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Client Satisfaction with Maternal and Child Health Services in Primary Health Centers in Ajeromi Ifelodun Local Government Area of Lagos

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Abstract

Background: Maternal and Child Health (MCH) clients that visit PHCs are often low income earners, mostly women, their children, and families are at extraordinary risk of receiving poor or no health care. Not considered a voting constituency, and therefore exercising little leverage over elected officials, specific assurances are necessary to ensure that essential health services are available to MCH target population.

Objective: The study was aimed at determining the level of clients satisfaction with maternal and child health services in Ajeromi Ifelodun local government area of Lagos state.

Methodology: A descriptive cross-sectional study was carried out. Using pre-tested interview-administered questionnaires, information was collected from mothers who attended the primary health centers for maternal and child health services. A total of 275 respondents were recruited for the study. The information collected included their socio-demographic characteristics, level of clients satisfaction, areas of satisfaction and dissatisfaction and factors that influence clients satisfaction with maternal and child health services. Data was analyzed by SPSS version 21.

Results: The result showed that about 35.6% of the mothers were between the ages of 25-29, most of them were married and 78.5% of them were self employed. Most of the mothers that attended the primary health center as at the time of the study came in respect to antenatal and immunization service. About 61.1% were satisfied and 28.4% of the respondents were very satisfied with the attitude of the doctor, while 55.6% satisfied and 21.1% of the mothers were satisfied with the attitude of the nurses. Age group, number of children, ethnicity, and attitude of health providers was statistically associated to overall level of satisfaction.

Conclusion: The services offered and enjoyed most includes antenatal, immunization and child welfare. However areas least enjoyed were the referral services and the pharmacy. Majority of the respondents were not satisfied with the waiting time.

Keywords: Maternal and Child Health; Primary Health Center; Maternal Healthcare; Maternal and Child Health Services; Antenatal Care; Postnatal Care; Traditional Birth Attendances

Introduction

Maternal and child 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 behavior change and health communication (e.g., promotion of antenatal care) [1]. Maternal health encompasses all activities such as Antenatal care, Delivery care, postnatal care and maternal complications around delivery catered and provided to a woman of reproductive age (from 15 to 49 years). On the other hand child health includes all medical assistance such as childhood vaccination coverage, child illness and treatment and childhood mortality to a baby right after birth up to the age of five.

The nature of the problem

Globally each year 3.3 million babies or even more are stillborn, more than 4 million die within 28 days of coming into the world, and a further 6.6 million young children die before their fifth birthday. Maternal deaths also continue unabated the annual total now stands at 529,000 often sudden, unpredicted deaths which occur during pregnancy itself (some 68,000 as a consequence of unsafe abortion), during childbirth, or after the baby has been born.

Nigeria has high maternal and infant mortality. In recent years the country has embarked on measures to reform the healthcare system, including Maternal Health Care (MHC) delivery, in a bid to attain Millennium Development Goals (MDGs). Less than half of women in Sub-Saharan Africa give birth with a skilled birth attendant, such as a doctor, nurse, or midwife, compared to 99% of women in the developed world. Development in the health care and overall wellbeing of a population has a geometric effect on the progress and economic development of that country that also includes a drastic social change to create awareness about the importance of a healthy woman and consequently a healthy child. As a whole, investment on MCH services is strongly supported for the reasons [2].

The extent of the problem

Every single day, Nigeria loses about 2,300 under-five year olds and 145 women of childbearing age. Among women who survive childbirth, a large number will suffer from complications related to pregnancy and childbirth.

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Neonatal outcomes are inextricably linked to maternal health and, therefore, to the quality of care a mother receives during labour, delivery and in the immediate postpartum period, the highest risk period for both mothers and babies. Neonatal deaths are concentrated in the same low and middle-income countries where maternal mortality is high, facility utilization is low, and the quality of available care is poor. For example, sub-Saharan Africa, where maternal mortality is the highest in the world, also has the highest neonatal mortality rate (33 to 20 deaths per 1,000 live births in 2014) [3].

Access to and availability of medical care are both necessary but not sufficient factors to improve maternal and newborn health. In fact, they do not guarantee increased utilization of services or improved client satisfaction. Evidence is emerging that increasing the access to and utilization of facility-based maternal care alone does not necessarily translate into better maternal outcomes.

Reducing maternal mortality and morbidity through increased service utilization in turn requires public health interventions built on clear understanding of women's perception of maternal care services within their cultural context. The health of the mother and child constitutes one of the most serious health problems affecting the community, particularly in the developing countries. To alleviate this problem Maternal and Child Health (MCH) services have seen a spectrum of changes dating from antiquity to the most recent development of reproductive and child health programme. MCH is a cause for serious concern in developing countries. Rates of morbidity and mortality in pregnant women, mothers and newborns remain shockingly high, particularly among poorer groups. They occur at service delivery level through lack of accessible, well-functioning, staffed and resourced facilities, and at policy and systems level through poor planning, management and supervision, and lack of political commitment [4].

Healthy children are at the core of the formation of human capital. In addition, with the death or illness of a woman, society loses a member whose labor and activities are essential to the life and cohesion of families and communities. Primary Health Care has been recognized as the cornerstone and foundation to effective and equitable healthcare delivery. The universal principles of primary health centre emphasize equitable distribution of health services and improved access within populations, particularly considering the poor and underserved groups. Maternal and Child health services are essential components of the comprehensive PHC package. Over time, outcomes have been emphasized as measures of quality and are useful indicators of the effectiveness of health services, making them integral components of monitoring and evaluation tools. Client satisfaction is recognized as an important aspect of quality assessment in health care settings especially in PHC's which is the closes to the people and in MCH that constitute the major delicate groups in the society [6].

Materials and Methodology

The study was conducted in Ajeromi Ifelodun Local Government, which is one of the 20 local government area in Lagos state. The local government council was created in 1996. A local government area is located in the south of Lagos, the National Population Commission (NPC) put the 2006 provisional census figure with a population of about 1,435,295 people (male 723,644 and female 711,651)103. It is bordered on the west by Apapa Wharf and Tincan, two of Nigeria's biggest sea ports from where over 70 percent of imported goods come into the country 104. It consist of 10 wards, 2 LCDA, one general hospital, six primary health centers and several private hospitals. Ajeromi ifelodun is known to be home to all, because it's comprises of people from different tribe in Nigeria and also people from other West African countries. Most of the residents of the area are artisans, petty traders, aspiring footballers etc.

The study was a descriptive cross-sectional study, assessing the level of clients satisfaction with maternal and child health services in primary health centers in Ajeromi Ifelodun local government area of Lagos state. The study population were mothers of childbearing age who obtain their Maternal and Child Health Care Service from primary health care centers in Ajeromi Ifelodun local government area.

The sample size was determined by using Cochran formula:

$N = Z^2psq/d^2$

Where:

N = estimated sample size

Z^2 = level of statistical significance that setup level 0.05, i.e. 1.96

p = proportion of overall client satisfied with the MCH services = 0.2015

q = proportion of clients who were not satisfied with the service (1-p) = 0.8

d = degree of accuracy required i.e. allowable error = 0.05

(1.96)2 (0.20) (0.8) / (0.05)2

= 246

Assuming a 10% non-response, improperly filled questionnaire or any loss of data to survey tool administered,

100%(total)-10%(loss)=90% or 0.9

n= 246/0.90= 273

Final sample size is thus equal to 275.

The structured questionnaire was adapted from various literatures. Three data collectors who were fluent speakers of Pigin English and yoruba language were used for data collection. The data collectors were oriented about the questionniare to avoid the misunderstanding of the questions. The data quality was assured by pretest, checking for completeness and validity of prepared questionnaire [7].

The Ethical approval to carry out the study will be obtained from the Health Research and Ethical Committee (HREC) of the Lagos University Teaching Hospital (LUTH). The Local Government Area Chairman of Ajeromi Ifelodun and the medical officer of health were duly consulted for permission. Verbal and written consent was obtained from everyone that chose to participate in the study. The generated data was transferred to Statistical Package for Social Sciences (SPSS) version 20. Finally, the result was summarized in tables and graphs.

Results

The data analysis was carried out on 275 respondents.

Table 1 showed that majority of the respondents 35.6% belonged to the age group 25-29 years. The mean age of the respondents was 28.50 years with standard deviation of 5.21 years.

Table 1 shows majority of the respondents that were married was (98.5%). And majority of the women 78.5% was self-employed.

Table 1: Socio-demographic characteristics of respondents.

Variables	Frequency(n=275)	Percent(%)
Age (in years) 15-19	8	2.9
20-24	53	19.3
25-29	98	35.6
30-34	83	30.2
35-39	29	10.5
40-44	2	0.7
45 and above	2	0.7
Mean age of respondent 28.50 ± 5.213		
Marital status		
Single	4	1.5
Married	271	98.5
Occupation		
Unemployed	32	11.6
Self Employed	216	78.5
Employed	27	9.8
Level of Highest Education Attained		
No formal Education	13	4.7
Primary	16	5.8
Secondary	222	80.7
Tertiary	24	8.7
Total	275	100.0
Number of children		
1	88	32.0
2	73	26.5
3	23	8.4
4	52	18.9
More	39	14.2
Mean number of children 2.57 ± 1.45		
Ethnicity		
Yoruba	140	50.9
Hausa	13	4.7
Igbo	48	17.5
Others	74	26.9
Religion		
Christian	166	60.4
Islam	109	39.6

Table 2: Respondents level of satisfaction towards the registration process.

Level of satisfaction	Frequency(n=275)	Percent
Dissatisfied	27	9.8
Neutral	4	1.5
Satisfied	242	88.0
Very satisfied	2	0.7

Table 2 shows that out of 275, (88%) where satisfied with the registration process. And only (9.8%) of the respondents were dissatisfied with the registration process.

Table 3 comprises of three questions that respondents responded to, the first question was on attitude of the nurses, 55.6% satisfied and 58.9% of the women were satisfied with the answer that they got to their question and only about 44.7% told the interviewer that they were satisfied with the care they received from the nurses.

Result in the Table 4 shows, 61.1% of the respondents were satisfied with the attitude of the doctors, and 50.2% were very satisfied with the quality of time they spent with the doctor.

Table 5 shows that among the clients, 18.55% received antenatal care, 6.91% received delivery services, 8.00% postnatal care, 44.73% immunization service, 6.18% came for family planning service and child welfare was 15.64%.

In Table 6, Majority of the respondents (67.3%) said they were not satisfied with the waiting time. 32.7% of the women said they were satisfied with the waiting time.

In the Table 7 above there was a statistically significant association between attitude of healthcare providers and level of satisfaction. Majority of the respondents were satisfied with the attitude of the health providers.

Discussion

The findings in this study observed that 61.1% of the respondents were satisfied and 28.4% were very satisfied with the attitude of the doctors and on attitude of the nurses 21.1% where very satisfied and 55.6% where satisfied. The study agrees with a similar study done in Vietnam that communication skills, conduct of health personnel, adequacy of staffing and their competence were perceived poor 7.4% [8]. In the same study in Vietnam the area of health care facility was recorded as 9.4%, while in this study health care facility which was grouped into three different question which were, ease to locate center with 88% said yes while 12% said no, environment of the PHCs had 71.3% satisfied 28.7% not satisfied and feeling secure within the PHC had 90.2% said yes and 9.8% said no.

This study also agrees with the study done in rural Bengal that the availability of the services, conduct of the service provider, and service arrangement in the facility were found most important factors in determining the level of satisfaction. In respect of suggestion, satisfaction was not universal among the beneficiaries of clients leading to scope of improvement in services to accommodate the service

Table 3: Distribution of client satisfaction with respect to nurses.

Variables	V. Dissatisfied	Dissatisfied	Neutral	Satisfied	V. Satisfied	Total
Attitude of Nurses	4(1.5)	58(21.1)	2(0.7)	153(55.6)	58(21.1)	275(100.00)
Answering of questions by nurses	0(0.0)	31(11.3)	5(1.8)	162(58.9)	77(28.0)	275(100.00)
Care received from nurses	0(0.0)	22(8.0)	37(13.5)	123(44.7)	93(33.8)	275(100.00)

Table 4: Distribution of client satisfaction with respect to doctors.

Variable	V. Dissatisfied	Dissatisfied	Neutral	Satisfied	V. Satisfied	Total
Attitude of doctors	0(0.0)	29(10.5)	0(0.0)	168(61.1)	78(28.4)	275(100.00)
Time With doctors	0(0.0)	34(12.4)	6(2.2)	97(35.3)	138(50.2)	275(100.00)
Ability to ask question concerning your health	0(0.0)	37(13.5)	93(33.8)	133(48.4)	12(4.4)	275(100.00)
Doctors response to questions	0(0.0)	24(8.7)	25(9.1)	88(32.0)	138(50.2)	275(100.00)
Involvement in Decision affecting care	0(0.0)	21(7.6)	66(24.0)	176(64.0)	12(4.4)	275(100.00)
Care from doctors	0(0.0)	27(9.8)	20(7.3)	97(35.3)	131(47.6)	275(100.00)

Table 5: Distribution of clients according to level of satisfaction about components of maternal and child services.

Service available	V. Dissatisfied	Dissatisfied	Neutral	Satisfied	V. Satisfied	Total
Antenatal	2(0.73)	3(1.1)	7(2.55)	35(12.73)	4(1.45)	51(18.55)
Delivery	0(0.0)	4(1.5)	3(1.09)	10(3.64)	2(0.73)	19(6.91)
Post-natal care	5(1.82)	2(0.7)	3(1.09)	9(3.27)	3(1.09)	22(8.00)
Family planning	3(1.09)	5(1.8)	0(0.0)	5(1.82)	4(1.45)	17(6.18)
Immunization	5(1.82)	14(5.1)	8(2.91)	84(30.55)	12(4.36)	123(44.73)
Child welfare	2 (0.73)	5(1.8)	5(1.82)	27(9.82)	4(1.45)	43(15.64)
Total	17(6.18)	33(12.00)	26(9.45)	170(61.82	29(10.55)	275(100.0)

Table 6: Respondents opinion about the health care services.

Variables	Frequency (n=275)	Percentage (%)
Satisfied with the waiting time		
Yes	90	32.7
No	185	67.3
Difficult in seeing the doctor		
Yes	127	46.2
No	148	53.8
Receive service needed		
Yes	258	93.8
No	17	6.2
Availability of Materials		
Yes	165	60.0
No	81	29.5
I don't know	29	10.5
Availability of drugs		
Yes	136	49.5
No	56	20.4
I don't know	83	30.2
Availability of drinking water		
Yes	43	15.6
No	92	33.5
I don't know	140	50.9

Table 7: Association between overall level of satisfaction of respondents and attitude of healthcare providers.

Variable Attitude of nurses	Level of Dissatisfied	Satisfaction Satisfied	Total	X^2	df	Fisher's Exact
Very Dissatisfied	4(100.0%)	0(0.0%)	4(100.0%)	74.843	4	0.000
Dissatisfied	28(48.3%)	30(51.7%)	58(100.0%)			
Neutral	1(50.0%)	1(50.0%)	2(100.0%)			
Satisfied	16(10.5%)	137(89.5%)	153(100.0%)			
Very satisfied	0.(0.0%)	58(100.0%)	58(100.0%)			
Total	49(17.8%)	226(82.2%)	**275(100.0%)**			
Attitude of doctors			**Total**	**Chi-square**	**df**	**p-value**
Dissatisfied	27(93.1%)	2(6.9%)	29(100.0%)	131.719	2	0.000
Satisfied	22(13.1%)	146(86.9%)	168(100.0%)			
Very satisfied	0(0.0%)	78(100.0%)	78(100.0%)			
Total	49(17.8%)	226(82.2%)	**275(100.0%)**			

components according to public demand [9].

This study agrees with a similar study that was conducted in southeastern Nigeria, a lot of the participants complained that the disposition of the health workers were sometimes very unfriendly. Some of the respondents complained about the attitude of the nurses (less than 50% of the respondents in each of the services). The participants offered some explanations why staff behavior might be bad. Some participants felt that because the health centers were understaffed, the health workers easily became tired and irritable coupled with the fact that the patients sometimes cause the problem by arguing and jumping queues. In this study majority (76.7%) of the respondents were satisfied with the attitude of the nurses and there was no reported case of inadequate personnel or staffing.

In this study the result showed that, 89.5% of the respondents were satisfied with the behavior of the physician and 76.7% with the nurses. This is similar to another survey conducted in Dhaka, Bangladesh, that indicated that, 95% of the respondents were highly satisfied with the behavior of the physician, 92% with the health educator and 88% with the nurse. The result showed that, 57.8% of the respondents were highly satisfied with the facilities of the service centers.

This study agrees with a related study that was done in hail city, Saudi Arabia that the highest level of satisfaction was for the quality of

the physicians. The lowest level of satisfaction was for the availability of services, such as laboratory investigations, drugs, and receptionist health service delivery. That is why questions are usually asked from that angle [10].

This study also discovered that the services that had few clients were delivery (6.91%), post natal (8.0%) and family planning (6.18%). Other studies who opined that there was a high frequency of attendance regarding antenatal service, immunization and other curative service like treatment of minor ailments. This could be attributed to the mother's perception towards family planning, delivery and the several cultural and religious beliefs attached to each. This view is in line with United Nations (2007) which observed that there is inadequate emergency obstetric service which explains the non-utilization of this service and; National Population Commission which also stated that majority of births occur at the homes of different TBAs .Centre for Disease control (2000) also posited that high rates of infant and child mortality contribute to low utilization of family planning services.

It is observed in this study that majority (67.3%) of the mothers were not satisfied with the long waiting time. This agrees with a previous study carried out in Egypt which maintained that long waiting time was one of the causes of dissatisfaction among clients. This long waiting time could be as a result of inadequacy of the health personnel in relation to the total population. The same study also showed that 15% of deliveries were conducted by unskilled personnel, while 6.9% of the delivery done as at the time of this study was done by skilled personnel.

In this study, most of the women that attended the primary health centers attended cause of antenatal care (18.55%) and immunization service (44.73%), these services shows a high area of satisfaction to be among the services that were enjoyed most by the PHCs. This agrees with a related study conducted in rural Bengal that showed that most of the respondents received antenatal (42.12%) and immunization (40.37%). In this study it was reported that majority of the respondent 93.8% received all the services required and only 6.2% of the women were not able to receive the services they needed which was due to lateness to the PHC's.

In this study 71.3% of the respondents were satisfied the environment which includes the waiting area, this figure is similar to that of a study that was done in Dhaka Bangladesh where by the respondent had a satisfaction level of 71.4%. Same study also revealed that majority of the respondents (52.6%) were dissatisfied with the waiting time, while in this study 67.3% of the respondents were also dissatisfied with the waiting time.

In this study there was a statistically significant association with age group, number of children, ethnicity and overall level of satisfaction. This findings disagree with a similar study that was conducted in Bangladesh where none of the socio-demographics was significant to the overall level of satisfaction. But agrees with the study because there was a statistical significant association between with health care providers attitude and overall level of satisfaction.

Conclusion

The study assessed client satisfaction of maternal and child health clients in the PHCs in Ajeromi Ifelodun local government area of Lagos. The services enjoyed most includes antenatal, immunization and child welfare services. Majority of the respondents expressed a high level of satisfaction with the maternal and child health services. However the common factor for dissatisfaction was the long waiting time.

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Conflict of Interest

The authors declare that they are no conflict of interest.

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