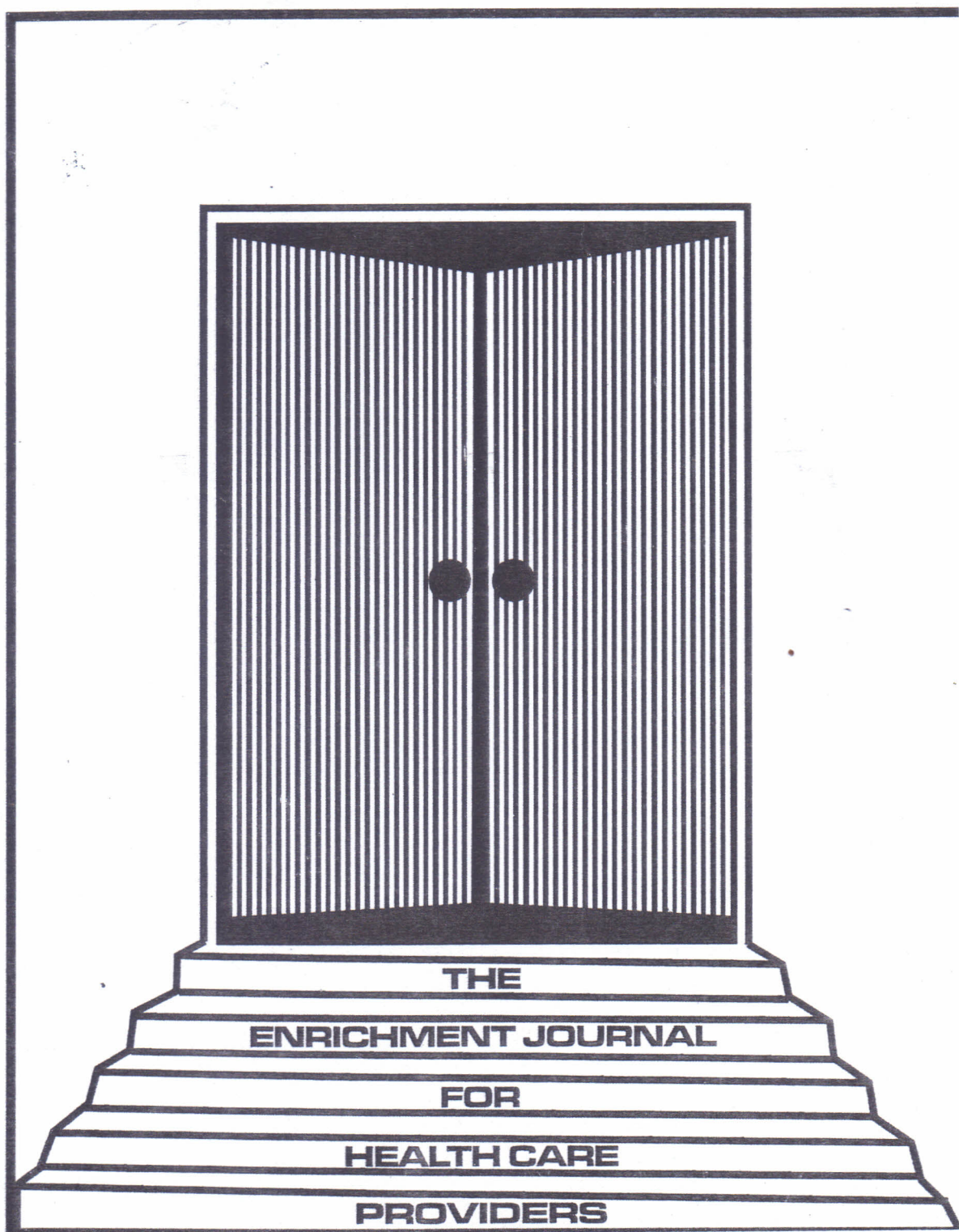


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Maternity Services in Primary Health Care Facilities in Sagamu Local Government, Ogun State.

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Abstract

Background: Not less than 287,000 women die in pregnancy and childbirth every year, with over 50% of this figure from sub-Saharan Africa, even though majority of them have normal, uncomplicated pregnancies. Maternal health is highly contingent on the quality of the local primary health care system, which is the common entry point for antenatal care that helps identify problems in pregnancy as early as possible.

Aim: The aim of the study was to examine the maternal health services available in primary health care centres in Sagamu Local Government Area of Ogun State, and women's satisfaction with such services.

Method: A purposive sampling was used to select participating health centres, while a convenient sampling was used to select research participants. The study used structured checklist and questionnaire as instrument of data collection. Both instruments assessed the health facilities and consumers of health services (clients), respectively. All the 16 PHC centres rendering 24 hour maternity care services were selected for the study, while the remaining five (5) not rendering such were excluded. A total of 221 women were conveniently recruited for the study. Ethical clearance was obtained for the study from the Babcock University Ethical Review Committee, while informed consent was obtained from the human participants. The convenient method of sampling was based on the relatively low client flow rate in all the facilities. Data collected were analysed using SPSS version 21, and results were presented in frequency tables and charts.

Results: The women's age ranged between 15 and 56 years; mean age being 31 years $\pm$ 6.5 standard deviation. All the 16 PHC centres have no standby ambulances and telephone/radio call mobile phone for the purpose easy and efficient communication in cases of emergencies. Moreover, out of the 16 PHC centres studied, seven (43.8%) did not have adequate essential items. In addition, 11 (68.8%) have fragmented laboratory and voluntary counselling/HIV screening services. The CHEWs and CHOs were more than the qualified nurses and nurse/midwives in all the centres. Besides, 104 (47.1%) claimed that they had experienced negative attitude from the health workers, while 114 (51.6%) described the PHC they attended as "poor".

Conclusion: The poor conditions of many of the PHC infrastructures, non-availability of emergency/referral items and essential services in an integrated form, inadequate skilled health workers and essential items coupled with the reported negative attitudes of health workers require immediate, efficient and appropriate interventions from all stakeholders.

Keywords: Maternity, Services, Satisfaction, Primary health care centres

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Introduction

Every year across the world, 287,000 women die in pregnancy and childbirth that is, one mother dies every two minutes and 800 mothers, each day¹. Over 50% of the women are from Sub-Saharan Africa. These women do not need to suffer and die; most lives could be saved relatively easily and cheaply². Every day in 2015, about 830 women died due to complications of pregnancy and childbirth and of the 830 daily maternal deaths, 550 occur in Sub-Saharan Africa and 180 in Southern Asia, compared to 5 in developed countries². The risk of a woman in developing countries dying from a maternal-related cause during her life time is about 33 times higher compared to a woman living in developed countries³.

Maternal health is highly contingent on the quality of the local primary health care system, which is the common entry point for antenatal Maternity care refers to the safe and high quality of health care treatment given in relation to pregnancy and delivery of a newborn child⁴. Maternity care is provided on the basis of the physical and psychological needs of the patient, the patient's family and the newly born offspring.⁴ care that helps identify problems in pregnancy as early as possible.

Primary health care is an integral part of the overall social and economic development of the community. It is also the central function and main focus of the country's health system. It is the first level of contact between individual, family or community and the national health system. The World Health Organization attributes the provision of essential primary care as an integral component of an inclusive primary healthcare strategy.

Over 50% of Nigerians live in rural areas, most of who are cut off from modern medical facilities, making pregnant women vulnerable to readily preventable adverse outcomes⁵. Most of these adverse outcomes result from delay in seeking care, getting to health centres when care is sought, receiving care on getting to the health centre, and referring patients to more advanced centres when necessary.

In 2013, White Ribbon Alliance Nigeria (WRA Nigeria) learned that while there were many cases of disrespect and abuse in health centers across the country, the government was not tracking and addressing the problem.⁶ Findings from a survey conducted in Enugu State in Nigeria on availability of skilled birth attendants (SBAs) revealed very poor availability of SBAs for maternity services in Enugu public PHC facilities⁷. Another cross sectional survey reported low satisfaction with health care due to physical abuse and rude behaviours from health care providers⁸.

Evidently, the problem of maternal mortality in the country may not necessarily lie with utilization but with the quality of services, and with the fact that health care system probably needs to be repositioned to meet the challenges of modern obstetric care^{9, 10}. For women to benefit from these cost-effective interventions they must have antenatal care in pregnancy and childbirth attended to by skilled health providers. Such women need support in the weeks after the delivery^{5, 11}. The importance of the quality of service rendered in any health institution cannot be over emphasized, as most clients make their choice of health care institution based on the quality of services rendered by such institutions^{12, 13}. Qualified personnel and quality of care are very important factors

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in the choice of health care institution. Likewise, quality of care has been perceived as a strong determinant of choice of health care institution^{14, 15}.

Materials and method

Research design

This study adopted a descriptive cross-sectional research design to evaluate maternity services being delivered in Primary Health Care facilities in Sagamu Local Government Area of Ogun State.

Research setting

The study was conducted within the Sagamu Local Government Area (LGA) of Ogun State, Nigeria. Sagamu Local Government is one of the 20 Local Governments in Ogun state, it came into being on 23rd September, 1991 and has its headquarters located at Sagamu. It was carved out of the old Remo Local Government.

Target population

The target population for the study was health facilities delivering antenatal care, intranatal care and postnatal care and women receiving the care in Sagamu Local Government Area.

Sample and sampling technique

Purposive sampling technique was used to select 16 health centres that provide maternity services, out of the 21 health centres in Sagamu Local Government, because the remaining five were not rendering maternity services. Convenience sampling technique was used to select 221 women receiving antenatal and postnatal care in the 16 selected PHC centres.

Instrument for data collection

This study used structured checklist and questionnaire as the instruments for data collection. The checklist was divided into seven sections – sections A, B, C, D, E, F and G. Section A contained questions on

general assessment of the facility; Section B contained questions on vital indicators; Section C contained questions on available services provided at the health facility; Section D contained questions on available infrastructures; Section E contained questions on essential items for management of labour; Section F contained questions on available antenatal care services and Section G contained questions on staffing. The items in sections A to G of the checklist were structured in such a way that they are in accordance with the research questions raised in the study. The questionnaire was divided into six sections – A to F. Section A asked questions on socio-demographic data; Section B asked questions on obstetric history; Section C asked questions on maternity services available at the primary health care facilities in Sagamu Local Government; Section D contained questions on attitudes of health care workers in the facility; Section E contained questions on participants' experience during labour, maternity stay and satisfaction with psychological impact at the health care centre while Section F contained questions on the physical structure of the health care facility.

Data collection procedure

The study employed validated, semi-structured checklist and questionnaire. The questionnaires were administered to women at antenatal and infant welfare clinics in various health care facilities. One trained research assistant worked with the principal investigator to collect data. The reasons and importance of the exercise was explained to the women before administering the questionnaires. Informed consent was obtained from all the respondents before data collection.

Ethical consideration

Ethical clearance was obtained from Babcock University Health Research Ethical Committee (BUHREC) data collection processes. Informed consent was obtained from the authorities of various primary health care facilities and from participants. Participants were assured full confidentiality of their responses. Principle of benevolence and non-maleficence and justice was maintained.

Statistical analysis

After collection of data, the completed checklist and questionnaire were sorted out, analyzed and interpreted using a descriptive statistical technique. The data collected were analyzed with the aid of Statistical Package of Social Sciences (SPSS) – version 20. The findings of the study were presented using texts, frequency/percentage tables and figures.

Results

General assessment

The quality of the facility was majorly poor 7(43.8%).

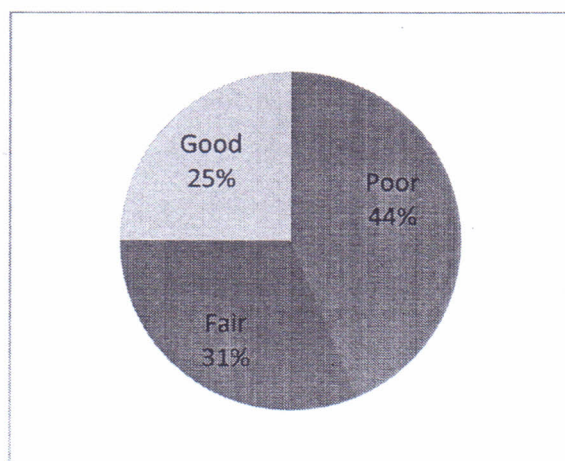
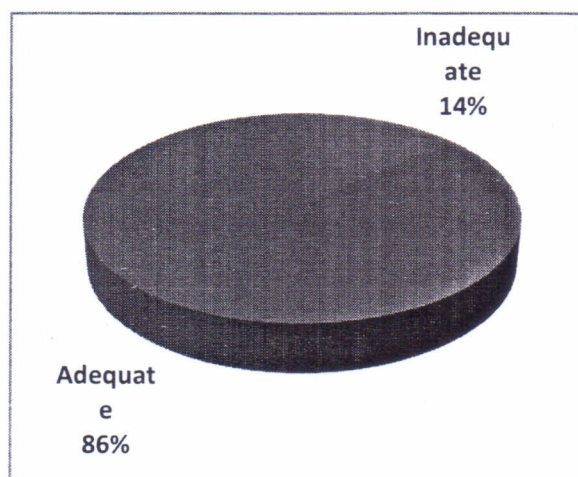


Figure 1: General assessment of health facilities

Family planning, child immunization, and ANC services were being provided in an

integrated manner. Out of the 16 PHC facilities studied, five (31.3%) were providing integrated laboratory and VCT for HIV services, while the remaining were not providing any of the two services.

Figure 2: Essential items for management of labour



There was significant difference in the population of the nurse/midwives and that of CHEWs/CHOs. This was found to be statistically significant ($P_v = 0.0001$). This implies that the numbers of CHEWs/CHOs were more than that of the nurse/midwives in all the PHC facilities (Table 1)

Table 1: Differences in population of participants

Staffing	Mean	N	Std. Deviation	Std. Error Mean	Pvalue	Remark
Number of CHEWs and CHOs	2.375	16	2.125	0.53	0.001	Significant
Number of qualified Nurse/Midwives (single and double qualified)	0.875	16	1.02	0.26		

Table 2 below shows the socio-demographic data. A total of 123 (55.7%) of the respondents were young mothers. Besides, 150 (67.9%) were Christians and Yoruba was the major ethnic group 134

(60.6%). In addition, 213 (96.4%) of them were married, while 97 (43.9%) had secondary education as at the time of data collection (Table 2)

Table 2: Socio-demographic data of respondents (N = 221)

Age group	Frequency	Percent
Young mothers	123	55.7
Older mothers	98	44.3
Religion		
Christianity	150	67.9
Islam	69	31.2
Traditional	2	0.9
Ethnicity		
Yoruba	134	60.6
Igbo	55	24.9
Hausa	31	14
Marital status		
Married	213	96.4
Divorced	5	2.3
Level of education		
Informal	28	12.7
Primary	37	16.7
Secondary	97	43.9
Tertiary	59	26.7
Occupation		
Civil servant	35	15.8
Self employed	116	52.5
Private setting worker	21	9.5
Full housewife	31	14
Student	12	5.4
Apprentice	6	2.7

Obstetric History

The obstetric report of the respondents reveals that 164 (74.2%) were multiparous and 18 (8.1%) of them had normal delivery. Specifically, 209 (94.6%) of the respondents received antenatal care during their last pregnancy. Among the respondents that said no, most of them, 110 (49.8%) stated they did not have antenatal care because the facility is far away. Majority of the respondents 89 (40.3%) booked in more than one health care facility, with reasons such as cost, proximity of the facility and for emergency care. Most of the participants

gave birth in the facility, 150 (67.9%), while the others gave birth in other facilities. Among those who gave birth in other facilities, 112 (50.7%) will recommend this facility for other women.

Table 3 shows maternity services available at the PHC Facilities. The results show that most essential services such as physical examination, VCT/PMTCT, administration of IPT by Direct Observation Therapy (DOT), administration of tetanus toxoid vaccine among others are available in all the PHC centres.

Table 3: Maternity services available at the Primary Health Care Facility

Services rendered at the facility	Available N (%)	Not available N (%)
Physical examination including weight, height and blood pressure	221(100)	None
Ultrasound examination	None	221 (100)
VCT/PMTCT	102(46.2)	119(53.8)
Blood tests	160(72.4)	61 (27.6)
Administration of IPT by DOT	221(100)	None
Administration of Tetanus toxoid vaccine	221(100)	None
Nutritional supplement	175(79.2)	46 (20.8)
Infant Welfare Service	221(100)	None
Emergency maternity services	None	221 (0.00)
Health information	190(86)	31(14)
Referral services	139(62.9)	82(37.1)
Preconception care and counselling	64(29)	157(71)
Family planning services	221(100)	None
Postpartum examination	32(14.5)	189(85.5)

Figure 3 shows attitude of health care workers in the facility. A greater number of the health care workers had positive attitude 117(52.9).

Table 4 shows Participants experience at the health care centre. 146(66.1%) were not asked for consent before vaginal

examination, and 144 (65.2%) were not asked for consent for other procedures. 188(85.1%) reported they were not able to adopt the positions they wished. 202 (91.4%) were encouraged and helped into comfortable positions.

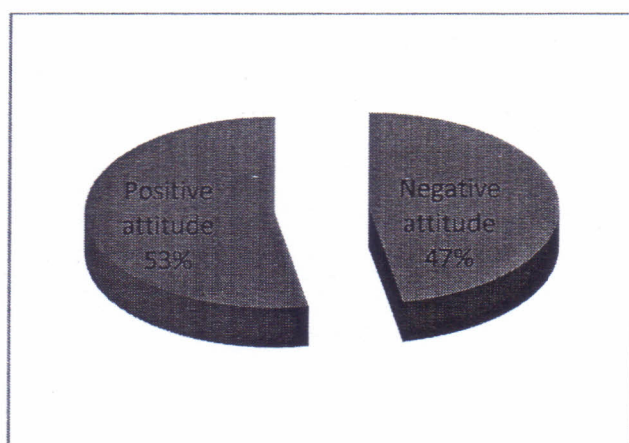


Figure 3: Showing the attitude of health workers towards maternity services

Table 4: Participants experience at the health care centre

Experience at health care centre	Yes n(%)	No n (%)
Did health workers ask your consent for vaginal examinations?	75(33.9)	146(66.1)
Did health workers ask your consent for other procedures?	77(34.8)	144(65.2)
Were you examined in presence of other non-health workers?	73(33)	148(67)
Could you adopt the positions you wished during labour and childbirth?	33(14.9)	188 (85.1)
Was another woman in labour in the same room	51(23.1)	170(76.9)
Did you feel comfortable in the room where you delivered your baby?	123(55.7)	98 (44.3)
Did the Health Workers care to tell you their names	73(33)	148(67)
Do you know the name of your medical doctor?	52(23.5)	169(76.5)
Was there a friend or family member in the room with you	20(9.0)	201(91.0)
Was this person all the time with you during vaginal examination?	16 (7.2)	205 (92.8)
Was any Health Worker present at your side as much as possible?	184(83.3)	37(16.7)
Was labour progress explained to you?	146(66.1)	75(33.9)
Were you encouraged and helped into comfortable positions	202(91.4)	19(8.6)
Were you encouraged and helped with walking?	190(86)	31(14)
Were you encouraged and helped into an upright position?	207(93.7)	14(6.3)
Were you offered oral fluids and food?	154(69.7)	67(30.3)
Were you kept clean and dry during labour and childbirth?	220(99.5)	1(0.5)

Table 5 shows client's satisfaction and psychological impact of maternity services. A total of 197(89.1%) were happy with the maternity experiences received, 200 (90.5%) found support

needed from health care providers. However, 94(42.5%) of them felt frightened with the health workers in some moments, while 95(43%) felt inadequate with the health workers as well.

Table 5: Satisfaction and psychological impact

	Yes N(%)	No N(%)
Satisfaction and Psychological impact		
Do you feel happy with the maternity experiences you received here?	197 (89.1)	24 (10.9)
Did you feel you find staff support you needed during antenatal, labour and childbirth?	200 (90.5)	21 (9.5)
Do you remember continuously some moment your felt very frightened when you are with the Health Workers?	94 (42.5)	127 (57.5)
Did your maternity staff make you feel inadequate sometime?	95 (43)	126 (57)

Discussion

Almost all essential services and items for the management of labour were available at the health care centres under study; however, laboratory services and voluntary counseling and treatment for HIV items were not available, as reported on the checklist. Moreover, ultrasound examination, VCT and postpartum examination were not available in all the selected health care centres as reported by the respondents. The importance of the quality of service, which is hinged on essential items available at primary health care facilities used to render health care services in any health institution cannot be over emphasized, and most clients make their choice of health care institution based on the quality of services rendered by such institutions¹¹, except for the primary health care centres, because 51.6% of Nigerians live in rural areas, most of whom are cut off from modern medical facilities, making pregnant women vulnerable to readily preventable adverse outcomes. This finding agrees with previous studies which reported that qualified personnel and quality of care as well as provision of essential services as a very important factor in the choice of health care institution¹². Likewise perceived quality of care has been proven to be a strong

determinant of choice of health care institution¹³.

In addition, provision of adequate and essential services is a paramount issue in the care of a pregnant woman. Although the services of other health care professionals such as pharmacists, medical laboratory scientists, non-midwives and non-obstetrician physicians might be required to improve the efficiency of the direct maternity services, a woman still needs to be attended to by a skilled health care personnel, for provision of safe maternity services, as other health care professionals cannot be substituted for Skilled Birth Attendants (SBAs)¹⁴. This indicated that most of the health care professionals in the PHC centres were community health extension workers (CHEWs), who are country-specific health workers in Nigeria trained for three years to provide basic public health services in primary health Care clinics and in the communities but they have no competency based midwifery training¹⁶. The finding from this study was similar to a survey conducted in Enugu State, Nigeria which indicated poor availability of skilled birth attendants in PHC facilities¹⁷.

It was observed in this study that most of the respondents were satisfied with the quality of maternity care they received

from the PHC centres, this was evident in the positive attitude of health care workers reported by majority of the respondents. This is implicated in the type of communication with attending health care worker, and the availability of information for the patient. A survey in Lusaka, Zambia explored access to and quality of maternity care, and over half of the 845 women who had delivered in a health facility praised midwives for good personal treatment of maternity patients. This supports the findings of this research. Another previous cross sectional survey reported low satisfaction with health care among users. Verbal abuse and rude behaviours of the health care providers were implicated for the unacceptable negative report¹⁸. Similar to the findings of this study, some of the patients felt frightened and inadequate whenever they met with the health care providers¹⁸.

Implication for Nursing

Nurses and Midwives are trained to give necessary care, supervision and advice to women during pregnancy, labour and postpartum period. The findings of this study familiarises stakeholders with the nature of maternity services rendered at primary health care facilities, the categories of personnel rendering the care as well as the level of client's satisfaction with the care. Nurses and Midwives should carry out woman-centred and individualised care that is rooted in evidenced based to meet women's needs.

Conclusion

This study was able to evaluate the maternity services in primary health care facilities in Sagamu Local Government Area of Ogun State. The study was conducted in 16 primary health care

facilities. The available essential maternity services were integrated, while CHEWs, CHOs and Nurses/Midwives were the health care personnel rendering maternity services though, the number of CHEWs and CHOs were much more than the number of Nurses/Midwives in all the PHC facilities with maternity services. Therefore, the policy and practice of making unskilled/semiskilled birth attendants such as CHEWs and CHOs (without midwifery background) should be looked into for possible review by stakeholders, particularly the Federal Ministry of Health. Besides, employing adequate number of qualified nurse/midwives to attend to women during pregnancy and childbirth is believed would be a panacea to the negative attitudes of health workers and subsequent anticipated improved patient satisfaction.

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