provided at the health care centre were rated high by a significant proportion of antenatal clinic users in spite of some important reservations with various attributes of quality. However, within this structure, each attribute of quality of care deserves specific consideration. Similar finding were also in the other tertiary institution in Ibadan and primary care level in southwest Nigeria were Majority of the women were satisfied with the quality of antenatal care they received and would recommend the facility to friends. The participants were also willing to use the same facility in subsequent pregnancies.^[11-13]

Almost all the women were satisfied with the health talk and counselling session during antenatal care, however about 40% assessed the consulting room and the toilet facilities to be discouraging and need to be improved

upon. Similar observations were noted in a study at the UCH Ibadan.^[11] This could be due to the poor attitude of the people towards sanitation, inadequate water supply and the disproportionate number of cleaners in the facility with respect to pregnant women.

Specifically, a significant proportion of clients were dissatisfied with the long clinic waiting periods. This is similar to the findings from Kano in Northern Nigeria.^[14]

Another study demonstrated that customer satisfaction is affected not just by clinic waiting time but by customer expectations or attribution of causes for waiting.^[15]

Consequently, one of the issues in queue management is not only the actual amount of time the customer has to wait but also the customer's perceptions of that wait.^[16] The views of the clients' about waiting time may be related to the hospital's location in the most populous part of the state with numerous referrals from different levels of care. The attitude of health personnel was a significant determinant of patients' perception and satisfaction with antenatal care in this study; this was a similar pattern in some studies and a contrast with others.^[14,17] Good provider-patient relationships are therapeutic and have been described as the single most important component of good medical practice, not only because it identifies problems quickly and clearly, but it also defines expectation and helps establish trust between the clinician and patient.^[18,19]

Overall, the observations from this study have demonstrated the feasibility of conducting a detailed periodic assessment of perceived quality of antenatal services at UDUTH.

CONCLUSION

Pregnant women receiving prenatal care at UDUTH, Sokoto, have high levels of satisfaction with the quality of care. Most of them were willing to encourage their relatives and friends to receive care at the facility.

RECOMMENDATION

Periodic feedback from clients by policy makers and hospital managers should be instituted as part of antenatal care evaluation. Larger prospective studies and focus group interviews may provide more information on

what women think about antenatal care services and changes that they would expect in their health facility.

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