

Women's satisfaction about MCH care services provided to pregnant attend antenatal care units in Erbil city

Dr. Jwan Muhammad Sabir Zangana*

ABSTRACT

Background and Objectives: Quality of antenatal care services and client satisfaction are interrelated concepts. Measuring quality of care conceptualized in such a broad manner represents a true challenge. Studies have revealed positive correlations between patient satisfaction and health care utilization. The present study aimed to determine the level of satisfaction for pregnant women in Erbil society for provision of services and health care utilization.

Methods: Cross sectional study was carried out on 300 pregnant women attending (MCH) maternal & child health unit of three primary health care center (PHC) in Erbil city (nazdar bamerni, mala-afandi, azadi) from 1st of march 2008 to the 5th of September 2008. The variables included were socio-economic state, age, occupation, address, educational state, religion, satisfaction with overall care provider, drug provision, tetanus vaccine, waiting time, and health education regarding family planning and breast feeding programs.

Results: about two third of the sample at age group 21-30 year, majority of women 76% was housewives, 43.3% with primary school education, most of them 77.7% from moderate socioeconomic status, 89.7% satisfied with care services available, 91.4% were satisfied with adequate medicine supply, 88.7% satisfied with tetanus vaccine supply, 84% of the sample satisfied with waiting time in less than one hour, while access of session in female health education talking about important family planning and birth spacing method were 19.4%, and information of benefit breast feeding 42.3%.

Conclusions: The study revealed that majority of women satisfy with health care services but Erbil need to improve in the program of health education regarding family Planning and benefits of breast feeding.

Key words: satisfaction, health care services, antenatal care (ANC).

INTRODUCTION:

Quality of ANC services and client satisfaction are interrelated concepts^{1,2}. Quality of care is a difficult concept to operationalize³. Measuring quality of care conceptualized in such a broad manner represents a true challenge. In the field of antenatal care, recent efforts have been made to sort out various issues regarding service provision.^{4,5} The more commonly accepted approach for health care quality assessment is "structure, process and outcome" model. "Structure" includes tools, instruments, resources and physical and

organizational settings. "Process" is the sum of all activities that proceed between practitioners and patients. "Outcome" is the change in patient's current or future health status¹. Although patient satisfaction may be developed on the basis of the objective determinant which is the outcome of the care, no less important is the role of subjective perceptions, cognitions, intentions, expectations and so on⁵. There are many theories explaining the origin of satisfaction. According to one of the theories, satisfaction for its precise benefit^{1,2}. Recently trial have indicated that reducing in satisfaction is the difference between

* Lecturer in community and family medicine / College of Medicine / Hawler medical university.

expectations before utilizing the service/product and actual quality of the service/product². This theory assumes that overcoming the expectations by increasing the performance or quality of the product/services leads to the increase of satisfaction; while quality below expectations causes dissatisfaction⁶. Expectations depend on individual features such as education, culture, ethnicity, family, gender and so on. Nevertheless, it can also vary in one person by changing the conditions in which the person reacts^{7,8}. Primary health care (PHC) is provided by a network of outpatient facilities. It involves urban polyclinics, health centers, rural ambulatory facilities and fieldsher/midwife health posts⁹. The recommended programmes of antenatal care in most developing countries are often similar to those used in developed countries¹⁰. In theory, antenatal care reduced maternal and prenatal mortality and morbidity directly through detection and treatment pregnancy related or intercurrent illness or indirectly through the detection of women at increased risk of complications of delivery by ensuring that they are cared for in a suitably equipped facility¹¹. The basic content of the care at each visit has not changed substantially over the years, although modern technology has led to the introduction of several new elements in pregnancy surveillance¹². High quality antenatal care is a fundamental right for women to safeguard their health¹³.

Aim of study:

1.To find out the percentage of satisfaction of clients attending antenatal care department with overall health care provided.

2.This study was proposed to assess pattern of antenatal care provided to pregnant women by client interview and observation checklist.

MATERIAL AND METHOD:

Cross sectional study was carried out in the maternal and child health unit of three primary health care center in Erbil city (nazdar bamerni, mala-afandi, azadi) to

represent different socioeconomic level of population, from 1st of march 2008 to the 5th of September 2008 . Inclusion criteria were any pregnant women attending the out patient clinic of maternal and child health care unit of primary health care centre .The sample size was 300 women at different reproductive age group and the sample was 100 pregnant women from each trimester in order to avoid influence of gestational age on result. The questionnaire form was designed to contain demographic characteristics (age, , religion, occupation, educational level, socioeconomic level and address, in addition to parity and gravidity states. It include also questions about client satisfaction about her over all care, waiting time in hour, getting medicine, tetanus dosage appropriate, instruction given for regularity of visiting, family planning or birth spacing information, breast feeding benefits. Method of data collection is through direct interview with the pregnant women themselves. After completing data collection, computer feeding and tabulation of results was done.

RESULT:

Table (1) shows that 89.7% of women were satisfied and only 31.3 % of them were dissatisfied with the level of health care that provided, and shows that 36% of study sample were within the age group (21-25), 76% of them were housewife, 43.3% have primary school education, and 77.7% of them from moderate SES.

Table (2) shows 91.3% of client were satisfied with medicine or the drugs which available at PHC center and majority of them from those were satisfied with general health care provided.

Table(3) shows that most of women were satisfied with availability of tetanus vaccine in about 88.7% , and only 11.35 were not satisfied to access of all doses of vaccine .

Table (4) shows waiting time in each visit to reach physicians room if its >one hour or < than one hour , 84% of women answer that had waiting time < one hour, and only 16% >one hour of waiting time.

Table (5) shows that 80.7% dissatisfied with health education about family planning and birth spacing methods but at the same time most of them were satisfied with other health care provided.

Table (6) Shows 57% of client were not satisfied with getting information about the importance of breast feeding despite most of them were satisfied with other general health care provided at PHC center.

Table 1: Distribution of the study sample satisfaction about overall MCH care according to different sociodemographic variables.

Sociodemographic variables	Sat. with overall care provided		Total No.=300	
	Satisfied (n=269) 89.7%	unsatisfied (n=31) 10.3%	Grand Total	P value
Age				
<20	31	4	(n=35) 11.66%	0.945
21-25	96	12	(n=108) 36.00%	0.739
26-30	81	6	(n=87) 29.00%	0.211
31-35	47	5	(n=52) 17.34%	0.851
>35	14	4	(n=18) 6.00%	0.190
occupation				
Housewife	206	23	(n=229) 76.34%	0.761
Employed	63	8	(n=71) 23.66%	
Educational state				
Illiterate	54	8	(n=62) 20.7%	0.455
Primary school	116	14	(n=130) 43.3%	0.542
Secondary school	60	7	(n=67) 22.3%	0.972
High level education	39	2	(n=41) 13.7%	0.337
Socioeconomic state				
Low SES	50	8	(n=58) 19.3%	0.335
Moderate SES	210	23	(n=233) 77.7%	0.623
High SES	9	0	(n=9) 3%	0.621

Table 2: Sample distribution according to satisfaction with healthcare provided and specific satisfaction with availability of medicine at PHC center.

Sat. with overall care provided	Sat. with the drug supply		Grand Total	P value
	satisfied	unsatisfied		
satisfied	250	19	269	0.01
unsatisfied	24	7	31	
Grand Total	(n=274) 91.3%	(n=26) 8.7%	300	

Table3:Distribution of study sample satisfaction about overall MCH care with their satisfaction of availability of tetanus vaccine.

Sat. with overall care provided	Availability of Tetanus dosage			
	satisfied	unsatisfid	Grand Total	P value
satisfied	240	29	269	0.26
unsatisfied	26	5	31	
Grand Total	(n=266) 88.7%	(n=)34 11.3%	300	

Table 4:Distribution of sample according to waiting time during ANC visit and satisfaction with general health care provided.

Sat. with overall care provided	Waiting time before examination			
	Less than one hour	More than one hour	Grand Total	P value
satisfied	229	40	269	0.09
unsatisfied	23	8	31	
Grand Total	(n=252) 84%	(n=48) 16%	300	

Table 5: Distribution of sample according to health information about family planning and birth spacing methods and satisfaction with general health care provided.

Sat. with over-all care provided	Health education provided about Family planning & Birth spacing			
	sufficient	Insufficient	Grand Total	P value
satisfied	56	213	269	0.05
unsatisfied	2	29	31	
Grand Total	(n=058 19.3%	(n=)242 80.7%	300	

Table 6: Distribution of sample according to satisfaction with getting information about importance of breast feed and satisfaction with other healthcare provided.

Sat. with overall care provided	Health education provider about Breast feed. Importance.			
	satisfied	unsatisfied	Grand Total	P value
satisfied	124	145	269	0.0001
unsatisfied	3	28	31	
Grand Total	(n=)127 42.3%	(n=)173	300	

DISCUSSION:

The important inference of this study is the quality of care from patient's perspective, that reflected in patient/client satisfaction.

This study has revealed positive results regarding satisfaction of client attending ANC at different PHC center in Erbil city with different health care provided.

The majority of client of this study at age group 21-30 in about 65% which was coincide with result of study in Pakistan, Hyderabad¹⁴ in 71% that was conducted on the same subject, and.. this is attributed to proper reproductive age. Our study shows higher rate of satisfaction with different healthcare services delivered at PHC center in about 89.7% , and this result coincide with result of study done in Baghdad, Iraq^{15,16} that ranging their result 80.35 with overall satisfaction, the reason of this satisfaction due to provider pay attention and enjoy caring to them and appeared to be skillful and treated them with respect correspondingly¹⁷. the performance or quality of the product/services leads to the increase of satisfaction; while quality below expectations causes dissatisfaction¹⁸. In this study , a high proportion of clients were poorly educated (43.3% primary school, 20.75 illiterate) , and 76.34% were housewives, and 77.7% from moderate socioeconomic level, this result coincide with result of study in Pakistan, Hyderabad¹⁴ , and Thailand¹⁹ and Armenia²⁰ , and in Baghdad, Iraq^{15,16} , so this result may reflect satisfaction of this group of population with

quality , quantity and utilization governmental health services in different level, due to good attitude performance, skillful, competence, good supply of institution with drugs, instruments, tool, furnitures, all these lead to building trust, confidence, respect, then at last satisfaction with overall health care services. Regarding other health service like tetanus vaccine supply , our clients show their satisfaction about availability of it most of the time in the health center in about 88.7% ,this agree with result of study in Baghdad, Iraq^{15,16}. Our study shows satisfaction with drug supply in about 91.3% and this is attributed to increased attention of government in Kurdistan region to supply these health sectors with adequate amount of drugs which is coincide with result of study in Baghdad, Iraq^{15,16} . ,Most of the client of this study were not complain from problem of waiting time before examination, 84% were waiting less than one hour ,while in study of Pakistan shows the waiting time more than two hours in 86.6% of women¹⁴. This is attributed to availability the good number of health staff at different governmental health institution in Erbil city. Majority of clients of this study were unsatisfied with health education about importance of family planning and birth spacing methods, and general information regarding the benefits of breast feeding, and this may be due to shortage of time and absence of motivation or encouragement from the director on these health programs and lack of training course from time to

time about the importance of female health education to improve health status and to get positive outcome.

CONCLUSIONS AND RECOMMENDATIONS :

Our study concludes that antenatal care services provided was up to level that most of the clients were satisfied, remaining only we need continuous improvement in the quality of female health education regarding the importance and benefits of the programs of PHC .

REFERENCES:

1. Donabedian A. The definition of quality and approaches to its assessment. Michigan: Health administration press; 1982,78-9.
2. Wright G, Newsome R. A review of patient satisfaction: 1. Concepts of satisfaction. British dental journal. 2002, 567-9.
3. Donabedian A: The quality of care: How can it be assessed? JAMA 1988;260:1743-8.
4. Baldo MH, Al-Manzrou YY, Farag MK, Asis KMS, Khan MU: Antenatal care, Attitudes and practices. J trop Pediatr1995;41:21-9.
5. Pearce CW: seeking a healthy baby: Hispanic women's views of pregnancy and Prenatal care. Clin Excell Nurse Pract 1998;2:352-61.
6. Thompson H, Sunol R. Expectations as Determinants of Patient Satisfaction: Concepts, Theory and Evidence. International Journal for Quality in Health Care. 1995,56, 8843-8
7. Schmittiel J, Selby V. Effect of Physician and Patient Gender Concordance on Patient Satisfaction and Preventive Care Practices. General Internal Medicine. 2000, 67, 125-98.
8. Zineldin D. The quality of health care and patient satisfaction: an exploratory investigation of the 5Qs model at some Egyptian and Jordanian medical clinics. International journal of health care quality assurance incorporating leadership in health services. 2006, 87, 435-90
9. Hakobyan T, Nazaretyan M, Makarova T, Aristakesyan M, Margaryants H, Nolte E. Armenia: Health system review. Health Systems in Transition, 2006; 8(6):1-180.
10. Islam M. Preface, Paediatric and Perinatal epidemiology 2001, 15, suppl, 1:v.
11. Carroli. G, Rooney C, Villar J. How effective is antenatal care in preventing maternal mortality and serious morbidity, an over view of the evidence.Paediatric and prenatal epidemiology 2001,15: suppl.1:s1-42.
12. Villar J,Bergisjo P. Scientific for the content of routine antenatal care. Aia, philosophy, recent studies, and power to eliminate alleviate adverse maternal outcome. Acta obstetrician et gynecologica scandnavica 1997:76:1-14.
13. R Sayers S, Powers J. Risk factors for original low birth weight, intrauterine growth retardation and preterm birth in the Darwin Health region. Aust NZJ Public Health 1997;21:524-30
14. Nisar N, Amjad R. research of parren of antenatal care provided at public sector hospital hyderabad sindh. Department of Community Medicine, Dow Medical University, Karachi, Bhitai Hospital, Hyderabad, Sindh, Pakistan20. 2004. internet sited 1.2.2009-Antenatal%20Care%20Quality.pdf http://www_ayubmed.edu.pk/JAMC/.../03-Nightat Nisar-Antenatal Care Quality.pdf
15. Hopkins R, Lawton C, and Wight V. Survey of the satisfaction with care in rheumatology outpatient clinic. Ann Rheumatology Dis 1992;51:195-197
16. Al-ameen M. Altawil N. Clients Satisfaction With Health Care Provided by the consultation clinics of Al-Kadhimiya Teaching Hospital and Al-Noor Teaching Health Care Center. Baghdad, Iraq 2005, Zanco journal of medical sciences , vol.12 (specil issue) 2008
17. 18. Primary Healthcar Reform Project. Patient Satisfaction Survey, Baseline evaluation. Armenia, 2006, 345-78.
18. Thompson H, Sunol R. Expectations as Determinants of Patient Satisfaction: Concepts, Theory and Evidence. International Journal for Quality in Health Care. 1995.
19. Lumbiganon P. Winiyakul N. Chongsomchai C. Chaisiri K. From research of practice:The example of antenatal care in Tailand Bullitenof WHO 2004;82:746-749.
20. Grigoryan R., MD, MPH candidate, College of Health Sciences American University of Armenias, Investigating Reasons for High Patient Satisfaction Given Low Utilization of Health Care Services, Armenia, 2007: Qualitative Research page 4-11