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# Underutilization of Maternity Services at Seboche Hospital by Local Community

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***Abstract***

*Aim: The aim of this article is to identify the risk factors associated with pregnant women from the catchment population not delivering at the facility*

*Objectives: To reduce number of home deliveries*

- *To strengthen utilization of maternity services by catchment population*
- *To sustainably improve the health status of their populations to achieve national and global health targets.*

*Literature review: According to WHO 2014, Lesotho has a very high maternal and neonatal death rate being 487 deaths/ 100000 and 74 deaths/1000 respectively. This maybe attributed in part to the high rate of home deliveries. The report indicated that home deliveries accounts for 40% of all births in Lesotho and rates are even higher in the rural areas. The latest WHO (2016) report Annex A, global coverage of skilled attendance at birth was estimated to have reached 73% in 2013. However, despite steady improvement globally and within regions, millions of births were not assisted by a midwife, a doctor or a trained nurse. More than 40% of births in the WHO African Region and WHO South-East Asia Region were not attended by skilled health personnel.*

*2014 Lesotho Demographic Health Survey shows that 8 in 10 deliveries (78%) are assisted by a skilled provider, for the most part, a nurse/midwife (61%). Unskilled persons, such as traditional healers, village health workers, and relatives/friends, assist in 21%; 1% of births receive no assistance. Skilled providers assist at nearly 100% of deliveries in health facilities, but only 7% of deliveries that take place elsewhere. Indicators related to maternal health care have improved as depicted by Lesotho Demographic Health Survey (LDHS) 2014 showing that: "Seventy-seven percent (77%) of live births in the 5 years before the survey took place in a health facility, while 23% were delivered at home. Most institutional deliveries took place at public sector health facilities (70%).*

*Seboche Hospital catchment area was not an exception to this as it came to the facility observation that few number of local people deliver in the facility hence why the focus of the project was to increase facility based deliveries with local pregnant women. 2016 National projected catchment population for Seboche Hospital for expected deliveries is 431. Monthly the facility is expected to deliver +-36 pregnant mothers.*

***Keywords**: Underutilisation of Maternity Services, Maternal health, Midwives, contributing factors, Interventions, community involvement, Nurse patient relationship, Nurses' attitude, women empowerment.*

## Introduction

**Purpose of the study:** The purpose of this study is to improve local community practices required of continuous utilizing the locally available health facility for maternity services, to sustainably improve the health status of the populations so as to achieve national and global health targets.

## Literature review

Worldwide, about one in four births (25 per cent) take place without the assistance of a skilled birth attendant. In 2015 alone, this translated into more than 40 million unattended

births in low- and middle-income countries, about 90 per cent of which were in South Asia and sub-Saharan Africa. *data.unicef.org.> statistics by topic> maternal health updated in June 2016*

There are a number of factors that affect the use of maternal health care facilities such as income, education, ethnic background, birth order and number of children. Lesotho is not exceptional in this regard. After every five years, there is demographic survey conducted in Lesotho. According to Lesotho Demographic Health Survey (LDHS), 2014 problems in accessing health care Women were asked whether each of the following factors is be a big problem in seeking medical advice or treatment for themselves when they are sick:

- getting permission to go to the doctor
- getting money for advice or treatment
- distance to a health facility
- not wanting to go alone Sample: Women age 15-49

Four in ten women (42%) in Lesotho reported at least one of the problems asked about in accessing health care for themselves. This proportion ranges from 36% in Maseru to 56% in Thaba-Tseka (Table 9.11). The most commonly reported problems are getting money to pay for treatment (27%) and distance to the health facility (26%). Fewer women say that not wanting to go alone (9%) or needing permission to go for treatment (4%) is big problems in seeking medical advice or treatment

It shows that skilled assistance declines sharply with birth order: 87% of first births have skilled assistance, compared with 50% of sixth or higher-order births (Table 9.6). Urban deliveries are more likely than rural deliveries to have received skilled assistance (90% versus 73%). There are moderate differences among districts in delivery assistance. Deliveries in Mokhotlong are least likely to be assisted by a skilled provider (63%) and most likely to be assisted by a relative or friend (27%). In contrast, skilled providers assist 85% of deliveries in Leribe while a relative or friend assists in 12%. Deliveries in Thaba-Tseka (8%), Mokhotlong (9%), and **BothaBothe** (14%) are less likely to be assisted by a doctor than in other districts (17-21%). The more education a woman has, the more likely it is that a skilled provider will assist at delivery. Ninety-seven percent of births to women with more than secondary education were delivered by a skilled provider compared with 59% of births to women with an incomplete primary school education. The wealthier the household, the more likely it is that deliveries are assisted by a skilled provider (Figure 9.6). Compared with deliveries in the lowest wealth quintile, deliveries in the highest quintile are three times as likely to be assisted by a doctor (23% versus 8%). Seventy-seven percent of live births in the 5 years before the survey took place in a health facility, while 23% were delivered at home. Most institutional deliveries took place at public sector health facilities (70%) (Table 9.5).

**Trends:** Institutional deliveries in Lesotho are increasing: the proportion of births in health facilities rose from 52% in 2004 to 59% in 2009 and 77% in 2014. Over the same period, home deliveries decreased from 45% to 23% (Figure 9.2).

**Patterns by background characteristics**: Higher-order births are much more likely to be home deliveries. Only 49% of sixth or higher-order births occurred at a health facility, compared with 85% of first births. Antenatal care increases the likelihood of an institutional delivery. If mothers have at least one ANC visit, births are more than three times as likely to take place in a facility. By districts institutional deliveries are least common in Mokhotlong (61%) and most common in Leribe 84%) (Figure 9.3). Institutional deliveries are most common among mothers with more than secondary school (96%) (Figure 9.4).

## Problem to be solved

Recent facility statistics indicate that for the past 6months April-September 2016, only 43% of deliveries are by local people, this is a clear indication of fair uptake of intra-natal care by pregnant mothers at the catchment area of Seboche Hospital.

### Existing solution for the problem

Though there is an increase in facility based deliveries nationwide but a good number of women still conduct home deliveries. This is a wakeup call for all health facilities to address this issue jointly with the community being served. Engagement of community leaders at various level and influential people like mother in laws who are at the front line to dictate what the daughter in law should do. Reinforce health education and conduct ongoing workshops on maternal and child health care. Winning the influential group will be best one.

### Limitations

This survey has several limitations which we acknowledge. The study population was too small to come up with the accurate results. We could not come across many women who delivered at home or to other facilities to find out the reason for that. There questionnaire itself was channelled to the mothers who delivered anywhere leaving out the in laws who many a time play a major role in determining place of delivery for their daughter in laws Also, this analysis only tracked uptake of facility based deliveries and not ANC services which also might have assisted on the statistics of women attending ANC at the facility. However the results registered can to a great extent be safely attributable to these interventions.

### Achievements

- Ability to reveal some of the contributing factors on low facility based deliveries by the local community that need to be addressed. At least 90% of interviewee responded
- Conducted capacity building for midwives on Emergency Obstertric Care (Emonc),
- Conducted trainings for traditional healers, in laws, Community councils and Community Health Workers on Mother Neonatal and Child health care.
- Community gatherings conducted in 7 villages

## Methodology

Quantitative method was used to collect data. In this section of the plan we examine the competition that the Hospital faces at Health Service Area (HSA) level. The objective of these two exercises was to obtain information which would inform and enrich the process of developing detailed activity plans.

### Background and method analysis

Below we describe how the work was done before going on to look at the results.

A competitor analysis was conducted over a period of two weeks during which interviews were carried with inpatients and outpatients. These included:

1. Seboche Hospital;
2. St. Peters Health Centre

In all 120 patients were interviewed. Of these 100 were interviewed at Seboche Hospital itself. Only 95 returned the questionnaires, 15 respondents were from outside the catchment area therefore their responses were rejected leaving he total of 80 respondents. At St Peter H/C all of them returned completely filled. At Seboche hospital, 55% of interviewees were outpatients, 25% were lactating mothers in MCH and 5% were inpatients. 15% were at St Peters H/C both outpatient and lactating mothers in MCH. This distribution should be treated as statistically significant.

Four people were engaged in data collection. Tools used to gather information were a questionnaire, for inpatients and outpatients, and open-ended interviews with traditional doctors, local council, Political leaders and chiefs. Data from the questionnaires were entered onto the computer and then analysed using the Statistical Package for the Social Science (SPSS). Responses to the open-ended interviews were recorded on field notes and typed up.

## Description of the site

Seboche Mission Hospital is located in Botha-Bothe District, in the northern region of the country. It is a non-profit Roman Catholic health institution, owned by the Diocese of Leribe, under the administration of Sisters of Charity of Ottawa. It is one of nine facilities that fall within the jurisdiction of the Christian Health Association of Lesotho (CHAL).

The hospital serves a catchment population of about 14,200 as per 2016 population projections, people distributed throughout 31 villages. There are total of five health centers that are supervised by the hospital of which four belong to government of Lesotho. It has a total number of 160 employees, 6 general practitioners and 38 Nursing Sisters and 40 Nursing Assistants.

Seboche Mission Hospital is providing various services such as: Out Patient, Hospitalization (Female ward, Male ward, Peadiatric ward, Maternity, High Care Unit for acute and critically cases, TB ward), Surgical services, Investigation (X-ray, Laboratory), Dental care, Ophthalmic nursing, Primary Health Care (PHC) which includes Maternal and Child Health (MCH), pastoral care, HIV Testing &Counseling, Environmental health and Social welfare services.

## Description of experiments done

The study was implemented in 5 villages. These villages were randomly selected from a preconfigured list of villages that lay within 5-10 km distance from Seboche Hospital and were accessible by road.

The methods chosen were a review of the delivery registers, a focus group discussion (FGD), and a structured questionnaire and interviews. The information gathered from the opinions of the community leaders who participated in the structured interviewwere useful to finalize a structured questionnaire. The first version of the questionnaire consisted 10 items, and it was translated from English to Sesotho by two nurses, who were also oriented on interview. The questionnaire was tested in two respondents. It was observed that there was no bias on the questionnaire Thus, the final questionnaire consisted of 10 items.

**Description of statistical methods used**: Data used was abstracted from the delivery register that is used routinely by the health workers to capture patient care and treatment data. These included quarterly reports from April to September 2016.

## Results

105women were interviewed within 2 weeks of October 2016, 80 from Seboche Hospital and 25 from St Peter H/C. Gender, age, number of parity, education, ethnic group, and religion were the basic demographics collected. All the respondents were Christians. The mean age of the mothers was 35 years. Three women were illiterate so they were assisted to fill the questionnaire. 31 had attended primary school, and 41 mothers had attended secondary school 28 had attended high school and 20 did tertiary education. In terms of facility based delivery, 60 clients reported to have been satisfied with the services they get at Seboche Hospital and 23 from St Peter H/C.

However, there was a general trend among the mothers to mention the issue of nurse's attitude during labour, 12 mothers from Seboche Hospital and 3 from St Peter H/C. Some mothers related the concept of economic crisis and premature labour. Observationally, there is still a continuous ignorance to our community despite heath educations provided daily at Out Patient, over the media and during community gatherings where the issue of free services is repeatedly done in the clinics and at the hospital for those who are indigents.

ALL IN ALL the questionnaire wanted respondents to elaborate on how are service offered by the maternity department in the hospital. **77.92%** showed that services offered are **EXCELLENT, 6.49** rated it **POOR** and **15.58** rated it **FAIR.**

There were issues raised by respondents that raider our Institution's performance less than **85%** which is our bench mark. The reasons being newly qualified staff 33.2%, bad attitudeof nursing staff 66.4%. At St Peter 0nly 6 (24%) respondents delivered at the clinic with

satisfaction rate of 83%. 14 (56%) delivered at Seboche Hospital with the satisfaction rate 85.7%, 2 (14%) of them were not satisfied. The remaining 5 (20%) conducted home delivery reasons beinglow socio economic status, women's lack of decision- making autonomy regarding child birth and depend on the mothers in laws, delivered before arrival to the facility and that the facility by then was not conducting deliveries, and premature labouring with transport scarcity and long distances.

## Discussion

Out of 80 local respondents from Seboche Hospital, 73% got maternity services at the facility shows that at average 73% of respondents against 27% who got them elsewhere. This is a significant percentage that really need consideration. In comparison, St Peter H/C during the study rated at 24%.

### Consistency of results with other resources

According to Lesotho Demographic Health Survey (LDHS) 2014, report shows that as much as there is an improvement but higher-order births are much more likely to be home deliveries. Only 49% of sixth or higher-order births occurred at a health facility, compared with 85% of first births.

Traditional birth attendants retain an important role in reproductive and maternal health in Tanzania. The Tanzanian Government promotes TBAs in order to provide maternal and neonatal health counselling and initiating timely referral, however, their role officially does not include delivery attendance. Yet, experience illustrates that most TBAs still often handle complicated deliveries. *BMC Pregnacny childbirth 2013. Published online 2013 february 28*

Despite the policy change stopping traditional birth attendants (TBAs) from conducting deliveries at home and encouraging all women to give birth at the clinic under skilled care, many women still give birth at home and TBAs are essential providers of obstetric care in rural Zambia**.** *SiaLubanje C, Massar K, Hamer DH, Ruiter RA BMC Pregnancy childbirth 2015.*

### Necessity of further research

Looking at the outcome of the survey the key points to consider or to focus are the midwife's attitude being the highest. It is the duty of the hospital to identify the contributing factors to have bad attitude to the clients by some of the midwives. In regard to young newly qualified nurses which is the second highest, more research should be done to find out what about them and what should be done in order to influence the community to come for facility based deliveries. Engagement of all stakeholders also would help to come up with the positive results for proper use of the facility. Apart from use of questionnaires, also consider focus group discussion with community leaders in all directions inclusive of Village health workers, traditional healers, traditional birth attendants, Church leaders close family members.

## Conclusion

Our findings suggest a need to train our nurses on Excellent Customer Care (ECC) to new staff and perform refresher training annually. Empowering pregnant women with decisionmaking skills regarding childbirth and to lower barriers that prevent them from going to the health facility. There is also need to improve the quality of existing facility-based delivery services and to strengthen linkages between TBAs and the formal health system.

### Figures and tables

It is the hospital norm and culture to review its health care services annually, hence the same principle applied this year of 2016. The hospital conducted a study where a questionnaire was developed and at random administered to public to gather data. A data collection tool was designed to gather information to all respondents irrespective of religion, nationality either married or not. A questionnaire was age restricting, that is, it was not filled by people less than 15 years of age and above 70 years of age and also gender restricted, only

females were allowed to participate. This year the focus was on Mother-To-Child services, particularly in maternity department. The findings were as follows:

**The table below presents the coverage of data**

**Table 1**

| AGE (in years) | NUMBERS | PERCENTAGES |
|---|---|---|
| 15-20 | 10 | 12.5% |
| 21-35 | 35 | 45.45% |
| 36-40 | 7 | 9.10% |
| 41-55 | 16 | 20.78% |
| 59-70 | 12 | 15.58% |

The table above presents number of participants in their various age groups irrespective of their gender. The findings illustrate that majority of participants were people aged between 21-35 years followed by group of 41-55 years. The least participated group found to be 15-20 years of age. Participants were all Basotho women.

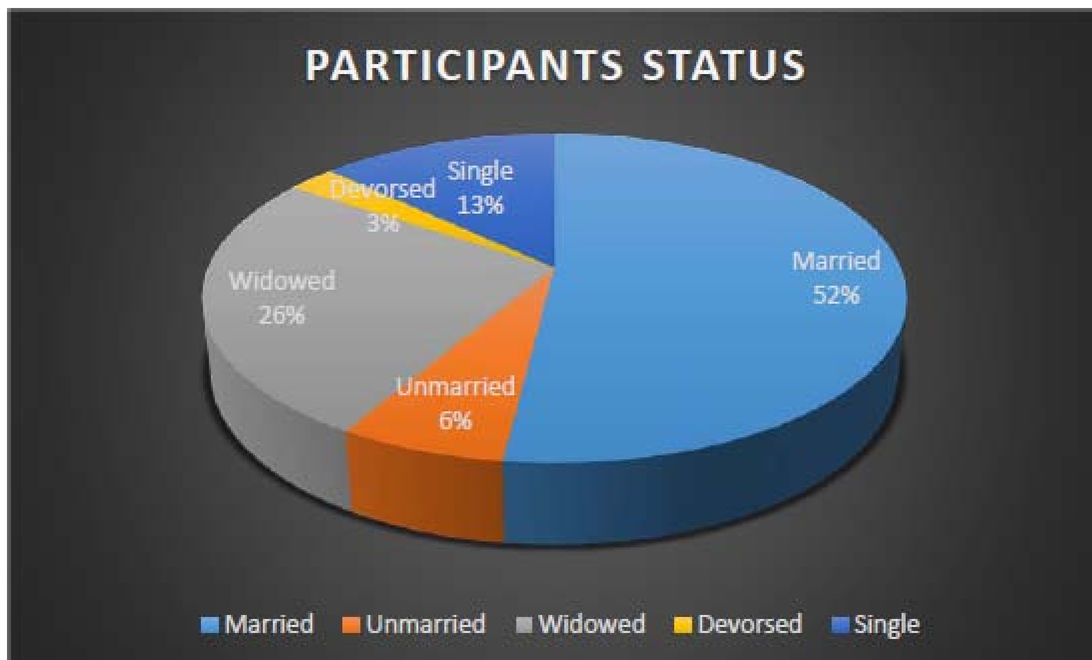


**Figure 1.** The figure above shows marital status of the participants and the most dominating participants are married women.

**Educational level**

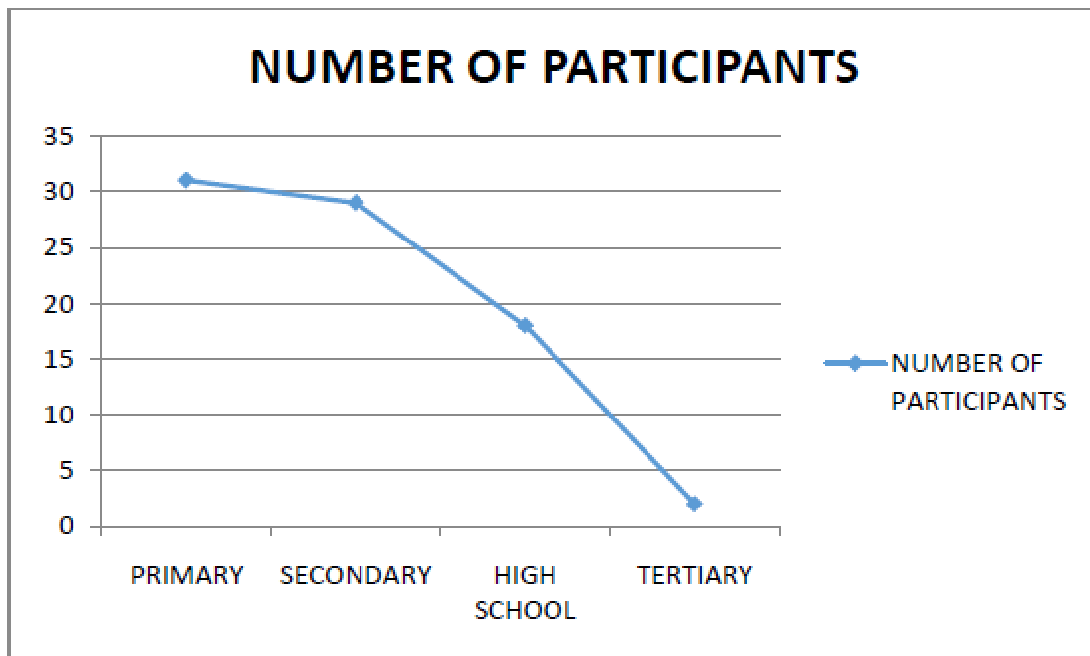


**Figure 2**

The respondents were selected irrespective of their educational background as the table shows, though illiterate respondents did not participate, the reason being the questionnaire was issued and filled by individuals. Secondly data was collected not using an interview technique.

Population target in this survey were people residing in villages around Seboche Mission Hospital and the table below represents in numbers participant from these villages.

**Table 3**

| VILLAGES PARTICIPATED | NUMBER OF PARTICIPANTS |
|---|---|
| SEBOCHE | 20 |
| LISELENG | 17 |
| PARAMENTE | 11 |
| CHABA | 8 |
| KHUKHUNE | 11 |
| LEBESA | 8 |
| KHABELE | 5 |
| **TOTAL** | **80** |

The table clearly shows that only few participants participated in the study.

Another factor the questionnaire looked at was “parity” so the table below demonstrates the results.

**Table 4**

| PARITY | RESPONDENTS |
|---|---|
| 1 | 22 |
| 2 | 24 |
| 3 | 11 |
| 4 | 9 |
| 5 | 7 |
| 6 | 6 |
| 7 | 0 |
| 8 | 1 |
| **TOTAL** | **80** |

The other factor the questionnaire is looking at was to know place of birth, either in hospital or at home or at the clinic. The respondents responded as 3 had home deliveries, 68 had deliveries at hospital, 7 at the clinic and 2 did not respond to the question.

**Assumptions**

They may have no children.
They may be waiting mothers.

The questionnaire wanted respondents to elaborate on how are service offered by the maternity department in the hospital**, 77.92%** showed that services offered are **EXCELLENT, 6.50%** rated it **POOR** and **15.58** rated it **FAIR.**

There were issues raised by respondents that raider our institution's performance less than **85%** which is our bench mark. The graph bellows display them.

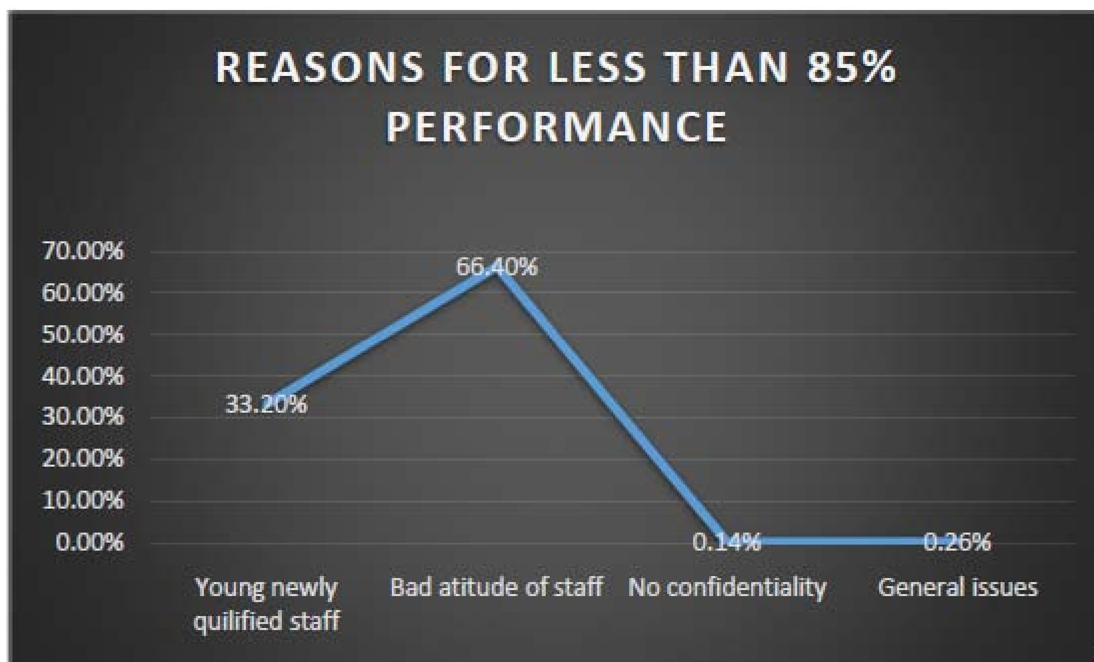


**Figure 2**

**Recommendations were provided by each participant and they are as follows:**

1. Bring back former nurses
2. Maintain good standard performance of health care deliveries
3. High incidences of caesarean section

The same study was conducted at St. Peter's Health centre as well. This health centre is a branch to Seboche Mission Hospital and their results are as follows:

**The table below presents the coverage of data**

**Table 5**

| AGES (in years) | NUMBER OF PARTICIPANTS | PERCENTAGES |
|---|---|---|
| 15-20 | 4 | 12.12% |
| 21-35 | 21 | 63.64% |
| 36-40 | 3 | 9.09% |
| 41-55 | 4 | 12.12% |
| 56-70 | 1 | 3.03% |

The table above indicates that the most participated group is 21-35 years age group, of which the age is considered to be a child bearing group. Comparatively the two institutions have similar group coverage though the difference is with the age group 15-20 years which is the second leading at St. Peter's health centre.

**Marital status**

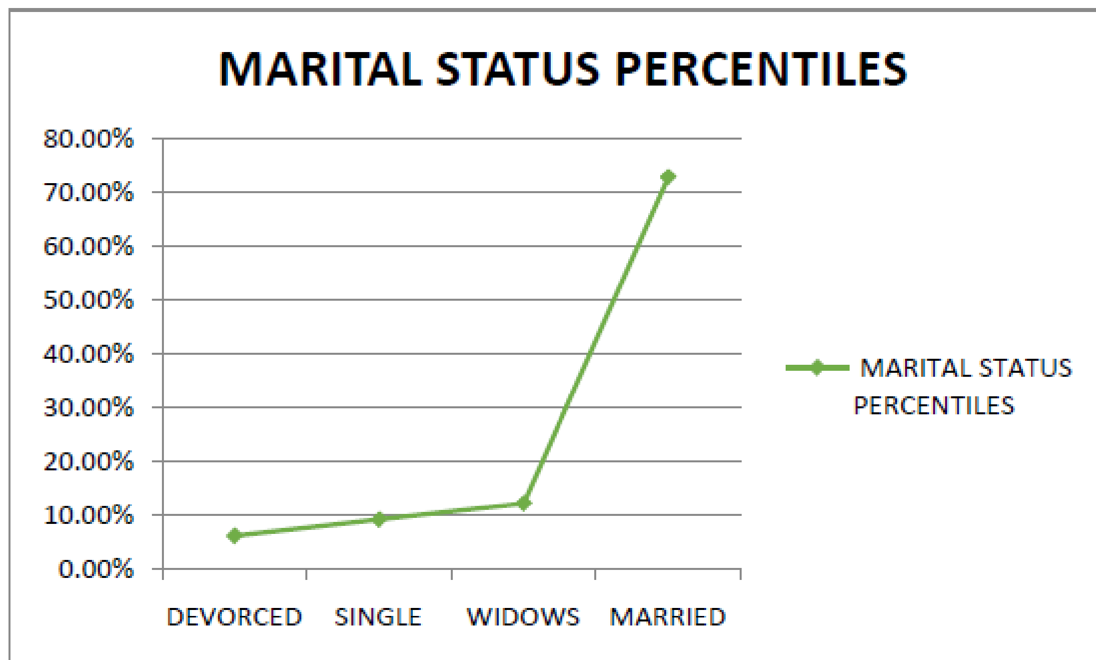


**Figure 3.**

The figure above graphically indicates that most participants were married women. The results are similar to the hospital findings as well. All participants also were Basotho women.

**Educational background**

**Table 6**

| LEVEL OF EDUCATION | NUMBER OF PARTICIPANTS |
|---|---|
| PRIMARY | **13** |
| SECONDARY | **14** |
| HIGH SCHOOL | **5** |
| TERTIARY | **1** |
| **TOTAL** | **33** |

The table tabulates educational background and it clearly shows that no illiterate women participated and the result holds, data was not collected using an interview technique, but a questionnaire was administered to participants to fill it freely.

Similarly the study focused to villages near or around the health centre. This was to see how people residing around the area, utilizing St. Peter's health service are rating the services. The table below tabulates villages participated and number of participants in each village.

**Table 7**

| **VILLAGES** | **NUMNBER OF PARTICIPANTS** |
|---|---|
| 'MOTENG | 7 |
| SEBATAOLONG | 3 |
| HA HLAKACHA | 4 |
| HA PHAKELA | 5 |
| MALEFILOANE | 3 |
| HA-MOLAPO | 11 |
| **TOTAL** | **33** |

The table shows that most of the participants were from Ha-Molapo, being a village in which the health centre is located.

Parity was another factor assed in the study where participants were asked to say how many children they have and their place of birth as well. The participants parity found as table presents bellow.

**Table 8**

| **PARITY** | **NUMBER OF PARTICIPANTS** |
|---|---|
| 1 | 10 |
| 2 | 11 |
| 3 | 6 |
| 4 | 1 |
| 5 | 2 |
| 6 | 2 |
| 7 | 1 |
| **TOTAL** | **33** |

**Place of delivery**

The figure below shows that majority of respondents delivered at hospital, at the clinic and at home respectively. Most of the respondents might have delivered their children in hospitals because in past two years the clinics were not offering delivery service therefore St Peter's as well.

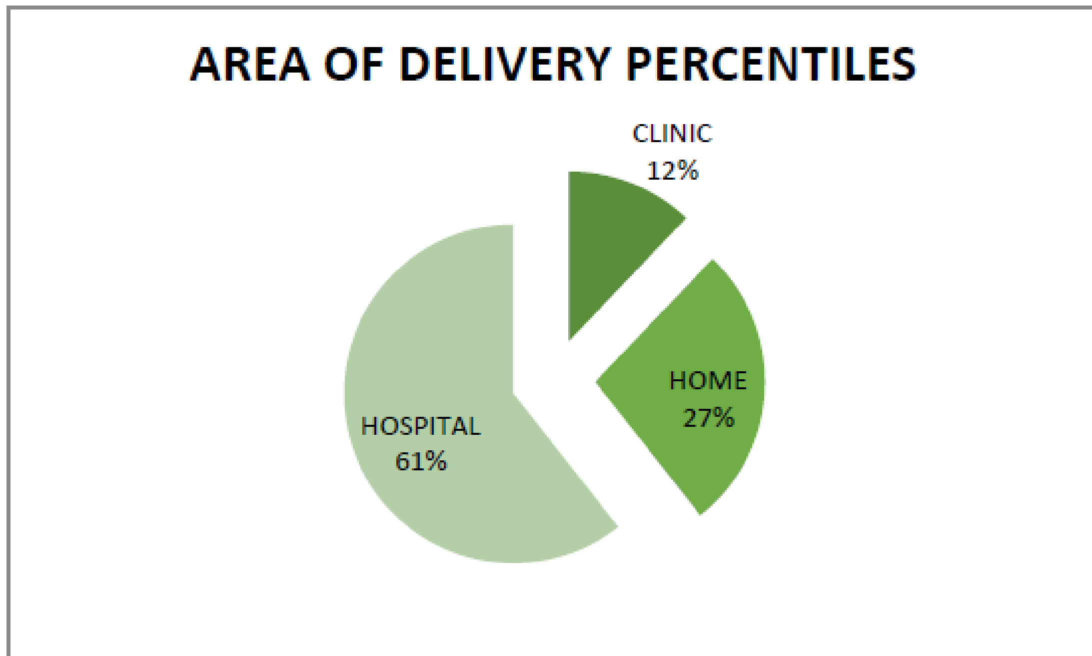


**Figure 4**

## References

[1]. Lesotho Demographic Health Survey 2014

[2]. BMC Pregnancy childbirth 2013. Published online 2013 february 28

[3]. data.unicef.org.> statistics by topic> maternal health updated in June 2016

[4]. SiaLubanje C, Massar K, Hamer DH, Ruiter 2015