A STUDY ON THE ANTENATAL CARE SERVICE: WOMEN'S PERCEPTION AND EXPERIENCE, SODO HEALTH CENTER, WOLAITA ZONE, SNNPR

BY:

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Hawassa, Ethiopia

DECLARATION

I hereby declare that the dissertation entitled A STUDY ON THE ANTENATAL CARE SERVICE: WOMEN'S PERCEPTION AND EXPERIENCE, SODO HEALTH CENTER, WOLAITA ZONE, SNNPR submitted by me for the partial fulfillment of the MSW to Indira Gandhi national Open University, (IGNOU) New Delhi is my own original work and has not been submitted earlier, either to IGNOU or to any other institution for the fulfillment of the requirement for any other program of study. I also declare that no chapter of this manuscript in whole or in part is lifted and incorporated in this report from any earlier work done by me or others.

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CERTIFICATE

This is to certify that Mr. Tefera Tesfamichael Bilate Student of MSW from Indira Gandhi National Open University, New Delhi was working under my supervision and guidance for his project work for the course **MSWP-001.** His project work entitled A STUDY ON THE ANTENATAL CARE SERVICE: WOMEN'S PERCEPTION AND EXPERIENCE, SODO HEALTH CENTER, WOLAITA ZONE, SNNPR. Which he is submitting, is his genuine and original work.

Place: Hawassa, SNNPR

Date: April, 2016

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BIOGRAPHY

I am Tefera Tesfamichael, born in very rural part, Fango Koyisha, of Wolaita Zone, SNNPR. I grow up in Addis Ababa, Ethiopia. I attended my junior school, in Leoul Wosenseged School and my secondary school in General Wingate Secondary School. I started my professional carrier as a Nurse following my graduation from Nekemte School of Nursing in diploma. Next, I graduated in BSc in Public Health, from Jimma University. I worked in Oromia and SNNP regions in various positions from clinical area up to health care management position. Currently, I am working as Regional Public Health Advisor for JSI Strengthening Ethiopia Urban Health Program, SNNPR.

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DEDICATION

This work is dedicated to my mother W/o Belaynesh Fetene, who shared her non pre-conditional endless love, concern and care without reservation and burnout, until I reached currently around 50 years and she reached around 88 years. Moreover, this will continue as far as GOD permits.

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Acronyms

MCH: Maternal and Child Health care is the care provided to mothers (Women in child bearing age) and children.

ANC: Antenatal care is the care given to a pregnant woman in order to have safe pregnancy, labor and health baby.

PHC: Primary Health Care refers to an approach and spectrum of service beyond the traditional health care system that focus on health care service including health promotion, illness and injury prevention , and the diagnosis and treatment of illness and injury.

VCT: It is an approach which help as an entry point to control HIV/AIDS pandemic; it include voluntary counseling and testing with provision of medical and psychosocial support.

FP: Family Planning is a general term that applies to various methods that have been developed to help partners to determine the number and time of birth of children.

STI: These are infections that have a realistic probability of transmission between human persons, by means of sexual contact; most commonly vaginal intercourse.

Immunization: It is the process of protecting the susceptible host from a specified disease by administration of a living modified agent, a suspension of killed organisms or attenuated toxins.

ANC packages (ANC elements): This includes examinations, blood test, and urine test, tetanus toxoid immunization, anti-malaria drug provision.

Abstract:

The Objective of this study was to make an assessment of women's perception and practice regarding antenatal care service they obtained, in Sodo Health Center, Wolaita zone, SNNPR. The study design was a cross-sectional descriptive survey. As a sampling method, purposive sampling method was used, because this study seeks predefined groups, which are pregnant women. Total of 101 pregnant women participated in the study. Major findings include: The majority of respondents are under the age category of 20-24 years, teen age pregnancy comprise of 12.8% of total pregnancies. According to this study result, only 23.8% of pregnant women were obtained antenatal care service timely or within first trimester. Very optimal practice in some major indicators and less performance in other indicators, 99% for Blood Pressure measurement and 58.4% for checking leg edema identified respectively. Antenatal care service providers' performance of health advice and counseling is less satisfactory; advice on place of delivery not provided for more than one third (36.6%) and advice on family planning not given for more than half (53.5%) of interviewed women. Even if they are minority, 10 respondents (9.9%) stated that the health center is lacking some basic supplies, laboratory reagents and medical equipment, Still very few, 8 out of 101 clients (7%) of participants also commented that the service providers are not friendly and lacking feeling of empathy towards pregnant women. 12.9% perceived the service obtained today as unsatisfactory, 26.7% of the respondents do not recommend the service to others or friends. Finally the study concluded that; practice of information exchange, health advice and counseling less frequent, shortage of basic supplies, laboratory reagents and medical equipment detected, still clear gap and enormous missed opportunity in performance of some indicators observed, waiting area is not comfortable, it is with poor access of pipe water and the latrine, service providers were not friendly, as a result 13% of pregnant women perceived the service as unsatisfactory and 27% of clients do not trust the service and they do not recommend the service to others or friends. To mitigate the identified gap the following recommendations provided: regular on job training for service providers and team leaders to provide service as per the standard, conducting continuous supportive supervision, mentoring and coaching of staff on provision of client friendly service, strengthen IEC/BCC activities of the health center, ensure availability of all necessary supplies and equipments, improving waiting area and finally, service provision by respecting all clients, and adhering to professional ethics.

CHAPTER ONE
INTRODUCTION

1.1 CHAPTER INTRODUCTION

This chapter deals with introductory parts of the study, which includes the following: background of the study, statement of the problem, objective of the study, research questions, significance of the study, scope and limitation of the study and finally organization of the study. In the entire above stated sub topics adequate descriptions which are very pertinent for the study purpose incorporated.

1.2 BACK GROUND

Maternal mortality is one of the most serious health problems in Ethiopia. Its tragic feature is the greatest number and gap between risk of death during pregnancy and child birth in developing and developed countries.

Ethiopian Demographic Health Survey (EDHS) showed that the maternal mortality rate was 673 deaths per 100,000 live births and infant mortality rate was 77 deaths per 1000 live births (EDHS, 2005). This shows us that there are many premature deaths which can be easily preventable and manageable with simple doable measures and actions, starting from the community to higher health facility level intervention.

Antenatal care service is one of the basic elements of Maternal and Child Health (MCH) service which improves health of pregnant woman and the new born, and reduces maternal morbidity and mortality. Therefore, service provision should be assessed to identify the strength and weakness of the ANC service and to find out the unmet needs of pregnant women who seek this service.

Currently, access to health service is improved. However, mere availability of service alone cannot warrant the effective provision of all necessary service elements which help to obtain the desired goals of pregnancy outcomes and to alter the present poor maternal health profile. It is good to introduce periodical and action oriented assessment to check practical situation and women perception about the service they obtained (Olufemi T., Oladapo[1], Christianah A. et al. 2008)

This study explored the practice and perception of pregnant woman on various aspects of antenatal care service like: interpersonal relations with care providers, extent of counseling to fulfill ANC clients' information needs and condition of birth preparedness and availability utilization of service elements.

1.3 STATEMENT OF THE PROBLEM

Conducting assessment on ante natal care service from women perspective and practice is important tool which reflects users' opinion regarding quality of service they obtained. It helps managers and service providers to pass informed decision in order to address unmet needs of pregnant women receiving antenatal care. According to Negussie, Tadele, Yemane, and Berhanu (1998) as a result of lack of assessment, most of the time the service being provided and the management system are not subjected to assessment and most managerial decisions are not assessment based management actions.

Olufemi T., Oladapo[1], Christianah A. et al. (2008) argue that "In spite of the increasing importance of quality of antenatal care worldwide, detailed information about the quality or effectiveness of antenatal care practices is less often available or investigated in many of the population where they are most needed" (p.72).

Misganaw F., Abubeker K., Assefa M. et al. (2000) on their Study which was done in Northwest Ethiopia indicated that "there is little or no report concerning effectiveness of ANC services at different levels of the health care system in Ethiopia" (p. 156).

Olufemi T., Oladapo[1], Christianah A. et al. (2008) strongly suggests that " at present, data about the quality of antenatal care service at the primary care level , as perceived by pregnant women , which could provide useful information to researchers and policy makers are lacking" (p.73).

As evidenced above, assessment of women' perception about MCH components including ante natal care service is insufficient in Ethiopia, and rarely carried out in southern region of Ethiopia. So, such a study on women's perception and experience on the antenatal care service is instrumental step to maintain standardized service delivery and quality.

1.4 OBJECTIVE OF THE STUDY

This project aims at making an assessment of women's perspective and practice regarding ante natal care service they obtained, in Sodo Health Center, Wolaita zone, SNNPR.

1.4.1 The Specific Objectives of the study are as follows:

1. Examine ANC clients' perception about health professionals' approach during service provision.
2. Assess professional advice and counseling practice in addressing major information's needed for ANC clients.
3. Describe ANC clients practice in terms of provided care and availability of service elements (like: HIV counseling and testing, laboratory investigations, prescribed drugs, immunization).
4. Identify gap in service delivery process (waiting time, waiting area and other facilities like supplies and equipment).

1.5 RESEARCH QUESTIONS

1.5.1 Are the service area and service providers friendly to ANC clients?

1.5.2 Is health professional advice and counseling for ANC clients fulfilling major information needs?

1.5.3 What is the perception and practice of ANC clients' regarding provided care and availability and utilization of service elements?

1.6 SIGNIFICANCE OF THE STUDY

It is solid true that, this study aimed at exploring antenatal client's perspective and experience regarding antenatal care service they obtained, in Sodo Health Center, Wolaita zone, SNNPR help to carry out systematic assessment, problem identification and recommendation for action to strengthen the service and to fulfill any unmet needs of antenatal client's if identified.

1.7 SCOPE AND LIMITATION OF THE STUDY

The result of this study is only reflecting the client perception and experience regarding ANC service of only in Sodo health center currently. It does not represent other service providing health facilities in that area. As a limitation, assessment conducted in very brief period of time, the respondents' number is very limited and only simple statistical methods applied. So, it may not fulfill needs of complex studies in the field. As a result this study believed to attract other more structured and organized technical studies in the area.

1.8 ORGANIZATION OF THE STUDY

This study is organized into five chapters. The first chapter contains the background, statement of the problem, research questions objectives of the study, significance of the study scope and limitation of the study, Next, chapter 2 deals with both theoretical and empirical literatures addressing Definition of ANC, its components, paradigm shifts, focused ANC and it also deals with overview of practical conditions based up on study findings. Chapter 3 describes study area, research design, sampling method sample size. Additionally, chapter 4 deals with data analysis, interpretation and discussion of the result or findings of the study. Finally, chapter 5 includes summary of the research findings, conclusions and recommendations. Last but not least, following the above chapters, list of reference materials and annexes incorporated at the end of the paper.

CHAPTER TWO
LITERATURE REVIEW

2.1 Introduction

This chapter is the second chapter; it deals with both theoretical and empirical literatures. This chapter provides updates on ANC service, using standard text books and research findings as a sources. It addresses the following major points: definition of ANC, its components, the current paradigm shifts of ante natal care, focused ANC and overview of practical conditions based up on study findings of global, continental and national level.

2.2 What is Antenatal care?

Antenatal Care is a care given to pregnant women before delivery and sometimes literally it is called pregnancy care. Antenatal care service is one of the most important components of Primary Health Care (PHC) and basic element of Maternal and Child Health (MCH) service which improve health of pregnant woman and the new born, and reduces maternal morbidity and mortality.

According to Arindam, D. (2004) Antenatal care has important position as it is directly related with maternal mortality, loss of fetus and loss of infant.

Origin of Antenatal Care: First, the ANC service originated in the western world in the early 1990s, assumes that more is better in the care of pregnant woman. By that time, it was directly exported to the developing world, it is neither changed to fit the local context of the developing country nor evaluated, and the validity of the content and the rationale for the frequency and timing of visits are not evidence based (Villar and Bergsjo. 1997).

2.3 Components of Antenatal Care

According to (WHO 1994) there are four main components of antenatal care. These include: First, health promotion and disease prevention; under this component several activities carried out like; health education about diet, rest and avoiding heavy physical work, good hygiene and infection prevention practice, early recognition of danger signs and taking prompt action including referral to higher level health facility and pre-referral management. Immunization against tetanus, prevention of mother- to

-child transmission of HIV, protection against malaria and reduction of iron deficiency anemia

The second one is Detecting and Treatment of Existing Disease and Conditions like HIV, malaria, syphilis, anemia, heart disease, diabetes, and tuberculosis. The third one is, early Detection and management of Complications: It includes conditions like; anemia, infection, vaginal bleeding, pre-eclampsia/eclampsia, abnormal fetal growth and abnormal fetal position. Early detection and treatment of these conditions can mean the difference between death and survival for the woman and her survival.

Final and the forth component is, birth preparedness and complication readiness: This deals with preparation for child birth and arrangements for the new born. Woman and her family should plan on the following: place of birth and how to get there, skilled provider to conduct delivery, sources for financial support, family and community supports, and a person to make decision on behalf of the woman and blood donors in case of emergency.

Some of the major activities carried out during antenatal care includes the following: rapport building, client history taking, conducting physical examination, laboratory testing, discussing about danger signs, advice and counseling about diet and nutrition, developing birth preparedness, offering HIV testing, giving tetanus toxoid immunization, dispensing medication as per need and making sure women know her return visit date (WHO 1994; EDHS, 2011; Gerein, N., 2003).

2.4 Paradigm Shift of Antenatal Care and Current WHO Recommendations

Risk screening is an activity which, in the past has been invested with a lot more significances than it deserves, because it is poor at identifying individual woman at high risk. Many women who have risk factors never develop complications, while women without risk factor often do (WHO, 1994; Villar and Bergsjo. 1997; Misganaw, 2000). However, currently marked evidence based improvements carried out; as paradigm shift, more value is given to quality than quantity of visits. This approach is called focused antenatal care.

2.5 Focused Antenatal Care

This approach is based up on three realities these are: frequency of visits does not necessarily improves pregnancy outcome, majority of pregnancies progress without complication and women categorized as risk mother does not develop

complication, while women without risk develop complication (Villar and Bergsjo 1997).

Focused antenatal care recognizes that every pregnant woman is at risk of complication; because of this all pregnant women received same basic care; which ensures normal progress, early detection of complication and prompt action. Focused antenatal care is characterized by woman-friendly approach, inclusiveness of woman's partner in making decision, culturally appropriate, and more over it is with individualized components of the care plan for each woman (EDHS, 2011; Villar and Bergsjo 1997).

2.6 Overview on Practical Conditions of Antenatal Care

Disparity in maternal death is long standing problem, which is also known and documented science long time. For instance, to describe maternal death disparity it stated that, risk of death of pregnant woman in Africa due to pregnancy and child birth is 200 times greater than that of a woman livng in industrialized countries (WHO/FHE/MSM/94.2, 1997).

Leslie (1989) believes that:

> Involving women in the assessment of care by incorporating representatives of the community they serve will make quality of care assessment more applicable to the socio cultural expectations of users than that of health providers, who are usually imported to the community. (p.94)

Sohail & Mai (2009) also suggest reproductive health /family planning client perception as an important tool to identify gaps, and used client perception as a methodology to carry out assessment to explore family planning service resource and service delivery process related problems.

Antenatal care is known for its golden opportunity to provide adequate information like preparation for child birth, infant care, use of family planning and other disease preventive and health promotive information. However, Olufemi, Oladapo, Christianaah, Iyaniwura, and Adewale (2008) found that, the consultation time is very short, only 5 minutes than the recommended time for focused antenatal care, which is 30 minutes. Additionally, some studies also confirm that the transmission of information was in adequate, lacked privacy, not respect cultural

values and it is not tailored to women's need (Donabedian, 1988; and SA Fam Pract, 2008).

Assessment in South Africa, Empangein Sub district, indicates that antenatal care quality was compromised, the assessment indicates low syphilis screening, low HIV testing up take by pregnant women and screening for anemia and use of prophylaxis for neonatal tetanus were infrequently carried out. Based on these finding additional training, regular quality assessment and additional operational research activities suggested (Pract, 2008).

Secondly, some of the available studies in ANC service quality in Uganda clearly indicate that the service is lacking quality. Among pregnant women who participated in the interview, 77.4 percent of them gave information on where to deliver their babies, only 37.9 percent of them had received health education, 44 percent never received advice on family planning and only 54.8 percent received tetanus toxoid immunization (Mbeonye, 2003).

Maternal mortality is one of the most serious health problems in Ethiopia. It is one of the tragic events of the world today because of greatest number and gap between risk of death during pregnancy and child birth in developing and developed countries.

Ethiopian Demographic Health Survey (EDHS) showed that the maternal mortality rate was 673 deaths per 100,000 live births and infant mortality rate was 77 deaths per 1000 live births (EDHS, 2005). Despite this fact, the overall use of antenatal care or proportion of pregnant women received antenatal care from a skilled provider for the most recent birth in the five years preceding the survey was 34%. Utilization by urban and rural areas indicates 76%and 26%, respectively, which shows significant variation by residence (EDHS, 2011).

Thirdly, a study conducted in North East Ethiopia indicates that little is known about its status and factors affecting utilization of reproductive health service (Fanta, et al, 2005). Additionally, study which was done in Northwest Ethiopia indicates that there is little or no report concerning effectiveness of ANC services at different levels of the health care system in Ethiopia (Misganaw, et al, 2000).

Mengesha, et al. (2005) on study conducted in five densely populated regions of Ethiopia; including SNNPRS found out that medical data recording during ANC is weak to the level that permits missed opportunity to screen high risk mothers. Urine and blood tests were performed only for 36 percent and 40 percent respectively,

advice on critical health status was provided only for 22.2 percent and longer waiting time is reported by 37 percent of the women. Studies conducted on effectiveness of ANC in identifying and preventing delivery related complications in SNNPRS revealed that there high knowledge and attendance rate, but great gaps of counseling service (Addissie, et al., 2005).

In conclusion, assessment on healthcare service provision technique, process, availability of resource and human relation during care giving is insufficient in Ethiopia, and hardly carried out in southern region of Ethiopia. As a result of this the quality of the service being provided and the management system is not subjected to assessment and most managerial decisions are not assessment based management actions.

CHAPTER THREE
RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

Chapter 3 deals with research methodology. Under this major topic the following sub topics were addressed in a simple and self explanatory way, this include but not limited to : description of study area, research design, universe of the study, sampling method and sample size, data collection tools and data collection procedures, method of data analysis and ethical considerations.

3.2 Description of the Study Area

The study was conducted in Wolaita zone, Sodo Town; Wolaita zone is one of the 15 zones of SNNPR. Wolaita Sodo, the city of the zone, is located 165 KMs from Hawassa, the regional capital and 390 KMs far from Addis Ababa. Zonal total surface area is 2,825 square KMs; it encompasses all types of climate, dega, woynadega and kola, the total population of the zone is around 1.8 million, with 49.4% of it female and 50.6% male population. There are 12 rural and 3 urban woreda with a total of 345 kebeles.

In Wolaita Sodo town there are two general hospitals, one belongs to government and the other is nongovernmental hospital. Additionally, there are also 3 governmental health centers dispersed in the tow to ensure easy access. In terms of social infrastructures; electric power supply, telephone service, postal service, banking service are available. In Sodo town, one multi disciplinary university, 1 private health science college, 3 preparatory/high level schools and more than 5 junior secondary schools are available. In relation with socioeconomic condition, majority of the urban dwellers are small scale merchants, economically dependent house wife, and government employees.

3.3 Research Design

This is a cross-sectional descriptive survey employing both quantitative & qualitative method of study was conducted, among pregnant women who visited Sodo health center from March 18-29, 2016.

3.4 Universe of the study

All pregnant women (you have to indicate the number of women who obtained the services) living in Sodo city, Sodo Zuria woreda under the catchment area of Sodo health center, and who started ANC service in Sodo health center for the current pregnancy comprise the universe of the study.

3.5 Sampling Method and Sample Size

3.5.1 Sampling Method: For the purpose of this study, purposive sampling method was used as a sampling method, because this study seeks predefined groups, which are pregnant women. Second, the study process faced time, money and logistical constraints. In order to address this, purposive sampling is selected as the most appropriate solution, because it requires fewer fields time and cost effective. Consequently although it is less precise, it enables an initial understanding of the situation.

3.5.2 Sample Size: All pregnant women who visited the health center for ANC and obtained the service during the study period, from March 18-29, 2016 (10 working Days) and willing to have exit interview were included in to the study as a respondent. The total of 101 pregnant women included and participated in the study as relevant respondents.

3.6 Data Collection: Tools and Procedures

Multiple types of instruments were used to collect data; because combining different data collection techniques can complement each other and maximize the quality of the data collected and reduce chance of potential biases. Some of these methods include:

3.6.1 Client exit interview/Interview Schedule: Locally adapted structured questionnaire were used to collect required data from each study subjects (or antenatal care clients) by interview method and interview were conducted by junior secondary school teachers and away from the antenatal clinic service area in order to minimize health professionals' and clinical setup related bias.

Primarily, Data collection instruments were adapted from Federal Democratic Republic of Ethiopia Ministry of Health Basic Emergency Obstetric and New Born Care participant's Handout, Antenatal assessment (history, physical examination and care) part (Basic Emergency Obstetrics & Newborn Care, 2013)

Secondly, from World Health Organization Primary Health Care Management Advancement Program (WHO PHC MAP) modules; and rearranged in locally and culturally appropriate context. As it is indicated on the WHO PHC MAP manual; this module or its part can help managers and supervisors to assess the quality of all or part of each PHC service by using simple checklists (University Research Corporation Hilton, 1992).

3.6.2 Observation Guide: Finally, health center infrastructure observation was made by the investigator using checklists. This deals with the availability of adequate and comfortable waiting areas, availability of pipe water and toilet with hand washing and other facilities.

Finally, six main quality assessment criteria of (Bruce's 1990): The client and service provider relationship, the technical competence of providers, information exchange, continuity of care and follow up measures and management are also considered during formulation of data collection instruments.

3.7 Quality Control Measurement

Two days intensive training was provided for data collectors. This training was supported by practical demonstration. Before starting the actual field work pre-test was conducted in nearby health center and based up on the feedback from the pre-test some corrections were done to the data collection instrument. Daily base data checkup and clearance done before data entry.

3.8 Data Processing

Data master sheet was prepared for categorization and summarization; data coded and entered in to a computer data base, then analyzed by SPSS computer software on the basis of specific and general objectives. Descriptive statistics had been used in order to process, analyze, summarize and present the primary data some statistical tools adopted are: tables, charts, graphs, percentage, ratios, mean, variance and etc.; however, some of the primary data such as clients opinion and infrastructure observation result had been analyzed and discussed qualitatively.

3.9 Ethical Consideration

Support letter which states the purpose of the study and its procedures written from the St. Mary University to Wolaita zone health department, Sodo Town Health Office and Sodo Health Center. Based on the written letter, communication made and permission obtained.

Furthermore, due attention was given in explaining the purpose of this study to ANC clients, provision of clear information on keeping confidentially and privacy maintained. Finally, written / oral consent obtained from each study subjects. The guiding principle of the survey is that a respondent has the right to exercise her will and is allowed to decline her consent at any part of the survey maintained in all levels of interview process.

CHAPTER FOUR
RESULT AND DISCUSSION

4.1 Introduction

This chapter deals with analysis of data obtained by exit interview from ANC clients and direct observation of service area and infrastructures by using observation check list. Based up the study objectives in chapter 2 the result analyzed presentation and discussion of major findings carried out. Activities in this chapter lead to accomplishments of study objectives and help as a corner stone to lay a ground for summarization, conclusion and recommendation of the research work.

4.2 Socio- demographic Characteristics

Table 1 elucidates that the total of 101 interviewed antenatal clients, 11.9% are living in rural area while 88.1% lives in urban area. The majority of respondents are under the age category of 20-24 years, the minimum and maximum ages of respondent were 18 and 35 years respectively. The mean age of the study subjects was 23.2 years, with the standard deviation of 3.4. Teen age pregnancy comprise of 12.8% of total pregnancies. This indicates that the respondents are at younger reproductive age group, with less life experience and exposure to reproductive health services, which needs attention in provision of pregnancy, delivery, postnatal and family planning services related health information.

Among the interviewed, great majority, 96% were married and 14% were single. Regarding occupation more than half (55. 4%) were house wife, followed by 16.8% merchant, 15.8% private employees and only 11.9 % were government employees. Indicate the implication as family panning as the concern of house wife's and young ages. When we look at respondents' religion, 68.3% were Protestants, followed by 27.7% Orthodox and 4% Muslim. Respondents' educational status looks; 4% categorized as not able to read and write, 34.3% were primary school, 39.4% were secondary school and above secondary school were 23.2%.

Table 1

Baseline Socio- demographic Characteristics of Respondents (n=101)

Characteristics (n=101)	n	%
Age Group (Year)		
15-19	13	12.9
20-24	52	51.5
25-29	32	31.7
30-34	3	3
>=35-40	1	1
Total	101	100
Respondents Residence		
Rural	12	11.9
Urban	89	88.1
Total	101	100
Marital Status		
Married	97	96
Single	3	3
Others	1	1
Total	101	100
Occupation		
Government Employees	12	11.9
Private	17	16.8
Merchant	16	15.8
House Wife	56	55.4
Total	101	100
Religion		
Orthodox	28	27.7
Protestant	69	68.3
Muslim	4	4
Total	101	100
Educational Status		
Not able to read and write	4	4.1
Primary school	34	34.3
Secondary School	39	39.4
Above secondary school	23	23.2
Total	101	100

Source: Own Survey, 2016

4.3 Perception and practice of ANC clients' regarding major ANC service indicators

The objective of antenatal care is to deliver timely, effective and appropriate screening, preventive and treatment interventions. Based on this, initial booking in first trimester (the first 3 months of pregnancy) is ideal time for confirmation of pregnancy, identification of risk factors, picking pregnancy related complication and take prompt action. However, this study indicates that, the median months of current pregnancy during their first booking was 4month, with a minimum of 1 month and maximum of 8month.

Unfortunately, as indicated in Table 2, only 23.8% of pregnant women were obtained antenatal care service timely or within first trimester. Whereas the great majority of women, 77% booked being late. The median estimated gestation at booking reported by participants for the current pregnancy was 20 weeks (range, 12 to 32 weeks). Such a delay in first booking can lead to missed opportunity in identification of risk factors, picking pregnancy related complication and take prompt action, as a result pregnant women can be exposed to life threatening complications and preventable maternal death. Seseendran, Mary, and William (2004) in their study, conducted in rural north India, found that only 38% women made their first antenatal visit during their first trimester of pregnancy, the rest majority, 62% started in second and third trimester; it showed similarity with the finding of this study. Additionally, this study result is almost similar with study done in Pretoria and in Greytown which demonstrated that the majority of women commence antenatal care in late pregnancies, which is the second and third trimester (Tsuari, Mabale, Kgobane and Pattison 1998).

TABLE 2

Gestational Age of Pregnant Women at First Antenatal Visit or Booking

Gestational *Age* (n=101)	n	%
First Trimester	24	23.8
Second Trimester	59	58.4
Third Trimester	18	17.8
Total	101	100

Source: Own Survey, 2016

Table 3 indicates that, according to study result out of 101 exit interviewed clients only around one quarter (20.8%) respondents spent greater than 15 minutes time on examination, care and health information provision, while the great majority (79.2%) spent less than 15 minutes on examination, care and health information provision. Furthermore, it was also observed that women were rarely involved in discussion, providers also observed to listen only partially to the pregnant women when they express their worry.

TABLE 3

Duration of Time Respondents Spent with their Service providers on Consultation

Consultation Time (n=101)	**n**	**%**
<15 Minutes	80	79.2
>15 Minutes	21	20.8
Third Trimester		
Total		

Source: Own survey, 2016

Table 4 shows varied performance of major antenatal care indicators; which is very optimal practice in some indicators and less performance in other indicators. Out of 101 interviewed pregnant women, for the great majority of women, 99% blood pressure measured, for 98% urine analysis done, 97% blood sample collected and examined, height was measured only for 63.4% women, weight measured for 77.2%, for only 58.4% interviewed pregnant women leg edema checked, immunization for tetanus toxoid given for 91.1%, iron/ferrous tablet provided for 89.1% of interviewed pregnant women and HIV testing done for 85.1%.

When we see the overall practice of antenatal care, major indicators practice ranges from 99% (Blood Pressure measurement) to 58.4% (Checking leg edema). The performance is very high in selected indicators like; blood pressure measurement, urine analysis, blood sample testing and tetanus toxoid immunization. In spite of this, there are still clear gap and enormous missed opportunity in performance of some

indicators like height measurement, weight measurement, leg edema checking and HIV testing & counseling revealed by study informants during exit interview.

Additionally, missing such a major antenatal service indicators can lead to poor identification of risk factors and pregnancy related complications; as a result of these the antenatal care service provided cannot fully addresses its objectives which are promotion, prevention and early detection of complication and prompt management.

TABLE 4

Practice of study participants in implementation of Selected Antenatal Care Indicators in their Current Visit

Characteristics (n=101)	n	%
Blood Pressure Measured	100	99
Urine analysis done	99	98
Blood Sample Examined	98	97
Height Measured	64	63.4
Weight Measured	78	77.2
Leg Edema Checked	59	58.4
Immunized for Tetanus Toxoid	92	91.1
Iron/Ferrous tablet provided	90	89.1
HIV Testing & Counseling Done	86	85.1
Total	101	100

Source: Own Survey, 2016

4.4 Service Providers practice of health advice and counseling in addressing major information's needed for ANC clients.

Study revealed that, antenatal care service providers' performance of health advice and counseling is less practiced, when compared with technical skill performance like: blood pressure measurement, blood sample testing and iron folic acid supplementation practice, in almost all cases the performance was above 90%. As indicated in Table 5 below, advice on nutrition given for 65.3% of women, information on use of bed net for 64.4%. However, the most critical information, which is advice on pregnancy related danger sign given only for 44.6% pregnant women, the remaining majority (55.4%) of pregnant women, were not informed about

pregnancy related complications, may be not aware and not able to identify it easily and seek advice or medical care to minimize health hazard they may encounter.

Furthermore, advice on place of delivery not provided for 36.6%, exclusive breast feeding was not given for 44.6% pregnant women, and advice on postnatal family planning not provided for more than half (53.5%) of interviewed women. This result clearly indicate that, the antenatal care service provided currently in Sodo health center is weak in equipping pregnant women in knowledge, attitude and skill wise. Such a condition can lead to poor linking of pregnant women for subsequent phases of care like: skilled delivery service, practicing exclusive breast feeding and use of postnatal family planning to avoid unintended pregnancy.

Finally, it looks that the health center antenatal care performance is technically dominant than provision of information education and counseling service, which is very vital for pregnant women, because through advice and counseling it possible to empower pregnant women and raise their participation, contribution and decision making power regarding their own health.

TABLE 5

Performance of Provision of Health Advice and Counseling as Perceived by Respondents

Characteristics (n=101)	**n**	**%**
Advice on nutrition, rest & hygiene	66	65.3
Use of bed net consistently	65	64.4
Advice on place of delivery	64	63.4
Immediate initiation & Exclusive Breast Feeding	56	55.4
Advice on Family planning	47	46.5
Advice on pregnancy related danger signs	45	44.6

Source: Own Survey, 2016

4.5 Antenatal Care Clients perception about over all service delivery process, availability of service elements and infrastructure

Regarding service infrastructures and service providers' friendliness, Table 6 summarize the following findings; out of 101 pregnant women who attended antenatal care service in Sodo health center during study period, great majority 87.1% clients were comfortable with waiting area, 93.1% stated that service providers were friendly, 95% affirmed exam rooms and beds were clean and hygienic and 94.1% perceived

that their privacy maintained. On the other hand, even if they are minority (which ranges from 5 -13%) those who are not comfortable about the service infrastructures service provision process and service providers' friendliness bitterly complained. 12 respondents (11.9%) participants also commented that, the waiting area is lacking adequate space, shade and benches, it is with poor access of pipe water and the latrine is too far from service area and very unhygienic.

Additionally, 10 respondents (9.9%) stated that the health center is lacking some basic supplies, laboratory reagents and medical equipment like sonography machine to provide complete service, as a result clients are obliged to have unnecessary repeated appointment and several visit in order to get the missing service and sometimes they are referred to other health facility for simple tests and procedures. Moreover, out of 101 respondents, 11.8% suggested that, the health professionals were not maintaining their privacy during examination, they are permitting practitioners (students) to carry out examination without asking clients' permission, and as the door is open staffs were moving in and out several times during examination, which leads to privacy breach.

Very few, 8 out of 101 clients (7%) of participants also commented that service providers are not only they are not friendly, but also they are nagging, lacking patience, harassing pregnant women and lacking feeling of empathy towards pregnant women. Although it is reported by few respondents, the problem encountered by these antenatal care clients is very critical and needs urgent corrective action.

One participant explained that:

> The health centers leaders need to improve missing service infrastructures, support service providers, monitor their performance and take corrective action. On top of this, the health center management should come closer to the beneficiaries, share our feelings and they need to make every effort, to meet our un-meet needs. (Respondent 83)

TABLE 6

Service Infrastructures and Service Providers' Friendliness as Perceived by Respondents

Characteristics (n=101)	**n**	**%**
Comfortable Waiting Area	88	87.1
Service Provider is Friendly	94	93.1
Exam room & bed clean	96	95.0
Privacy of respondent maintained	95	94.1

Source: Study own data, 2016

Table 7 shows that, out of 101 respondents, 87.1% were perceived the ANC service obtained today as good enough or acceptable. The remaining 12.9% perceived the service obtained today as unsatisfactory. Such a variation in perception towards a service from single source and almost similar service providers can result from individual difference like: socio-demographic characters, culture, individual expectation and former experience. In general, whatever the condition, this assessment demonstrated that even though great majority around 87% were perceived the service obtained as an acceptable, there is still un-meet needs which resulted the service to be perceived as not good enough or unacceptable by 13% respondents. If the service perceived as not acceptable by users, they are less likely to come again for this service, and it also affects the service utilization by others. So, this finding clearly identified un-meet needs to be addressed urgently, to improve service quality.

TABLE 7

Over all Perception of Respondent about the Antenatal Care they Obtained

Characteristics (n=101)	n	%
Acceptable or good enough	88	87.1
Not acceptable or not good enough	13	12.9
Total	101	100

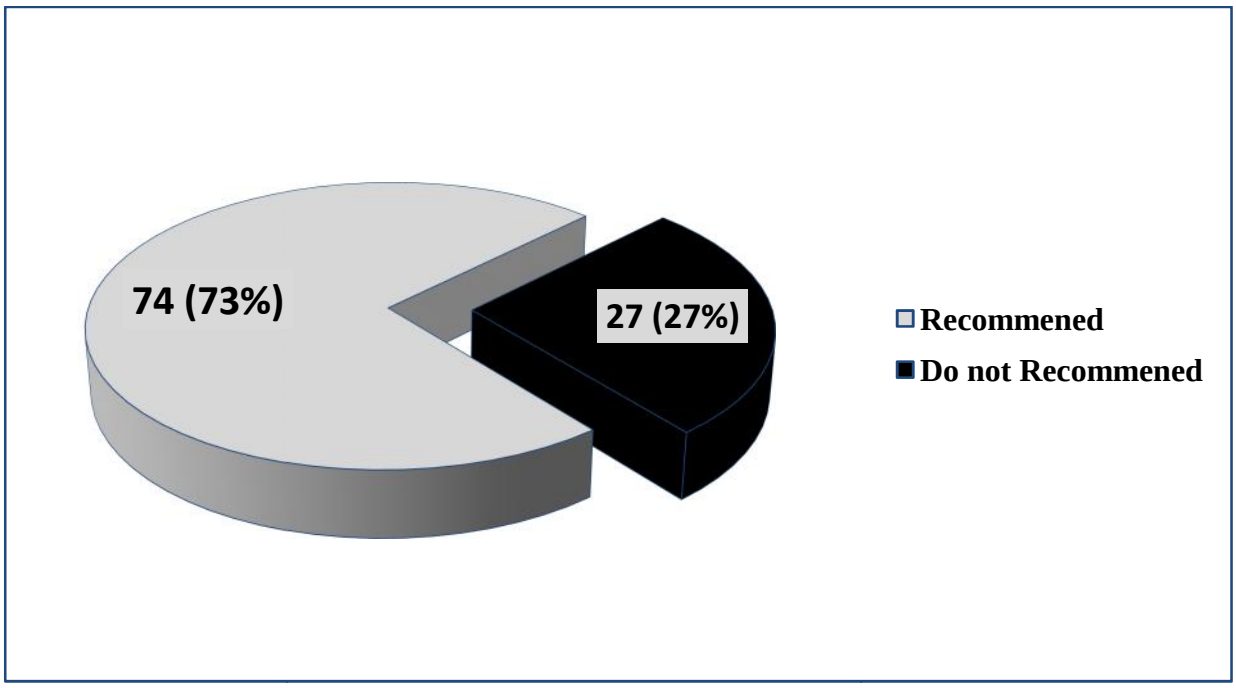
Source: survey own Data, 2016

Figure 1 presents that, out of 101 respondents, 73.3% were able to recommend the service to others or friends, because they perceived it good enough. The rest 26.7% of the respondents do not able to recommend the service to others or friends,

because they perceived that, the service they obtained today is unsatisfactory. This finding indicates that, the ANC service being delivered in Sodo health center is experiencing un-meet needs, to the level that clients who received the service today do not trust it and cannot able to recommend it to others.

FIGUER 1

Antenatal Care Clients' Opinion on Service Recommendation to others after Obtaining Antenatal care service in Sodo Health Center



Source: Study own Data, 2016

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

5.1 Introduction

Chapter 5 deals with research summary, conclusion and recommendation. Under the summary part, major finding of the study result presented, in short and simple way. Second, the conclusion part of this chapter, based up on the result and summary, clearly concludes major identified gaps and un-meet needs according to the research questions and objectives. Finally, this chapter putted basic recommendation in a categorized way to health facility, to the community, to end users and researchers.

5.1 Summary

Total of 101 respondents participated in this study, the majority of respondents were under the age category of 20-24 years, the mean age of the study subjects was 23.2 years, teen age pregnancy comprise of 12.8% of total respondents, These indicate that most of them are very young and with limited exposure and experience. The median month of pregnancy during first booking was 4 month; with the minimum 1 and maximum of 8 month. Interviewed pregnant women had a minimum parity or number of birth of 1 and maximum parity or number of birth of 8 and the mean was 1.5.

Although, booking in the first 3 months of pregnancy is ideal time for confirmation of pregnancy, identification of risk factors, picking pregnancy related complication and take prompt action, according to the finding of this study, the great majority of women, 77% booked being late, which may lead to missed opportunity of early detection and management of pregnancy related complication. According to study result out of 101 exit interviewed clients only around one quarter (20.8%) respondents spent greater than 15 minutes time on examination, care and health information provision, while the great majority spent less than 15 minutes, which not enough to carry out all necessary, examination, treatment and advice.

When we see the overall practice of antenatal care, some major antenatal care service indicators practice ranges from 99% (Blood Pressure measurement) to 58.4% (Checking leg edema). The study indicates that, although some indicators are performed very optimally, up to 99%, there are still clear gap and enormous missed opportunity in performance of some other major indicators like height measurement,

weight measurement, leg edema checking and HIV testing & counseling. As a result of these, the antenatal care service provided in Sodo health center is in difficulty to addresses its objectives which are promotion, prevention and early detection of complication and prompt management.

The study revealed that, the antenatal care service provided currently in Sodo health center looks weak in equipping pregnant women in necessary knowledge, attitude and skill. This is reflected by low provision of health information on key issues like; advice on pregnancy related danger sign provided only for 44.6% pregnant women, information on post natal family planning given only for 46.5 %, counseling on place of delivery not addressed for 36.6% of pregnant women, and advice on exclusive breast feeding provided for only about half of interviewed pregnant women. Such an opportunity missing, can lead to poor identifications of complication and late coming to seek medical care, it also contributes to poor linking of pregnant women for subsequent care.

Very great majority, nearly 90% of respondents perceived that, the antenatal care service process (waiting time, technical competency, availability of necessary tests and drugs), service providers' friendliness and the health center infrastructure generally acceptable. However, on the other hand, even if they are minority, those ranges from 5 -13% are not comfortable about the service infrastructures, availability of necessary tests and drugs and service providers' friendliness. They bitterly complained that, the waiting area is lacking adequate space, shade and benches, it is with poor access of pipe water and the latrine is too far from service area and very unhygienic.

Additionally, exit interview and infrastructure observation by chaeck list revealed that, the health center is lacking some basic supplies, laboratory reagents and medical equipment as a result clients are obliged to have unnecessary repeated visit to get the missing service. Very few, 8 out of 101 clients also critically commented that, some service providers were not friendly, they are nagging clients, they do not have patience, they are verbally harassing pregnant women and lacking feeling of empathy towards pregnant women.

Finally, out of 101 clients who received antenatal care service, around 13% perceived the service obtained today as unsatisfactory or not acceptable and 27% of respondents did not developed trust up on the service they received to the level that, they do not able to recommend this service to others or friends

5.2 Conclusions

Based on the above summary, results and discussions, the study reached to concluded: In Sodo health center, practice of information exchange, health advice and counseling between clients and their care provider is less frequent; it looks that the health center antenatal care performance is technically dominant than provision of information education and counseling service. Second, the health center is also in shortage of basic supplies, laboratory reagents and medical equipment like sonography machine to provide complete service, which leads to missing basic services.

Thirdly, although major antenatal care indicators optimally practiced, there are still clear gap and enormous missed opportunity in performance of some indicators like; height measurement, weight measurement, leg edema checking, which are useful physical examination and missing such indicators can lead to poor identification of risk factors and pregnancy related complications in order to take prompt action.

Finally, during the exit interview participants commented that: health professionals were not maintaining their privacy during examination, the waiting area is lacking adequate space, lack of shade and benches, it is with poor access of pipe water and the latrine is too far from service area and very unhygienic. This study also indentified a problem which need urgent intervention like : pregnant women obtained ANC service in Sodo health center perceived and practiced that, service providers are not only that they are not friendly, but also they are nagging, lacking patience, harassing pregnant women and lacking feeling of empathy towards pregnant women. Which leads the clients to perceived the service obtained today as unsatisfactory to the level they do not able to recommend the service to others or friends.

5.3 Recommendations

The approach to improve the quality of ANC to address un-meet of clients need should be based on:

Health Center Managers, Team Leaders and Service Providers:

- Provision of regular on job training to service providers and team leaders of the health center to provide service as per the standard
- Conducting continuous supportive supervision, mentoring and coaching of staff in provision of client friendly service
- Give priority to strengthen IEC/BCC activities of the health center to have more strong practice of health education provision and counseling service to pregnant women
- Ensure availability of all necessary supplies and equipments through effective supply chain management to provide all necessary packages of antenatal care at once.
- The health center need to make all necessary efforts to improve waiting area, pipe water supply and clean latrine in accessible position to pregnant women
- Improve service provision by respecting all clients and strengthening professional ethics.

Community

- Actively participate during quarterly community health facility conferences to express concerns and un-meet needs which need corrective action by health facility managers and service users.

End users:

- Provision of feedbacks to service providers whenever they encounter any problem during the process of service provision.

Researchers:

- Additional standardized operational research activities need to be carried out, to have more precise finding for information based managerial decisions.
- Conducting Periodical Client satisfaction surveys and prepared and analyzed data for facilitation of data based decision-makings.

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APPENDIX A

Ante natal Care Client Exit Interview Questionnaire

Now we would like to ask you some questions about the service you obtained today it may take approximately 15-20 minutes, your opinions are very important to improve ante natal care service quality of this health center. Farther more, we would like to assure you that all the information you provided will be kept in strict confidence. Finally, we would like you to inform you that participation in this survey is voluntary you can choose not to answer any individual question or the whole question.

Would you willing to participate in this study? (Put tick mark) Yes 0 **No** 0

Signature of the interviewer certifying the informed consent has been obtained.

Name of interviewer..... Sign.....

Date of data collection.....

Questionnaire No.....

Part I: Socio Demographic Characteristics

Serial #	Question	Answer	Code
1.1	Address	Urban Rural	1 2
1.2	Age	_____ years	
1.3	What is your marital status?	Married Single Divorced Widowed	1 2 3 4
1.4	What is your educational status?	Illiterate Primary School Secondary school Above secondary	1 2 3 4
1.5	What is your occupation?	Employee House wife Merchant Others(specify)_____ _	1 2 3

1.6	What is your religion?	Orthodox Protestant Muslim Catholic Others (specify)_____	1 2 3 4
1.7	Total number of pregnancy?	_____	
1.8	Total number of birth?	_____	
1.9	Is the current pregnancy planned/wanted		

Part II. Accessibility and Affordability

Serial #	**Question**	**Answer**	**Code**
2.1	How long to travel from home to the health center?		
2.2	After arrived to the health center how long did you waited to get the service_____		
2.3	Is the cost of the health service you received reasonable	Yes No	1 2
2.4	Do you feel that you received adequate social support (partner, finance, moral, and physical)	Yes No	1 2
2.5	If the answer for question number 2.3 is no specify the reason	_____ _____	
2.6	What do you feel about waiting time to get the service after arriving facility?	Too long Average Too short I don't remember	1 2 3 4

Part III: Performance of physical examination (Read option and tick one)

Serial #	Question	Answer	Code
3.1.	Was your blood pressure measured? (show BP measurement apparatus)	Yes No I don't remember	1 2 3
3.2	Was the health worker measured your height? (show the instrument)	Yes No I don't remember	1 2 3
3.3	Was your weight measured? (show the instrument)	Yes No I don't remember	1 2 3
3.4	Was the health worker done abdominal examination?	Yes No I don't remember	1 2 3
3.5	If the pregnancy is more than 20 weeks of gestation, Was the health worker listen your baby hart beat? (Show the feto scope)	Yes No I don't remember	1 2 3

IV. Provision of health advice (Read options and tick)

Serial #	Question	Answer	Code
4.1	Advice on nutrition, rest and hygiene	Yes No I don't remember	1 2 3
4.2	Advice to sleeping under ITN every day	Yes No I don't remember	1 2 3
4.3	Prevention of STD, HIV/AIDS	Yes No I don't remember	1 2 3

4.4	Advice on place of delivery (plan on delivery place)	Yes No I don't remember	1 2 3
4.5	Early and exclusive breast feeding for 6 month following delivery	Yes No I don't remember	1 2 3
4.6	What pregnancy related danger signs informed to you, which require medical attention?	Severe headache and blurred vision Vaginal bleeding Severe abdominal pain Fever Convulsion and or loss of consciousness Others (specify)_____	1 2 3 4 5

Part V: Provision of Laboratory Investigations, drug and Immunization

Serial #	**Question**	**Answer**	Code
5.1	Blood examination ordered today or done previously	Yes No	1 2
5.2	Urine examination ordered today or done previously	Yes No	1 2
5.3	Iron /folic acid tablet ordered or provided (show the tablet)	Yes No	1 2
5.4	Tetanus immunization given or appointment arranged	Yes No	1 2
5.5	Provision of VCT service for HIV/AIDS given or appointment arranged	Yes No	1 2

Part VI: Communication, safety and comfort (Read the option and tick one)

Serial #	Question	Answer	Code
6.1	Were you treated with courtesy and respect? (greeted, received and treated you in a kind way)	Yes No	**1** **2**
6.2	Were you satisfied with comfort and cleanness of waiting area, examination room and examination bed?	Yes No	**1** **2**
6.3	Are you satisfied with the measures taken to assure privacy during your examination?	Yes No	**1** **2**
6.4	Did you informed by the health worker when to come back for next visit?	Yes No	**1** **2**

VII: Birth preparedness and Emergency readiness

Serial #	Question	Answer	Code
7.1	What pregnancy related danger signs do you know that require medical attention?	Severe headache and blurred vision Vaginal bleeding Severe abdominal pain Fever Convulsion and or loss of consciousness Others (specify)_____	1 2 3 4 5
7.2	If present companion/partner participated in major decisions like birth place choice	Yes No I don't remember	

7.3	What major birth preparedness and emergency actions plan do you know?	Determined place of birth Means of transportation Items needed for clean and safe birth and for new born I don't remember	1 2 3 4
7.4	Where do you prefer to give birth of your recent pregnancy?	Home Health center Private clinics Hospital	**1** **2** **3** **4**
7.5	If the answer for question number 7.4 is home why?		

Part VIII: General Comment on service provision

Serial #	Question	Answer	Code
8.1	Were you satisfied with the overall service you received from the nurse?	Yes No	1 2
8.2	Would you recommend the service at this unit to your friends, relatives or to someone else?	Yes No	1 2
8.3	What did you like most about the care you obtained? …… ……....		
8.4	What did you like least about the care you obtained? ……. ……..		
8.5	What do you think should be done to improve service quality of this unit? ……... ……		

Thank you for sharing your time. ***Do you have any question?***

APPENDIX B

Checklist for Direct Observation of the Health Center Infra Structure

I. Current condition of infrastructures			
1.1	Good quality of building	Yes No	1 2
1.2	Comfortable waiting area	Yes No	1 2
1.3	Cleanliness of the room	Yes No	1 2
1.4	Is clean functional latrine available?	Yes No	1 2
1.5	Is incinerator for dray waste disposal available?	Yes No	1 2
II. Availability of ICE materials posted on waiting area			
2.1	HIV/AIDS	Yes No	1 2
2.2	EPI	Yes No	1 2
2.3	Family Planning	Yes No	1 2
2.4	Nutrition	Yes No	1 2
2.5	Breast feeding	1. Yes 2. No	1 2
2.6	Malaria Prevention	1. Yes 2. No	1 2
2.7. Others Specify…… ……			

III. Is Waiting Area Safety and Comfortable?			
3.1	Is safety box for sharp instrument disposal availability?	1. Yes 2. No	1 2
3.2	Is pipe water for drinking available near the ANC waiting area	1. Yes 2. No	1 2
3.3	Is latrine with hand washing facility available near the ANC waiting area?	1. Yes 2. No	1 2
3.4	Is hand washing facility available near the latrine in ANC waiting area?	1. Yes 2. No	1 2
3.5	Is their adequate chair/bench in waiting area which accommodates ANC clients with comfort?	1. Yes 2. No	1 2
3.6 Other important observation_____			

A STUDY ON THE ANTENATAL CARE SERVICE: WOMEN'S PERCEPTION AND EXPERIENCE, SODO HEALTH CENTER, WOLAITA ZONE, SNNPR

MSW thesis Research Project Proposal

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Acronyms

MCH: Maternal and Child Health care is the care provided to mothers (Women in child bearing age) and children.

ANC: Antenatal care is the care given to a pregnant woman in order to have safe pregnancy, labor and health baby.

PHC: Primary Health Care refers to an approach and spectrum of service beyond the traditional health care system that focus on health care service including health promotion, illness and injury prevention , and the diagnosis and treatment of illness and injury.

VCT: It is an approach which help as an entry point to control HIV/AIDS pandemic; it include voluntary counseling and testing with provision of medical and psychosocial support.

FP: Family Planning is a general term that applies to various methods that have been developed to help partners to determine the number and time of birth of children.

STI: These are infections that have a realistic probability of transmission by means of sexual contact.

Immunization: It is the process of protecting the susceptible host from a specified disease by administration of a living modified agent, a suspension of killed organisms or attenuated toxins.

ANC packages (ANC elements): This includes examinations, blood test, and urine test, tetanus toxoid immunization, anti-malaria drug provision.

Chapter Plan

This study is organized into five chapters

Chapter 1: Deals with back ground information on the following major issues like: maternal health, improvement on service access, status of health service quality and roles of antenatal service towards pregnant women and newborn health outcome. In this chapter under the statement of the problem several study based evidences discussed on why this study is necessary or important. Finally, the chapter incorporated general objectives and four specific objectives of the study/assessment.

Chapter 2: Review of related literature deals: This deal with a review of literatures that discuss current knowledge related to the problem and information on each specific component questions. This chapter also addresses research design/methodology; like sample selection methods, process of questionnaire construction and how the data will be gathered and analyzed.

Chapter 3: This chapter of the study will present personal, family, social and education profile that discuss current knowledge related to the problem and information on each specific component questions.

Chapter 4: Shall discuss in detail on major findings in relation with specific objectives of this study.

Chapter 5: Includes summary of the research findings, conclusions and recommendations. Shall present conclusions and workable suggestions for better quality ANC service provision

CHAPTER ONE
INTRODUCTION

1.1 BACK GROUND

Maternal mortality is one of the most serious health problems in Ethiopia. Its tragic feature is the greatest number and gap between risk of death during pregnancy and child birth in developing and developed countries.

Ethiopian Demographic Health Survey (EDHS) showed that the maternal mortality rate was 673 deaths per 100,000 live births and infant mortality rate was 77 deaths per 1000 live births (EDHS, 2005). This shows us that there are many premature deaths which can be easily preventable and manageable with simple doable measures and actions, starting from the community to higher health facility level intervention.

Antenatal care service is one of the basic elements of Maternal and Child Health (MCH) service which improves health of pregnant woman and the new born, and reduces maternal morbidity and mortality. Therefore, service provision should be assessed to identify the strength and weakness of the ANC service and to find out the unmet needs of pregnant women who seek this service.

Currently, access to health service is improved. However, mere availability of service alone cannot warrant the effective provision of all necessary service elements which help to obtain the desired goals of pregnancy outcomes and to alter the present poor maternal health profile. It is good to introduce periodical and action oriented assessment to check practical situation and women perception about the service they obtained (Olufemi T., Oladapo[1], Christianah A. et al. 2008)

This study will explore the practice and perception of pregnant woman on various aspects of antenatal care service like: interpersonal relations with care providers, extent of counseling to fulfill ANC clients' information needs and condition of birth preparedness and availability and utilization of service elements.

1.2 STATEMENT OF THE PROBLEM

Conducting assessment on ante natal care service from women perspective and practice is important tool which reflects users' opinion regarding quality of service they obtained. It will helps managers and service providers to pass informed decision

in order to address unmet needs of pregnant women receiving antenatal care. According to Negussie, Tadele, Yemane, and Berhanu (1998) as a result of lack of assessment, most of the time the service being provided and the management system are not subjected to assessment and most managerial decisions are not assessment based management actions.

Olufemi T., Oladapo[1], Christianah A. et al. (2008) argue that "In spite of the increasing importance of quality of antenatal care worldwide, detailed information about the quality or effectiveness of antenatal care practices is less often available or investigated in many of the population where they are most needed" (p.72).

Misganaw F., Abubeker K., Assefa M. et al. (2000) on their Study which was done in Northwest Ethiopia indicated that "there is little or no report concerning effectiveness of ANC services at different levels of the health care system in Ethiopia" (p. 156).

Olufemi T., Oladapo[1], Christianah A. et al. (2008) strongly suggests that " at present, data about the quality of antenatal care service at the primary care level , as perceived by pregnant women , which could provide useful information to researchers and policy makers are lacking" (p.73).

As evidenced above, assessment of women' perception about MCH components including ante natal care service is insufficient in Ethiopia, and rarely carried out in southern region of Ethiopia. So, such a study on women's perception and experience on the antenatal care service is instrumental step to maintain standardized service delivery and quality.

1.3 OBJECTIVE OF THE STUDY

This project aims at making an assessment of women's perspective and practice regarding ante natal care service they obtained, in Sodo Health Center, Wolaita zone, SNNPR.

1.3.1 The Specific Objectives of the study are as follows:

1. Examine ANC clients' perception about health professionals' approach during service provision.
2. Assess professional advice and counseling practice in addressing major information's needed for ANC clients.

3. Describe ANC clients practice in terms of provided care and availability of service elements (like: HIV counseling and testing, laboratory investigations, prescribed drugs, immunization).

4. Identify gap in service delivery process (waiting time, waiting area and other facilities like supplies and equipment).

1.4 SIGNIFICANCY OF THE STUDY

It is solid true that, this study aimed at exploring antenatal client's perspective and practice regarding antenatal care service they obtained, in Sodo Health Center, Wolaita zone, SNNPR help to carry out systematic assessment, problem identification and recommendation (If identified) for action to strengthen the service and to fulfill any unmet needs of antenatal client's if identified.

1.5 SCOPE AND LIMITATION OF THE STUDY

The result of this study is only reflecting the client perception and practice regarding ANC service of only in Sodo health center currently. It does not represent other service providing health facilities in that area. As a limitation, assessment conducted in very brief period of time, the respondents' number is very limited and only simple statistical methods applied. So, it may not fulfill needs of complex studies in the field. As a result this study believed to attract other more structured and organized technical studies in the area.

CHAPTER TWO
LITERATURE REVIEW

2.1 What is Antenatal care?

Antenatal Care is a care given to pregnant women before delivery and sometimes literally it is called pregnancy care. Antenatal care service is one of the most important components of Primary Health Care (PHC) and basic element of Maternal and Child Health (MCH) service which improve health of pregnant woman and the new born, and reduces maternal morbidity and mortality.

According to Arindam, D. (2004) Antenatal care has important position as it is directly related with maternal mortality, loss of fetus and loss of infant.

Origin of Antenatal Care: First, the ANC service originated in the western world in the early 1990s, assumes that more is better in the care of pregnant woman. By that time, it was directly exported to the developing world, it is neither changed to fit the local context of the developing country nor evaluated, and the validity of the content and the rationale for the frequency and timing of visits are not evidence based (Villar and Bergsjo. 1997).

2.2 Components of Antenatal Care

According to (WHO 1994) there are four main components of antenatal care. These include: First, health promotion and disease prevention; under this component several activities carried out like; health education about diet, rest and avoiding heavy physical work, good hygiene and infection prevention practice, early recognition of danger signs and taking prompt action including referral to higher level health facility and pre-referral management. Immunization against tetanus, prevention of mother- to -child transmission of HIV, protection against malaria and reduction of iron deficiency anemia

The second one is Detecting and Treatment of Existing Disease and Conditions like HIV, malaria, syphilis, anemia, heart disease, diabetes, and tuberculosis. The third one is, early Detection and management of Complications: It includes conditions like; anemia, infection, vaginal bleeding, pre-eclampsia/eclampsia, abnormal fetal

growth and abnormal fetal position. Early detection and treatment of these conditions can mean the difference between death and survival for the woman and her survival.

Final and the forth component is, birth preparedness and complication readiness: This deals with preparation for child birth and arrangements for the new born. Woman and her family should plan on the following: place of birth and how to get there, skilled provider to conduct delivery, sources for financial support, family and community supports, and a person to make decision on behalf of the woman and blood donors in case of emergency.

Some of the major activities carried out during antenatal care includes the following: rapport building, client history taking, conducting physical examination, laboratory testing, discussing about danger signs, advice and counseling about diet and nutrition, developing birth preparedness, offering HIV testing, giving tetanus toxoid immunization, dispensing medication as per need and making sure women know her return visit date (WHO 1994; EDHS, 2011; Gerein, N., 2003).

2.3 Paradigm Shift of Antenatal Care and Current WHO Recommendations

Risk screening is an activity which, in the past has been invested with a lot more significances than it deserves, because it is poor at identifying individual woman at high risk. Many women who have risk factors never develop complications, while women without risk factor often do (WHO, 1994; Villar and Bergsjo. 1997; Misganaw, 2000). However, currently marked evidence based improvements carried out; as paradigm shift, more value is given to quality than quantity of visits. This approach is called focused antenatal care.

2.4 Focused Antenatal Care

This approach is based up on three realities these are: frequency of visits does not necessarily improves pregnancy outcome, majority of pregnancies progress without complication and women categorized as risk mother does not develop complication, while women without risk develop complication (Villar and Bergsjo 1997).

Focused antenatal care recognizes that every pregnant woman is at risk of complication; because of this all pregnant women received same basic care; which ensures normal progress, early detection of complication and prompt action. Focused antenatal care is characterized by woman-friendly approach, inclusiveness of

woman's partner in making decision, culturally appropriate, and more over it is with individualized components of the care plan for each woman (EDHS, 2011; Villar and Bergsjo 1997).

2.5 Overview on Practical Conditions of Antenatal Care

Disparity in maternal death is long standing problem, which is also known and documented science long time. For instance, to describe maternal death disparity it stated that, risk of death of pregnant woman in Africa due to pregnancy and child birth is 200 times greater than that of a woman living in industrialized countries (WHO/FHE/MSM/94.2, 1997).

Leslie (1989) believes that:

> Involving women in the assessment of care by incorporating representatives of the community they serve will make quality of care assessment more applicable to the socio cultural expectations of users than that of health providers, who are usually imported to the community. (p.94)

Sohail & Mai (2009) also suggest reproductive health /family planning client perception as an important tool to identify gaps, and used client perception as a methodology to carry out assessment to explore family planning service resource and service delivery process related problems.

Antenatal care is known for its golden opportunity to provide adequate information like preparation for child birth, infant care, use of family planning and other disease preventive and health promotive information. However, Olufemi, Oladapo, Christianaah, Iyaniwura, and Adewale (2008) found that, the consultation time is very short, only 5 minutes than the recommended time for focused antenatal care, which is 30 minutes. Additionally, some studies also confirm that the transmission of information was in adequate, lacked privacy, not respect cultural values and it is not tailored to women's need (Donabedian, 1988; and SA Fam Pract, 2008).

Assessment in South Africa, Empangein Sub district, indicates that antenatal care quality was compromised, the assessment indicates low syphilis screening, low HIV testing up take by pregnant women and screening for anemia and use of prophylaxis for neonatal tetanus were infrequently carried out. Based on these finding

additional training, regular quality assessment and additional operational research activities suggested (Pract, 2008).

Secondly, some of the available studies in ANC service quality in Uganda clearly indicate that the service is lacking quality. Among pregnant women who participated in the interview, 77.4 percent of them gave information on where to deliver their babies, only 37.9 percent of them had received health education, 44 percent never received advice on family planning and only 54.8 percent received tetanus toxoid immunization (Mbeonye, 2003).

Maternal mortality is one of the most serious health problems in Ethiopia. It is one of the tragic events of the world today because of greatest number and gap between risk of death during pregnancy and child birth in developing and developed countries.

Ethiopian Demographic Health Survey (EDHS) showed that the maternal mortality rate was 673 deaths per 100,000 live births and infant mortality rate was 77 deaths per 1000 live births (EDHS, 2005). Despite this fact, the overall use of antenatal care or proportion of pregnant women received antenatal care from a skilled provider for the most recent birth in the five years preceding the survey was 34%. Utilization by urban and rural areas indicates 76%and 26%, respectively, which shows significant variation by residence (EDHS, 2011).

Thirdly, a study conducted in North East Ethiopia indicates that little is known about its status and factors affecting utilization of reproductive health service (Fanta, et al, 2005). Additionally, study which was done in Northwest Ethiopia indicates that there is little or no report concerning effectiveness of ANC services at different levels of the health care system in Ethiopia (Misganaw, et al, 2000).

Mengesha, et al. (2005) on study conducted in five densely populated regions of Ethiopia; including SNNPRS found out that medical data recording during ANC is weak to the level that permits missed opportunity to screen high risk mothers. Urine and blood tests were performed only for 36 percent and 40 percent respectively, advice on critical health status was provided only for 22.2 percent and longer waiting time is reported by 37 percent of the women. Studies conducted on effectiveness of ANC in identifying and preventing delivery related complications in SNNPRS revealed that there high knowledge and attendance rate, but great gaps of counseling service (Addissie, et al., 2005).

In conclusion, assessment on healthcare service provision technique, process, availability of resource and human relation during care giving is insufficient in Ethiopia, and hardly carried out in southern region of Ethiopia. As a result of this the quality of the service being provided and the management system is not subjected to assessment and most managerial decisions are not assessment based management actions.

CHAPTER THREE
RESEARCH DESIGN AND METHODOLOGY

3.1 Research Design

The cross-sectional descriptive survey employing both quantitative & qualitative method of study will be conducted, among pregnant women who will visit Sodo health center from December 1 to 14, 2015 (If applied as per the schedule)

3.2 Universe of the study

All pregnant women (you have to indicate the number of women who obtained the services) living in Sodo city, Sodo Zuria woreda under the catchment area of Sodo health center, and who started ANC service in Sodo health center for the current pregnancy comprise the universe of the study.

3.3 Sampling Method and Sample Size

3.3.1 Sampling Method: For the purpose of this study, purposive sampling method will be used as a sampling method, because this study seeks predefined groups, which are pregnant women. Second, the study process faced time, money and logistical constraints. In order to address this, purposive sampling will be selected as the most appropriate solution, because it requires fewer fields time and cost effective.

3.3.2 Sample Size: All pregnant women who will visit the health center for ANC and obtained the service during the study period of 10 working Days and willing to have exit interview will be included in to the study as a respondent.

3.4 Data Collection: Tools and Procedures

Multiple types of instruments will be used to collect data; because combining different data collection techniques can complement each other and maximize the quality of the data. Some of these methods include:

3.4.1 Client exit interview/Interview Schedule: Locally adapted structured questionnaire will be used to collect required data from each study subjects (or antenatal care clients) by interview method and interview will be handled by junior secondary school teachers and away from the antenatal clinic service area in order to minimize health professionals' and clinical setup related bias.

Primarily, Data collection instruments were adapted from Federal Democratic Republic of Ethiopia Ministry of Health Basic Emergency Obstetric and New Born Care participant's Handout, Antenatal assessment (history, physical examination and care) part (Basic Emergency Obstetrics & Newborn Care, 2013)

Secondly, from World Health Organization Primary Health Care Management Advancement Program (WHO PHC MAP) modules; and rearranged in locally and culturally appropriate context. As it is indicated on the WHO PHC MAP manual; this module or its part can help managers and supervisors to assess the quality of all or part of each PHC service by using simple checklists (University Research Corporation Hilton, 1992).

3.4.2 Observation Guide: Finally, health center infrastructure observation will be carried out by the investigator using checklists. This will deals with ensuring the availability of adequate and comfortable waiting areas, availability of pipe water and toilet with hand washing and other facilities.

Finally, six main quality assessment criteria of (Bruce's 1990): The client and service provider relationship, the technical competence of providers, information exchange, continuity of care and follow up measures and management will also be considered during formulation of data collection instruments.

3.5 Methods of Data Analysis

Data master sheet will be prepared for categorization and summarization; data will be coded and entered in to a computer data base, then analyzed by SPSS computer software on the basis of specific and general objectives. Descriptive statistics will be used in order to process, analyze, summarize and present the primary data some statistical tools which will be adopted are: tables, charts, graphs, percentage, ratios, mean variance and etc.; however, some of the primary data such as clients opinion and infrastructure observation result will be been analyzed and discussed qualitatively.

3.5 Ethical Consideration

Support letter which states the purpose of the study and its procedures will be written from the St. Mary University to Wolaita zone health department, Sodo Town

Health Office and Sodo Health Center. Based on the written letter, communication will be made and permission will be obtained.

Furthermore, due attention will be given in explaining the purpose of this study to ANC clients, provision of clear information on keeping confidentially and privacy maintained. Finally, written / oral consent will be obtained from each study subjects. The guiding principle of the survey is that a respondent has the right to exercise her will and is allowed to decline her consent at any part of the survey will be maintained in all levels of interview process.

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APPENDIX A

Tentative Schedule to carry out the Project Work

S.N.	Activities	Time Table	Responsible person	Remarks
1	Proposal Writing and Approval	October 1 to 20, 2015	Investigator	
2	Ethical review by the board of ethical clearance, Obtaining letters of ethical clearance and communicating with all concerned bodies	October 21 to 30, 2015	RHB	
3	Preparation of Data Gathering tools	November 1 to 10, 2015	Investigator	
4	Conducting pretest and rearrangement of data gathering tools	November 11 to 15, 2015	Data collectors, Supervisor and Investigator	
5	Data Collection and Supervision	December 1 to 14, 2015	Data collectors	
6	Data Clearing and Entering	December 15 to 31, 2016	Supervisor and Investigator	
7	Data Analysis and Interpretation	January 1 to 31, 2016	Investigator	
8	Draft result thesis write up/Report Writing	February 1 to 29, 2016	Investigator	
9	First draft submission and receive comment, feedbacks and inputs repeatedly	March 1 to 31, 2016	Investigator	
10	Final report write up and Submission	April 1 to 15, 2016	Investigator	
11	Defense of the thesis	As per the university schedule		

APPENDIX B

Budget Break Down to Carry out Project Work

S.N	Item	Unit	Number of days/Quantity	Unit price in Birr	Total Price in Birr	Remark
	1. Per dime					
1.1	Training of supervisors and data collectors for 2 days on the survey	Person/ Days	12 person for 2 days	180	4320	
1.2	Per dime for core researcher (includes training and data collection time)	Days	1 person for 40 days	180	7200	
1.3	Supervisor(includes training and data collection time)	Days	1 person for 30 days	180	5400	
1.4	Per dime for data collectors	Days	3 persons for 30 days	180	16200	
1.5	Refreshments (coffee and tea) during the training	Days/person	7 persons for 2days	80	1120	
1.6	Translation of Questionnaires from English in to Amharic	Pages	10	65	650	
	2. Transportation					
2.1	Fuel	Lt	300	20	6000	
	3. Stationary					
3.1	Note Book	Pcs	6	30	180	
3.2	Questionnaires printing and copy service	Page	2680	0.5	1340	
3.3	Pen	Pcs	6	5	30	
3.4	Pencil	Pcs	6	3	18	
3.5	Eraser	Pcs	6	5	30	
3.6	Sharpener	Pcs	6	6	36	
3.7	Photocopy and Binding				750	
Total estimated cost					**43, 274**	

APPENDIX C

Ante natal Care Client Exit Interview Questionnaire

Now we would like to ask you some questions about the service you obtained today it may take approximately 15-20 minutes, your opinions are very important to improve ante natal care service quality of this health center. Farther more, we would like to assure you that all the information you provided will be kept in strict confidence. Finally, we would like you to inform you that participation in this survey is voluntary you can choose not to answer any individual question or the whole question.

Would you willing to participate in this study? (Put tick mark) Yes 0 **No** 0

Signature of the interviewer certifying the informed consent has been obtained.

Name of interviewer..... Sign.....

Date of data collection.....

Questionnaire No.....

Part I: Socio Demographic Characteristics

Serial #	Question	Answer	Code
1.1	Address	Urban Rural	1 2
1.2	Age	_____ years	
1.3	What is your marital status?	Married Single Divorced Widowed	1 2 3 4
1.4	What is your educational status?	Illiterate Primary School Secondary school Above secondary	1 2 3 4
1.5	What is your occupation?	Employee House wife Merchant Others(specify)_____ _	1 2 3

1.6	What is your religion?	Orthodox Protestant Muslim Catholic Others (specify)_____	1 2 3 4
1.7	Total number of pregnancy?	_____	
1.8	Total number of birth?	_____	
1.9	Is the current pregnancy planned/wanted		

Part II. Accessibility and Affordability

Serial #	**Question**	**Answer**	**Code**
2.1	How long to travel from home to the health center?		
2.2	After arrived to the health center how long did you waited to get the service_____		
2.3	Is the cost of the health service you received reasonable	Yes No	1 2
2.4	Do you feel that you received adequate social support (partner, finance, moral, and physical)	Yes No	1 2
2.5	If the answer for question number 2.3 is no specify the reason	_____ _____	
2.6	What do you feel about waiting time to get the service after arriving facility?	Too long Average Too short I don't remember	1 2 3 4

Part III: Performance of physical examination (Read option and tick one)

Serial #	Question	Answer	Code
3.1.	Was your blood pressure measured? (show BP measurement apparatus)	Yes No I don't remember	1 2 3
3.2	Was the health worker measured your height? (show the instrument)	Yes No I don't remember	1 2 3
3.3	Was your weight measured? (show the instrument)	Yes No I don't remember	1 2 3
3.4	Was the health worker done abdominal examination?	Yes No I don't remember	1 2 3
3.5	If the pregnancy is more than 20 weeks of gestation, Was the health worker listen your baby hart beat? (Show the feto scope)	Yes No I don't remember	1 2 3

IV. Provision of health advice (Read options and tick)

Serial #	Question	Answer	Code
4.1	Advice on nutrition, rest and hygiene	Yes No I don't remember	1 2 3
4.2	Advice to sleeping under ITN every day	Yes No I don't remember	1 2 3
4.3	Prevention of STD, HIV/AIDS	Yes No I don't remember	1 2 3

4.4	Advice on place of delivery (plan on delivery place)	Yes No I don't remember	1 2 3
4.5	Early and exclusive breast feeding for 6 month following delivery	Yes No I don't remember	1 2 3
4.6	What pregnancy related danger signs informed to you, which require medical attention?	Severe headache and blurred vision Vaginal bleeding Severe abdominal pain Fever Convulsion and or loss of consciousness Others (specify)_____	1 2 3 4 5

Part V: Provision of Laboratory Investigations, drug and Immunization

Serial #	**Question**	**Answer**	Code
5.1	Blood examination ordered today or done previously	Yes No	1 2
5.2	Urine examination ordered today or done previously	Yes No	1 2
5.3	Iron /folic acid tablet ordered or provided (show the tablet)	Yes No	1 2
5.4	Tetanus immunization given or appointment arranged	Yes No	1 2
5.5	Provision of VCT service for HIV/AIDS given or appointment arranged	Yes No	1 2

Part VI: Communication, safety and comfort (Read the option and tick one)

Serial #	Question	Answer	Code
6.1	Were you treated with courtesy and respect? (greeted, received and treated you in a kind way)	Yes No	**1** **2**
6.2	Were you satisfied with comfort and cleanness of waiting area, examination room and examination bed?	Yes No	**1** **2**
6.3	Are you satisfied with the measures taken to assure privacy during your examination?	Yes No	**1** **2**
6.4	Did you informed by the health worker when to come back for next visit?	Yes No	**1** **2**

VII: Birth preparedness and Emergency readiness

Serial #	Question	Answer	Code
7.1	What pregnancy related danger signs do you know that require medical attention?	Severe headache and blurred vision Vaginal bleeding Severe abdominal pain Fever Convulsion and or loss of consciousness Others (specify)_____	1 2 3 4 5
7.2	If present companion/partner participated in major decisions like birth place choice	Yes No I don't remember	

7.3	What major birth preparedness and emergency actions plan do you know?	Determined place of birth Means of transportation Items needed for clean and safe birth and for new born I don't remember	1 2 3 4
7.4	Where do you prefer to give birth of your recent pregnancy?	Home Health center Private clinics Hospital	**1** **2** **3** **4**
7.5	If the answer for question number 7.4 is home why?		

Part VIII: General Comment on service provision

Serial #	Question	Answer	Code
8.1	Were you satisfied with the overall service you received from the nurse?	Yes No	1 2
8.2	Would you recommend the service at this unit to your friends, relatives or to someone else?	Yes No	1 2
8.3	What did you like most about the care you obtained? …… ……..		
8.4	What did you like least about the care you obtained? ……. ……..		
8.5	What do you think should be done to improve service quality of this unit? ……... ……		

Thank you for sharing your time. ***Do you have any question?***

APPENDIX D

Checklist for Direct Observation of the Health Center Infra Structure

I. Current condition of infrastructures			
1.1	Good quality of building	Yes No	1 2
1.2	Comfortable waiting area	Yes No	1 2
1.3	Cleanliness of the room	Yes No	1 2
1.4	Is clean functional latrine available?	Yes No	1 2
1.5	Is incinerator for dray waste disposal available?	Yes No	1 2
II. Availability of ICE materials posted on waiting area			
2.1	HIV/AIDS	Yes No	1 2
2.2	EPI	Yes No	1 2
2.3	Family Planning	Yes No	1 2
2.4	Nutrition	Yes No	1 2
2.5	Breast feeding	1. Yes 2. No	1 2
2.6	Malaria Prevention	1. Yes 2. No	1 2
2.7. Others Specify…… ……			
III. Is Waiting Area Safety and Comfortable?			

3.1	Is safety box for sharp instrument disposal availability?	1. Yes 2. No	1 2
3.2	Is pipe water for drinking available near the ANC waiting area	1. Yes 2. No	1 2
3.3	Is latrine with hand washing facility available near the ANC waiting area?	1. Yes 2. No	1 2
3.4	Is hand washing facility available near the latrine in ANC waiting area?	1. Yes 2. No	1 2
3.5	Is their adequate chair/bench in waiting area which accommodates ANC clients with comfort?	1. Yes 2. No	1 2
3.6 Other important observation_____			