

Females' Satisfaction and Perception about Prenatal Care Services at Primary Health Care Centers

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Abstract- Objective: to assess some aspects of expressed maternal (pregnant women) satisfaction and perception of care provided at 10 primary health care centers within the Primary Health Care.

Methodology: The study covered a sample of 50 pregnant women attending for maternal health care. From May 10th to August 30th each individual in the sample was interviewed using a specific questionnaire form. The results indicated that most of women attending Prenatal care are good perception with care provided, the level of satisfaction was mostly of pregnant women is satisfied with care services. The study indicates no correlation relationship between overall satisfaction and their demographic characteristic expect the number dead birth with p-value (0.025).

Conclusion: the most of women pregnant no opportunity for better education and most of pregnant women were satisfied with all care aspect.

Recommendation: to further studies should be conducted to involve a larger geographical area. The Ministry of Health should apply continuing education courses for staffs' worker in primary health care centers to increase their knowledge about maternal and child health care services.

Index Terms- Satisfaction, Perception, Prenatal Care Services, Primary Health Care

I. INTRODUCTION

The use of antenatal day care units is widely recognized internationally as an alternative for inpatient care for women with pregnancy complications. Antenatal day care units allow women with pregnancy complications to spend part or most of a day at an outpatient setting cared for by nurses and midwives with physician and primatologist consults receiving complication-based antenatal testing and assessments and interventions. Antenatal day care units have been widely used as an alternative to inpatient care for women with pregnancy complications including mild and moderate hypertension, and preterm premature rupture of the membranes.⁽¹⁾

The Prenatal care relates to any event or condition that occurs or exists in the embryo or the mother during the period between conception and delivery of the infant. Prenatal care therefore is the care of a pregnant woman and her fetus by health care staff from conception to the onset of labor⁽²⁾.

In addition to providing Prenatal care, health professionals in the primary health care centers perform face to face education for all pregnant women on issues such as pregnancy, and postpartum period and also recommend a

schedule for the next visits. Pregnant women can select their own health professionals for receiving prenatal care and the education they need⁽³⁾.

The effectiveness of Prenatal care is not only the aim but also improving maternal satisfaction with health care services. The knowledge about user's views is still very limiting especially in developing countries⁽⁴⁾.

The number of pregnant women in the developing countries receiving Prenatal care during pregnancy has increased significantly since 1990 about 20%⁽²⁾.

Importance of the study

The measurement of patients' satisfaction is a common component of many evaluations. It is a wholly subjective assessment of the quality of health care and, as such, is not a measure of final outcome. Evidence has suggested that care, which is less than satisfactory to the patients, is also less effective, because dissatisfaction is associated with noncompliance with treatment instructions, delay in seeking further care and poor understanding and retention of medical information⁽⁵⁾.

Statement of problem

Women's Satisfaction and Perception about Prenatal Care Services at primary Health Care Centers in al-Najaf City.

Objectives of the study

- 1- To assess perception and satisfaction about Prenatal care services in primary healthcare centers.
- 2- To find out the association between the perception, satisfaction and their demographic. Characteristics of (Age, education level, occupation, gestation at age number of Prenatal Visit).

Methodology: the setting of the study, the sample of the study, the study instrument, data collection, statistical data analysis and validity of the questionnaire.

Design of the study: A cross sectional study Descriptive design was conducted at primary health care centers From November to March. To assess Women's Satisfaction and Perception about Prenatal Care Services at Primary Health Care Centers in al-Najaf City.

Setting of the study: The study was carried out in primary health care centers.

The sample of the study: Sample of (50) pregnant women, were taken (Convenience) Sample from primary health care centers.

II. RESULTS

Table (1) Descriptive Statistics for the Overall satisfaction about health Education message for the Study Sample

Overall satisfaction about health education messages				
Levels	Frequency	Percent	Valid Percent	Cumulative Percent
Dissatisfied	4	8.0	8.0	8.0
Satisfied	46	92.0	92.0	100.0
Total	50	100.0	100.0	

This table shows that the study subjects overall satisfaction about education message the majority of study result for satisfied with (92%).

Table (2) Descriptive Statistics for the Overall satisfaction about different care aspects.

Overall satisfaction about different care aspects				
Levels	Frequency	Percent	Valid Percent	Cumulative Percent
Dissatisfied	2	4.0	4.0	4.0
Satisfied	48	96.0	96.0	100.0
Total	50	100.0	100.0	

This table shows that the study subjects overall satisfaction about care aspects the majority of study result for satisfied with (96%).

Table (3) Descriptive Statistics for the Overall satisfaction.

overall satisfaction				
Levels	Frequency	Percent	Valid Percent	Cumulative Percent
Dissatisfied	2	4.0	4.0	4.0
Satisfied	48	96.0	96.0	100.0
Total	50	100.0	100.0	

This table shows that the study subjects overall satisfaction the majority of study result for satisfied with (96%).

Table (4) Descriptive Statistics for the Overall mother perception.

Overall mothers perception				
Levels	Frequency	Percent	Valid Percent	Cumulative Percent
Bad	7	14.0	14.0	14.0
Good	43	86.0	86.0	100.0
Total	50	100.0	100.0	

This table shows that the study subjects overall mother perception the majority of study result for good with (86%).

Table (5) Correlation between the overall satisfactions of the pregnant women with demographic data.

Demographic Data	Rating	Counts	overall satisfaction		Sig.
			Bad	Good	
age / years	<= 14	Count	0	1	p-value = 0.52 NS
		Expected Count	0	1	

	15 - 20	Count	1	12			
		Expected Count	0.5	12.5			
	21 - 26	Count	0	17			
		Expected Count	0.7	16.3			
	27 - 32	Count	0	11			
		Expected Count	0.4	10.6			
	33+	Count	1	7			
		Expected Count	0.3	7.7			
Levels of education	Illiterate	Count	0	2	p-value = 0.11 NS		
		Expected Count	0.1	1.9			
	Able to read and write	Count	0	9			
		Expected Count	0.4	8.6			
	Primary school graduated	Count	0	15			
		Expected Count	0.6	14.4			
	Intermediate school graduated	Count	0	9			
		Expected Count	0.4	8.6			
	Secondary school graduated	Count	1	11			
		Expected Count	0.5	11.5			
	Institution and college graduated	Count	1	2			
		Expected Count	0.1	2.9			
	occupation	Free Gob	Count	0		1	p-value = 0.91 NS
			Expected Count	0		1	
House Wife		Count	2	44			
		Expected Count	1.8	44.2			
Student		Count	0	3			
		Expected Count	0.1	2.9			
Number of visit	No visits	Count	0	1	p-value = 0.90 NS		
		Expected Count	0	1			
	1	Count	0	12			
		Expected Count	0.5	11.5			
	2	Count	0	9			
		Expected Count	0.4	8.6			
	3	Count	1	12			
		Expected Count	0.5	12.5			
	4	Count	1	8			
		Expected Count	0.4	8.6			
	5	Count	0	3			
		Expected Count	0.1	2.9			
	6	Count	0	2			
		Expected Count	0.1	1.9			
	10	Count	0	1			
		Expected Count	0	1			
Number of birth	No birth	Count	1	12	p-value = 0.89 NS		
		Expected Count	0.5	12.5			
	1	Count	0	10			
		Expected Count	0.4	9.6			
	2	Count	1	9			
		Expected Count	0.4	9.6			
	3	Count	0	6			
		Expected Count	0.2	5.8			

	4	Count	0	5	
		Expected Count	0.2	4.8	
	5	Count	0	2	
		Expected Count	0.1	1.9	
	6	Count	0	4	
		Expected Count	0.2	3.8	
Number of live birth	No live birth	Count	1	13	p-value = 0.88 NS
		Expected Count	0.6	13.4	
	1	Count	0	9	
		Expected Count	0.4	8.6	
	2	Count	1	9	
		Expected Count	0.4	9.6	
	3	Count	0	8	
		Expected Count	0.3	7.7	
	4	Count	0	4	
		Expected Count	0.2	3.8	
	5	Count	0	1	
		Expected Count	0	1	
	6	Count	0	4	
		Expected Count	0.2	3.8	
Number of dead birth	No dead birth	Count	1	45	p-value = 0.025 S
		Expected Count	1.8	44.2	
	1	Count	1	3	
		Expected Count	0.2	3.8	
Abortion	No abortion	Count	1	39	p-value = 0.40 NS
		Expected Count	1.6	38.4	
	1	Count	1	7	
		Expected Count	0.3	7.7	
	2	Count	0	2	
		Expected Count	0.1	1.9	

This table show no significant correlation between pregnant women satisfaction with demographic characteristics except number of dead birth high significant correlation with p-value (0.025)

Table (6) Correlation between the overall perceptions of the pregnant women with demographic data.

Demographic Data	Rating	Counts	Perception		Total
			bad	Good	
age (Binned)	<= 14	Count	0	1	p-value = 0.04 S
		Expected Count	0.1	0.9	
	15 - 20	Count	5	8	
		Expected Count	1.8	11.2	
	21 - 26	Count	2	15	
		Expected Count	2.4	14.6	
	27 - 32	Count	0	11	
		Expected Count	0.1	11.9	

		Expected Count	1.5	9.5	
	33+	Count	0	8	
		Expected Count	1.1	6.9	
Levels of education	Illiterate	Count	0	2	p-value = 0.29 NS
		Expected Count	0.3	1.7	
	Able to read and write	Count	1	8	
		Expected Count	1.3	7.7	
	Primary school graduated	Count	2	13	
		Expected Count	2.1	12.9	
	Intermediate school graduated	Count	0	9	
		Expected Count	1.3	7.7	
	Secondary school graduated	Count	4	8	
		Expected Count	1.7	10.3	
Institution and college graduated	Count	0	3		
	Expected Count	0.4	2.6		
Occupation	Free gob	Count	0	1	p-value = 0.70 NS
		Expected Count	0.1	0.9	
	House wife	Count	7	39	
		Expected Count	6.4	39.6	
	Student	Count	0	3	
		Expected Count	0.4	2.6	
Number of visits	No visits	Count	0	1	p-value = 0.48 NS
		Expected Count	0.1	0.9	
	1	Count	1	11	
		Expected Count	1.7	10.3	
	2	Count	0	9	
		Expected Count	1.3	7.7	
	3	Count	4	9	

		Expected Count	1.8	11.2	
	4	Count	2	7	
		Expected Count	1.3	7.7	
	5	Count	0	3	
		Expected Count	0.4	2.6	
	6	Count	0	2	
		Expected Count	0.3	1.7	
	10	Count	0	1	
		Expected Count	0.1	0.9	
Number of birth	No birth	Count	3	10	p-value = 0.37 NS
		Expected Count	1.8	11.2	
	1	Count	0	10	
		Expected Count	1.4	8.6	
	2	Count	3	7	
		Expected Count	1.4	8.6	
	3	Count	1	5	
		Expected Count	0.8	5.2	
	4	Count	0	5	
		Expected Count	0.7	4.3	
	5	Count	0	2	
		Expected Count	0.3	1.7	
	6	Count	0	4	
		Expected Count	0.6	3.4	
Number of live birth	No live birth	Count	3	11	p-value = 0.45 NS Number of dead birth
		Expected Count	2	12	
	1	Count	0	9	
		Expected Count	1.3	7.7	
	2	Count	3	7	
		Expected Count	0.6	3.4	

		Expected Count	1.4	8.6	
	3	Count	1	7	
		Expected Count	1.1	6.9	
	4	Count	0	4	
		Expected Count	0.6	3.4	
	5	Count	0	1	
		Expected Count	0.1	0.9	
	6	Count	0	4	
		Expected Count	0.6	3.4	
Number of dead birth	No dead birth	Count	7	39	p-value = 0.40 NS
		Expected Count	6.4	39.6	
	1	Count	0	4	
		Expected Count	0.6	3.4	
Abortion	No Abortion	Count	6	34	P-Value = 0.830 NS
		Expected Count	5.6	34.4	
	1	Count	1	7	
		Expected Count	1.1	6.9	
	2	Count	0	2	
		Expected Count	0.3	1.7	

This table show no significant correlation between pregnant women perception with demographic characteristics except age high significant correlation with p-value (0.04).

III. DISCUSSION

Satisfaction with Prenatal care services motivates pregnant women to seek and continue Prenatal care, the result of this study showed that 96% of the pregnant women were satisfied with the service that they had received (96%), and the study conduct by ⁽⁶⁾

Study of client satisfaction towards Prenatal care service in the maternal and child health hospital in Thailand found that most of the respondents (91.8%) were satisfied with the service given and behavior of service providers.

Satisfaction with Prenatal care services motivates pregnant women to seek and continue Prenatal care whereas dissatisfaction with Prenatal care services results in decreased

utilization ,It is well known that most deaths birth can be prevented if adequate and timely obstetric care, the study support by ⁽⁷⁾

Therefore it is our widespread desire to improve maternal care and make optimum use of women contact with health services. Furthermore, it is also important to identify which interventions are effective and how best to deliver them.

The study more satisfied with different aspect of care services, the pregnant women satisfied with getting care result in (70%) by ⁽⁸⁾

The study result indicate no significant relationship between overall satisfaction and demographic studies expect the number of dead birth with high significant correlation with p-value (0.025),and the study show high significant correlation between overall women perception and age with p-value (0.04).by ⁽⁹⁾

IV. CONCLUSION

- 1- Pregnant Women no opportunity for better education.
- 2- Pregnant women demographic characteristic do not show any relationship to their overall satisfaction aspect expect number of dead birth.
- 3- Generally, most of the pregnant women were satisfied with the service that they had received.
- 4- Also they were satisfied with multiple aspects of care in the health center in the form of clinical examination, laboratory investigation, treatment of existing condition, messages education.

Recommendation:

- 1- Further studies should be conducted to involve a larger geographical area.
- 2- The Ministry of Health should apply continuing education courses for staffs' worker in primary health care centers to increase their knowledge about maternal and child health care services.

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