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# Satisfaction of Pregnant Women with Antenatal Care Services at Lagos Island Maternity Hospital, Lagos State

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#### Abstract:

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Maternal and neonatal mortality remains a public health burden around the globe most especially in developing countries. Therefore, this study assessed the satisfaction of pregnant women with antenatal care services at Lagos Island Maternity Hospital, Lagos State, Nigeria. A survey research design was adopted for this study while simple random sampling method was used to select the participants of this study. A self-designed questionnaire was used for data collection, which was pilot tested through test re-test method. Analysis of data was done using descriptive and inferential statistics. The results show that all the identified antenatal care services identified by this study were accessible to the pregnant women except routine home visit and DOTS services. It was equally observed that the overall level of satisfaction of antenatal care services among pregnant women was high [mean score = 67.41; 84.3%]. The overall level of nurses care attribute was high and a positive significant relationship was found between nurses' care attributes and pregnant women's satisfaction with antenatal care services (r = .588; p = .000 < .05) was observed while a low and positive significant relationship was found between ward environment and pregnant women's satisfaction with antenatal care services (r = .588; p = .000 < .05). The study concluded that in order to increase the use of antenatal care services, healthcare authorities should enhance the quality of services related to pregnancy through

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offering patient-centered care, increasing acceptability, availability, accountability, and reliability of treatment, enhancing input from patients or consumers as feedbacks with the support of technology, communication and cooperation with other stakeholders, and raising community participation. Based on the outcome of this study, it was recommended that interpersonal relationship between provider and client should be an integral part of all ANC services offered, thereby increasing the uptake of ANC services.

**Keywords:** Antenatal care, Nurses care, Pregnant women; Satisfaction, Services,

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#### Introduction

Pregnancy and childbirth are significant events in the lives of women and their families even though they may represent a period of heightened vulnerability for the women and their unborn babies. As part of reproductive healthcare, ANC presents a unique and lifesaving opportunity for health promotion, disease prevention, early diagnosis and treatment of illnesses in pregnancy using evidence-based practices (WHO, 2016). In order to ensure optimum care, the WHO recommended that every pregnant woman should have a minimum of four ANC visits throughout the pregnancy with the first visit occurring in the first trimester of pregnancy (WHO, 2014). However, in 2016, WHO revised its recommended minimum number of ANC visits from four to eight contacts following recent evidence that increased number of contacts between a pregnant woman and a skilled healthcare provider reduces perinatal mortality and improved women's experience of care.

ANC promotes the health of pregnant women and has been found to reduce the risk of adverse pregnancy outcomes, perinatal and infant mortality and morbidity (Kuhnt, 2017; Afulani, 2016; Nimi, et al 2016). It also encourages skilled birth attendance for delivery and postnatal care as women who attend ANC are more likely to use these services than the non-attenders (Gitonga & Muiruri, 2016; Dahiru & Oche, 2015; Tekelab, et al., 2015). Satisfaction is the degree to which goals, needs, preferences, and expectations are met, which in turn causes a pleasant feeling and promotes the woman's mental health and creates a feeling of calmness and security (Asefa, et al., 2020; Dhahi, 2015). Women's satisfaction can be defined as women's judgment on the quality and goodness of care and an integral part of the quality of care received. So that, every pregnant woman should feel welcome and respect at ANC clinics, and obtain services from skilled health care providers (Lakew, et al., 2018; Odetola & Fakorede, 2018). Women's satisfaction is an essential feature for maintenance of high client numbers. Maternal dissatisfaction may lead to poor maternal and child health outcomes due to reduced utilization of available health services (Mazambani et al, 2012).

However, dissatisfaction of women with antenatal care (ANC) services has different consequences, such as poor adherence to treatment, poor participation in their own health care, breaking the continuum of care, and increasing maternal morbidity and mortality (Bitew, et al., 2014). It should be noted however, that pregnant women's satisfaction with ANC services could affect their level of utilization. Satisfaction with ANC services by pregnant women crucially has impact on their utilization and continuity of use (Simkhada, et al., 2016). If they are satisfied with the ANC services and its fundamental care components, such as screening and diagnosis, education, treatment, and referral to specialist care, they would have the willingness to use the services.

In a study conducted in South-west Nigeria by Odetola, et al., (2018), the patients complained that nurses were rude, self-centered and offered cold reception in public hospitals. Another study conducted in government hospitals in Kwara State revealed that patients were dissatisfied with the caring attitude of nurses and that they were insultive (Adenrele & Ahmed, 2016). The study further revealed that nurses treated patients and relatives of hospitalized patients as inferior. Kingori, et al., (2018) reported that staff competence in handling patient problems, health staff friendliness, availability of prescribed drugs in the



hospital pharmacy, patient privacy during treatment and patient waiting time were important factors influencing patient satisfaction. Hence, it is not only time nurses spent with patients and respect for patients that would determine patients' experience of nursing care but also other factors such as adequate information about their condition and treatment, kindness, cheerfulness, and among others (Olowe & Odeyemi, 2019).

Complaints of poor attitude among healthcare workers toward patients appear to be on the increase in government hospitals. Patients expect timely attention, understanding, kindness and helpfulness from individuals providing care services, nurses were less interested in explanations about interventions and communication with patients (Karaca et al, 2018). Since the antenatal care is important screening for the health of the pregnant woman and the child to achieve the best possible outcome, this study is set out to assess the satisfaction of antenatal care services among pregnant women of Lagos Island Maternity Hospital, Lagos State, Nigeria. The specific objectives were to:

- 1. identify the antenatal care services available to pregnant women at Lagos Island Maternity Hospital
- 2. assess the pregnant women's satisfaction with antenatal care services in Lagos Island Maternity Hospital, Lagos State;
- 3. assess the nurses' care attributes at Lagos Island Maternity Hospital

### **Research Hypotheses**

The following null hypotheses were tested in this research study:

**Ho1:** There is no significant relationship between nurses' care attributes and pregnant women's satisfaction with antenatal care services.

**Ho2:** There is no significant relationship between ward environment and pregnant women's satisfaction with antenatal care services.

**Ho3:** There is no significant relationship between levels of satisfaction of antenatal care services and type of delivery witnessed by the pregnant women.

#### Methodology

This research study adopted a cross-sectional research design to explain the satisfaction of antenatal care services among pregnant women of Lagos Island Maternity Hospital, Lagos State, Nigeria. The study population consisted of all the pregnant women who had delivered at least once at the facilities and presently in their first to third trimester. The Lagos Island Maternity Hospital, Lagos State, Nigeria has between 23 to 48 clients per day, about 159 per week and about 636 per month. An estimated sample size was calculated adopting the proportion formula in Population Survey Sampling by Leslie, (1965) and prevalence of antenatal utilization of 40.6% among women of reproductive age found in a study carried out in Lagos State by Adesina and Okon (2018) was used. Therefore, total sample size was 408. Simple random sampling method was used for the selection of respondents for this study.

The instrument used for this study was a well-structured questionnaire. The research instrument is divided into three sections. The face and content validity of the instrument was ensured through the help of experts in the field of nursing. The instrument was subjected to a pilot testing among forty (40) pregnant women in another general hospital who are not be part of the respondents for this study. The collected data were statistically analyzed using SPSS version 27 to get the Cronbach's alpha coefficient which ranges from 0.788 – 0.793



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Respondents were recruited and informed about the purpose and potential benefits of the study. Consents were obtained from the respondents after which they were asked to complete the researcher-designed questionnaire. Data obtained was sought for errors and completeness while analysis was done using Statistical Package for Social Sciences version 27. **Results** 

Table	1: The antenatal care services available to the resp	ondents
S/N	Items	Frequenc

5/11	itellis	rrequent	percen
		У	t
1.	Immunization	351	86.9
2.	Routine home visit	106	26.2
3.	Regular supply of essential drugs	316	78.2
4.	routine care of pregnant woman (antenatal care)	373	94.8
5.	General disease checkup	280	69.3
6.	Blood pressure check	366	90.6
7.	HIV testing and counseling	333	82.4
8.	Malaria treatment	358	88.6
9.	Checking of growth of children ( child welfare	311	77.0
	services)		
10.	Personal hygiene & nutrition education	361	89.4
11.	Breast feeding practice	367	90.8
12.	Family planning	336	83.2
13.	Delivery services	334	82.7
14.	Health education	351	86.9
15.	Treatment of minor ailment	306	75.7
16.	Food demonstration for mothers	309	76.5
17.	DOTS services	106	26.2
18.	Laboratory services	351	86.9

The Table 1 above revealed the outcome of the first research question on the antenatal care services accessible to pregnant women at Lagos Island Maternity Hospital. All the identified antenatal care services identified by this study were accessible to the pregnant women except routine home visit and DOTS services. It could be deduced from this findings that the pregnant women adequately accessed and utilized the available antenatal care services.

#### Table 2: The pregnant women's level of satisfaction of antenatal care services S/ **Statements** Completel Average **Barelv** Not No Ν v satisfied satisfie satisfied opinion ly satisfied d Α **General services** 1 Ultrasound service 195 (48.3) 148 44 6 (1.5) (36.6)(10.9)2 Laboratory service 191 (47.3) 171 7 (1.7) 3 (0.7) 6 (1.5) (42.3)3 Drug supply 223 (55.2) 154 9 (2.2) 3 (0.7)

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4	Process of antenatal care	226 (55.9)	157	15 (3.7)	-	
	procedure		(38.9)			
5	Quality of care	262 (64.9)	124	6 (1.5)	9 (2.2)	
			(30.7)			
6	Medical expenses	188 (46.5)	126	55	6 (1.5)	
			(31.2)	(13.6)		
В	Registration services					
1	Working hours of antenatal	204 (50.5)	140	30 (7.4)	15 (3.7)	
	clinic		(34.7)			
2	Registration process	209 (51.7)	152	33 (8.2)	6 (1.5)	
			(37.6)			
3	Waiting time for registration	136 (33.7)	197	46	15 (3.7)	2 (0.5)
			(48.8)	(11.4)		
4	Communication with	169 (41.8)	189	29 (7.2)	6 (1.5)	
_	registration staff		(46.8)			
5	Waiting time to see doctors	147 (36.4)	161	31 (7.7)	22 (5.4)	
0	0.1		(39.9)			
C	Others	200 (74 0)				
1	Health education by nurses	290 (71.8)	93 (23.0)	5 (1.2)	-	5 (1.2)
2	Examinations done by doctors	291 (72.0)	96 (23.8)		-	
3	Communication with doctors	280 (69.3)	91 (22.5)	22 (5.4)	3 (0.7)	
4	Consultation with doctors	256 (63.4)	120	12 (3.0)	3 (0.7)	
-		$\mathcal{D}(\mathbf{T}(\mathbf{C}(\mathbf{A})))$	(29.7)	17(12)		
5	Attitude of doctors	267 (66.1)	111	17 (4.2)	6 (1.5)	
C	Nurres attitude		(27.5)	20 (5 0)		
6	Nurse attitude	237 (58.7)	136	20 (5.0)	6 (1.5)	
7	Communication with nurses	226 (504)	(33.7) 144	12 (2 2)	( (1 E)	2 (0 7)
7	communication with nurses	236 (58.4)		13 (3.2)	6 (1.5)	3 (0.7)
8	Care by attending doctor	240 (59.4)	(35.6) 145	8 (2.0)	6 (1.5)	
0	Care by attending doctor	240 (39.4)	(35.9)	0 (2.0)	0(1.5)	-
9	Information for follow-up	222 (55.0)	131	31 (7.7)	4 (1.0)	
9	service	222 (33.0)	(32.4)	51(/./)	4 [1.0]	-
	Mean = 67.41 (84.3%)	) Std Dov -	<u> </u>	orror of m	0 2 n - 0 5 1	
	104.3% - U/.41 (04.3%	j, stu Dev. –	10.20, Stut		an - 0.31	

The outcome of the research question measuring the pregnant women's level of satisfaction of antenatal care services in Lagos Island Maternity Hospital, Lagos State, Nigeria revealed the weighted mean score of 67.41 (84.3%). This study observed that the overall level of satisfaction of antenatal care services among pregnant women was high [mean score = 67.41; 84.3%].

From Table 2, 195 (48.3%) and 148 (36.6%) completely and averagely satisfied with ultrasound services respectively; 191 (47.3%) and 171 (42.3%) completely and averagely satisfied with laboratory services; 223 (55.2%) and 154 (38.1%) completely and averagely satisfied with the drug supply. Also, it was found that 226 (55.9%) and 157 (38.9%)

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completely and averagely satisfied with Process of antenatal care procedure; 262 (64.9%) and 124 (30.7%) completely and averagely satisfied with quality care while 188 (46.5%) and 126 (31.2%) completely and averagely satisfied with medical expenses.

Satisfaction with the registration services showed that 204 (50.5%) and 140 (34.7%) completely and averagely satisfied with working hours of antenatal clinic.; 209 (51.7%) and 152 (37.6%) completely and averagely satisfied with registration process; 136 (33.7%) and 197 (48.8%) completely and averagely satisfied with waiting time for registration; 169 (41.8%) and 189 (46.8%) completely and averagely satisfied with communication with registration staff while 147 (36.4%) and 161 (39.9%) completely and averagely satisfied with waiting time to see doctors.

On the general services, it was observed among others that the respondents were satisfied with health education by nurses, examinations done by doctors, communication with doctors; consultation with doctors; attitude of doctors; nurse attitude; communication with nurses; care by attending doctor, and information for follow-up service.

Table 5. level of satisfaction with har sing care received								
N = 404	Dissatisfied		Mode	Moderately Highl		ghly	Weighte	Std.
			Sati	sfied	Sati	sfied	d Mean	Dev.
	Freq	%	Freq	%	Freq	%	-	
Responsiveness	121	30.0	97	24.0	186	46.0	9.43	2.81
Patient-centered care	122	30.2	117	29.0	165	40.8	9.26	2.96
Communication	121	30.0	143	35.4	140	34.7	9.17	3.03
Caring	107	26.5	133	32.9	164	40.6	9.58	2.70

#### Table 3: level of satisfaction with nursing care received

Level of pregnant women satisfaction with nursing care attribute in the selected hospital shows that 70% of the pregnant women were satisfied with the nurses responsiveness (46% highly satisfied and 24% moderately satisfied). On nurses patient-centered care, 68.8% of the pregnant women were satisfied (40.8% highly satisfied and 29% moderately satisfied). For nurses' communication, 70% of the pregnant women were satisfied (34.7% highly satisfied and 35.4% moderately satisfied); and for the caring, 73.5% of the pregnant women were satisfied (40.6% highly satisfied and 32.9% moderately satisfied). Therefore, the pregnant women were satisfied with all the nursing care attributes identified in this study.

#### **Test of Hypotheses**

**Ho1:** There is no significant relationship between nurses' care attributes and pregnant women's satisfaction with antenatal care services.

 
 Table 4: Pearson Product Moment Correlation showing the relationship between nurses' care attributes and pregnant women's satisfaction with antenatal care services

		Satisfaction	Care attributes
	Pearson Correlation	1	.588**
Satisfaction	Sig. (2-tailed)		.000
	Ν	404	404
Care attributes	Pearson Correlation	.588**	1
care all idules	Sig. (2-tailed)	.000	

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\*\*. Correlation is significant at the 0.01 level (2-tailed).

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The results in Table 4 revealed a high and positive significant relationship between nurses' care attributes and pregnant women's satisfaction with antenatal care services (r = .588; p = .000 < .05). This implies that the nurses' care attributes was related to the pregnant women's satisfaction with antenatal care services.

**Ho2:** There is no significant relationship between ward environment and pregnant women's satisfaction with antenatal care services.

Table 5: Pearson Product Moment Correlation showing the relationship between ward environment and pregnant women's satisfaction with antenatal care services

		Satisfactio	Ward
		n	environment
	Pearson Correlation	1	.159**
Satisfaction	Sig. (2-tailed)		.002
	Ν	404	393
	Pearson Correlation	.159**	1
Ward environment	Sig. (2-tailed)	.002	
	N	393	393

\*\*. Correlation is significant at the 0.01 level (2-tailed).

The results in Table 5 revealed a low and positive significant relationship between ward environment and pregnant women's satisfaction with antenatal care services (r = .588; p = .000 < .05). This implies that the ward environment was related to the pregnant women's satisfaction with antenatal care services. The null hypothesis is rejected.

**Ho3:** There is no significant relationship between levels of satisfaction of antenatal care services and type of delivery witnessed by the pregnant women.

Table 6: Levels of satisfaction of antenatal care services as correlate of types of delivery witnessed by the pregnant women

Levels	of	Т	ypes of Deliv	very	Total	<b>X</b> <sup>2</sup>	Sig
satisfaction		Vaginal birth	Scheduled Cesarean	Unplanne d Cesarean			
						-	
High (55-80)		193	59	16	268	41.224	.000
Moderate (28-54)		30	9	3	42	а	
Low (1-27)		1	-	-	1		
Total		224	68	19	311		

The result shows that there is a significant relationship between levels of satisfaction of antenatal care services and type of delivery witnessed by the pregnant women" ( $x^2 = 41.224$ , p = .000). Therefore, the null hypothesis is rejected.

#### **Discussion of Findings**

The results revealed that all the identified antenatal care services in this study were accessible to the pregnant women except routine home visit and DOTS services. It could be deduced from this findings that the pregnant women adequately accessed and utilized the

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available antenatal care services. This corroborate the report of Rokers, et al (2019) that antenatal services entails the provision of health promotive services (health education), provision of specific preventive measures (nutrition, iron and folic acid supplementation, anti-malarial, immunization), early detection and diagnosis of diseases/conditions through antenatal, natal and post-natal care (anemia, congenital disease, preeclampsia, eclampsia, obstructed labor) and rehabilitation such as postnatal psychosis, vesico-vaginal fistula and family planning counseling.

This study observed that the overall level of satisfaction of antenatal care services among pregnant women was high. The pregnant women were found to be satisfied with the overall general services, registration services and services like health education by nurses, examinations done by doctors, communication with doctors; consultation with doctors; attitude of doctors; nurse attitude; communication with nurses; care by attending doctor, and information for follow-up service. The level of satisfaction with antenatal care services is 84.3% which is higher than the 56% satisfaction found by Tekelab et al (2015) and 75.3% in Yusuf and Ibrahim (2015).

The outcome of this study showed that all nurses' care attributes were satisfied with by the pregnant women during their antenatal care services. Caring is what nurses do and this needs to be improved on by interacting meaningfully with patients during their period of hospitalization through monitoring and providing information to patient and family. This corroborates the findings of Adeyinka et al, (2017) and Bitew et al, (2015) that patient-centered/individualization care is care that is respectful and responsive to individual preferences, needs and values and that ensures the patient's value guide all clinical decision. This implies that nurses should be flexible in different conditions and consider the reality of each patient's uniqueness as various nursing interventions should be used for different patients.

The results revealed a high and positive significant relationship between nurses' care attributes and pregnant women's satisfaction with antenatal care services, which implies that the nurses' care attributes was related to the pregnant women's satisfaction with antenatal care services. It could be said that individualised nursing care influence patients' satisfaction with care and demonstrating that this quality of care indicator might be able to be used as a predictor of patient satisfaction. This supported the earlier findings of Haruna-Ogun (2018), who found a positive correlation between the level of individualised care received and patient satisfaction.

The outcome of this study revealed a low and positive significant relationship between ward environment and pregnant women's satisfaction with antenatal care services. This implies that the ward environment was related to the pregnant women's satisfaction with antenatal care services. This is similar to the previous studies by Ahmed et al, (2014) who found 55.2% rating for ward environment.

The result shows that a significant relationship between levels of satisfaction of antenatal care services and type of delivery witnessed by the pregnant women. Perceived poor quality of care partly demotivates the choices made by women to seek ANC services and hence not deliver in hospital settings. This is important in increasing the use of ANC among women and reducing the number of opportunities missed (WHO, 2016). These findings are similar to



Tekelab et al (2015) in Ethiopia to assess maternal ANC satisfaction found that nearly threequarters of women were generally satisfied with the service provided and recommended their family and friends to attend their antenatal visits at the facility. The finding of this study highlighted that more than half of women at all studied hospitals agreed with their participation in the care received.

#### Conclusion

Patients' satisfaction is considered as an important outcome of the quality of healthcare. This study revealed that, the quality structure domain of Lagos Island Maternity Hospital, Lagos State was good. Besides that, more than two-thirds of pregnant women at all studied hospital were strongly satisfied with antenatal care services received. The analysis exculpated that the socio- demographic characteristics of pregnant women were significantly influencing the satisfaction with ANC services. In addition, the satisfaction level of respondents varied by the services they received, high satisfaction was found in the general services of the ANC.

It is concluded that in order to increase the use of antenatal care services, healthcare authorities should enhance the quality of services related to pregnancy through offering patient-centered care, increasing acceptability, availability, accountability, and reliability of treatment, enhancing input from patients or consumers as feedbacks with the support of technology, communication and cooperation with other stakeholders, and raising community participation.

#### Recommendations

This study recommends as follows:

- 1. To increase satisfaction with antenatal care services, the interpersonal relationship between provider and client should be an integral part of all ANC services offered, thereby increasing the uptake of ANC services, pregnant women seeking ANC early, the frequency of ANC visits, thus preventing unhealthy outcomes for mother and baby.
- 2. Provision of adequate amenities and procurement of equipment including drugs and other consumables should be a matter of top priority.
- 3. Cost of services should be reconsidered and more funding should be provided for health in the budget.
- 4. Nurses should be trained in patient-centered caring skills and that training should be extended to the entire organization. Individualized care builds trust in care.
- 5. Available and adequate waiting area at hospitals affiliated to the Ministry of Health and population to increase the utilization of ANC services and thus improve the satisfaction of pregnant women.
- 6. A detailed periodic assessment of pregnant women's satisfaction regarding the quality of antenatal care services at antenatal clinics.

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