

Quality of Family Planning Services in Two Teaching Hospitals in Ibadan, Oyo State, Nigeria

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Abstract

Poor quality of family planning services predispose individuals to unplanned pregnancy, unsafe abortions, high number of birthing experiences, short birthing intervals, maternal morbidity/mortality. These challenges have reduced the standard of living of individuals as well as the economy of the nation. Adequate search light has not been beamed on the quality of family planning even though a number of researchers have investigated family planning processes. Therefore, the main objective of this study is to focus on the quality of family planning services in two teaching hospitals in Ibadan, Oyo State, Nigeria. The study employed a quantitative descriptive cross-sectional survey on the concept of Donabedian Model to evaluate quality of family planning services in two teaching hospitals in Ibadan, Oyo State, Nigeria. Data were collected from 160 respondents selected from both institutions using convenience sampling technique. Adapted checklist based on Donabedian Model was used for data collection. Data collected were analysed using IBM SPSS version 23 to generate summaries of descriptive statistics and conduct test of significance using inferential statistics of t-test analysis at the 0.05 significant levels. Findings of the study revealed that over three quarters of the respondents rated the quality of the structures in the Federal hospital and state hospital as adequate. Less than half of the respondents rated the quality of the process of Family Planning services as adequate in both the Federal hospital (UCH) and State hospital (Adeoyo). The study concluded that there was satisfactory quality of family planning services received by women of reproductive age and rated structure and process as adequate in both facilities. Based on the outcome of this study, it was recommended that health workers and service providers should have in service training on regular basis so as to improve their knowledge and technical competencies on management of FP services and the new trends involved.

Keywords: Quality, Family Planning, Structure, Process, Outcome

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I. Introduction

Maternal death in Nigeria has been placed as one of the highest maternal death ratios throughout the globe, with a precise assessment of Nigeria been rated as the country with the second highest number of maternal deaths in the world according to WHO (2020). This has a damning effect on the economy of the country, especially in areas where women are the major source of income. The maternal mortality ratio (MMR) of Nigeria is 814 per 100,000 live births (WHO, 2020). The risk of a Nigerian woman dying during perinatal period, childbirth, postpartum or post abortion is 1 in 22 compared to the lifetime risk in the developed countries estimated at 1 in 4900 (WHO, 2020). Illegal and unsafe abortions have caused more maternal deaths that occur every year in Nigeria. However, Nazli, et al., (2018) observed that family planning prevalence rate is linked to maternal death while affirming that those countries with very high maternal mortality ratios have low contraceptive prevalence rates.

Despite being the seventh most populous countries in the world with over 206 million population, Nigeria is experiencing a great burden of poverty where 40% of its population is living below 139,340 naira per year as quoted by NBS, (2019) and rated among the poorest in the world in a study done by Lancet of global health access and quality in 2018 as the 142nd out of 195 countries corroborating 2018 edition of the Healthcare Access Quality Index, (HAQ) which assesses personal healthcare quality and access in 195 countries and territories globally ranking Nigeria as the 187th out of 195 entities.

The emphasis on quality of care of contraceptive services started in the year 1990. Family planning is one of the ten major public health accomplishments of the Twentieth Century, on par with such successes as vaccination. It has been observed that the capability of a person to decide family size and the time and spacing of their children has led to significant advancements in health and socio-economic well-being of the family, community and society, at large. However, making available universal access to contraceptive services demands that family planning providers be competent and show essential skills that would make sure quality delivery of contraceptive services. It has been reported that family planning services is still a neglected area in many countries, and there is still high unmet need for family planning especially in the low and middle-income countries with (Wulifan, et al., 2016).

Women have 1 in 22 lifetime risk in African region (compared to 1 in 4900 in Europe) of dying prematurely in childbirth (WHO, 2020). The availability of universal access to high-quality contraceptive, maternal health services and skilled attendance at delivery are major action protocols under the safe motherhood initiative (John, 2016). It is essential that the use of family planning has prevented about 230 million births yearly, throughout the world, and family planning is a primary strategy for prevention of unwanted pregnancy. Therefore, the focus of the present study is to investigate the quality of family planning services in two teaching hospitals in Ibadan, Oyo State Nigeria, for documentation and improvement in family planning services.

Family planning services are a major tool used in the control of maternal mortality and morbidity. The quality of FP services is known to affect the health indices of a nation because it is a preventive health service. Nigeria is ranked worldwide to be the second country in the world with a high maternal death rate of 512 per 100,000 live births (NDHS 2018). Frequent delivery experiences and its complications which expose women to unpleasant lifetime risk could be reduced if there is an improvement in the quality of FP services. Delivery rate in Nigeria is growing at an alarming rate where the health system is already stretched and over-burdened, cracking under abject poverty, corruption, uneven distribution of resources and insecurity. Population control could be achieved with effective quality delivery of FP services. The reason for low coverage differs across countries and regions. The literature shows that the most common reasons are linked to opposition from partners or others, concerns about side effects and low perceived risk of getting pregnant due to infrequent sexual activity.

Donabedian model was developed in 1966 describing three domains necessary for high quality client care viz structure, process, and outcome. The structure refers to the environment and the resources necessary to provide care; this includes the physical building, the equipment, the staff, and monetary resources. The process explains the techniques and practices implemented to provide care, while effects are the end results realized by the recipient. According to Donabedian, an established structure is a requirement for effective process, and effective processes are requirements for high-quality outcomes.

Poor quality contraceptive services predispose persons to unplanned pregnancy, unsafe abortions, high rate of birthing experiences, maternal morbidity/mortality, and short birthing interval. Population explosion with its attendant hazardous chaos like large families, child malnutrition/ mortality, food insecurity and poverty abound in these regions. According to Tessema, et al (2016), the rate of induced abortions is a fair indicator of the current state of medical care and family planning in any country. Among Nigerian women of reproductive age, one out of seven has tried to have an abortion, and one in ten has terminated an unwanted pregnancy, making up to 760,000 induced abortions yearly. In recent years, there has been a rigorous campaign to raise awareness about family planning.

A popular consensus among researchers, health care managers and health educators stating that good quality family planning services encourage acceptance or continuation of contraceptives use but very few have questioned the link between high quality care and acceptance or discontinuation of use. Therefore, this study investigated the quality of family planning services in two teaching hospitals in Ibadan, Oyo State, Nigeria. This study specifically:

1. determined the structure of family planning services in both the state and federal teaching hospitals in Ibadan based on Donabedian model;
2. examined the process of process of family planning services adopted in both the state and federal teaching hospitals in Ibadan based on Donabedian model;
3. determined the difference between the structure of family planning services in the state and federal health teaching hospitals in Ibadan; and
4. determined the difference between the process of family planning services in both state and federal teaching hospitals in Ibadan.

Research Questions

The following research questions were raised for this study:

1. What is the structure of family planning services in both the state and federal teaching hospitals in Ibadan based on Donabedian model?

2. What is the process of family planning services adopted in both the state and federal teaching hospitals in Ibadan based on Donabedian model?

Research Hypotheses

These hypotheses were postulated for this study:

1. There is no significant difference between the structure of family planning services in the state and federal health teaching hospitals in Ibadan
2. There is no significant difference between the process of family planning services in both state and federal teaching hospitals in Ibadan

II. Methodology

This study utilized quantitative descriptive cross-section survey. It involved the use of checklist developed from literatures aimed at evaluating the structure and the process in which family planning services are rendered in the two teaching hospitals in Ibadan. The target population for this study was the teaching hospitals in Ibadan involved in FP services and women of reproductive age using the services of University College Hospital (UCH), Ibadan and Adeoyo Maternity Hospital, Yemetu, Ibadan, Oyo State. A convenience sampling technique was adopted to select 160 women of reproductive age who are using family planning services of University College Hospital (UCH), Ibadan and Adeoyo Maternity Hospital, Yemetu, Ibadan, Oyo State.

The instrument for data collection adapted Donabedian model of quality of care which determined quality through information on the structure, process of rendering the care and the outcome. The validity of the instrument was ensured by nursing science experts. The face validity was ensured by making necessary and adequate corrections. To ensure content validity, developed instrument for data collection was ensured to be in accordance with the research objectives. Reliability of the instrument was tested using Cronbach’s Alpha model technique to ensure internal consistency and it yielded coefficient value of 0.84. Quantitative data was analysed using both descriptive and inferential statistics. Results were presented through frequency count, percentages, mean and standard deviation. The hypotheses were subjected to t-test analysis at 0.05 level of significance.

III. Results

Research Question 1:What is the structure of family planning services in both the state and federal teaching hospitals in Ibadan based on Donabedian model?

Table 1: The structure of FP services in the two facilities

Structure	Federal hospital (UCH) N=80			State hospital N=80	
	Rating score	N(%)	Mean (SD)	N(%)	Mean (SD)
Inadequate	0-2	2(2.5)	5.5(.89)	6(7.5)	5.3(1.4)
Average	3-4	13(16.2)		10(12.5)	
Adequate	5-6	65(81.3)		64(80.0)	
Maximum	6			6	
Minimum	2			0	

Results from table 1 shows that mean for measure of quality in the structure of facilities/equipment in the Federal hospital (UCH) was 5.5±.89 as compared with the State hospital which was 5.3 ±1.4. The table also revealed that 65(81.3%) of respondents rated the quality in structure of facilities/equipment in the Federal hospital (UCH) as adequate and 64(80.0%) of the respondents rated State hospital quality in the structure of facilities /equipment as adequate.

Research Question 2:What is the process of family planning services adopted in both the state and federal teaching hospitals in Ibadan based on Donabedian model?

Table 2: The process of FP services in the two facilities

Process	Federal hospital (UCH) N=80			State hospital N=80	
	Rating score	N(%)	Mean (SD)	N(%)	Mean (SD)
Inadequate service	0-9	25(31.2)	9.7(5.1)	23(28.7)	10.4(4.5)
Tolerate	10-12	16(20.0)		30(37.5)	
Required	13-17	39(48.8)		27(33.8)	
Maximum	17			17	
Minimum	1			2	

Results from table 2 shows that mean for the measure of quality in process of Family P services in the Federal hospital (UCH) was 9.7 ± 5.1 as compared with the State hospital which was 10.4 ± 4.5 . The table also revealed that 39(48.8%) of respondents rated the Federal hospital (UCH) quality in process of Family Planning services adequate and 27(33.8) of the respondents rated quality in process of Family P services State hospital adequate.

Test of Hypotheses

Hypothesis 1: There is no significant difference between the structure of family planning services in the state and federal health teaching hospitals in Ibadan

Table 3: Difference between the structure of FP services in state and federal health facilities in Ibadan

Structure of FP services		N	Mean	95% CI	t-test	p-value
Structure	UCH	80	5.50.9	5.3-5.7	.831	.407
	Adeoyo State Hospital	80	5.3±1.3	4.9-5.8		
	Total	160	5.5±1.0	5.3-5.6		

The results in Table 3 revealed there is no difference between the structure of FP services in state and federal health facilities in Ibadan (t-test = .821; $p = .407 > .05$). Therefore, the null hypothesis was not rejected, hence, there is no significant difference between the structure of FP services in state and federal health facilities in Ibadan This implies that the qualities in structure of FP services were rated the same in the two health facilities.

Hypothesis 2: There is no significant difference between the process of family planning services in both state and federal teaching hospitals in Ibadan.

Table 4: Difference between the process of FP services in both state and federal teaching hospitals

Process of FP services		N	Mean	95% CI	t-test	p-value
Process	UCH	80	9.7±5.1	8.8-10.6	.829	.408
	Adeoyo State Hospital	80	10.4±4.5	9.0-11.9		
	Total	160	9.9±5.0	9.1-10.7		

The results in table 4 revealed there is no difference between the process of FP services in both state and federal teaching hospitals (t-test = .829; $p = .408 > .05$). Therefore, the null hypothesis was not rejected, hence, there is no significant difference between the process of FP services in both state and federal teaching hospitals. This implies that the qualities in process of FP services were rated the same in the two health facilities.

IV. Discussion

The finding of this study revealed that mean for the measure of quality in the structure of Facilities/equipment in the Federal hospital (UCH) was $5.5 \pm .89$ as compared with the State hospital (Adeoyo) which was 5.3 ± 1.4 . Also, 81.3% of the respondents rated the quality in structure of Facilities /equipment in the Federal hospital (UCH) as adequate and (80.0%) of the respondents rated State hospital quality in structure of Facilities/equipment as adequate. It could then be deduced generally that the quality in structure of Facilities/equipment of family planning is encouraging and satisfactory. This study observed that the overall quality of family planning was above average for both health facilities .This is supported by the findings of Fruhaul, et. al (2018) as they concluded that the quality of the facility has a positive effect on the use of family planning services.

The findings of this study revealed that mean for the measure of quality in process of Family Planning services in the Federal hospital (UCH) was 9.7 ± 5.1 as compared with the State hospital which was 10.4 ± 4.5 . The study revealed that (48.8%) of respondents rated the Federal hospital (UCH) quality in process of Family Planning services as adequate and (33.8%) of the respondents rated quality in process of Family Planning services of the State hospital (Adeoyo) as adequate. This study observed that the overall quality of family planning was below average for both health facilities. This is supported by the study of Sari, et al. (2019) stating that poor family planning counselling is associated with discontinuation of method. Staff attitude towards accurate information dissemination about methods is also vital.

First hypothesis revealed that there is no difference between the structure of Family Planning services in State and federal health facilities in Ibadan ($p=0.407$). This implies that the qualities in structure of FP services were rated the same in the two health facilities. The findings supported the study of John (2016) who noted that the provision of universal access to high-quality family planning, maternal health services and skilled attendance at delivery are key action strategies under the safe motherhood initiative.

Second hypothesis revealed that there is no difference between the process of FP services in the two state and federal teaching hospitals. ($p=0.408$). This implies that the qualities in process of FP services were rated the same in the two health facilities. The finding of this study supported the study of Ewerling et al. (2018) who observed that the provision of services through government facilities follows the Primary Health Care (PHC) approach in all the three tiers of health-care systems (primary, secondary and tertiary).

V. Conclusion

This study concludes that the facilities available for the provision of quality family planning in the two health facilities in Ibadan had most of the equipment, drugs and supplies in existence though some structures like toilets and backup generators were reported inadequate.

VI. Recommendations

In view of the findings stated earlier, there is an urgent need to pay more attention to the quality of family planning services. The following recommendations are made:

1. Health workers and service providers should have in service training on regular basis so as to improve their knowledge and technical competencies on management of FP services and the new trends involved.
2. In Nigeria, Family Planning services are meant to be administered to clients free of charge but unfortunately this does not happen as users have to pay. Health management authorities should put some strategies in place so that this service can be free for those who cannot afford to pay for it.
3. The Ministry of Health needs to collaborate with all the relevant stakeholders to disseminate information on the available FP services using the mass media, Information, Education and Communication materials and workshops for all women.

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