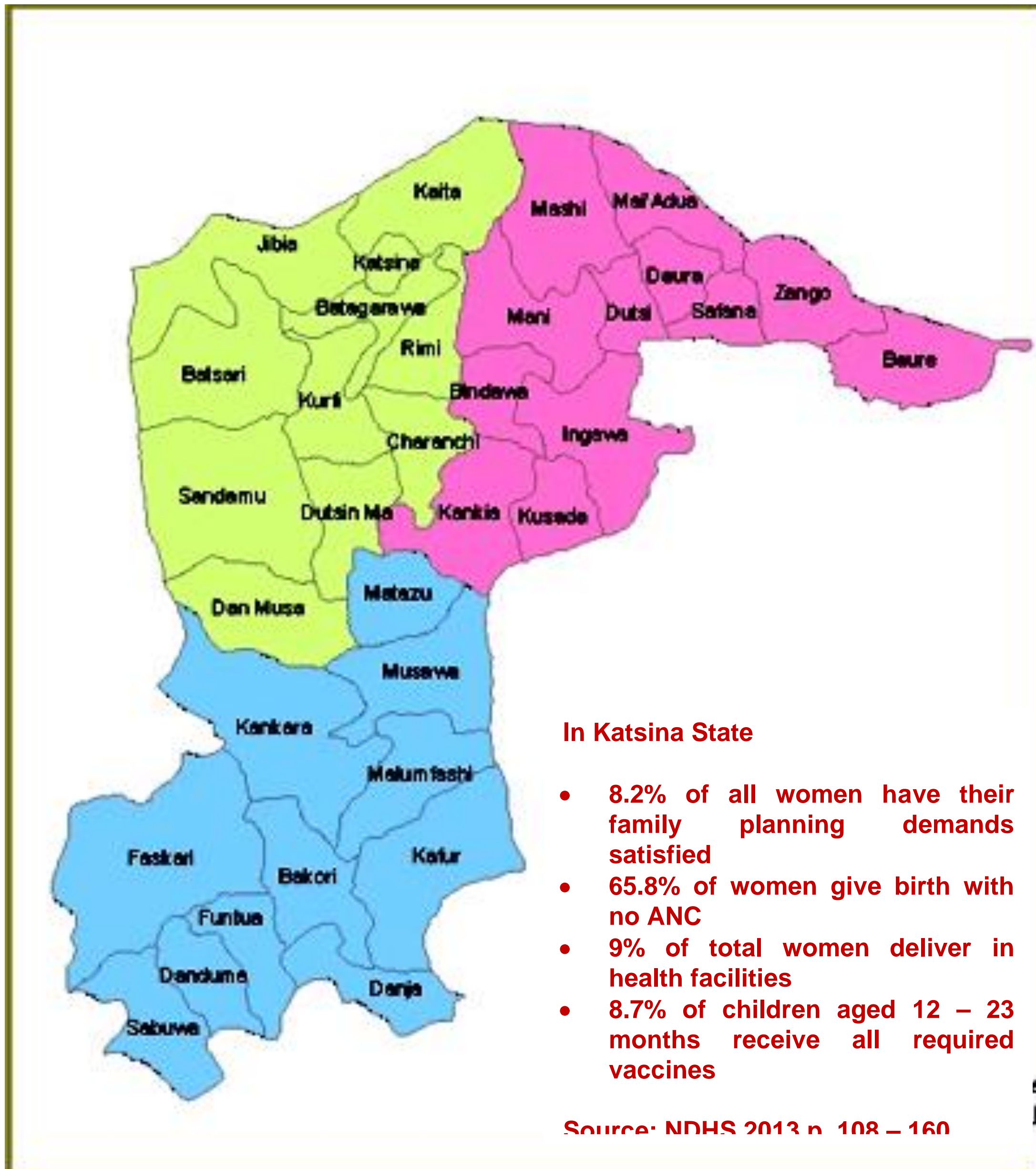
INCREASE IN CONFIDENCE LEVEL OF HEALTH PROVIDERS



Source: http://www.theodora.com/maps/

BACKGROUND

The SLaB intervention was done in 5 Health Facilities located in the urban and rural areas of Katsina state. As at the time of the intervention the target facilities are manned by 141 Health Care Providers which includes 5 in-charges (who serve as the head of the facility) and a total 136 Nurses, Midwives, Community Health Extension Workers and Junior Community Health Extension Workers and other supporting staff such as Lab technicians and cleaners. All the cadre of staff mentioned counsel, diagnose and treat clients on daily basis.

METHODOLOGY

Study location: The location for this study was Katsina state located in the North Western part of Nigeria. This location was selected following reports of low uptake and utilization of MNCH services in Muslim communities mostly due to misconception.

Sampling methodology: Three intervention facilities from three Local Government Areas were selected to collect data on increase in health provider's confidence level to negotiate religious barriers to the uptake of MNCH services in Muslim communities as a result of exposure to knowledge, communication practices and leadership skills on MNCH. Cluster random sampling was used to select the three intervention facilities which were Maternal and Child Health Center (MCHC) Fago, Comprehensive Health Center (CHC) Daura and Maternal and Child Health Center (MCHC) Shinkafi. Due to the small number of health providers at each facility, a convenience sampling method was used to approach the fourteen health providers available at the days of the visits. The inclusion criteria were health providers who participated at the training of Islamic perception of MNCH by Islamic scholars while those who were absent during the training were excluded. Thirteen (13) of the health providers met the inclusion criteria hence were selected while one (1) health provider did not participate hence was excluded.

Figure 1: MOLs and Cross section of Health Care Providers during a training session

Data collection: Following selection of the respondents, qualitative data was then collected using one on one in-depth interviews after verbal consent was sought from the health providers. The interviews were conducted by dRPC staff who were calibrated before embarking on the interviews. The interviews were done in Hausa language. The interviewers started by introducing themselves, then explained in detail the purpose of the interview. They also gave a brief recap of the training by Islamic scholars to refresh the memory of the health providers. Data collection was then proceeded by asking a group of questions to retrospectively determine their confidence level. To ensure accuracy of data collected as well as to enhance simplicity and easy

understanding of the questions by the health providers, their confidence level was determined by first asking the participants to rate their confidence level before the training by health providers on a scale of 1 to 10. This meant that 1 was the lowest possible score and 10 was the highest. They were then asked if the training by Islamic scholars increased their confidence level to negotiate religious barriers to the uptake of MNCH services in Muslim communities, if they answered “Yes” they were then required to rate their confidence level on a scale of 1 to 10 after this training.

Data analysis: Data analysis was done using Microsoft Excel 2013 (Microsoft Inc. 201 U.S.A). Qualitative data from the interviews was first translated into English then transcribed and entered into a Microsoft Excel spreadsheet. For clarity in presentation, both pre and post individual confidence levels of the health providers were converted to percentages. The percentage increase in confidence level due to the intervention for each of the health providers was then calculated by subtracting the pre confidence level percentage from the post confidence level percentage. To determine if the proof of concept was achieved, the mean percentage increase in confidence level was then computed.

RESULTS AND FINDINGS

The pre and post confidence level percentages of the health providers are shown in Figure 1. From this figure it can be seen that all the health providers showed some degree of increase in confidence, the highest confidence level reported by the health providers prior to the intervention was 60 % however, after the intervention as high as 100% confidence levels were reported. To summarize our findings and to show the overall effect of the intervention on the confidence levels of the health providers, the mean confidence levels were then computed both prior to and after the intervention. From the chart in Figure 2, the mean pre intervention confidence level of the health providers was 40% while the mean post intervention confidence level was 80.77%. This signifies a 40.77% mean difference in confidence level of the health providers to navigate religious barriers in MNCH due to our intervention. This is further supported by direct quotes from the health providers presented in Figure 3. These findings are in line with and support our proof of concept of “40% increase in health providers/administrators confidence, to negotiate religious barriers to the uptake of MNCH services in Muslim communities as a result of exposure to knowledge, communication practices and leadership skills on MNCH in Islam Health gained in the project”.

Figure 2: MOLs and Cross section of Health Care Providers during a training session

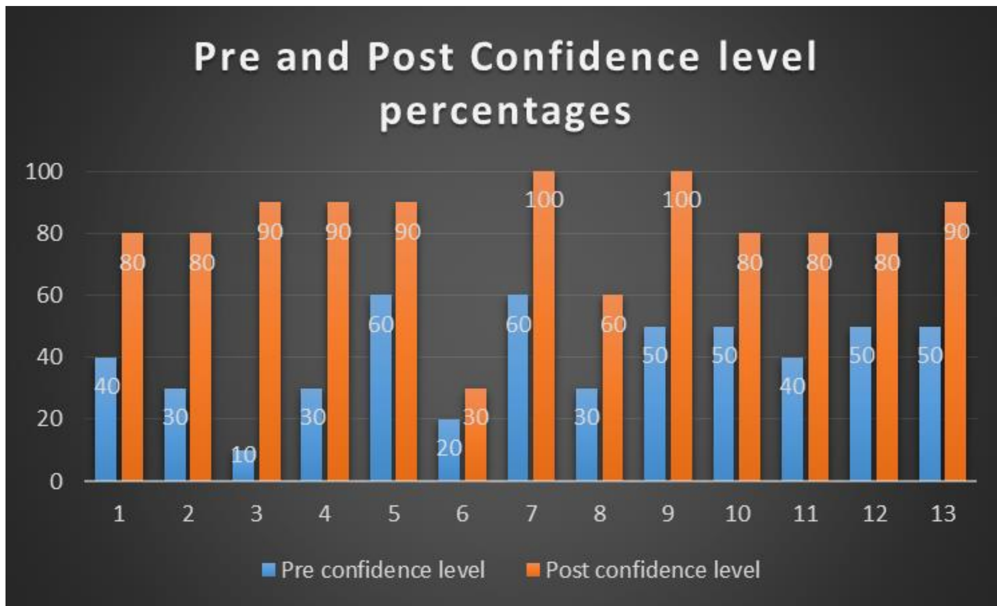


Figure 1. Pre and Post Confidence level percentages for each health provider

Figure 2. Pre and Post Confidence percentage for all health providers

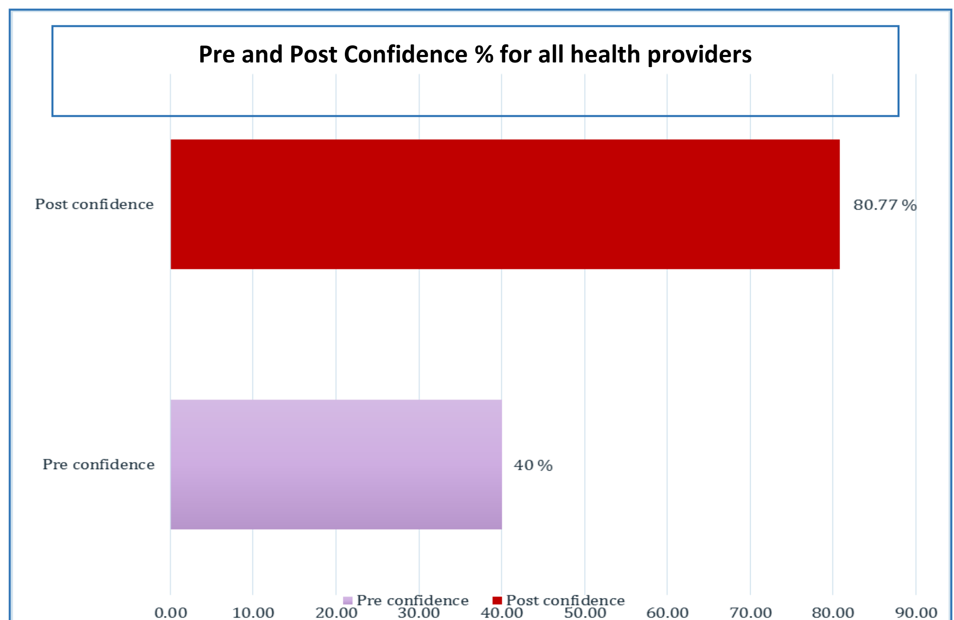


Figure 3. Testimonials from health providers on how their confidence level has changed

Before when people asked us to tell them sincerely about the permissibility of routine immunization we were skeptical. But now we answer them confidently. They initially also thought family planning causes cancer but now we educate them on it…… Zainab Nuhu

The training has made us confident because there were areas that had a lot of rejection from the community especially family planning and routine immunization. But this training has given us evidence from the Hadith on its permissibility…… Imrana Hamisu

SIGNIFICANCE OF THE INDICATOR

Confidence in a given task means believing in yourself and your ability to effectively perform that task consistently at a high level. In this study confidence level of the health providers signifies the belief they have in their ability to navigate religious barriers to MNCH among Muslim communities. This indicator is important in the sense that these health providers by the knowledge they have acquired are tasked with the challenge of engaging clients in their respective communities with the aim of changing their mindset regarding Islamic perception of MNCH. Hence, it cannot be denied that confidence is a necessary skill to achieve this. Secondly it also provides a means of evaluating the psychological impact brought about by the intervention on the health providers.

Figure 3: MOLs and Cross section of Health Care Providers during a training session

CONCLUSION

In conclusion our findings show that the intervention program had a positive impact both qualitatively and quantitatively on the effect of the health providers. Quantitatively we recorded a 40.77% (Figure 2) increase in confidence level of the health providers. Prior to the intervention as low as 10% confidence levels were reported however this rose as high as 100% for some providers (Figure 1). Qualitatively our findings are supported by quotes from the health providers in Figure 3.