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Maternal Perceptions on Quality of Antenatal Care Services in the Western Health Regions, The Gambia

Jainaba Sey-Sawo[1*], Haddy Tunakara-Bah[2], Phebian Ina Grant-Sagnia[3]

Abstract

The objective *of this study was to assess maternal perceptions on quality of antenatal care offered in the major health centers in Western Health Regions of The Gambia.* ***Method:*** *A descriptive cross-sectional study design was used and one hundred pregnant women in their third trimester were conveniently selected from the targeted clinics. A modified quality of antenatal care questionnaire was used for data collection. Data was collected through face-to-face interviews and was analyzed using SPSS version 21. Both descriptive and bivariate statistics were employed.* ***Result:*** *The total perception on quality of care subscale was 22.8 (SD± 1.89) indicated moderate quality of antenatal care. The total mean score of the interpersonal quality of care sub-scale was 20.3 (SD± 1.72) indicated that nurse's attitude was rated very good. A significant and positive relationship existed between attitude of nurse-midwives and the quality of antenatal care offered ($p<0.05$). Nurse-midwives attitude was a strong predictive independent variable for quality of antenatal services.* ***Conclusion:*** *Therefore, maternal perception and attitude of nurse-midwives should be considered when designing interventions to improve quality and hence, utilization of antenatal services in the targeted health centers in the Gambia.*

Keywords: Antenatal care, maternal, perception, quality of care, The Gambia

Introduction

Quality of antenatal care (ANC) is an important determinant of pregnancy outcome[1] and has been designated one of the four pillars of safe motherhood, which could contribute to reduction of maternal mortality[2]. Globally, while 85 per cent of pregnant women access antenatal care with a skilled health personnel at least once, only six in ten (58 per cent) receive at least four antenatal visits. Most women who utilize ANC services in sub-Saharan Africa (SSA) do not receive adequate attention; as care providers are overwhelmed by the number of pregnant women seeking ANC[3]. Patient satisfaction has traditionally been linked to the quality of services given and the extent to which specific needs are met. Satisfied patients are likely to come back for the services and recommend these services to others[4].

According to Uzochukwu[5] many patients in southeast Nigeria are poor and ignorant, hence often feel that they are not in a good position to influence the type and quality of services they receive even if their expectations are not met. Some studies have reported women satisfaction with antenatal care[6, 7], such as the care received, interpersonal relationship and the infrastructures for providing the care. Nwaeze[8] study found an overall high level of satisfaction with antenatal services among pregnant women in University College Hospital, Ibadan, Nigeria. Similarly, most pregnant women were satisfied with the level of care received during ANC in public

Jainaba Sey-Sawo[1*], Haddy Tunakara-Bah[2], Phebian Ina Grant-Sagnia[3]

1&2 Ph.D. Students, Department of Nursing, School of Basic Medical Sciences, University of Benin / University of the Gambia, 3 MSc. Student, Dept. of O&G, University of Benin, Nigeria

**Correspondence:*

sawosey@gmail.com, or jsey@utg.edu.gm, (234) 09056533848/08096647527
Tel: (+220) 6633864, Lecturers, Department of Nursing, University of the Gambia,

health centres in the Buea Health District, Camerron[9]. However, other studies have revealed women dissatisfaction with antenatal care [10,11] . Reasons for dissatisfaction in most of these studies were; long waiting time, inadequate medicine supply and health workers negative attitudes. A study that assessed the quality of ANC in Tanzania revealed that the services offered were affected by lack of skilled staff, shortage of drugs and inadequate stationary[12]. Supply shortage (lack of drugs, equipment, gloves and reagents for urine testing and VDRL) infrastructure problems and inadequate human resources to provide antenatal services have been cited as the major shortfalls in providing quality of ANC in developing countries[13]. Similarly in Vietnam, quality of ANC was affected by poor staff skills [14.]

The Gambia adapted the Focused Antenatal Care (FANC) in 2001. Maternal health services are offered free of charge in public health facilities, about 98.1% of pregnant women visit the antenatal clinic at least once by skilled personnel and 72% attend at least four times by any provider and the content of antenatal care stood at 84.4%[15]. Antenatal care services are available both through fixed clinics and mobile trekking clinics. Clinics are generally crowded and often understaffed, which can result in women waiting several hours before they have the requisite examinations. Furthermore, since the perceived quality invariably affect mothers behaviour, a mother may choose not to return for antenatal care services which in turn may result in adverse outcomes to the mother and child [16] and also results in poor utilization of antenatal care services [17]. This gives a necessity for greater recognition of the need to understand perceptions of quality from the perspective of mothers who are users of the antenatal care services. However, in this community, ANC user's perceptions of quality care are not known. The aim of this study therefore is to describe maternal perceptions of quality of antenatal care services offered in the Western Health Regions in the Gambia. Results of this study can be used to improve quality of ANC, establish more patient-friendly services, and setting better standards for maternal services in the country.

Research Questions

The research was guided by the following research questions:

1. What is the demographic distribution of pregnant women attending these health facilities in Western Health Region of the Gambia?
2. What are the perceptions of pregnant women towards quality of the technical aspects of antenatal care provided in the targeted major health center?
3. What are the perceptions of pregnant women on the attitude of nurse-midwives working at the antenatal clinic in the targeted major health center?

Hypothesis

The following hypothesis was tested in this study at 0.05 level of significant.

There is no significant relationship between perceptions of pregnant women towards the attitude of nurse-midwives and the quality of care provided during antenatal care visits at the targeted major health center.

Methodology

Design

A descriptive cross-sectional study design was used in this study.

Research Setting

This study was conducted in Western Health Region (1&2) of The Gambia. These regions are one of the seven health regions with more than 55% (747,390) of the country's total population[18]. They consist of diverse ethnic groups such as Mandinka, Wollof, Jola and Fula, who are predominantly Muslims and lives in extended families. It comprises of three local government councils namely Banjul, Kanifing and Brikama Area Council.

These regions have four hospitals , including the country's Teaching Hospital, nine secondary health facilities (two major and seven minor health centres) and 5 primary health facilities (community clinics).

Sampling Technique and Size

A convenient sample of 100 were selected as study participants. The sample size estimation of this study was determined by G-power Version 3.10, with an alpha level set at .05, power at 0.80, and an effect size of 0.2. The study population consisted of pregnant women who were in their third trimester and attending the antenatal clinics of the targeted major health centers.

Research Tool

The questionnaire used in this study was adapted from Boller, Wyss, Mtasiwa and Tanner (2003). Two subscales measuring pregnant women's perceptions on the quality of antenatal care and the attitude of health care providers were relevant to the study. The tool had 18 items. The perception on quality of antenatal care subscale had 8 items which were rated using the 4- point Likert scale, ranging from poor =1, fair = 2, good = 3, and excellent = 4. It had a total possible score of 32, score from 8 – 16 was considered low, 17 – 25 moderate and 26 – 32 was high quality of antenatal care. The remaining four items of the subscale were responded as not satisfy, satisfy or very satisfy. The attitude of health care providers subscale had 6 items with total possible score of 24 and score from 6 – 12 was term as poor, 13 – 19 was good and 20 – 24 very good score of providers attitude. The reliability of this questionnaire had not been reported previously by the developer. However, in this study, it had a reliability of Cronbach's alpha 0.782.

Data collection

Three nurses working at the antenatal clinic of the targeted health centers were trained as data collectors. Data were collected from participants after receiving their antenatal care through face-to-face interview. The interviews were conducted in three major local languages namely; Mandinka, Wollof and Fula based on participants preferred local language. Filled questionnaire were retrieved instantly and a 100% retrieval rate was registered. Data was collected from July-September, 2012.

Data Analysis

All data were crossed checked before entry into SPSS. Data was analyzed using statistical package for social science (SPSS) version 21.0. Descriptive statistics were carried out on all demographic variables. Both bivariate and logistic regressions were done to identify associated factors. Variables having p value <0.05 in the bivariate analyses were fitted into a logistic regression model to predict the outcome variable. A p-value of <0.05 was considered statistically significant.

Ethical Approval

Permission to carry out this study was sought from the Director of Health Services and The Gambia/Medical Research Council (MRC) Ethics Committee. Participants, whom were provided with the essential information for informed consent and were asked to sign/thumb print a consent form. Participants were assured that participation was voluntary and they have the right to withdraw from the study at any time which would not affect their service. Data was pooled and used only for the study.

RESULTS

4.1 Demographic Characteristics of Respondents

The sample consisted of 100 pregnant women in their third (3^{rd}) trimester. The mean age was 26 years, SD (±4.75), ranging from 15-35 years. The mean gestational age was 36.99, SD (±41.13) ranging from 36-39 weeks. Most women were at 36 weeks (n=52, 52%), married (n=92, 92%), literate (n=73, 73%), knew their Last Menstrual

period (LMP) (n=83, 83%), unemployed (n=91, 91%) multiparous (n=78, 78%), Muslims (n=95, 95%), and from the Mandinka tribe (n=39, 39%) followed by the Jola (n=18, 18%). Refer to table 1 for further details.

Table 1: Demographic Characteristics of Pregnant Women (N=100)

Variable	n	%	M±(SD)	Range
Age (years)			26 (4.75)	15-35
Gestational Age (weeks)			36.99 (1.13)	36-39
>36 Weeks<37	52	52		
>37 Weeks<38	09	09		
>38 Weeks<39	27	27		
39 weeks >	12	12		
Marital Status				
Married	92	92		
Single	08	08		
Last Menstrual Period				
Yes	83	83		
No	17	17		
Educational level				
Primary	16	16		
Secondary	26	26		
Tertiary	08	08		
Quranic	23	23		
Non	27	27		
Working				
Employed	91	91		
Unemployed	09	09		
Parity				
0	22	22		
1-4	78	78		
Religion				
Muslim	95	95		
Christianity	05	05		
Ethnicity				
Mandinka	39	39		
Jola	18	18		
Fulla	16	16		
Wollof	09	09		
Others	18	18		

Perception of Antenatal Women on Quality of Technical Aspects of ANC

The study participants rated antenatal care materials in the facility as having the highest score in terms of quality (M=3.01, SD±.26), followed by the health facility structure (M=3.00, SD±.32) whilst the least was staff shortage (M=2.65, SD±.54). Most of them (80%) reported been satisfied with the standard of care received, would recommend the clinic to their pregnant relatives and friends (96%) and would come back to the clinic when pregnant again (97%). However, the total mean score of the perception on quality of antenatal care subscale was 22.8 (SD± 1.89) indicating moderate quality of antenatal care. Refer to table 2 for details.

Table 2: Perception of Antenatal Women on the Technical Quality of ANC

Variables	M	(SD±)	Range	Ranks
Materials used in the facility	3.01	.266	2-4	1
Opinion towards the health facility	3.00	.318	2-4	2
Attitude of the nurse toward care	2.94	.445	2-4	3
Services conducted	2.94	.397	2-4	4
Transportation means	2.86	.493	1-4	5
Health education given	2.75	.592	1-4	6
Approach towards staff nurse	2.72	.473	2-4	7
Overall staff shortage	2.65	.539	2-4	8

Note: Scale - poor =1, fair = 2, good = 3, and excellent = 4

Perceptions of Pregnant Women on the Interpersonal Quality of Care (Attitude of Nurse-midwives)

Most of the participants indicated that privacy was always maintained during examination (M=3.98, SD±.141), seats were always provided during consultation (M=3.92, SD±.307) and were never interrupt during consultation (M=1.41, SD±.877). The total mean score of the interpersonal quality of care subscale was 20.3 (SD± 1.72) indicating that participants rated the attitude of nurses as very good.

Table 3: Perceptions of Pregnant Women on the Interpersonal Quality of Care (Attitude of Nurses)

Variables	M	(SD±)	Range	Ranks
Does the nurse close the room or curtain during examination	3.98	.141	3-4	1
Does the nurse provide seat for you during consultation	3.92	.307	2-4	2
Does the nurse talk to you politely	3.59	.514	2-4	3
Does the nurse show concern to you	3.57	.714	1-4	4
Does the nurse interrupt you during consultation	1.41	.877	1-4	5
TOTAL	20.3	1.72		

Note: Scale – 1 = never, 2 = once, 3 = sometimes and 4 = every time

Total Scale: 6 – 12 = poor, 13 – 19 = good and 20 – 24 = very good

Correlation between Variables

A positive and significant relationship existed between attitude of nurse-midwives and the quality of antenatal care offered as perceived by antenatal women (r= 1.000, P<.05), similarly, gestational age and quality of antenatal care (r=.202, P<.05) were found to be significantly related in this study. See table 4 for details.

Table 4: Correlation between Variables

Variable	Technical Interpersonal	Quality of care	Gestational age
Technical interpersonal	1		
Quality of care	1.000**	1	
Gestational age	.106	.202*	1

* Correlation is significant at the 0.05 level (2-tailed)

Regression Analysis of Technical Interpersonal Predicting Quality of Care

Technical Interpersonal (attitude of nurse-midwives) was a strong predictive independent variable for quality of care and accounted for 100% of the variance (R^2=1.000, p< 0.05). See table 5 for details.

Table 5: Regression Analysis of Technical Interpersonal Predicting Quality of Care

Variable Entered	N	R^2	R^2change	Adjusted R^2	Final β	P
Technical interpersonal	100	1	1	1	1	0.000

Discussion

Only pregnant women who were in their third (3rd) trimester were recruited as participants for this study. This is because those in the first trimester may not have enough contact with the health care providers in the targeted clinic in order to be able to appropriately rate the quality of care offered there. In addition, in the Gambia, many pregnant women book in antenatal care late usually during the second trimester[15].Therefore, women in their second trimester were excluded in this study because they may not have enough experience with the antenatal services offered in these clinics. The results also show that most of the participants were literates and multiparous (have more than one child). These participants therefore, have enough experience and good knowledge of the quality of antenatal care offered in this clinic.

The study participants rated the quality of the technical aspects of antenatal care provided in the target health center as moderate. Even though the materials used, setting and services provided in this health facility were rated as good quality, the participants were least satisfy with the staff shortage in the facility. This may be one of the reasons they rated the quality of care in this facility as moderate instead of high even though they reported that they would recommend the clinic to their friends and would register in the same health facility in subsequent pregnancies. High health care provider-client ratio will definitely have an impact on the quality of health care provided. Staff shortages are major constraints in the delivery of health services in the Gambia [18]. Since each nurse-midwife must attend to a relative large number of women in a defined period, the provision of quality care will be compromised. A similar study was conducted on the perceptions of antenatal care services by pregnant women attending government health centers in the Buea Health District, Cameroon and found out that majority of respondents (96.4%) were satisfied with the antenatal services received[9]. However, there were elements of dissatisfaction with health center services, poor staffing, amenities, few health education talks and poor nursing skills were significantly associated with poor satisfaction. Another study that assessed quality of ANC in Tanzania revealed that the quality of ANC was affected by lack of skilled staff, shortage of drugs and

inadequate stationary[12]. Supply shortage (lack of drugs, equipment, gloves and reagents for urine testing and VDRL) infrastructure problems and inadequate human resources to provide antenatal services have been cited as the major shortfalls in providing quality of ANC in developing countries[13]. Availability of resources plays a bigger role in provision of quality ANC. Despite the high ANC attendance in most developing countries, a major problem hindering quality of ANC is inadequate resources [19].

In this study, most of the participants rated the attitude of the nurse-midwives as very good. In settings where cultural values are still being upheld, client provider relationship appears to be an important factor that strongly influences pregnant women's perception and is more important for women compared to the technical aspect that is often focused on by the care providers and health authority. Studies have shown that the most powerful predictor for client satisfaction with government services is providers' behavior, especially respect and politeness[20]. In this study, women had positive impression of all aspects of interpersonal relationship with their health care providers. It is possible that the interpersonal relationship recorded in this study have overshadowed all the reservations expressed within the contents of other elements of quality which women were unhappy about such as number of skilled workers. In a developing country setting, for instance, many women refer to high quality care as "being treated as human beings" without considering the technical aspect of quality[20]. The participants expressed feelings of satisfaction about the way their problems were attended to.

A significant positive relationship was found between attitude of nurse-midwives and the quality of antenatal care offered in the identified health facility. Good provider-patient relationships are therapeutic and have been described as the single most important component of good medical practice, not only because it identifies problems quickly and clearly, but it also defines expectation and helps establish trust between the clinician and patient[21]. This is consistent with a study that found attitude of nurses to be significantly associated with patients' satisfaction on the antenatal services at a university college hospital, in Ibadan, Nigeria[22].

Summary and Conclusion

Maternal perception of antenatal care quality is an important attribute in understanding the relationship between quality and utilization of antenatal services**.** The study participants rated the quality of the technical aspects of antenatal care provided in the target health center as moderate but the attitude of nurse-midwives were perceived as very good. Therefore, maternal perception and attitude of nurse-midwives should be considered when designing interventions to improve quality and hence, utilization of antenatal services in the targeted health centers in the country.

Recommendations

Based on the study findings, it is recommended that nurses attitude towards patients and

more train nurses should be posted to the antenatal clinics in the Gambia in order to meet the increasing demand for quality antenatal services.

Limitation of the Study

Biasness though to the use of convenient sampling technique was identified as one of the weakness of the study**.**

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