Research Article ISSN 2639-9342

Gynecology & Reproductive Health

Scoping Review of Client Satisfaction with Institutional Childbirth Services and Intention for Future Utilization in Nigeria

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Received: 27 May 2024; **Accepted:** 17 Jul 2024; **Published:** 21 Jul 2024

Citation: Bernard Terkimbi Utoo, Philip EM Bassey, Jonah Musa. Scoping Review of Client Satisfaction with Institutional Childbirth Services and Intention for Future Utilization in Nigeria. Gynecol Reprod Health. 2024; 8(4): 1-9.

ABSTRACT

Introduction: *Maternal Mortality Ratio in several low and middle-income countries of the world, especially sub-Saharan Africa including Nigeria is high compared to that of high-income countries. Childbirth in well-equipped health facilities with skill birth attendants is believed to reduce maternal deaths. This scoping review is aimed at assessing satisfaction level with institutional Childbirth services, the associated factors and intention of women of child-bearing age in utilizing the health facilities for future deliveries.*

Methods: *This was a systematic electronic literature search using major databases of peer reviewed journal articles on maternal satisfaction with institutional Childbirth. Based on the inclusion criteria specified for the study, data was extracted from high quality eligible studies, summarized, collated and analysed in thematic arears to produce a narrative account of the findings.*

Results: *Twenty-five (25) studies were selected and included in the final analysis out of the 378 that were retrieved from the initial electronic search. Nineteen (19) were quantitative, 4 qualitative and 2 mixed studies. The studies covered the 6 geo-political regions of Nigeria. The studies were all assessed for maternal satisfaction based on the Donabedian analytic framework of structure, processes and outcome; in addition to access to care, socio-demographic and economic concerns. Twelve (48%) studies reported overall satisfaction of over 80%. Of the 18(72%) studies that reported on the health care environment, only 7(38.9%) suggested satisfaction and 11(61.1%) were dis-satisfied. Poor staffing was also a major concern. Only 6(24%) of the studies reported satisfaction with medicine and supply. Most complained of inadequacy and high cost of available drugs. Out of the 19 studies on interpersonal relationships, 10(52.6%) reported dis-satisfaction resulting from verbal, psychological and physical abuse by health workers.*

Conclusion: *Although the overall reported satisfaction was fair, we recommend infrastructural upgrade, environmental cleanliness, training and retraining of staff to improve their interpersonal attitudes, provision of medicines and supply as well as equitable deployment of adequate number of staff to man the health facilities in the country.*

Keywords

Birth Attendant, Child-birth, Maternal Mortality, Satisfaction, Utilization.

Background

Although childbirth is expected to be a physiological process, it has been reported that over 13 million women die during or following complications of delivery worldwide [1]. Approximately 800

women die daily from preventable causes related to childbirth [1]. Sadly, about 99% of all these maternal deaths occur in less developed nations of the world or low- and middle-income countries [2-5]. Reports of maternal morbidity and mortality from the continent of Africa and southern Asia are actually disheartening [6]. In some parts of Africa these abysmal maternal mortality ratios (MMR) are reported to be as high as 686 per 100,000 live births [3,5,7]. For instance, the MMRs in Ethiopia and Kenya is reported to be 420 and 676 per 100,000 live births respectively [7,8], while in Indonesia it is reported to be 126 per100,000 live birth [9].

Nigeria has one of the worst maternal health indices worldwide typically reflecting the poor health indicators in developing countries of the world [4]. Country categorization of the World Health Organization (WHO) estimates on maternal mortality show that three countries had extremely high maternal mortality rates that exceed 1000 deaths per 100 000 live births in Africa in the year 2020. These are; South Sudan (1223), Chad (1063), and Nigeria (1047) [10]. The lifetime risk of a Nigerian woman dying during pregnancy, childbirth, postpartum or post-abortion is said to be 1 in 22, in contrast to the lifetime risk in developed countries estimated at 1 in 4900 [11].

The world health organization (WHO) recommends that women should deliver in health facilities where skill birth attendants render services to clients [7]. It is believed that utilization of delivery services at the hospital will help in reducing these unacceptably high maternal complications and deaths especially in sub-Saharan Africa [2-5]. Aside from skilled birth attendance, the hospital environment is expected to have the minimal medical standards that will guarantee good health. The availability of basic tools/ equipment, medicine/supplies and effective referral system makes institutional births most acceptable especially in LMICs [7].

However, studies have revealed that, the availability of health institutions that are well equipped with the necessary gadgets for adequate maternity services and maned by skilled birth attendants, does not always translate to satisfactory utilization of services for delivery by clients [12]. For instance, although the 2018 Nigeria Demographic Health Survey (NDHS) reported that 67% of women utilize antenatal care (ANC) services, however, only 39% deliver in a health facility where there is a skill birth attendant (SBA) [12,13]; despite scientific evidence which suggests that institutional delivery especially in developing nations will reduce maternal deaths remarkably [3,5,14]. What this poor rate of institutional delivery suggest is that, not every woman who books and attends ANC will eventually deliver in the hospital [7]. A good proportion of registered antenatal attendees have alternative places of delivery, with some practicing medical pluralism.

This review therefore was aimed at ascertaining the level of satisfaction of the clients with institutional delivery in Nigeria, the factors associated with maternal satisfaction with facility-based deliveries and the future intentions of clients regarding utilization of the health facilities for delivery.

Methods

A broad systematic review of literature on the topic of maternal satisfaction with childbirth services in Nigerian health institutions was carried out following a comprehensive research protocol of this scoping review. The search strategy included the use of key words and complied with the steps for carrying out a systematic review process that allows for transparency, reproducibility and reliability (See figure 1).

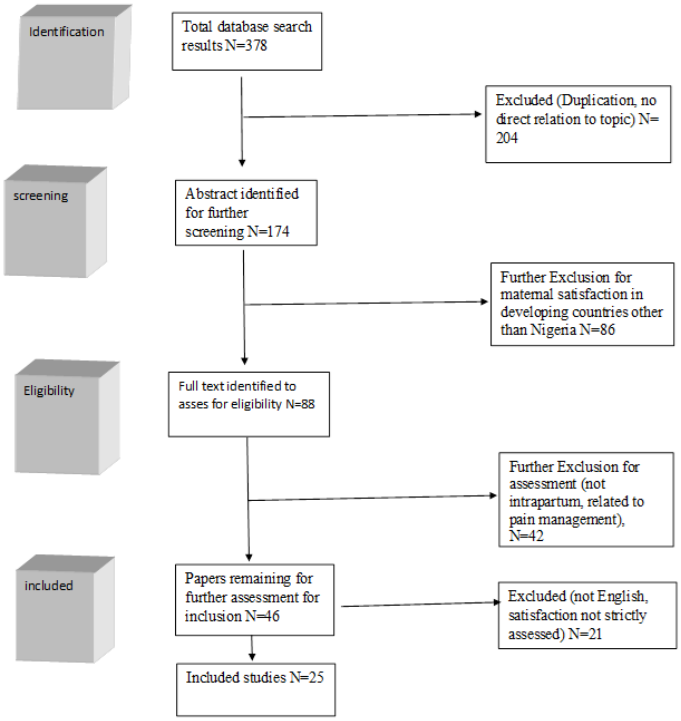

Figure 1: Preferred Reporting Item for Systemic review and Meta-Analysis (PRISMA) Flow Chart.

Inclusion and Exclusion Criteria

Papers included in the review were quantitative, qualitative or mixed studies conducted on maternal satisfaction with childbirth services within Nigeria among women of reproductive age and published in English language. They were in keeping with the conceptual framework of this study (See Figure 2). The included studies were those published between 2010 to 2023. The excluded studies, were studies that had anonymous authors, without abstract or full text, editorials, conference papers, lecture notes and incomplete data. Also, those that were conducted on populations that were non-Nigerian and the language of publication was non-English and not in alignment with the conceptual framework.

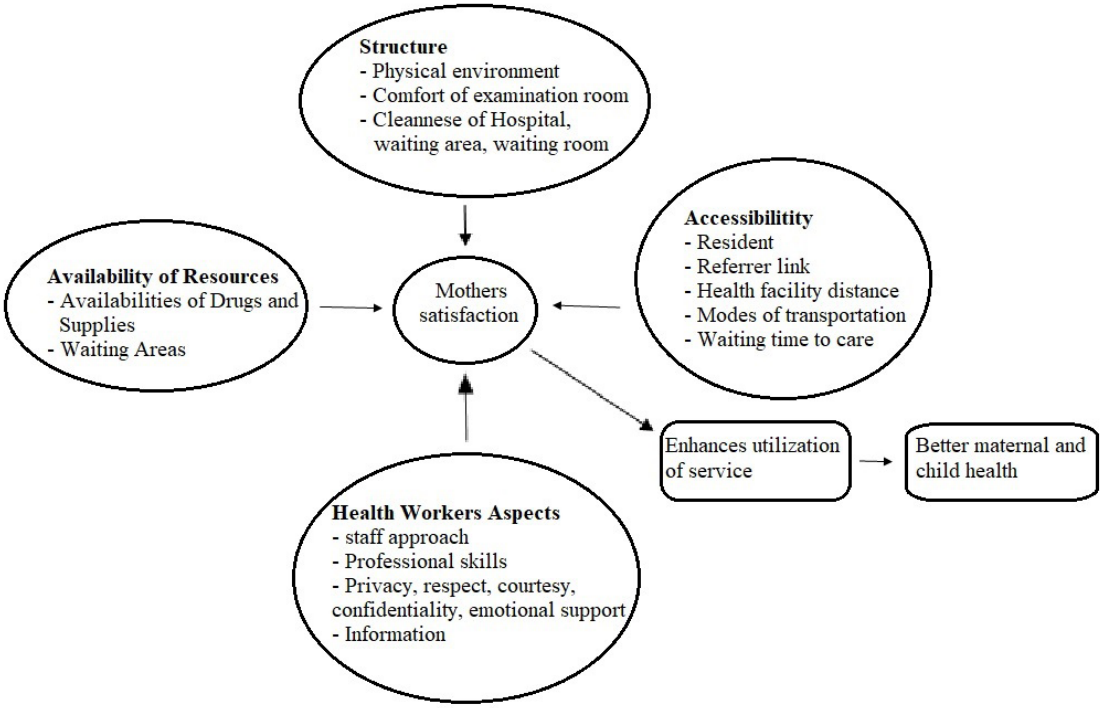

Figure 2: Conceptual frame work for the review.

Information of Sources and Search Strategy

Electronic literature search was carried out on major databases including: goggle, PubMed/Medline, goggle scholar, Scopus, web of science, EMBASE and the Cochrane library. Publications included were journal articles, book chapters, and academic theses that provided a full account of either quantitative or qualitative research methods used.

Key words for the search strategy were, "Maternal satisfaction with childbirth services", OR "Women's satisfaction with delivery services" AND "delivery in Nigerian health facilities", OR "Women's perception of satisfaction with hospital delivery experience in Nigeria", AND "satisfaction with maternity services", "factors affecting satisfaction with child birth".

Other search methods included: manual search and review of reference lists of the included studies. The period of these studies was restricted to between 2000 and 2023 to ensure that the findings were current.

Selection of Relevant and Reliable Studies

Due diligence was applied to ensure quality and eligibility criteria were satisfied. Hence, articles considered for review were those that were published by reputable publishers as high-quality research. Reliability of data was also checked for and duplicates were also rejected.

Basically, a two-stage process utilizing the use of the inclusion and exclusion criteria was applied. The first stage involved screening of abstracts of identified studies by the researcher for relevance to the topic. In the second stage, full-text papers were reviewed for relevance to the review work if considered to have met the eligibility criteria.

Data Items

Data items extracted included; Author, year of study, Study setting, study design, Data collection method, sample size, prevalence of overall satisfaction, location of study, outcome and factors associated with satisfaction that were assessed (See Table 1).

Data Charting Process

Data extracted from the selected studies was presented in Microsoft Word document tabular format arranged from authors to factors associated with satisfaction.

Results

Identification of Potential Studies

The search from electronic data base yielded 378 and after removal

Table 1: Description of included studies for the scoping review.

S/ NO	Author/ Year	Study Setting	Study Design	Data Collection Method	Sample Size	Prevalence of Maternal Satisfaction	Town/State	Outcome	Factors associated with satisfaction
1	Moore et al., 2011	PHC	Cross-sectional	Questionnaires	112	45.8%	Gokana, Rivers	Utilization	Attitude of staff, adequacy, promptness
2	Uzochuckwu et al., 2014	Community	Cross-sectional	Structured questionnaire	405	90.6%	Enugu	Maternal Satisfaction	Availability of drugs, physical condition of facilities
3	Babalola et al., 2016	Public Specialist	Descriptive	Questionnaires	321	81.5%	Ondo, Ondo	Maternal satisfaction	Physical conditions, attitude of staff, proximity, higher educational level
4	Okonofua et al., 2017	Tertiary health centers	Cross-sectional	FGD	40	-	Zaria, Mina, Abuja, Oyo, Benin, Kano, Abeokuta, Ibadan	Women's satisfaction	Staffing, electricity, water, attitude of staff, waiting time, availability of drugs, attention, support
5	Bohren et al., 2017	Referral centers	Descriptive	IDI &FGD	132/ 21FGD	-	Akure, Abuja	Quality of care	Effective communication, respect & dignity, emotional support, competency of workers, physical conditions
6	Ilesanmi & Akinmeyi, 2018	PHC	Cross-sectional	Questionnaire	66	98.5%	Ibadan	Mother's satisfaction	Waiting time, staffing, attitude of staff, environment, water, supplies, distance to facility, competence
7	Orpin et al., 2018	Tertiary/ Epid. Unit	Qualitative	FGD	32	-	Makurdi	D & A	Disrespect, abuse
8	Anikue et al., 2019	Hospital	Cross sectional	FGD Interview	227	97.1%1	Ondo, Ekiti, Nasarawa	Maternal satisfaction	Cleanliness of health facility, attitude of staff, privacy, supplies and medicine
9	Ogunyemi et al., 2019	PHC	Cross-sectional	Questionnaire	700	-	Lagos	Patient satisfaction	Waiting time, cost, proximity, attitude
10	Ajayi et al., 2019	Teaching hospital	Cross-sectional	Questionnaire	57	66.7%	Ibadan	Mother's satisfaction	Infrastructure, staffing, medicine, equipment
11	Somade & Ajao, 2020	PHC	Cross-sectional	Questionnaire	380	66.7%	Ogun	Maternal satisfaction	Communication skill, Accessibility of care, Midwives' availability and professionalism, Cost of services
12	Lawali & Lamidi, 2020	Teaching hospital	Cross-sectional	Questionnaire	158	97.7%	Sokoto	Maternal satisfaction	Waiting time, courtesy, privacy, competence, treatment given, support, sex of health worker

13	Yakubu et al., 2020	UDUTH	Cross-sectional	Questionnaire	158	90.0%	Sokoto	Maternal satisfaction	Medical supplies/ drugs, delivery beds, waiting rooms, toilets/showers, number of health workers, lab services
14	Uchenna et al., 2020	Hospitals	Qualitative	FGD	22	-	Imo	Satisfaction	Attitude, support, waiting time
15	Ijeoma et al., 2021	Teaching/ Mission Hospitals	Cross-sectional	Questionnaires	620	-	Abakaliki, Ebonyi	utilization	Waiting time, cost, proximity, attitude, environment
16	Sayadi et al., 2021	Hospitals	Cross-sectional	Questionnaires	438	67.6%	Kano	Maternal satisfaction	Supplies, competence of staff
17	Nnebue et al., 2021	PHC	Cross-sectional	Questionnaires	280	93.2%	Nnewi	Maternal satisfaction	Cost, attitude of staff, waiting time
18	Ojo et al., 2021	Teaching Hospitals	Cross-sectional	Questionnaires	88	81%	Ogun	Maternal satisfaction	Pain control, waiting time, infrastructure, baby care
19	Maung et al., 2021	Hospitals	Cross-sectional	Questionnaires	2672	88.4%	Nigeria, Ghana, Myanmar, Guinea	Maternal satisfaction	Cleanliness, waiting time, status of baby, attitude of staff etc.
20	Irinyenikan et al., 2021	Hospitals	Cross-sectional	Questionnaires	862	54.6%	Nigeria, Ghana, Guinea, Myanmar	Mother's satisfaction	Abuse, poor communication, privacy, supportive care
21	Ali et al., 2022	Hospital	Cross-sectional	Questionnaires	173	86.7%	Jos	Mother's satisfaction	Environment, attitude of staff, support, information, decisions
22	Esan et al., 2022	Teaching hospital	Cross-sectional	Questionnaires	267	94.8%	Ekiti	Maternal satisfaction	Distance, cost, information, support, cleanliness, infrastructure
23	Eko et al., 2022	Hospitals	Cross-sectional	Questionnaires	404	47.3%	Cross Rivers	Women's satisfaction	Privacy, confidentiality, attitudes, cleanliness, support
24	Utoo et al., 2023	Teaching hospital	Cross -sectional	Questionnaires	250	84.4%	Gombe	Maternal satisfaction	Cleanliness, information, attitude of staff, support
25	Awotunde et al., 2023	Hospital	Qualitative	FGD1	7	-	Oyo	Maternal satisfaction	Environment, Cost, confidence, privacy, dignity, supplies.

of duplicates and those that had relationship with the review, 174 articles were left. Out of the 174 journal articles further review was done using the eligibility criteria, 132 more articles were eliminated leaving 42 articles. Of the 42 retained, an additional 21 were discarded because they were studies done for maternal satisfaction in developing countries and not limited to Nigeria and not intrapartum. After further screening only 25 strictly satisfied the eligibility criteria set for the review while those that did not qualify were excluded (Figure 1).

Characteristics of Studies Selected for Review

All the 25 selected articles were studies that focused on maternal/ mother's or client satisfaction with delivery services in Nigerian health institutions. Some were conducted in primary health care centers, others secondary health facilities or teaching hospitals. They were- cross-sectional, questionnaire based, with in-depth interviews and some focused group discussions. They cut across the entire regions of the country in fact one particularly involved all the six geopolitical regions of Nigeria. They were all published in reputable journals with complete data and use of English language.

Women's overall satisfaction with care

Twelve of the studies reported the prevalence of women's satisfaction with delivery services to be over 80%. Three (3) reported over 60%, three less than 60% and 7 did not report prevalence but documented a poor satisfaction in the discussion.

Considering the report Mathematically, we can say 12(48%) of the selected 25 studies had up to 80% or more satisfaction.

Factors Associated with Maternal Satisfaction

A large spectrum of factors influencing maternal satisfaction emerged from this review. They are summarized here according to the Donabedian framework of structure, process and outcome, besides access, socioeconomic concerns and other factors.

Physical Environment of the Health Facilities

Eighteen (18) of the 25 studies reported women's assessment of the physical environment as a perceived factor that was associated with their satisfaction. From the women's perception, 7 (38.9%) of the studies reported satisfaction with the environment of the facilities while eleven (61.1%) were reported to be dissatisfied [15-22]. Two studies from Sokoto (North-west), one from Ibadan (South-west) and one from Abakaliki (South-east) and one from Calabar (South-south) reported that the women were satisfied with the cleanliness of the consulting rooms, waiting rooms, toilets and water supply [16,17]. However, the others reported substandard facilities with dirty environment, irregular electricity, inadequate water supply, bad toilets, bad bathrooms and inadequate infrastructures [22].

The study done in secondary and tertiary health institutions in six geopolitical zones with cities such as - Zaria, Mina, Abuja, Oyo, Benin, Kano, Abeokuta, Ibadan involving a cross-section of women through in-depth interviews and focused group discussions which was carried out by Okonofua et al. reported that in almost all the cities women were not satisfied with facility based delivery services due to substandard infrastructure, unclean environment, lack of privacy, inadequate water supply and electricity supply [12]. They said that these deficiencies in health institutions was what discouraged most of them from utilizing orthodox facilities for delivery but rather prefer traditional facilities [12].

Availability of Human Resources or Manpower

Even for the studies that reported satisfaction with the quality of care as perceived by the women there was a consistent dissatisfaction with the adequacy of the number of staffing. Inadequate manpower was considered to be responsible for long waiting time, poor attention to patients, lack of social support, poor attitude, inadequate education and information provision to the patients when needed. A study done in Sokoto reported that the women were dissatisfied with the gender of the health worker that attended to them [17]. This is obviously an issue of culture and tradition of the people of the community.

Availability of Medicines, Supplies and Services

Only six (24%) studies reported satisfaction by the women's assessment for the supply of drugs and other medical provisions for their treatment. Most of them were not satisfied but complained of inadequacy or absence of basic medications and commodities and lamented of the high cost of the available drugs. A study in Kano reported that the women in rural compared with urban communities were more dissatisfied particularly with finance, shortage of drugs, hospital equipment, manpower deficiency and transportation difficulties [31].

Interpersonal Relationship

Nineteen (19) of the studies reported on the attitude of health workers towards the women. As much as ten of the studies carried the report that the women were dissatisfied with the interpersonal relationship that exist between the medical personnel and their clients. Some women have reported verbal and physical abuse against them [12,19,23-26]. Lack of respect and courtesy toward the women. The focused group discussions in the regional study revealed women complaining of maltreatment either before, during or after delivery. For instance, in Edo State, a participant said: "What I know is that they don't have good manner of approach, they always like to harass persons here [12]. If you ask questions, it is just like a big sin. When you are asking questions, you need to know your left and right. I don't know the way they are acting here. I don't understand, since yesterday night I was here telling them to come and do the test, they didn't come, they were telling me they will come, they will come, but the pain is increasing. Because of the pain, I did not sleep well yesterday even to this afternoon the same thing, for me to eat now is a problem, I only take something liquid, and how will I get well" [12]. However, two (2) reported that hospital staff were respectful, gave orientation to patients, explained treatment procedures, sought for the opinion of the patients during treatment and gave the patients support.

Discussion

Out of the 25 selected studies, 12 (48%) reported very high overall satisfaction level of 80% and above. This report is similar to those from southern Ethiopia, Guinea, Myanmar and a multi-regional study in Ghana. However, the satisfaction level is higher than reports from south Africa, Kenya, Sri-Lanka and central Ethiopia [27,28]. Although, the overall satisfaction level was high, the perceptions of the women with the various domains of satisfaction suggests some form of dissatisfaction when assessed. For instance, several of the studies reported dissatisfaction of the women with physical environment; some complained of uncleanliness, bad toilets, lack of constant water supply, and inadequate infrastructure. These reports were from Sokoto, Kano, Ibadan and Enugu [17,18,20,29]. Even, Nnabue et al. who reported satisfaction with the environment and attitude of staff said the women were unsatisfied with water supply at the facility [30]. The environmental situation was found to be worse in the report that compared urban and rural health care service delivery as reported by Sayyad et al. in Kano [31]. These findings are typically synonymous to what is reported in other developing nations like Ethiopia, Ghana and Tanzania [28]. Women were prompt to say these were some of the reasons they do not want to utilize health facilities for delivery [14,32].

The other disturbing finding is the physical verbal and psychological abuse of women during delivery; when it is expected that childbirth should be a positive experience for them. Several of the studies reported this trend [23,25,29,32,33]. Irinyerikan et al., 2022 in their study on "adolescent mistreatment during childbirth:

secondary analysis of a community-based survey in 4 countries" reported verbal abuse, high level of poor communication, lack of supportive care and privacy amongst participants [34].

The findings of the maltreatment of women during childbirth were worse with the regional studies reported by Okonofua et al. in Zaria, Mina, Abuja, Oyo, Benin, Kano, Abeokuta, and Ibadan [12]. A multi-country community-based study done in Ghana, Myanmar, Guinea and Nigeria which reported verbal and physical abuse against the women showed that they were more likely to report less satisfaction with care [24] and this makes so many women prefer delivery at TBAs whom they say are more compassionate and supportive [35]. The other issue of interest was the availability of supplies in the help facility as a determining factor for satisfaction with delivery services [36]. In their study amongst PHCs in Nnewi, Nnebue et al. reported the satisfaction with drugs availability and other supplies [30]. Odetola and Fakorede, 2018 reported that 93.3% of the women in Ibadan were satisfied with supplies, although 68% of the nurses were said to have complained of lack of certain instruments to work with [37]. This finding is similar to that of the report from Ethiopia by Asres et al. [38]. The challenge in developing nations is that of "out of stock" syndrome. The few inequitably distributed health centers are usually not well equipped and lack basic supplies for efficient service delivery. Studies have shown that the private health facilities do have better supplies than public facilities [39], however the latter is usually not within the capacity of the not well to do people when it comes to the issue of affordability [39].

Maung et al. reported that women who did not experience physical or verbal abuse were more likely to recommend as well as continue to utilize by themselves the facility for childbirth [24]. In addition, Moore et al. in their study in Gakana, Rivers State reported that women decline further utilization of the health facility in the community due to attitude of staff, inadequate staffing, cost, distance, long waiting time and transportation problems [26]. Ajayi et al. corroborated this finding even in the context of user fee removal policy of health care delivery [19].

Conclusion

Although from the review, overall satisfaction with health facility delivery services seemed good in a number of the studies, there were some dissatisfactions expressed by the women in certain domains. These include; dirty hospital environment, inadequate and dirty toilets, inadequate water supply, and poor interpersonal relationship with health care givers in which patients have been verbally or physically abused. Also, long waiting time, inadequate supplies, infrastructure and poor staffing among others. For these reasons, some women prefer to deliver outside health facilities.

We recommend infrastructural upgrade, environmental cleanliness, training and retraining of staff for improvement in interpersonal attitudes, provision of medicines and supply as well as equitable deployment of adequate number of staff to man the health facilities in the country.

Limitation

Some of the studies had small sample sizes which made the generalization of findings not justifiable. There is likelihood of information bias during some of the interviews with respondents. There were diversities in methodology as well as cultural bias in some studies.

Acknowledgement

Special thanks to Prof. Roseline Duke (Faculty chair), Dr. Patience Odusola (PG coordinator for the Department of Obstetrics and Gynaecology), University of Calabar, Nigeria and the board of supervisors for their input to the review work.

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