Attitude of women towards private and public hospitals for obstetric care in South-East Nigeria: implications for maternal mortality reduction

Original Article

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ABSTRACT

Background: The privately owned hospitals play key roles in healthcare delivery in Nigeria.
Objective: To determine the attitude of women towards private and public hospitals in accessing obstetric care in Nnewi, South-East Nigeria and evaluate its implications for maternal mortality reduction efforts in the country.
Methodology: A cross sectional survey of 400 market women using semi-structured questionnaires and focus group discussions.
Results: Majority of the women (72.1%) attended antenatal clinic in their last pregnancy in private hospitals while only 17.8% of them received antenatal care in government hospitals. Twenty-five (6.3%) of the women had antenatal care in maternity homes, and most of the respondents (72.8%) had their last deliveries in private hospitals. Equal numbers of them (36.4% each), delivered at the private specialist hospitals and private general practice hospitals, respectively. Only sixty-two (15.6%) of the respondents delivered in the government hospitals, while 37(9.3%) delivered in the maternity homes. Majority (79.4%) would prefer to deliver in the private hospitals in their next confinement while 14.1% would prefer government hospitals. The major reasons for choosing a particular hospital over the others included the friendly attitude of the health workers (33.9%), availability of attending staff at all times (27.4%) and proximity of the facility to their homes (14.6%).
Conclusion: Most women in Nnewi prefer to have antenatal care and delivery in private hospitals rather than in public hospitals. Thus, private hospitals should be included in maternal mortality reduction efforts in this part of the country so as to achieve the desired results.

Keywords: *Attitude, hospitals, obstetric care, private, public*

INTRODUCTION

Reducing the high maternal mortality ratios among sub-Saharan African countries has remained a huge challenge. One of the reasons for this unfortunate state has been the poor socio-economic status of most of these countries leading to very low spending on health. As a result, there are not enough hospitals, staff and equipment to cater for the health needs of the people. Access to quality

health care becomes the exclusive preserve of the rich, leaving the poor at the mercy of the quacks and preventable deaths. The situation is even worse in the rural areas where majority of the populace lives.

Therefore, there are high maternal and neonatal death ratios, a high proportion of the populace suffering from HIV/AIDS, a high rate of under-5 deaths due to diarrhoeal diseases and malaria, as well as high cancer morbidity and mortality rates. It is not surprising that the reproductive health indices of most of the sub-Saharan African countries are the worst in the world. At present, more than 90% of the world's maternal and neonatal deaths occur among the developing world.[1]

Over the years, a lot of energy and initiatives have been employed to scale down the maternal mortality figures with minimal or no effects. Currently, the presence of emergency obstetric care (EmOC) and the skilled birth attendant (defined by the World Health Organization (WHO) as an accredited health professional—such as a midwife, doctor or nurse—who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and the immediate post-partum period, and in the identification, management and referral of complications in women and newborns excluding the traditional birth attendants) are the two most important evidence based interventions at reducing maternal mortality ratio within the developing countries.[2,3]

While WHO stipulates that at least 15% of births should take place in an EmOC facility, in Nigeria, only 1% occurs in health facilities that render EmOC services, while 29% are handled by skilled birth attendants.[4,5,6] It is not surprising, then that the national maternal mortality ratio is 545 per 100,000 live births and can be as high as 3,000 per 100,000 live births in some regions.[6]

The health care delivery system of most developing countries is characterized by very poor government spending and inconsistent policies. As a result, the system is poorly developed, and the staff is poorly motivated. In addition, the health care providers in these health facilities are often unfriendly to the patients, do not respect their cultures and sometimes, exploit them. Patients wait for long periods to be attended to by providers who are indifferent to their problems.

In contrast, the health care providers in the private hospitals are more patient-friendly and attend to the patients within shorter periods. This scenario was very well captured by the national study in 2003 that assessed the provision of EmOC services in Nigeria which reported a very poor performance of EmOC in Nigeria, with most of the services provided at the private hospitals.[7] This study has been corroborated by many others that show that the privately owned hospitals play major roles in provision of obstetric services in the country.[8,9,10] It, therefore, becomes imperative that any strategy to reduce the high maternal mortality rate in the region will not succeed without the involvement of the privately owned hospitals. This study investigates the role of the private hospitals in the provision of obstetric services in Nnewi, South-East Nigeria.

METHODOLOGY

Study Area

Nnewi is a semi-urban town located in Anambra State within the South-East Zone of Nigeria. It has four quarters: Otolo, Nnewichi, Uruagu and Umudim. The town is known for business and technology and has been described as "Japan of Africa". It has the largest motorcycle and motor spare parts market in Africa, and so, the inhabitants are predominantly traders. Apart from the central market, each of the quarters has its own daily market that caters for the routine needs of its people. Besides a Federal Government owned

teaching hospital and university campus, there are numerous private specialist hospitals, general practice hospitals, mission hospitals and maternity homes, in the town.

Study Design
This is a cross sectional descriptive study in which information was obtained through a semi-structured questionnaire and focus group discussions.

Sample Size Determination
The sample size was determined using the Fischer's method.[11]
$N = Z^2pq/d^2$

Where:
N = Minimum sample size for a statistically significant survey
Z = Normal deviant at the portion of 95% Confidence interval = 1.96
p = Proportion of births that take place in private hospitals in Nigeria = 15.0%[6]q = 1 - p = 0.85
d = Margin of error acceptable or measure of precision = 0.05
N = (1.96 X1.96) X 0.15 X 0.85/0.05x0.05 = 195

A sample size of 400 was used to improve the power of the study.
Therefore, 400 questionnaires were distributed.

Study Population
The study population comprised market women who delivered their last children within the past 3years. Equal numbers (100) of women were selected from each of the four markets, representing the four quarters of the town. Women, who withheld consent or who had not delivered any child were excluded from the study.

Data Collection
Data was collected from eligible women using pre-tested semi-structured questionnaires which were either interviewer or self-administered depending on the convenience of the respondents. The information obtained included socio-demographic characteristics, facility for antenatal care, delivery and postnatal care at the last delivery, and reason for the choice.

The data were augmented with information from focus group discussions (FGDs) involving selected women. The FGDs consisted of 10-15 participants, a facilitator and a note-taker, with tape recorder. The discussions took place in the evenings between 4.00pm and 6.00pm Nigerian time, when the women had closed business for the day. The venues were either in a building within the market or under any big tree that provided shade.

The language was a mix of the local (Igbo) and English languages as determined by the convenience of the participants. In all, a total of 8 focus group discussions were held, 2 for each of the markets. The parameters used in choosing participants included socio-demographic characteristics likely to affect attitude to the use of antenatal care services.

Data Analysis
The collected data were analyzed using EPI INFO version 3.5.1(2008) software. Descriptive statistics such as mean, median and mode were computed for continuous variables and proportions for nominal characteristics of the women. The results were presented in tables.

Ethical Considerations
Ethical clearance was obtained from the Ethical Committee of the Local Government Area. As much as possible, the rights of patients were protected in this research work and questionnaires were only administered to women who gave their consent, after due counselling.

RESULTS
Out of the 400 questionnaires distributed, 398 were properly completed and returned and therefore, formed the basis for this analysis.

Table 1 shows the socio-demographic characteristics of the respondents and the modal age group was 25-29years (34.2%), while the modal parity group was 2-4years (56.8%). Literacy level was very high (85.1%), majority of the respondents were traders (81.7%) and Christians (99.7%).

Table 1. Socio-demographic profile of the Respondents

Socio-demographic Profile	Frequency	%
Age		
<25	33	1.2
25-29	136	34.2
30-34	119	29.9
35 and above	110	27.7
Parity		
1	76	19.0
2-4	226	56.8
3	1	0.3
≥5	95	23.9
Marital Status		
Married	387	97.2
Widowed	10	2.5
Divorced /Separated	1	0.3
Occupation		
Trader	325	81.7
Housewife	30	7.5
Artisan	23	5.8
Public Servant	11	2.8
Student	9	2.3
Highest Educational Qualification		
No. Formal Education	9	2.3
Primary	50	12.6
Secondary	262	65.8
Tertiary	77	19.3
Religion		
Anglican	102	25.6
Catholic	188	47.2
Islam	1	0.3
Others	5	1.3
Pentecostal	102	25.6

Among the respondents, 287 (72.1%) attended antenatal clinic for their last pregnancy in private hospitals, 149 (37.4%) in private general practice hospitals, while 138 (34.7%) were attended to in private specialist hospitals, see table 2. Only 71 (17.8%) respondents received antenatal care in government hospitals, and 25 (6.3%) attended antenatal care in maternity homes.

Table 2. Choice of facility for antenatal care at the last pregnancy

Places of Antenatal Visit	Frequency	%
No attendance	11	2.8
Private Specialist Hospital	149	37.4
Private General Practice Hospital	138	34.7
Government Hospital	71	17.8
Maternity Home	25	6.3
Mission Hospital	4	1.0
Church	1	0.3

Majority of the respondents 290 (72.8%), delivered their babies in private hospitals in their last pregnancy, with equal numbers of them 145 (36.4%) each delivering at the private specialist hospitals and private general practice hospitals, respectively. Sixty-two respondents (15.6%) delivered in government hospitals while 37 (9.3%) delivered in maternity homes. Majority (79.4%) preferred to deliver in the private hospitals in their next confinement while 14.1% preferred to deliver in government hospitals, see tables 3a and 3b.

Table 3a. Choice of facility for delivery in the last pregnancy

Facility for Delivery	Frequency	%
Private General Practice Hospital	145	36.4
Private Specialist Hospital	145	36.4
Government Hospital	62	15.6
Maternity Home	37	9.3
Others	5	1.3
At Home	2	0.5
Church	1	0.3
TBAs place	1	0.3

Table 3b. Preferred facility for the next delivery

Facility of Choice	Frequency	%
Missing	5	1.3
Church	1	0.3
Maternity Home	20	5.0
Government Hospital	56	14.1
Private General Practice Hospital	153	38.4
Private Specialist Hospital	163	41.0

Among the main reasons for the choice of facility for obstetric care were friendly attitude of the workers 135 (33.9%), availability of attending staff at all times 109 (27.4%) and proximity of the facility to their homes 58 (14.6%), table 4.

Table 4. Reasons for the choice of facility

Reasons	Frequency	%
More friendly Staff	135	33.9
Availability of staff always	109	27.4
Proximity	58	14.6
Specialist Services	26	6.4
Husband's Decision	19	4.8
Advise of friends	18	4.5
Less costly	18	4.5
Availability of facilities	3	0.8
Trust	3	0.8

DISCUSSION

This study was conducted in the markets in Nnewi, a town known for commerce. Also, as reflected in the study, the people of the South-East Zone of the country are mostly Christians, as the Muslims who were recruited were usually northerners working or doing business in the area.

This study showed a high level of antenatal care attendance and hospital deliveries, a trend previously reported in Sagamu, Ogun State (South-West Nigeria) and Anambra State (South-East Nigeria).[8,10,12,13] The implication, as argued by some authors, is that access to obstetric care may not be the only factor responsible for poor obstetric indices in some parts of the country, especially the South-West and South-East Zones, rather the quality of services offered at these facilities could be significantly contributory.[13]

The preference of private hospitals for antenatal care and deliveries by respondents in this study seems to be the trend in these two zones of the country. For instance, in a study to evaluate the provision of essential obstetric services in Anambra State it was found that deliveries in the private hospitals accounted for 79% of all deliveries and a similar study in Lagos involving 3296 mothers, reported 1659 (50.3%) deliveries in private hospitals, while 1637 (49.7%) were in public hospitals.[9]

Even, when women booked for, and received antenatal care in public hospitals, a substantial number of still delivered in private hospitals.[10,14] This trend of increased utilization of the privately owned hospitals for obstetric services underlies the importance of considering these hospitals in the current efforts to improve skilled deliveries in order to reduce maternal and newborn deaths. There is, thus, the need to include a select number of these hospitals in training in emergency obstetric care and life-saving skills. Assistance obtained from development partners for the improvement of the health systems should also be extended to the privately owned hospitals, which should be seen as partners in this task of reducing maternal and new born death rates in the country.

Finally, it was necessary to critically review the reasons why the women preferred the private hospitals for antenatal care and delivery. As revealed in this study, topmost among these reasons was the unfriendly attitude of the health workers at the public hospitals. The respondents, including those in labour, were left to wait for long periods

before being attended to. Even, when the staff attended to them, they were not friendly in their approach. This negative attitude of the care providers towards the patients had been previously recognized as a major obstacle to accessing care by these women.[16,17]

Indeed, a large scale sensitization and re-orientation has become very necessary for the health workers at the public hospitals on the need for friendly approach to patients, especially the pregnant women and those in labour, in order to win their confidence. It was not surprising that even when some of them received antenatal care at the public hospitals they still went ahead to deliver at the private hospitals. Labour, being an unpredictable event with no predictable outcome, it was quite understandable that most women would not entrust their lives on an unfriendly and uncaring health care provider.

CONCLUSION

This study has shown that women in Nnewi prefer private hospital to public health facility for obstetric care. Therefore, a public-private partnership, intimately involving the private facilities, is necessary in the reduction of maternal mortality ratio in this part of the country.

REFERENCES

1. Reduction of Maternal Mortality: a joint WHO / UNFPA / UNICEF / World Bank Statement. Geneva; WHO 1999.
2. WHO 2005. World Health Report 2005. Geneva; WHO.
3. Koblinksy MA. Reducing Maternal Mortality: Learning from Bolivia, China, Egypt, Honduras, Indonesia, Jamaica and Zimbabwe. Washington DC; The World Bank 2003.
4. WHO 1994. Indicators to Monitor Maternal Health Goals: Report of a Technical Working Group 8-12 November, 1993. Geneva; WHO, WHO/FHE/MSM/94.14.
5. Ochejele S, Heywood A, Ujah IO. Needs Assessment of Emergency Obstetric Care in Benue State, Nigeria, using the United Nations Process Indicators. *Trop J Obstet Gynaecol* 2006; 23(2):157-159.
6. Nigeria Demographic and Health Survey (2008). National Population Commission and ICF Macro; Calvertom (Maryland).
7. UNFPA, FMOH. National Study on Essential Obstetric Care in Nigeria, Technical Report 2003.
8. Okonkwo JE, Ibeh CC. The contribution of privately owned hospitals in the provision of essential obstetric care in Nigeria. *Niger J Clin Pract* 2006; 9(2):159-163.
9. Olusanya BO, Roberts AA, Olufunlayo TF, Inem VA. Preference for private hospital-based maternity services in inner-city Lagos, Nigeria: an observational study. *Health Policy* 2010; 96(3):210-216.
10. Lamina MA, Sule-Odu AO, Jagun EO. Factors militating against delivery among patients booked in Olabisi Onabanjo University Teaching Hospital, Sagamu. *Soc Sci Med* 2006; 63(7): 1870-1878.
11. Hassan T. Inferential statistics. *In* Bankole MA (Ed): Handbook of research methods in medicine. Lagos, Nigeria: Nigerian Educational Research and Development Council 1991; 167-211.
12. Iyaniwura CA, Yussuf Q. Utilization of antenatal care and delivery services in Sagamu, South Western Nigeria. *Afr J Reprod Health* 2009; 13(3):111-122.
13. Ibeh CC. Is poor maternal mortality index in Nigeria a problem of care utilization? A case study of Anambra State. *Afr J Reprod Health* 2008; 12(2):132-140.
14. Ekele BA, Tunau KA. Place of delivery among women who had antenatal care in a teaching hospital. *Acta Obstet Gynecol Scand* 2007; 86(5):627-630.
15. Abu-Zeid HAH, Dann MW. Health services utilization and cost in Ismailia, Egypt. *Soc Sci Med* 1985; 21:451-461.
16. Asuquo EE, Etuk SJ, Duke F. Staff barrier to the utilization of University of Calabar Teaching Hospital for obstetric care. *Afr J Reprod Health* 2000; 4(2):69-73.