INFLUENCE OF WOMEN'S PERCEIVED QUALITY OF SERVICES ON THE UTILIZATION OF ANTENATAL CARE SERVICES IN KISARAWE DISTRICT, PWANI -TANZANIA

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By

Ngailo, Lusungu Msilama

A Dissertation Submitted in Partial fulfillment of the Requirements for the Degree of Master of Public Health of the Muhimbili University of Health and Allied Sciences.

Muhimbili University of Health and Allied Sciences
October, 2014

CERTIFICATION

The undersigned certifies that he has read and hereby recommended for the acceptance by Muhimbili University of Health and Allied Sciences a dissertation entitled ***Influence of women's perceived quality of services on the utilization of antenatal care services in Kisarawe District, Pwani Region***, in a fulfillment of the requirements for the Degree of Master of Public Health of the Muhimbili University of Health and Allied Sciences.

_____

Dr Innocent Semali

(Supervisor)

_____

Date

DECLARATION AND COPYRIGHT

I, Ngailo, Msilama Lusungu, declare that this **dissertation** is my own original work and that it has not been presented and will not be presented to any other University of a similar or any degree award.

Signature……. Date ……..

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DEDICATION

This work is dedicated to the almighty God who is the reason for my existence and blessings. He always makes sure I fulfill His purpose on this earth. Special dedication to my beloved husband Hassan, sons, Patrobas and Paul, and daughter Milkah for their support and prayers during the course of study. They are the reason for my inner strength.

ABSTRACT

Background: Low antenatal care (ANC) utilization is the public health problem especially in sub Saharan African countries. In Tanzania, antenatal care is experienced with irregular visits and studies show that one of the reasons for dropouts is the poor quality of services provided. Despite the initiatives taken by the government, antenatal care adherence has still been a challenge especially in the rural areas with national data of 39% compared to urban areas 55%. According to DRCHco report of 2012, only 37% of women in Kisarawe district were attending ANC as recommended by focused antenatal care model of the World Health Organization that has been adapted in Tanzania since 2002.

Objectives: This study aimed at assessing the influence of women's perceived quality of services on the utilization of ANC services in Kisarawe district.

Materials and Methods: Cros-sectional study design with quantitative methods was employed using structured questionnaires. Household survey was conducted among 540 women with children of less than one year prior to survey in May 2014 in Kisarawe District. Perceived quality was analyzed to ascertain the frequency of women who perceived ANC services as good and those who perceived as bad, cross tabulation was done to obtain the association between perceived quality and utilization of ANC services. Satisfaction index was analyzed by adding up the scores for the satisfaction questions asked. Satisfaction score was done for each level of satisfaction. Point rating scale was from very unsatisfied (1) to very satisfied (4). The questions focused on five areas of antenatal care service provision, the scores ranged from 5-20. Averages for each area of satisfaction were done, followed by cross tabulation to obtain the association between satisfaction and utilization of ANC services. Data was analyzed using SPSS version 16.

Results: A total of 540 women were recruited into the study, with ages ranging from 15-47 years. Most of the women (93.1%) had attended antenatal care (ANC) four or more times during the last index pregnancy. Highest (93.7 %) attendance was

among those in the age group above 25 years. Majority of them were married (77.4), Muslims (63.0%) and (8.9%) were not able to read and write. None of the socio demographic characteristics have significant difference on utilization of antenatal care, p>0.05.

ANC utilization was generally high, (93.1). Higher proportion (95.5%) of those who utilized ANC services agreed that healthcare providers at the health facility are cooperative and generous, comparing to (89.4%) who did not, (χ^2 =7.336, p=0.008).Similarly a higher proportion (95.4%) among those who expressed satisfaction to ANC services provided, utilized services compared to (89.6%) who did not, (χ^2 =6.536, p=0.011). Also higher proportion (95.9%) of those who expressed satisfaction with the communication between healthcare providers and pregnant women utilized ANC services compared to 90.0% who did not, (χ^2 =7.395, p=0.007). Similarly higher proportion (96.3) among those who were satisfied with waiting time at the ANC utilized services compared to those who were not satisfied(89.4%), (χ^2 =9.936, p=0.002). Satisfaction to ANC services in the area of waiting time at ANC clinics was generally low (44.1%).

Conclusion and recommendations

This study reveales that antenatal services were well utilized, but the perception on quality of services was low. Low satisfaction level in the area of waiting time at the antenatal care service delivery points has been observed , this might have impact to future ANC services utilization. Due effort should be made to address quality of care, especially on waiting time .

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LIST OF ABBREVIATIONS

AHA	African Health Africa
ANC	Antenatal Care
FANC	Focused Antenatal Care
MOHSW	Ministry of Health and Social Welfare
HIV	Human Immunodeficiency Virus
NSGRP	National Strategy of Growth and Reduction of Poverty
STI	Sexually Transmitted Infection
TDHS	Tanzania Demographic Health Survey
WHO	World Health Organization

OPERATIONAL DEFINITION OF TERMS

Perceived quality is the customer's perception of the overall quality of service provided with respect to its intended purpose.

Utilization is the pregnant women attendances at ANC for four times and above

Satisfaction to services: It is how the services provided meets customer expectations

Health facility: Any institution for healthcare activities, e.g Dispensary, health Centre or hospital

Household: An individual or group of people who eat together and share the same cooking pot

Healthcare provider: A healthcare worker at a selected clinic

DEFINITION OF TERMS

Antenatal care is the health care that a pregnant woman receives from a skilled healthcare provider or a midwife at a health facility for the purpose of monitoring the health of a mother and unborn baby.

Maternal death is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or caused by the pregnancy or its management but not from accidental or incidental causes. (WHO)

Maternal health: Refers to health of a woman during delivery, childbirth and postpartum period. (WHO)

Ward: Sub division of a district, usually administered by a ward secretary who is an employee of the government

Village: Subdivision of a ward, consisting of 100 to 150 households, usually administered by a village chairperson who is an employee of a local government

Ten cell leader: A person who acts as administrator of a ten household unit, reports to the authority any decisions or events under the ten houses under his/her

CHAPTER ONE

1.0 Introduction

Focused antenatal care (ANC) attendance is an entry point to all maternal health services that will ensure the health of a mother and fetus. This model was adapted by Tanzania from World Health Organization (WHO) in 2002 in order to strengthen safe motherhood initiatives in the country. The model recommends four ANC visits for pregnant women who are progressing normally. The first visit is ideally planned to start in the first semester before the 12 weeks of pregnancy; followed by other visits at the 4^{th} -28^{th} week, 32^{nd} week and 36^{th} week. (Villar et al, 2001). Trained healthcare providers will facilitate early identification and treatment of sexual transmitted infections such as gonorrhea, HIV and syphilis; other diseases such as malaria and tuberculosis, management of hemoglobin and blood glucose levels, early detection of complications associated with pregnancy that can be dangerous to mother and newborn (Pembe et al, 2009).

During counseling services, healthcare providers assist the pregnant women to plan for safe delivery. Also giving information on danger signs which are associated with pregnancy and what to do in case of emergency. Some of the danger signs during pregnancy include vaginal bleeding, severe abdominal pain, severe headaches and blurred vision, stopping of the baby's movements and swollen legs, hands and face, women also can experience excessive tiredness with short breath (Pembe, 2010).

ANC attendance adherence in Tanzania has continued to decline when comparing the two National survey reports of 2004/05 and that of 2010/11 (TDHS report 2010). Although in the recent report, majority of women in Tanzania mainland (96%) are reported to have attended antenatal care at least once during pregnancy, data shows that only 43% completed the four recommended visits. The trend shows a decline from the 2004/05 TDHS report in which it was 62% for Tanzanian mainland. About 50% of Tanzania women give birth at home without any medical care of whom 15% are assisted by traditional birth attendants. Three percent of mothers are reported to have given birth at home without any assistance (TDHS report, 2010). This increases the risk of deaths of mothers and neonates at the time of delivery.

The WHO report of 2010 shows that maternal and newborn deaths contributes to nearly 4.7 million deaths of mothers, newborn and children each year in sub Saharan Africa, and nearly 162,000 maternal deaths occurs due to delivery complications; this representing 56 percent of global total . In poor African countries, being pregnant is taken as a risk process at which every time 39 women become pregnant, 1 is put at risk of death. This is very high number compared to the developed world in which for every 3800 women becoming pregnant, only 1 is at risk of dying due to pregnancy complications (WHO report, 2010). Report from Amref health Africa in its safe motherhood campaign which promote maternal health and safe delivery, shows that if these mothers were attended by a skilled attendant, over 80% of these deaths could be prevented (AMREF Health Africa report, 2013).

Factors that could explain this low utilization of reformed antenatal care would include client dis-satisfaction, travelling distance to the health facilities, negative perception they have towards health care providers. Other barriers include decision making processes in households on whether to attend or when to start ANC, long waiting time at the health facilities and the perceived quality of services received (Magoma et al 2010, Bbaale et al, 2011 and Nikiema et al 2009). Study from Ngorongoro indicated that pregnant women's perceived quality towards antenatal services provided at the health facility played a major role in encouraging or discouraging women to attend the maternal health services **(**Magoma et al, 2010).

In the efforts to reduce maternal deaths, Tanzanian government developed a National package of essential reproductive and child health interventions. Focused antenatal care is one of interventions in the safe motherhood pillars (Birungi, 2008). This model was adopted from WHO in 2002, this was followed by training of ANC healthcare providers all over the country on the use of the model. The model is a client centered one in which pregnant women receive a package of preventive, diagnosis and treatment for infectious diseases that can be dangerous to their health and the health of a fetus. Pregnant women are given education to ensure safe delivery planning and postnatal care. All the maternal health services that are provided at public health facilities are given free of charge at the point of service. Another

strategy to improve ANC coverage include establishment of outreach services to reach pregnant women in rural or underserved areas.

Despite the government initiatives adherence to services is still a challenge especially in rural areas, as seen in the demographic health survey of 2010, only 39% of women in rural areas attended the four recommended ANC services visits compared to urban 55%. There are dropouts and late attendance of ANC. In Kisarawe, data from reproductive child health services 2012 indicates that only 37% of women, who started antenatal care in 2011, reached the four visits of attendance, the rest (63%) who attended less visits did not receive all the services (DRCHco Data, DMO's office Kisarawe, 2013). This had led the District council to make efforts of increasing the utilization by collaborating with Family Health International Organization, in the implementation of reproductive and child health project in the District. This is a community based project which started in 2010 and it operates for five years. The project uses community health workers and other local government authorities in the wards and villages to encourage pregnant women to attend antenatal care clinics at the set outreach dates. Healthcare providers from Kisarawe District Hospital are then conducting monthly outreaches in the villages assisted by community health workers in the respective villages.

Many studies have been conducted on the factors affecting the utilization of ANC, such as socioeconomic, socio demographic and health system **(**Mpembeni et al 2007, Von Both et al 2003 and Murira et al 1997). Few studies have been conducted in Tanzania to assess the perception of women on the utilization of ANC services.

While many attend only once and not the required number suggesting that, health system factors could influence pregnant mothers' decision to utilize ANC. Thus study aims at assessing the women's' perceived quality of antenatal care services received at public health facilities in the utilization of ANC services.

1.1 Problem Statement

In Tanzania, pregnancy and childbirth complications are still the leading cause of deaths and disabilities among women of reproductive age. Maternal mortality ratio is high at 454 per every 100,000 live births. About 8,000 women die annually from pregnancy and child birth related causes. Seventy five percent of maternal deaths are results of direct causes namely hemorrhage infection, eclampsia, prolonged or obstructed labor, complications of abortion and post abortion which are preventable. (Amref Health Africa report, 2013).

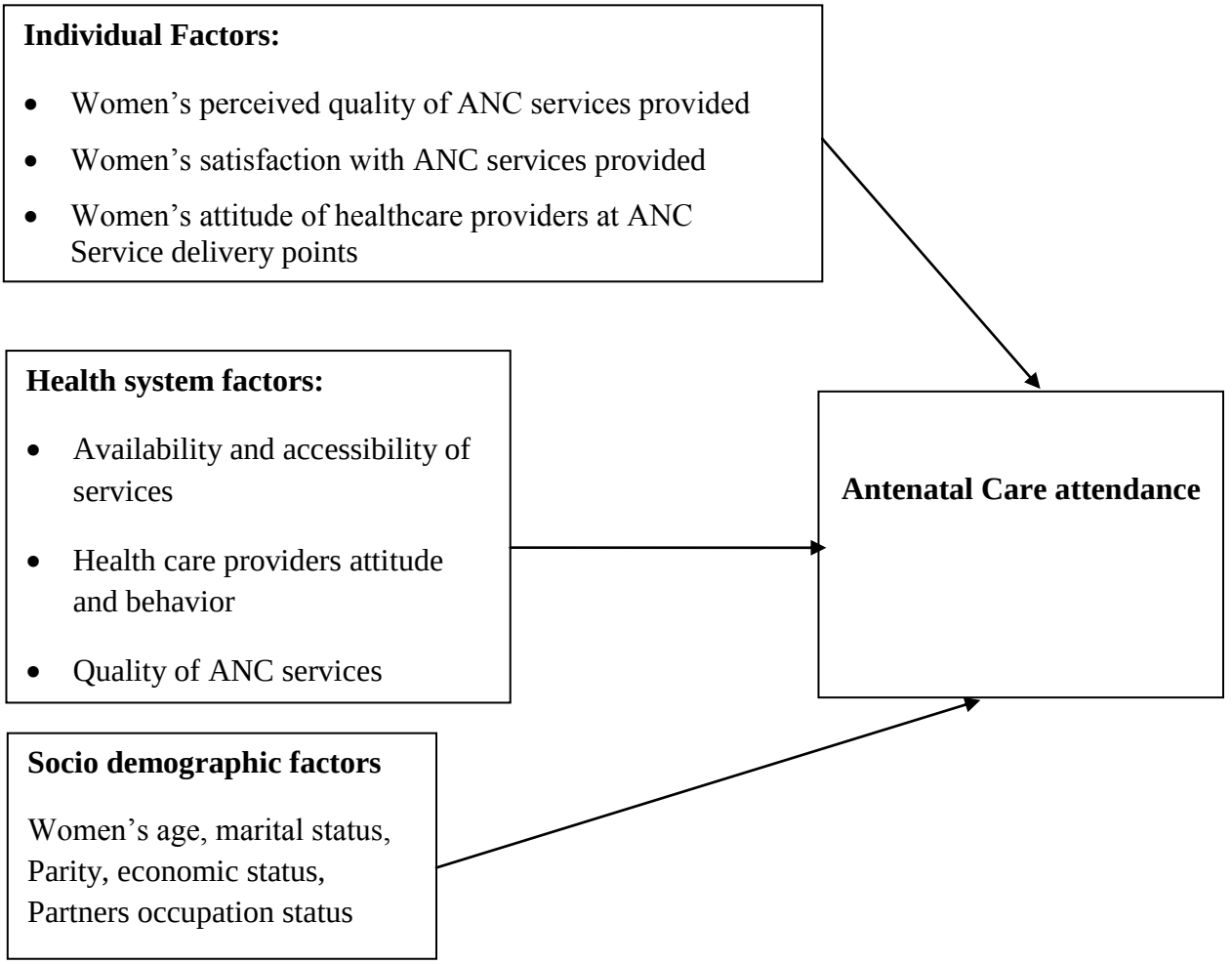
Capacity building of healthcare workers is one of the strategies advocated by the Ministry of Health and Social Welfare in Tanzania for good management of pregnant women thus reducing maternal deaths (MOHSW, HRHSP- 2008-2013). It is similarly in the health system strengthening as stated by National Strategy for growth and reduction of poverty of 2005, (NSGRP) by increasing number of health facilities at primary healthcare level by building dispensary in each village and increasing number of medical supplies.

In addition antenatal attendances during pregnancy have been reduced to four to enhance utilization thus anticipating raising proportion of pregnant mothers adequately attending ANC to more than 80%; however notwithstanding only 43% are reported to attend four visits as WHO recommends. On the other hand only 15% of women were reported to have attended antenatal clinic before the fourth month of pregnancy (TDHS report, 2010). Along with the satisfaction improvement, one need to improve attendance to ANC in order to get the benefits targeted. Among the factors affecting antenatal care utilization includes few number of health facilities in rural areas of Tanzania, shortage of trained staff, lack of supplies and geographical inaccessibility. Others could be related to pregnant women's' perceived quality of antenatal care services including providers' attitude towards pregnant women (Mpembeni et al, 2007).

Evidence from studies conducted suggests that efficiency of services delivered, and interpersonal relationship between healthcare providers and patients is lacking in the

health service delivery points (Bbaale, 2011). The perceived quality of antenatal care among pregnant women encourages utilization and adherence to services. This is also supported by reports that healthcare providers used abusive language towards pregnant women attending health facility for delivery which discourages pregnant women to attend and deliver at health facilities (Magoma, 2010). Since pregnant women may opt to make less than the four required antenatal visits thus not adhering to the recent ANC policy changes. It is important to look for health system factors and individual women's factors that could explain the lack of compliance. Hence this study assessed perceived quality of antenatal services and its relationship with utilization of antenatal care. Furthermore the influence of pregnant women perceived quality of ANC has not been investigated widely in Tanzania. Figure 1 below is the conceptual framework describing different factors that influence among women in Kisarawe District on the utilization of antenatal care services.

Figure 1: Conceptual Framework for the influence of women's perceived quality on the utilization of antenatal care in Kisarawe District, Pwani region



1.2 Conceptual Framework Description

From the framework, Antenatal care utilization is influenced by different factors such as individual factors, health system factors and socio demographic factors. Individual factors influencing ANC attendance include women's perceived quality of ANC services; Good perception is a strong predictor of utilization of healthcare services. Women's satisfaction with the services provided encourages attendance and adherence to ANC services provided. Women's positive attitude towards healthcare providers at the ANC service delivery points and good communication will facilitate women's willingness to attend ANC clinics. Health system factors are the availability and accessibility of healthcare services, healthcare provider's attitude towards pregnant women and the quality of services provided by the healthcare providers. Socio-demographic factors related to antenatal care attendance include women's age, marital status, parity, economic status and partner's occupation status.

1.3 Rationale of the Study

This study was conducted with the objective of assessing the influence of women's' perceived quality of ANC service and utilization of the services. ANC customers' opinion will help in improving the quality of healthcare services at the ANC clinics. The evidence found from this study is expected to be useful to increase the antenatal care attendance. This will promote safe motherhood and other initiatives in maternal health service delivery. Thus contributing to attainment of millennium development goals number 4 and 5; aiming at reducing maternal deaths by three quarter and also reducing under-five mortality by two thirds by 2015.

1.4 Research questions

1. What is the influence of women's perceived quality of ANC services provided on the utilization of ANC?
2. What is the opinion of women on the attitude of healthcare providers at ANC service points?

1.5 Objectives of the study

1.5.1 Broad objective

To assess role of perceived quality of ANC services on the utilization of antenatal care services among women who delivered in the past 12 months in Kisarawe district.

1.5.2 Specific objectives

1. To determine utilization of antenatal care among pregnant women in Kisarawe
2. To determine the perceived quality of antenatal services among women who gave birth in the last 12 months in Kisarawe district.
3. To determine level of satisfaction with health care providers among women who gave birth in the last 12 months.
4. To determine the relationship between perceived quality and women utilization of ANC in Kisarawe district.

CHAPTER TWO

2.1 LITERATURE REVIEW

High Maternal mortality rate is a worldwide public health problem, 287,000 women died in 2010 due to pregnancy and related complications. These deaths mostly occur in Sub Saharan African countries. Among the African countries with the highest maternal mortality rates are Somalia 1000/100,000 live births, Burundi 800/100,000 live births and Liberia 770/100,000 live births. Among East African Countries, Tanzania is leading in East Africa with maternal deaths estimated at 454/100,000 followed by Kenya 360/100,000 and Uganda 310/100,000 (WHO report, 2010).

2.1.1 ANC Services in Tanzania

MOHSW adopted safe motherhood initiative in 1989 after the official launch of global initiative for safe motherhood which took place in Kenya in 1987. This was followed by establishing the Reproductive and child health services section under the Ministry of Health and Social Welfare. Also the Government health system responses included developing a health sector strategic plan 2003-2007, Reproductive health strategic plan of 2005-2010 and National Roadmap strategic plan to facilitate the reduction of maternal and newborn mortality 2006-2010. These government initiatives aimed at strengthening utilization of antenatal care which is the entry point for all maternal health services that will ensure safe delivery.

2.1.3 Women's perceived quality of ANC services provided

Perceived quality of services is the customers' perception of the overall quality of the product or service with respect to its intended purpose consequently influencing decisions to use the services (Carroli et al, 2014). Customers' positive perception of services provided is an important aspect for increasing the uptake of healthcare services. For example poor quality of counseling services provided by untrained nurses to pregnant women during antenatal care services was related to non adherence to

prevention of mother to child transmission of HIV interventions among pregnant women in Soweto, South Africa (Mnyani, 2013).

It has been reported that perceived quality is an important aspect of utilization of healthcare services, in some studies it has been associated with cultural and traditions the particular area (Gabrysch, 2009). In India Maharashtra area healthcare providers' attitude has also been featured as an important determinant of quality perceived by pregnant women attending antenatal care service delivery.

In Tanzania some studies also suggested that poor physical quality of health facilities in rural areas contributed to low utilization healthcare services (Kazingo, 2009). Lack of important supplies for ANC services, unskilled and untrained attendants, and poor quality of counseling services provided discouraged women from attending ANC services (Ndunguru, 2007). In a qualitative study conducted in rural Nkasi, a woman in a focus group discussion explained on how they are required to bring all the necessary materials such as gloves, cotton wool and gauze when they go for delivery in a health facility (Samson, 2012). This has also been reported in a study conducted in rural India where poor resources in the health facilities is considered as the most important challenge that contributes to low utilization of health services for rural population (Simkhada, 2007). Women's perception towards quality of care has shown to have effect on the utilization of ANC services. In a study conducted in Mtwara and Lindi, pregnant women were reported to travel a long distance in search of health facilities of their choice. This is because they are not satisfied with the nearby health facility service provision. In case of choice of delivery services, it has been observed that other factors such as out of pocket, transport costs, access of health facility and opportunity costs and how the communities perceive the services, influence women's decision to delivery services. This has also been reported in a study conducted in rural Tanzania (Saronga, 2014). Another study to assess quality of antenatal counseling services in Morogoro, Tanzania, 185, of the pregnant women reported to not been informed of any pregnancy danger signs. Thus they are missing exposures that will impart pregnant women with adequate knowledge to limit complications related to pregnancy and delivery (Pembe,

2009). Data from health facility census conducted in Southern Tanzania shows that perceived quality of services is low in level of health centers and it has been reported that women has low information about quality at health centers. Perceived quality of care is a major factor contributing and hence many studies suggest that women choose higher level of healthcare facilities despite high cost of services and distance covered by women when attending antenatal care services (Hanson, 2013).

2.1.4 Women's attitude of healthcare providers at ANC service points

The perceived opinion of women attending ANC towards healthcare workers attitude has an influence on the utilization of services. A study conducted in Ngorongoro, report that the Maasai women who attended health facility for delivery complained about healthcare workers negative attitude (Magoma, 2011). In a focus group discussion, one woman narrated how the healthcare providers forced women who were in labor to take bath before entering delivery room. Also in Tanga region it was similarly reported that pregnant women reported being rebuked by ANC providers, as was observed by a woman who in a focus group discussion complained that the healthcare providers were addressing pregnant women as if they are forced to do their job (Mubyazi, 2005). Although evidence shows that women are seeing the importance of ANC services, their perceived attitude towards healthcare providers has been reported as a challenge to be addressed (Mrisho et al, 2009).

CHAPTER THREE

3.0 METHODOLOGY

3.1 Study design

Cross-sectional study design was used in this research due to the nature of the study which is to assess the influence of women's perceived quality of ANC services on the utilization of antenatal care service. Quantitative methods were used to determine women's perceived quality of ANC services.

3.2 Study area

Kisarawe is one of the six districts in Pwani region; it is located thirty kilometers from Dar es Salaam city centre. Other districts in Pwani region are Kibaha, Mkuranga, Bagamoyo, Mafia and Rufiji. According to National Census of 2012, Kisarawe district has total population of 101,598, males 50,651 and females 50,967, and average household size of 3.9. It has 15 wards and 77 villages; each ward is consisting of 4-6 villages. Data from DMO's office showed that, there are 15 primary health facilities, 3 health centers and 12 dispensaries. Most of the residents in Kisarawe are peasants, other occupants include government employee in which most of them are teachers and healthcare workers. Majority of Kisarawe residents are of Zaramo tribe.

Kisarawe District was selected for this study because it is one of the Districts in Pwani region located in poor remote areas with low antenatal care attendance.

3.3 Study Population

This study involved participants with the following criteria;

3.3.1 Inclusion criteria: Women of reproductive age who have given birth one year prior to study in Kisarawe District.

3.3.2 Exclusion criteria: Women with mental health problems were excluded.

3.4 Sample size

Sample size calculation considered finite population number of women of reproductive age in Kisarawe district. The targeted women for antenatal care attendance in Kisarawe district for the year 2012 was 3801 (RCHco Data, DMO Kisarawe; 2012).

The sample size was estimated to detect a minimum margin of error of 5% and significance level of 95%. The design effect of 1.5 was used to minimize error for cluster randomized design.

Epi 16 info computer program was used to calculate sample size.

Proportion of women attending antenatal clinic in Kisarawe is 37% from previous literatures.

3.4.1 Sampling Procedure

For finite population

Z=1.96

ε=5% (Margin of error)

N= 3801 (Targeted population of women who attended ANC in 2012)

P=37% (Proportion of women in Kisarawe who attended ANC four recommended visits)

q=(1-p)

Epi info software is used to calculate sample size.

Formula=n= $\frac{N Z^2 pq}{d^2 (N-1)+Z^2 pq}$

Total Sample Size = 491 considering 10% of non response rate sample size was 540.

3.4.2 Sampling Technique

Multistage randomly sampling technique was done as follows below.

List of wards of Kisarawe was compiled which included Chole Samvula, Kibuta, Kiluvya, Kisarawe, Kuruhi, Mafizi, Maneromango, Marui, Marumbo, Masaki, Msanga, Msimbu, Mzenga, Vihingo and Vikumbulu.

The first stage was the random selection of three wards namely Masaki, Kisarawe and Kiluvya using rotary method.

Second Step was the selection of three villages randomly from each ward. Selected villages were, Visegese, Sanze, Kisarawe, Masaki, Kisanga, Sungwi, Kiluvya A, Kiluvya B and Bomani. From each village household survey was conducted, and every eligible woman with one year old and below child with consent was interviewed.

3.5 Data collection tool

A structured closed-end and few open ended questionnaire was used to collect data from study participants. Questionnaire was pretested for clarity of questions and clear understanding among the respondents. When there was consistency between English and Swahili version, the Swahili version was adapted for use in the study. Both English and Swahili versions are attached in appendix 3 and 4.

3.6 Validity of questionnaires

Questionnaire was pre tested to check for clarity of questions and to find out if the respondents were having the same understanding. Pretesting was done to 5% of the total sample size which was 28 women from Visegese village in Kisarawe District which is one of the rural areas and with similar characteristics as the study villages. The tool was then rectified before the actual field work.

3.7 Data collection process

A letter to introduce the data collection team was sought from Muhimbili University of Health and Allied Sciences (MUHAS). The letter was delivered to the Regional Administrative officer, who in turn introduced the researcher to Kisarawe District Administrative officer, and local government offices as well as Kisarawe Health management team.

The interviewing exercise which took 21 days was conducted in the month of May 2014. The team was also introduced to the ten cell leaders who introduced the team to the households. In each eligible household, eligible consulted women were asked to produce antenatal clinic cards to verify attendance to antenatal clinic. Data collection was done under the supervision of the principal investigator who was also doing the interviews. If the respondent was absent during interview visit, a follow-up visit was scheduled at least three times before she was declared as a non-respondent.

3.7.1 Variables

3.7.1.2 Dependent variable

Antenatal care attendance four visits or more during the last full term pregnancy**.**

3.7.1.1 Independent variables

Independent variables in this study include women's perceived quality of ANC services provided, women's perception toward healthcare providers attitude at ANC clinics, women's perception on ANC services provided and socio demographic characteristics which include women's age, religious status, marital status, employment status, and parity and education status.

3.8 Measurement of key variables

3.8.1 Perceived quality

Women were asked on how the perceived the services they received at the antenatal care clinics during their last pregnancy, and how they perceived the services provided

by the healthcare workers, also on how they perceived the quality of antenatal care services they received at the clinic they attended. Women's response to whether they agree or disagree to different areas of service provided. Averages were run to get percentage of those who agreed to have received quality services and those who disagreed. Cross tabulation was then done to get the association of perceived quality and utilization of antenatal care services among women. Chi square was obtained and P value of less than 0.05 was taken as statistically significant.

3.8.2 Satisfaction with services

Women's levels of satisfaction were calculated using a four points Likert scale: Very Unsatisfied, Unsatisfied, Satisfied and Very Satisfied. Each question had a score of 4 - point rating scale from very unsatisfied (1) to very satisfied (4).The questions focused on five areas which that were satisfaction to Laboratory diagnostic services, satisfaction towards waiting time at the ANC clinics, Satisfaction towards time taken during counseling services, satisfaction towards privacy during counseling services provision and satisfaction on how the health care workers communicate with pregnant women. Each question had a maximum score of 4 and minimum of 1 in all questions in the group. Then scores were added making a maximum of 20 and minimum of 4. In each group there were three to five questions asking on specific outwit. Avarage were then run for each area of ANC services provided to determine variation of satisfaction among participants. Cross tabulation was then done to determine the association between women's satisfaction and utilization of ANC. P-Value of less than 0.05 was taken as statistically significant. Table 1 below shows different area of women's perceived quality of ANC services and women's level of satisfaction.

Table 1: Questions asked to measure women's perceived quality and satisfaction levels

Healthcare providers at the ANC clinics are cooperative and generous to pregnant women?
Healthcare providers at the ANC clinics encourage women to attend ANC clinic?
Were you satisfied with the ANC services you received at the health facility
How satisfied were you with the healthcare provider's provision of Laboratory diagnostic services at the ANC clinic?
How satisfied were you with the way healthcare providers were communicating with pregnant women?
How satisfied were you with the waiting time at the ANC clinic?
How satisfied were you with the privacy when healthcare providers were providing counseling services to pregnant women?
How satisfied were you with the time taken for counseling session by the healthcare providers?

3.10 Training of Research assistants

The researcher trained three research assistants for two days in the study understanding the content and data collection. On job training was conducted to facilitate understanding of data collection tools. Issues of ethics in interviewing were covered. Each assistant was provided with data collection tools, Data collection was conducted by researcher together with the research assistants.

3.11 Data Processing and Analysis

For consistency purpose, the questionnaire was rechecked for completeness at the end of field work. After collection, data was entered in a computer using SPSS version 16. Cleaning of data was done by the principal investigator, and analysis was done by

principal investigator with the help of biostatistician. After cleaning, data was summarized using frequency distribution tables, graphs, to determine the utilization of antenatal care services. The frequencies and proportions of the outcomes were calculated using a statistical package of social studies (SPSS) Version 16. Cross tabulation was done to measure the association between perceived quality of services and utilization of antenatal care services. Association between categorical variables was done using chi square test. P-value less than 0.05 were taken as significant at a confidence interval of 95%.

3.12 Ethical Consideration

Ethical consideration was sought and granted from the office of Director of Research and publication of Muhimbili University of health and Allied Sciences (MUHAS) before conducting the study.

During household visits of survey, participants were provided with consent forms that were in Swahili language seeking permission to participate in study and thanking them at the end of interview. Those who were not able to read and write were asked to propose another person who could read to them confidently and provide the consent. The consent forms in Swahili language are attached in appendix 2 and English version attached in appendix 3. Participants were allowed to withdraw from the interview anytime she wanted. Participants were ensured of confidentiality; they were informed that no names were required during interviews, or any direct identification was recorded. Before interview each participant were asked to participate voluntarily and was informed on the aim of the study which was to assess the influence of the perceived quality of ANC services on the utilization of antenatal care services in Kisarawe district.

3.13 Study Limitation

Participants' recalling bias on their ANC attendance record was resolved by counterchecking the ANC cards on the number of visits. Quantitative method done in this study limits exploring of participants inner feelings and perception towards services they received.

CHAPTER FOUR

4.0 RESULTS

4.1 Socio-demographic Characteristics

This study involved 540 women from Kisarawe district, whose age ranged from 15 to 47 years, and most of them (59.0%) were aged above 25 years Furthermore, most of them were Muslims (63.0%), married (87.9%), farmers (74.3%) and with educational level of primary education and above (91.1%). Respondents with no formal education were 8.9%. Majority of participants (84.8%) had below three children. Table 2 below presents demographic characteristics of respondents.

Table 2: Demographic distribution of the study population

	Frequency	**Percent**
Age groups	**N=540**	
Below 25	221	41.0
25 and above	319	59.0
Religion		
Christian	200	37.0
Muslim	340	63.0
Education Level		
No Education	48	8.9
Primary Education and above	491	91.1
Employment status		
Farmer	401	74.3
Non Farmers	139	25.7
Marital Status		
Not married	65	12.1
Married	475	87.9
Number of children		
Below Three	457	84.8
Above three	82	15.2
Total	**540**	**100.0**

4.2 Utilization of ANC

Most of the women (93.1%) had attended antenatal care (ANC) four or more times during the last index pregnancy. Highest (93.7 %) attendance was among those in the age group above 25 years (see Table 3). The age group with the least attendance was with the age group of below 25 years, (92.3%). Table 3 below shows the results of the association between socio-demographic characteristics and utilization of ANC services. None of the demographics characteristics have significant difference on utilization of ANC, $P>0.05$.

Table 3: Association between Socio demographic characteristics and Utilization of ANC services

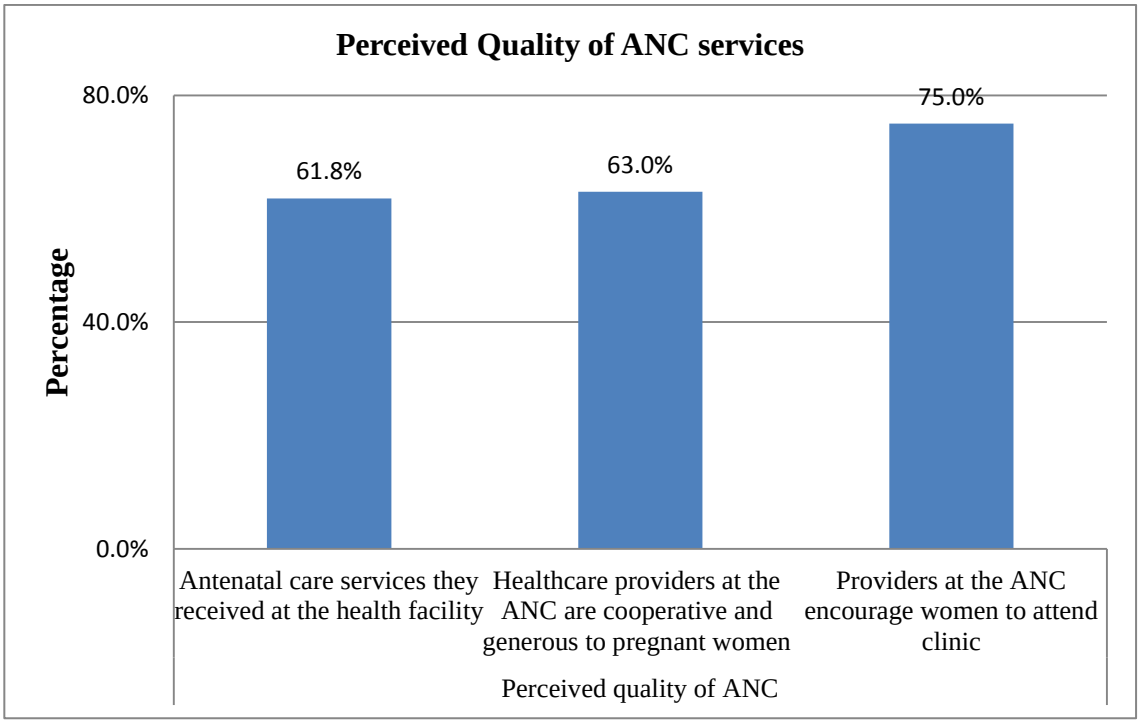
	Total	Percent attended ANC four times and above	Chi square (x^2)	P- value
Age groups				
Below 25	221	92.3		
Above 25	319	93.7	0.407	0.319
Religion				
Christian	200	95.0	1.707	0.191
Muslim	340	92.1		
Education Level				
No Education	48	95.8		
Primary Education and above	491	92.9	0.600	0.339
Employment status				
Farmers	401	93.0	0.042	0.507
Non Farmers	139	93.5		
Marital Status				
Not married	65	93.8		
Married	475	93.1	0.056	0.533
Number of children				
Below three	457	92.8		
Above three	82	95.1	0.597	0.309
Total	**540**			

4.3 Perceived quality

Women were asked on how they perceived the services they received at the antenatal care clinics during their last pregnancy, and how they perceived the services provided by the healthcare workers, Figure 2 describes the results of respondents whereby 63.0% of the women agreed that healthcare providers at the ANC were cooperative and generous to pregnant women, and 61.8% agreed that they were satisfied by the antenatal care

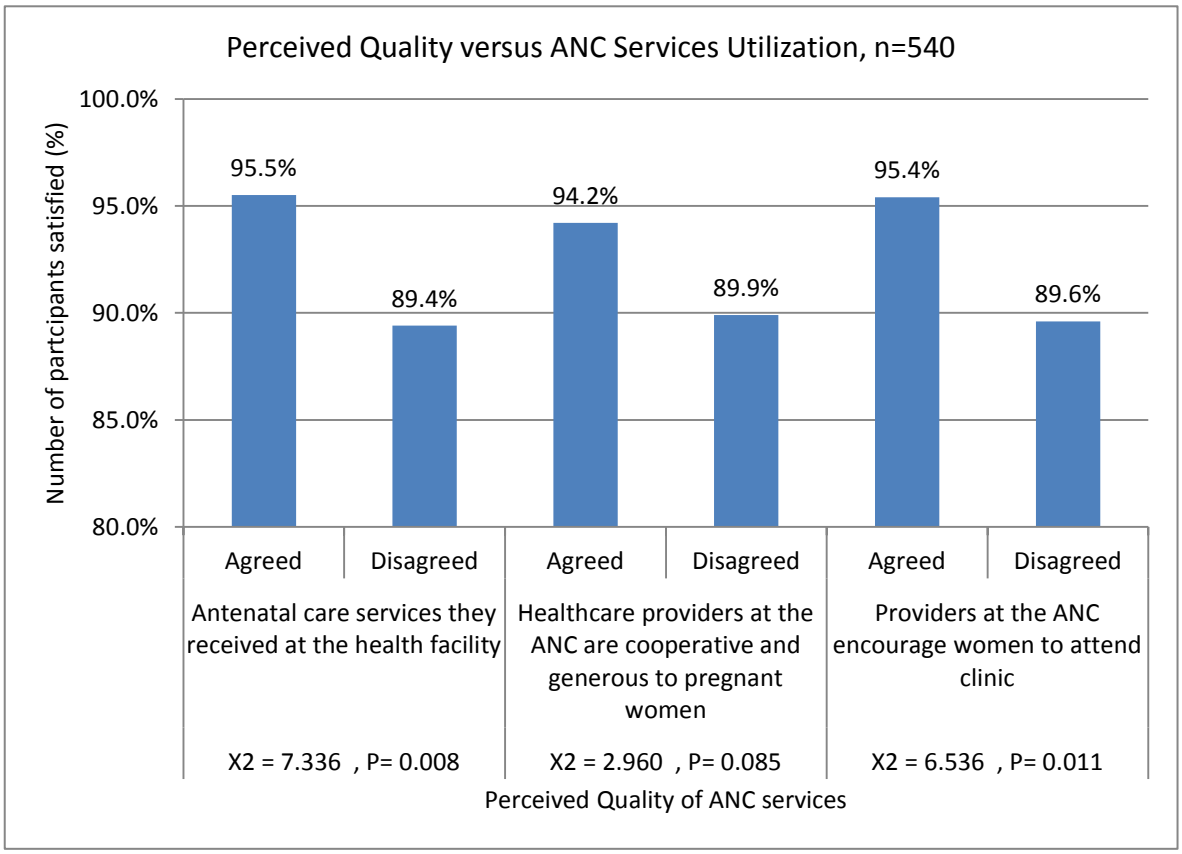
services they received at the health facility. Similarly 75.0% of respondents agreed that healthcare providers at the ANC encourage women to attend clinic.

Figure 2: Perceived quality of ANC services



Further analysis was done to determine the association of different aspects of perceived quality with the utilization of antenatal care services. Figure 3 below presents results for cross tabulation that higher proportion (95.5%) utilized antenatal care services among those who agreed that health care providers at the facility were cooperative utilized ANC compared to those who did not (89.4%), (χ^2 =7.336, p=0.008). Similarly, a higher proportion (95.4%) among those expressed satisfaction with ANC services received at the health facility utilized the services compared to 89.6% for those who did not (χ^2 =6.536, p=0.011).

Figure 3: Association between perceived quality and utilization of antenatal care services



4.4 Satisfaction to ANC services

Women were asked on how they were satisfied with the antenatal care services they received at the ANC clinics. Table 4 below shows mean scores for satisfaction for each area of ANC services provided to pregnant women by healthcare providers. Only 16.1% of women were strongly satisfied with the laboratory diagnostic services provided by healthcare providers at the ANC, 13.5% of pregnant women were strongly satisfied with the way healthcare workers were communicating with pregnant women at the ANC clinic, in the waiting time at the ANC area only 10.0% of women were strongly satisfied, whereas how healthcare workers assist pregnant women 11.8 of women were strongly satisfied and the time taken for counseling services only 12.4% were strongly satisfied.

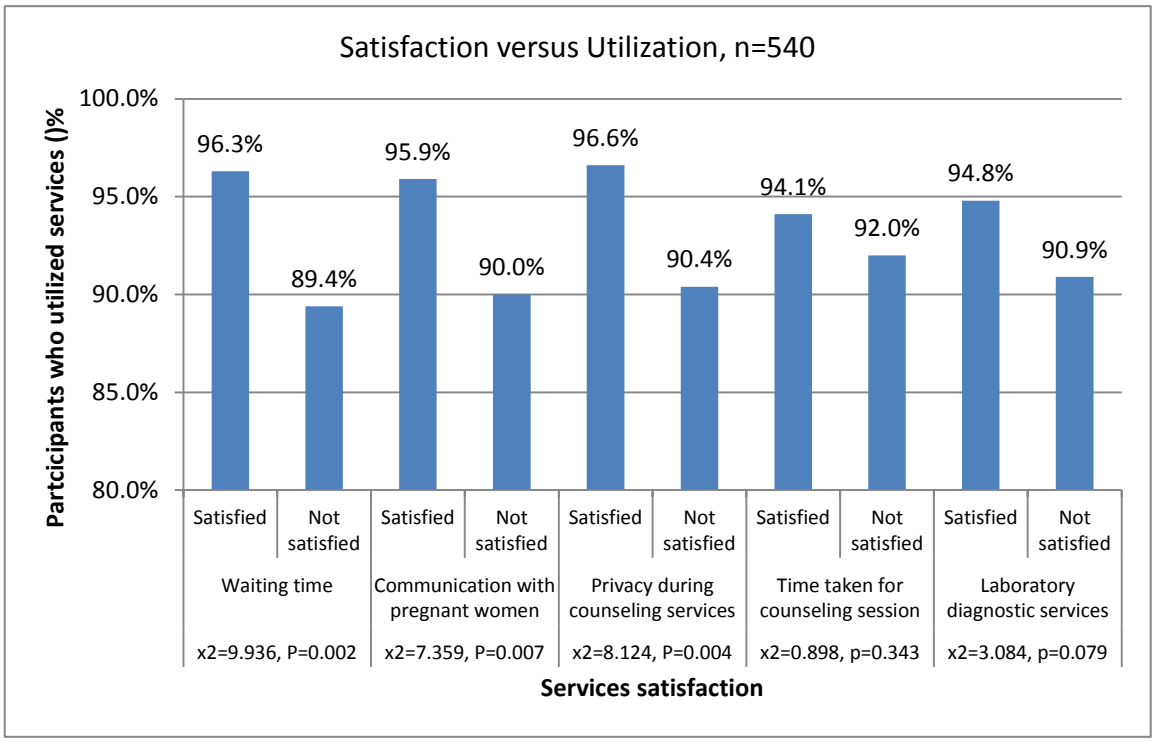
Table 4: Mean Satisfaction score with ANC services

	Number	1	2	3	4
Laboratory diagnostic services provided by the healthcare workers.	540	11.6%	31.2%	40.9%	16.1%
The way healthcare workers were communicating with pregnant women at the ANC clinic.	540	15%	31.1%	40.3%	13.5%
Waiting time at the ANC clinic.	540	17.9%	37.9%	34.1%	10.0%
How the healthcare providers at the ANC clinic assist pregnant women.	540	14.0%	31.2%	42.7%	11.8%
Time taken by the healthcare workers during counseling services at the ANC clinic.	540	12.9%	30.9%	43.7%	12.4%

Figure 5 below presents the results that higher proportion of those expressing satisfaction with the way healthcare providers were communicating to pregnant women (95.9%) received ANC services at the health facility compared to (90.0%) for those who did not express satisfaction (χ^2 =7.359, p=0.007), Similarly 96.3% of those who were satisfied with the waiting time at the antenatal care clinics utilized services compared to those who were not satisfied,

(χ^2 =9.936, p=0.002), Also 96.6% of women who were satisfied with the privacy when healthcare providers were providing counseling services to pregnant women at the antenatal clinics uses the services compared to 90.4% who were not satisfied, (χ^2 = 8.124,p=0.004) These variables of women satisfaction were statistically significant with p value (<0.05).

Figure 5 Association between satisfaction of antenatal care services with utilization



CHAPTER FIVE

5.0 DISCUSSION

Majority, 93.1% utilized antenatal clinic at least four times as recommended, this is also higher compared to Kisaware District Hospital data of 2012 where only 37% of women in Kisarawe District were reported to have attended four recommended ANC visits. This is higher comparing to what was observed in Entebe, Uganda where 69% had attended as per recommendation (Conrad,2012)

This study revealed that women's age, religion, education status, marital status has no significant association with the utilization of antenatal care services. These findings are in contrary to findings from previous study that was conducted in Addis Ababa Ethiopia (Fantaye et al, 2014) which showed that woman's education status, age and occupation status were strongly associated with ANC service utilization. However a study conducted in rural Kenya also found that age of mothers had no association with maternal health utilization. This study was conducted in rural area where antenatal care utilization is almost 100%, thus age; education status had no influence on the utilization of healthcare services (Asweto et al, 2014).

Employment status of women is one of the determinants that is taken to influence health service utilization; this may be due to women's increased opportunities to interact with other people apart from home and community (Nwaeze, 2013). In this study occupation status of mothers has no significant association with ANC service utilization. This is also reported in a study conducted in Namibia (Ngula, 2005) whereby women's' occupation status had no influence on the utilization of antenatal care services.

The main objective of this study was to assess the influence of women's perceived quality of services on the utilization of ANC services. In this study perceived quality of services has shown positive association with utilization of antenatal care services. Higher proportion of women (95.5%) who agreed that healthcare providers at the healthcare providers at the health facilities are cooperative and generous utilized

antenatal care services compared to (89.4%) among those who did not utilize. Similarly, a higher proportion (95.4%) of those expressing satisfaction with ANC services received at the health facility utilized the services compared to 89.6% for those who did not. This is also reported by a study conducted by Mpembeni et al whereby majority, (85%) of women perceived ANC quality as good utilized ANC services.

In another study conducted in rural Morogoro whereby women who were not comfortable with healthcare providers' behavior delayed in starting antenatal clinic (Mrisho et al, 2009). Successful communication between healthcare providers and pregnant women was seen to promote ANC attendance and adherence, while unsuccessful communication made women less likely to utilize ANC services. In another qualitative study conducted in Southern Tanzania, it was reported that majority of women who attended ANC agreed to having trust on healthcare providers and the services they received (Magoma, 2011). In the focus group discussion, a woman claimed that healthcare providers helped her when she had a complicated pregnancy and assisted her to have a safe delivery. From this study mothers who were treated with respect and dignity by healthcare providers have more trust in the services provided and were more likely to be satisfied. This is contrary to another study conducted in Kenya whereby perceived quality of services has no statistical relationship to the utilization of antenatal care services (Asweto et al, 2014). However in a study conducted in Namibia low perceived quality of health services delivered at the ANC service delivery points was associated with increased maternal mortality and morbidity rate due to decreased ANC uptake.

Higher proportion of those expressing satisfaction with the way healthcare providers were communicating to pregnant women (95.9%) received ANC services at the health facility compared to (90.0%) for those who did not express satisfaction, this is lower than what was observed in Nigeria where utilization of ANC services was high (97.0%) (Emelumadu, 2014).

4.1 Perceived quality of ANC and Utilization of ANC services

In this study, perception of quality of antenatal care services was low among women who utilized ANC services. Similar results reported in study conducted in Morogoro, where it was reported that clients were not satisfied with the delay in the first contact with healthcare workers (Mrisho et al, 2009). Healthcare worker behavior in terms of respect to clients were also observed to be a complaint in rural Uganda (Conrad et al, 2012).

Comparing the effect of satisfaction to services utilization, in this study 53.1% of women were satisfied or very satisfied with services, this was associated with service utilization in terms of ANC clinic attendances. Relationship of quality perceptions and utilization of services is also reported in the services like PMTCT. Pregnant women who didn't feel that they were well attended to be healthcare providers had odds of HIV testing and counseling 52% lower than those who feel that they were well attended to (OR=0.48: $p<0.05$), and those women who felt they were not listened to by healthcare workers were less likely to undertake HIV counseling and testing (OR=0.52: $p<0.01$) (Fantaye et al, 2014).

The association of poor communication of healthcare providers and clients was studied in rural Morogoro, whereby healthcare providers were reported to show negative attitude towards pregnant women attending antenatal care and delivery at the health facilities. As a result discouraged women's care seeking behavior and reduced trust in formal health care system (Magoma, 2011).

CHAPTER SIX

6.0 CONCLUSION AND RECOMMENDATION

6.1 Conclusion

Basing on the results obtained from this study, the following conclusions can be made;

- Antenatal services were well utilized although the perception on quality of services was low.
- Low satisfaction level towards waiting time at the antenatal clinics has been observed, this might have impact to future ANC services utilization.

6.2 Recommendations

- Since satisfaction is low especially in the waiting time at the ANC clinic, strategies should me made to address quality of care, especially on waiting time.
- Since women's perceived quality is avaragely low in all areas of service provision, quality improvement efforts needs to be made at the ANC service delivery points.
- Qualitative studies on satisfaction will provide more information on women's perception on the services at the antenatal clinics.

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APPENDICES

Appendix 1: Informed consent Swahili Version

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES

DIRECTORATE OF RESEARCH AND PUBLICATIONS

FOMU YA RIDHAA

Namba ya utambulisho

Ridhaa ya kushiriki katika utafiti huu

Habari! Jina langu naitwa……..kutoka chuo kikuu cha Muhimbili, nafanya kazi katika mradi huu wa utafiti wenye lengo la kujua Jinsi **uridhikaji wakina mama kuhusu huduma za mama na mtoto kwenye vituo vya kutolea huduma za afya wilaya ya Kisarawe kunavyochangia uhudhuriaji wa kiliniki ya wajawazito.**

Malengo ya Utafiti

Utafiti huu una lengo la kukusanya taarifa juu ya matumizi na sababu zinazofanya wakina mama kutokuhudhuria kwenye vituo kliniki ya mama wajawazito kwa wanawake waliojifungua siku za karibuni.Unaombwa kushiriki katika utafiti huu kwa sababu una uelewa wa kutosha ambao unaweza kuwa muhimu katika utafiti huu.

Ushiriki

Ukikubali kushiriki katika utafiti huu yafuatayo yatatokea

Utakaa na mtafiti aliyepewa mafunzo ya jinsi ya kuhoji na kujibu maswali yahusuyo **uridhikaji wakina mama kuhusu huduma za mama na mtoto kwenye vituo vya**

kutolea huduma za afya wilaya ya Kisarawe kunavyochangia uhudhuriaji wa kiliniki ya wajawazito.

Mapendekezo yako yatasaidia kuboresha hali iliyopo.

Utahojiwa mara moja tu kwa muda usiozidi dakika 30 Hakuna taarifa zozote za utambulisho zitakazokusanywa wakati wa usaili isipokuwa umri, hali ya ndoa yako na kiwango cha Elimu.

Usiri

Nakuhakikishia kwamba taarifa zote zitakazokusanywa kutoka kwako zitakua ni siri, Ni watu wanaofanya kazi katika utafiti huu tu ndio wanaweza kuziona taarifa hizi. Hatutaweka jina lako au taarifa yoyote ya utambulisho kwenye kumbukumbu za taarifa utakazotoa.

Haki ya kujitoa na mmbadala wowote

Ushiriki katika utafiti huu ni haki yako,kama utachagua kutoshiriki au utaamua kusimamisha kushiriki hutapata madhara yoyote. Unaweza kusimamisha kushiriki katikautafiti huu muda wowote hata kama ulisharidhia kushiriki.Kukataa kushiriki au kujitoa kushiriki katika utafiti hakutasababisha adhabu yoyote au upotevu wa faida yoyote unayotakiwa kupata.

Faida

Taarifa unazotupa zitatusaidia kujua sababu zinazofanya wakina mama

Kutokuhudhuria clinic za mama wajawazito kama inavyotakiwa kwenye vituo vya kutolea huduma za Afya wilaya ya Kisarawe.Na matokeo ya utafiti yatapelekwa kwa viongozi wa Wilaya na Mkoani ili wawezekupanga mipango ya jinsi ya kuboresha hali hii.

Endapo utadhurika

Hatutegemei madhara yoyote kutokea kwa kushiriki kwako katika utafiti huu.

Watu wa kuwasiliana nao kama una maswali katika utafiti huu unaweza kuwasiliana na Mratibu Mkuu wa mradi **Lusungu Ngailo**, P.O BOX 2773 Dar es salaam, Namba yangu ya simu ya mkononi ni 0658888238. Mwanafunzi wa Chuo Kikuu cha Sayansi ya Tiba Muhimbili, S.L.P 65001, Dar es Salaam.

Kama utakuwa na maswali yoyote kuhusu haki zako kama mshiriki unaweza kupiga simu kwa **Prof. M. Moshi** ambaye ni Mwenyekiti wa Kamati ya Chuo ya Utafiti na Machapisho, S.L.P 65001 Dar es Salaam, Simu nambari: 2150302-6. Na **Dr Innocent Semali** ambaye ni msimamizi wa utafiti huu. Pia kama kutatokea tatizo lolote kusudiana na haki zako kama mshiriki katika utafiti huu, wasiliana na Profesa M. Moshi, Mwenyekiti wa kamati ya Utafiti ya chuo , S.L.P 65001, Dar es Salaam – Simu Nambari. 022 2150302-6.

Unakubali?

Ndiyo (Fuata maelekezo hapo chini)

Hapana (Asante)

Mimi …….. nimesoma / nimeielewa fomu hii na maswali yangu yamejibiwa. Nakubali kushiriki katika utafiti huu.

Sahihi ya mshiriki ……

Sahihi ya mtafiti msaidizi ……..

Tarehe ya makubaliano ……

Appendix 2: Informed consent English version

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES

DIRECTORATE OF RESEARCH AND PUBLICATIONS

Namba ya utambulisho……..

Consent to participate in this study.

How are you! My name is …… from Muhimbili University of Health and Allied Sciences. I am conducting the research study with the main objective of assessing the influence of women's perceived quality of antenatal care on the utilization of ANC services in Kisarawe District.

Participation

By agreeing to participate in this study the following will be done to you;

You will be interviewed by a person who has been trained on how to ask and answer questions on the influence of women's perceived quality on the utilization of ANC services in Kisarawe District. Your response and recommendations will assist in improving the ANC services in the District.

You will be interviewed only once, for not more than thirty minutes. No personal identification such as your real name that will be taken except socio demographic details such as your age, marital status, education status and economic status will be needed.

Confidentiality

Be assured that all the information taken will remain confidential. Only the study team will have access to data collected in the field. We will not put any of your personal identification in the data forms that will relate back to you.

Right to withdraw

Participation in this study is your right; if you decide to withdraw no penalty will be taken to you. You can decide to withdraw from the study anytime even if you agreed to participate.

Benefits for participation

By participating in this study, you will assist in identifying the women's perceived quality of ANC services that influence the utilization of ANC services in Kisarawe, this will help in improving the antenatal care attendance in Kisarawe District.

Harm

No harm is expected to happen to you or your family by participating in this study.

Contact person

For any questions regarding this study you can contact the researcher,

Mrs Lusungu Ngailo, P.O BOX 6254 Dar es salaam; Mobile number 0658 888238. A student from Muhimbili University of Health and Allied Sciences, P.O BOX 65001 Dar es salaam. Tel No 2150302-6 and Dr Innocent Semali who is the Supervisor in this study.). In addition if you have questions about your rights as a participant, you may call Prof. M. Moshi, the Chairman of the University Research and Publications Committee, P.O. Box 65001, Dar es Salaam – Telephone No. 022 2150302-6.

Signature

……

Agree YES/NO

I, ……have read and understood this consent form, all my questions have been answered. I agree to participate in this study.

Signature of participant, ...

Signature of Research assistant; .....

Date of agreement; .....

Appendix 3: Questionnaire English version

Influence of perceived quality on services in the utilization of ANC services.

PART I: GENERAL INFORMATION

1. Respondents age **……..**
2. What is your religion
   1. Christianity
   2. Islamic
   3. Other
3. What is the level of your education?
   1. None
   2. Primary level
   3. Secondary level
   4. Advanced secondary school level
   5. College level
   6. University education level
4. What is your marital status
   1. Single
   2. Married
   3. Cohabiting
   4. Divorced
   5. Widow
   6. Separated
5. Who is the head of your family
   7. Myself
   8. My partner (Spouse)
   9. husband
   10. Other relative, Specify…….
6. How many members are in your household …….

SOCIO ECONOMIC FACTORS

7. What is your occupation?
    1. Peasant
    2. Self employed
    3. Employed by government
    4. Other Specify……..
8. What is your husband's Occupation
    1. Peasant
    2. Self employed
    3. Employed by Government
5. Other Specify……

PART II: UTILIZATION OF ANC SERVICES

9. How many children have you given birth to up to now?…….
10. How many pregnancies have you ever carried up to now?.....
11. How many times does a pregnant women required to attend ANC clinic?
    1. Once
    2. Twice
    3. Thrice
    4. Four times
    5. Five times
    6. Six Times
12. A pregnant women is required to start ANC clinic at what gestational age?.....

13. When was the first time you attended ANC clinic during pregnancy?
    1. Immediately after I missed period
    2. Below the fourth month of pregnancy
    3. When I was four months pregnant
    4. When I was six months pregnant

If you started ANC clinic after the fourth month of pregnancy, please answer Question number 14

14. How many times did you attend ANC clinic in your last pregnancy?

1. One time
2. Two times
3. Three time
4. Four times
5. Five times

15. Please give reasons of why you attended ANC after the fourth month of pregnancy

……

16. Were you informed about danger signs when you attended ANC clinic? YES/NO

17. If the answer is YES, can you list danger signs that you know?

1. ……
2. …….
3. …….
4. …….
5. …….

18. Did you choose the ANC clinic you wanted to attend?

6. YES
7. NO

19. If the answer is NO, who chose for you where to attend ANC clinic?

1. Male partner/Husband
2. Family members

20. Did you have to ask for permission from partner or family member whenever you wanted to attend ANC?

1. YES
2. NO

21. If the answer is YES; from whom did you require permission to attend ANC clinic? Choose below

1. Male partner/Husband

2. Family members

22. Did you attend clinic together with your partner?

1. YES
2. NO

If the answer is YES; go to question number 23

23. At the clinic, did you enter together for counseling services?

1. YES
2. NO

24. Did you plan together with your partner on the issues of delivery?

1. YES
2. NO

25. Where did you attend ANC services?

1. At the health facility near my village
2. At the district hospital
3. At the health facility outside Kisarawe district

26. What reasons made you to choose the ANC clinic which you attended?

1. Availability of drugs and diagnosis
2. Services provided by the healthcare providers were good
3. Short distance from home

PART III: WOMEN'S PERCEIVED QUALITY OF ANC SERVICES PROVIDED

27. Healthcare providers at the ANC clinics are cooperative and are generous to pregnant women

1. I agree
2. I disagree

28. Healthcare providers at the ANC clinics encourage pregnant women to attend ANC clinics

1. I agree
2. I disagree

29. Were you satisfied with the ANC services you received at the health facility?

1. YES
2. NO

If the answer is NO go to question number 30,

If the answer is YES go to question number 31

30. Please indicate any (multiple response) reason for not being satisfied with the ANC services you received

1. Long distance from home
2. It takes too long to receive services
3. The counseling provided was not confidential
4. The healthcare providers were not friendly
5. Healthcare providers are not professional

31. What make women in your village not to attend assigned visits at the antenatal clinic?

1. Bad behavior of health workers
2. Long distance to facility
3. There is no confidentiality at the ANC clinic
4. Healthcare providers at the ANC clinic are not friendly
5. Health care providers are not proffesionals

PART IV: WOMEN'S LEVEL OF SATISFACTION WITH HEALTH CARE PROVIDERS

32. How satisfied were you with laboratory diagnostic services you received at the ANC clinic?

1. Very Unsatisfied
2. Unsatisfied
3. Satisfied
4. Very satisfied

33. How satisfied were you with the way healthcare providers were communicating with pregnant women?

    1. Very Unsatisfied
    2. Unsatisfied
    3. Satisfied
    4. Very satisfied

34. How satisfied were you with the waiting time at the ANC clinic?

    1. Very Unsatisfied
    2. Unsatisfied
    3. Satisfied
    4. Very satisfied

35. How satisfied were you with the way healthcare providers were providing counseling services to pregnant women at the ANC?

    1. Very unsatisfied
    2. Unsatisfied
    3. Satisfied
    4. Very satisfied

36. How satisfied were you with the time taken for counseling session by the healthcare providers?

    1. Very Unsatisfied
    2. Unsatisfied
    3. Satisfied
    4. Very satisfied

Appendix 4: Questionnaire Swahili Version

DODOSO YA UTAFITI

UTAFITI KUHUSU URIDHISHWAJI WA AKINA MAMA KUHUSU HUDUMA YA MAMA MJAMZITO INAVYOCHANGIA UTUMIAJI WA HUDUMA KATIKA KLINIKI ZA MAMA WAJAWAZITO WILAYA YA KISARAWE MKOA WA PWANI.

Utangulizi: Asante kwa kukubali kuhojiwa nami kwa siku ya leo, nitapenda kukuuliza maswali machache juu ya masuala ya ujauzito na kuhudhuria kliniki.

Tarehe ya usaili…….

Nambari ya Usaili…….

SEHEMU A: TAARIFA BINAFSI.

1. Una umri wa miaka mingapi? **……..**
2. Dini yako ni
    1. Mkristo
    2. Muislam
    3. Dini nyingine
3. Elimu yako ya juu ni ya kiwango gani?
        1. Sina elimu
        2. Elimu ya msingi
        3. Elimu ya Sekondari
        4. Elimu ya chuo
4. Hali yako ya ndoa ikoje?
        1. Sina mume
        2. Nimeolewa
        3. Nimeachika

4. Ninaishi kinyumba
5. Mjane

5. Nani ni kiongozi katika kaya yako?
    1. Mimi mwenyewe
    2. Mwenzi wangu tunayeishi naye kinyumba
    3. mume wangu
    4. Ndugu, Mtaje……

6. Kaya yenu ina idadi ya watu wangapi?.....

SEHEMU B: HALI YA UCHUMI

7. Unafanya kazi gani?
    1. Mkulima
    2. Nimejiajiri
    3. Nimeajiriwa na Serikali
    4. Nyingineyo……

8. Mumeo anafanya kazi gani?
    1. Mkulima
    2. Amejiajiri
    3. Ameajiriwa Serikalini
    4. Nyingineyo ……

SEHEMU B: MAELEZO KUHUSU UHUDHURIAJI WA KLINIKI YA WAJAWAZITO

9. Umejaliwa kupata watoto wangapi? …….
10. Hadi kufikia sasa, ni mara ngapi umebeba ujauzito?.....
11. Je mama mjamzito anatakiwa ahudhurie clinic mara ngapi hadi anapojifungua?
    1. Mara moja
    2. Mara mbili
    3. Mara tatu
    4. Mara nne au zaidi

12. Katika kipindi chote cha ujauzito,ni mara ngapi ulihudhuria kiliniki ya wajawazito?

    1. Mara mbili
    2. Mara tatu
    3. Mara nne
    4. Zaidi ya mara nne

13. Ni katika kipindi gani cha ujauzito ulianza kuhudhuria kiliniki ya wajawazito?

    1. Mara nilipogundua kuwa ni mjamzito
    2. Nikiwa na ujauzito wa chini ya miezi minne
    3. Nikiwa na ujauzito wa miezi minne
    4. Baada ya kupitisha umri wa miezi sita

Kama ulihudhuria kiliniki ya wajawazito baada ya kupitisha miezi mine ya ujauzito, nenda swali la

14. Ni sababu zipi zilikupelekea kwenda kiliniki baada ya kupitisha miezi mine ya ujauzito?……..

15. Ulipohudhuria kiliniki ya wajawazito, mhudumu wa afya alikuelekeza kuhusu dalili za hatari wakati wa ujauzito?

    1. NDIYO/
    2. HAPANA

16. Kama jibu ni NDIYO, Tafadhali zitaje dalili za hatari katika ujauzito unazozikumbuka

1. ……
2. …….
3. …….
4. …….
5. …….

17. Je uchaguzi wa kliniki ya wajawazito uliyohudhuria uliichagua mwenyewe?

    1. NDIYO
    2. HAPANA

18. Kama jibu ni Hapana, Nani alikuchagulia kliniki ya wajawazito?

1. Mwenza wangu/ Mume wangu
2. Ndugu yangu

19. Je ulihitajika kuomba ruhusa kila ulipohitaji kuhudhuria kliniki ya wajawazito?
    1. NDIYO
    2. HAPANA

20. Kama jibu ni NDIYO, Ni nani aliyehitajika kukupa ruhusa ya kuhudhuria kliniki? Chagua kati ya majibu yafuatayo;
    1. Mume/mwenza wangu
    2. Ndugu yangu

21. Je ulihudhuria wapi kliniki ya wajawazito?
    1. Katika kituo cha kutolea huduma ya afya karibu na kijijini kwangu
    2. Katika hospitali ya wilaya
    3. Katika kituo cha kutolea huduma ya afya nje ya wilaya ya Kisarawe

22. Ni sababu zipi zilipelekea kuchagua mahali pa kuhudhuria kliniki?
    1. Upatikanaji wa madawa na vipimo
    2. Huduma bora toka kwa wahudumu wa afya
    3. Umbali mfupi kutoka nyumbani

23. Uamuzi wa kwenda kliniki uliufanya na mwenza wako?
    1. NDIO
    2. HAPANA

24. Je mlihudhuria pamoja na mwenza wako kliniki ya wajawazito?
    1. NDIYO
    2. HAPANA

Kama jibu ni NDIYO, Nenda swali la 31

25. Mlipofika kiliniki, je mlihudhuria wote huduma ya ushauri wa kiafya?
    1. NDIYO
    2. HAPANA

26. Je mumeo alishirikiana nawe katika kupanga mipango ya kujifungua ?
    1. NDIYO
    2. HAPANA

SEHEMU C: TAFSIRI YA UBORA WA HUDUMA KATIKA KLINIKI YA AKINAMAMA WAJAWAZITO

27. Wahudumu wa afya katika kliniki za wajawazito wana ushirikiano na ukarimu kwa wagonjwa

1. Nakubali
2. Sikubali

28. Wahudumu wa afya wanawahamasisha kinamama kutumia huduma katika kliniki za wajawazito.

1. Nakubali
2. Sikubali

29. Je uliridhishwa na huduma ulizozipata katika kituo cha afya ulichohudhuria kliniki ya wajawazito?

1. NDIYO
2. HAPANA

30. Kama jibu ni Hapana, chagua katika sababu zifuatazo za kutokuridhishwa kwako na huduma ulizozipata,

1. Umbali mrefu kutoka nyumbani
2. Muda mrefu wa kusubiria kupata huduma
3. Ushauri wa kiafya uliotolewa haukuwa na usiri
4. Wahudumu wa afya hawana ukarimu
5. Wahudumu wa afya sio waliosomea taaluma

31. Sababu zipi zinapelekea kinamama katika kijiji chenu kutokuhudhuria kiliniki kama inavyoshauriwa? Chagua sababu zote zinazohusika

1. Tabia mbaya ya wahudumu wa afya
2. Umbali mrefu kutoka kijijini hadi kiliniki ya wajawazito
3. Hakuna usiri wakati wa utoaji wa huduma
4. Wahudumu wa afya katika kliniki za wajawazito hawana kauli nzuri
5. Wahudumu wa afya hawajasomea kazi wanayoifanya

SEHEMU D: KIWANGO CHA URIDHISHWAJI WA KINAMAMA KUTOKANA NA HUDUMA ZITOLEWAZO NA WAHUDUMU WA AFYA.

32. Ni kwa kiwango gani Uliridhishwa na huduma za upimaji wa vipimo vya maabara utolewao na wahudumu wa afya?
    1. Niliridhishwa sana
    2. Niliridhishwa
    3. Sikuridhishwa
    4. Sikuniridhishwa kabisa
33. Uliridhishwa Kwa kiwango gani na mawasiliano baina ya wahudumu wa afya na kina mama wajawazito?
    1. Sikuridhishwa kabisa
    2. Niliridhishwa
    3. Sikuniridhishwa
    4. Sikuridhishwa kabisa
34. Uliridhishwa kwa kiwango gani na muda ulioutumia kusubiria huduma katika kliniki za wajawazito?
    1. Sikuiridhika kabisa
    2. Sikuridhika
    3. Niliridhika
    4. Niliridhika sana
35. Ni kwa kiwango gani uliridhishwa na jinsi wahudumu wa afya waanavyotoa ushauri kuhusu afya ya uzazi kwa kina mama wajawazito?
    1. Sikuridhika kabisa
    2. Sikuridhika
    3. Niliridhika
    4. Niliridhika sana
36. Ni kwa kiwango gani uliridhishwa na muda uliotumiwa na mhudumu wakati wa kutoa ushauri?
    1. Sikuridhika kabisa
    2. Sikuridhika
    3. Niliridhika
    4. Niliridhika sana