

Women's Satisfaction with Antenatal Care Service and Associated Factors in Tullo District, Eastern Ethiopia

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ABSTRACT

Background: Pregnant women's satisfaction level assessment with antenatal services can address whether the service being given is in a consistent and dependable manner, the responsiveness and willingness of providers to meet women's needs, the courtesy of providers and the safety of services. However, no evidences were documented on the issue so far in the study area.

Objective: To assess pregnant women's satisfaction level with antenatal care in Tullo District, East Ethiopia.

Methods: A cross sectional study was conducted among random sample of 328 pregnant women of Tullo District, East Ethiopia from June 1 to July 30, 2018. Both quantitative and qualitative methods were used to collect data. Data was collected using structured questionnaire adopted from different relevant literatures. Data was entered into EPI INFO Version 7 and analyzed using SPSS Version 21. Descriptive study was done to characterize study participants. The magnitude of association between independent and dependent variables was measured using adjusted odds ratio and 95% confidence interval and P-values below 0.05 was taken statistically significant.

Results: In this study women's satisfaction level with antenatal services was 71%. Women living in rural were less likely to be satisfied compared to urban residents. Women who get pregnant for five and more times were 5.42 times more likely to be satisfied with the services. Women who spent in ANC unit for more than 20 minutes with their care givers were 1.75 more likely to be satisfied compared to their counterpart. Women who had their first ANC visit after 16 weeks of gestational age were 3.32 times more likely to be satisfied compared to their counterpart.

Conclusion: The overall women's satisfaction level with antenatal services was found to be optimal compared to other studies. Place of residence, number of pregnancy, time duration spent with service provider and timing for the first ANC visit were significantly associated with satisfaction.

Keywords: satisfaction with antenatal; pregnant women; Tullo district; Eastern Ethiopia

INTRODUCTION

Client satisfaction is the perception of quality of care received compared with the quality of care expected. Satisfaction on healthcare must consider the "emotional" aspect related to a medical action that may have a significant impact on the patient's own health. In this way, understanding all dimensions and factors related to client satisfaction is important in order to improve the quality of healthcare.

Satisfaction of clients with health care services is assessed using client satisfaction rating scale on service provision points such as registration, availability, accessibility and affordability of services, technical skill and art of health personnel, compassionate, respectful and caring ability of health personnel and outcome of care whether it brings desired health outcome [1].

Health services users provide the best source of accurate information regarding clarity of explanations, helpfulness of information clients are receiving, barriers to obtain care and the professional's interpersonal behaviour.

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Antenatal care services offered to mother and unborn child during pregnancy is an essential part of basic primary healthcare during pregnancy. It offers different services that can prevent, detect and treat risks to women and pregnancy early. Hence, Antenatal care is a potentially important determinant in reducing maternal and child morbidity and mortality.

Based on study done in Bahir Dar, almost half (47.7%) of the study women were not satisfied with antenatal care services they received and a large proportion of them missed opportunities to receive screening and preventive components of antenatal care.

Client’s satisfaction with antenatal care is clinically relevant, as satisfied women more likely receive treatment, take an active role in their own care, continue using the services and stay with health care providers which is an important indicator of efficient utilization of health services [2].

There are various factors contributing to satisfaction with antenatal care services among pregnant women including their attitude towards the importance of the service, cost of services, time spent in waiting for the services to receive and health care provider’s communication ability.

Pregnant women satisfaction has gained greater importance specifically in developing countries like Ethiopia. It is service quality indicator that can assure strong healthcare systems enable healthcare providers to deliver better quality and value to patients.

So far, pregnant women’s satisfaction level study at primary health care unit level has not been done particularly in the study area. Hence it is valid to assess pregnant women’s satisfaction with antenatal care service delivery and associated factors in Tullo District, Eastern Ethiopia. Information from the results of the study is helpful to policy makers, regulating authorities, health institutions, community and other organizations working on maternal, new born and child health area to improve service quality in the area (Figure 1) [3].

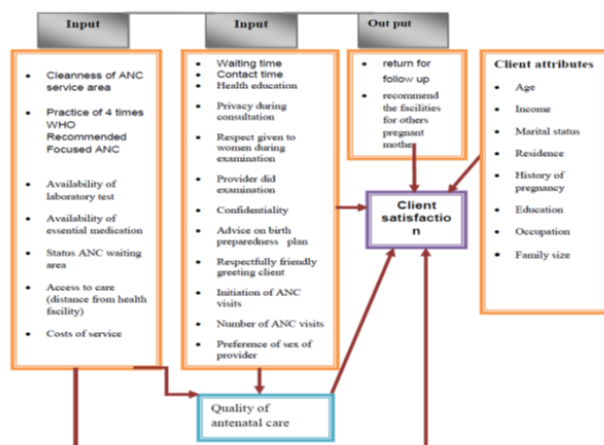


Figure 1: Conceptual framework for the study on assessment of Pregnant Women’s satisfaction with antenatal care service and associated factors in Tullo district, Eastern Ethiopia, 2018.

METHOD AND MATERIAL

Study area

The study was conducted in Tullo district which one of the district in West Hararge Zone, Oromia Regional State, Ethiopia. It is located at 370km to the East from Addis Ababa (the capital city of Ethiopia). According to data obtained from the district health office the projected population size of the district in 2017/2018 is around 199,968 of which the number of child bearing age women is 43961. About 6939 women are expected to be pregnant and hence on antenatal care follow-up. The district has three urban and 30 rural kebeles (the smallest administrative structure in Ethiopia). There are seven public health centers and 30 health posts providing focused antenatal care are found in the district.

Source population

All pregnant women who utilized antenatal care service in public health facilities of Tullo district during study period. Study population for this study was all randomly selected pregnant women who utilized antenatal care service in the selected public health centers of Tullo district during study period. For qualitative study, five focused group discussions (FGDs), each consisting six to twelve women were purposively selected from the five selected health centers one from each. A total of fifty women were participated in the FGDs. Women were selected for these FGDs based on their experience in receiving antenatal care services at health center level. This was important to explore in detail about possible reasons of dissatisfaction with the services.

Sampling procedure

All the seven health centers found in Tullo district were stratified in to Urban and rural. Then one urban and four rural health centers were selected using simple random sampling. Then calculated sample size was proportionally allocated to the selected health centers considering total number of pregnant women who had a follow-up of ANC services in each selected health centers. Finally, the first client was selected by lottery method and then every 2nd pregnant women included in to the study. Every 2nd women were selected because the random number is 2 (Figure 2) [4].

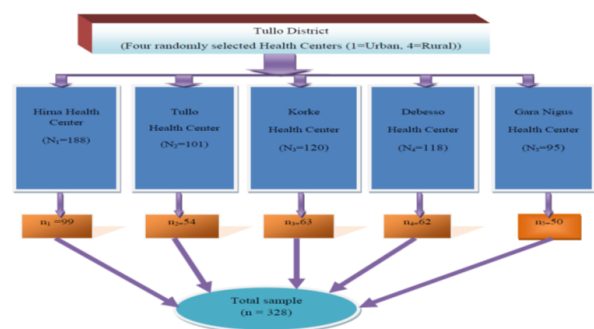


Figure 2: Sampling scheme for the study on assessment of Pregnant Women’s satisfaction with antenatal care service and

associated factors in Tullo district, Eastern Ethiopia, 2018. Key: N (N1, N2 & N3) - Total pregnant women attending ANC in the Health centers of the district (n1, n2 & n3) Sample size of pregnant women proportionally allocated to the Health centers of the district.

Data collection instrument and procedure

Structured questionnaire was used to collect the quantitative data. Data collection questionnaire was adopted from different relevant literatures. The questionnaire first prepared in English language and then translated to local language with back translation in to English with other language expertise to check its reliability. The questionnaire enclosed socio-demographic characteristic the pregnant women and other many health facility related items. Ten experienced nurses were recruited (2 for a health center) to collect the data. Five experienced degree level midwives (1 for 2 data collectors) also recruited to supervise the process of data collection. All data collectors were fluent in the local language [5].

For qualitative data collection, one experienced moderator and one note taker were recruited and given orientation on the process of data collection. Guiding questionnaire was translated in to Afan Oromo language and used to moderate the FGDs. Tape-recorder was also used to record the discussion. During discussion, the moderator introduced himself; explain the purpose of the study and topic of the discussions. Confidentiality was stressed. The participants were informed about to tape-recorder and obtained permission. The discussion was continued until the idea became saturated on each and every point of discussion.

Data quality assurance

A five days training was given by authors for data collectors and supervisor on the questionnaire used and process of data collection. Pretesting of the questionnaire was carried out on 5% of the sample at Tokuma Bira Health Center (unselected health center) and tool was modified accordingly. Supervisors made close follow up during data collection. They checked all questionnaires during and after data collection for completeness and consistency. The authors also randomly checked the questionnaires for completeness, consistency and clarity every day during data collection period. Pregnant women's satisfaction with Antenatal care service [6].

Independent variable

Socio-demographic variables (age, religion, marital status, yearly income, occupation, Family size, history pregnancy, education status) numbers of ANC visits, waiting time, contact time, availability of WHO recommended focused ANC service, status of ANC waiting area, whether environment is clean, whether they started ANC visits, health personnel friendly greeting, health education provided, privacy during service provision, examination respectfully, confidentiality, advice on birth preparedness, availability of laboratory test, availability of essential medication, access to care, return for follow up, willing

to recommend the service for other and costs of service were some of the independent variables studied.

Data processing and analysis

Data was coded, cleaned and entered into computer using EPI INFO version 7 and then exported to SPSS version 21 statistical software for analysis. The results were displayed using frequency distribution and tables. Binary logistic regression analysis was used to determine association between dependent and independent variables [7].

On bivariate analysis, independent variables showed association with the outcome variable at P-value below 0.25 was remained in to multivariate analysis. In the multivariate analysis the strength of association was measured using Adjusted Odds Ratios (AOR) and its 95% confidence intervals and P-values below 0.05 represented the presence of statistically significant association. The qualitative data was transcribed and then translated into English by authors. Different concepts in the text were merged into their thematic areas and a thematic framework analysis was done manually. The thematic areas were developed depending on objective of the study.

Operational definitions

Satisfaction level of pregnant women to antenatal care services was measured based on opinion of women using likert scale of five categories, strongly disagree, disagree, neutral, agree and strongly agree. Each woman was asked twelve different items designed for this purpose. To summarize responses of women, overall responses for "strongly agree" and "agree" added up together and then its average is computed to determine proportion of women satisfied with the ANC services they received [8].

RESULT

Socio-demographic characteristics of women interviewed

All 328 selected pregnant mothers were interviewed making the response rate 100%. Majority of them, 187(57%) were between 25-34 years old with mean age of (27.42 ± 5.64 SD) ranging from 18 to 42 years. Two hundred seventy seven (84.5%) of them were married and 229(69.8%) were rural residents. By religious, 213(64.9%) were Muslim and 273(83.9%) of them were Oromo. With regards to their occupation, 239(72.9) of them were house wife. With their educational status 110(33.6%) were unable to read and write. The mean family size of the study participants was (3.94 ± 1.904 SD) [9].

Obstetric and other characteristics of women interviewed

Majority, 233(71%) of them were multigravida, while 95(29%) were primigravida. Two hundred thirty nine (72.9%) of the women, came to the health center for ANC visit at their gestational age of greater than 16weeks. Ninety five (29%) of them get pregnant for the first time, 68(20.7%) for the second

times, 69(21%) for the third times, and the rest 96(29.3%) for fourth time and above. Two hundred fifty one (76.5%) of the women had a parity of greater or equal to two.

Concerning the time spent to reach health, 131(39.9%) of them said they could reach with in 30minutes to one hour while 106(32.3%) of them could reach from one to two hours [10].

Findings from observation while antenatal care service was being provided to women

Blood pressure, weight, fundal height and fetal heart rate was measured for 308(93.3%), 306(93.3%) and 274(83.5%) of the pregnant women came to ANC units respectively. HIV testing and counseling, hemoglobin and hematocrit test, Venereal diseases research laboratory (VDRL) test and blood group test was performed for 294(89.6%), 168(51.2%), 123(37.5%) and 140(42.7%) of the women respectively (Table 1) [11].

Variables (N=328)	Frequency (n)	Percent (%)
Blood Pressure Measured	308	93.9
Hemoglobin test	168	51.2
Urine test for sugar and albumin	195	59.5
TT vaccine given	295	89.9
Iron /folic acid tablet given	296	90.2
weight of pregnant women measured	306	93.3
Uterine height measured	286	87.2
Fetal heart rate measured	274	83.5
Venereal diseases research laboratory test	123	37.5
Blood group done	140	42.7
HIV test done	294	89.6

Table 1: Services and procedures performed for ANC clients in Tullo district, Eastern Ethiopia, 2018.

Satisfaction level of the pregnant women with different components of ANC services given at ANC units of the selected health centers

Accordingly, 262(79.9%), 265(80.8%), 264(80.5%), 245(74.7%), 367(81.4%) and 231(70.4%) of them were satisfied with providers friendly greeting, privacy during consultation, confidentiality of their information, time given for consultation,

provider’s respectfulness and information they received about birth preparedness plan respectively.

This finding was supported by qualitative results. On focused grouped discussion, women explained that health personnel working in the health centers are providing good services to pregnant women visiting health centers for ANC [12].

I went to Debesso health center for my second pregnancy visit before a month. I met one female health professional there, she warmly welcomed me, and she gave me vaccination and tablet. She also educated me about the importance of receiving care to me and to the fetus in my uterus. She also educated me about types of food I should use while I am pregnant and finally appointed me for the next follow-up. I was happy with all the service she gave me. Other women also explained that, I visited Hirna health center for my 1st ANC visit. I met one female midwife in the room, she warmly welcomed me. She then measured my blood pressure and weight and I was informed normal. She also listened my pregnancy with some instrument like funnel, and she informed me everything is ok. She also took blood and urine. She then gave me vaccination and tablet and finally gave me an appointment for the next visit. I was really very happy with the service I received.

Greater proportion of dissatisfaction was observed on the availability the laboratory services 196(59.8%) and essential medicines 150(46.3%).The findings were also supported by qualitative findings.

I obtained all other services in Tullo health center, my body weight and blood pressure was measured, I was given vaccination and tablet, I was also given education related to food I should use. But health personnel sometimes said there are no laboratory tests in health center. I think these tests are very important to me and my pregnancy, so I don’t think I received all important services.

Other reasons of dissatisfaction were related to adequacy and cleanliness of waiting area. One hundred sixteen (35.4%) of women responded that waiting area is not adequate and not clean enough. On qualitative study, a 25 years old woman visited Gara Nigus health center said that; there is no adequate waiting area and service providing room in the health center. There are no enough chairs. I observed some of the mothers were standing to wait for their turn. This study revealed that, 232(71%) of pregnant women were satisfied with overall antenatal care services they received in the selected health centers [13].

Factors Associated with women’s satisfaction with antenatal care services they received

Independent variables showed association to women’s satisfaction with antenatal care services they received at P-value less than 0.25 on bivariate analysis were included in the multivariate analysis. On multivariate analysis (after adjusting for other factors) place of residence, number of pregnancy, time duration spent with service provider and timing of the first ANC visit were significantly associated with women’s satisfaction with antenatal care services they received [14].

Accordingly, women who were living in rural area were less likely to be satisfied with antenatal care compared to urban residents. Women who get pregnant for five and more times were about five times more likely to be satisfied with antenatal care service compared to those who get pregnant for less than five times. Women who spent for more than 20 minutes with the health personnel while receiving antenatal care service were 1.778 times more likely to be satisfied than those who spent for less than 20 minutes. On the other hand, women who received their first antenatal care service after 16 weeks of gestational age of the current pregnancy were about three times more likely to be satisfied with the service compared to those who received the service before 16 weeks [15].

DISCUSSION

This study showed that level of pregnant women's satisfaction with overall antenatal care services received in the selected health centers were 71%. This finding is consistent with finding of similar studies conducted in southwest Ethiopia (68%), Jimma town, Ethiopia (60.4%) and Harar hospitals, Eastern Ethiopia (84.7%). However it is higher than the findings of studies done in Bahir-Dar special zone, Northwest Ethiopia (52.3%), Demba Gofa Woreda, Southern Ethiopia (21.5%), Gamo gofa zone, Southern Ethiopia (52.6%), and Sidama Zone, Southern Ethiopia (33%). On the other hand, finding in our study is lower than studies done in Ambo town Public, Ethiopia (89%), Nigeria (90%) and Cameroon (96.4%). Possible reasons for the inconsistency between our finding and some of studies mentioned above may be due to the difference in the study area, study period, population and availabilities of appropriate resources/facilities for ANC services.

In this study satisfaction of women towards the time given for consultation (74.4%) was consistent with a study done in Uganda (80.8%). Dissatisfaction of mothers towards the availability of essential medicines (46.3%) was better in Uganda (32.3%). Regarding the satisfaction of mothers with the laboratory services only 40.2% of the mothers were satisfied with its availability which is less than that of Egypt (72.1%). The result of the qualitative study also supports this results in which the women complained on the availability of laboratory tests.

Our study also revealed that elements of dissatisfaction with Antenatal care services in the health centre were inadequate and unhygienic waiting area, poor sitting facilities, unavailable laboratory services and essential medicines which is consistent with a cross sectional study done in government health centers in the Buea Health District, Cameroon.

In our study 93.9%, 89.9%, 37.5% of pregnant women were satisfied with blood pressure measurement, TT vaccine and VDRL test they received respectively. This finding is in-line with a similar study conducted in public health facilities of Bahir-Dar special zone, Northwest Ethiopia.

In this study women who were living in rural area were less likely to be satisfied with antenatal care compared to urban residents which is consistent with studies done in public health facilities of chench district, southern Ethiopia and other cross-sectional study done in northern Jordan. This may implies that urban

residents expect much quality services from health institutions than rural residents as they may have much more awareness about the services.

On the other hand, women who received their first antenatal care service after 16 weeks of gestational age of the current pregnancy were 3.23 times more likely to be satisfied with the service compared to those who received the service before 16 weeks. This finding is similar with a cross sectional study conducted in rural health centers of Bursa District, Southern Ethiopia.

Women who spent for more than 20 minutes with the health personnel while receiving antenatal care service were about two times more likely to be satisfied compared to those who spent for less than 20 minutes which is consistent with study done in public health facilities of Bahir-Dar special zone, Northwest Ethiopia. This could show that as a service users spent much time with the health personnel, they could receive quality care and hence be satisfied.

Other interesting find of this study is that women who get pregnant for five and more times were 5.42 times more likely to be satisfied with antenatal care service compared to those who get pregnant for less than five times. It is consistent with the study done in government health centers in the Buea Health District, Cameroon. Possible implication of this finding is, women who get pregnant numerous times may have good exposure and experiences to ANC environment and services in which they can freely discuss about every concerns related to their pregnancy with health personnel. They may be more compliant to interventions given and finally happy with the services.

The study also used both quantitative and qualitative data which can improve validity of the study. The study was institutional based that might underestimate the results related to satisfaction as the already dissatisfied women might not come to health centers.

CONCLUSION

The overall women's satisfaction level with antenatal services they received was found to be optimal compared to other studies. Elements of dissatisfaction with Antenatal care services among studied women in the health centre were Unavailability of laboratory services and essential medicines, inadequacy and unhygienic status of waiting area. Place of residence, number of pregnancy, time spent with service provider and timing of the first ANC visit were significantly associated with women's satisfaction.

RECOMMENDATION

Concerned bodies, Oromia Regional Health Bureau, Arsi zone health department, Tullo district health offices and health centers should strongly work for the consistent availability of laboratory services and essential medicines. They should also work to improve antenatal care service areas so that it will be attractive to service users. Other partners working on Maternal,

Newborn and Child health should also contribute for the improvement of the situation.

Ethical consideration

Ethical clearance was obtained from Institutional Review Board (IRB) of Arsi University College of Health Sciences. Before data collection, women were informed about the purpose of the study, the right to refuse participation and discontinue the interview. The interviewers obtained verbal consent from all selected pregnant women before interview.

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