Perspectives of policymakers and health providers on barriers and facilitators to skilled pregnancy care: Findings from a qualitative study in rural Nigeria

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Introduction

The uptake of skilled pregnancy care in rural areas of Nigeria remains a challenge amid the various strategies aimed at improving access to skilled care. The low use of skilled health care during pregnancy, childbirth and postpartum indicates that Nigerian women are paying a heavy price as seen in the country's very high maternal mortality rates. In 2017, Nigeria recorded 67,000 maternal deaths. The perceptions of key stakeholders on the use of skilled care will provide a comprehensive understanding of factors that need to be addressed to increase women's access to and use of skilled pregnancy care. The objective of this study was therefore, to explore the perspectives of policymakers and health workers, two major stakeholders in the health system, on facilitators and barriers to women's use of skilled pregnancy care in rural Edo State, Nigeria.

Method

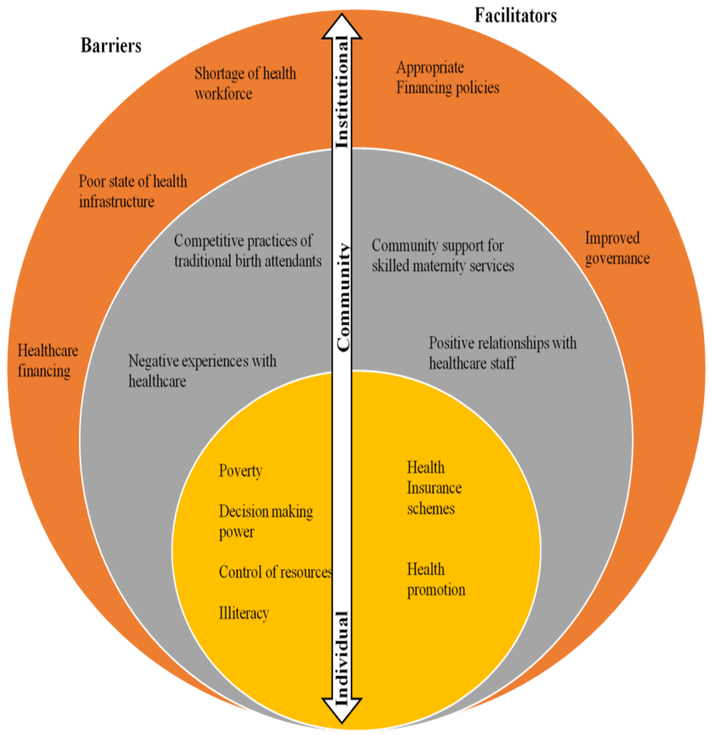
This paper draws on qualitative data collected in Edo State through key informant interviews with 13 key stakeholders, they included: a senior official within the State Ministry of Health, a senior official within the State Primary Healthcare Development Agency (SPHCDA), senior officials responsible for primary health care centres (PHCs) at the local government areas, and Heads of healthcare providers in the PHCs. This study was conducted in Esan South East (ESE) and Etsako East (ETE), both of which are local government areas (LGA) of Edo state, one of Nigeria's thirty-six States. The socio-ecological theory of health behaviour emerged as an organizing framework for presenting the data. Data was analyzed using an iterative process of inductive and deductive approaches.

Table 1: Illustrative quotes for selected themes

Theme	Sample participant response
Poverty	These services should come free and they do not come free. Even though it is very little, it will take a huge chunk from their pocket because the rural dweller is not an affluent person. (Senior official, PHCs, ETE)
Competitive practices of traditional birth attendants (TBAs)	They go to TBAs. You know, it is closer, cheaper. (Senior official, PHCs, ESE)
Negative experiences with healthcare	The relationship of a person to people matters a lot, if for instance I am a patient and I come to meet you and you insult me, I won't go there next time. (Head, healthcare providers, ETE)
Shortage of health workforce	So right now, there is a doctor covering a whole local government. There are 18 local governments, so we have about 17 doctors, [one] in each local government, you can imagine one doctor covering a local government with 192 wards. So, you can imagine, there is really shortage. (Senior official, Ministry of Health)
Poor state of health infrastructure	A patient will put to bed, no foam to lie down, no comfort for that patient. (Head, healthcare providers, ESE)
Healthcare Financing	Currently, the PHC is being financed by the local government, they are directly under the authority of the local government … local government has not been able to pay staff well over a year, so of course, the workers are not happy. Many of them are not going to work. (Senior official, Ministry of Health)
Health insurance schemes	The state government is making plans to kick start state health insurance scheme, and under that platform we are going to be having the community health insurance scheme. (Senior official, Ministry of Health)
Improving health care governance	There is so much fragmentation…there are so many issues, so right now we are trying to get it to be under one management, under one authority. So that there is one body regularizing everything. (Senior Official, SPHCDA)

Results

Figure 1: Model of the socio-ecological theory with multilevel influences on women's use of skilled maternity care.



Discussion/Conclusion: This study adds to the literature, a rich and comprehensive description of views from policymakers and health providers on the deterrents and enablers to skilled pregnancy care. The views and recommendations of policymakers and health workers have highlighted the importance of multi-level factors in initiatives to improve pregnant women's health behaviour. Therefore, initiatives seeking to improve pregnant women's use of skilled pregnancy care should ensure that important factors at distinct levels, and the social and physical environment are identified and addressed.

References

Mcleroy KR, Bibeau D, Steckler A, Glanz K. An Ecological Perspective on Health Promotion Programs. Heal Educ Behav. 1988;15(4):351–77.

World Health Organization. Monitoring the Building Blocks of Health Systems: a Handbook of Indicators and Their Measurement Strategies. World Heal Organozation [Internet]. 2010;35(1):1–92. Available from: http://www.annualreviews.org/doi/10.1146/annurev.ecolsys.35.021103.105711

Solanke BL, Rahman SA. Multilevel analysis of factors associated with assistance during delivery in rural Nigeria: Implications for reducing rural-urban inequity in skilled care at delivery. BMC Pregnancy Childbirth. 2018;18(1):1–15.