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

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JIMMA UNIVERSITY

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ABSTRACT

Background: - *Client satisfaction is essential for further improvement of quality of focused antenatal care and to provide uniform health care services for pregnant women. However, studies on level of client satisfaction with focused antenatal care and associated factors are lacking.*

Objective: - *to assess satisfaction with focused antenatal care service and associated factors among pregnant women attending focused antenatal care at health centers in Jimma town.*

Methods - *A facility based cross-sectional study involving both qualitative and quantitative methods of data collection was used from Feb 1-19/2013. Three hundred eighty nine pregnant women those come to the health centers were included in the study. A semi-structured questionnaire and focus group discussion guide was employed to obtain the necessary information for this study. Quantitative data was analysed using SPSS for windows version 16.0. Logistic regression model was used to compare level of satisfaction by predictors' variables. Qualitative data was analyzed based on thematic frameworks to support the quantitative results.*

Result: - *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. Meanwhile, 49.9% of the respondents were not satisfied with technical quality aspect and 67.1% were not satisfied with physical environment aspect. Multivariate logistic regression analysis result showed that type of health center, educational status of mother, monthly income of the family, type of pregnancy and history of stillbirth were the predictors of the level of satisfaction. Also the study found out that dissatisfaction was high in mothers utilizing service at Jimma health center, with tertiary educational level, with average monthly family income >1000birr, with unplanned pregnancy and history of stillbirth.*

Conclusion and recommendations: - *Even though greater percentages of women (60.4%) were satisfied with the focused antenatal care service, the level of satisfaction was lower compared to other studies. More than half and fifty percent of the respondents were not satisfied with the physical environment aspect and technical quality aspects respectively. The investigator recommends that patient feedback should be recognized as a legitimate method of evaluating health services in the health center as a whole and the health centers administrators and service providers should respond to the gaps forwarded from the study participants by improving the quality of health services.*

Key words: - *Focused antenatal care, satisfaction*

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ACRONYMS

ANC-	ANTENATAL CARE
ASQ-	ANTENATAL SATISFACTION QUESTIONAIRE
BSc-	BACHELOR OF SCIENCE
CSA-	CENTRAL STATISTICAL AGENCY
EDHS-	ETHIOPIAN DEMOGRAPHIC HEALTH SURVEY
FANC-	FOCUSED ANTENATAL CARE
FGD-	FOCUS GROUP DISCUSSION
FMoH-	FEDERAL MINISTRY OF HEALTH
GOV-	GOVERNMENTAL
HC-	HEALTH CENTER
HSDP-	HEALTH SECTOR DEVELOPMENT PLAN
JUSH-	JIMMA UNIVERSITY SPECIALIZED HOSPITAL
MCH-	MATERNAL AND CHILD HEALTH
MDG-	MELLINIUM DEVELOPMENT GOALS
MOH-	MINISTRY OF HEALTH
MMR-	MATERNAL MORTALITY RATIO
NGO-	NON-GOVERNMENTAL ORGANIZATION
WHO-	WORLD HEALTH ORGANIZATION

CHAPTER ONE : INTRODUCTION

1.1. BACKGROUND

Reproductive rights and particularly the right to life should be invoked to protect women whose lives are currently endangered by pregnancy. Even though between 1990 and 2010, maternal mortality worldwide dropped by almost 50%, every day, approximately 800 women die from preventable causes related to pregnancy and childbirth and 99 per cent of all maternal deaths occur in developing countries (1). Sub-Saharan Africa had the highest MMR at 500 maternal deaths per 100 000 live births. Ethiopia is one of the few countries that account for most of the maternal deaths; others include India, Nigeria, Democratic Republic of the Congo, Pakistan, Sudan, and Indonesia (2). According to 2011 EDHS, the maternal mortality rate of Ethiopia is 676/100,000 live births (3). The major complications that account for 80 per cent of all maternal deaths are: severe bleeding, infections, high blood pressure during pregnancy and unsafe abortion. Improving maternal health is one of the eight MDGs adopted by the international community in 2000. Under MDG5, countries committed to reduce maternal mortality by three quarters between 1990 and 2015. Skilled care before, during, and after childbirth can save the lives of women and newborn babies (1).

ANC refers to pregnancy related health care provided by a doctor or a health worker in a health facility or home. ANC is the key entry point of a pregnant woman to receive broad range of health promotion and preventive services which promote the health of the mother and the baby (4). Ethiopia has adapted the new WHO recommended new antenatal care package known as "Focused Antenatal Care" which emphasizes quality of visits over quantity(5).

In Ethiopia, like in many developing countries, the causes of maternal deaths are mainly attributed to the three delays; that is delay in seeking care, delay in reaching appropriate care and delay in receiving care. Delay in receiving care can happen due to inadequate skilled personnel in emergency obstetric care, inadequate supplies and equipment and poor quality of services (6).

Quality of ANC is an important determinant of pregnancy outcome and has been designated as one of the four Pillars of Safe Motherhood, along with clean and safe delivery, essential obstetric

care and family planning which could contribute to reduction of maternal mortality (7). To provide quality ANC, the health care providers need to have adequate infrastructure, clinical skills, necessary equipment and supplies and the referral system should function well enough that women with complications get treatment as soon as possible. The care provided should be sensitive to women's and their family needs and should be satisfactory (5).

Patients' satisfaction has been used as an indicator to measure the quality of health care provided by health professionals and advocated as an outcome measure of quality care(8). Satisfaction and dissatisfaction indicate patients' judgment about the strengths and weaknesses, respectively, of the service (9).

In spite of the increasing involvement of technology in routine antenatal care in both developed and developing countries, the clinical encounter between patient and caregiver still represents the core of the current health care paradigm. At least in theory, any care offered should be acceptable for the recipients. However, the importance of allowing for patients' views, alongside medical and economic considerations regarding care assessment during pregnancy and childbirth, wasn't stressed till current time especially in developing countries (10).

1.2. STATEMENT OF PROBLEM

The government of Ethiopia is committed to achieving MDG 5, to improve maternal health, with a target of reducing the MMR by three-quarters over the period 1990 to 2015. Accordingly, the FMOH has applied multi-pronged approaches to reducing maternal and newborn morbidity and mortality. Improving access to and strengthening facility-based maternal and newborn services is one such approach, and is also a HSDP strategic objective. The Antenatal Care is considered as one of a focused strategy to reduce maternal mortality. According to 2011EDHS report, nationally thirty-four percent of pregnant mothers who gave birth in the five years preceding the survey received antenatal care from a skilled provider for their most recent birth and regional (Oromia) prevalence is 31 %. Antenatal care quality is monitored through the content of antenatal care services received and the kinds of information given to women during their visits. The antenatal care services raise awareness of the danger signs during pregnancy, delivery, and the postnatal period, improve the health-seeking behavior of the client, orient the client to birth preparedness issues, and provide basic preventive and therapeutic care (3).

The FANC model is intended to reduce waiting time during antenatal visits and increase the time spent in educating women on pregnancy-related issues. It is recommended for low-risk mothers and those without pregnancy-related complications, medical complications or other major health-related risk factors. Individualized antenatal care is given to women not eligible for FANC. Few developing countries including Ethiopia have fully embraced and implemented the FANC model. Even in countries adopting it as their ANC programme, it is not fully implemented due to lack of personnel and structural changes (11-14).

One of the important problems which are continuously faced these days is the lack of good quality antenatal care and gaining client satisfaction, which are of important responsibilities of the higher authorities and staffs in the health care system (15). Evaluating to what extent patients are satisfied with health services is clinically relevant, as satisfied patients are more likely to comply with treatment, take an active role in their own care, to continue using medical care services and recommend center‘s services to others (16). A satisfied patient will recommend center‘s services expressing their satisfaction to four or five peoples, while a dissatisfied patient on the other hand will complain to twenty or more (17).

It is also essential to identify the factors involved in dissatisfaction if a good health care system is sought (18). Dissatisfaction with antenatal care has been associated with an insufficient number of antenatal visits, long waiting times at appointments, lack of continuity of caregiver and of care content, and lack of information and explanation. The care provider's skills regarding clinical and technical competence and friendliness have been associated with satisfaction. Caregiver support during pregnancy not only affects satisfaction with care, but could reduce the likelihood of caesarean section and improve maternal psychosocial outcomes and have positive long-term effects on health outcomes (19-22).

Despite the fact that client satisfaction is essential for further improvement of quality of focused antenatal care and to provide uniform health care services for pregnant women, little is known about the levels and associated factors of satisfaction in Ethiopia in general and no data in the study area in particular. Therefore, this paper aims to have certain contribution in closing this gap.

CHAPTER TWO

2.1. LITERATURE REVIEW

Every organization nowadays is concerned with satisfying the users of its products or services, they are known as clients, customers, consumers or patients. However, satisfaction, like many other psychological concepts, is easy to understand but hard to define(23). Several studies have explored the relationship between women's satisfaction and the characteristics of antenatal care. Studies demonstrate that antenatal care satisfaction is influenced by antenatal care characteristics such as waiting time for an appointment, time spent with the practitioner, continuity or seeing the same practitioner at each visit, patient-practitioner communication (e.g., answering questions, explaining procedures), relationship with support staff, practitioner type or provider setting, availability of ancillary services, and the physical environment of the health care setting (24). But, majority of the studies unable to clearly demarcate those components of satisfaction and factors associated with it. Ware and his colleagues argued that patient characteristics are the determinants of satisfaction, whereas interpersonal manner, technical quality, accessibility, cost, efficacy, continuity, the physical environment, and availability of resources are the components of satisfaction (25).

Client satisfaction with Focused Antenatal Care

Results of a national cohort study conducted to assess satisfaction of women towards medical and emotional aspects of antenatal care in Sweden shows that the majority of the women (82%) were satisfied with the medical aspects of care, while 18% were dissatisfied. Of the participating women, 23% were dissatisfied with the emotional aspects of care, while 77% of the women were satisfied (26). A cross sectional study carried out to identify the level and factors associated with patients' satisfaction in antenatal clinic at hospital in Malaysia show that most of the respondents were satisfied with interpersonal aspects from the staff (62%), technical quality of the doctors (79.3%), efficacy (78%), availability (50.7%), and the financial aspect (70%). Meanwhile, the respondents were not satisfied with the several aspects i.e. accessibility (61.3%), convenience (51.3%), and continuity of care (81.3%). And the overall satisfaction was 56.7% (27). One of the study of client satisfaction towards antenatal care service in the maternal and child health

hospital in maternal and child health hospital at Thailand found that more than two third of the pregnant women were satisfied (71.8%) towards the overall antenatal care service provided by the maternal and child health hospital. And most of the respondents (91.8%) were satisfied with the service given and behavior of service providers and comparatively less satisfied with accessibility towards antenatal service (77.6%) and towards available facilities and environment (89.4%) of the maternal and child health hospital (28). A cross sectional survey conducted on satisfaction among expectant mothers with antenatal care services in the Musandam Region of Oman in a hospital setup, the levels of satisfaction for different components of the antenatal care service was assessed, 59% of respondents reported an 'Excellent' grade of overall satisfaction and the rest of the participants reported 'Very good' levels of satisfaction. The positive behavior of the health staff(56.6%) and the warm reception mothers received in the antenatal care unit were the most satisfying parts of the services followed by Good, clean clinic(9.6%). Causes of dissatisfaction among the pregnant women attending ANC clinics are weakness in the laboratory services (36.1%), long waiting periods in the clinics or crowding clinic (19.3%), especially during the morning hours, and non-availability of Arabic speaking doctors (14.5%) (29). The findings of a facility based cross sectional study which was conducted on assessment of quality of antenatal care on perspectives of patient satisfaction in Addis Ababa, Ethiopia show that overall satisfaction of the mothers included in the study was 89.2%. More than four in five women were satisfied in most of the question items such as general examination (95.4%), explanation of examination result (88.7%), confidentiality (93.8%), and treating respectfully (98.3%). But not satisfied with longer waiting time of examination (27.8%) and explanation given to describe pregnancy related complication (25.4%) (30).

Factors associated with client satisfaction with Focused Antenatal Care

Bivariate analysis results of a study conducted in Malaysia showed that there was no significant relationship between age, ethnicity, education level, occupation, and health status with level of satisfaction (p value >0.05) except charge of service and number of visit. And multivariate analysis result show that health status and number of visit were the predictors of the level of satisfaction i.e. patients with good status in health were 2.6 times more likely to be satisfied as compared to those patients with bad status in health and patients who had less visits to the

antenatal clinic were 1.2 times more likely to be not satisfied as compared to frequent visit patients (27). The multivariate analysis results of Swedish satisfaction study show that women with a low level of education were more often dissatisfied with the medical and the emotional aspects of antenatal care, whereas women with a high level of education were dissatisfied only with the emotional aspects. The possible justification forwarded was it is known that communication is facilitated by similar social and educational background and there could be a discrepancy between women with a low level of education and the midwives (28). In another study conducted in Addis Ababa also examined the relationship between socio-demographic back grounds and their level of satisfaction, and the likelihood of satisfaction by antenatal care service was lesser among women aged above 34 years and among women whose monthly income of 500 birr or more than their referents. Similarly, the odds of satisfaction by antenatal care service provided were higher to statistically significant level among Muslim women than the Christians. Comparison in antenatal service satisfaction level was also made by present and past pregnancy history, and the chance of satisfaction on the service rendered was lower to a statistically level among women who had unplanned pregnancy (OR = 0.45; 95 % CI, 0.23, 0.87). However, the odds of satisfaction was not different among women who came at different gestational age, gravidity, difference in number of children, and difference in number of visits of antenatal care (30).

There are different antenatal care satisfactions studies conducted in different areas that have suggested characteristics of care that are important to women employing varied methods. But, majorities including some of the literatures included in this study lacks conceptual clarity in measurement of satisfaction. For example, some studies of prenatal care satisfaction don't measures multiple dimensions of satisfaction, while others employed only simple response categories, as opposed to Likert scales and also some others are descriptive only. This may be attributed to the qualitative nature of the construct. So, this study tried to address this gap by involving standardized five point likert scales and reliable tools that measure satisfaction in overall and in component wise.

2.2. CONCEPTUAL FRAME WORK

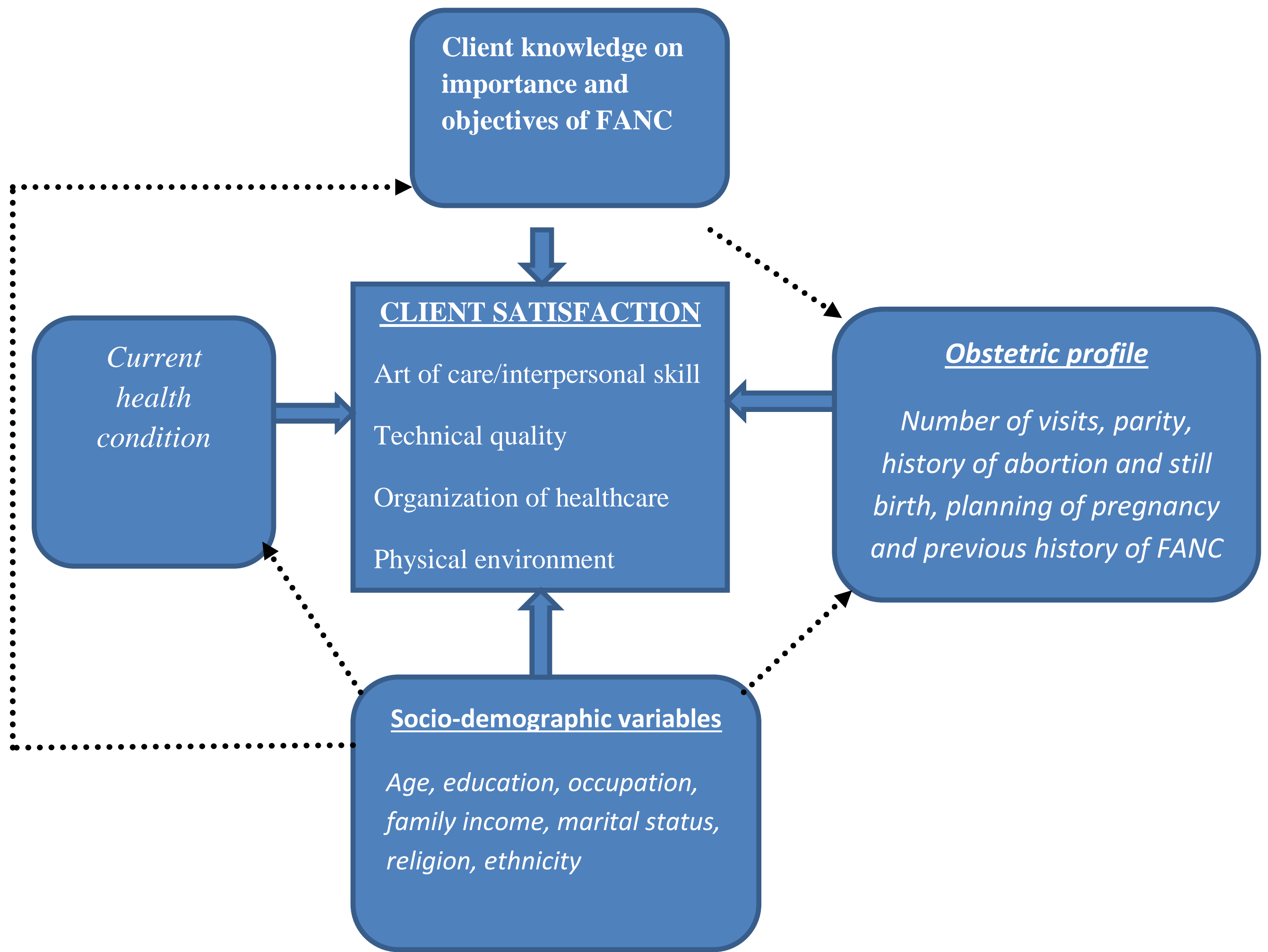

Figure 1:- Conceptual frame work adapted for this study (24, 27, and 31)

2.3. SIGNIFICANCE OF THE STUDY

Client satisfaction partly reflects quality of services. Good client satisfaction studies are not ends in themselves; they are a means to improve service to the public. This study aims to examine the level and various factors associated with satisfaction with focused antenatal care in the research context. Such findings would assist health professionals with useful information about the structure, process and outcome of care given for pregnant women and could also be considered as an important step to improve the quality of focused antenatal care and to provide uniform health care services for pregnant women attending different ANC units.

The findings of this study would also assist to forward practicable and feasible recommendations for responsible authorities and service providers to develop context specific and relevant strategies capable of improving focused antenatal care service rendered in the health centers. Ultimately, it is envisioned that the implementation of effective strategies would lead to improved level of client satisfaction so that clients become more complied with focused antenatal care service, can take an active role in their own care and recommend health center's services to friends and family. Despite this advantage, little is known about the levels and associated factors of satisfaction in Ethiopia in general and no data in the study area in particular. Therefore, this paper aims to have certain contribution in closing this gap. The study findings will also help as a resource for further study in the same area of inquiry.

CHAPTER THREE: OBJECTIVE

3.1. GENERAL OBJECTIVE

To assess satisfaction with focused antenatal care service and associated factors among pregnant women attending FANC at health centers in Jimma town, Jimma zone, South West Ethiopia, 2012/13.

3.2. SPECIFIC OBJECTIVES

1. To assess level of satisfaction with focused antenatal care service among pregnant women attending FANC at the study area.
2. To identify associated factors of satisfaction with focused antenatal care service among pregnant women attending FANC at the study area.
3. To describe client suggestions on improving satisfaction with focused antenatal care services at the study area.

CHAPTER FOUR:- METHODS AND MATERIALS

4.1. STUDY AREA AND STUDY PERIOD

The study was conducted at Jimma town health centers from February 1-19/2013 which is estimated by taking the average number of client flow per day.

Jimma is located 357 kms South West of Addis Ababa and has total surface area of 4,623 hectares. The town is divided in to 3 Woreda/Higher and 13 Kebeles. The total projected population of the town from 2007 central statistical agency (CSA) census report was 151,010. The town has different private, governmental and non-governmental organization owned health facilities. Government owned facilities under MOH includes 1 Whole sellers, 2 hospitals (1 regional), and 3 health centers. Other governmental health facilities include 2 pharmacy, 1 drug store, 1 medium clinic and 5 small clinics. The three health centers serve for 13 kebeles. The total catchment populations in each health center includes 42,364 for Jimma Health Center which serves for 4 kebeles, 51,578 for Higher 2 Health Center which serves for 4 kebeles and 53, 781 for Mendera Kochi Health Center which serves for 5 kebeles. There are different groups of health professionals and other supportive staffs that are deployed in the three health centers. This includes 8 health officers, 2 pharmacy technicians, 3 BSc. Nurses, 4 environmentalist, 15 clinical nurses, 1 public nurse, 2 Midwives, 3 laboratory technicians, 3 druggists and 27 supportive staffs. Total number of pregnant women, non-pregnant women and women of child bearing age as estimated from the total populations of Jimma town in the 2007 population and housing census of Ethiopia comprises 5738, 27,786, and 33,373 respectively. Total estimated number of pregnant women in each health center encompasses 1610 for Jimma Health Center, 1960 for Higher 2 Health center and 2044 for Mendera Kochi Health center respectively. Average number of client flow per day is 9 for Higher 2 HC, 12 for Jimma HC and 6 for Mendera Kochi HC.

4.2. STUDY DESIGN

A facility based cross-sectional study design with both quantitative and qualitative methods of data collection was employed.

4.3. POPULATION

4.3.1. SOURCE POPULATION

All pregnant women utilizing FANC services in the health centers were the source populations.

4.3.2. STUDY POPULATION

Pregnant women utilizing focused antenatal care service in the health centers and who fulfill the inclusion and exclusion criteria were the study populations.

4.4. SELECTION CRITERIA

4.4.1. INCLUSION CRITERIA

Pregnant women who came for antenatal care service during data collection period.

4.4.2. EXCLUSION CRITERIA

Pregnant mothers who are unable to participate in the interview due to an illness were excluded from the study.

4.5. SAMPLING PROCEDURE

4.5.1. SAMPLE SIZE DETERMINATION

For Quantitative study

The sample size was determined by the single population proportion formula by considering 56.7% proportion of satisfaction of a study done in Malaysia (27) with a marginal error of 5% between the sample and the population at 95% confidence level.

The formula for single population proportion:

$$n = \frac{(Z_{\alpha/2})^2 \times p\,(1-p)}{d^2}$$

n = 377

Where:-

n = Sample size

$Z\alpha/2$ = Confidence level at 95% = 1.96

P = 56.7%

d = margin of error of 5%

Since the total estimated number of pregnant women in the three health centers was 5738 which is less than 10,000, the final sample size was corrected by using correction formula.

Nf = n(1/1+n/N)= 354

Where n= sample size(377)

N=5738(total estimated number of pregnant women in the town)

For possible non-response 10% of the calculated sample was added and the overall sample size was **389**.

For Qualitative study

Six FGDs two in each health center was conducted. The six FGDs were considered as adequate after achieving saturation of incoming ideas. A total of 48 pregnant women with 7-10 pregnant women in each FGD were participated.

4.5.2. SAMPLING TECHNIQUE

For quantitative study

To get the number of pregnant women to be taken from each health center, proportionate allocation formula was employed as shown below.

Proportionate allocation formula:-

$$n_j = \frac{n}{N} N_j$$

nj = is sample size of the jth health centers

Nj= is population size of the jth health centers

n= $n_1+n_2+n_3$ is the total sample size.

N= $N_1+N_2+N_3$ is the total population size.

In Higher two HC $\mathbf{n_{j=}}$ **136** Jimma HC $\mathbf{n_{j=}}$ **111** Mendera kochi HC $\mathbf{n_{j=}}$ **142**

Therefore a total of 136, 111 and 142 pregnant women were taken from Higher 2 HC, Jimma HC and Mendera Kochi HC respectively (figure 2 below).

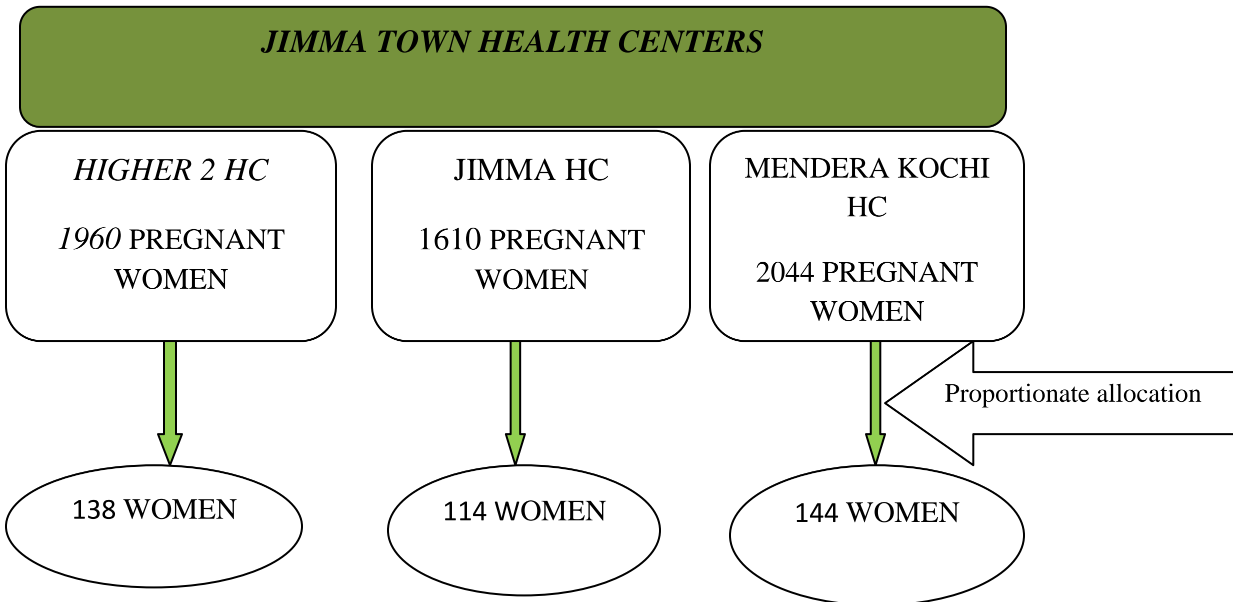

Figure 2: - Sampling design employed in study of satisfaction with focused antenatal care service among pregnant women attending FANC at health centers in Jimma town, 2012/13.

Pregnant women who were registered for antenatal care during data collection period and who fulfill the selection criteria were taken until the required sample size was fulfilled.

For qualitative study

A convenience sampling technique was used to select pregnant women for the FGD. Pregnant women included in FGD were selected depending on the type of health centers they were utilizing the services and fulfilment of the selection criteria.

4.6. STUDY VARIABLES

4.6.1. DEPENDENT VARIABLE

Satisfaction with FANC

4.6.2. INDEPENDENT VARIABLES

- → age
- → education
- → family income
- → marital status
- → ethnicity
- → religion
- → parity
- → practice of FANC

→ number of FANC visits
→ pregnant women knowledge on FANC
→ pregnancy planned or not
→ current health condition

4.7. OPERATIONAL AND CONCEPTUAL DEFINITIONS

Antenatal care: - is an umbrella term used to describe the medical procedures and care that are carried out during pregnancy. It is the care a woman receives throughout her pregnancy and is important in helping to ensure a healthy pregnancy state and safe childbirth (33).

Focused antenatal care: - a model package of antenatal care that is promoted by World Health Organization to implement evidence based interventions through reduced but goal-oriented clinic visits. It emphasizes: individualized and client centered care, fewer but comprehensive visits, disease detection not risk classification and care by a skilled provider (34).

Patient/ client satisfaction: - is the patient's opinion concerning how sufficient or acceptable the care they received actually was (35).

Cut off point for client satisfaction: - Since each item had 5 point Likert Scale which ranges between 1 and 5; the scores for each domain was calculated by summing the answers to all items in each domain.

- ✳ Interpersonal skill (10-50),
- ✳ Technical quality (5-25),
- ✳ Organization of health care (8-40),
- ✳ Physical environment (4-20) and
- ✳ Overall satisfaction (27-135).

Clients' overall and component wise level of satisfaction was classified into two categories satisfied and dissatisfied by using cut of point calculated using the demarcation threshold formula:

{(total highest score-total lowest score)/2} + Total lowest score (27, 36).

Knowledge: - One point was given for the correct answers and zero for the incorrect answers. The knowledge scores were divided to two levels which are good knowledge and poor knowledge using the mean knowledge score as the cutoff point **(25, 37)**.

Current health condition: -. For mothers that didn't have any complain during current visit, their health conditions were considered as **good**. For the mothers with any complain including aggravations of minor disorders of pregnancy, their current health conditions were considered as **not good**.

Art of care/interpersonal skill: - involves the interpersonal relationship between service providers and client, participation and involvement of the woman in her own care and the clarity of communication and information. It was addressed by 10 questions in the ASQ (24, 31, 32).

Technical quality: - refers to the advice given by the service providers and that she/he has performed his/her work in a technically correct way. It was addressed by 5 questions in the ASQ (24, 31, 32).

Organization of healthcare: - comprises accessibility and availability. Accessibility meant that it should be easy to get the attention of the service providers and it also involves mode of transport, time and cost to reach the health centers. . Availability is expressed in relation to providers and facilities. In terms of providers: service given by service providers, women's view of how much respect, attention and privacy they get. In terms of facilities (HCs): waiting space, waiting time. It was addressed by 8 questions in the ASQ (24, 31, 32).

Physical environment: - It includes cleanliness, sound level, and the comfort and aesthetics of the premises. It was addressed by 4 questions in the ASQ (24, 31, 32).

Parity: - the number of pregnancies that have resulted in the birth of a viable offspring.

Nulliparous: - woman who has not delivered a child who reached viability.

Multipara: - Women who gave birth for one up to four children.

Grand multipara: - Women who gave birth for five or more children.

Abortion: - Discontinuation of pregnancy before it reaches the age of viability (before 28 wks of gestation).

Stillbirth: -the birth of dead fetus after the age of viability (after 28 wks of gestation).

4.8. DATA COLLECTION PROCEDURE

4.8.1. DATA COLLECTION TOOLS / MEASUREMENT TOOLS

For quantitative method

The data were collected using pre tested semi-structured questionnaires and measurement scales that were adapted from the review of literatures that had internal consistency or reliability scores ranging from 0.73 to 0.95 (24, 25, 27, 31, 32). The questionnaire contains 49 items which were related to socio-demographic characteristics, obstetric profile; current health condition and knowledge of pregnant women on purpose and objectives of FANC and measure of satisfaction. A 5-point Likert scales ranging from dissatisfied to fully satisfied (1 to 5 points) were used for the entire **27** items antenatal satisfaction questionnaire (ASQ). The internal consistency or reliability scores of satisfaction scale was conducted after pretest and it ranges from 0.82 to 0.96. Also two open ended questions were included to assess clients' perceived cause of dissatisfaction and possible suggestions. All the sections of the questionnaires with corresponding number of items were described below in the table 1.

Table 1: -The structure of the questionnaire with corresponding number of items

Part	Variable		No of items
I	Socio demography		8
II	Obstetric profile and current health condition		7
III	Knowledge about FANC		7
IV	Satisfaction with FANC service	Interpersonal skill	10
		Technical quality	5
		Organization of health care	8
		Physical environment	4
		Client perceived cause of dissatisfaction	1
		Client suggestions	1
		Total	51

For qualitative study

Focus group interview guideline was used to guide and probe the focus group discussion which was developed by principal investigator after reviewing literatures.

4.8.2. DATA COLLECTION PERSONNEL AND METHODS

For quantitative study

Non- staff member of 3 diplomas and 3 BSc Nursing background females were recruited as data collectors and supervisors respectively. The questionnaires were filled by direct face to face semi-structured interview. All pregnant women participating in the study received an explanatory statement about the study and informed that participation was voluntary and anonymous prior to commencing the survey. Clients were interviewed at exit**.** The clients were interviewed outside the service room far away from employees and the data collectors were non-staff personnel's to assure confidence and anonymity.

For qualitative study

The clients were asked to express their satisfaction following the FGD guideline. The FGDs were facilitated and recorded by non-staff members, Midwifery background females to maintain the privacy of respondents. The facilitators were recruited based on proficiency in Amharic and local language. All discussions were tape recorded & field notes were taken and transcribed to texts immediately. Each discussion took one to two hours.

4.9. DATA ANALYSIS PROCEDURE

For quantitative study

Following the data collection, data were coded, and entered to a computer using Epidata version 3.1 and then exported to SPSS version 16.0 for analysis. Both descriptive and analytic analysis was performed. In the descriptive analysis, simple frequencies were calculated. In the analytic statistics, binary logistic regressions analysis was made by considering client-satisfaction as a binary outcome variable. Bivariate analysis was employed to determine bivariate association between the independent variables and dependent variables. Multivariate analysis was used to predict the factors which influence the level of satisfaction. Those explanatory variables with a p value < 0.25 in crude analysis was considered as a candidate for multivariate analysis and those variables with a p value < 0.05 in multivariate analysis was considered as significant predictor of satisfaction. Finally, the result of the analysis was presented in texts, tables and graphs as appropriate.

For qualitative study

First individual, pre-labeled tapes were transcribed and then translation and back translation of the transcription was performed. The discussion was conducted in Amharic and Oromiffa so that it was translated to English and back translated to Amharic and Oromiffa. Next completed transcription was compared with hand written notes to fill inaudible phases or gaps in tapes. The data were color-coded and grouped based on thematic frameworks. The data were grouped in to three thematic areas. Areas of care clients satisfied, areas of care clients not satisfied and client suggestions regarding how to make services more satisfactory were the three thematic areas. Concepts were extracted from themes and presented in narratives & used to support the quantitative results.

4.10. DATA QUALITY MANAGEMENT

The following measures were taken to maintain and increase the reliability and validity of the study findings.

Before data collection

To ensure external validity of the study, adequate related literatures were reviewed; and opinion from the experts was obtained. Comments from experts were shared with the research advisors throughout the research process. Questionnaire was prepared in English, translated to Amharic, Afan Oromo and back to English. Three data collectors and three supervisors were recruited and trained a week ahead of the actual data collection period on data collection process to standardize interviews and reduce interviewer biases. Pretesting of the questionnaire was conducted among 5% of pregnant women other than the study population in Serbo health center FANC unit prior to actual data collection to assess the face validity of the questionnaire. Facilitators and recorders were also recruited and trained and the FGD guide was pretested by conducting 1 FGDs ahead of the actual FGDs. After pre-testing, reliability tests of the questionnaire and necessary modification of the questionnaire and FGD guide was made for unclear and difficult question.

During data collection

Data collectors checked the completeness and the consistency of the questionnaire immediately after each interview. The data collection process was closely and meticulously monitored by

supervisors and principal investigator. And any error, ambiguity, incompleteness, or other problems were addressed while they were at the field.

After data collection

The data were thoroughly cleaned and carefully entered in to computer using Epi-data3.1 and exported to SPSS windows version 16.0 for analysis. During analysis, data were cleaned carefully; missing values was handled not to be excluded in analysis by checking again and again through data exploration.

4.11. ETHICAL CONSIDERATIONS

Before the data collection, Ethical clearance letter was obtained from the ethical committee of the college of public health and medical sciences, Jimma University. A formal letter of cooperation from the health centers was granted prior to data collection. Introduction of the study, method of the questioning and confidentiality letter was attached to cover page of the questionnaires. The respondents were informed about the purpose of the study, & their oral consent was obtained. The respondents' right to refuse or withdraw from filling out the questionnaire was fully maintained. The information provided by each respondent was kept strictly confidential.

4.12. DISSEMINATION OF FINDINGS

The result of the study will be communicated to Jimma University College of Public Health and Medical Sciences, Department of Nursing, Jimma University post graduate school and concerned bodies in the study area. Finally further effort will be made for publication on local and international journals.

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CHAPTER FIVE: RESULT

A total of 389 pregnant women who were utilizing focused antenatal care services during the study period were enrolled giving a completion rate of 100%. They were taken from the MCH units of the three governmental health centers: Mendera Kochi health center 142(36.5%), Higher 2 health center 136(35%) and Jimma health center 111(28.5%). The results are presented under subheadings as follows:

PART I: SOCIO-DEMOGRAPHIC CHARACTERISTICS

The largest numbers of pregnant women belong to the age range between 20 to 29 years 284 (73%) followed by age range 30-39 years 73 (18.8%) with mean age of 25 years. Three hundred seventy six (96.7%) of the women were married and the rest were single. Regarding ethnic and religious distribution of respondents, the predominant ethnicities were Oromo 241(62%) followed by Guragae 48(12.3%) while the dominant religion was Muslim 236(60.7%) succeeded by orthodox 112(28.8%).

With regard to occupation, two hundred sixty four (67.9%) of pregnant women were housewives followed by merchants and employees accounting for 46(11.8%) and 40(10.2%) respectively. One hundred forty six (37.5%) of the women attended primary education (grade 1-8) succeeded by those who had no education 111(28.5%). The greatest number of the respondents, 128(32.9%) had average family monthly income below 500birr (*table 2)*.

Table 2:- Socio-demographic and economic factors of pregnant women attending FANC at health centers in Jimma town, Feb. 2013.

Variable		Number(N=389)	Percent
Health center	Mendera Kochi	142	36.5
	Higher Two	136	35.0
	Higher One(Jimma)	111	28.5
Age(in years)	15-19	31	8.0
	20-29	284	73.0
	30-39	73	18.8
	40-49	1	0.2
Ethnicity	Oromo	241	62.0
	Guragae	48	12.3
	Kefa	33	8.5
	Yem	23	5.9
	Amhara	21	5.4
	Others	23	5.9
Occupation	House wife	264	67.9
	Merchant	46	11.8
	Employee*	40	10.2
	Daily laborer	15	3.9
	Farmer	12	3.1
	Others	12	3.1
Educational status	No formal education	111	28.5
	Primary	146	37.5
	Secondary	87	22.4
	Tertiary	45	11.6
Marital status	Married	376	96.7
	Single	13	3.3
Religion	Muslim	236	60.7
	Orthodox	112	28.8
	Protestant	39	10.0
	Jova	2	0.5
Average family monthly income(in birr)	<500	128	32.9
	501-750	57	14.7
	751-1000	87	22.4
	>1000	117	30.0

*Employee includes governmental, non-governmental and private

PART II: OBSTETRIC PROFILE

Among the total study subjects, 283(72.8%) of them have given birth for one to four children followed by those who have never given birth and who gave birth for five or more children accounting for 81(20.8%) and 25(6.4%) respectively. Among who have given birth 307(78.9%), 34(11.04%) of them end up with stillbirths. Seventy one (18.3%) of the women had previous history of abortions. From women who had previous history of pregnancy, 185(60.2%) had at least one history of antenatal care. The majority of the respondents' 320(82.3%) agreed that their current pregnancy is planned and wanted (*table 3).*

Table 3:- Obstetric profiles of pregnant women attending FANC at health centers in Jimma town, Feb. 2013.

Variable		**Number**	**Percent**
Parity(N=389)	Nulliparous	81	20.80
	Multipara	283	72.80
	Grand multipara	25	6.40
Type of pregnancy (N=389)	Planned	320	82.30
	Unplanned	69	17.70
History of abortion (N=389)	Had	71	18.30
	No	318	81.70
History of still birth(N=307)	had	34	11.04
	No	273	88.96
History of FANC(N=307)	Yes	184	60.06
	No	123	39.94
Current visit(N=389)	First	116	29.80
	Second	144	37.00
	Third	87	22.40
	Fourth or more	42	10.80

PART III: CURRENT HEALTH CONDITION AND KNOWLEDGE OF PREGNANT WOMEN ABOUT IMPORTANCE OF FANC

Clients were also asked for the presence of any compliant during current visit of focused antenatal care and the largest number of women 289(74.3%) responded that their current health condition is **'Good'**. All the women included in the study were asked a seven knowledge questions regarding importance and objectives of focused antenatal care. Two hundred ninety four (75.6%) of women who answered above the mean score were considered as having **'Good Knowledge'** (*table 4*).

Table 4:- Current health condition and knowledge about importance of FANC among pregnant women attending FANC at Jimma town health centers, Feb. 2013.

Variable		Number(N=389)	Percent
[1]Health condition	Good	289	74.3
	Not good	100	25.7
[2]Knowledge about importance of FANC	Good	294	75.6
	Poor	95	24.4

[1] Good:- absence of any complains during current visit of the pregnant women

[2] Good:- knowledge score above mean from the knowledge question

PART IV: WOMEN'S SATISFACTION WITH FANC SERVICES

All of the respondents were asked to rate their satisfaction with focused antenatal care services on a five point likert scale with a tool containing 27 items. Clients overall and component wise level of satisfaction was classified in to two as 'satisfied' and 'dissatisfied' by using demarcation threshold formula which takes into consideration total highest and total lowest score in the likert scale. In overall, 235(60.4%) of the women were satisfied with the services and the rest 39.4% were dissatisfied.

In the analysis of satisfaction based on four dimensions, greater proportion of satisfaction was recorded on interpersonal skill aspect followed by organization of health care aspect which accounts for 314(80.7%) and 242(62.2%) respectively (*figure 3*). The finding was supported by qualitative results as: majority of the discussant from the three HCs share the idea that *……..they were very happy that the service providers have much respect for them and they are eager to help them. One of the discussant from mendera kochi HC also said that "……..I was happy because they tried to ask me what I feel and they had given me information related to pregnancy." and also o*ne of the discussant from Higher 2 HC said *"…….I get the service providers when I need them and I feel I was home when I came to here; they ask me and they tell me everything that is what makes me very happy."*

Greater proportion of dissatisfaction was recorded on physical environment part followed by dissatisfaction with technical quality which accounts for 261(67.1%) and 194(49.9%) respectively (*figure 3*). The findings on areas of dissatisfaction was supported by qualitative findings as: many of the discussants forwarded that: *……..they are not happy and not sure on the appropriateness of physical examinations done on them because they do have questions on the technical quality of students since in the majority of cases the service was rendered by students (Jimma HC and Higher two HC).* One of the discussant from Higher 2 HC said that *"…….I was not happy on the examinations they had performed; they didn't take even a minute to carry out and they look lacking confident."* And also *other discussant from Jimma HC said that "…… overcrowded and uncomfortable waiting space is the thing that makes me uncomfortable during my stay in this health center"*

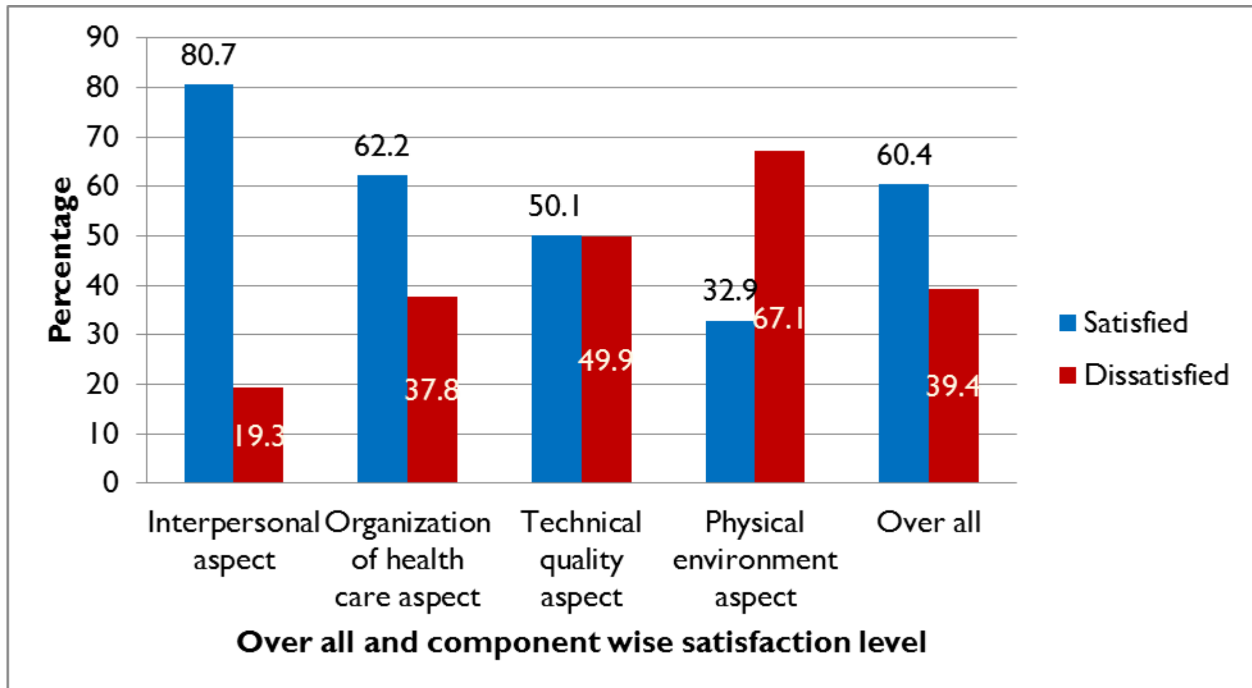

Figure 3:- Level of satisfaction with FANC services among pregnant women attending FANC at health centers in Jimma town, Feb. 2013.

PART V: PERCEIVED CAUSES OF DISSATISFACTION AND CLIENT SUGGESTIONS TO MAKE FANC SERVICES MORE SATISFYING TO PREGNANT WOMEN

In this study clients were asked for any comments and suggestions regarding the FANC service they have received. And they have forwarded their perception regarding the cause of dissatisfaction and possible suggestions to make services more friendly and satisfying to clients. The perceived cause of dissatisfaction forwarded by the majority were long waiting time 127(32.6%), overcrowding in the clinic during morning time 101(26%) and poor laboratory services 98(25.2%). Possible suggestions raised by most of the clients include; minimize waiting time 128(32.9%), prepare appropriate waiting room 96(24.7%), and improve ventilation system of the office and waiting space 82(21.1%) (*Table 5*). The common suggestions forwarded by FGD participants were ……*Minimize waiting time to get service and solve problems in laboratory service like absence of power, lack of reagents.*

Table 5:- Perceived cause of dissatisfaction and suggestions among pregnant women attending FANC at health centers in Jimma town, Feb. 2013.

# PERCEIVED CAUSE	Frequency	Percentage
Poor laboratory service	98	25.2
Crowding in the clinic in the morning	101	26
No listening complaints of pregnant women	56	14.4
Long waiting time	127	32.6
Absence of sonar test	46	11.8
Unfavorable waiting area	17	4.3
Others	17	4.3
# CLIENT SUGGESTIONS		
Avoid talking each other too much and give more attention to the client	46	11.8
Give information related to pregnancy while waiting time	52	13.4
Improve ventilation system of the office and waiting space	82	21.1
Prepare appropriate waiting room	96	24.7
Minimize waiting time	128	32.9
Increase waiting space	48	12.3
Improve behavior of supporting staff	33	8.5
Others	24	6.2

More than one answer was possible.

PART VI: FACTORS ASSOCIATED WITH SATISFACTION

The bivariate analysis result revealed that health center type, socio-demographic variables such as ethnicity, occupation, educational status, religion, and family monthly income of the mother , obstetric profile variables such as parity, type of pregnancy, focused ANC history, and number of visit and client knowledge about importance of FANC were significantly associated with satisfaction with focused antenatal care services. Those significant variables and those with p-value less than 0.25 in the crude analysis (marital status and history of stillbirth) were again entered in to multivariate logistic model to control for confounding. Those variables with p-value >0.25 (age, abortion history and health condition) in crude analysis was excluded from multivariate logistic analysis (table 6).

Table 6:- Bivariate analysis of the associations between client characteristics and satisfaction with FANC services among pregnant women attending FANC at health centers in Jimma town, Feb. 2013.

Variable		**Satisfied N (%)**	**COR(95% CI)**
Health center	Mendera Kochi	96(67.6%)	5.64(3.26, 9.74)*
	Higher Two	109(80.1%)	10.90(6.02, 19.75)*
	Higher One(Jimma)	30(27.0%)	1
Age(in years)	15-19	18(58.1%)	1
	20-29	170(59.9%)	1.08(0.51, 2.28)**
	30-49	47(63.5%)	1.26(0.53, 2.96)**
Ethnicity	Oromo	159(66.0%)	1
	Guragae	31(64.6%)	0.94(0.49, 1.80)**
	Kefa	14(42.4%)	0.38(0.18, 0.80)*
	Yem	11(47.8%)	0.47(0.20, 1.12)**
	Amhara	2(9.5%)	0.05(0.01, 0.24)*
	Others	18(78.3%)	1.86(0.67, 5.18)**
Occupation	House wife	186(70.5%)	1
	Merchant	18(39.1%)	0.14(0.07, 0.30)*
	Employee	10(25.0%)	0.27(0.14, 0.52)*
	Others	21(53.8%)	0.49(0.25, 0.97)*
Educational status	No education	97(87.4%)	71.02(22.05, 228.74)*
	Primary	105(71.9%)	26.25(8.84, 77.94)*
	Secondary	29(33.3%)	5.13(1.67, 15.69)*
	Tertiary	4(8.9%)	1
Marital status	Married	230(61.2%)	2.52(0.81, 7.85)***
	Single	5(38.5%)	1
Religion	Muslim	166(70.3%)	1
	Orthodox	53(47.3%)	0.38(0.24, 0.60)*
	Protestant	15(38.5%)	0.26(0.13, 0.53)*
	Jova	1(50.0%)	0.42(0.03, 6.84)
Average family monthly income(in birr)	<500	108(84.4%)	10.39(5.64, 19.15)*
	501-750	35(61.4%)	3.06(1.59, 5.90)*
	751-1000	52(59.8%)	2.86(1.61, 5.08)*
	>1000	7(30.4%)	1
Parity	Nulliparous	36(44.4%)	1
	Multipara	176(62.2%)	2.056(1.247, 3.389)*
	Grand multipara	23(92.0%)	14.375(3.176, 65.066)*
Type of pregnancy	Planned	203(63.4%)	2.01(1.19, 3.39)*
	Unplanned	32(46.4%)	1
History of abortion	Had	39(54.9%)	1

	No	196(61.6%)	1.32(0.78, 2.22)**
History of still birth	Had	17(50.0%)	1
	No	178(65.2%)	1.59(0.79, 3.22)***
History of FANC	Yes	110(59.8%)	0.57(0.35, 0.93)*
	No	89(72.4%)	1
Current visit	First	75(64.7%)	0.49(0.22, 1.14)
	Second	75(52.1%)	0.29(0.13, 0.66)*
	Third	52(59.8%)	0.41(0.17, 0.95)*
	Fourth or more	33(78.6%)	1
Health condition	Good	172(59.5%)	0.86(0.54, 1.38)**
	Not good	63(63.0%)	1
Knowledge about importance of FANC	Good	166((56.5%)	1
	Poor	69(72.6%)	2.05(1.23, 3.39)*

Note: * p value of less than 0.05 ** p value of greater than 0.25 *** p value of less than 0.25 and greater than 0.05 in bivariate analysis'1' reference group

The variables with p-value less than 0.05 in multivariate analysis were considered as statistically significant and the rest were refuted. Variables which significantly predict level of satisfaction with focused ANC services include: type of health center, socio-demographic variables: average monthly income of family and educational status of the mother, and obstetric profile variables: type of pregnancy and history of stillbirth.

On results of multivariate analysis; it was observed that pregnant women who were satisfied with FANC services were likely to be: those who utilize service in Mendera Kochi (AOR=4.93, 95%CI: 1.82, 9.74) and Higher Two HCs (AOR=4.91, 95%CI: 1.44, 16.73), those who have no formal education (AOR= 32.63, 95%CI: 3.55, 299.93) and have attended primary education (AOR=16.87, 95%CI: 2.08, 137.18), those with average family monthly income below 500birr (AOR= 8.84, 95%CI: 2.77, 28.19) and above 750 and below 1000birr(AOR= 3.03, 95%CI: 1.19, 7.72), those with planned pregnancy (AOR=5.05, 95%CI: 1.86, 13.66) and no history of stillbirth (AOR=5.47, 95% CI: 1.64, 18.25) as compared to their respective referents.

The adjusted odds ratio result show that the likelihood satisfaction was 5 times higher for women utilizing FANC services in Mendera Kochi health center (AOR=4.93, 95%CI: 1.82, 9.74) as compared to those utilizing in Jimma health center. Similarly, the odds of satisfaction by focused antenatal care service provided were higher to statistically significant level among illiterate

women (AOR= 32.63, 95%CI: 3.55, 299.93) as compared to among women attending tertiary education.

Regarding study participants average monthly family income, mothers with average monthly income below 500birr (AOR= 8.84, 95%CI: 2.77, 28.19) were 9 times more likely to be satisfied as compared to those earning above 1000birr.

Based on pregnant women's obstetric profile; it was observed that pregnant women with planned pregnancy (AOR=5.05, 95%CI: 1.86, 13.66) were 5 times more likely to be satisfied as compared to those with unplanned pregnancy and women with no history of stillbirth (AOR=5.47, 95% CI: 1.64, 18.25) were 5 times more likely to be satisfied as compared to those with history of stillbirth (*Table 7*).

Table 7:- Multivariate analysis of the associations between selected client characteristics and satisfaction with FANC services among pregnant women attending FANC at health centers in Jimma town February, 2013.

Variable		**Satisfied N (%)**	**AOR(95% CI)**
Health center	Mendera Kochi	96(67.6%)	4.93(1.82, 9.74)*
	Higher Two	109(80.1%)	4.91(1.44, 16.73)*
	Higher One(Jimma)	30(27.0%)	1
Average family monthly income(in birr)	<500	108(84.4%)	8.84(2.77, 28.19)*
	501-750	35(61.4%)	1.59(0.49, 5.17)**
	751-1000	52(59.8%)	3.03(1.19, 7.72)*
	>1000	7(30.4%)	1
Type of pregnancy	Planned	203(63.4%)	5.05(1.86, 13.66)*
	Unplanned	32(46.4%)	1
History of still birth	Yes	17(50.0%)	1
	No	178(65.2%)	5.47(1.64, 18.25)*

Note: * statistically significant associations in multivariate analysis. ** P value of greater than 0.05 in multivariate analysis'1' reference group

CHAPTER SIX: DISCUSSION

Ethiopia is one of the few countries that account for most of the maternal deaths. This could be attributed to lack of quality health care before, during, and after childbirth that can save the lives of women and newborn babies. Client satisfaction is essential for further improvement of quality of focused antenatal care and to provide uniform health care services for pregnant women (1, 2, 9).

According to this study it was found out that overall satisfaction with focused antenatal care service in the study population was 60.4%. This is somewhat similar with findings of a study conducted in Malaysia (56.7%) but lower than other studies conducted in Addis Ababa, Ethiopia (89.2%), Sweden (82%) and Thailand (71.8%) (26-28, 30). The difference could be due to subjective nature of the subject matter; because measure of satisfaction needs standardized scales and tools for accurate measurement but most of the literatures measure satisfaction with simple yes/no response category. And also could be attributed to study period difference due to the increase in expectation of patients to the service they are going to receive with rapid advancement in technology and peoples thinking and lifestyle and also the study is conducted in urban setting only.

Even if greater percentage of overall satisfaction was reported in different literatures, there is a difference in satisfaction level in different aspects of focused antenatal care services. The results of this study indicated that more than three fourth (80.7%) and over half (62.2%) of pregnant women were satisfied with interpersonal and organization of health care aspects of focused antenatal care services respectively. However, half (49.9%) and 67.1% of pregnant women were dissatisfied with technical quality and physical environment aspects of focused antenatal care services respectively. The finding of this study shares some consistencies with findings of the other studies conducted in Malaysia and Thailand in which most of the respondents were satisfied with interpersonal aspects, and technical quality of the service providers and dissatisfied with organization of healthcare aspects (accessibility and convenience) and towards physical environment (27, 28). And also the finding shares some inconsistencies in terms of higher level of satisfaction with technical quality aspect and lower level of satisfaction with organization of health care aspect with the same studies mentioned. The reason for some of the inconsistencies

might be attributed to difference in cultural setting in providers and receivers and due to differences in set up in which the studies are conducted at hospital antenatal units. And also the type of problems between facilities might or might not be the same.

The perceived reasons that prohibited mothers from being satisfied and their suggestions to make the services more clients centered and satisfying were also assessed. The perceived cause of dissatisfaction forwarded by the majority were long waiting time (32.6%), overcrowding in the clinic during morning time (26%) and poor laboratory services (25.2%). Possible suggestions raised by most of the clients include minimize waiting time (32.9%), prepare appropriate waiting room (24.7%), and improve ventilation system of the office and waiting space (21.1%). This finding was supported by other studies conducted in Bangladesh and Oman(29, 39).

The factors found to be independently associated with satisfaction level in this study are type of health centers, educational level of the mother, average monthly income of the family, type of pregnancy, and history of stillbirth.

Regarding the type of health center, this study found that pregnant women who were utilizing service at Higher 2 HC (80.1%) were more satisfied than Mendera kochi HC (67.6%) and Jimma HC (27%). The lower satisfaction level of pregnant women attending focused ANC at Jimma health center might be associated with high client flow per day as compared to other HCs and preferable by majority of the people residing on the center of the town due to its favorability in terms of geographic location. While the other health centers more suitable for mothers from rural settings. The qualitative findings also support this finding: *All of the discussants in Jimma health center do have at least one compliant that makes them not happy; long waiting time to get cards that makes different from other health centers. For instance, one of the discussant said: "………..even I was decided to go back to home without getting the services in the mean time I was waiting for service because of the longer waiting time to get medical cards and focused antenatal care services."*

Regarding level of education of pregnant women; it was observed that pregnant women with low level of education were more likely to be satisfied with FANC services than those who had higher level of education. The possible reason why women with higher level of education were dissatisfied was because women with a higher level of education are probably more vocal and

information-seeking and know what to expect. This finding agrees with findings of a study in Malaysia (26, 27). However, it disagrees with a study done in Sweden in which patients with a low level of education were less likely to be satisfied than women with a high level of education. The reason forwarded for lower level of satisfaction among mothers with low educational level was because there could be a discrepancy in communication between women with a low level of education and the service providers; it is known that communication is facilitated by similar social and educational background.

In terms of average monthly income of the family; the likelihood of satisfaction by antenatal care service was lesser among women whose monthly income was 1000 birr or more or the higher monthly income the lower the satisfaction and vice versa which agreed with study conducted at Addis Ababa Ethiopia. The poor economic condition and living below the poverty line with low monthly income of respondents could have made them unable to deal with modern medical services or exposure to other kind of facilities. This made patients satisfied with any services that they were provided (30). The association of low income with greater satisfaction was supported by qualitative finding in terms of cost to get the service by one of the participants

"*…….one thing that makes me too happy with the service I have received from this health center is that it costs minimum to get service and even they served me free for laboratory and drugs one day when I came without money."*

With regards to obstetric profiles of pregnant women, the chance of satisfaction on the focused antenatal care service rendered was lower to a statistically significant level among women who had unplanned pregnancy and history of stillbirth which agrees with findings of a study conducted at AA Ethiopia by Workneh. Women who had unplanned pregnancy may be too sensitive in terms of privacy and confidentiality due to possible stigma if the pregnancy is out of the wedlock. And also women who had unplanned pregnancy experience greater relationship instability than women whose pregnancies were intended. Lack of faith on the service they were receiving and associating cause of stillbirth with constraints from the service they received in their past pregnancy focused antenatal care follow up may be a reason for decreased likelihood of satisfaction among pregnant women with previous history of stillbirths (30, 38).

There were other variables that didn’t predict satisfaction in this study; however, they did in other studies conducted in Addis Ababa and Malaysia e.g. health status, parity, age and abortion history (26, 30). The possible explanation for non-significant finding might be attributed to complex nature of the subject matter since satisfaction refers to more of people’s perception.

STRENGTH AND LIMITATIONS

STRENGTH

The topic is direct operational and public health important, because it dealt with important component of health care services that needs due consideration. The study employed standardized five point likert scale and reliable tools for measurement of satisfaction. The study also involved both quantitative and qualitative methods of data collections; a skillful use of a combination of different data-collection techniques can maximize the reliability of the data collected.

.

LIMITATIONS

Social desirability bias could have affected the quality of data collected because study subjects might get difficulty to answer dissatisfaction in the presence of an interviewer. Usually self-administered questionnaire is recommended in measurement of satisfaction. However, interview was conducted in a separate room by non-staff members to minimize the bias. Lack of conceptual clarity in the measurement of satisfaction in different literatures especially lack of clear demarcation between components of satisfaction and factors associated with it. However, after extensive review of literatures, the investigator came up with different aspects of care as component of satisfaction and client characteristics as associated factors of satisfaction.

CHAPTER SEVEN: CONCLUSION AND RECCOMENDATION

CONCLUSION

Even though greater percentages of women (60.4%) were satisfied with the focused antenatal care service, the level of satisfaction was lower compared to other studies. According to the four dimensions, the result showed that most of the women were satisfied with interpersonal aspects and, organization of health care aspects. However, the patients were dissatisfied with physical environments of the health center and technical quality of the providers.

From the multivariate logistic regression test, the result also found that only type of health center, average monthly income of family, educational status, planning of pregnancy and history of stillbirth were the significant predictors of satisfaction level. Also the study found out that dissatisfaction was high in mothers utilizing service at Jimma health center, with tertiary educational status, with average monthly family income >1000birr, with unplanned pregnancy and history of stillbirth.

Long waiting time, overcrowding in the clinic during morning time, and poor laboratory services were some of the constraints perceived by majority of pregnant women as a cause of dissatisfaction.

Minimize waiting time, prepare appropriate waiting room, and improve ventilation system of the office and waiting space are important things which should be considered by the health center management to improve the level of pregnant women satisfaction in antenatal clinic as reported by the study subjects.

RECOMMENDATIONS

Patient 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.

Based on the findings of this study the following recommendations are forwarded:-

For service providers

- Service providers should provide more information to pregnant women about their condition of pregnancy and health status; and enhance continuity of care.
- Healthcare service providers must give due consideration for the complaints of pregnant women.

For the health center administrators

- Education and training should be given for service providers so that they can have sufficient knowledge and skill to perform proper client assessment and give better care.
- Increasing the staff strength to cope with the client load, increasing the consultation time and decreasing overcrowding and addressing possible providers' attitude that often creates barriers to communication with the clients.
- The waiting time in reception area before getting focused antenatal service should be decreased by better use of resources and by increasing man power especially in card room as reported by many of the FGD participants.
- Health center directors might put regulations for better supervision of contract workers who are assigned for cleaning since major areas of dissatisfaction was physical environment part.
- Prepare appropriate waiting room

For researchers

Since patients' satisfaction has been used as an indicator to measure the quality of health care provided by health professionals and advocated as an outcome measure of quality care, the investigator forwards recommendations for other researchers to conduct further studies on assessment of quality of focused antenatal care and satisfaction on broader scope.

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ANNEXES

ANNEX I: - ENGLISH VERSION QUESTIONAIRE

Jimma University, College of Public Health and Medical Sciences

Questionnaire for satisfaction with focused antenatal care service among pregnant women attending FANC at health centers in Jimma town, Jimma zone, South West Ethiopia, 2012/13.

Informed verbal consent form (GUIDELINE FOR RESPONDENTS)

Good morning/ afternoon, my name is --------------------------------I am working in a research team (project), which is conducted by Jimma university in Jimma town health centers to assess satisfaction with focused antenatal care service among pregnant women attending FANC. You have been chosen to participate in this study by chance and you will help us by answering the questions we ask you and study will not need to do any experiment or apply any invasive procedure to you except you will spending some time for interview.

We assure you that whatever answers you give us are kept secret. We do not need your name and address. We also inform you that you have the right to withdraw from the study or stop the interview at any time if there is any discomfort before completing the study.

THANK YOU VERY MUCH IN ADVANCE

Are you willing to participate in this study?

1. Yes 2. No

If yes, go to the next page

Date of interview___________ Time started___________ Time finished___________

Supervisors' name_____________________ Signature___________

PART I: - SOCIO-DEMOGRAPHIC DATA

Instruction for socio-demographic data and obstetric profiles

Please ask the respondents the following questions and record the response as follows for closed ended questions please circle the response of the respondents and put the response of the respondents for open ended and for semi- closed questions (if the response is not listed) on the space provided.

S. N	Socio-demographic variables	
101	Name of Health center	1. Mendera kochi HC
		2. Higher 2 HC
		3. Jimma HC
102	Age	________________years
103	Marital status	1. Married
		2. Single
		3. Others (specify)________
104	Educational status	_______________
105	Occupation	1. House wife
		2. Government employee
		3. Merchant
		4. Other (specify)___________________
106	Religion	1. Muslim
		2. Orthodox
		3. Protestant
		4. Other (specify)__________________
107	Ethnicity	1. Oromo
		2. Guragae
		3. Kefa
		4. Other (specify)__________________
108	Average monthly income of the family	_____________birr

PART TWO: - OBSTETRIC PROFILE AND CURRENT HEALTH STATUS

S. N	Obstetric history	
201	Parity	_______________
202	Is current pregnancy planned	1. Yes
		2. No
203	History of abortion	1. Yes
		2. No
204	History of still birth	1. Yes
		2. No
205	Current FANC visit	1. First
		2. Second
		3. Third
		4. Fourth or more
206	Previous history of FANC	1. Yes
		2. No
207	Current health status of women	1. Good
		2. Not good

PART THREE: - CLIENT KNOWLEDGE ON IMPORTANCE AND OBJECTIVES OF FOCUSED ANTENATAL CARE

The scale developed to measure patients' level of knowledge about FANC. Please ask the respondents and tick (✓) in the appropriate place.

S. N	Knowledge on focused antenatal care	Yes	No
301	FANC is important for pregnant women?		
302	**FANC** helps a woman to prepare for labor, lactation and subsequent care.		
303	**FANC** important to get education and advice from health professionals.		
304	**FANC** aimed at promoting and maintaining good health of the mother during Pregnancy		
305	**FANC** aimed at promoting and maintaining good health of the fetus during Pregnancy		
306	**FANC** is helpful to detect 'high risk' conditions in the mother and fetus early and appropriately.		
307	**FANC** is helpful to treat 'high risk' conditions in the mother and fetus early and appropriately.		

PART FOUR: - LEVEL OF SATISFACTION

Instruction

The following scale is developed to measure patients' level of satisfaction. After reading each statement ask the respondents to rate their level of satisfaction from 1 to 5 where fully satisfied (5 points), somewhat satisfied (4 points), neither satisfied nor dissatisfied (3 points), somewhat dissatisfied (2points) and dissatisfied (one point). Please encircle the appropriate response of the respondents.

S. N	Satisfaction question	Dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Fully satisfied
	Art of care/interpersonal skill					
401	Respect shown by service providers	1	2	3	4	5
402	Concern shown by service providers	1	2	3	4	5
403	Comfort shown by service providers	1	2	3	4	5
404	Mutual understanding between service providers and me	1	2	3	4	5
405	Trust you have on service providers	1	2	3	4	5
406	Cooperation shown by service providers	1	2	3	4	5
407	The opportunity given by service providers to take part in decisions concerning my own care	1	2	3	4	5
408	Adequacy of information given by service providers	1	2	3	4	5
409	Service providers explanation was clear and straightforward	1	2	3	4	5
410	Equity of treatment	1	2	3	4	5
	Technical quality					
411	Modernness of medical	1	2	3	4	5

	equipment					
412	Technical skills of service providers	1	2	3	4	5
413	Thoroughness of examinations	1	2	3	4	5
414	Explanation of procedures	1	2	3	4	5
415	Advice given by service providers					
	Physical environment					
416	Cleanliness of office or clinic	1	2	3	4	5
417	Comfort of waiting room	1	2	3	4	5
418	Attractiveness of office or clinic	1	2	3	4	5
419	Atmosphere of waiting room	1	2	3	4	5
	Organization of health care					
420	Location of office or clinic	1	2	3	4	5
421	Waiting time to get service	1	2	3	4	5
422	Waiting time at office or clinic	1	2	3	4	5
423	Hours of office or clinic	1	2	3	4	5
424	Easy of getting laboratory service	1	2	3	4	5
425	Availability of service providers	1	2	3	4	5
426	Availability of drugs	1	2	3	4	5
427	Availability of emergency referral service	1	2	3	4	5

501. Over all how do you express your satisfaction with the focused antenatal care service you have received? Express perceived cause of dissatisfaction with the FANC services.

____
____
____

502. Are there any ways in which the focused antenatal care services can be improved?

____
____

THANK YOU VERY MUCH

ANNEX II: AMHARIC VERSION QUESTIONAIRE

በጅማ ዩኒቨርሲቲ የህብረተሰብ ጤናና ህክምና ሳይንሶች ኮሌጅ

የነርስ ትምህርት ክፍል

በጅማ ከተማ ጤናጣቢያዎች የእርግዝና ክትትል የሚያደርጉ እናቶች ከጤና ባለሞያዎች ስላገኙት እንክብካቤ ማጠይቅ

<u>እናቶች በጥናቱ ለመሳተፍ ፈቃደኛ ስለመሆናቸው የሚፈልጹበት ፎርም</u>

እንደምን ሠነበቱ? የእኔ ስም ______________________ ይባላል፡፡ በጅማ ዩኒቨርሲቲ በሚደርገው በዚህ ጥናት ተሳታፊ ስሆን እርስዎ በዚህ ጤና ጣቢያ ክትትል ሲያደርጉ በጤና ባለሞያዎች ስላገኙት እንክብካቤ ቃለ ማጠይቅ አደርግሎታለሁ፡፡ የዚህ ጥናት ዓላማ ህመሙን በቂና የተሟላ አገልግሎት ከጤና ባለሞያዎች እንዲያገኙ ለሚድረግ ነው፡፡ ለዓላማው ሙሳካት የእርስዎ ትብብር እንሻለን፡፡ የእርስዎ ስምም ሆነ አድራሻ በማጠይቁ ወስጥ አይካተትም እንዲሁም የዕርስዎ ማንነትም ሆነ የሠጡት ምላሽ የዕርስዎ ሥለመሆኑ በምንም ሁኔታ አይገለጽም፡፡ በዚህ ጥናት ለማሳተፍ እኛ የእርስዎን ሙሉ ፍቃደኝነት ስንጠይቅ ያለምንም አስገዳጅነት ሲሆን ፈቃደኛ ካልሆኑ ከመጀሚሪያወም ሆነ ቃለማጠይቁን ከጀሙሩ በኋላ በማዞል ሚቋረጥ ይችላሉ፡፡

በጥናቱ ለመሳተፍ ፈቃደኛ ነዎት? አዎ ________ አይደለሁም ________

ፈቃደኛ ከሆኑ ቃለማጠይቁን ይጀምሩ

ቃለማጠይቁ የተደረገበት ቀን ________________ የተጀሚረበት ሰዓት ________

ያለቀበት ሠዓት __________

የተቆጣጣሪው ስም ______________________________ ፊርማ ______________

የክፍል 1 እና 2 ጠቅላላ መሚሪያ
የተጠያቂዎችን ምላሽ ማሰረት በሚደለግ ምርጫ ላላቸዉ የተሚጠዉን ምርጫ ያክብቡ ምርጫ ለሌላቸዉ በተሰጠዉ ክፍት ቦታ ይሚሉ፡፡

ክፍል – 1 – እርስዎን በተማከተ ማጠይቅ
የሚከተሉት ጥያቄዎች ስለርስዎ የሚጠይቁ ናቸው፡፡ የሚሠጡት ማላሽ ለጥናቱ የሚረዳን ይሆናል፡፡

ተ.ቁ		
101	የጤና ጣቢያው ሥም	1. መንደራ ቆጪ ጤና ጣቢያ 2. ከፍተኛ ሁለት ጤና ጣቢያ

		3. ጅማ ጤና ጣቢያ
102	እድሜ	_______________አመት
103	የጋብቻ ሁኔታ	1. ያገባች 2. ያላገባች 3. ሌላ (ይጥቀሱ) ----------------
104	የትምህርት ደረጃ	_______________________
105	ስራ	1. የቤት እመቤት 2. የመንግስት ሰራተኛ 3. ነጋዴ 4. ሌላ (ይጥቀሱ) -------------------
106	ሀይማኖት	1. ሙስሊም 2. ኦርቶዶክስ 3. ፕሮቴስታንት 4. ሌላ (ይጥቀሱ) --------------------
107	ብሄር	1. ኦሮሞ 2. ጉራጌ 3. ከፋ 4. ሌላ (ይጥቀሱ) --------------
108	አማካይ ወርሀዊ የቤተሰብ ገቢ	_______________ብር

ክፍል ሁለት: - ስለ አጠቃላይ የወሊድ ታሪክዋ እና ወቅታዊ የጤና ሁኔታዎ ማጠይቅ

ተ.ቁ.		
201	በአጠቃላይ ስንት ወልደዋል?	_________________
202	አቅደዉና ፈልገዉ ነዉ ያረገዙት?	1. አዎ 2. አይደለም
203	ወርሻ ፈጽመዉ ያወቃሉ?	1. አዎ 2. አላወቅም
204	መት ልጅ ወልደዉ ያወቃሉ?	1. አዎ 2. አላወቅም
205	ስንተኛ የእርግዝና ክትትልዎ ነወ?	1. መጀመርያ 2. ሁለተኛ 3. ሶስተኛ 4. አራትና ከዚያ በላይ
206	በበፊት እርግዝናዎ በጤና ማእከል ክትትል አድርገዉ ያወቃሉ?	1. አዎ 2. አላደረከም
207	ዛሬ ስለጤናዎ ምን ይሠማዎታል?	1. ጥሩ ነው 2. ጥሩ አይደለም

ክፍል ሶስት፡- ሥለ እርግዝና ክትትል ጥቅምና ዓላማ ግንዛቤ ማጠይቅ

ከታች የተዘረዘሩት ሀረጎች የእርግዝና ክትትል ጥቅምና ዓላማ ናቸዉ ብለዉ ሚስማሙ ከሆነ አዎ ሚይስማሙ ከሆነ አይደለም በማለት ይመልሱ፡፡

ተ.ቁ	የእርግዝና ክትትል የሚተሉት ጥቅምና ዓላማዎች አሉት?	አዎ	አይደለም
301	የእርግዝና ክትትል ለእርጉዝ እናቶች ጠቃሚ ነዉ፡፡		
302	የእርግዝና ክትትል እርጉዝ እናቶች ለወሊድ፣ ለማጥባት እና ቀጣይነት ላለው ክህምና እንዲዘጋጁ ይረዳል፡፡		
303	የእርግዝና ክትትል ከጤና ባለሙያዎች ትምህርትና ምክር ለማግኘት ይጠቅማል፡፡		
304	የእርግዝና ክትትል የእናቶችን ጤና ለማስጠበቅና ለማስቀጠል ይጠቀማል፡፡		
305	የእርግዝና ክትትል የሽሉን ጤና ለማስጠበቅና ለማስቀጠል ይጠቀማል፡፡		
306	የእርግዝና ክትትል በእርጉዝ እናቶች ላይ ለፈጠሩ የሚችሉ አደገኛ ሁኔታዎች ጊዜዉን የጠበቀና ትክክለኛ ክህምና ለማሰጠት ይጠቀማል፡፡		

307	የእርግዝና ክትትል በሽሉ ላይ ሊፈጠሩ ለሚችሉ አደገኛ ሁኔታዎች ጊዜዉን የጠበቀና ትክክለኛ ክህምና ለማስጠት ይጠቀሚል፡፡		

ክፍል አራት፡- ከጤና ባለሙያዎች በእርግዝና ክትትል ወቅት ሥላገኙት እንክብካቤ ያለዎት አስተያየት ማጠይቅ
በዚህ ማጠይቅ ክፍል ወስጥ ያሉት ጥያቄዎች እርስዎ በዚህ ጤና ጣቢያ ለክትትል በማጠፀት ወቅት ከጤና ባለሙያዎች ሥላገኙት እንክብካቤ የእርስዎን አስተያየት የሚጠይቁ ናቸው፡፡ ለእያንዳንዱ ጥያቄ ከዕርስዎ ሃሳብ ጋር የሚጣለወን አንዱን በማሟጥ ይተባበሩን፡፡

በእርግዝና ክትትል ህክምና ክፍል ወስጥ እያሉ ከጤና ባለሙያዎች ሥላገኙት ህክምና የተሠማዎት ሥሜት፡-

ተ.ቁ		ጭሩ በጭሩ አላስደሰተኝም	አላስደሰተኝም	አላስደሰተኝም አላስከፋኝም	አስደስቶኛል	ጭሩ በጭሩ አስደስቶኛል
	በጋራ ግኑኝነት ጥበብ					
401	የጤና ባለሙያዎች ለእርስዎ በነበራቸው አክብሮት	1	2	3	4	5
402	የጤና ባለሙያዎች ለእርስዎ በነበራቸው ትክረትና ሥሜቱ	1	2	3	4	5
403	የጤና ባለሙያዎች ለእርስዎ ምቾት ባደረጉት ጥረት	1	2	3	4	5
404	በእርስዎና በጤና ባለሙያዎች መካከል በነበረው መግባባት	1	2	3	4	5
405	እርሶዎ በጤና ባለሙያወች፡ ላይ፡ ያለዎት እምነት	1	2	3	4	5
406	የጤና፡ ባለሙያዎች፡ እርሶን፡ ለመርዳት፡ ባደረጉት ጥረት	1	2	3	4	5
407	በጤና፡ ባለሙያዎች፡ ስለራሶዎ፡ ጤንነት፡እንዲወስኑ፡ በተሰጦት፡ እድል	1	2	3	4	5
408	በጤና ባለሙያዎች፡ በተሰጠዎት ፡መረጃ፡ አጥጋቢነት	1	2	3	4	5
409	በጤና ባለሙያዎች፡ በተሰጠዎት ፡መረጃ ግልፅነት	1	2	3	4	5
410	በጤና ባለሙያዎች በተደረጎሎት ህክምና እክልነት	1	2	3	4	5
	በሙያዊ ብቃት					
411	የህክምና መሳሪያዎች ዘመናዊነት	1	2	3	4	5
412	በጤና ባለሙያዎች የህክምና ብቃት	1	2	3	4	5
413	በተደረጎሎት፡ጥንቃቄ የተሞላበት ጭሩ ምርመራ	1	2	3	4	5
414	ለሚደረግሎት ማንኛወም ህክምና ስለተደረገልዎት ገለፃ	1	2	3	4	5
415	በጤና ባለሞያወች ስለተደረገልዎት ሞያዊ ምክር	1	2	3	4	5
	በሚጠበያ ክፍሉ ገጽታ					
416	በእርግዝና ክትትል ክፍል ንፅህና	1	2	3	4	5
417	በሚጠበያ ክፍልዎ ምቾት	1	2	3	4	5
418	የክትትል ክፍሉ ሳቢነት	1	2	3	4	5
419	በሚጠበያ ክፍልዎ ዙሪያ ባለው ሁኔታ (የድምፅ፣ የአየር)	1	2	3	4	5
	በክትትል ክፍሉ አደረጃጀት					
420	የክትትል ክፍሉ ባለበት ቦታ	1	2	3	4	5
421	የህክምና አገልግሎት ለማግኘት ባሳለፉት ጊዜ	1	2	3	4	5

422	ጤና ባለሞያዎች ለእርስዎ አገልግሎት በመስጠት ባሳለፉት ጊዜ	1	2	3	4	5
423	በክትትል ክፍሉ የስራ ሰዓት	1	2	3	4	5
424	ከላብራቶሪ በተሰጡት አገልገሎት	1	2	3	4	5
425	እርዳታ በፋለጉ ጊዜ የጤና ባለሞያዎች በቦታቸው ማግኘት	1	2	3	4	5
426	መድሀኒት በፈለጉ ጊዜ ማግኘት	1	2	3	4	5
427	በድንገተኛ ጊዜ የሪፈራል አገልግሎት መኖር	1	2	3	4	5

ለትብብርዎ እናመሰግናለን፤፤

ANNEX III: OROMIFFA VERSION QUESTIONAIRE

DABALEE I: -BARGAAFFII

YUUNIVARSIITII JIMMAATTI

MUUMMEE KOLLEEJJII FAYYAA HAWAASUMMAA FI SAAYINSII MADIKAALAA

MANNEE BARNOOTA NAARSIINGII

Qajeelfama Waliigalaa

Bargaaffiin kun Kibba Dhiha Itoophiyaatti, Buufaataalee Faayyaa Magalaa Jimmaatti **Itti quufinsa** haadhoolii Ordoffii tajaajila fayyaa yeroo ulfaa kennamutti xinxaluuf jecha kan qopha'eedha.

Akkam bultee/oolte?

Obbo/adde/______________________ n jedhama. Yuunivarsitii Jimmaatti, miseensa garee qorannooti. Har'a gara kana kanan dhufeef, Ordoffii tajaajila fayyaa yeroo ulfaa kennamu itti hagaam hadhooliin akka itti quufan xinxaluuf qorannoo baratoota digirii lammaffaan (MSc) gaggeefamuuf raga funaanuufan .Odeeffannoon dhimma kana ilaalchisee kennamu iccitiin kan qabamuu fi maqaan nama tokkooyyuu kan hinbarreeffamne dha. Yeroo kamittiyyuu adeemsa gaaffii fi deebii taasifamuu addaan kutuu ni dandeessu. Kanan siyaadachiisuu barbaadu garuu, gaafiin tokkollee yoo osoo hindeebi'in hafe, hiika raga kanaa guutuu hintaasisu Qorannoo kana keessatti hirmaannaa cimaa taasiftuuf durseen sigalateeffadha!

Keessatti hirmaachuuf:

- ✪ Fedha qabduu? Eeyyee Lakki
- ✪ Yoo Eeyyee ta'ee gaaffii kee itti fufi!
- ✪ Yoo Lakkii ta'ee galateefadhuu gaggeessi!

Maqaa fi Mallattoo nama raga funaanee :________________________

Deebii Aff-gaaffichaa:

1. Guutuudha 2. Hamma tokko guutameera

Suppervizera: Maqaa:_____________________ Mallattoo:_____________

Yeroo itti aff-gaaffiin eegalame: __________________yeroo itti xumurame:________________

1.	Dhaabbata odeeffannoon irraa argame/buufata fayyichaa	1. Mandaraa Qocii 2. Higher 2 HC Jimma HC
Kutaa tokkoffaa: Odeeffannoo Waa'ee Hawwaassummaa		
Deebii isaan siif kennanitti mari ,kan barreefamu immoo bakka kennamutti barreessi!		
1.	Umurii(waggaan)---------------	
2.	Haalli gaa'elaa kee yeroo ammaa maali?	1. Heerumeera 2. Hin heerumeera 3. Kan biro(addeessi)--------------
3.	Sadarkaa barumsaa kee hangami?	---------------
4.	Dalagaan kee maali?	1. Haadha warraa 2. Hojjettuu mootummaa 3. Daldaltuu 4. Kan biro(addeessi)--------------
5.	Amaantaa kamiin hordoofta	1. Muslima 2. Ortodooksii 3. Piroteestantii 4. Kan biro(addeessi)--------------
6.	Sablamiii	1. Oromoo 2. Guragee 3. Kefaa 4. Kan biro(addeessi)---------------
7.	Galiin maatii kee giddu-galeessan Ji'atti meeqaa? Qarshiin----	
Kutaa lamaffaa: Odeeffannoo Waa'ee ulfaa fi dee'umsaa		
1.	Baay'ina dee'umsa deesseee ----------------	
2.	Ulfikee yeroo ammaa kuni karooraani?	1. Eeyyee 2. Lakki
3.	Ulfa baasistee/sirraa ba'ee/ beektaa?	3. Eeyyee 4. Lakki
4	Ulfi osoo iddoo hin geenye(still birth) sii qunamee beekaa	1. Eeyyee 2. Lakki
5	Hordoffiin kee kun meeqafaa kee dha?	1. 1ffaa 2. 2ffaa 3. 3ffaa

		4. 4ffaa/ isaa oli
6	Kanaan dura hordoffii ni qabda turtee?	1. Eeyyee 2. Lakki
7	Haalli fayyumaa kee yeroo ammaa maali fakkaata?	1. Baroodha 2. Baroo miti

Kutaa sadaffaa : Hubannoo waa'ee fayyidaa hordoffii tajaajila faayyaa yeroo ulfaa

- Deebii isaan siif Kennan Eeyyee yoo ta'e 1 jalatti Mallattoo (✓) , yoo Lakki ta'ee immoo 2 jalatti Mallattoo (✓) ka'uun agrsiisi ?

Hubannoo waa'ee fayyidaa hordoffii tajaajila faayyaa yeroo ulfaa		1. Eeyyee	2. Lakki
1.	Hordoffiin yeroo ulfaa fayyidaa qaba jettee yaaddaa? (Yoo deebiin kee Eeyyee ta'ee itti fufaan gaafadhu!)		
2.	Qophee yeroo ulfaa , mucaa harmaa hoosiisuuf, tajaajila fayyaa kan biroo akkan argadhu nagargara		
3.	Barnootaafi gorsa waa'ee ulfaa akkan argadhu nataasiisa		
4.	Waayita ulfaa fayyumaa koo akkan eegu na godha		
5.	Waayita ulfaa fayyumaa mucaa koo akkan eegu na godha		
6.	Rakkoon yoo jiraate dafee akkan adda baafadhuuf		
7.	Rakkoon yoo jiraate dafee akkan yaalamuuf		

Kutaa arfaffaa : Odeefannoo waa'ee itti quufiinsa tajaajila faayyaa yeroo ulfaa kennamuu

Deebii isaan siif Kennan **Itti hin quufu** yoo ta'e 1tti, **Amma tokko itti hin quufu** yoo ta'ee 2tti , **Lamanuu miti** yoo ta'ee 3tti , **Amma tokko ittiin quufa** yoo ta,ee 4 tti , **Ittan quufa** yoo ta,ee immoo 5 ttii marii agrsiisi ?

Gaaffiilee Itti quufiinsa tajaajila faayyaa yeroo ulfaa kennamuu		**1=Itti hin quufu**	**2=Amma tokko itti hin quufu**	**3=Lamanuu miti**	**5=Amma tokko ittiin quufa**	**5=Ittan quufa**
Haala keniinsa tajaajilaa/walitti dhufeenyaa						
1.	Ga'uumsa kabaja ogeessi fayyaa siif kennamutti					
2.	Haala siif dhimmuu/ ho'u ogeessa fayyichaatti					
3.	Haala ogeessi fayyichaa siif mijeessutti					
4.	Waal hubanoo ogeessa fayyaa kee waliin qabdutti					

5.	Simannaa ogeessa fayyaa kee siif godhutti					
6.	Deggersa/ gargaarsa ogeessa fayyaa kee siif godhutti					
7.	Waa'ee tajaajilaa kee murteessuuf hirmaanna ogeessa fayyaa kee siif kennutti					
8.	Ga'uumsaa odeeffannoo ogeessi fayyaa siif laatutti					
9.	Ga'uumsaa ibsa ogeessi fayyaa siif laatutti					
10.	Walqixxummaa tajaajila ogeessi fayyaan laatamuutti					
Qulqullinaan kennamuu tajaajilaa						
11.	Ammayyummaa meesholee isaan itti fayyadamanii					
12.	Dandeettii ogeessa fayyichaa					
13.	Haala inni rakkoo kee adda baasuuf sii qorate/ilaale					
14.	Odoo sii hin ilaaliin/qoratin dura ibsa inni siif kenne waa'ee waan gochuuf deemuuf					
15.	Gorsa inni siif kenne					
Qulqullina dhaabbatichaa						
16.	Qulqullina biiroo/ buufatichaa					
17.	Mijaa'ina bakka boqoonnaa /teessanii dabaree kee eegdu					
18.	Hawwannaa biiroo/ buufatichaa					
19.	Haala qilleensaa /qulqullina bakka teessanii dabaree kee eegdu					
Haala kenniinsa tajaajila buufata fayyichaatti						
20.	Bakka itti argamma buufata fayyichaa					
21.	Tajaajila argachuu yeroo dabaree eeggannaa sitti fudhatu					

22.	Biiroo/ buufatichatti yeroo dabaree eeggannaa					
23.	Sa’attii biiroo/ buufata fayyichaa					
24.	Mija’iina buufata fayyichaa tajaajila labooratoorii argachuuf					
25.	Jiraachuu ogeessa fayyaa					
26.	Jiraachuu tajaajila qorchaa					
27.	Jiraachuu tajaajila atatamaa yoo gara hospitalla birootti egaman deemuuf					

Yeroo keessan arsaa gootanii odeeffannoo kana naaf kennuu keessaniif galatoomaa!!!

ANNEX IV: QUALITATIVE RESEARCH TOOLS

Informed Consent Form for Focus Group Discussions:

Hallo! Good morning?

My name is Sr. / Ato__________ and my friend is Sr. / Ato______________

We are a research team member of Jimma University. Today we are here to discuss with you on client satisfaction with focused antenatal care services. The objective of this study is to assess the satisfaction of clients with FANC service in this health centers, which is important to improve the quality of focused antenatal care rendered in health centers. The discussion will involve 6-8 pregnant womens.

We would like to assure you that the study is confidential. We will not keep a record of your name and address. But we will take note of our discussion, which is accessed by only the principal investigator and locked in Jimma University until the study is completed. Finally it will be destroyed.

You have a right to leave the discussion at any time, or to skip any question that you do not want to answer. Your correct answer to the questions can make the study achieve the goals. Therefore, you are kindly requested to respond genuinely and voluntary with patience. The discussion will take about 45 minutes.

Do you have any question?

Are you willing to participate in the interview?

a) Yes, Go to the next page b) No, Thank them and interrupt the interview

Supervisor's name:______________________ Signature

Guideline for FGD

1. Do you know the importance of focused antenatal care?
2. If yes to question 1, mention the importance.
3. How do you express your overall satisfaction with the focused antenatal care service you have received?

   Probe for perceived reason for dissatisfaction
4. How do you express your satisfaction with the interpersonal care?

   Probe for perceived reason for dissatisfaction
5. How do you express your satisfaction with technical quality?

   Probe for perceived reason for dissatisfaction
6. How do you express your satisfaction with physical environment?

   Probe for perceived reason for dissatisfaction
7. How do you express your satisfaction with organization of the health care in terms of accessibility and availability?

   Probe for perceived reason for dissatisfaction
8. What suggestions do you have to improve the client satisfaction with focused antenatal care?

የ ቡድን ውይይት መምሪያ

የስምምነት ማጠየቂያ ቅጽ

እንደምን አደራችሁ/ ዋላችሁ

ስሜ አቶ/ ሲስተር-------------------ይባላል፡፡የስራ ባልደረባዬ ደግሞ አቶ/ ሲስተር --------------ይባላሉ፡፡ የጅማ ዩኒቨርሲቲ የጥናትና ምርምር ቡድን አባላቶች ነን፡፡ ዛሬ እርስዎ ጨምሮ በዚህ ጤና ጣቢያ ክትትል ለሚያደርጉ እናቶች በጤና ባለሞያዎች ስለሚሰጠዉ እንክብካቤ ወይይት እናደርጋለን፡፡ የወይይቱ ዓላማ የእርግዝና ክትትል የሚያረጉ እናቶችን በተሰጣቸዉ አገልግሎት ደስተኛ እንዳይሆኑ የሚያደርጋቸዉ ምክንያት ለማወቅና እናቶች በቂና የተሟላ አገልግሎት ከጤና ባለሞያዎች እንዲያገኙ ለማድረግ ነው፡፡ ወይይቱ ከ 6-8 እንቶችን ያካትታል፡፡

ወይይቱ ሙሉ ለሙሉ በሚስጢር የሚያዝ መሆኑን እናረጋግጥላችኃለን፡፡ የእርስዎ ስምም ሆነ አድራሻ በማጠይቁ ወስጥ አይካተትም፡፡ እንዲሁም የዕርስዎ ማንነትም ሆነ የሠጡት ምላሽ የዕርስዎ ሥለመሆኑ በምንም ሁኔታ አይገለጽም፡፡ በዚህ ጥናት ለማስተፍ እኛ የእርስዎን ሙሉ ፍቃደኝነት ስንጠይቅ ያለምንም አስገዳጅነት ሲሆን ፈቃደኛ ካልሆኑ ከመጀመሪያወም ሆነ ወይይቱን ከጀመሩ በኋላ በማዘል ማቋረጥ ይችላሉ፡፡

የእናንተ ምላሽ ትክክለኛነት ጥናትና ምርምሩ የተሳካ ያረገዋል፡፡ ወይይቱ በግምት 45 ደቂቃ ይወስዳል፡፡

በጥናቱ ለማካተፍ ፈቃደኛ ነዎት? አዎ __________ አይደለሁም ___________

ፈቃደኛ ከሆኑ ቃለማጠይቁን ይጀምሩ

የተቆጣጣሪው ስም ____ ፊርማ ____________________

በወይይቱ የሚዳሰሱ ርእሶች

1 ስለ እርግዝና ክትትል ጠቃሚነት ያወቃሉ?

2 ለመጀመሪያ ጥያቄ ምላሽዎ አዎ ከሆን ጥቅሞቹን ይዘርዝሩ

3 ባጠቃላይ በእርግዝና ክትትል ክፍል በነበሮት ቆይታ በተሰጦት አገልግሎት የተሰሞዎት ስሜት እንዴት ይገልጹታል?

ምርመራ፤ ደስተኛ እንዳይሆኑ ያረጎት ምክንያት

4 በጤና ባለሞያወና በእርሶዎ መካከል በነበረው ግንኙነት የተሰሞዎት ስሜት እንዴት ይገልጹታል?
ምርመራ፤ ደስተኛ እንዳይሆኑ ያረጎት ምክንያት

5 በጠና ባለማው ማዋዊ ብቃት የተሰማዎት ስሜት እንዴት ይገልጹታል?
ምርጫ፤ ደስተኛ እንዳይሆኑ ያረጎት ምክንያት

6 በክትትል ክፍሉ አደረጃጀት የተሰማዎት ስሜት እንዴት ይገልጹታል?
ምርጫ፤ ደስተኛ እንዳይሆኑ ያረጎት ምክንያት

7 በክትትል ክፍሉና ዙሪያው ባለ ሁኔታ የተሰማዎት ስሜት እንዴት ይገልጹታል?
ምርጫ፤ ደስተኛ እንዳይሆኑ ያረጎት ምክንያት

8 ለእርጉዝ እናቶች በሚሰጣቸው የክትትል ህክምና አገልግሎት ደስተኛ እንደሆኑና ደስተኛነታቸው እንዲጨምር ምን አስተያየት አለዎት?