BACKGROUND

Building trust in providers and health facilities is important to maternity care-seeking and to health system accountability – particularly in light of shifting socio-political guidelines in Kenya around improving access, quality and people centered care. There is a need to understand how care users and frontline providers are supported and empowered to trust one another and act in ways that promote quality provision and utilization of live-saving maternity services.

METHODS

A qualitative approach guided by appreciative inquiry and institutional ethnography was used to explore trust-building mechanisms across various perspectives.

Focus groups (n=8, N=70):
- Recently delivered women (RDW)
- Pregnant omen
- Male partners

In-depth interviews (n=33):
- Recently delivered women (RDW)
- Health care providers and management
- Community health workers (CHWs)

Data were collected in and around a public sub-county hospital in peri-urban central Kenya. Interviews were audio-recorded, transcribed, and translated. Textual analysis consisted of thematic coding, memo writing, and cross-perspective triangulation.

RESULTS: TRUST CAN BE BUILT BY...

Empowering users and providers

For Users: Promoting maternal health literacy and increasing awareness of rights to respectful maternity care through group-based education and use of service charters and human rights tools.

- For providers: Enhancing interpersonal skills training, incentives, supportive supervision, routine meetings, and psychosocial counseling.

"Women need to be called for a meeting somewhere and are taught about these things...[and family planning]." (RDW in a facility)

"I have been informing them of the need to participate in these activities [community meetings]...so we ensure most of the services offered at other public health institutions...is right and known which services are being and should be offered." (CHW)

"The employees should have a number of seminars often so that they can build trust and cohesion in the administration." (CHW)

"...if someone does something good...at least you tell them: ‘today you tried’...not always [only] seeing the mistakes - appreciating work well done." (Nurse-midwife/in-charge)

Improving health facilities to enhance patient-provider interactions

- Bolstering infrastructure and material resources
- Increasing numbers of and rotating nurse-midwives
- Increasing social and work-related interactions to improve inter-cadre dialogue
- Enhancing health system transparency for users

"you are close to four or five people...[unfunny bed]...When they provide the medical things needed, that is when free maternity will be a reality..." (RDW, in facility)

"[In the end of the year we appreciate all staff for what they do with a party, we eat together and mingle together]." (Matron)

Facilitating communicative action through community-facility linkage

- Enabling users and providers to better understand each other and adapt their behavior through Dialogue days
- CHW-mediated feedback

"There must be awareness of the complaint the patients have against them...for example, when this report [of collective voiced gets to the director, the doctors will be informed and they will act and reform accordingly.] (RDW in facility)

"...a few women...can [also] complain...it can be a discussion...it would really be a nice thing because you get to hear what the patients have gone through...And the doctors and the nurses can feedback to the[...]. Then maybe all of them come up with a way in which they can improve in that." (Medical officer)

"I would like a situation where all the health facilities have very active community health units in their catchment areas so that the dissemination of information will take place in a very good way." (District public health officer)

Considering structures that promote communicative action

- Increasing supportive socio-political, financial, and policy commitments such as
  - CHW support
  - Legal protections for users and providers

"Like this program...Heshima project...should not only be done regionally...it should be a national project so that all providers who did not know their rights and their roles in the facility, to have educated them. Like me I have gone round to women...explained to them...on their rights, which are enshrined in the Constitution of Kenya. I prefer this [project] to be a continuous process." (CHW)

"...It’s good for patients to know that the health workers also have some rights...they come and they demand so much from a health worker and a health worker is left three helpless with no one to support her or him...Maybe there can be a government policy to protect the health workers." (Nurse-midwife)

TRUST-BUILDING IN MATERNITY CARE THROUGH EMPOWERMENT AND COMMUNICATIONAL ACTION: A QUALITATIVE EXPLORATION AMIDST KENYA’S POLICY TRANSITION

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CONCLUSION

Building trust in maternity care is a shared aspiration

- Requires multi-faceted effort by care users, facility providers and management, and governing entities.
- Cross-perspective agreement on engaging users demonstrates value of setting expectations through community voices to ensure facility responsiveness.
- Requires – in a power-laden environment – involving frontline provider voices and addressing their needs.
- Working alongside policy shifts (e.g. free maternity, new constitution, decentralization) that affect health system functioning is critical.

Use of theoretical-driven approaches is integral to understand trust as a layered and relational phenomenon

- Triangulation across individual, group, and hierarchical perspectives during data collection and analysis

Implications for future work

- Leveling of power is integral to building trust in health systems
- How trust-building mechanisms are sustained over time
- Incorporate explicit role of power and gender in trust studies

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FOR MORE INFORMATION