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Clients and healthcare providers' perspectives on Quality of maternal health services in primary healthcare facilities in Cross River State, Nigeria

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Abstract

Context: Quality maternal health services are essential in reducing maternal mortality. For quality to be optimal, it is necessary to consider and satisfy the quality needs of both the providers and the consumers of healthcare. This study explored clients and healthcare providers' perspectives on the quality of maternal health services provided in primary healthcare facilities in Cross River State, Nigeria.
Methods: A qualitative descriptive study was conducted involving 12 focus group discussions among women accessing immunization services in the State from October – December 2020 to explore women's perception of the quality of care they receive, and 12 key informant interviews with healthcare providers to get their perspective of the quality of care they render to their clients. The interviews were audio-recorded following consent, transcribed and analysed manually using a framework thematic analysis approach involving four steps: familiarization, indexing/coding, charting, and mapping/interpretation.
Results: Both the women and the providers perceived quality of care as healthcare that meets the health demands of the clients through the provision of a holistic care, affordable, accessible and provided by competent staff with a positive attitude. The women identified poor state of the physical environment, inadequate commodities and supplies, poor funding, lack of basic equipment, long waiting times, inadequate staffing, poor attitude of healthcare providers as barriers to quality maternal health service, while healthcare providers perceived inadequate training/supervision and poor remuneration as an influence in their delivery of quality maternal health service.
Conclusion: In conclusion, quality maternal healthcare services was perceived by both women and providers as holistic, affordable, accessible, and delivered by competent, respectful staff. Nonetheless, systemic challenges like poor infrastructure, inadequate supplies, staffing shortages, long waiting times, and insufficient training, supervision, and remuneration continue to constrain the delivery of quality maternal health services. We therefore recommend that maternal healthcare quality be improved through strengthened infrastructure, sustainable funding and supplies, enhanced workforce capacity via training and fair remuneration, and the promotion of respectful, accessible, client-centered, holistic care.

Keywords: Quality, Healthcare providers, Maternal Health Services, Primary Health Care, Nigeria

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Background

Improving the quality of care (QoC) of maternal healthcare services (MHCS) in health facilities has recently been identified as a neglected, but essential approach to reducing maternal mortality in developing countries, promoting the achievement of the Sustainable Development Goals (SDGs).[1] The

World Health Organization (WHO) defined 'quality of care' as "the degree to which health services for individuals and populations increase the likelihood of desired health outcomes".[2] Hulton *et al* adapted this definition in the context of maternal health and defined quality of maternal care as the degree to which maternal healthcare services for individuals and populations increase the likelihood of timely and appropriate treatment to achieve desired outcomes that are both consistent with current professional knowledge and uphold basic reproductive rights.[3] This definition allows quality in this context to be separated into two constituent parts: the quality of the provision of care within the institution and the quality of the care as experienced by users. Hence, for quality of care to be meaningful, it is fundamental that elements of these two components of care be consistent with the basic norms of internationally agreed reproductive rights. Therefore, Hulton *et al* recognised the fact that the use of services and its outcomes are the result of both the quality of care provided and client's experience of that care. Furthermore, the provision of care may be deemed of high quality against all recognized standards of good practice but unacceptable to the women and their families.[3] In the same way, certain aspects of provision may be popular with women but objectively ineffective or even harmful to health. Therefore, it is essential to consider the perspectives of both the user and the provider in ascertaining the quality of care provided. Evidence shows that women will avoid or delay the utilization of a highly rated medical care if they feel mistreated or demeaned during the process of receiving that care.[4] Indeed, research has shown that quality as perceived by the clients and healthcare providers may differ.[5] While providers may be more interested in technical precision, clients may be more concerned with other sensitive issues like interpersonal care, fulfilment of their information needs, birth positions, and social support during labour.[5] Poor quality services as judged by the clients may be associated with low uptake of care, delayed and ineffective management of life-threatening complications of pregnancy and childbirth.[6,7] On the other hand, high quality services promote client satisfaction leading to continued uptake of services by clients.[8] Unfortunately, in many resource-limited settings, emphasis seem to be on healthcare provider's perspective of quality with professional standards being the index of quality with little attention to clients' perception of quality. Despite the increasing emphasis on quality of healthcare, there is paucity of information on clients and providers perspective of the quality of maternal health services in Cross River State (CRS). This study assessed clients and healthcare providers' perspectives of the quality of maternal healthcare services in primary healthcare facilities in Cross River State, Nigeria.

Materials and methods

Study setting

The study took place in Cross River State, located in the South-south geopolitical zone of Nigeria. The State has 18 Local Government Areas (7 largely urban and 11 rural) and 196 political wards.[9] There are 692 healthcare facilities comprising 2 tertiary, 15 secondary, 8 comprehensive healthcare centres, 95 primary health care centres[10], 174 health centres, 271 health posts, and 118 registered patent medicine vendors[11] in the state. Maternal and child health services are delivered free-of-charge to mothers and children at the PHC facilities in Cross Rivers State. The State Ministry of Health collaborates with development partners and multilateral agencies like the United States Agency for International Development (USAID), Marie Stopes, the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA) and Pathfinder International to advance programmes targeted at improving the quality of maternal and child healthcare services in the State.[12]

Study Design:

This was a facility-based descriptive cross-sectional study using qualitative data collection methods.

Study Population

The study population comprised of nursing mothers of babies 0 – 6 weeks old accessing child immunization services at selected urban and rural PHC facilities from October to December 2020 and selected healthcare providers and managers in those facilities.

Sampling technique

A multi stage sampling technique. First was the selection of one LGA each from rural and urban LGAs in the three senatorial districts. Second stage was the selection of two wards each from each LGA, followed by the use of the PHCs in the ward for the study as there is only one PHC per ward. The participants were recruited based on purposive sampling, any

respondents judged to be able to communicate fluently in English Language or pidgin.

Data Collection Method

We conducted 12 focus group discussions (FGDs) with the mothers, 6 in the urban and 6 in the rural healthcare facilities. FGD participants were selected purposively to achieve homogeneous groups of 8-10 participants and each interview had a moderator, and a recorder/timekeeper and lasted for 60 -90 minutes. A total of 12 key informant interviews (KII) were conducted among healthcare managers and healthcare providers, 6 in the urban and 6 in the rural healthcare facilities. Each KII lasted for 30 - 45 minutes and sessions were audio recorded after obtaining informed consent.

Data analysis

The audio records were transcribed verbatim triangulating content with the field notes. Transcripts were analysed manually using a framework thematic analysis approach involving four steps: familiarization, indexing/coding, charting, and mapping /interpretation.

Ethical approval

Ethical approval for this study was obtained from the Cross River State Health Research Ethics Committee (CRS–HREC), with approval number CRS/MH/HREC/019/vol.1/198. Written informed consents were obtained from each participant after explaining the objectives, significance and benefits of the research. They were informed that participation was voluntary, that they had the right to decline or withdraw from the study at any time. Serial numbers were used to identify the participants and data confidentiality was maintained.

Results

Clients' perception of Good Quality of Care

Majority of the FGD participants gave similar responses to their understanding of Quality of care. More discussants in the rural compared to the urban locations described quality of care as meeting the health demands of their clients through the provision of holistic care. However, some respondents in both locations noted that to meet their needs, the care must be safe, the environment conducive and equipment/drugs available. Majority of discussants agreed that QOC is the treatment received from health care providers as well as the attitude of healthcare providers towards them.

Quality of health care is how you receive people around you by being polite to mothers and babies. **(FGD 1, rural)**

QOC It means you go to the hospital and you meet the nurses or doctors and they attend to you, they ask you one or two questions about your problem; what you are passing through and also attend to you in any way possible by prescribing drugs and they give you words of encouragement. **(FGD 8, urban)**

It is the total way of taking care of yourself, the environment is there, even the baby, and to take care of the maternity place very well and keep it neat, and also been treated in a friendly environment by the nurses. **(FGD 7, urban)**

What I understand by quality of health care is that the health care facility is equipped and complete and that health care givers approach their work with good attitude. **(FGD 3, 4, rural)**

Healthcare providers' perception of Good Quality of Care

Health workers interviewed provided their views on what they perceived as quality of health care. Most of the health workers in the urban healthcare facilities defined quality of care as meeting the health needs of their patients while more health workers in the rural site understood it to mean providing the best form of care which is comprehensive and requires competent staff with positive attitudes. In addition, a few health workers in the urban LGAs understood it to mean providing accessible and affordable care while a health worker from KII 12 reported that providing care that is safe is important for Quality of care.

EXTRACTS

"Quality of health care is attending to clients the way they want as in what their health demands is what you give to them making sure that the person is given the right treatment to the right diagnosis." ***(KII 11, urban)***

Quality of health care is the administration of health care from grass root that is you give the quality of whatever thing you are doing it is quality you are giving out maybe the treatment, administration of drugs should be quality from the beginning to the end. **(KII 2, rural)**

Quality of health care here will mean how competent, how accessible, and how affordable it is to the community we are working with. **(KII 7, urban)**

Quality of health care in my own understanding is a

complete care that is given to pregnant women from conception to delivery and even after delivery the care you give to them to take care of their babies **(KII 6, rural)**

Clients' Perception on the Benefits of Good Quality of Care

Majority of the clients in both the rural and urban areas agreed that good quality of health services led to better health outcomes for their patients, which would ultimately lead to satisfied clients. More of the discussants in the urban compared to the rural location pointed out that one of the benefits of providing good quality health services was improved patronage. In addition, a few others identified improved work performance, rewards and incentives for the health workers and a healthy working environment as benefits of providing quality services

"If clients come here and see that everything is organized, and they are satisfied, they come and go out safely, they will definitely come back leading to more patronage" **(FGD 3, 4, rural, FGD 7, urban)**

Healthcare Providers' understanding of the benefits of Quality of Care.

Patient satisfaction was the key benefit of quality healthcare mentioned by all the health workers in both the urban and rural areas. Healthcare providers in both sites agreed that improvement in service quality, would lead to patient satisfaction, better health outcomes and increase patronage of their facilities attracting clients, government and international bodies. Furthermore, few interviewees pointed out that it could lead to satisfaction on the part of the HCWs, a closer relationship with the clients leading to increased trust and confidence in the health system.

"It improves patronage because if clients come here and see that everything is organized, unique, they come here and go out safe they will definitely come back. Also, if the problem they come here with, we finish it here and they get well, they will be encouraged to bring others here." **(KII 12, urban)**

Clients' Expectations of QOC

Almost all the participants in the urban and rural areas identified respectful care as pertinent when providing quality services. In addition, majority of the clients expect quality service to include safe care, and facilities for clinical investigations, treatment, and basic equipment/supplies. Fewer respondents identified conducive physical environment, skilled personnel, relevant health education, timely services and 24 hours service as what they expect good quality service to include as captured below:

"I expect to meet a nice nurse that will be friendly, will pet me and clean up my baby after delivery." (FGD 11, urban)

I expect to come out of the labour ward with my child alive (FGD 3, rural)

I expect that I should be attended to quickly and the environment is neat. I hate to come and spend the whole day in the Health centre and not open my shop. **(FGD 8, urban)**

"What I expect is that, in some instance after delivery some of our babies use to have complications, so some of our nurses who are on duty should try their best so that the babies we delivered that will be okay. To avoid a situation where after the suffering we will lose our babies. That is what we expect. **(FGD 6, rural)**

"We need more equipment, most of the equipment available are old, and need to be replaced so that it will be good enough for the patients and the nurses". "Availability of equipment is important and necessary because attitude cannot treat you." **(FGD 2, rural)**

The equipment is more important because there was no scanning machine here when I was pregnant, so I had to go to another place for scanning which is not right. Every facility should have BP apparatus, weighing scale, and the basic equipment for carrying out tests. **(FGD 12, urban)**

Healthcare Providers' Expectations of QOC

Similar to the clients' expectations, majority of the health workers mentioned availability of basic equipment and supplies, respectful care and provision of safe services. Fewer providers identified their expectations for Quality to include availability of equipment for investigation and treatment, 24 hours care, presence of skilled personnel, timely service, free or subsidized care and relevant health education. Interestingly, provision of free or subsidized care, timely service and availability of skilled person were mentioned only in the rural locations.

EXTRACTS

"I will expect that if a client comes and it's a situation that we have to do assisted delivery like the episiotomy, we should have all of those things, and we should do it under minimal pains. And the client expects that after doing all of these, she should be well treated in the sense that the repairs should be in line with normal standard procedure, and she should go

back happy" **(KII 5, rural)**

"They expect quality, to be polite with them, we don't have to be harsh with them even if they are in pains and are shouting, you have to be closer to them, you pet them" **(KII 1, rural)**

"We are not happy because we are short of staff; we need more hands to improve the quality of health care we give here." **(KII 7, urban)**

"From my observation, clients expect that they should see a skilled healthcare provider at every point in time they come to the facility especially at night and you do not delay them." **(KII 3, rural)**

"The basic equipment that patients expect to see in the facilities, most of them we do not have here…. like we do not have an incubator, scanning machine etc. We have to keep sending them elsewhere and many of them do not return." **(KII 2, rural)**

Clients' Perceived Barriers to QOC

Almost all the clients identified poor state of the physical environment as a barrier to quality health service delivery. This was followed closely by inadequate staffing (rural > urban) and poor attitude of Health care workers /disrespectful care (urban > rural). Fewer participants identified lack of basic equipment and supplies as well as poor funding. Long waiting time and inadequate supply of commodities and supplies were perceived as barriers to quality by clients in the urban and not the rural sites.

EXTRACTS

"They waste time a lot because they delay by waiting for other mothers to come before they start attending to us, but they can start with the mothers available." **(FGD, 7, urban)**

"This health facility does not have water, toilet facilities or electricity. After delivery, they use tissue paper and oil to clean both mother and child. There is no light in the entire community" **(FGD 10, urban)**

"They do not have enough staff here. Because let me say in the time of delivery if it is in the night you will not see more than two meanwhile you need three or four hands. For example, if just one health worker is on duty, it is person that will pack the faeces and still wear hand gloves to hold the baby, it's too much for the person." **(FGD 9, urban)**

"If you go to my ward whatever you see there is out of personal efforts. I cannot remember when government came to change the beds and mattresses. When patients get to the facility and they have to be placed either on observation or admission it is so disgusting to look at the sight of the bed they are asked to sleep on. I see it as a major setback." **(FGD 5, rural)**

"The attitude of some health workers is bad and can discourage mothers from coming here. If they have bad life, we will not be able to come here because we will not feel comfortable to ask them questions because of the way they behave." **(FGD 1, rural)**

Providers' Perceived Barriers to QOC (Health workers)

The healthcare workers identified poor physical environment as a major barrier impeding quality delivery in their healthcare facilities, which was consistent with observations made by the mothers who accessed these facilities. This was followed by inadequate training of health workers, which was mentioned by all six-health workers interviewed in the rural sites compared to four who mentioned it in the urban areas. Other important barriers to quality service delivery include, inadequate commodities and supplies, and lack of basic equipment to work with. A few of the interviewees identified; poor remuneration, poor funding and long waiting time (urban > rural). Surprisingly, some health workers in both locations admitted that the poor attitude of HCWs was an important barrier to delivery of quality services.

EXTRACTS

"One of our major challenges as health workers here is lack of periodic training to update our knowledge. It so sad that we have not been going for refresher training, since Pathfinder International left the state…hmmm. They were doing that frequently for us." **(KII 5, rural)**

"Actually, we don't have NEPA light here, it's the solar light Pathfinder installed for us that we are using and it's just in the labour ward. The generator we have is spoilt." **(KII 4, rural)**

"I am not happy at all because we do not have things (consumables, commodities, drugs, equipment) to work with in our facilities". **(KII 1, rural)**

"Most of the equipment we have are aging. They are really aging. A lot of them are no longer functioning. Like the oxygen plant we have here is not working. Even generator is not working if not the NEPA and the small solar, it would have been terrible". **(KII 9, urban)**

"There are some tests we don't carry out here because of the reagents. We don't have reagents for some of the tests we are supposed to run on pregnant women like

Ultrasound scan, Genotype, Blood group. Everything is supposed to be available so that when a patient comes and wants to test, we should be able to carry out the test." **(KII 7, rural)**
"There is need to improve the capacity of health workers. So many of us do not know how to carry out what is expected of us. I cannot monitor a labour with partograph, even all this nutrition assessment things, that we are talking nutrition this, nutrition that apart from what we learnt in school. So, there are so many areas we are lacking especially in this ANC we have never really had proper training on PMTCT we are just doing everything like that". **(KII 11, urban)**

Facilitators of QOC as identified by Clients

Facilitators identified by clients include attitude and availability of HCWs. They reported that availability of HCWs enhanced the quality of health service delivery and motivated them to access care in the heath facility.
"The attitude of health workers is very important. The healthcare provider needs to be nice, polite with the patient. I was saying the women eh they need to be pampered because they are like babies." **(FGD 7, urban)**
"Like me when my baby was sick, I brought him here the nurses were here they did not go out, so they told me to come and sleep here with my baby so that they will be able to take care of my baby and give him injection in time." **(FGD 3, rural)**

Facilitators of QOC as identified by Healthcare workers

A few healthcare workers mentioned healthcare workers attitude (Urban> rural) and availability (rural> urban) as an important facilitator of quality service delivery. Additionally, receipt of free commodities as perceived by health workers in rural areas compared to the urban was a boost to the quality of service delivered to their clients.

EXTRACTS

"I think it is the attitude of the health worker. Yes, because when they come it is the health worker that will first receive the woman and if at that level the relationship is broken, no matter the equipment or the service, they will no longer be interested". **(KII 9, urban)**
"Availability of health workers when a client visit is key for providing quality services when a patient or client discover that at any moment or any time she is coming, health workers are available in the facility, then they will like to come." **(KII 4, rural)**

Clients' recommendations for improving Quality of care

Key recommendations by clients for improving quality include improvement in infrastructure, basic equipment, and recruitment of more health care workers. Some clients suggested that the health workers needed more training to deliver quality services and that services provided to them should be free or subsidized so that more women will access health services (Urban> rural).

EXTRACTS

"Hmmm………Me I suggest that government should help us to employ more staff who are caring like the TBAs. The TBAs are good at petting, if they will help us bring one of them to come and stay here because some people are afraid of hospital, some of our women are afraid of coming to the health facility. Why I'm saying so one of my sister that deliver in TBA before we arrived the woman have already boil water, take care of her, give her food, take care of the baby, the health facility need more staff somebody that can pet very well ." **(FGD 1, rural)**
"The government should provide more mattress and bed sheets because the ones here are worn out." **(FGD 10, urban)**
"The government should improve the water and light situation as well as provide more equipment in the HCF, e.g. scanning machines, drugs, and some tests we are asked to do outside here." **(FGD 12, urban)**
"The health workers really need more training some are good and others are not. Some time ago when I visited the facility with my sister who came to deliver her baby at night, the health worker we met did not know what to do and had to call her senior to come and help her." **(FGD 8, urban)**

Health workers' recommendations for improving Quality of care

The following recommendations were made to improve quality of healthcare delivery by the Healthcare workers: improving infrastructure, training of healthcare workers and provision of free or subsidized services and commodities. Fewer health workers recommended provision of basic equipment, recruitment of more health workers and improvement in staff welfare.

EXTRACTS

"The capacity of health workers is crucial for delivery of quality services and needs to be improved regularly. If they can improve us through trainings and workshops, we will be okay, like maybe yearly review of our knowledge and to update." **(KII 6, rural)**

"We need water and light as our services works with light, our patients come in at every hour of the night, our services operate 24hours." **(KII 5, rural)**

"We need consumables and things to work with in our various Health facilities – drip sets, delivery kits, drugs, syringes and needles, cotton wool. Sometimes we have to buy these consumables with our personal monies." **(KII 2, rural)**

Government should provide us with steady water and electricity, functioning toilet facilities, cleaners, a neat environment for us to provide quality care to our clients. It has not been easy at all. When these things are absent the mothers go to other places to deliver.

Discussion

This study explored clients' and providers' perspectives on the quality of maternal health services in rural and urban Primary Healthcare facilities in Cross River State and generated various responses from both the clients and providers through the discussions. Both the clients and health care workers perceived quality of care as the health care that meets the health demands of clients through the provision of safe and holistic care in conducive environment, and the availability of equipment/drugs. These findings are in line with the WHO definition of quality care and dimensions of quality which specifies that care must be effective, safe, people-centred, timely, equitable, integrated and efficient.[13] However, this finding contrast the findings of a quantitative study in Ghana by Abuosi which reported significant difference in the overall perception of quality of care between patients and healthcare providers.[14]

Both the clients and health care providers were of the opinion that good quality care lead to better health outcomes for the patients that would lead to patient satisfaction and ultimately to increased patronage. In addition, the healthcare workers were of the opinion that good quality care would lead to clients' satisfaction, better health outcomes and increased patronage by clients as well as leading to a closer relationship with the clients, hence, increased trust and confidence in the health system. The result of this study throws more light on the findings of a previous study by Isika *et al*, 2025 in which the clients in urban health facilities where there are more trained health workers and facilities were more satisfied compared to clients in rural health facilities.[15] In addition, the finding is congruence with findings by Nafisa in India who opined that healthcare organizations must be patient-centred and win the loyalty of their patients by providing an outstanding patient experience, then retaining these patients, increasing the number of patients through positive word of mouth and continually delivering greater value. The implication of this is that, poor quality care may lead to clients' dissatisfaction, leading to reduced patronage, poor relationship with the providers, hence, increased the burden of diseases and distrust in the health system, further scaring the clients from the facility.[16,17]

Furthermore, on expectation of quality, while some respondents identified respectful care as pertinent when providing quality care, majority of the respondents expect quality care to include clinical investigation and treatment, basic equipment supplies as well as safe service. Some respondents also identified physical environment, skilled personnel, relevant health education, timely and 24 hours care as good quality care. The health care workers in addition to the client's expectations also expected subsidized care and availability of skilled personnel to provide care. These findings are in line with the reports from a study by Alenoghena *et al* in Edo State, Nigeria where the perceived amount of time spent at the facility, the availability of services, the number of staff and the cost of services were all common factors influencing the perception of quality.[18] Barriers to quality of care identified by the study included poor state of the physical environment, inadequate staffing, poor attitude of health care workers, poor funding, long waiting time, and lack of basic equipment and supplies. From the providers' perspectives, barriers to providing quality of care were, viewed as structural such as poor physical work environment, inadequate training, inadequate commodities and supplies, lack of basic work equipment, as well as poor remuneration and funding. Compared to their rural counterpart, mothers in the urban areas also found long waiting times and inadequate commodities and supplies as significant barriers. In a study in Kano State, Northwest Nigeria, the discrepancy in the long waiting hours was also reported, which was attributed to the lengthier visits provided in the more crowded metropolitan institutions because of the higher number of prenatal clients.[19] Conversely, a study by

Onyeonoro et al in Anambra State, Southeast, Nigeria showed that long waiting time was not considered a barrier as majority of the respondents did not view waiting time or service costs as obstacles to receiving maternal health care.[20] However, mothers and health workers reported poor attitude and unavailability of healthcare workers as barriers to quality services in this study. A study in Bangladesh by Islam et al reported similar findings.[21] Health workers' attitudes can significantly influence mothers' utilization of a health facility even when other barriers are prominent. Another study in Enugu State, Nigeria found that considering the shortcomings in the structure and procedure components of quality care, it is possible service users were easily satisfied with the services they received because they focused more on the healthcare providers and their interactions with them than on the shortcomings in the health system.[22] Studies have reported attitude of healthcare workers and prolonged waiting time as an influence on utilization of healthcare facilities, leading to a decline in usage as well as a decline in provider trust.[23,24]

The clients identified facilitators of good quality care to include attitude of health care workers and the availability of health care workers. The health care workers in addition to this identified the presence of free commodities as a facilitator of good quality care, more in the rural compared with urban sites. This is in line with report from Okonofua et al who posited the physical proximity of PHCs, enhancing PHC infrastructure, staff availability, drug and equipment supply dependability, regularity of operating hours, and service cost reductions are all issues that legislators and healthcare providers need to be mindful of.[25] Studies in other parts of the country, Ebonyi, Cross River, and Kano as well as Kenya respectively reported similar findings.[26,27,28,29]

The clients therefore, recommended improvement in the infrastructure, basic equipment and recruitment of more health worker to achieve quality maternal healthcare. A few of the clients also recommended the provision of free or subsidized services as well as training of the health care workers to enable them deliver quality services. The healthcare workers on their side, recommended improvement in the physical structure, employment of more health workers and provision of basic equipment for improved quality services. Participants in a study by Fantaye et al made similar recommendations where some elders emphasized that in areas with convenient access to a PHC or hospital, facility conditions needed to be significantly improved to promote facility utilization. Many participants felt that having a health facility alone was insufficient and recommended that facilities have better lighting, a better supply of water, high-quality equipment, and a wide range of medications for treatment.[30]

Limitations

Nursing mothers who have never accessed care in a PHC in the state were not part of this study including them may have provided important views on what they perceived as quality care in the PHCs.

Strength of the study

This study assessed an important public health issue critical in improving the quality and utilization of maternal healthcare services in primary healthcare facilities. Furthermore, this study covered both urban and rural areas thereby providing rich insights from both areas. In addition, the inclusion of all categories of healthcare providers involved in providing pre-natal, antenatal, delivery, and post-natal/ immunization care services. Their opinions and views helped in enriching the study's findings. Incorporating the views of mothers utilizing care who are critical actors across twelve facilities in two LGAs in the three senatorial districts of the state is also a strength.

Conclusion

In our study, both the women and the providers had the same perspectives on the quality of care. They all perceived quality of care as healthcare that meets the health demands of the clients through the provision of a holistic care, affordable, accessible and provided by competent staff with a positive attitude. The women identified the poor state of the physical environment, inadequate commodities and supplies, poor funding, lack of basic equipment, long waiting times as barriers to quality care. In addition, they identified inadequate staffing, poor attitude of healthcare providers as barriers to delivery of quality maternal health services, while the healthcare providers perceived inadequate training/supervision and poor remuneration as an influence in their delivery of quality maternal health service.

Therefore, to improve on quality, attention should therefore be directed at the physical environment, provision of adequate equipment and commodities, improved remuneration, and training/supervision of healthcare providers

What is already known on this topic

- Women and healthcare providers perception of quality of maternal healthcare services is vital in quality healthcare delivery
- The paucity of information on women and healthcare providers' perspectives of quality of maternal health services
- The women and healthcare providers' perspectives on the quality of maternal health services is essential in designing interventions that will bring about satisfaction with the quality of care

What this study adds

- Both the women and the providers had the same perspectives on the quality of care
- They all perceived quality of care as healthcare that meets the health demands of the clients through the provision of a holistic care, affordable, accessible and provided by competent staff with a positive attitude
- The women identified the poor state of the physical environment, inadequate commodities and supplies, poor funding, lack of basic equipment, long waiting times as barriers to quality care
- In addition, they identified inadequate staffing, poor attitude of healthcare providers as barriers to delivery of quality maternal health services
- While the healthcare providers perceived inadequate training/supervision and poor remuneration as an influence in their delivery of quality maternal health service.

Conflicts of interests: The authors declared they have no conflicts of interest.

Authors' contributions: AII conceived, designed, and implemented the study. AO and OAO guided and supervised design and implementation. VAU carried out the qualitative interviews with AII, tape recorded and transcribed. AII and IFO wrote the first draft of the manuscript under the guidance of NOE, AO and OAO. All authors reviewed and edited the manuscript and approved the final version of the manuscript.

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