

Deanship of Graduate Studies

Master of Maternal and Children Health

**Women's Satisfaction with Antenatal Care Services in
Gaza Strip, Palestine 2003**

By

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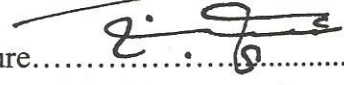
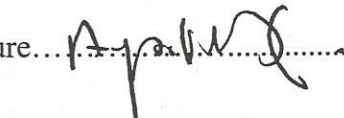
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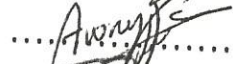
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Declaration

I certify that this thesis submitted for the degree of Master is the result of my own research, except where otherwise acknowledged, and that this thesis (or any part of the same) has not been submitted for a higher degree to any other university or institution.

Signed: 

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Date: 17/6/2004

Dedication

To the spirits of Palestinian leaders who sacrifice for
community's life, and

To my parents, my spouse, my kids, to my brothers, my
sisters and those people who have never stopped
supporting me regardless of their abilities to help;

I dedicated this job to my family, without their support
this work would not has been done.

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Appreciation and love go to my family who supported me in critical moments during my study.

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Abstract

Background: As a fundamental element of the Ministry Of Health for national development plan, reproductive health has received further recognition since the International Conference on Population and Development held in Cairo in 1994. However, the effects of antenatal care interventions on women's satisfaction were studied in many countries; when clients experience high quality health services, they generally feel more satisfied. Furthermore, increase clients satisfaction can lead to better health outcome. Satisfied clients are more likely to comply with treatment and advice and to return for additional care. However, relatively few studies on client's satisfaction have been made in Palestine. This study was conducted to assess the degree of women's satisfaction with antenatal care provided at the two major health sectors, Ministry Of Health and United Nations for Relief and Works Agency in Gaza Strip. The study evaluated in general the quality of antenatal care at primary health care level from the women's point of view.

Methodology: Women's satisfaction was measured through using specific exit-interview. The responses were scored using three alternatives semi likert scales. A representative sample 504 clients were interviewed randomly selected at primary health care in Gaza Strip. The response rate was 92.8%.

Results: The study conceptually used eight dimensions of satisfaction, the findings revealed that, the level of satisfaction represented with provider competence was 83%, service provider consultation was 62%, interpersonal relations was 81%, waiting time was 86%, accessibility was 89.5%, infrastructure was 82%, drug availability was 79.5%, general satisfaction was 89.5% and overall satisfaction was 79.3%, the study revealed some variables influencing satisfaction include age, educational level, employment status, service provider consultation, waiting time, health provider manners and type of health sector.

Conclusions: : The results reveal high level of satisfaction but the level of satisfaction could be improved when considered the findings of this study. The health education issues particularly services provider consultation needs intensive attention from health decision makers also the waiting time has real impact on satisfaction level and active participation in communication process so it's need creative solution to improve health service and achieve satisfactory women's needs and expectations. The study recommends to some of perspective, perception and information, education and practice of both client and health provider towards antenatal care to elevate the level of satisfaction.

Summary (Arabic)

الملخص العربي للدراسة

رضا السيدات الحوامل عن رعاية الحوامل المقدمة في عيادات وزارة الصحة ووكالة الغوث

تقديم:-

تعتبر الصحة الإنجابية عنصرا أساسيا في خطة التطوير الوطني لدى وزارة الصحة الفلسطينية ، حيث أن هناك الاهتمام بالصحة الإنجابية قد تعزز منذ مؤتمر السكان والتنمية المنعقد في القاهرة عام 1994، وهناك العديد من الدراسات التي أولت رضا السيدات الحوامل عن رعاية الحمل قدرا كبيرا من البحث والدراسة ، وعليه فهذه الدراسة قد نفذت في القطاعين الرئيسيين لتقديم رعاية الحوامل في عيادات الرعاية الأولية في قطاع غزة ، ألا وهما وزارة الصحة الفلسطينية ووكالة الغوث الدولية لتشغيل ورعاية اللاجئين الفلسطينيين.

ولقد تم اختيار موضوع هذه الدراسة لقلّة ما كتب عنه وما له من تأثير كبير على جودة الرعاية الصحية المقدمة للحوامل ورضاء مستخدمي هذه الخدمة من النساء والذي بالتالي يؤثر على نسبة استخدام رعاية الحمل وارتباطها بصحة المرأة والمجتمع.

أهداف الدراسة :-

تهدف هذه الدراسة إلى تقييم مستوى رضا السيدات الحوامل عن خدمة رعاية الحمل المقدمة لهن في عيادات وزارة الصحة ووكالة الغوث الموجودة في قطاع غزة ، إن الدراسة تقيم بشكل عام مستوى الخدمة المقدم للحامل بناء على وجهة نظرها في هذه الخدمة ، وتدرس الدراسة من جانب آخر علاقة الرضا مع العوامل الديمغرافية والخصائص الأُمومية وكذلك خصائص مركز رعاية الحمل الصحي وذلك لتقديم توصيات أوفى للقائمين على هذه الخدمات من أجل التحسين والتطوير.

الفئة المستهدفة:-

ولقد شملت عينة الدراسة السيدات الحوامل اللواتي يعشن في محافظات قطاع غزة الخمسة واللواتي يتلقين رعاية الحمل من عيادات الرعاية الأولية التابعة لوزارة الصحة الفلسطينية ووكالة الغوث الدولية. حيث كانت الاستجابة بنسبة 92.8% من مجموع عينة الدراسة التي شملت 504 امرأة تم اختيارهن عشوائيا بنسب مختلفة حسب عدد المراجعات في كل عيادة حمل.

جمع البيانات :-

لقد قام بجمع البيانات ثمانية من الباحثات الميدانيات بعد تلقيهن تدريبا مكثفا عن آلية الجمع والمفاهيم الرئيسية للأسئلة الموسومة في الاستلانة ولقد جمعت بيانات الدراسة عن طريق المقابلة قبيل الانصراف من العيادة بعد تلقي الخدمة وكانت المقابلة على شكل استبيان طوره الباحث ليكون على شكل نقاط محددة تمثل ثمانية مجموعات رئيسية مثلت أبعاد الرضا وأضاف له ثلاثة أسئلة مفتوحة لإعطاء المشاركات الفرصة على إبداء الرأي والمشاركة.

تحليل البيانات:-

تم استخدام البرنامج الإحصائي "SPSS" وتم اختبار النتائج باستخدام اختبار T-test الإحصائي واختبار معامل تحليل التباين أحادي الجانب "ANOVA".

نتائج الدراسة :-

لقد خلصت الدراسة عبر ثمانية أبعاد لرضا الحوامل ، وعليه فقد عكست النتائج أن مستوى الرضا عن كفاءة مقدمي الخدمة كان 83% ، رضاهن عن الخدمة الاستشارية كان 62% ، رضاهن عن العلاقة مع مقدمي الخدمة كان 81%، عن وقت الانتظار كان 86%، عن سهولة الحصول على الخدمة كان 89.5% ، عن البنية التحتية للعيادة كان 82% ، عن توفر العلاج كان 79.5% ، عن خدمة العيادة بشكل عام كان 89.5% في حين حقق الرضا الكلي تقريبا 79.3%. كما أوردت الدراسة أن هناك عدة عوامل تؤثر بنسب مختلفة على مستوى الرضا بشكل عام، مثل العمر ، المواطنة، منطقة السكن، مستوى الدراسة ، عدد مرات الحمل، عدد الزيارات، حجم التوقعات، ولكن العام الأهم كان وقت الانتظار .

من جانب آخر أظهرت الدراسة أن هناك عوامل أخرى تؤثر على أبعاد الرضي المختلفة فمثلا نوعية العيادة التي تتلقى منها الحامل الرعاية، نوعية مقدم الخدمة . كما أن البيانات النوعية في الدراسة أوردت أن وقت الانتظار شكل الأهم من وجهة نظر الحوامل وتلاه في ذلك سلوك مقدمي الخدمة وقد عزز هذا التوجه ما عكسته إجابات الحوامل من اقتراحات لتطوير رعاية الحوامل حيث أن 38.7% منهن تطلبن بتقليل وقت الانتظار و 13.2% تطلبن بتحسين سلوك مقدمي الرعاية تجاههن في حين 11% طالبن بإدخال خدمة التصوير التلفزيوني (ultra sound) إلى الخدمة بشكل أكبر.

التوصيات:-

ولقد خلصت الدراسة إلى بعض العوامل الرئيسية والتي يمكن من خلالها تحقيق القدر الأكبر من الرضا لدى الحوامل إذا ما تم الأخذ بها في التخطيط والتطوير الصحي، فالنتقيف الصحي وخاصة الاستشارة الصحية تحتاج إلى اهتمام أكبر من متخذي القرار ،على صعيد آخر وقت الانتظار له تأثير واقعي وفعال في تحقيق الرضا لذلك يحتاج إلى حلول عملية لتلبية حاجات الحوامل وتحقيق توقعاتهن.

لذا توصي الدراسة بتدريب مقدمي الخدمة على مهارات الاتصال وإدارة الحوار والوسائل الأنجع في التنقيف الصحي العام والخاص كما أن هناك مساحة للدراسة والبحث لكي تكتمل الصورة فان دراسة وجهة نظر مقدمي الخدمة واستخدام وسائل وطرق أخرى للتقييم ودراسة الطرق الأمثل للاستفادة القصوى من وسائل التنقيف الصحي قد يقدم إجابات كافية للتخطيط السليم لصحة المرأة بشكل عام وصحة الحوامل بشكل خاص.

Abbreviations

ANC	Ante Natal Care
ANOVA	Analysis of Variance
DISH	Delivery of Improved Services for Health
EMCDDA	European Monitoring Center on Drugs and Drug Addiction
Epi-info	Epidemiological Information
GNI	Gross National Income
GS	Gaza Strip
HIV/AIDS	Human Immune Virus / Acquired Immune-Deficiency Syndrome
MCH	Maternal and children health
MMR	Maternal Mortality Rate
MOH	Ministry Of Health
NGOs	Non-Governmental Organizations.
PCBS	Palestinian Central Bureau of Statistic
PHC	Primary health care
PNA	Palestinian National Authority
SPSS	Statistical Package for Social Science
STDs	Sexual Transmitted Diseases
UN	United Nations
UNDCP	United Nations International Drug Control Program
UNESCO	United Nations for Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
UNRWA	United Nation Relief and Works Agency
WB	West Bank
WHO	World Health Organization

Chapter (1)

Introduction

All women, whether their pregnancies are complicated or not, need good quality maternal health services during pregnancy, delivery and in the postpartum period to ensure their health and that of their infants. High quality maternal health services must be accessible, affordable, effective, appropriate for and acceptable to the women who need them (Graham, 1997).

The World Health Organization (WHO) estimates that, every year more than 160 million women become pregnant, 15% are likely to develop complications and around a third of these complications are life threatening, worldwide annually nearly 600,000 women die of pregnancy related complications, 99% of these deaths are in developing countries and only 1% in developed countries, the most frequently reported causes of maternal deaths are anemia & hemorrhage, eclampsia, abortion, obstructed labour and sepsis, however more than ninety percent of these deaths are preventable, (WHO and UNICEF, 1996). The provision of antenatal care (ANC) and safe motherhood has been associated with a significant decline in maternal mortality and morbidity over the last decades (WHO, 1994). Several studies demonstrated the high levels of maternal mortality and morbidity in developing countries rather than industrial countries. Furthermore, studies identifying causes of maternal deaths have emphasized the need for quality ANC and availability of trained personnel. The most recent household survey was conducted in the Palestinian Territories revealed that, ANC coverage about 95% of pregnant women received at least one checkup in Palestine whilst 5% of reproductive age respondents didn't attend to any ANC visits given by skilled health personnel (Maram, 2003). In the same there is about 28.9% of ANC attendances were served by Ministry of Health (MOH), 60.5% of them

served by United Nations for Relief and Works Agency (UNRWA) and only 10.6% of them served by Non-Governmental Organizations (MOH, 2003).

The goal of ANC is to help mother to maintain here well being and achieve a healthy outcome for herself and her infant. Despite the fact that ANC utilization is essential for improvement of maternal and child health, little is known about this paradigm, therefore the aim of this study is to assess women's satisfaction with ANC services and to give a health decision makers more details about women's view, attitudes and values to formulate their potential health plan properly upon customers' needs and expectations.

1.1. Overall goal

The overall aim of this study was to assess the degree of women's satisfaction with ANC provided at MOH and UNRWA clinics in the Gaza Strip. The study evaluates, in general, the quality of ANC at Primary Health Care (PHC) level from the clients' point of view. Specifically, the study determines the level of clients' satisfaction with information provided, humanness of the health care providers, competence of the health care providers, accessibility, infrastructure, waiting time, and general satisfaction.

1.2. Specific Objectives

The study objectives were:

1. To examine women's satisfaction with ANC services provided at MOH and UNRWA.
2. To investigate the association between women's choice and preference of ANC settings.
3. To recognize areas of strength and weakness of ANC services was received.
4. To investigate the association between demographical variables and women's satisfaction.

5. To investigate the association between maternal, antenatal and health care facility characteristics variables and women's satisfaction.
6. To make recommendations on the way forward regarding interventions to increase use of ANC services and to identify areas of care which could be improved.

1.3. Research questions

1. What are the women's opinions about ANC services they received?
2. What is the level of satisfaction among women being served in MOH and UNRWA clinics?
3. What are the main constructs of the ANC that affect women's satisfaction particularly in MOH and UNRWA clinics?
4. What are the main factors that lead women choice and preference of ANC setting?
5. Are there significant differences in the level of women's satisfaction with ANC in respect of demographical and socio-economic characteristics variables, such as age, citizenship, educational level, employment status and provinces?
6. Are there significant differences in the level of women's satisfaction with ANC in respect of maternal and antenatal characteristics variables, such as, number of delivers, number of antenatal visits, and number of expected checkup visits, time interval between checkups, waiting time and time spent during consultation?
7. Are there significant differences in the level of women's satisfaction with ANC in respect of health care facility variables, such as, type of health sectors, reason of choosing this clinic, clinic preferences and health provider preferences?
8. What are the main clients' suggestions to improve ANC services?
9. Is there an area of ANC that could be improved?

1.4. Justification of the study

To promote active participation of pregnant women in reproductive health care plan and to establish a good client-provider interaction, health providers need to hear the voice of women and understand their perspective on ANC. WHO (1999) cited "*Health services can be considered women-friendly when they empower users and satisfy their needs by respecting their rights to information, choice, safety, privacy and dignity and by being respectful of cultural and social norms*" (WHO, UNICEF and UNFPA, 1999). That perspective was built upon women's experiences, expectations, attitudes, belief and values. In addition, attention to the quality of care has been growing in the reproductive health field, and there have been significant efforts to define criteria and develop methodologies to assess the quality of maternal health services. Key determinants of quality include women's satisfaction with the technical competence of providers, interpersonal skills, the availability of basic supplies and equipment, the quality of physical facilities and infrastructure, linkage to other health services and the existence of a functional referral system, high quality maternal health services must be part of a continuum of care that spans from the pre-pregnancy to the postpartum period, and in which women and health providers are partners in care (WHO, 1994; WHO, 1995).

Additionally a workshop was done at January 27th, 2003 to set an agenda for the maternal and child health (MCH) and nutrition research studies to support health service in the GS. The participants recommended that, client's perspective and/or client's satisfaction with ANC should take place in health priorities for health development (Maram, 2003).

From side to side, United Nations Population Fund (UNFPA) and Population Reference Bureau (PRB) suggested that Palestinian health program need further efforts to focus on: improving the access to and quality of emergency obstetric care; targeting the reproductive

health needs of reproductive age, whilst, the ANC considered as a core of safe motherhood initiative (UNFPA and PRB , 2003).

Generally, there is a scarce of data about women's satisfaction with health care services particularly ANC. Therefore, this research study represents a baseline study providing information about factors contributing to women's satisfaction in this regards in the Palestinian context. Moreover, the researcher considers the women's satisfaction with ANC in GS will be one of the core components in the ANC quality management. Therefore, it could help health administrators to be more aware of factors influencing women's satisfaction with ANC services. Additionally, the findings of study might provide recommendations to policy makers to adopt the study recommendations in order to improve the quality of ANC services were provided to the Palestinians women.

This study was conducted in congruence with MOH strategic plan of development of the quality of health care in Palestine. Women's satisfaction is a strong influencing factor in determining whether a person seeks medical advice, complies with treatment and maintains a relationship with provider and health facility. Ultimately, the dimensions of quality that related to women's satisfaction affected the health and well-being of the community.

Moreover, the study may provide tentative guidelines for other researchers to conduct further studies in this field. Also, may give the researcher a broad opportunities to be an experts in related issues and this study to be a newly reference in Palestinian health library to help the researchers who concerned oneself with the Palestinian health context.

1.5. Context of the study

To establish a good understanding, the researcher presented background information on Palestine that could have an impact on the study, demography, socio-economic development, health care system and overview of Palestinian women's health.

1.5.1. Demographic context

GS was located in the south of Palestine, constituting the coastal zone of the Palestinian Territories along the Mediterranean Sea between occupied Palestine and Egypt. It is 50 kilometers long and 5-12 kilometers wide with an area of 365 square and about 0-40 meters above the sea level (Palestinian Central Bureau of Statistic (PCBS), 2001). The GS contains five provinces; North Gaza, Gaza, Middle-Zone, Khan-Younis and Rafah; there are four towns in GS, eight refugee camps and fourteen villages (Annex 1). Additionally, the population density rate in the GS was considered the highest one in the world. It was estimated about 3,198 persons per one square kilometer (PCBS, 2001).

The population size in GS, has been estimated that 1,167,359 according to 1997 census (PCBS, 2001). More than 15.6% of the population resides in the north of Gaza, 38% in the Gaza City, 14.1% in the central area and 32.3% in the southern area (Annex 2). Nearly, 72.9% of total inhabitants live in the GS are refugees served by UNRWA (PCBS, 1998). The census 1998 revealed that about 46.4% of total population is less than 15 years of age (Annex3). Only 3.9% of the total population is more than 60 years old (MOH, 2003). Moreover, GS has the highest concentrate of refugees, it has a population of 893,141 representing 58% of refugees registered with UNRWA in Palestinian Territories and most of them live in overcrowded camps with substandard dwelling and sanitation conditions (UNRWA, 2003).

Regarding gender, female population is estimated that 49.4% of the whole population in Palestinian Territories, twenty two percent of females are between 15-49 years old (childbearing age) of total population and 44.5% of the total number of females. Additionally, females have a higher life expectancy. The average life expectancy at birth is 72.6 years for females and 71.7 years for males (MOH, 2003).

The fertility rate in Palestine is very high compared to those dominant in other countries, which is due to early marriage especially among females and the desire to have many children. The rate observed at 3.85%, about 4.0% in GS and 3.4% in West Bank (MOH, 2003).

The crude birth rate in GS declined from 46.5\1000 in 1995 to 34.5\1000 in 1998, 28\1000 in 2001 and 27.2\1000 in 2002. However, in GS the crude birth rate dropped from 45.4\1000 in 1997 to 33.1\1000 in 2002, the highest birth rate was in the Gaza city of GS (35.5\1000), while the lowest was in the North of GS (30.1\1000) (MOH, 2003). The crude death rate in Palestine was declined from 4.8 deaths per 1000 population in 1997 to 3.1 per 1000 in 2002, where it dropped from 4.7 in 1997 to 3.5 in 2002 in GS (MOH, 2002).

The impact of Israeli occupation was viewed clearly on the daily life of Palestinian people, owing to the devastations, curfew and closure. The obtaining food supply and health care services were very difficult during Al Aqsa Intifada (MOH, 2003). However, in GS there is 77.3% of Palestinian households faced difficulties in obtaining food related siege and more than 57% related the loss of income sources. In the same time, there are 44.5% of Palestinian households faced difficulties in obtaining medical services for children related siege and more than 82% of them couldn't afford cost to obtain medical services (MOH, 2002).

1.5.2. Socio-political context

The ongoing change in political situation influenced social-economical status that events have a great impact after many devastating wars and 56 years of conflicts, many people living in this volatile state have a great expectation for the future. Israel still holds overall sovereignty over GS and the West Bank (WB). It has the upper hand over borders, movements of merchandise and travelers in and out particularly Palestinian themselves, it also control trade, commercial market, internal and external export and import, water, the