SATISFACTION OF PREGNANT WOMEN WITH PRENATAL HEALTH CARE SERVICES IN BETHLEHEM DISTRICT

by

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ABSTRACT

Satisfaction of Pregnant Women with Prenatal Health Care Services in Bethlehem District

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The purpose of this study was to describe pregnant women's levels of satisfaction with different prenatal aspects and to outline the characteristics of pregnant women who attended four prenatal health care settings in Bethlehem district: UNRWA-MCH center (Dar Khamashta), government MCH centers (El-obedieh and Beit Fajjar), and non government out-patient clinic of Holy Family Hospital (H.F.H)

The study population consisted of 90 pregnant women who attended these clinics for prenatal care purposes, and who live in Bethlehem area, in their third trimester (28 weeks and above), had at least three prenatal visits, and agreed to participate in the study. A quantitative descriptive design was followed utilizing a questionnaire designed by the researcher and reviewed by three advisors who had a research background and by two qualified midwives. The questionnaire consisted of eight sections: the first two sections were related to sociodemographic and obstetric background in which the antenatal record in these areas was reviewed to confirm accuracy. Section three through seven were related to the levels of satisfaction with the attribute of the health care provider, physical and laboratory examination, health education, practical arrangements for clinic attendance and the characteristics of the health setting. The eighth section was related to women preferences and willingness to re-visit the clinic, in addition to the open-ended question, Appendix (7). A pilot test was carried out and involved 6 pregnant women, 2 from each setting, then modification for the non-clear questions was done.

Data were collected through face to face interviews in a separate room while women were waiting to see doctor/midwife using the above mentioned questionnaire. The analysis of the data revealed that the majority of studied pregnant women were young, married early, had secondary educational level, non working and married to laborer husbands.

- Only 56.6% of the studied pregnant women (n=90) attended the prenatal clinic in the first trimester. The percentage of the youngest, less educated women was less than the old and more educated ones.
- The majority of the respondents (60%) who attended the government MCH centers, had the first visit (Booking) at the first trimester while the majority of women who utilized the UNRWA- MCH center (80%) and the out patient clinic of Holy Family Hospital (50%) had this visit within the second trimester.
- Pregnant women in general were satisfied and somehow satisfied with the majority of the items. But they were dissatisfied with: (1) the health education given by the nurse in relation to all pregnancy related topics; (2) the ability of both doctor and nurse to be acquainted with and remember them during the subsequent visits, (3) referral of them to external lab, (4) the availability of both drinking water and seats (5) in addition to the waiting time.
- In general, the results of this study showed that there was disparity between the findings obtained from the scale in relation to the levels of satisfaction with the attribute of the health care provider and the suggestions offered by women in responding to the open-ended question.
- Slight differences in satisfaction mean scores were found among women in regard to their age, educational level and gravidity while the statistically significant differences were found with specific dimensions (in relation to the site of care) including health education, physical care and the characteristics of the health care setting.
- Eighty nine percent and forty eight percent of the studied women preferred a specialized and female doctor respectively. 52.2% and 62% stated that they will re-visit and advise others to use the same setting respectively.
- Conclusion :In general, there was a difference in the level of satisfaction among pregnant women attended the UNRWA, government, and non government health care setting. This difference could be attributed to different aspects , some of them related to the health care provider, to the services itself and to the health care setting where the client receives her care. Accordingly, a universally accepted policy and protocols by the different setting UNRWA, NGO, government and private sectors should be targeted in order to improve the quality of health care and to ensure a better health and well being of the Palestinian woman and children.

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CHAPTER I

INTRODUCTION

"All individuals have the right to be born healthy and to ensure this right, every pregnant women and every fetus has the right to quality health care (Reeder, Martin and Koniak, 1992)."

The wealth of nation depends on the health of women. Their health matters to themselves, to their families and to communities. In addition, the health and well-being are critical ingredients, of the generation of the future. Unfortunately, two many women denied the basic human right - the right to the highest attainable level of health, because girls and women are subject to discrimination in terms of the allocation of family resources, education, nutrition, etc.. and access to health care. Therefore, to ensure this right and to obtain an optimum level of health and well being, women should have an adequate, comprehensive and holistic care that cover the whole life span, to promote health, prevent and treat illness and disorder. The importance of this lies in the fact that women undertake a vital function of bearing and rearing our children.

Pregnancy and child birth are natural processes but they by no means risk free. Worldwide, each year there are half a million maternal deaths, in which 99% of these occur in the developing world and almost three millions died as a direct result of the same major pregnancy and childbirth - related complications. This includes hemorrhage, sepsis, hypertensive disorders of pregnancy, obstructed labor and abortion. Furthermore, over 4 million newborn infants die and million more are disabled because of poorly managed pregnancies and deliveries. (Safe motherhood practical guide, 1994). Thus, the number and severity of obstetric complications may be reduced by ensuring that all women have access to quality prenatal, delivery and postnatal care. Prenatal care is a vital and important aspect in the lives of women. It is considered to be essential for maintaining the health status of the mother and her fetus as well as enabling the mother to have a normal delivery and a healthy baby through careful monitoring and early detection and management of pregnancy complications. Thus, early attendance and repeated regular examinations of the mother to

ensure that her pregnancy is proceeding normally are essential. Concerning this issue, more information is needed regarding provision, impact and utilization of the services.

In Palestine, no comprehensive data is available on maternal mortality and morbidity, but as it was estimated by the Palestinian National Health Plan (PNHP, 1994) that a high percentage of mothers (around 50%) had little or no prenatal care. While the Planning Research Center Survey (PRC, 1996) indicated that 92.4% of the Palestinian women were examined at least once during their last pregnancy. Seventy four percent among them started during the first trimester. These figures should not indicate that prenatal services had reached the ultimate coverage as there is a need to assess the nature and quality of these services. Yet, it is clear from this evidence that the health needs of the mother and her child need to be given priority in national health program and a suitable service should be evolved to look after them. Mother and child health are considered a priority area of concern of the Palestinian National Health Authority. The policy objective stated by PNHP in 1994 is that by the year 2000, the proportion of pregnant women who receive prenatal care should increase up to 100%.

To achieve this goal, it's worthy and valuable to identify the factors that motivate or hinder pregnant women's compliance and adherence to prenatal visit. Satisfaction as an outcome of the health care which results from the interaction and the congruence between the user's expectation of health care and the perception of the actual care they received (La Monic , Oberst, Modea & Wolf ,1986), appears to be a relevant factor in attendance and compliance to treatment.

Satisfaction/dissatisfaction with the health care services has been directly related to several factors, some of which are related to the health care providers who offer the services, others are related to the services itself and the setting where these services take place. Thus, early identification of the attribute and the aspect of prenatal care that influence the women's levels of satisfaction as perceived by women themselves should be the aim of the health care providers as well as the decision makers and health planners to meet the satisfaction of the utilizer and to work on improving the quality of care. In 1995, Kennedy indicated that women's satisfaction comes from the knowledge that their need and concerns

are respected. Thus, if the woman feels that her needs are met, she will be more satisfied and consequently her adherence and compliance for treatment will be increased. As a result, the health status of the women and her fetus will be improved.

The overall purpose of this study is to describe pregnant women's levels of satisfaction with several prenatal aspects in relation to several prenatal settings in Bethlehem area and to identify the characteristics of pregnant women who demonstrate different degrees of satisfaction.

A. *Statement of the Problem*

Many studies suggested that adequate utilization of prenatal care services affects the health status of the mother as well as the fetus. The adequate utilization of these services can be affected by several factors. Satisfaction with prenatal care is one of the factors that influence pregnant women to seek and continue the prenatal care. Besides, satisfaction of service users is also an important criterion for successful care and should be valued as such (Austin, Malin & Hemminki, 1993).

Although several studies focused on satisfaction with health care in general, relatively very few were conducted in Palestine in general and in Bethlehem in particular on prenatal care services. Therefore, the researcher has conducted this study to describe the levels of satisfaction of pregnant women with several aspects of prenatal health care. In general, the services are provider- based with little attention to client satisfaction. Therefore, it is important to focus on studying women's satisfaction as perceived by the women themselves. That would then, create a demand and help in improving the quality and impact of prenatal health care services.

B. *Significance of the Study*

This study aimed at collecting and describing a basic information regarding women's levels of satisfaction in relation to different aspects of prenatal care services at Bethlehem district. The importance of this work stems from the fact that it considers the principles of providing a comprehensive health service as a basic human right for all citizens, and increasing up the proportion of pregnant women who receive prenatal care to 100%, as stated by the Palestinian National Health plan in 1994. Therefore, it is vital to provide such information at this critical period where the Palestinian people are facing a challenge to assume responsibility and control over their own health care facilities. This will help the policy makers as well as the health care provider to improve the quality of care given to pregnant women in order to meet their needs.

The importance of doing this research lies in the fact that once the attributes of prenatal care that make pregnant women unsatisfied have been identified and consequently improved or changed, the compliance and adherence to the treatment will be increased. As a result, the health status of the pregnant women and her fetus as an outcome of an effective and efficient health care services will be improved. In addition to this, it is hoped that identifying and describing women's levels of satisfaction regarding prenatal care services will sensitize the researchers to study the possible association of this issue with the utilization of the services in the future.

C. *Purpose:*

The general purpose of this study is to describe pregnant women's levels of satisfaction with several aspects of prenatal care services and to outline the characteristics of pregnant women who demonstrate different degrees of satisfaction in relation with different prenatal settings in Bethlehem area.

Objectives: The study aims to:-

1. Describe selected socio-demographic and obstetric characteristics of the pregnant women attending prenatal care centers in Bethlehem.
2. Describe pregnant women's levels of satisfaction with selected aspects related to the attribute of the prenatal health care providers.
3. Describe pregnant women's levels of satisfaction with selected aspects related to health care services including physical and laboratory care, health education and practical arrangements for clinic attendance.
4. Describe pregnant women's levels of satisfaction with selected aspects related to the characteristic of the health care setting.
5. Identify the differences of satisfaction level among pregnant women attending prenatal care centers in relation to their age, educational level, gravidity and site of care.
6. Provide a baseline information for health care providers, policy makers and researcher.

D. *Research Questions:*

The following are the broad questions asked by the researcher:-

1. What are the characteristics of pregnant women who attend prenatal health care centers in relation to different providers in Bethlehem area?
2. To what extent do pregnant women in Bethlehem area describe their levels of satisfaction with selected prenatal aspects that are related to the attributes of the health care provider, services and the health care setting in general?
3. Do differences on satisfaction level exist among pregnant women in regard to their age, educational level, gravidity and site of care?
4. What are the significant factors (amongst the selected category) that affect pregnant women's level of satisfaction in regard to their age, educational level, gravidity and site of care?

E. *Assumptions :-*

This study is based on the following assumptions:

1. The majority of women are interested in participating in this study
2. The majority of women will respond and express their true feelings.
3. The nursing staff in the clinic will offer assistance to the researcher for the collection of data.
4. Administrators will help and allow the researcher to conduct this research in their own facilities.

F. *Limitations of the Study :-*

The following are the presumed limitations of the study:-

1- The findings cannot be generalized to all Palestinian pregnant women who attend hospitals and MCH clinics because the sample is limited to four clinics in one district.

2- There are limited resources , time and trained personnel in this field research.

3- It is a clinic based study rather than a population based which limits its generalization to the target population.

4- There is lack of cooperation in responding to questionnaire from some of the pregnant women.

5- The study requires longer time than anticipated due to the method and time of data collection (clinics are closed on the Christian and Muslim feast days).

G. *Major Research Concepts and Variables:-*

1. **Sociodemographic variables:** Include chronological age, age at marriage, educational level, occupation and residence of both the respondent and her husband.
2. **Obstetric variables**: Include gestational age, age at first pregnancy , parity, gravidity, time of the first visit in trimester and number of visits.
3. **Health care provider variables:** Include professional level and caring relationship.