



Assessment of Client Satisfaction of Antenatal Care in Primary Health Care Centres of Southern Kaduna Senatorial District, Kaduna State.

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ABSTRACT

Satisfaction about the quality of maternal care such as antenatal care is related to the extent to which general health care needs and condition-(specific needs) are met¹. A woman's satisfaction with care may have immediate and long term effects on her health and subsequent utilization of the care. Materials and Methods: A cross-sectional, descriptive research design and a total of 296 respondents were used. A multistage sampling technique was used in selecting the required facilities and sample were selected in proportion with the inflow of clients in the facilities. Data were collected with the aid of questionnaires adapted from Parasuraman etal (1985) and mean of 2.5 was used to ascertain satisfaction on the likert scales while 1.50 was used to ascertain availability on the arbitrary scale. Results: The study revealed that the attitude of Health Care Givers toward Clients during antenatal care was satisfactory. Clients were satisfied with all the Service-quality dimensions of the Antenatal care. The Clients' perception of care was below their expectation. Attitude of health workers, low cost of care, husband refusal among others were found to affect the level of utilization. In general, Service-quality offered in the PHCs Centres of Southern Kaduna Senatorial District was below the expectation of the Clients. It is therefore recommended that Health care giver should ensure that care given to the clients should be culturally, religiously and traditionally sensitive bearing in mind that their experiences of the care can influence their satisfaction.

Key Words: clients, satisfaction, antenatal care

INTRODUCTION

Satisfaction about the quality of maternal care such as antenatal care is related to the extent to which general health care needs and condition- (specific needs) are met¹. Evaluating to what extent clients are satisfied with health care is clinically relevant, as the satisfied patients are more likely to comply with treatment, take an active role in their own care or continue using medical care facilities and stay with the health provider (where there are some choices), maintain with a specific system and to recommend the facilities to others². A woman's satisfaction with care may have immediate and long term effects on her health and subsequent utilization of the care and as such affect the quality of care. Providing satisfying antenatal care increases service utilization³. Good communication, support and compassion from staff, and having her wishes respected can help her feel in control of what is happening and contribute to making pregnancy and child birth a positive experience for the woman and birth companion^{10,11}. A lot of factors can influences Clients' utilization of antenatal care some these factors include: negative attitude of care provider influence utilization and low cost of care was accepted to influence utilization positively in the Primary Health Care Centres⁵. Having complication in the past while assess the services of the Primary Health Care Centres can influence utilization of antenatal care in the Primary Health Care Centres¹³. Good quality maternity care should be responsive to cultural and social norms so that it can be acceptable to potential



users, regarding preferences for privacy and confidentiality ⁴. Perceived high quality of antenatal health care facilities can influence utilization of antenatal care ².

Statement of Problem

Women play principal roles in bring-up of children and the management of family affairs, and their loss from maternity-related causes is a significant social and personal tragedy ³. The existence of maternal health care does not guarantee its use by women neither does the use of maternal health care guarantee optimal health outcomes for women. Evaluating to what extent women are satisfied with health care is clinically relevant. This is so as satisfied women are more likely to comply with treatment, take an active role in their own care or continue using medical care facility and stay with the health care provider (where there are some choices), maintain with a specific health system and to recommend it to others ². Nigeria-based studies have focused on utilization of antenatal care (ANC) and focused antenatal care (FANC). Most of these studies which sought to assess issues related to quality in health care targeted either secondary or tertiary health facilities. Therefore, there is a dearth of studies focusing on maternity care at primary level. Inductively, the above problem as observed in Zonkwa Community of Zango Kataf Local Government Area of Southern Kaduna can be said to occur in most of the PHCs of Southern Kaduna Senatorial District. Hence, the study.

Aim and Objectives of the Study

The aim of this study is to assess client's satisfaction of antenatal care in Primary Health Care Centres of Southern Senatorial District, Kaduna State, Nigeria. The specific objectives are: - To examine the attitude of Health Care Givers toward the clients during antenatal care in Southern Senatorial District of Kaduna State. To assess Clients' satisfaction with the antenatal care provided at the Primary Health Care centres of Southern Senatorial District of Kaduna State. To examine Clients' perspective on some factors that can positively influence utilization of antenatal care provided at the Primary Health Care Centres of southern Senatorial District of Kaduna State.

MATERIALS AND METHODS

Research Design

A cross-sectional, descriptive survey research design was used for this research to assess clients' satisfaction of the Antenatal Care in the Southern Senatorial Districts, Kaduna State.

Target Population

Southern Kaduna senatorial district has eight local government areas. The total projection population of southern Kaduna Senatorial district is 2,522,700 ⁷. The estimated target population for the study is the population of women within their child bearing age (15 - 49 years). This is 20% of the total projection population of Southern Kaduna Senatorial district⁴. Hence, the target population is 20% of 2,522,700 which is 504,540 ⁷. Each local government area has an average of ten wards with at least one



primary health care centre in each of the wards⁹. Hence, target Primary Health Care Centres was 80 out of which 20 were selected.

Sample Size Determination

The Sample Size of the Clients required for the study was calculated using Cochran (1963) formula for a large population. Using the formula: $n = Z^2 pq / d^2$ Where: n = the sample size, z = the standard normal deviate, set at 1.96 (for 95% confidence level), d = the desired degree of accuracy (taken as 0.05), p = the estimate of the satisfaction rate among our target population ($p = 0.814$, proportion of clients satisfied with services among primary health centers was 81.4%¹² And $q = 1-p$. Hence, complementary probability = $1 - 0.814 = 0.186$ $n =$ Sample Size

$$\frac{(1.96)^2 \times 0.814 \times 0.186}{(0.05)^2} = 233$$

10 % of 233 is taken as non – response rate or attrition, which is approximately = 23

Hence, the Sample Size for the clients, $n = 233 + 23 = 256$.

Sampling Technique

A Multistage Sampling Technique was used in selecting the required twenty Primary Health Care Centers and clients were selected proportionately base on their inflow in each PHC by means of simple random sampling. In Stage One: Selection of local governments areas (LGA); Four LGAs were selected using simple random sampling by means of balloting out of the eight LGAs in Southern Kaduna Senatorial District. In Stage Two: Selection of wards; five Wards was selected from each of the four selected LGAs in stage one by using simple random sampling by means of balloting. Hence, 20 wards were selected.

In Stage Three: Selecting of PHCs; one Primary Health Care Center is selected purposively from each wards in Stage two. Hence, 20 Primary Health Care Centres (PHCs) were selected. Clients were then interviewed as they exited the Primary Health Care Centres on antenatal clinic days until the required number (256) was obtained. Instruments for Data Collection Instruments used in the collection of data were Structured Service-quality questionnaire adapted from Parasuraman, Zeithaml and Berry (1985). 256 questionnaires were distributed while only 247 were retrieved.

Procedure for Data Analysis

Data were analyzed by the use of descriptive statistical tools such as mean and standard deviation with the aid of Statistical Package for Social Sciences version 24. A constant mean of 2.5 was used to ascertain the agreement of the respondents.

RESULTS

Table 1: Socio-demographic characteristics of Clients

Age in years	Frequency	Percentage
15 – 24	78	31.5%
25 – 34	117	47.4%
35 – 44	40	16.2%
45 – 54	12	4.9%



Educational Background			
No formal education		13	5.3
Primary school		37	15
Secondary school		125	50.6
Tertiary school		72	29.1
Religion			
Christianity		211	85.4
Islam		36	14.6
Ethnic Group			
Yoruba		9	3.6
Hausa		59	23.9
Igbo		8	3.2
Others e.g Kataf, Jaba, Kadara etc		171	69.3
Employment Status			
Civil Servant		44	17.8
Trading		44	17.8
Farming		47	19.0
House wife		92	37.2
Others		20	8.2

From the table above majorities (85.4%) of the clients were Christian. This could be because Southern Kaduna Senatorial District is highly dominated by Christians. Also, 50.6 % had Secondary school education. Majority of the respondents, (47.4 %) were between the ages of 25-34 years. The mean age of the Clients was 28.93 years. Moreover, 69.3% constitutes ethnic group such as Kataf, Jaba, Kadara, Ikulu, Bajju, Kagoro, Kagoma, Kamanthan, Kaninkon etc. Majority of the respondents (37.2%) were house wife.

Table 2: Attitude of Health Care Givers toward Clients during Antenatal Care in PHC

Statement	Mean (\bar{x})	Standard Deviation (SD)	Standard Error
Client wait for some minutes before care is rendered	3.05	0.394	0.088
Health care workers apply pain relief promptly	3.05	0.394	0.088
Health Care workers refer client promptly before their condition got worse	3.20	0.410	0.092
Health Care workers treat patient with dignity, respect and courtesy	3.40	0.598	0.134



Communication is therapeutic between health care givers and clients	3.55	0.410	0.114
Health Care workers are attentive to clients' need and involved client in care	3.25	0.444	0.099
The health care workers are highly competent and carry out procedure with confidence	3.25	0.510	0.099
Provide privacy during procedure	3.40	0.98	0.134
Health Care workers are attentive and give good counselling to clients	3.25	0.444	0.099
Give health education about clients' condition to them	3.65	0.489	0.109
Overcome the language barrier and speak in language understand by clients.	3.75	0.444	0.099
Health Care Workers share information about care with clients	3.40	0.598	0.134

The attitude of the Health Care Givers toward the Clients during antenatal care was satisfactory. This is so as a mean of above 2.50 were all obtained for the items in the table above: Clients wait for some minutes before care is rendered (3.05 ± 0.394 (mean \pm standard deviation), Health Care Workers apply pain relief promptly (3.05 ± 0.394), Health Care Workers refer client promptly before their condition got worse (3.20 ± 0.410), Health Care Workers treat patient with dignity, respect and courtesy (3.40 ± 0.598), Communication is therapeutic between Health Care Givers and Clients (3.55 ± 0.510), Health Care Workers are attentive to clients' need and involved client in their care (3.25 ± 0.444), Health Care Workers are highly competent and carry out procedure with confidence (3.25 ± 0.444), Health Care Workers provide privacy during procedure (3.40 ± 0.598), Health Care Workers are attentive and give good counseling to clients (3.25 ± 0.444), Health Care Workers give health education about clients' condition to them (3.65 ± 0.489), Health Care Workers overcome the language barrier and speak in language understand by clients (3.75 ± 0.444), Health Care Workers share information about care with clients (3.40 ± 0.598). Service – Quality Clients' Satisfaction of Antenatal Care in PHCs Facilities in Southern Senatorial District, Kaduna State, 2017. According to Parasuraman, Zeithaml and Berry's Service-quality (SERVQUAL) scores can be computed by subtracting the clients' expectation scores from perception scores.



Table 3: Service – Quality Clients’ Satisfaction of Antenatal Care in PHCs Facilities

Service-quality Dimensions	Items	Perception Scores	Expectation Scores	SERVQUA L Scores	Aggregate Gap Mean
Access	6	15	21	-6	2.574
Assurance	5	14	17	-3	2.977
Empathy	3	10	12	-2	3.346
Gen. satisfaction	4	13	13	0	3.199
Consistency	8	24	32	-8	3.017
Responsiveness	6	18	24	-6	3.043
Tangibles	8	25	29	-4	3.103
Total	40	119	148	-29	-

Clients’ perception of Care was below their expectation of Care for all the service-quality dimensions except general satisfaction where Client’s perception was up to their expectation although when compare with the aggregates standard deviation scores of each respective dimension there is a bit of disparity. This could be because perception of care might have little influence on satisfaction. In general, Service-quality offered in the PHCs Centres of Southern Kaduna Senatorial District was below the expectation of the Clients. Though, this does not mean total dissatisfaction with the Antenatal Care.

Table 4: Clients Perspective on Factors Influencing ANC Utilization positively in Southern Senatorial District, Kaduna State, 2017.

Statement	Mean	Standard Deviation (SD)	Standard Error
Negative Attitude of Care Provider	2.312	0.899	0.572
Having Complication in the Past	2.263	0.887	0.556
Low Cost of the Care	2.500	0.937	0.596
Service not Conform with your Traditions	2.154	0.875	0.056
Husband Refusal	2.243	0.900	0.057
Distance from the Place of Residence	2.287	0.876	0.056



The Feeling of Shame	2.227	0.839	0.053
Lack of Privacy while Attending	2.190	0.839	0.057
My religion Forbid the use of Antenatal Health Facilities	2.090	0.937	0.059
Perceived High Quality of Antenatal Health Care Facilities	2.650	0.902	0.057
Don't know where to get the Antenatal Care	2.117	0.971	0.062
Overall	2.276	0.166	0.011

Client's perspective on utilization of antenatal care was explored in order to inquiry into what could influence their utilization of antenatal care positively. Only two items were accepted which include: 'Low cost of the Care' (2.50 ± 0.937), and 'perceived high quality of Care' (2.650 ± 0.937) respectively while others were rejected. Although, rejection of negative comment signifies that it influence utilization positively.

DISCUSSION

The study revealed that the attitude of the Health Care Givers toward the Clients during antenatal care in the Primary Health Care Centres in Southern Senatorial District of Kaduna State was satisfactory. Clients were satisfied with all the Service-quality dimensions ranging from access, assurance, empathy, consistency, General satisfaction, responsiveness to tangibility of the Antenatal care. All these dimensions had an overall mean score of 2.50 or above which signifies agreement. Although, Clients' perception of care was below their expectation as indicated by the calculated service-quality gap scores (-29), nevertheless this does not mean total dissatisfaction of the Antenatal care. Most factors were found to affect the utilization of the antenatal care. These factors include: negative attitude of care provider with a mean of 2.312 ± 0.899 (Standard Deviation), having complication in the past in the PHCs Centres with a mean of 2.263 ± 0.887 (Standard Deviation), low cost of care with a mean score response of 2.500 ± 0.937 (Standard Deviation), When ANC services is not in conformity with tradition of the Clients with a mean response score of 2.154 ± 0.875 (Standard Deviation), husband's refusal with a mean response of 2.243 ± 0.900 (Standard Deviation).

The distance of the PHCs from the place of residence was rejected to have a positive influence on utilization (2.287 ± 0.876). Moreover, feeling of shame by the pregnant woman with a mean score response of 2.227 ± 0.839 was obtained which signifies negative influence on ANC utilization. Other factors include: Provision of service without privacy with a mean of 2.190 ± 0.893 (Standard Deviation). This implies that antenatal care provided



without privacy can only influence subsequent utilization negatively. Religion was rejected to have any positive influence on antenatal care utilization. This can be deduced from the mean score of response calculated which is 2.090 ± 0.937 (Standard Deviation). Perceived high quality of antenatal health care facilities can influence utilization of antenatal care positively and 2.650 ± 0.902 mean score of response was calculated from the Clients responses. Conclusively, a lot of factors can contribute either positively or negative to the utilization of Antenatal care in the PHCs Centres which could also influences quality and as such health care providers should identify these factors and bare bare them in mind during antenatal care.

RECOMMENDATIONS

Based on the findings of the study, the following recommendations were made:

Local government with the support of the state government should ensure that the principal health care providers which include the medical doctors, nurses/midwives and pharmacists should be employed and paid handsomely. Laboratory scientists should also be employed. All the health workers should also be encouraged through their salary. The PHC facilities management should ensure that Clients' perception about Antenatal care services and other related health care services should be up to their expectation of care in terms of accessibility, assurance, empathy during care, consistency, responsiveness, tangibles and general satisfaction of antenatal care. This can be done by locating PHC facilities closer to the people, employing skilful and qualified health personnel who are empathetic and responsive in care, equipped the facilities with all the needed and sophisticated equipment for antenatal care and ensure that the health workers provide the care with the involvement of the clients to enhanced Clients Satisfaction. Moreover, Continuity of research on Clients' satisfaction and quality of care should be done every six months in order to access Clients' satisfaction of the quality of Antenatal Care. Hence, quality assurance system should be set up in the PHCs Centres to ensure continuous monitoring of Service quality and Clients satisfaction. Health care giver should ensure that care given to the clients should be culturally, religiously and traditionally sensitive bearing in mind that their experiences of the care can influence their satisfaction.

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