



Research Article

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SATISFACTION REGARDING ANTENATAL CARE SERVICES AMONG PREGNANT WOMEN ATTENDING SELECTED TEACHING HOSPITAL

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Abstract

Pregnant women's satisfaction is a valid indicator for measurement of antenatal services provided by health institution to the clients who are attending a hospital for their need, which they judge subjectively. We aim to measure pregnant women's satisfaction regarding antenatal care services as it is a valid indicator for measurement of antenatal services provided by health institution to the clients attending a hospital for their need, which they judge subjectively and thus could be recommended if found unsatisfactory. A descriptive cross sectional study was conducted to identify the pregnant women's satisfaction regarding antenatal care services in Chitwan Medical College Teaching Hospital (CMCTH), Chitwan, Nepal among purposively selected 85 pregnant women via face to face interview technique using modified standard tool entitled "Quality of Prenatal Care Questionnaire (QPCQ)" developed by Heaman et al from 20th June to 5th July, 2018. Data was analyzed by using descriptive and inferential statistics like frequency, mean, median, standard deviation and chi square tests. Nearly half of the respondents i.e.; 48.20% had low level of satisfaction and only 24.70% had high level of satisfaction regarding quality of antenatal care. The mean score of support and respect had scored the highest percentage of satisfaction (34.47%) followed by information sharing (25.16), anticipatory guidance (24.69%), sufficient time (18.92%), approachability (15.68%), and availability (14.27%) respectively. There is no any statistical significance found between satisfaction and independents variables. The pregnant women had low level of satisfaction regarding quality of antenatal care; however and satisfaction score was lower in availability in antenatal care services which could be raised by expanding antenatal care services through strengthening the information communication systems of Maternal and Child Health Centers.

Keywords: Pregnant women, Satisfaction, Antenatal care services

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1. Introduction

Antenatal care (ANC) is a series of services provided by trained health care providers to enhance the outcome of healthy mother and baby at the end of pregnancy and childbirth (Osazuwa, 2016). In 2015, globally an estimated 303,000 women died from pregnancy related causes whereas quality health care during pregnancy and childbirth can prevent many of these deaths, yet globally only 64% of women receive antenatal visit four or more times throughout their pregnancy (WHO, 2016). The maternal mortality Rate in Nepal in declined to 258 in 2015 from 850 in 1996 out of the target 213 for which antenatal care is focused more in helping women prepare for delivery and understand warning signs during pregnancy and childbirth (Kumar et al., 2016). Pregnant women's satisfaction is considered one of the indicators of measuring quality of antenatal care and to helps to provide uniform health care services for pregnant women (Emelumadu et al., 2014; Soliman, 2015).

As, satisfied patients will share their positive experience with five others, on average and dissatisfied patients complain to nine (or more) other people, by this way if all the pregnant women are satisfied, then she would rather refer other pregnant women to receive the antenatal care in concerned health institution. By those ways the target of sustainable Development Goal may achieve that the Antenatal care coverage, at least four visit by 90% pregnant women by the year 2030 A.D. Hence, it is important to conduct this study to enlighten the level of satisfaction of pregnant women regarding antenatal care.

2. Material and Method

The descriptive cross sectional study was conducted to identify the satisfaction regarding antenatal care among pregnant women attending CMCTH. Total of 85 pregnant women selected purposively who had completed 36 weeks of gestation and had already visited Gynae OPD of CMCTH at least three times or more in current pregnancy were participated in the study. Firstly, the hospital was purposively selected according to the convenience and consecutive sampling technique was used to select samples for collecting data from 20th June to 5th July, 2018. Standard questionnaire entitled "Satisfaction regarding antenatal care questionnaire" developed by Heaman et al. (2014) was modified by reviewing literature and verification from experts that contained both positive and negative statements with full score of 135 and analysis of satisfaction level was done as;

Low level of satisfaction- Score <113 (<50%)

Moderate level of satisfaction- Score 113-119 (50-75%)

High level of satisfaction- Score >119 (>75%) 5

The content validity was maintained through consultation with the subject expert, referring/reviewing different standard antenatal care learning guide developed by many organization as well as research advisor and extensive literature review. Pre-testing of the instrument was done among 9 (10% of the sample size) mothers. Reliability of the instrument was tested using Cronbach's alpha, which gave satisfactory value for all items (average: 0.84). Study was conducted after written permission from authority concerned of CMCTH, and Institutional Review Board (IRB). Pregnant women were explained about the objectives of the study and verbal and written consent was taken before starting interview. Women were informed that they can interrupt the interview and withdraw whenever they want or feel uneasy to answer. Confidentiality was maintained by providing privacy during face to face interview and destroying the records after the entry of data. Data was collected by researcher herself on separate room managed in ANC OPD from 20th June to 5th July, 2018.

The collected data was checked for accuracy, utility and completeness. Corrections were implemented during field and central editing. After numbering each questionnaire, classification of respective categories was made for simplification. The obtained data was entered and analyzed in statistical package for social sciences (SPSS) version 20 using percentage and measure of central tendency as uni-variate analysis while association between awareness scores and selected demographic variables were found out using Chi-square as bi-variate analysis.

3. Results

Among the pregnant women interviewed in ANC OPD of CMCTH, Chitwan, 58.8% belonged to age group 26-40 years with mean age 26 ± 4.67 years, 45.9% of respondents were from Brahmin/Chhetri, 51.8% followed Hinduism and all of the respondents were married. Concerning educational status, 94.1% of the respondents were literate and 78.8% of the respondents had sufficient income status. Regarding parity, more than half of respondents (54.1%) were nulliparous and approximately one third had abortion history (24.7%). Likewise, regarding antenatal care, 100% had knowledge about this and maximum of respondents (37.5%) were having five visits during current pregnancy and all were having at least three visits.

Regarding different subscale of satisfaction, respondents had obtained higher mean score than the total mean score in the area of support and respect (29.13 ± 3.16), information sharing (21.39 ± 2.54) and anticipatory guidance (20.99 ± 2.48) and obtained lower mean score in

the area of sufficient time, approachability and respectively (Table 1). availability were 16.08±1.51, 13.33±1.61 and 12.13±1.45,

Table 1. Respondents satisfaction score on different domains, n= 85

Domains (Total Score)	Score		Mean ± SD	Mean%
	Minimum	Maximum		
Information Sharing (25)	12.00	25.00	21.39±2.54	85.56
Anticipatory guidance (25)	15.00	25.00	20.99±2.48	83.96
Sufficient Time (20)	12.00	19.00	16.08±1.51	84.63
Approachability (15)	8.00	15.00	13.33±1.61	88.87
Availability (15)	9.00	15.00	12.13±1.45	80.87
Support and Respect (35)	21.00	35.00	29.13±3.16	83.23

Among 85 respondents, nearly half of respondents' had low level of satisfaction that was 48.2%, more than one fourth of respondents' had moderate level of satisfaction (27.1%) and 24.7% of respondents' had high level of satisfaction (Table 2).

Table 2. Overall level of satisfaction with antenatal care, n= 85

Level	Frequency	Percent
Low	41	48.2
Moderate	23	27.1
High	21	24.7

There was no any significant association between respondents' Satisfaction towards Antenatal care and socio-demographic variables (Table 3).

Table 3. Association between respondents' satisfaction towards antenatal care and socio-demographic variables, n = 85

Variables	Level of satisfaction			χ2 value	p value
	Low No. (%)	Moderate No. (%)	High No. (%)		
Age group (in years)					
18-25	19(53.3)	9(25.7)	7(20.0)	1.025	0.599
26-40	22(44.0)	14(28.0)	14(12.4)		
Ethnicity					
Brahmin/Chhetri	15(38.5)	13(33.3)	11(28.2)	2.833	0.243
Non Brahmin/Chhetri	26(22.2)	10(21.7)	10(21.7)		
Religion					
Hinduism	18(40.9)	14(31.8)	12(27.3)	2.022	0.364
Non-Hinduism	23(56.1)	9(22.0)	9(22.0)		
Level of education					
Less than secondary	14(56.0)	6(24.0)	5(20.0)	0.883	0.643
Secondary and above	27(45)	17(28.3)	16(26.7)		
Occupation					
Employed	19(59.4)	6(18.8)	7(21.9)	2.795	0.247
Unemployed	22(41.5)	17(32.1)	14(13.1)		
Planned pregnancy					
Yes	24(41.4)	19(32.8)	15(25.9)	4.070	0.131
No	17(63.0)	4(14.8)	6(22.7)		
Ever gone through abortion					
Yes	10(47.6)	6(28.6)	5(23.8)	0.035	0.983
No	31(48.2)	17(26.6)	16(25.0)		
Antenatal visit					
<5 visits	16(55.2)	9(31.0)	4(13.8)	2.818	0.244
≥5 visits	25(44.6)	14(25.0)	17(30.4)		

4. Discussion

Antenatal care during Pregnancy helps to improve the reproductive health status of women as well as helps to improve the overall health status of the family, society and nation. Dissatisfaction during pregnancy may lead to different kinds of mental and physical disorder, that can further result in different kinds of unwanted pregnancy complication, so in order to reduce such types of negative complications and give birth to healthy baby qualitative antenatal care during pregnancy has become most

important which must be given priority (Maternal Health, 2016).

In this study, the mean score of satisfaction regarding Antenatal care of respondents was 18.84±2.13. Regarding different subscale of satisfaction, respondents had obtained higher mean score than the total mean score in the area of Support and Respect (29.13±3.16), Information Sharing (21.39±2.54) and Anticipatory guidance (20.99±2.48) and obtained lower mean score in the area of Sufficient Time, Approachability and

Availability were 16.08 ± 1.51 , 13.33 ± 1.61 and 12.13 ± 1.45 respectively. This study finding was supported by similar studies, which reveal that the mean score of respondents' satisfaction towards Antenatal care was 4.19 ± 0.50 , regarding subscale of satisfaction, study subjects had obtained higher mean score than the total mean score in the area of information Sharing (4.37 ± 0.50), Support and Respect (4.35 ± 0.52) and Approachability (4.22 ± 0.71). Similarly obtained lower mean score in the remaining 3 area; Sufficient Time, Anticipatory guidance and Availability that were 4.16 ± 0.65 , 3.84 ± 0.60 and 4.18 ± 0.65 respectively (Heaman et al., 2014). In same study conducted in South West Ethiopia, more than half of the respondents (60.4%) were satisfied with the service that they received. As to specific components, most of the respondents (80.7%) were satisfied with interpersonal aspects and 62.2% were satisfied with organization of health care aspect (Chemir et al., 2014).

In this study, approximately half of the study subjects (48.20%) had low level of satisfaction with the overall antenatal care services, more than one quarter of them (27.10%) had moderate level of satisfaction and only 24.70% had highly of satisfied with antenatal care services. The finding is similar to the finding of Soliman (2015), which concluded that 53.60% were moderately satisfied, 36.40% were highly satisfied and only 10.0% were low level of satisfaction (Soliman, 2015). The finding was contrast with present study because Soliman (2015) finding was large coverage that it includes fourteen rural health units in study but present study was only specific setting and limited time for data collection. However, The finding of another study in south east Ethiopia was 60.40% were satisfied like as finding of Galle et al (2015) were highly satisfied with the services that they received. 8 The finding was variant with the finding of present study because of different setting and different method of data collection. Likewise, in the similar study conducted in Ghent (Belgium), general satisfaction with antenatal care was high. Women were satisfied with their relationship with the healthcare worker (Galle et al., 2015).

Further, the findings of the study suggest that, there was no significant association between level of pregnant women satisfaction regarding antenatal care. The reason behind this might be small sample size and also data was collected with the respondents who were under the pressure in waiting process so they burden to response questionnaire and haphazard answer. Likewise, this is supported by the study conducted in Ethiopia which revealed that there is significant association ($p < 0.005$) between level of satisfaction regarding average family income and planned of pregnancy. The reason behind this might be due to study conducted in developed country with large numbers of sample size and they live in quality of life (Chemir et al., 2014).

5. Conclusions

Based on the findings of the present study, most of the respondents had low level of satisfaction and least of them had high level of satisfaction on the antenatal care services which is very low as compared to other studies. Highest percentage of satisfaction on was found for support and respect, while, lowest percentage of the satisfaction was found for availability. Since, client's satisfaction is an increasingly important issue both in evaluation and shaping of health care, it should be carried out routinely in all aspects of health care to improve the quality of health services. Long waiting time, overcrowding during morning time, and poor laboratory services were some of the constraints perceived by majority of pregnant women as a cause of dissatisfaction. Health center administrators should increase the staff strength to cope with the client load, to increase the consultation time and decrease overcrowding. The waiting time in reception area before getting focused antenatal services should be decreased by better use of resources and by increasing man power. Assertive and continuous supervision of the nurses' performances must be applied at all health units especially in antenatal care clinics. More female obstetricians are needed at the health units, so, Ministry of Health and Population should pay more incentives for those doctors to encourage them to provide care for women. Similar study with interventional approach can be conducted on large sample size.

Conflict of interest

The authors declare that there is no conflict of interest.

References

- Chemir F, Alemseged F, Workneh D. 2014. Satisfaction with focused antenatal care service and associated factors among pregnant women attending focused antenatal care at health centers in Jimma town, Jimma zone, South West Ethiopia; a facility based cross-sectional study triangulated with qualitative study. *BMC Res Notes*, 19(7): 164.
- Emelumadu OF, Onyeonoro UU, Ukegbu AU, Ezeama NN, Ifeadike CO, Okezie OK. 2014. Perception of quality of maternal healthcare services among women utilising antenatal services in selected primary health facilities in Anambra State, Southeast Nigeria. *Niger Med J*, 55(2): 148-155.
- Galle A, Van Parys AS, Roelens K, Keygnaert I. 2015. Expectations and satisfaction with antenatal care among pregnant women with a focus on vulnerable groups: a descriptive study in Ghent. *BMC Womens Health*, 15: 112.
- Heaman MI, Sword WA, Akhtar-Danesh N, Bradford A, Tough S, Janssen PA, Helewa ME. 2014. Quality of prenatal care questionnaire: instrument development and testing. *BMC Preg Childbirth*, 14(188): 1-16.
- Kumar S, Kumar N, Vivekadhish S. 2016. Millennium development goals (MDGS) to sustainable development goals (SDGS): Addressing unfinished agenda and strengthening sustainable development and partnership. *Indian J Community Med*, 41(1): 1-4.
- Maternal Health. 2016. United nations population fund agency,

- international conference on population development. <http://www.unfpa.org/maternal-health#> (access date: May 14, 2018).
- Osazuwa H. 2016. Benefits of antenatal care. <http://wellspringscenter.wordpress.com/2016/08/21/benefits-of-antenatal-care> (access date: May 10, 2018).
- Soliman FES. 2015. Satisfaction of rural pregnant women as quality indicator of provided antenatal care. *Inter J Sci Res Pub*, 5(3): 1-9.
- WHO (World Health Organization). 2016. World health statistics 2016: monitoring health for the SDGs sustainable development goals.