

PATIENTS' PERCEPTION OF OBSTETRIC PRACTICE IN CALABAR, NIGERIA

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ABSTRACT

Objective: To determine the influence of patients' perception of obstetric practice in Calabar on the low utilization of health facilities for delivery.

Methods: The University of Calabar Teaching Hospital, the general hospital and eight private clinics in Calabar were visited daily for a period of one month to interview postnatal mothers. This was to ascertain the mothers' perception of obstetric care in these facilities and their attitude towards some selected birth practices.

Results: All the interviewed mothers had some formal education, and 133 (92.4%) were aged 20 years and above. One hundred and forty (97.2%) of the mothers were satisfied with at least one aspect of care received. Areas of satisfaction mentioned by the mothers include attitude of health staff. 114 (81.4%), clinical care received 85 (60.7%), sanitation of the facility 61 (43.6%), and basic amenities 47 (33.6%), poor sanitary condition of the health facility and lack of basic amenities were the major causes of dissatisfaction. Few mothers, 31 (22%) disagreed with dorsal position during second stage of labor. Most mothers, 92 (63.9%) would want pain relief in labor; 19 (13.2%) did not appreciate shaving of pubic hair and 50 (34.7%) felt episiotomy was not necessary for safe delivery.

Conclusion: To improve the utilization of obstetric services in Calabar, basic amenities such as water and sanitation should be provided; and there should be restriction of routine birth practices that have no evidence of effectiveness.

Key words: Patients, obstetric practice, Calabar

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INTRODUCTION

Consideration of patient's satisfaction is an important dimension in the provision of good medical care. It is also seen by some experts as a legitimate measure of quality.¹ Care assessed to be of high quality according to the provider - defined criteria is far from being ideal if the patient is dissatisfied with it.³ However, some are of the opinion that high level of patient's satisfaction is not necessarily synonymous with high standard of clinical care. This is because the patient is considered incompetent to judge the quality and/or the quantity of care he requires. Hence "the dissatisfied patient of one doctor may have received better care than the satisfied patient of another."² Studies have, however, shown that patient's assessments of the 'technical' quality of care are related to physician's assessments and their satisfaction with care is strongly associated with perceived problems in the delivery of important aspects of care.⁴ Information about structure, process

and outcome of medical care can be obtained from studying patient's satisfaction.⁵ Patient's perception may be more sensitive, less expensive and more reliable than other methods of assessing quality.⁴ Furthermore, several studies have shown that patient's satisfaction is an important predictor of certain health related behaviors like compliance with medication, appointment keeping and utilization of services.⁶ Low utilization of available health care services for obstetric care in developing countries has been linked with high maternal mortality in these countries.⁷ In Calabar, it has been shown that a large percentage of our women who book for antenatal care do not use orthodox facilities for delivery.⁸ This study, therefore, aims at exploring the influence of patients' perception of our obstetric care on this low utilization of our facilities for delivery. It is hoped that the findings of this survey will help us institute the necessary interventions and hence reverse this trend and reduce maternal mortality in Calabar.

METHODS

The study setting is Calabar, in the southeastern Nigeria. It comprises two Local Government Areas namely Calabar municipality and Calabar South. Obstetric care is provided mostly in the Teaching Hospital, a General Hospital and about 12 private clinics. The Teaching Hospital, General Hospital and eight of the private clinics (the ones that recorded an average of 5 deliveries monthly) were selected into the study. Each health facility was visited daily for a period of one month to interview postnatal mothers who had just delivered. Interview was conducted with the aid of a questionnaire. The questionnaire had 2 sections that explored patient's satisfaction and attitude towards selected birth practices. The section on patient's satisfaction was open ended while that on attitude was graded as agree, disagree or neutral.

RESULTS

A total of one hundred and forty four (144) postnatal mothers were interviewed during the one month study period. Seventy eight were interviewed in the Teaching Hospital, 22 in the General Hospital and 44 in the eight private clinics. All the mothers had formal education, 121(85.8%) having attained at least secondary level of education. One hundred and thirty three (92.4%) were aged twenty years and above. Most of the mothers, 140 (97.2%) were satisfied with some aspects of the care received during delivery. Among these, 114 (81.4%) mentioned attitude of health workers as a reason for their satisfaction, 85 (60.7%) were satisfied because of the clinical care received, 61(43.6%) mentioned sanitation while 47(33.6%) mentioned amenities as the reason for their satisfaction (Table 1). When compared within the various facilities studied the proportion of mothers who were satisfied with the attitude of health workers was 97.7 %(43) at the private clinics, 63.6%(14) at the General Hospital, and 73.1%(57) at the Teaching Hospital. Thirty six of the 44(81.8%) mothers at the private clinic mentioned clinical care as being satisfying, 12 of 22(54.5%) mothers at the General Hospital and 37 of 78(47.4%) mothers at the Teaching Hospital were also satisfied because of the clinical care (Fig. 1). Forty seven (33.6%) maintained that they were satisfied with all aspects of care (table 1). When analyzed based on health facility, 33(75%) patients at the private clinics reported being satisfied with all aspects of care, while 4(18%) and 9(11.5%) were satisfied with all aspects of care at the General and Teaching Hospitals respectively. All the mothers at the private clinics were satisfied with the sanitation of the facility, while proportion of those satisfied at the General Hospital and the Teaching Hospital were

5(22.7%) and 12(15.4%) respectively. Similarly, majority of mothers, 34(77.3%), at the private clinics were satisfied with the basic amenities provided; and at the General Hospital and the Teaching Hospital the proportion that were satisfied were 4(18.2%) and 9(11.5%) respectively (Fig. 1). The aspects of care commonly stated as dissatisfying were sanitation of the facility by 20(13.9%); and lack of basic amenities like water, electricity, beddings, and window nets to ward off mosquitoes and sanitation by 18(12.5%). These complaints were more at the Teaching Hospital than at General Hospital and private clinics. Three of the 4 mothers who reported not being satisfied with any aspect of care were from the University Teaching Hospital and one was from the General Hospital. The 3 mothers from the University Teaching Hospital complained of lack of 'common' things like needles, syringes and cotton wool, 'harsh' nurses, and high cost of delivery. The dissatisfied mother at the General Hospital had lost her baby after the delivery. In her opinion, her baby died because 'it was not handled well.' Dissatisfaction at the private clinic was most often attributed to lack of specialist care for the baby. On what could deter the mothers from utilizing the health facilities in subsequent pregnancies majority of the mothers, 129(89.6%) claimed they will use the facility in subsequent deliveries, including the 4 mothers who were not satisfied with any aspect of care. However, 15(10.4%) mothers said they will not utilize the facility in subsequent pregnancies. Eight (53.3%) of these mothers claimed poor sanitation, lack of basic amenities in the facility like water, clean toilets, mosquito nettings would deter them. One of these mothers who had a raised blood pressure (BP) during labor commented 'I had a normal BP throughout my antenatal care visits but on admission for labor my BP progressively became high and uncontrolled and I was subsequently operated upon.' A mother (6.7%) said the cost of care would deter her. Two other mothers (13.3%) said they prefer home deliveries even though the health facility provided better care. They were of the opinion that health facilities were only for mothers who had problems. Four mothers were reluctant to state the reason why they will not utilize the facility again. On the mothers' attitude towards some birth practices, 31(22%), disagreed that lying on the back during the second stage of labor was convenient; the difference was statistically significant among teenage mothers ($p = 0.023$). Majority, 92(63.9%) of the mothers would like to have pain relief during labor. These were mostly mothers with primary or secondary level of education, mothers who were delivering for the first time, and also teenage mothers (Table 2). Shaving of pubic hair was not appreciated by 19(13.2%) of the 144 mothers while 50(34.7%) were of the opinion that episiotomy was not necessary for safe delivery (Table 2).

Table 1: Aspects of care Reported Satisfactory by Respondents

Aspects of care	Number satisfied	
Percentage		
All aspects of care	47	
32.6		
At least one aspect of care	93	64.6
None	4	2.8
Total	144	100
*Specific areas of satisfaction (n=140)		
Attitude of health workers	114	81.4
Clinical care	85	60.7
Sanitation	61	43.6
Amenities	47	33.6

Fig 2: Areas of satisfaction within various levels of care.

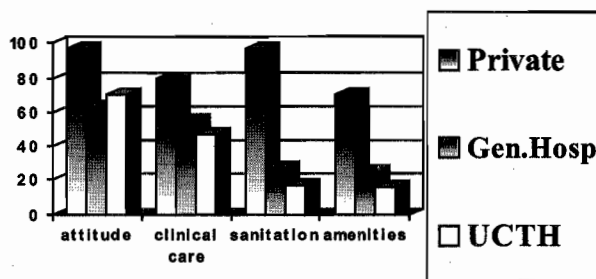


Table 2: Opinion of mothers towards certain birth practices (n=144)

Supine position 2nd stage of labor				
Education	Agree(%)	Disagree(%)	x2	p value
Primary/secondary	58 (79.5)	15 (20.5)	0.18	0.669
Post secondary	52 (76.5)	16 (23.5)		
Age (yrs)	Agree(%)	Disagree(%)	x2	p value
19	4 (44.4)	5 (55.6)	6.4	0.023(fisher's)
20	107(80.5)	26(19.5)		
Parity	Agree(%)	Disagree(%)	x2	p value
Primipara	41(75.9)	13(24.1)	0.22	0.637
Multipara	69(79.3)	18(20.7)		
Pain relief during 2nd stage of labor				
Education	Agree(%)	Disagree(%)	x2	p value
Primary/secondary	54(74.0)	19(26.0)	5.08	0.024
Secondary	38(55.9)	30(44.1)		
Age(yrs)	Agree(%)	Disagree(%)	x2	p value
19	9(100)	0(0)	5.22	0.027(fisher's)
20	83(69.2)	50(30.8)		
Parity	Agree(%)	Disagree(%)	x2	p value
Primipara	41(75.9)	13(24.1)	0.22	0.637
Multipara	51(58.1)	36(41.9)		
Pubic shaving				
Education	Agree(%)	Disagree(%)	x2	p value
Primary/secondary	64(87.7)	9(12.3)	0.17	0.679
Secondary	58(85.3)	10(14.7)		
Age(yrs)	Agree(%)	Disagree(%)	x2	p value
19	8(88.9)	1(11.1)	0.04	0.655(fisher's)
20	115(86.5)	18(13.5)		
Parity	Agree(%)	Disagree(%)	x2	p value
Primipara	43(79.6)	11(20.4)	3.57	0.058
Multipara	79(90.8)	8(9.2)		
Episiotomy				
Education	Agree(%)	Disagree(%)	x2	p value
Primary/secondary	48(65.8)	25(34.2)	0.06	0.81
Secondary	46(67.6)	22(32.4)		
Age(yrs)	Agree(%)	Disagree(%)	x2	p value
19	8(88.9)	1(11.1)	2.21	0.14(fisher's)
20	86(64.7)	47(35.3)		
Parity	Agree(%)	Disagree(%)	x2	p value
Primipara	33(61.1)	21(38.9)	1.22	0.476
Multipara	61(70.1)	26(29.9)		

DISCUSSION

Patients' satisfaction is an important predictor of health related behavior such as service utilization and compliance to treatment. In this study, attitude of health workers and clinical care have been identified as aspects of care that make services satisfying to patients. Of these two, attitude of health workers is more commonly reported by mothers in private clinics. It appears that health providers have better attitude when they are working in private clinics than their counterparts in the public facilities. In a study by Asuquo et al in the University of Calabar Teaching Hospital, attitude of health workers was one of the leading factors that contributed to the high defaulting rates among pregnant mothers.⁹ Another study of postpartum mothers reports that physician's concern is important in determining patient's satisfaction in obstetric care.¹⁰ It can, therefore, be inferred from this study that attitude of the health workers is more appreciable than even the clinical care.

On the other hand, dissatisfaction with care was mostly attributed to lack of basic amenities and poor sanitation. One would believe that presence of experts would be gratifying to patients; from this study some mothers attach higher value to presence of basic amenities than the availability of experts. Apparently, if patient's satisfaction is a measure of quality of care, then it goes beyond services rendered. The amenities in the public health sector have been deteriorating over the year and this, coupled with poor sanitation, is deterring mothers from utilizing the services of our public health facilities.

An expert observed that "dissatisfied patients are more likely to have had adverse health outcomes."⁴ This was demonstrated in the case of the mother who had a raised blood pressure. On the contrary, the mother who lost her child did not feel deterred from using the health facility subsequently. This demonstrates that a good patient-provider communication can help the patient appreciate some unpreventable complications. According to perla, communication results in greater patient's satisfaction and compliance with health care process and procedures.¹² It was observed that two of the mothers prefer home deliveries and would only come to the health facility if they have problems. Preference for home delivery, despite nearness of facility, has been reported by Nwakoby.¹³ Though these mothers acknowledge that they had better care at the facility they still did not look forward to utilizing the facility again. This stems from Their perception that the health facility is reserved for those with complications, and they definitely do not

look forward to having complications in future pregnancies. Individual comfort and preferences have been advocated for in the bid to improve quality of care. Certain birth practices are said to be uncomfortable to mothers. These include supine position during second stage of labor, episiotomy, pubic shaving, and non use of pain relief during labor. From the study, majority of the mothers (88%) would prefer to assume the supine position at the second stage of labor, 65.3% feel episiotomy is necessary for safe delivery, and 86.8% would like to have pubic shaving. These procedures have been practiced for a long time and have been accepted as the norm in obstetric care. If the mothers are informed that these procedures do not constitute the best of care, their attitude towards them may probably change. This is evident in a study where majority of mothers who attended the "labor school" avoided the horizontal position during labor.¹⁴ There have been suggestions that forms of care that are adaptive to the cultural needs of the people may result in greater satisfaction.¹⁵ Further studies are needed to explore home birth practices that tend to be more attractive to the mothers. The use of pain relief during first stage of labor has not been a common practice in the study area. The result, however, shows that majority (63.9%) of the mothers would like to have pain relief during labor. Those who wanted pain relief, were mostly the less educated, the teenage mothers, and mothers having their first babies. These groups of patients are lacking in exposure and experience and therefore find the pains rather unpleasant. Pain relief during labor has been identified as a contributory factor to satisfaction.¹¹ This supports the observation made by perla that opportunity to have pain relief during labor could result in greater satisfaction with care.¹²

CONCLUSION

Patients' satisfaction as a determinant of quality of care is multi-faceted. This includes patient's assessment of health provider's attitude, sanitation of health facility, relevance of care to perceived needs, and availability of basic amenities in the facility. To improve the utilization of health care services in our community the providers should pay attention to these along with the technical care provided.

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