

Factors influencing the performance of reproductive health care service providers in Basrah.

Narjis A-H Ajeel¹ and Rajaa A. Mahmoud²

Abstract

Background: In order to implement a better and high standard quality of reproductive health care services, customers should be ensured to have the appropriate needed service. Moreover, granting a better quality service encourage more beneficiaries in need, improve the coverage of reproductive health and family planning services and reduce maternal & child morbidity and mortality due to reproductive health related problems.

Objectives: The study aims to look at the perception of health providers regarding the needs of the women age(15-49) years living in Basra in the area of reproductive health, in addition to identifying factors influencing the performance of reproductive health and family planning service providers.

Subjects and method: A face to face interview questionnaire was used with 159 health care providers from different levels of public health care facilities in Basra.

Results: Deficiency of the professional training and continuous medical education, Shortage of

human resources and inadequately allocated place for providing the services were found by the study to be the main influencing factors on the performance of reproductive health and family planning service providers.

Conclusion:

The study shows that implementing mass education campaigns to raise the community awareness about the importance of reproductive health was the main suggestion made by the health care providers during this study. In addition, establishing work guidelines, standards and protocols was found by the study to play a major role in improving the performance of reproductive health care service providers in addition to professional training programs to enhance the providers' technical and scientific skills in the field of reproductive health and family planning. Furthermore, the study recommended implementing more mass education campaigns to raise the community awareness about the importance of reproductive health.

Key words: Reproductive health service providers, performance, Basrah,

المخلص

خلفية البحث: من أجل رفع مستوى خدمات الصحة الإنجابية وتحسين نوعيتها، والعملاء يجب ضمان حصول المستفيد على الخدمة المناسبة. كما أن تقديم خدمة أفضل، يضمن تشجيع عدد أكبر من المستفيدين المحتاجين، ورفع نسب التغطية بخدمات الصحة الإنجابية وتنظيم الأسرة مع خفض معدلات المراضة والوفيات بين الأمهات والأطفال بسبب المشاكل الصحية المتعلقة بالصحة الإنجابية.

الهدف: تهدف هذه الدراسة إلى إلقاء نظرة على مستوى إدراك مقدمي الخدمات الصحية حول احتياجات النساء (١٥-٤٩) سنة في مجال الصحة الإنجابية، بالإضافة إلى تحديد العوامل في المؤثرة على أداء مقدمي خدمات تنظيم الأسرة والصحة الإنجابية في محافظة البصرة.

منهجية الدراسة: تم استخدام استبيان (مقابلة وجها لوجه) مع ١٥٩ من مقدمي الرعاية الصحية من مستويات مختلفة في المؤسسات الصحية العامة لمحافظة البصرة.

النتائج: أظهرت الدراسة أن النقص في التدريب المهني والتعليم المستمر الطبي بالإضافة إلى نقص الموارد البشرية عدم كفاية المكان المخصص لتوفير الخدمات هي من العوامل الرئيسية المؤثرة على أداء مقدمي خدمات تنظيم الأسرة و الصحة الإنجابية.

الاستنتاج: استنتجت الدراسة أن تنفيذ حملات تثقيفية جماهيرية لتوعية المجتمع حول أهمية الصحة الإنجابية يعتبر من أهم العوامل لتحسين مستوى الخدمات كما اقترح مقدمي الخدمة.

كما وجدت الدراسة أن وضع دلائل توجيهية للعمل، وتحديد المعايير والبروتوكولات تلعب دورا رئيسيا في تحسين أداء مقدمي خدمات خدمات تنظيم الأسرة و الصحة الإنجابية، بالإضافة إلى برامج التدريب المهني لتعزيز المهارات التقنية والعلمية لمقدمي الخدمات في مجال تنظيم الأسرة و الصحة الإنجابية

¹ MbChB, DCM, MPH, PhD, Department of Community Medicine, College of Medicine, University of Basrah,

²MbChB, DCM, MPH, PhD candidate, Department of Community Medicine, College of Medicine, University of Basrah, Iraq. Email: rahmedmahmoud@yahoo.com

Introduction

Reproductive Health and Family planning is critical for the women's health and their families. In addition, it can speed up a country's progress toward reducing poverty and achieving target millennium goals. For their unique value, widespread right of having reproductive health services including family planning is identified as one of the targets of the United Nations Millennium Development Goals (MDGs) ^(1,2).

In spite the differences within MENA countries, big challenges are still facing the area to meet the RH needs of women. These challenges include: poor quality of health services, extensive lack of knowledge about reproductive health issues, financial difficulties, and long-lasting gender disparity⁽³⁾

Inaccessibility to reproductive health care services by women can also be caused by social and cultural barriers, especially in Arab countries. For instance, many women have a preference to see female health care providers, but few such providers are available in many parts of the region. a lot of women in the region, cannot decide seeking care without the permission of their spouses. That's why enlightening spouses and other relatives about the importance of having proper medical care

and increasing their awareness on reproductive health topics is very important.⁽⁴⁾

In order to implement a better and high standard quality of reproductive health care services, customers should be ensure to have the appropriate needed service. Moreover, granting a better quality service encourage more beneficiaries in need, improve the coverage of reproductive health and family planning services and reduce maternal & child morbidity and mortality due to reproductive health related problems⁽⁵⁾.

Many studies especially in developing countries confirmed that by improving reproductive health care and family planning services at the community level, will result in more encouragement and motivation for the health care providers to seek better qualifications to meet the needs of the customer and eventually will result in increasing the use of family planning by the target groups. A study done in Tanzania showed an increased usage of family planning services as a sequence of improving the quality of reproductive health care services.^(6,7) A similar result was found in a similar study in Bangladish.⁽⁸⁾

Presence of well trained and skilled reproductive health care provider usually results in a better communication and eventually more satisfaction of the service users⁽⁹⁾.

According to Huezo and Díaz, 10 privileges of reproductive health and family planning services were established by the International Planned Parenthood Foundation (IPPF) aiming to address the gaps between the service provider and the users. These privileges include –among others- skilled and professional training of the service providers, rationalized –up to date scientific work guidelines and protocols, sustained availability of drugs and supplies needed by the users, proper counseling and advice if needed.⁽¹⁰⁾

The Iraqi ministry of health is the chief source of health care in Iraq. Primary health care is afforded through PHC sub-centers and PHC main centers. PHC centers offer preventive, promotive, and the essential curative and therapeutic services, together with simple diagnostic investigations free of charge. PHC centers are placed to refer to the second or

- Catchment areas and populations are not allocated for PHCs.
- The population of the catchment areas served by the PHC facility varies.
- Variability of supply of drug supplies to the PHC centers.
- People are not satisfied with the services provided by the PHC level.

The private sector has the ability to complement weaknesses in the public sector, particularly in providing of therapeutic services. In broad-spectrum, there is an uncoordinated system of a big number of clinics countrywide and small private hospitals⁽¹⁴⁾

There are 502 Obstetricians/Gynecologists in Iraq, about 2000 traditional birth attendants (TBAs) and nearly 3000 TBAs. Most of them have had in-service and refresher training.⁽¹⁵⁾

tertiary level of care at MoH district and general hospitals⁽¹¹⁾

During the past two decades, the country witnessed a progressive decline in the quality of care. Human resources are scarce in number and unfairly distributed. In addition, there is a high turnover of staff at all levels, which has a negative impact on permanence and the delivery of PHC services.⁽¹²⁾

This situation has strained patients to look for services straight at the tertiary care level bypassing primary health care. According to the MoH/PHCPI Baseline Survey of the Primary Health Care Facilities carried out in 19 districts⁽¹³⁾, the percentage of population attendance at PHCs differs from 3% - 26%. These differences also happen within the same districts and have been attributed to the following:

Subjects:

Health care service providers in different levels of public health care centers of Basrah

Sampling and sample size:

The following steps were adopted for selecting the study sample size for the study:

- The geographic area in which the study was done was identified to include all Basra Health Districts (8 districts).
- 4 types of public health facilities included in the study: (Primary health centers with/and without a delivery room, Central and district public Hospitals).
- Selection of facilities was done by systematic random sampling. All facilities from an updated list were numbered and a sampling interval was calculated by dividing the total number of facilities on the list by the number of facilities to be included in the sample.
- An updated list containing names of all health care staff working there constituted a frame from which a sample of health care providers was selected for interview. The list of providers in each facility was stratified in order by health occupation (doctors, nurses, midwives, etc.) and then a systematic draw was taken in accordance with the selection rate. As it was planned that 3 health care providing staff will be interviewed in each sampled facility, so in a facility with 30 staff, and by going down with the list, every tenth person chosen for the interview.
- For each health facility, 3 health care providers were included in the study; a questionnaire form was filled for each. A total of (159) interview forms for the health care providers were filled.
- A pilot study was conducted first to test the feasibility of the study and the time
- Required to complete it. The questionnaires were tested on ten facilities.
- Statistical analysis: The collected data were processed in the computer and the statistical used, is the SPSS version 20.0 Set.

Method:

This study is a cross-sectional, done through face to face interview questionnaire for RH/FP program (different levels of health care providers) was used after an extensive literature review and discussions with the

technical group of the experts in Reproductive Health and Family Planning.

The study was conducted in Basrah during the period from 1st of March to 15th of May 2012

Results and Discussion:

Table (1) presents the socio-demographic characteristics of the respondents. It shows that 44.7% of the respondent population was between 40- 49 years of age. 57.2% of them were female and 33% were general

practitioners. The study also shows that 37.1% of the study population had between 10-19 years of work experience in their last job position.

Table 1: Distribution of the respondents according to Gender & Job title:

Characteristic	No.	%
Age (years)		
<30	30	18.9
30-39	19	11.9
40-49	71	44.7
≥50	39	24.5
Gender		
Male	68	42.8
Female	91	57.2
Job Title		
General Practitioner	53	33.3
Nurse	50	31.4
Paramedical Staff	50	31.4
College Nurse	3	1.9
Doctor(different specialties)	2	1.3
Midwife	1	0.6
Years of work experience(years)		
<10	40	25.2
10-19	59	37.1
20-29	58	36.5
≥30	2	1.3
Total	159	100

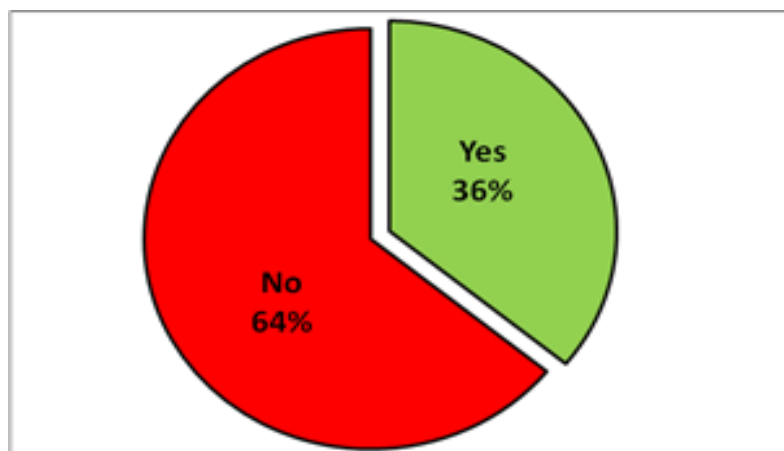
Factors influencing the performance of reproductive health

The majority 155(97%) of the health care providers suggested that deficiency of professional training and continuous medical education is the main factor that influence the

performance of reproductive health and family planning service providers, followed by shortage of human resources and inadequately allocated place for providing the services which

were mentioned by 135(85%) and 134 (84%) , respectively. Table 2.

Table 2. Factors performance of health and family providers



influencing the reproductive planning service

Factors	Frequency	%
Deficiency of training & continuous medical education	155	97
Shortage of human resources	135	85
Inadequately allocated place for providing the services	134	84
Over crowding	126	79
socio cultural obstacles	121	76
Lack of planning to include these services within the health system	112	70
Over tasking for the services provider	93	58
Inadequacy of financial resources	92	58
Improper distribution of health staff	85	53
Instability of human resources	84	53

Participation in RH related training

Nearly two thirds of the health care providers 102(64%) did not receive any RH related training during the two years preceding the time of the interview;

Figure 1.

Figure 1 Participation of the health care providers in RH

Suggestions to improve the performance of reproductive health care

Table 3. When the health care providers were asked about the most useful suggestion that they can improve their performance, 87 of them (54.7%) believed that raising awareness of the community will definitely improve the performance of RH care. In addition,

49(30.8%) recommended increasing the availability of practical work guidelines, while 35 (22%) of the respondents suggested expansion of the place where the service is provided.

Table 3. Suggestions to improve RH services (Provider's Opinion)

Suggestions	No.	%
Raising community awareness about RH	87	54.7
Expansion of the place allocated for RH services	35	22.0
Availability of practical work guidelines	49	30.8
Increasing the specialized human resources including OBGY specialists	26	16.4
More specialized training for the medical and paramedical staff	29	18.2

Conclusions:

❖ Deficiency of the professional training and continuous medical education,

Shortage of human resources and inadequately allocated place for

providing the services were found by the study to be the main influencing factors on the performance of reproductive health and family planning service providers.

❖ Implementing mass education campaigns to raise the community awareness about the importance of reproductive health was the main suggestion made by the health care providers during this study.

Recommendations:

❖ Decreasing the gap between reproductive health care service providers and the community specially the vulnerable groups and beneficiaries would definitely results in better quality of services. And in order to provide such a better care by the health care providers, a continuous identification of their administrative, logistic needs, should be in place together with a performance improvement plan to be adopted by the health authorities in order to encourage & motivate them to reach a better understanding of what the client needs.

❖ Work guidelines, standards and protocols can play a major role in improving the performance of reproductive health care service providers in addition to professional training programs to enhance the providers' technical and scientific skills in the field of reproductive health and family planning.

❖ In addition , these work guidelines, standards and protocols would help in improving the patient-provider communication results a better health education and information transmission about the couple's choice for their desired contraception or family planning method to be used.

❖ Implementing mass education campaigns to raise the community awareness about the importance of reproductive health.

References

1. e World Bank. Better Health for Women and Families. The World Bank's Reproductive Health Action Plan 2010-2015. June 2010.
http://siteresources.worldbank.org/INTPRH/Resources/376374-1261312056980/RHAP_Pub_8-23-10web.pdf .Accessed on: December 2012.
2. United Nations. The United Nations Millennium Development Goals report 2012. June, 2012.
<http://www.un.org/millenniumgoals/pdf/MDG%20Report%202012.pdf>. Accessed on: October 2012.
3. Farzaneh R. Fahimi. Women's Reproductive Health in the Middle East and North Africa. Washington, D.C., Population Reference Bureau (PRB). February 2003.
http://www.google.iq/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=1&ved=0CBoQFjAA&url=http%3A%2F%2Fwww.prb.org%2Fpdf%2Fwomensreprohealth_eng.pdf&ei=bd_LU4tW4b_KA_epgqAD&usg=AFQjCNHgN6M_1SzsbszWSZj9wv1-6oUF3RQ&sig2=p3aPV9DLKKBLth7lgF84jA Accessed on: April 2013
4. Farzaneh R. Fahimi, Shereen El Feki. Facts of Life and youth sexuality and reproductive health in the Middle East and North Africa. Population Reference Bureau, 2011 www.prb.org/Reports/2011/facts-of-life.aspx. Accessed on: April 2013
5. Liz C. Creel, Justine C. Sass, and Nancy V. Yinger. Overview of Quality of Care in Reproductive Health: Definitions and Measurements of Quality. Population Reference Bureau. Accessed on: May 2013
<http://www.prb.org/Publications/Reports/2002/OverviewofQualityofCareinReproductiveHealthDefinitionsandMeasurements.aspx>
6. Ilene S., Kenneth A. Bollen, How Well Do Perceptions of Family Planning Service Quality Correspond to Objective Measures? Evidence from Tanzania. Studies in Family Planning 31, no. 2 (2000): 163-77. Accessed on: May 2013

7. Thomas A. Mroz et al. Quality, Accessibility, and Contraceptive Use in Rural Tanzania. *Demography* 36, no. 1 (1999): 23-40.
8. Michael A. Koenig et al. The Influence of Quality of Care Upon Contraceptive Use in Rural Bangladesh. *Studies in Family Planning* 28, no. 4 (1997): 278-89.
9. Soledad D. Quality is Client-Oriented. *Planned Parenthood Challenges* 2 (1994): 31-33.
10. Carlos H. Soledad D. Quality of Care in Family Planning: Clients' Rights and Providers' Needs. *Advances in Contraception* 9, no. 2 (1993): 129-39.
11. Ministry of Health, WHO (2009). A Basic Health Services Package for Iraq. January 2009.
http://www.emro.who.int/dsaf/libcat/EMROPD_2009_109.pdf. Accessed on: June 2013
12. Bobadilla JL, Reyes Frausto S, Karchmer S.. Magnitude and causes of maternal mortality in the Federal District (1988-1989). *Gneta de Medica de México*(1996) 132(1):5–16.).
13. USAID Iraq, MoH. Baseline Assessment report. USAID Primary Health Care Project in Iraq (PHCPI). December 2011
14. Regional Health Systems Observatory- EMRO. Health System Organization. Health Systems Profile- Iraq.
<http://gis.emro.who.int/HealthSystemObservatory/PDF/Iraq/Health%20system%20organization.pdf> Accessed on: May 2013
15. Richard Garfield, Ron Waldman. Review of Potential Interventions to Reduce Child Mortality in Iraq. November 5, 2003.
http://pdf.usaid.gov/pdf_docs/pnacw617.pdf. Accessed on: June 2013