

**LEVEL OF SATISFACTION WITH THE QUALITY OF ANTENATAL CARE  
SERVICES AND ITS ASSOCIATED FACTORS AMONG PREGNANT  
WOMEN IN MBALE DISTRICT A MIXED METHODS STUDY**

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FULFILLMENT OF THE REQUIREMENTS  
FOR THE AWARD OF MASTERS  
OF PUBLIC HEALTH**

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**DECLARATION**

I hereby declare that this submission is my own work towards the Master of Public Health award and that, to the best of my knowledge, it contains no material previously published by another person nor material which has been accepted for the award of any other degree of the University, except where due acknowledgement has been made in the text.

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**APPROVAL**

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## **DEDICATION**

I would like to dedicate this thesis to my family, my wife Esther Sande, my children Chebet Jonathan, Chebet Jesse and Chemutai Jahdiel for their love, their encouragement and their pride in me. Thank you for your patience during my period of study.

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## TABLES OF CONTENTS

Declaration .....	i
Approval .....	ii
Dedication .....	iii
Acknowledgement .....	iv
Tables of contents .....	v
List of tables.....	ix
List of figures .....	x
List of acronyms .....	xi
Operational definitions.....	xii
Abstract.....	xiii
<b>CHAPTER ONE .....</b>	<b>1</b>
<b>BACKGROUND .....</b>	<b>1</b>
1.1 Background of the study .....	1
1.2 Statement of the problem .....	4
1.3 Objectives of the study.....	5
1.3.1 General objective .....	5
1.3.2 Specific objectives .....	5
1.4 Research questions.....	6
1.5 Justification of the study .....	6
1.6 Significance of the study.....	7
1.7 Theoretical framework.....	8
1.8 Conceptual framework.....	9

<b>CHAPTER TWO .....</b>	<b>12</b>
<b>LITERATURE REVIEW .....</b>	<b>12</b>
2.1 The level of satisfaction with the quality of antenatal care among women.....	12
2.2 Structural determinants of satisfaction with the quality of antenatal care among women attending ANC .....	19
2.3 Process determinants of satisfaction with the quality of antenatal care among women attending ANC .....	21
2.4 Socio-demographic determinants of satisfaction with the quality of antenatal care among pregnant women attending ANC .....	24
<b>CHAPTER THREE .....</b>	<b>27</b>
<b>METHODS .....</b>	<b>27</b>
3.1 Study area.....	27
3.2 Study design.....	27
3.3 Study population .....	27
3.3.1 Inclusion criteria .....	28
3.3.2 Exclusion criteria .....	28
3.4 Sample size calculation.....	28
3.4.1 Qualitative sample size .....	29
3.5 Data Sources .....	30
3.6 Sampling Procedures .....	31
3.7 Data collection methods.....	33
3.7.1 Quantitative method.....	33
3.7.2 Qualitative method.....	34
3.8 Data collection tool.....	35
3.8.1 Quantitative tool.....	35
3.8.2 Qualitative tool.....	37

3.9 Quality control .....	37
3.9.1 Research assistants training .....	37
3.9.2 Pre test.....	38
3.9.3 Reliability of the study tool.....	38
3.9.4 Supervision .....	39
3.10 Data Processing and analysis .....	39
3.10.1 Qualitative analysis.....	41
3.11 Measurement of variables .....	42
3.11.1 Satisfaction with ANC .....	42
3.11.2 Measurement of the satisfaction with process quality .....	43
3.11.3 Measurement of the satisfaction with process quality .....	43
3.12 Ethical Consideration.....	43
3.13 Dissemination plan.....	46
<b>CHAPTER FOUR.....</b>	<b>47</b>
<b>RESULTS .....</b>	<b>47</b>
4.0 Introduction.....	47
4.1 Respondent bio data .....	47
4.2 Patient satisfaction with ANC services.....	49
4.2.1 Process quality attributes .....	49
4.2.2 Structure quality attributes .....	52
4.3 Process characteristics and satisfaction with ANC services .....	55
4.4 Structural factors and the level of satisfaction with ANC services .....	58
4.5 Maternal characteristics satisfaction with ANC services.....	59
4.6 Qualitative results .....	61



<b>CHAPTER FIVE .....</b>	<b>69</b>
<b>DISCUSSION .....</b>	<b>69</b>
5.1 The level of satisfaction with ANC services among pregnant women seeking maternal health services in Mbale district .....	69
5.2 The process factors associated with the level of satisfaction with ANC services among pregnant women seeking ANC services in Mbale district.....	73
5.3 The influence of structural factors on the level of satisfaction with ANC services among pregnant women seeking ANC services in Mbale district.....	75
5.4 The maternal characteristics associated with the level of satisfaction with ANC services among pregnant women ANC services in Mbale district .....	76
<b>CHAPTER SIX .....</b>	<b>78</b>
<b>CONCLUSION AND RECOMMENDATIONS.....</b>	<b>78</b>
6.1 Conclusions.....	78
6.2 Recommendations.....	79
<b>REFERENCES .....</b>	<b>82</b>
<b>APPENDICES</b>	
<b>APPENDIX A: CONSENT FORM.....</b>	<b>94</b>
<b>APPENDIX B: QUESTIONNAIRE.....</b>	<b>95</b>
<b>APPENDIX C: FOCUS GROUP DISCUSSION CONSENT FORM .....</b>	<b>100</b>
<b>APPENDIX D: FGD GUIDE .....</b>	<b>101</b>
<b>APPENDIX E: PERMISSION LETTER .....</b>	<b>102</b>
<b>APPENDIX F: REC APPROVAL NOTICE.....</b>	<b>103</b>

## LIST OF TABLES

Table 1:	Shows the number of women that were obtained from each sampled facility after computation with the above mentioned formula.....	33
Table 2:	Showing Chronac alpha coefficient.....	39
Table 3:	Socio demographic characteristics of the pregnant women interviewed.....	47
Table 4:	Parity, gravidity and antenatal care service attendance characteristics.....	48
Table 5:	Process quality characteristics of Antenatal Care services in Mbale district.....	49
Table 6:	Structure quality of care characteristics of Antenatal Care services in Mbale district .....	52
Table 7:	Process factors associated with the level of satisfaction with ANC services among pregnant women seeking ANC services in Mbale district.....	55
Table 8:	Binary logistic regression for the process factors associated with the level of satisfaction with ANC services among pregnant women seeking ANC services in Mbale district.....	57
Table 9:	The influence of structural factors on the level of satisfaction with ANC services among pregnant women seeking ANC services in Mbale district.....	58
Table 10:	The maternal characteristics associated with the level of satisfaction with ANC services among pregnant women ANC services in Mbale district .....	59
Table 11:	The maternal characteristics associated with the level of satisfaction with ANC services among pregnant women ANC services in Mbale district .....	60
Table 12:	Predetermined and emergent themes .....	61

## LIST OF FIGURES

Figure 1: Structure – Process outcome frame work.....	10
Figure. 2: Conceptual frame work .....	11
Figure 3: The level of satisfaction with ANC services among pregnant women seeking maternal health services in Mbale district.....	53
Figure 4: Overall satisfaction with the quality of ANC services in Mbale district.....	54

## LIST OF ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal care
BP/CR	Birth Preparedness and complications readiness
DHIS2,	District Health Information System 2
FANC	Focused Antenatal Care
HCs,	Health centers
HIV	Human Immunodeficiency Virus
LMICs	Low-Income, Middle-Income Countries
MH	Maternal Health
OR	Odds Ratio
SPSS	Statistical Package for the Social Sciences
UDHS,	Uganda Demographic and Health Survey
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organization

## OPERATIONAL DEFINITIONS

**Antenatal Care (ANC):** The care a pregnant woman given from the onset of conception to the onset of labor.

**Quality of care:** Care provided according to the set WHO standards and national guidelines, based on evidence-based medicine, and meeting client needs.

**Patient satisfaction:** Patient satisfaction is defined for the present study as “multiple evaluations of distinct aspects of health care which are determined by the individuals’ perceptions, attitude and comparison processes”. In this study patient satisfaction referred to the level of satisfaction with process and structural characteristics of ANC

**Process quality:** This is care provided according to the set WHO standards and national guidelines, based on evidence-based medicine, and meeting client needs as determined by the kind of care being given and how it is given. The attributes herein include; health care worker responsiveness, empathy, attitude, privacy, waiting time, respect, and the client health worker interpersonal relations.

**Structural quality:** This referred to care provided according to the set WHO standards and national guidelines, based on evidence-based medicine, and meeting client needs as determined by the inputs in to the health system.

## ABSTRACT

**Background:** Currently, about 830 women die from pregnancy- or childbirth-related complications around the world every day. With good-quality care, during antenatal care (ANC), the majority of that adverse maternal outcome can be prevented. That is why, in the 2016 Lancet, attention turned from mortality to morbidity, and the provision of high-quality, woman-centered care was acknowledged as a right (Audrey C, Richard, H, 2016). One of the reasons as to why provision of high-quality antenatal woman-centered care was acknowledged as a right is to increase the utilization of ANC services during services, especially given that the number of recommended visits has been increased from 4 to 8. That quality of health care delivery is best assessed by a measure of the extent to which a patient is satisfied with the care received from the health care provider. Health facilities are no longer more just a symbol of humanitarian services; clients are increasingly concerned about health facilities performance with focus on resources, and quality of services delivered by these hospitals. Thus improving the quality of care in current practice focuses more on quality assurance process with the patient as the focus point, that is in the perspective of whether the patient is satisfied with the quality of service or not.

**Objective:** The purpose of this study was to assess the level and associated factors of satisfaction with ANC services among pregnant women seeking maternal health services in Mbale district.

**Method:** A sequential explanatory mixed methods research approach was adopted. The study population was pregnant women attending their subsequent ANC visits, and their sample size was determined using Cochran's correction formula. The number of focus group discussions held was determined using the principle of data saturation. Mbale district and Mbale regional referral and teaching hospital were purposively sampled. Health centers in were sampled using cluster and simple random sampling. Simple random sampling was used to sample the women. Structured interviews were used to collect the quantitative data from the pregnant women, while focus group discussions were used to collect qualitative data. Interviewer administered structured questionnaires were used to collect quantitative data, while a focus group discussion guide was used during the group discussions. Statistical Package for the Social Sciences (SPSS) version 20.0 was used for quantitative analysis. Qualitative data was analyzed using thematic analysis

**Results:** Almost three quarters of the pregnant women majority of the women (n = 253, 74%) were satisfied with the quality of antenatal care services provided in Mbale district. Only two process quality attributes significantly affected satisfaction with ANC services. Pregnant women who were satisfied with health care provider's examination were twice as likely to be satisfied with the quality of ANC services (aOR = 2.249, 1.010 - 5.010). Women who obtained most of the prescribed medicines from the health facility were also twice as likely to be satisfied with the quality of ANC services (aOR = 2.190, CI = 1.103 - 4.348). No structural ANC quality attribute had a statistically significant association with the level of satisfaction with ANC services among the pregnant women in Mbale district. Only one maternal characteristic significantly affected satisfaction with ANC services; women having upper primary education being twice as likely to be satisfied with ANC (aOR = 2.185, CI = 1.435- 5.971). The findings of the qualitative study showed that majority of the women were satisfied which confirms the quantitative results

**Conclusion:** There was a high level of satisfaction with the quality of ANC services provided in Mbale, among pregnant women; almost 8 out of every 10 of them are satisfied with that quality. That level of satisfaction is influenced to a relatively larger extent by process quality characteristics of ANC, to smaller extent by maternal characteristics and structural characteristics to no extent.

**Recommendation:** There is need for health care service providers to improve on their level of interaction, patient involvement and responsiveness