

Received on 02 May 2017; received in revised form, 18 October 2017; accepted, 26 October 2017; published 30 November 2017

FOCUSED ANTENATAL CARE SERVICE SATISFACTION AND ASSOCIATED FACTORS AMONG PREGNANT MOTHERS ATTENDING ANTENATAL CLINIC AT TIYO DISTRICT, ETHIOPIA, 2016

Daniel Bekele^{*1}, Girmatsiyon Fissaha², Taresa Kisi³ and Teshome Melese⁴

Department of Midwifery¹, Department of Public Health³, College of Health Sciences, Arsi University, Asella, Ethiopia.

Department of Public Health², College of Health Sciences, Mekelle University, Mekelle, Ethiopia.

Department of Midwifery⁴, College of Health Sciences, Hawassa University, Hawassa, Ethiopia.

ABSTRACT: Background: Mothers' satisfaction with focused antenatal care service is likely to influence effective utilization and compliance with interventions. Thus, this study is aimed to assess satisfaction with focused antenatal care services among pregnant mothers attending at rural public health centers in Tiyo district, Ethiopia. **Methods:** A facility-based cross-sectional study design that involved an exit interview was conducted at public health centers in Tiyo district. A total of 386 women were enrolled in the study. Both bivariate and Multivariate logistic regression was carried out to identify the associations of each explanatory variable with the outcome variable. Finally, odds ratio with its 95% confidence interval, and p-value of 0.05 was used to identify significant variables. **Results:** Overall, 77.2% of pregnant mothers were satisfied with focused antenatal care services in the district. However, lack of drugs supply and vaccine (51%), long waiting time to see health providers (51%), lack of drinking water at the facility (63.1%), and poor laboratory services (56.4%) were identified as the dissatisfying factors at each health facilities. **Conclusion:** Although the majority of pregnant women were satisfied with received focused antenatal services, they express their satisfaction with some inconsistencies.

Keywords: Client satisfaction, Focused antenatal care, Mothers' satisfaction, Ethiopia

Correspondence to Author:

Daniel Bekele

Department of Midwifery, College of Health Sciences, Arsi University, Asella, Ethiopia.

E-mail: bekeled46@gmail.com

INTRODUCTION: In recent decades, determining the level of the client (pregnant mother) satisfaction is the most useful tool for getting clients' views on how to provide care. This is based on two major principles; first clients are the best source of information on the quality of health services provided and second clients' views are the determining factors in planning and evaluating satisfaction¹.

Clients' satisfaction with the antenatal care service may have an immediate and long-term effect on women health and subsequent utilization of the services. Good health provider-client relationships are therapeutic and have been described as the single most important component of essential medical practice because it identifies problems quickly, clearly, and helps to establish trust between the clinician and clients².

In Ethiopia, despite that facility-based births has shown remarkable progress in the last three years, from 10% to 15%, according to Ethiopian Mini Demographic Health Survey (EMDHS 2014). Still, it has shown that continues slow progressions. Women who gave birth in the five years preceding

	<p>QUICK RESPONSE CODE</p>
	<p>DOI: 10.13040/IJPSR.0975-8232.IJLSR.3(11).116-24</p> <p>The article can be accessed online on www.ijlsr.com</p>
<p>DOI link: http://dx.doi.org/10.13040/IJPSR.0975-8232.IJLSR.3(11).116-24</p>	

the survey at antenatal care clinic from a skilled health care provider were 39.6%, nationally, and 34% in the Oromia region. With regards to antenatal care (ANC) visit, only 32% of women had four or more ANC visits during the length of their pregnancy³. Among reasons forwarded by researchers for the lower coverage of ANC follow up and low coverage of institutional delivery, which ends up with higher maternal mortality and morbidity, was mothers' dissatisfaction to health institutional delivery services.

Thus, client satisfaction has great influential power for continuous utilization of services⁴. Various literature stated that the important problems faced these days were lack of good quality antenatal care services and inability to make the client satisfied, which is an important responsibility of the higher authorities and staff in the health care system. Clients are the only source of information about whether they were treated with dignity and respect. Their experiences often reveal how well health facility systems are operating and can stimulate important awareness for the changes that are needed to bridge the gap between the cares provided and what it should be⁵.

The magnitude and factors associated with pregnant mothers' satisfaction with focused antenatal care services were not studied in the study setting and the region as a whole. Therefore, the purpose of this study is to investigate the levels of pregnant mothers' satisfaction and associated factors towards focused antenatal care services in rural public health centers of Tiyo district which will be an input for health service managers, policymakers and care providers to close the gaps.

METHODS AND MATERIALS:

Study Area and Period: The study was conducted at four rural public health centers in Tiyo district, which is found in Arsi Zone, Oromia Regional State, from May 01 to June 30, 2015. Asella, the capital town of the district, is located at 157 km from Addis Ababa, the capital city of Ethiopia. According to the information from the District health office and housing census conducted in 2007. The district had a total population of 109,112 (54631male and 54981female). Out of this female in reproductive age groups (15 - 49 years) were 23,925. Regarding health institutions, the district

had four public health centers (Gonde HC, Bilalo HC, Golja HC, and Baret HC). The annual total estimated number of pregnant women in each health center encompasses 1, 594 in Gonde, 943 in Bilalo, 1, 250 in Golja and 962 in Baret. In the district, there were 7 health officers (all B.sc degree), 14 midwives (13 diploma and 1degree holders), 44 Nurses (40 diplomas and 4 B.Sc. degree holders)

Study Design and Study Subjects: A facility based cross-sectional study design was conducted in Tiyo District rural public health centers. All pregnant women utilizing focused antenatal care services during data collection period in health centers were considered for investigation as study population and who gave verbal consent were included in the study while those who were seriously sick were not included.

Sample Size Determination and Sampling Procedure:

Sample size was calculated using single population proportion formula by considering 60.4% proportion of clients satisfaction from a study was done in Jimma⁶ 5% of marginal error, 95% confidence level, and 5% none response rate. Accordingly, by adding 5% of the non-response rate, the final sample size considered was 386 pregnant mothers. The systematic random sampling procedure was used to select each mother after the total sample size was allocated proportionally to each health centers based on the estimated number of pregnant women visited antenatal care services. Based on this, 130 from Gonde, 102 from Golja, 78 from Baret and 76 from Bilalo Health center were obtained.

Data Collection Procedure and Data Quality:

Data were collected by using questionnaire aided interview structured after review of literature^{6,7} having 41 items measuring socio-demographic, obstetric profile, expectation, future view, and knowledge of pregnant women about focused antenatal care (FANC) service.

Satisfaction level of pregnant mothers was assessed using 16 items measuring the satisfaction of the services, each containing a 5-point Likert scales ranging from very dissatisfied to very satisfied (*i.e.*, 1=Very dissatisfied, 2= dissatisfied, 3= neutral, 4= satisfied and 5= very satisfied).

In the beginning, the questionnaires were prepared in English and then translated into Oromiffa (local language) and back to English by two English language experts to check the consistency. One day of training was given by the principal investigator for supervisors and data collectors on the basic technique of data collection, approaches, and confidentiality. After training, the questionnaires were pre-tested on 5% of participants at Bokoji health center out of the actual study area to ensure the quality and validity of data. A total of four diploma Nurses collected the data and two B.Sc. Midwifery instructors supervised the collection process. The questionnaires were filled by direct face to face interview by data collectors at the exit and outside the service room in the separated room using Oromiffa version.

Data Analysis: Data were coded, cleaned, and entered to Epi Info Version 7 statistical program. Then, the data was exported to SPSS Version 20 for further analysis. Descriptive statistics were used to summarize socio-demographic and to estimate the magnitude of client satisfaction. Tables and figures were used to present the data.

Both bivariate and a multivariable logistic regression model was used to identify factors associated with the outcome variable (satisfaction). Adjusted odds ratio with its 95% Confidence interval and p-value <0.05 was used to define statistical significance. Five-point liker scales were used to measure the satisfaction level of pregnant mothers. Satisfaction level of the mother was dichotomized to fit bivariate logistic regression using cut off value score calculated by demarcation threshold formula (*i.e.* $\{(Total\ highest\ score - Total\ lowest\ score)/2\} + (Total\ lowest\ score)$)⁸.

Accordingly, mothers who scored greater than 49 (cut off value score) were classified as satisfied and who scored less than or equal to 49 were classified as dissatisfied. Pregnant mothers' Service expectations were characterized as pre usage beliefs about how a service will be performed and dichotomized as high and low expectation using cut off value calculated by the demarcation threshold formula. The knowledge scores were also divided into two levels as good knowledge and poor knowledge using the cut off value calculated through the same formula.

Ethical Considerations: Ethical clearance was obtained from the Institutional Review Board of Mekelle University College of health sciences. An official letter was written to East Arsi zone health office for cooperation and permission. Letter of the permission was obtained from the East Arsi Zone health office. Oral consent was obtained from each mother after explaining the purpose of the study.

To ensure confidentiality, their name and other personal identifications were not registered in the format. Privacy was kept while interviewing each mother. It was explained to the mothers that they had been selected for the study by random, and they have the right to not respond to questions that were not comfortable for them. Finally, the questionnaires were kept locked after data entry was completed.

RESULTS:

Socio - demographic Characteristics of Respondents: Three hundred sixty-nine pregnant mothers were interviewed, giving 95.64% response rate. The mean age of study participants was 25.17 (± 5 sd) years. The majority, 265 (71.8%) respondents were Oromo by ethnicity while 201 (54.4%), of them, were Muslim in religion.

The majority, three hundred fifty-eight (97%), of the women were married. Mothers who had no formal education account, 145(39.2%) of the respondents while 88 (23.8%) and 75 (20.3%) had completed grade 1-8 and 9-10, respectively. The large majority of, 338 (91.60%), clients were rural dwellers. More than half (58.5%) of respondents were housewife/ dependent on their husband income for life, while about 53.7% had a monthly income below 500 Ethiopian birr **Table 1.**

Obstetric Characteristics of Respondents: Out of total mothers interviewed, 149 (40.4%) have given one to four births. About 15% of pregnant mothers had a history of stillbirths while 70 (19%) had the previous history of abortion. The majority of the respondents, 320 (86.7%), responded as their current pregnancy was planned and wanted **Table 2.**

Respondents' Upcoming View and Comments To Health Facilities: Majority (82.4%) of the respondents were interested in having antenatal care (ANC) follow up again in the same health

center where they received focused antenatal care service and 306 (82.9%) of them willing to recommend the health institution to their family or friends. Three hundred sixteen (85%) of pregnant mothers were commented to increase the number of health care providers to reduce the long waiting time **Fig. 1**.

Expectation About Focused Antenatal Care Service: Among pregnant mothers interviewed about their expectation or pre usage beliefs how a service will perform on how health care providers support, 22.2% had very high expectations while 38.2% had high expectations on availability of drugs supply and about 33.45% had high expectation on facilities cleanliness **Fig. 2**.

TABLE 1: SOCIO-DEMOGRAPHIC CHARACTERISTICS OF PREGNANT WOMEN IN TIYO DISTRICT, ARSI ZONE, ETHIOPIA, MAY 2015, (n=369)

Variable	Frequency (%)
Age (in years)	
15-19	71 (19.2)
20-24	73 (19.8)
25-29	179 (48.5)
≥30	46 (12.5)
Residence	
Rural	338 (91.6)
Urban	31 (8.4)
Ethnicity	
Oromo	265 (71.8)
Amhara	72 (19.5)
Guragie	23 (6.2)
Others*	9 (2.5)
Occupation	
Housewife	216 (58.5)
Merchant	89 (24.2)
Employee	33 (8.9)
Student	31 (8.4)
Religion	
Muslim	201 (54.4)
Orthodox	98 (26.6)
Protestant	46 (12.5)
Others**	24 (6.5)
Marital status	
Married	358 (97)
Divorced/widowed	8 (2.20)
Unmarried	3 (0.8)
Educational level	
No formal education	145 (39.2)
Grade 1-8grade	88 (23.8)
Grade 9-10grade	75 (20.3)
10 th complete and above	61 (16.5)
Monthly in come	
<500 birr	198 (53.7)
5001-1000birr	94 (25.5)
>1001birr	77 (20.8)

TABLE 2: OBSTETRIC CHARACTERISTICS OF PREGNANT WOMEN ATTENDING ANC AT HEALTH CENTERS IN TIYO DISTRICT, ARSI ZONE, ETHIOPIA, MAY 2015, (n=369)

Variable	n (%)
Parity (number of delivery)	
Nulliparous (0)	89 (24.1)
Multipara(1-4)	149 (40.4)
Grand multipara(≥ 5)	131 (35.5)
Frequency of FANC visit	
First	97 (26.3)
Second	132 (35.8)
Third	79 (21.4)
Fourth or more	61 (16.5)
Status of pregnancy	
Planned	320 (86.7)
Un planned	49 (13.3)
Previous FANC follow up	
Yes	267 (72.4)
No	102 (27.6)
Previous history of stillbirth	
Yes	55 (14.9)
No	314 (85.1)
Previous history of abortion	
Yes	70 (19.0)
No	299 (81.0)

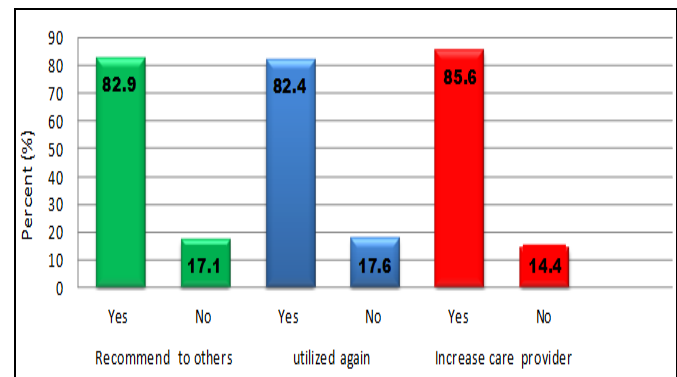


FIG. 1: PREGNANT MOTHERS' UPCOMING VIEW AND COMMENTS TOWARDS FOCUSED ANTENATAL CARE SERVICE UTILIZATION AT HEALTH CENTERS IN TIYO DISTRICT, ARSI ZONE, ETHIOPIA, MAY 2015

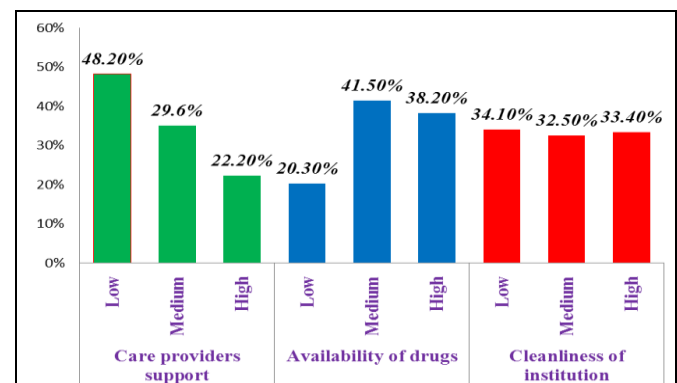


FIG. 2: PREGNANT MOTHERS' EXPECTATIONS TOWARDS FOCUSED ANTENATAL CARE SERVICE UTILIZATION AT HEALTH CENTERS IN TIYO DISTRICT, ARSI ZONE, ETHIOPIA, MAY 2015 (n =369)

Knowledge about Focused Antenatal Care Services: Regarding participants knowledge; among study subjects who were asked about the importance and objectives of focused antenatal

care, two hundred ninety-five (79.9%) of the clients had good knowledge while the rest 74(20.1%) had poor knowledge **Table 3**.

TABLE 3: KNOWLEDGE OF PREGNANT WOMEN ATTENDING AT HEALTH CENTERS, TIYO DISTRICT, ARSI ZONE, ETHIOPIA, MAY 2015 (n=369)

Variables		Number	Percent
Know ANC service has an advantage	Yes	364	98.6
	No	5	1.4
Know ANC helps to detect & treat problems during pregnancy	Yes	317	85.9
	No	52	14.1
Know ANC helps to be informed about the place of delivery	Yes	308	83.5
	No	61	16.5
Know ANC helps to check the condition of the fetus	Yes	301	81.6
	No	68	18.4
Know ANC used for complication readiness	Yes	305	82.7
	No	64	17.3

Overall and Component wise Mothers Satisfaction: Overall 285 (77.2%) of pregnant mothers were satisfied with focused antenatal care services in the district. Regarding component-wise level of satisfaction, interpersonal aspects (80.6%), technical skill aspects (70.9%) and physical environmental aspects (62.1%), were reported as major satisfying factors. While lack of drugs supply and vaccine (51%), long waiting time to see health providers (51%), lack of drinking water at the facility (63.1%), and poor laboratory services (56.4%) were reported as the dissatisfying in each health facilities **Fig. 3**.

abortion, status of pregnancy, knowledge about importance of focused antenatal care (FANC) and service expectation were significantly associated with satisfaction of focused antenatal care services.

However, by multivariable binary logistic regression only educational level, age, residence, number of delivery, frequency of ANC visit, history of abortion, service expectations and knowledge of women were significantly associated with overall pregnant mothers' satisfaction with focused antenatal care services **Table 4**.

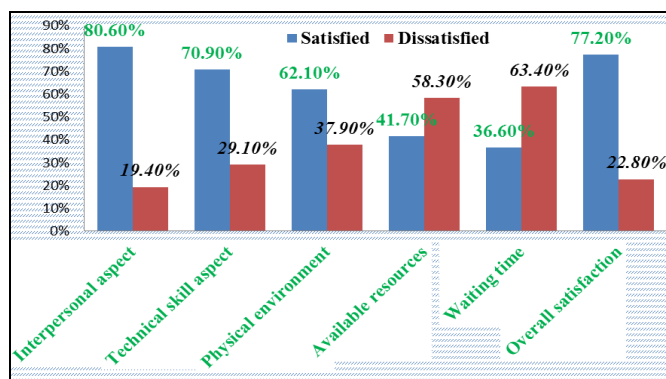


FIG. 3: SATISFACTION LEVEL WITH FOCUSED ANTENATAL CARE SERVICES AMONG PREGNANT WOMEN ATTENDING FANC AT HEALTH CENTERS IN TIYO DISTRICT, ARSI ZONE, ETHIOPIA, MAY 2015 (n=369)

Hence according to this, finding respondents who have greater than tenth-grade educational level were 59% less satisfied as compared to those who had no formal educations [AOR=0.41, 95%(CI: 0.20, 0.85)]. A statistically significant difference was observed among clients at different age category. Women whose age greater or equal 30years old were six times more likely satisfied with focused ANC services as compared to those whose age was less or equal 20 years [AOR=5.91, 95% (CI: 2.01, 28.10)].

Factors Associated with Satisfaction: The bivariate binary logistic regression analysis result showed that clients' age, educational level, residence, parity, number of ANC visit, history of

Results from multivariate Logistic regression model also showed that obstetrics profiles that have a significant association with overall clients' satisfaction. It was observed that those respondents who visited the ANC clinic for three times were about three times more likely to be satisfied than those who visited only once [AOR=2.71,95% (CI:1.17, 6.19)]. Women who had greater or equal

five several deliveries were two times more likely satisfied than those who had never given birth [AOR=2.20, 95% (CI: 1.0, 4.63)]. Those women who never had the previous history of abortion were two times more likely satisfied than those who had at least once or more history of abortion [AOR=2.33, 95% (CI=1.21, 4.47)]

Regarding clients, knowledge, and expectations towards received focused antenatal care clients who had poor knowledge about importance and objectives of focused ANC services were two times more likely satisfied than those who had good knowledge about focused antenatal care [AOR=2.3, 95% (CI: 1.19,4.51)]. Likewise, women who had

lower expectations towards focused ANC services were five times more likely satisfied when compared to those who had higher expectations towards FANC services [AOR=4.62, 95% (CI 2.57, 8.29)]. Among respondents received FANC service, those who were not satisfied with services were 74% times less interested in having ANC follow up again in the same health center where they received focused antenatal care service [AOR=.26, 95%(CI 0.13, 0.50)]. And also those clients who were not satisfied with provided services were 73% times less likely willing to recommend the health institution to their family or friends [AOR=.27 95% (CI .14, .53)] **Table 4.**

TABLE 4: FACTORS ASSOCIATED WITH PREGNANT MOTHERS' SATISFACTION OF FOCUSED ANTENATAL CARE SERVICES AT HEALTH CENTERS OF TIYO DISTRICT, ARSI ZONE, ETHIOPIA, MAY 2015 (n=369)

Variables Age category in year	Satisfied	Dissatisfied	COR (95% CI)	AOR (95% CI)
15-19	48	23	1	
20-24	62	11	2.70 [1.2, 6.07]*	2.4 [1.46, 8.63]*
25-29	132	47	1.34 [0.74, 2.44]	1.54 [0.801, 2.98]
≥30	43	3	6.86 [1.92, 24.49]*	5.91 [2.01, 28.10]*
Residence				
Rural	266	72	1	
Urban	19	12	0.43 [0.19, 0.92]*	0.36 [0.15, 0.87]*
Educational level				
No formal education	113	31	1	
Grade 1-8	78	10	2.14 [.99, 4.62]	2.14 [0.97, 4.74]
Grade 9-10	55	21	0.72 [.37, 1.36]	0.84 [0.43, 1.67]
Greater than 10 th	39	22	0.49 [.25, .94]*	0.48 [0.20, .85]*
Parity (number of delivery)				
Nulliparous (0)	65	24	1	
Multipara (1-4)	107	42	0.94 [0.52, 1.69]	0.88 [0.47,1.65]
Grand multipara (≥5)	113	18	2.32 [1.17, 4.59]*	2.20 [1.07,4.63]*
Frequency of FANC visit				
First	72	25	1	
Second	102	30	1.18 [.64, 2.17]	0.918 [0.47,1.78]
Third	70	9	2.70 [1.18, 6.19]*	2.64 [1.10, 6.32]*
Fourth or above	41	20	0.71 [.35, 1.44]	.67 [.315, 1.43]
History of abortion				
Yes	42	20	1	
No	243	64	1.81 [.99, 3.29]	2.3 [1.19, 4.51]*
Knowledge				
Good	235	60	1	
Poor	50	24	1.88 [1.07,3.30]*	3.34 [1.75, 6.34]*
Service expectations				
High	214	43	1	
Low	71	41	2.87 [1.73, 4.76]*	4.62 [2.57, 8.29]*
Recommend facility to others				
Yes	248	58	1	
No	37	26	0.33 [0.18, 0.59]*	0.27 [0.14 , 0.53]*
Abide with continuity of service				
Yes	246	58	1	1
No	39	26	0.35 [0.19 , 0.62]*	0.26 [0.13 , 0.50]*

DISCUSSION: This study revealed that the overall satisfaction of pregnant mothers with focused antenatal care service was (77.2%). The result was almost similar when compared to studies conducted in Malaysia (77.5%), Uganda (74.6%), and Nigeria (74.0%)^{9, 10, 11}. However, it was higher than the studies conducted in Jimma (60.4%) and Bahar-Dar (48%), Ethiopia^{6, 12}. This discrepancy might be because of a real difference in the quality of services provided, clients' expectation or the type and area of health facilities.

Among pregnant mothers interviewed (93.4%) were satisfied with warm greeting, respect and courtesy of care providers, (87.8%) of them satisfied with completeness of information and health education, (64.2%) towards measures taken to keep privacy, (90.2%) with skill of care providers and (75.1%) of them with their involvement in decision making process. These results are consistent with reports of studies conducted in developing countries which revealed that mothers were highly satisfied with interactions of care providers such as, greetings, introducing oneself, referring mothers by their names, giving them time to express themselves without interruption, properly involving in the decision making process and keeping privacy^{11, 13, 14}.

In this study lack of water supply (63%), drugs supply (51%), waiting time to see health providers (51%), accessibility and cleanliness of toilet (56%), poor laboratory services (56.4%) and time spent during physical examinations (51.8%) were the most identified reasons of dissatisfaction. This finding is similar with studies done in Bangladesh and Jimma, Ethiopia reporting clients less satisfied with long waiting time (32.6%), overcrowding in the clinic during morning time (26%) and poor laboratory services 25.2%^{6, 7}. Likewise, a study in Nigeria reported that only one-fifth of pregnant mothers were satisfied with the timely response of hospital staff to their doubts about health information¹⁵. This might be due to the levels of care given being closely associated with the economic conditions of the areas and lack of an adequate number of care providers at each health center to avoid long waiting time.

This study revealed that pregnant women who had a higher level of education (>10th grade) were 59%

less likely to be satisfied with FANC services than those who had no formal education [AOR=0.41; 95% (CI: 0.25, 0.92)]. It was similar to studies conducted in Malaysia⁹. The possible reason might be due to women who had a higher level of educations were more aware and have a more expectations about their care service. This study showed that older women tend to be more satisfied than the younger women who mean women whose age were greater or equal 30years were more likely satisfied with received focused antenatal care services as compared to those whose age was 15 - 19 years **Table 4**. The result agrees with the study conducted in Woleyita, Ethiopia¹⁶. This might be due to women at younger age groups were seeking more information and had higher expectations of ANC service.

In this study, the number of deliveries (parity) had a significant association with clients' satisfaction towards focused antenatal care services. Hence women who have given five or more children were more than two times more likely satisfied than those who had never given birth [AOR=2.20: 95% CI: (1.07,4.63)]. The result in line with a study done in Kenya¹⁷. The possible reason could be as mothers with more experience of utilization or hospitalization have more realistic expectations and therefore, more easily satisfied. The likelihood of clients' satisfaction of focused antenatal care service was significantly associated with frequency of ANC visited.

Those respondents who visited the ANC clinic for three times were about three times more likely to be satisfied than those who visited only once [AOR= 2.71; 95% CI: (1.178, 6.193)]. This finding is similar to the study conducted in Bahardar, Ethiopia¹². This could be due to the reason that expectations of women as well as their perception would largely depend on previous experience and expected care. Clients who live in an urban area were 64% less likely satisfied than those who live in rural [AOR=0.36, 95% CI (0.15, 0.87)]. The possible reason would be urban dwellers were more educated and knowledgeable. Thus they may have a lot of expectations than those who came from a rural area.

In this study among clients who received FANC services; those women who never had the previous

history of abortion were two times more likely satisfied than those who had at least once or more history of previous abortion [AOR=2.33, 95%CI (1.219, 4.478)]. This might be due to women who had a history of abortion experience greater instability and Lack of trust on the service they were receiving and associating cause of abortion with constraints from the service they received in their past pregnancy care follow up. Likewise, a study was done in Jimma⁶.

This study showed that clients who had poor knowledge about importance and objectives of FANC services were three times more likely satisfied than those who had good knowledge about focused ANC [AOR=3.34: 95% CI (1.75, 6.34)]. In which agrees with findings of a study conducted at Ethiopia¹⁶. The possible reason might be due to clients expectations were higher than the experience of the actual care they received.

Since women who had lower expectations towards focused antenatal care services were five times more likely satisfied when compared to those who had higher expectations against to performed focused ANC services [AOR=4.62 95% CI (2.57, 8.29)]. This similar to studies conducted in Kenya¹⁷. This study revealed that the majority of the pregnant women was satisfied with focused antenatal care services they received and would like to recommend the facility to others. Also, most of the participants were willing to use the same facility in subsequent pregnancies. However among respondents who received FANC services; those who were not satisfied with services were 74% times less likely interested in having ANC follow up again in the same health center where they received service [AOR=.26 95% CI (0.13, 0.50)] whereas those clients who were not satisfied with provided services were 73% times less likely willing to recommend the health institution to their family or friends [AOR=.27 95% CI (0.14, 0.53)].

This is similar to the study conducted in Egypt^{18, 19}. Thus, this study pointed out that evaluating to what extent clients are satisfied with FANC services are clinically relevant as satisfied clients are more likely to abide with treatment, take an active role in their care to continue using focused antenatal care services and recommend institutional services to others.

CONCLUSION: This study showed that overall (77.2%) mothers were satisfied with focused antenatal care provided at health facilities. Also, most of the respondents were willing to recommend the facility to others and to use the same facility in subsequent pregnancies. However in component-wise, there were several factors such as long waiting time, lack of drinking water, inadequate drugs or vaccine supply, and poor laboratory services were identified as major reasons of dissatisfaction with the given services.

Recommendations: Based on the findings of the current study, the following recommendations are suggested to:

- Design and implement a strategy to keep adequate stock of essential drugs, clean drinking water, laboratory services, and access clean toilet.
- Support with material resources/drugs or vaccines and laboratory equipment
- Moreover, an in-depth qualitative study should be conducted to explore the role of husband and care providers' attitude on mothers' satisfaction with antenatal care services.

ACKNOWLEDGEMENT: We would like to acknowledge all the study participants and data collectors. The authors also acknowledge Mekele University for their financial support.

COMPETING INTEREST: We authors declare that there are no competing interests with this study.

AUTHORS' CONTRIBUTIONS: All authors were involved in conception, design, analysis, interpretation, and write up of this study. All the authors read and approved the final content of the manuscript.

REFERENCES:

1. Margaret WN, Rosebella OA and Rose K: Determinants of clients' satisfaction with healthcare services at Pumwani; Maternity Hospital in Nairobi-Kenya. *International Journal of Social and Behavioural Sciences* 2014; 2(1): 11-17.
2. Nwaeze IL: Perception and satisfaction with the quality of antenatal care services among pregnant women at the university college hospital, Ibadan, Nigeria. *Ann Ibd*, 2013; 11(1): 22-28.
3. Ethiopia Mini Demographic and Health Survey, Central Statistical Agency Addis Ababa, Ethiopia 2014: 1-111.

4. Smith M and Engelbrecht B: Developing a tool to assess client satisfaction at district hospitals in Technical report, Durban 2001: 1-34.
5. Kohan S: Comparison of Satisfaction rate about the mode of providing medical and nursing care. *J Nurs Midwifery Razi* 2003; 3(43-49):
6. Chemir F Alemseged F and Workneh D: Satisfaction with focused antenatal care service and associated factors among pregnant women attending focused antenatal care at health centers in Jimma town, Jimma zone, South West Ethiopia; a facility based cross-sectional study triangulated with qualitative study. *BMC Research* 2014; 7: 164.
7. Hasan A: Patient satisfaction with maternal and child health services among mothers attending MCH training institute in Bangladesh 2007; 84.
8. Ahmad I and Din S: Patient satisfaction from the health care services. *Gomel Journal of Medical Sciences* 2010; 8(1): 95-6.
9. Pitaloka D and Amner M: Patients' satisfaction in antenatal clinic hospital University Kembangan. *Malaysia Journal Community Health* 2006; 12: 8-16.
10. Hildingsson I: Swedish women's satisfaction with medical and emotional aspects of antenatal care. *J Adv Nurs* 2005; 52(3): 239-49.
11. Sholeye OO, Abosede OA and Jeminusi OA: Client perception of Antenatal Care Services at Primary Health Centers in an Urban Area of Lagos, Nigeria. *World Journal of Medical Sciences* 2013; 8(4): 359-64.
12. Ejigu T, Kifle Y and Woldie M: Quality of antenatal care services at public health facilities of Bahir-Dar special zone, Northwest Ethiopia. *BMC Journals* 2013; 13: 443.
13. Young G, Meterko M and Desai K: Patient satisfaction with hospital care: Effects of demographic and institutional characteristics. *Med Care* 2000; 38: 325-34.
14. Lumadi TG and Buch E: Patients' satisfaction with midwifery services at a regional hospital and its referring clinics in the Limpopo province of South Africa. *Africa Journal of Nursing and Midwifery* 2011; 13(2): 14-28.
15. Esimai OA and Omoniyi-Esan GO: Wait time and service satisfaction at antenatal clinic, Obafemi awolowo University ile-ife. *East Afr J Pub Health* 2009; 6: 312-14.
16. Yohannes B, Tarekegn M and Paulos W: Mothers "Utilization of Antenatal Care and Their Satisfaction with Delivery Services in Wolaita", Ethiopia. *International Journal of Scientific & Technology Research* 2013; 2(2): 22-86.
17. Jepngetich H, Baliddawa J and Kipkulei J: Factors affecting ANC women's satisfaction with communication skills of health care providers. *International Journal of Development and Sustainability* 2013; 2(3): 2188-96.
18. Zaky HH: Assessing the quality of reproductive health services in Egypt via exit interviews. *Matern Child Health J* 2007; 11(3): 301-6.
19. Press I, Ganey R and Malone M: Satisfied patients can spell financial well-being. *Healthcare Financial Management* 1991; 45: 34-42.

How to cite this article:

Bekele D, Fissaha G, Kisi T and Melese T: Focused antenatal care service satisfaction and associated factors among pregnant mothers attending antenatal clinic at Tiyo district, Ethiopia, 2016. *Int J Life Sci & Rev* 2017; 3(11): 116-24. doi: 10.13040/IJPSR.0975-8232.IJLSR.3(11).116-24.

All © 2015 are reserved by International Journal of Life Sciences and Review. This Journal licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 3.0 Unported License.

This article can be downloaded to **ANDROID OS** based mobile. Scan QR Code using Code/Bar Scanner from your mobile. (Scanners are available on Google Playstore)