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Research Article

CAPACITY OF HUMAN RESOURCE FOR FOCUSED ANTENATAL CARE IN HEALTH FACILITIES IN BAUCHI STATE, NIGERIA

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ABSTRACT

The aim of this study was to assess the Service quality of focused antenatal care at health care facilities in Bauchi State. Particularly is to assess the capacity of human resource for focused antenatal care. A cross sectional descriptive design was adopted. A total of twenty two health care facilities in Bauchi State were chosen. Multi-stage sampling technique was used. The data collected by the use observational checklist through audit observation check list during the period of first May to the end August 2016. All official approval was collected and all ethical considerations were kept. The result revealed that: The human resources rate in the health facilities were 0.81, 0.5, 2.7 and 1.8 Doctors, Nurses, Midwives and CHEW respectively. It can be concluded that: there were shortage of human resources. Recommendations: Government should ensure adequate resources for focused antenatal care services in each facility in Bauchi State. Periodic in-service training, monitoring and evaluation to improve the quality services is required.

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INTRODUCTION

Maternal mortality is a global issue occurring due to low focused antennal care; it is estimated that 830 women die from pregnancy complications around the world every day¹. Global health², Stated the goals of focused antenatal care as; Identification of pre-existing health conditions, early detection of complications arising during the pregnancy, Health promotion and disease prevention and Birth preparedness and complication readiness planning. The services provided during FANC as described by United States Agency for International Development³, are; History taking; Personal information, Medical history- Medication, allergies, HIV status, Surgical history, Obstetrics and gynecological history, Family and social history, Immunization. Physical examination; General appearance, Blood Pressure, Weight, height, Pulse and Respiratory rates, Head to toe assessment. Laboratory investigations; Urine test for albumin and sugars, Hb, Blood grouping and Rhesus factor, VDRL/RPR for syphilis screening,

HIV testing, CD4 count if indicated, Blood examination for malaria parasites where indicated.

However, these services can only be provided with the availability of quality and quantity human and material resources, without which the care cannot be adequately provided. Human resources can be defined as all the practices, systems and procedures implemented to attract, acquire, develop and manage human resources to achieve the goals of an organization⁴. Therefore, the higher the quality of human resources the better the maternal health. Satisfied patients are likely to continue with care and compliance with visit time and various factors including attitude of staff, cost of care, time spent at the hospital and doctor communication have been found to influence patient satisfaction in previous studies⁵. Therefore, this study is aimed to investigate the quality of human resources for focus antenatal care in bauchi state.

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Experimental Section

Research Design

The design used in the study was a descriptive cross-sectional design, quantitative parameter was used.

Sampling Technique

Multi-stage sampling technique was used.
 Stage i. Bauchi State was taken as a unit
 Stage ii. Bauchi State was divided in to three Senatorial Districts
 Stage iii. Local Governments of each Senatorial District were used as follows; Bauchi south Senatorial District has seven Local Governments, Bauchi Central Senatorial District has six Local Governments and Bauchi North has seven Local Governments making total of twenty Local Governments in the State.

All the Local Governments in the three Senatorial districts were used and all facilities that render focused antenatal care services in all Local Government were purposively selected.

Sample Size Distribution

Sample was distributed to each facility based on proportion of the number of pregnant women attended the facility for FANCs. Using a sample size (384) divided by total number of utilization (53770) multiply by each variable’s number.

Table 1 Sample Size Distribution according to the total population

S/N	Local Government	Facility	FANC utilization May.- Aug.2016.	Sampled
1	Dass	Gen. Hospital	3160	23
2	Bauchi	Gen. Hospital	4770	34
3		Teaching Hospital	5200	37
4	Katagum	FMC Azare	1080	8
5		Gen. HospitalAzare	3340	24
6	TafawaBalewa	Gen. Hospital	1120	8
7	Toro	Gen. Hospital	3980	28
8	Alkaleri	Gen. Hospital	2130	15
9	Warji	Gen. Hospital	1620	12
10	Ningi	Gen. Hospital	1980	14
11	Darazo	Gen. Hospital	2180	16
12	Giade	Gen. Hospital	1120	8
13	Shira	Gen. Hospital	1400	10
14	Jama`are	Gen. Hospital	2100	15
15	ItasGadau	Gen. Hospital	3180	23
16	Zaki	Gen. Hospital	3000	21
17	Gamawa	Gen. Hospital	1660	12
18	Kirfi	Gen. Hospital	1780	13
19	Dambam	Gen. Hospital	3000	21
20	Misau	Gen. Hospital	2250	16
21	Ganjuwa	Gen. Hospital	2100	15
22	Bogoro	Gen. Hospital	1620	11
TOTAL			53770	384

Tools and Instrumentation

Observational Checklist

Observational Checklist: It is adapted from WHO, (2014) and has four sections namely;

Section one: Availability of materials resources for focused antenatal care; to determine the available material for focused antenatal care. It composed of the five items namely; physical

infrastructure, equipments, drugs, supply of consumables and health education.

Section two: Capacity of human resources for focused antennal care; it consist of five items namely; Adequacy of the staff, qualification of the staff, supervision of the staff, skills of the staff, and in-service training for the staff.

Scoring for health personnel per facility was calculated by using number of Health personnel in each facility divided by the total number of studied facilities twenty two (22).

Section three: The services of focused antenatal care; it composed of the 14 items, the services were categorized in to three namely; done satisfactory, done not satisfied and not done and percentage of each was calculated.

Method of data collection

A letter of introduction from the Department of nursing Sciences, Ahmadu Bello University Zaria was collected and taken to the Ministry of Health Bauchi State.

The research ethical clearance from the ministry of health Bauchi State was collected before questionnaires were administered.

- Five research assistance were recruited from primary health facilities
- One day training on how to administer the questionnaires was given to them.
- The researcher wrote the list of the health facilities that render FANC services
- The observational checklist was used to evaluate material, human resources and service quality for Focused Antenatal Care services.
- SPSS version 23 was used in data analysis.

Ethical Consideration

An official permission to conduct the research study was obtained from ethical committee ministry of Health of Bauchi State. Participation in the study was voluntary and the ethical issue considered includes; explaining the purpose and nature of the study, confidentiality and there was no risk of participation. The researcher informed the trainee that the purpose of the study was for academics and will be confidential.

Method of Data Analysis

The Data collected from the respondents were coded and entered in to the Statistical package for Social Sciences (SPSS) Version 23. The Data was presented using descriptive statistic in the form of frequency distribution, percentages and mean.

RESULT AND DISCUSSION

Capacity of human resources

Table 1 Distribution of qualification, characteristics and the number of the health care providers in studied facilities **N=22**

Variables	F	%	Availability Per each facility
Health care providers			
• Doctor	18	13.8	.81
• Nurse	11	8.5	.50
• Midwife	61	46.9	2.7
• CHEW	40	30.8	1.8
Qualification of staff			
• Certificate	41	31.5	1.8

• Diploma	71	54.6	3.2
• Post degree	7	5.4	.3
• Degree	11	8.5	.5
Consistent monitoring/ supervision of services			
• Supervised	13	10	.5
• Not supervised	117	90	5.3
In-services training in each facility			
• Available	7	32	.31
• Not available	15	68	.68

Adequacy per each facility is calculated by dividing the number of personnel by total number of studied facilities (22).

Distribution of the number and qualification of the health care providers shows that number of health care providers in each facility were inadequate in Doctors, Nurses, Midwives and CHEW with 0.81, 0.5, 2.7 and 1.8 respectively per facility, Compared to the WHO standard of doctors 1:30, Nurses 1:5, midwives 1:5 and CHEW 1:600. The highest number of qualification of the health providers is Diploma 71 and the least is post degree 7. Majority of the health care providers (68%) were not supervised. With regards to in-service training majority of the health facilities do not have in-service training.

DISCUSSION

The result of the study shows that number of health care providers in each facility were inadequate. This include Doctors, Nurses, Midwives and CHEW in all of the 22 health facilities, Compared to the WHO standard of doctors 1:30, Nurses 1:5, midwives 1:5 and CHEW 1:600. It is the similar with the finding of WHO⁴ that there were gross shortage of health personnel in African countries. In the same vain in agreement with a study⁶ conducted in Malawi which established that women complained of prolong waiting period because of the shortage of health worker. Also, the World Health Organization⁵ estimates a shortage of almost 4.3 million physicians, midwives, nurses and support workers worldwide. Similarly, a study⁷ found that Health worker shortages affect Germany and the USA, just like they affect India or Uganda. This is a general or even global problem. For instance, western countries 'import' workers from developing countries, because they are also short of trained health workers. Sudan, Mali and Uganda and most of the developing countries suffer the consequences of staffs shortage for FANC⁸. Shortage varies from place to place. For instance, it is established that, minority of doctors, nurses and midwives work in primary health care, and shortages of qualified staff are greatest in rural areas.

CONCLUSION

There is shortage of human resources for Focused Antenatal Care Services in Bauchi state Nigeria.

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