Original Research Article

Providers' perception of quality of care and constraints to delivery of quality maternal health services in primary health centers of Southeast Nigeria

ABSTRACT

Aims: The aim of the study was to assess providers' perception of quality of care and constraints to delivery of quality maternal health services in urban and rural primary health centers of southeast Nigeria.

Study design: This was a qualitative descriptive study.

Place and Duration of Study: Primary health centers in southeast Nigeria between May and June 2013.

Methodology: Data was collected from heads of department of health of six local government areas and the officers-in–charge of eighteen primary health centers in urban and rural areas of southeast Nigeria. The providers were interviewed using a pre-tested in-depth-interview guide.

Results: Majority of providers, (54.2%), rated the maternal health services as good, and this was based on achieved results, (38.5%). Inability of the health centers to remain open round the clock was identified as the major constraint to the delivery of quality maternal health care in the health centers, (75%), and this was attributed to the prevailing security challenges in the study area. Other constraints included, inadequate number of health workers, (54.2%), poor amenities, (50%), and inadequate equipment, (37.5%).

Conclusion: The primary health centers should be adequately fenced and personnel employed for security purposes. Also, more health workers should be employed, with provision of amenities and adequate equipment for good service delivery. The training and re-training of health workers should also be given adequate attention.

Keywords: Constraints, quality of care, maternal health, primary health center, Nigeria

1. INTRODUCTION

Providers play a major role in identifying and meeting clients healthcare needs being the main point of contact between the client and the healthcare system. Their response to the needs of clients depend on their individual technical and interpersonal skills, the infrastructure present, and on the clients` view of what constitutes high quality care [1]. Knowledge of providers` perspective on quality of care is very limited, however in a study in Kenya, poviders and clients agreed on the significance of certain elements of care as determinants of quality. These elements included affordability, convenient location, good provider attitudes, privacy and confidentiality and availability of supplies [2].

The United States Agency for International Development`s Maximizing Access and Quality Initiative identified 25 indicators of quality of care and of these, thirteen were related to providers' job performance, eight of the factors focused on conditions at the service delivery facility, three were linked to clients participation in care and one was on other clinic staff. The ratio of these indicators attach relevance to the fact that the providers' job performance and the clinic infrastructure that support them are among the main determinants of quality of care [1]. In a study in Malawi, health care workers were of the opinion that the quality of essential obstetric services they provide were poor. They also attributed this poor quality care to two factors, those emanating from the clients themselves and those that are associated with the health care system. Such health facility factors that resulted in poor quality care were identified as inadequate resources, inadequate staffing, poor team work and poor supervision [3].

In Nigeria, the challenges to the utilization of maternal healthcare services include amongst others distance to the health facility and cost of services [4]. Lack of finance was also reported as the main barrier to utilization of maternal health services in Kano State, Nigeria [5]. However in a community based study in Bayelsa State, Nigeria, the major barriers to utilization of maternal health services were identified as poor knowledge of services available, previous bad obstetric history and attitude of the health care providers.[6]. All these are the viewpoints of clients of maternal health service hence this study was designed to obtain the provider's perception of quality of care and their own identified constraints to delivery of quality maternal health services in urban and rural primary health centers of southeast Nigeria.

2. MATERIAL AND METHODS

2.1 SETTING

The study was conducted in Enugu State, southeast Nigeria. It has a population of 4,881,500 people within a total area of 7,618 sq km.[7]. Administratively it consists of 17 local government areas, (of which 5 of them are designated as urban), and 291 political wards. The inhabitants are mainly of Igbo ethnic nationality and are predominantly Christians. The major occupation of the people in the urban areas are trading and formal employments while in the rural area, it is mainly subsistence farming and animal pasturing.

Enugu State operates the District Health System and has a total of seven district hospitals, (namely Awgu,, Udi, Enugu Ezike, Agbani, Nsukka, Isi Uzo, and Enugu Metropolis), 40 cottage hospitals, 440 primary health centers , two specialist hospitals , two teaching hospitals and 384 private health facilities.[8]. The state at the time of this study offered free maternal and child health services in all its health facilities including the primary health centers.

2.2 Study Design

This was a qualitative descriptive study and information was obtained using an in-depth interview guide for providers of maternal health services in urban and rural primary health centers.

2.3 Study Participants

The study participants consisted of 24 providers of maternal health services and included six heads of department of health in the local government areas selected for the study and 18 officers-in-charge of the primary health centers selected for the study.

2.4 Sample selection

A two stage sampling method was used for the study. In the first stage, a simple random sampling technique of balloting was used to select three local government areas each in urban and rural areas of the state. The heads of department of health of the selected local government areas were then purposively selected for interview. In the second stage, three health centers in each of the six selected local government areas were randomly selected by the balloting method. Also, the officers-in-charge of

the selected health centers were purposively recruited into the study. Their selection was based on their involvement in the delivery of maternal health services in the health centers and also policy formulation in the various local government areas.

2.5 Data collection

Data was collected from the 24 providers at the primary health care level using an in-depth interview guide. Information was obtained on how they perceive the utilization of the health centers, their rating of the quality of maternal health services delivered at the health centers, the measures they have employed to ensure the satisfaction of clients with the services provided and the constraints to the delivery of quality maternal health services at the health centers.

2.6 Data analysis

The recorded interviews were transcribed following each interview. Manual content analysis was used to analyse the data and this was done by coding the transcripts based on predetermined themes as they were consistent with the categories of interest. Summary statistics were obtained from the data and this was presented based on the location of the health center, urban and rural.

3. RESULTS

Table 1: Providers perception of quality of maternal health care

Variable	Urban (n=12) N (%)	Rural (n=12) N (%)	Total (n=24) N(%)
Rate utilization of health centers as good	7 (58.3)	8 (66.7)	15 (62.5)
Reason for rating utilization as good			
Trained health workers	4(33.3)	5 (41.7)	9 (37.5)
Improved service delivery	2 (16.7)	2 (16.7)	4 (18.7)
Government free medical service	1 (8.3)	1 (8.3)	2 (8.3)

Rate maternal health care as good	6 (50.0)	7 (58.3)	13 (54.2)
Reason for rating quality of maternal health care as good			
Achieving good results	3 (25.0)	2 (16.7)	5 (38.5)
Good utilization of the health centers	2 (16.7)	2 (16.7)	4 (30.8)
Health workers work hard to overcome challenges	1 (8.3)	3 (25.0)	4 (30.8)

Table 1, shows providers perception of quality of maternal health services in the health centers. Majority of the providers of maternal health care, (62.5%), were of the view that the health centers were well utilized for maternal health services, and majority also, (37.5%), attributed this to the fact that the government always employ trained health workers in their health facilities. A higher proportion of the providers, (54.2%), rated the care at the health centers to be of good quality. The reason for the rating however differed in the two study groups. In the urban, the major reason was that results were achieved. According to one provider,

"....we see the smile in their faces as they come, that means that they are happy, you see once they are happy, we ourselves are happy also."

In the rural health centers however, the providers attributed the rating to the extra hard work on the part of the health workers, who not minding the numerous challenges they face in the course of their duties do their best to provide quality health care. A provider in the urban, however ranked the quality of care in the health center as poor and noted it this way.

"The quality of care is poor, we have a lot of equipment but we do not know how to use them, we have delivery kits but we do not conduct delivery, we don't even have a functional bed".

Table 2: Measures to ensure client satisfaction with the services at the health centers

Variable	Urban	Rural	Total

	(n=12) N (%)	(n=12) N (%)	(n=24) N (%)
Ways to improve quality of care			
Training of health workers	10 (83.3)	6 (50.0)	16 (66.7)
Employing a doctor	2 (16.7)	4 (33.3)	6 (25)
Operational laboratory	0 (0)	2 (16.7)	2 (8.3)
Role of health workers in ensuring quality care			
Punctuality	7 (58.3)	5 (41.7)	12 (50)
Diligence	1 (8.3)	4 (33.3)	5 (20.8)
Good work attitude	3 (25.0)	2 (16.7)	5 (20.8)
Team work	1 (8.3)	1 (8.3)	2 (8.3)
Role of Local Government Authorities in ensuring quality of care			
Not doing much, should accept responsibility	10 (83.3)	3 (25.0)	13 (54.2)
Average performance but should encourage health workers more	2 (16.7)	9 (75.0)	11 (45.8)
Measures to ensure client satisfaction with services at the health centers**			
Good work attitude of health workers	7 (58.3)	2 (16.7)	9 (37.5)

Good facility environment	5 (41.7)	2 (16.7)	7 (29.2)
Incentives to clients	1 (8.3)	5 (41.7)	6 (25.0)
Use of facility health committee	1 (8.3)	4 (33.3)	5 (20.8)
Reducing waiting time	1 (8.3)	1 (8.3)	2(8.3)

**multiple responses encouraged

Table 2, shows the measures to ensure that clients are satisfied with services at the urban and rural health centers. On ways to improve on the quality of care provided, majority of the providers, (66.7%), emphasized the need for constant training and re-training of the health workers. A provider in rural area remarked thus,

"You see these trainings give a lot of joy to the health workers, you know it lifts them up so much and it helps them to put in their best."

Another provider (rural) had this to say,

"I have been taking delivery for many years, but this year I was trained on delivery and it has been very rewarding"

A higher proportion of the providers in the rural area, emphasized the need to employ medical doctors in the health centers. A provider in rural area put it this way,

".....also let them send us a doctor, the women are always excited whenever they hear that they would meet a doctor each time they come."

A minor proportion of the providers, (8.3%), all in the rural area wanted operational laboratories in the health centers. It was noted this way,

"I used my money to buy haemoglobin estimator and reagent for urine test, I found out that our clients love to do test a lot, and for me it is a way to encourage them to be coming."

On the role that health workers should play in ensuring quality of care in the delivery of maternal health services, majority of the providers, (50%), stated that the health workers should be punctual to work. Also, the majority of the providers, (54.2%), but more from the urban area were full of knocks for the local

government authorities. They were of the opinion that they should be alive to their responsibilities in the provision of primary health care. One provider in rural area remarked this way,

"The local government is not supportive at all, you see health issues are things you cannot quantify, like add this to this and you get this, so the politicians cannot quantify health issues hence they see democracy dividends as road construction and cannot see women having safe deliveries in our health centers as being significant."

Another provider in urban remarked,

"Since primary health care is under their responsibility, (the local government), they are supposed to make things work"

and one in rural area said,

"The local government do not perform what is expected of them, I found out that their major concern when you complain about anything that is relevant to health, is for you to write and write, but without action, so I decided to co-operate with the facility health committee in-order to improve our work."

Majority of the providers in rural area however wanted more encouragement for the health workers from the local government authorities.

On measures to ensure client satisfaction, majority of the providers in the urban area, relied on good work attitude on the part of the health workers. However in the rural area, majority of the providers were of the opinion that incentives should be provided to the clients. One provider said,

"The traditional birth attendants give them, (the women,) tea to drink when they attend antenatal care, and when they give birth, they are served food, and they said we do not give them any of these extra services."

A provider in urban, remarked thus,

"Presently when they deliver in our facility, we give them gifts like pampers, baby cream and soap supplied by a Non Governmental Organization and they gave all these to us so as to support the mothers".

Thinking in the same line, another provider (rural) said,

"*We are still contemplating that when they come for immunization, we would ask every one of them to pay a little sum of ten Naira and with that amount we intend to start making "kunu".(a local drink), so that*

when they come, we would give them the kunu, and tell them that government said that we should start giving this to them. We hope that when we do this well it would help make them satisfied, and they will come more for antenatal care, deliver etc"

Another provider in rural area is also making future plans and noted it this way,

" I am planning a baby show, during which all the women that delivered in the health center will come and display their babies to the whole community, and we will have the local government chairman and the chiefs in attendance, so that the community members themselves can testify to our good works."

A minor proportion of the providers, (29.2%), were of the opinion that good health facility environment will help to ensure satisfaction, one provider in the rural area had this to say,

"To me, the first treatment is good environment and provision of water in the health centers."

A very minor proportion of the providers, (8.3%), one each in the two study groups view attempts at reducing the waiting time as a measure of ensuring client satisfaction.

Table 3: Constraints to the delivery of quality maternal health care

Variable	Urban (n=12) N(%)	Rural (n=12) N(%)	Total (n-24) N (%)
Constraints to the delivery of quality maternal health care in the health centers**			
Security challenges	10 (83.3)	8 (66.7)	18 (75)
Inadequate number of health workers	8 (66.7)	5 (41.7)	13 (54.2)
Poor amenities	7 (58.3)	5 (41.7)	12 (50)
Inadequate equipment	5 (41.7)	4 (33.3)	9 (37.5)
Poor incentives	4 (33.3)	1 (8.3)	5 (20.8)
Non-availability of doctor	3 (25.0)	1 (8.3)	4 (16.7)

**Multiple responses encouraged

Table 3, shows the constraints to delivery of quality maternal health care in the health centers.. Among the providers in the urban and rural health centers, the major constraint to delivery of quality maternal health services is the issue of security. Security challenges ranged from absence of perimeter fencing, or a well secured gate, and in situations where these two are available, the absence of a functional security personnel. These security challenges inhibit optimal utilization of the health centers by ensuring that some of the health centers do not remain open all hours of the day. A provider in rural area noted it this way,

"We need protection and you know the security challenges presently, that we are community health workers, does not mean that we should be exposed to danger unnecessarily, there have been instances whereby health workers have been assaulted at night so this is a very serious matter."

Another in urban area had this to say, *"They (the women), are saying that this place is not secure because of no fencing; that if they deliver here that armed robbers can come in and deal with them"*

And another in rural area put it thus, *"My number one challenge is security, I do not have security, (personnel), I have informed the town union so that the neighbourhood watch can come and patrol and secure us at night."*

Another noted constraint is inadequate number of health workers, a provider in urban area had this to say,

"The problem we have here is lack of staff; we don't have staff. For instance, like I am now, I am the accounting officer; a lab technician, a doctor, (I consult) a midwife, and I am also the clinic attendant…..its just two staff that they brought to me. We are no longer in the dark age, let them employ more people in the primary health care sector."

A provider in rural area said,

"There is nowhere one health worker can work for 24 hours, the civil service rule says normal working hours is 8 hours, one person cannot do morning, afternoon and night duty the same time, and in some of our health facilities, only one person work there."

Half the proportion of the providers pointed to the fact that amenities are lacking in the health centers. A provider in urban area remarked thus on the issue of poor amenities,

"Now tell me which women in her right senses will come to this kind of place, (the health centre), for delivery; a situation whereby lantern is used for delivery. We need power supply, I mean, light"

A minor proportion of the providers, (37.5%), were of the opinion that the equipment at the health centers were inadequate for the delivery of quality maternal health care. Also, 20.8% of the providers view poor incentives to the health workers as a limiting factor to the delivery of quality maternal health care. and majority of these providers were in the urban area.

A provider in the rural area who felt that her facility is not enjoying supportive supervision like those around hers, since a Non Governmental Organization has been actively supporting primary health centers in the state saw this as a poor incentive and captured it this way,

"We will be happy if one day when our clients are here, they will see that government people from Abuja or Enugu (national and state capital), have come to see what we are doing here, with this, they (community members), will understand that what we are doing here is important, please tell them to be coming to see us here".

A provider in urban area was of the view that poor remuneration was a disincentive and had this to say,

"Support, Incentives no way, a few years ago health workers in the state went on strike for CONHESS (a new pay package for health workers as approved by the Federal Government of Nigeria), and up till now it is not being paid, so grudgingly people are working"

Another in urban area captured it this way,

"No amount will be too much for health workers by virtue of the type of work they do. They are exposed to all forms of hazards, they deserve every form of encouragement"

A provider in urban area put added to the salary issue this way,

'The pay does not come regularly. Our month in the local government is about 49 or 50 days."

4. DISCUSSION

Majority of the providers, (54.4%), rated the quality of maternal health services in the primary health centers as good, and the major reason for the rating were based on achieving results, (38.5%). In a study in Malawi on service providers perception of the quality of emergency obstetric care, the providers rated the quality of care they provided as poor and the health system factors that contributed to this poor

perception included inadequate resources, inadequate number of health workers, poor teamwork and poor supervision [3].

On measures the providers adopted to ensure satisfaction of clients with maternal health services delivered in the primary health centers, majority of the providers in the urban area, attested to good work attitude on the part of the health workers in their relationship with the clients. This supports the finding that dissatisfaction among clients of maternal health service had been associated with rude, arrogant and neglectful behaviors on the part of the providers, which make some of the women to patronize the traditional birth attendants [9]. Some studies have also revealed that women perceive the care they receive in private facilities to be of better quality than that of public health facilities, but are discouraged from using them by reason of cost [10, 11], and this partly may be attributed to poor work attitude. In a study in Maharashtra, India, the clients perceived the care in public health facilities to be of poor quality and this encouraged the women to deliver at home [12]. That the providers of maternal health services in the primary health care system are aware of the need for good attitude towards the clients is of relevance in the search for quality maternal health service delivery, especially at the primary health care level.

In the rural area however, majority of the providers were of the opinion that incentives should be provided to the clients at the primary health care level as a way of ensuring their satisfaction with services rendered at that level of care. They perceived such incentives to serve as motivation to the clients especially as they were aware that the traditional birth attendants have been offering incentives to their clients with good results. This is in line with the finding that women who utilize modern health facilities do complain of lack of psychological support as opposed to the empathy that is shown to them by the traditional midwives [13,14], and this positively affects their satisfaction with services from the traditional midwives. It has also become obvious that the providers of maternal health care in the study area were aware of these facts, and are planning or doing their best to overcome these barriers. This may also support some of the providers view of quality maternal health service, as the extra work on the part of the health workers to overcome institutional challenges.

A minor proportion, (29.2%), of the providers were of the opinion that good health facility environment will help to ensure the satisfaction of the clients with maternal health services at the primary health centers. There is a finding that quality care also depends upon infrastructure with which to provide the care, support services available, and also on the furnishings of the maternity ward amongst others [15,16]. A very low proportion of the providers, (8.3%), viewed attempts at reducing the waiting time as a measure of ensuring client satisfaction. This is also important as a study on clients satisfaction with immunization services in the urban and rural primary health centers of a south-eastern state in Nigeria revealed that long waiting time was the major source of dissatisfaction among the clients [17].

The major constraint to the delivery of quality maternal health services as identified in this study was the inability of the health centers to function optimally by being open all the hours of the day due mainly to security challenges. These security challenges ranged from lack of perimeter fencing at the health centers, to the absence of a well secured gate, or even when the two items mentioned above are present, the absence of official security personnel. This reveals that existing societal problems invariably affects the health care system also, as this is an obvious fall out of the current security problems in Nigeria. In the southeast geo-political zone of Nigeria, these security challenges have manifested in form of armed robbery, and kidnappings for ransom. Most health centers now fail to provide round the clock services even in situations where there are adequate number of skilled health workers, and also adequate equipment, due to the fear of attack by armed robbers and criminals alike, especially at night. It has always been noted that for the delivery of good quality maternal health care, human resources must be available at the health facilities, and at all times too [18].

Security challenges inhibit a 24 hour coverage of the health centers which is essential in the provision of quality maternal health services. Previous studies have established that inadequate staff strength was a major reason why health facilities do not open all the hours of the day [19,20,21]. Also, in a qualitative study in rural Vietnam that focused on providers perception of maternal health care at the primary health care level, the major structural constraint indentified in the study was lack of human resources for health and this was attributed to poor financing of the primary health care system [22]. However, in a study on awareness and barriers to utilization of maternal health services among women of child bearing age in

Amassoma community, in Bayelsa State, Nigeria, the major barriers identified were amongst others, poor knowledge of existing services, previous bad obstetric history and poor work attitude on the part of the providers [6].

Another constraint identified in this study was inadequate number of health workers. There is evidence that trained health workers are in short supply in developing countries when compared with the developed ones [23], and in Nigeria access to skilled providers for maternal health care is more in the urban than in the rural [4]. However, from the results of this study, more providers in the urban perceived inadequate number of health workers as a constraint. It could be that the providers have different views on what constitutes adequate health workers based on individual facility experiences. In a study in Zambia, heavy workload which is a reflection of poor workforce, lack of equipment and drugs, poor salary and lack of continuing education was reported as elements of dissatisfaction on the part of the health workers [24]. Other barriers from the result of this study included poor amenities in the health centers, inadequate equipment for the provision of care, poor incentives to the health workers, and the absence of medical doctors in the primary health care system.

5. CONCLUSION

The primary health centers should be adequately fenced and personnel employed for security purposes. This will ensure that in centers where all other factors are in place, the health centers could operate round the clock services. This will improve the quality of maternal health services in the primary health centers. Also, more health workers should be employed, with provision of amenities and adequate equipment for good service delivery. The training and re-training of health workers should also be given adequate attention.

CONSENT

Participants were required to sign or thumb print to a written informed consent form before the interview and the nature of the study, its relevance and the level of their participation was made known to them.. Also, the confidentiality of the participants were protected throughout the study by ensuring that no

personal identification of data was recorded during the period of data collection and analysis and all interview recordings were erased after transcription.

ETHICAL APPROVAL

Ethical approval for the study was obtained from the Research and Ethics Committee of the University of Nigeria Teaching Hospital Ituku-Ozalla, Enugu. Participation in the study was voluntary. Also, respondents were assured that, there would be no victimization for those who refused to participate or who decided to withdraw from the study after giving consent. Respondents were assured that all information provided through the questionnaire will be kept confidential.

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