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Addis Ababa University
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COLLEGE OF HEALTH SCIENCES

SCHOOL OF NURSING AND MIDWIFERY

POST GRADUATE MIDWIFERY PROGRAM

**CHALLENGES OF PROVIDING ANTENATAL CARE SERVICE AT
SELECTED REFERAL HOSPITALS IN ADDIS ABABA ETHIOPIA,
HEALTH PROVIDER'S AND WOMEN'S PERSPECTIVE'S: A
QUALITATIVE STUDY, 2022**

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A RESEARCH THESIS SUBMITTED TO ADDIS-ABABA UNIVERSITY
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STATEMENT OF DECLARATION

By my signature below, I declare and confirm that this thesis is my own work. I have followed all ethical principles of scholarship in the preparation, data collection, data analysis and completion of this thesis. All scholarly matter that is included in the thesis has been given recognition through citation. I confirm that I have cited and referenced all sources used in this document. Every effort has been made to avoid plagiarism in the preparation of this thesis.

This thesis is submitted in partial fulfillment of the requirement for a graduate degree from the Addis Ababa University at College of Health Sciences, School of Health Sciences department of Nursing and Midwifery. The thesis is deposited in the Addis Ababa University Digital Library and is made available to local, national and international scientific community.

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TABLE OF CONTENT

AKNOWLEDGEMENTS	i
LIST OF FIGURE	v
LIST OF TABLE	vi
ABSTRACT	viii
INTRODUCTION	1
1.1. Background	1
1.2. Statement of the problem	3
1.3. Significance of the study	5
2. LITERATURE REVIEW	6
2.1. Factors related to Health system and organization	6
2.1.1. Workload and shortage of midwives	6
2.1.2. Lack of supply chain	6
2.2. Factors relates to health provider	7
2.2.1. Lack of In-Service Training (IST)	7
2.2.2. Unavailability of BANC guidelines	8
2.2.3. Salaries and Lack of Promotion	8
2.3. Challenges Faced by Women	9
2.3.1. Environmental conditions at health center level.	9
2.4. Conceptual Framework	10
3. OBJECTIVES	11
3.1 General objective	11
3.2 Specific objective	11
4. METHODS AND MATERIAL	12

4.1. Study setting	12
4.2. Period	12
4.3. Study design	12
4.4 Study Participants	12
4.5 Sampling Methods	13
4.6. Eligibility criteria	13
4.6.1. Inclusion criteria	13
4.6.2. Exclusion criteria	13
4.7. Data collection tools and procedures	14
4.8. Method of data analysis	14
4.9. Trustworthiness	15
4.9.1. Credibility	15
4.9.2. Transferability	15
4.9.3. Dependability	15
4.9.4. Conformability	15
4.10. Ethical consideration	15
4.11. Dissemination of the study	16
5. RESULT	17
5.1. Socio Demographic Characteristics	17
5.2. Challenges related to Health care providers	18
5.2.1. Infrastructural challenge	18
5.2.2. Work load and health providers challenge	20
5.2.3. Satisfaction / economic factor	22
5.4. Challenges faced by women	24
5.4.1. Infrastructural challenge	24

5.4.2. women challenge faces heath care provider	24
5.4.3. Economic factor	25
6. DISCUSSION	26
7. STRENGTHS AND LIMITATION	28
7.1 Strengths	28
7.2 Limitation	28
8. CONCLUSIONS AND RECOMMENDATION	29
8.1 Conclusions	29
8.1 Recommendation	29
9. REFERENCE	30
10. APPENDIX	33

LIST OF FIGURE

FIGURE 1: CONCEPTUAL FRAMEWORK ON CHALLENGES OF HEALTH CARE PROVIDERS AND WOMEN'S IN ANTENATAL CARE SERVICE ADOPTED FROM RELATED STUD IN 2017 (10).....	10
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LIST OF TABLE

TABLE 5. 1 PARTICIPANT AND THEIR HEALTH FACILITY [N=18]	17
Table 5. 1 Socio demographic characteristics of the health care provider participants	17
TABLE 5. 2 SOCIO DEMOGRAPHIC CHARACTERISTICS OF WOMEN PARTICIPANTS.....	18

LIST OF ABBREVIATION AND ACRONYMS

AARHB.....	Addis Ababa Regional Health Bureau
ANC.....	Antenatal care
BANC	Basic Antenatal care
EDHS	Ethiopian demographic health survey
FANC	Focused Antenatal care
FDG.....	Focused group discussion
GHS	Ghana Health Service
HRIS	human resource information system
IST	In-Service Training
MCH.....	Mother, child health
MMR.....	Maternal mortality ratio
PCPNC	Pregnancy, Childbirth, Postpartum and Newborn Care
SDGs.....	Sustainable Development Goals
WHO	World Health Organization

ABSTRACT

Background: ANC is a crucial aspect of ensuring the well-being of pregnant women and their babies, delivered by skilled healthcare professionals. However, like several other sub-Saharan African countries, Ethiopia faces a high maternal mortality ratio (MMR). To reduce these deaths, it is imperative to enhance the utilization of ANC.

Objectives: The objective of this research is to investigate the challenges faced by healthcare providers in delivering ANC services and the challenges experienced by women in selected referral hospitals in Addis Ababa, Ethiopia in 2022.

Methods: To achieve the research objectives, a descriptive explorative study design was employed. The study participants were selected using purposive sampling, with a total of 18 individuals included in the sample, determined based on data saturation. Face-to-face interviews were conducted utilizing a semi-structured questionnaire. Thematic analysis was performed, aided by the use of ATLAS.ti 9 qualitative software for data analysis and management.

Results: Various factors impact the provision of antenatal care services. These include challenges related to the health care providers include limited infrastructure (lack of work space, unavailability of medical equipment), excessive workloads and shortage of health care provider, and loss of job satisfaction (lack of training, inadequate salaries), and challenges experienced by women (equipment supply, medication availability, long waiting times, communication difficulties).

Conclusion and recommendation: several factors influence the provision of antenatal care services, such as challenges related to healthcare providers, and challenges experienced by women. Hospital management should prioritize strong relationships, effective communication, and adequate resources for healthcare needs. Healthcare providers should focus on positive relationships and open communication with pregnant women. Further studies are needed to investigate this topic.

Keywords: healthcare provider, antenatal care, women, challenge

INTRODUCTION

1.1. Background

Antenatal care (ANC) is the term used to describe the care of pregnant women receive from skilled healthcare professionals during their pregnancy, with the goal of ensuring optimal health conditions for both the mother and baby(1).The world health organization (WHO) ANC model, referred to as focus (FANC) or basic (BANC). It is a component of Pregnancy, Childbirth, Postpartum, and Newborn Care (PCPNC)(2).

ANC involves risk identification, integrated service delivery for preventing and managing pregnancy-related illnesses, and health education (1,3). The World Health Organization (WHO) introduced new guidelines in 2016, replacing the previous focused ANC (FANC) model. The updated ANC model aims to enhance the pregnancy experience by increasing the minimum number of healthcare provider contacts to at least eight. These contacts prioritize evidence-based interventions, quality of care, and the woman's personal experience. The revised WHO ANC model promotes an interactive relationship between clients and providers, using the term 'contact' instead of 'visit' (1).

In 2017, approximately 295,000 women worldwide died due to pregnancy-related complications. Approximately 86% of global maternal deaths were attributed to Sub-Saharan Africa and South Asia (4). By 2030, the Sustainable Development Goals (SDGs) strive to attain a maternal mortality ratio (MMR) target that is lower than 70 deaths per 100,000 live births, on average. Additionally, there is a supplementary national target that no country should have an MMR exceeding 140 deaths per 100,000 live births by 2030 (5). At the start of SDGs in 2016, preventable morbidity and mortality related to pregnancy remained alarmingly high. Ethiopia, like other sub-Saharan African countries, experienced a substantial maternal mortality ratio (MMR). According to the Ethiopian Demographic Health Survey (EDHS) 2016 report, the pregnancy-related mortality ratio in Ethiopia was 412 maternal deaths per 100,000 live births (7). It is crucial to assess the obstacles that ANC health providers face in delivering maternal and

child health services, as well as challenges experienced by women, in order to accomplish the SDG target.

Antenatal care (ANC) has demonstrated noteworthy achievements in terms of global coverage, particularly in Africa. Presently, ANC services are received by 71% of women worldwide, with over 95% of pregnant women in developing countries having access to ANC. Within sub-Saharan Africa, over two-thirds (69%) of expectant mothers attend a minimum of one antenatal care (ANC) visit, whereas 48% attend four or more ANC visits (2). During 2016, antenatal care (ANC) was received by 62% of women in Ethiopia. Out of these, 32% attended a minimum of four ANC visits throughout their most recent pregnancy, while 37% did not receive any ANC visits. It was observed that rural women were more prone to not having any ANC visits, comprising 41% of such cases, in contrast to urban women who had a significantly lower rate of 10% not accessing ANC services (6).

the coverage of specific interventions was generally lower for all pregnant women compared to those who had received at least four ANC visits (8). The usual method of measuring ANC coverage is by determining the proportion of women who have undergone a minimum of one ANC visit. Trends suggest that progress in sub-Saharan Africa towards this goal has been slower compared to other regions(2).

1.2. Statement of the problem

Ethiopia's high maternal mortality rate highlights obstacles in delivering sufficient maternal healthcare at facilities. Healthcare providers' challenges lead to lower service quality for women, including incomplete histories, insufficient counseling, limited interaction, and flawed registration. Inconsistent care quality indicates substandard antenatal care. Improving quality requires adjustments within health facilities (9).

The implementation of the ANC package in many African countries faces obstacles due to various factors. These include problems with the supply chain, insufficient staff training, ineffective management and coordination, inadequate patient record systems, and poor healthcare center conditions. Additional challenges arise from a lack of doctors and supervisors, limited facilities, and difficulties faced by healthcare providers, such as heavy workloads, low motivation, low salaries, and limited awareness of clinical guidelines. User-related factors, such as difficulties in accessing ANC, limited awareness of maternal health, inadequate recognition of specific interventions' importance, and a perception of unwelcoming environments at healthcare centers, also contribute to the hindrances (2,10,11).

The insufficient functionality of the supply chain system poses a significant challenge for healthcare workers in Mozambique when providing ANC services (10). South Sudan faces a major challenge due to a critical shortage of healthcare providers specializing in maternal and child care, With a ratio of one qualified midwife for every 39,088 individuals (11). Obstacles like heavy workload, remote locations, transportation issues, and financial limitations affected providers. Community compliance and coordination posed additional challenges. Overcoming these hurdles necessitates effective communication and service management skills (12).

The utilization of ANC services is hindered by travel and long waiting times, causing significant costs and income loss for pregnant women and their families. The distance to healthcare facilities and a shortage of ANC providers at clinics negatively affect the utilization of ANC by mothers (3). Limited availability of laboratory reagents and ongoing drug scarcity contribute to challenges in delivering recommended care components (13,14). The waiting area's cleanliness and comfort did not meet expectant mothers' satisfaction (15). The main causes of dissatisfaction were the absence of sonar tests, lack of doctors, and long waiting times (16). Access challenges

for ANC services lead to low client satisfaction, decreased utilization, and service discontinuation.

Increasing community awareness of ANC's importance drives demand for quality services, while improving the supply chain involves implementing a comprehensive kit system and a straightforward stock monitoring system (9). To improve ANC utilization and satisfaction, prioritize care quality and effective interactions among women, providers, and the healthcare system by Implement policies free ANC services, establish dedicated facilities with adequate resources and trained staff, and implement interventions to enhance overall care quality (3).

Thus, this study aimed to identify the challenges and ways to improve antenatal care service delivery provided by healthcare providers. To the researcher's understanding, there have been few studies conducted in Ethiopia regarding this topic, and the previous studies primarily concentrated on labor and delivery challenges. However, in this study, our aim was to identify the difficulties experienced by healthcare providers and women in the context of antenatal care (ANC) services at specific government hospitals in Addis Ababa, Ethiopia.

1.3. Significance of the study

The objective of this study is to investigate and enhance the difficulties faced by healthcare providers in delivering sufficient and high-quality healthcare services to mothers and newborn children. Additionally, the study aims to understand the perceptions of healthcare providers regarding the barriers faced by their clients when accessing these services. The finding of the study indirectly will increase the quality of service that gives to the client, satisfaction both health workers and clients by the service. Also, this study will provide valuable insights into the pressing need for improvement in maternal and child healthcare services, including the availability of essential medical supplies, equipment, and utilities by identifying material challenges. It will offer recommendations to the relevant authorities responsible for addressing these issues. The study will also highlight the importance of equal training opportunities for healthcare workers involved in maternal and child healthcare at various levels. Furthermore, the findings will serve as a baseline for future research in this field, while policy makers and other stakeholders can utilize the results to inform their decision-making and actions.

2. LITERATURE REVIEW

During the literature review, only a small number of studies were found on this topic. These studies present varying perspectives on the challenges of antenatal care services, which can be categorized into factors related to the health system and organization, factors related to healthcare providers, and challenges faced by women.

2.1. Factors related to Health system and organization

2.1.1. Workload and shortage of midwives

A study conducted in Ghana on midwives' challenges in implementing maternal healthcare revealed that a significant obstacle to delivering quality services was the workload. Many midwives expressed their concerns about having to attend to a larger number of clients than they could effectively handle, leading to insufficient time spent with each client and incomplete medical examinations. The midwives attributed this workload issue to a shortage of midwives in healthcare facilities, which resulted in an overwhelming range of duties and responsibilities for them (17).

Additionally, in South Sudan, the lack of an adequate number of doctors and supervisors was identified as a challenge that impacted the ability to effectively handle difficult cases (10). According to the World Health Organization (WHO), an excessive nurse-to-patient ratio has negative impacts on patient care, increases stress among hospital staff, and heightens the risk of preventable conditions worsening to life-threatening levels. The ratio of nurses to patients plays a crucial role in determining the workload, job satisfaction, and the overall effectiveness of care provided within healthcare units (18). Nurses are unjustly held accountable when service objectives are not achieved (9).

2.1.2. Lack of supply chain

Midwives encountered a major challenge during the assessment of pregnant women at antenatal care clinics due to inadequate medical equipment resulting from a lack of coordination between the government and international organizations. Additionally, physicians identified additional barriers, such as the absence of laboratory equipment to measure viral load in HIV-positive mothers and a scarcity of advanced equipment for the care of premature babies. These obstacles

were considered critical, particularly considering South Sudan's heavy dependence on donor assistance for medical equipment and medications (10)

The existing inventory and record-keeping system is inadequately designed, posing difficulties for health center staff in anticipating and preventing stock shortages. Replenishment of supplies often happens only after stock-outs have already happened. Insufficient storage rooms and refrigeration facilities at health centers further compound the challenge of maintaining an adequate and properly stored stock of supplies. The transportation services designated for distributing health sector supplies, particularly from the district level to the health centers, are not appropriately organized. Health care providers who were interviewed mentioned that the required supplies for interventions are generally not readily accessible, leading to significant time spent on procurement efforts (9)

2.2. Factors relates to health provider

2.2.1. Lack of In-Service Training (IST)

The participants of the focus group shared their discontent with the in-service trainings offered by the Ghana Health Service (GHS), highlighting their ineffectiveness and the absence of pertinent content pertaining to maternal health. This resulted in a lack of updated practices and knowledge in the field. Midwives, in particular, raised concerns about how this was negatively impacting the quality of maternal health care services in the area. Additionally, midwives reported that the selection process for participating in these training programs was unclear. A considerable number of individuals were not aware of the availability of these training programs, and by the time they became aware, the participants had already been selected (17)

A considerable percentage of the respondents (88.9%) identified the absence of in-service training as an additional obstacle. This finding contradicted the data collected on the frequency of in-service education and the available communication channels, as 54.2% of respondents indicated that in-service education was indeed provided, although there were varying opinions on the frequency of its occurrence. all respondents confirmed the use of in-service education and workshops as the primary communication methods. Furthermore, it was found that all healthcare facilities had at least one midwife who had received training in Basic Antenatal Care (BANC).

These findings indicate that despite this information, a notable number of midwives still perceived the lack of in-service education as a challenge (18).

2.2.2. Unavailability of BANC guidelines

Almost all healthcare facilities had Most of the policies and guidelines were easily accessible, but participants from one facility (22.2%, n = 13) stated that their facility did not have a specific policy regarding the management of obstetric emergencies. These policies and guidelines play a vital role in achieving organizational objectives as they provide a roadmap of necessary steps, aid in coordinating plans, ensure performance control, and enhance consistency in actions (18)

The majority of midwives demonstrated a lack of familiarity with the maternal health policies in the country, with only a small number being acquainted with the availability of free maternal healthcare and the concept of safe motherhood. Some midwives learned about these policies through their colleagues or immediate supervisors. Moreover, during the focus group discussions, it became apparent that most midwives were unaware of the specific content and issues addressed in these policies. Additionally, different interpretations were attributed to the policies. Upon inquiry about the implementation guidelines for these policies, interviewees indicated that they had not received any guidelines from the Ghana Health Service (GHS). Although directives were issued by the GHS regarding policy implementation, no specific policy guidelines were provided for that purpose (17).

Healthcare providers have expressed a lack of knowledge about the latest clinical guidelines and protocols, such as those related to HIV and syphilis screening or deworming protocols. Furthermore, there are issues with blood sample collection, as providers often take insufficient amounts of blood or do not wait for the necessary duration to ensure accurate results in HIV testing. These situations can potentially result in invalid test outcomes.

2.2.3. Salaries and Lack of Promotion

The insufficiency of salaries was recognized by participants as a notable barrier that resulted in decreased motivation, subpar performance, and a high rate of employee turnover. Senior doctors also reported encountering similar situations. To illustrate, a graduate health worker employed at

a tertiary hospital received a monthly base salary of 2,000 South Sudan Pounds, whereas individuals with comparable qualifications working at state-level facilities received merely 1,100 South Sudan Pounds (10).

2.3. Challenges Faced by Women

In this section, the perceptions and observations regarding the challenges encountered by pregnant women in accessing services are discussed. The majority of maternal and child health (MCH) providers believe that physical accessibility factors, including distance, transportation, inadequate roads, and remoteness, pose significant obstacles for many women in accessing maternal healthcare services. Additionally, they observe that women face financial burdens due to the high cost of transportation (10).

2.3.1. Environmental conditions at health center level.

Based on the feedback from women, obstacles to accessing antenatal care (ANC) at health centers include prolonged waiting times and inadequate facilities. Women reported facing lengthy waits for ANC appointments due to the absence of an appointment system and a shortage of healthcare personnel. Furthermore, ANC consultations were predominantly scheduled in the morning, as nurses mainly worked during those hours. This scheduling practice further contributed to women experiencing extended waiting periods. Women also noted a lack of privacy in the examination rooms for counseling and other ANC services. These circumstances further contribute to a decrease in nurses' motivation to provide care (9).

Despite the presence of supply shortages, an unwelcoming environment, and extended waiting periods, women acknowledge the significance of antenatal care (ANC) in monitoring both their own health status and the well-being of their unborn child (9).

2.4. Conceptual Framework

This conceptual framework is modified according to the reviewed literatures, from a published paper on Barriers Faced by the Health Workers to Deliver Maternal Care Services and Their Perceptions of the Factors Preventing Their Clients from Receiving the Services: which include challenges experienced during antenatal care service broadly categorized into ANC service infrastructure, human resource and security/economic factor

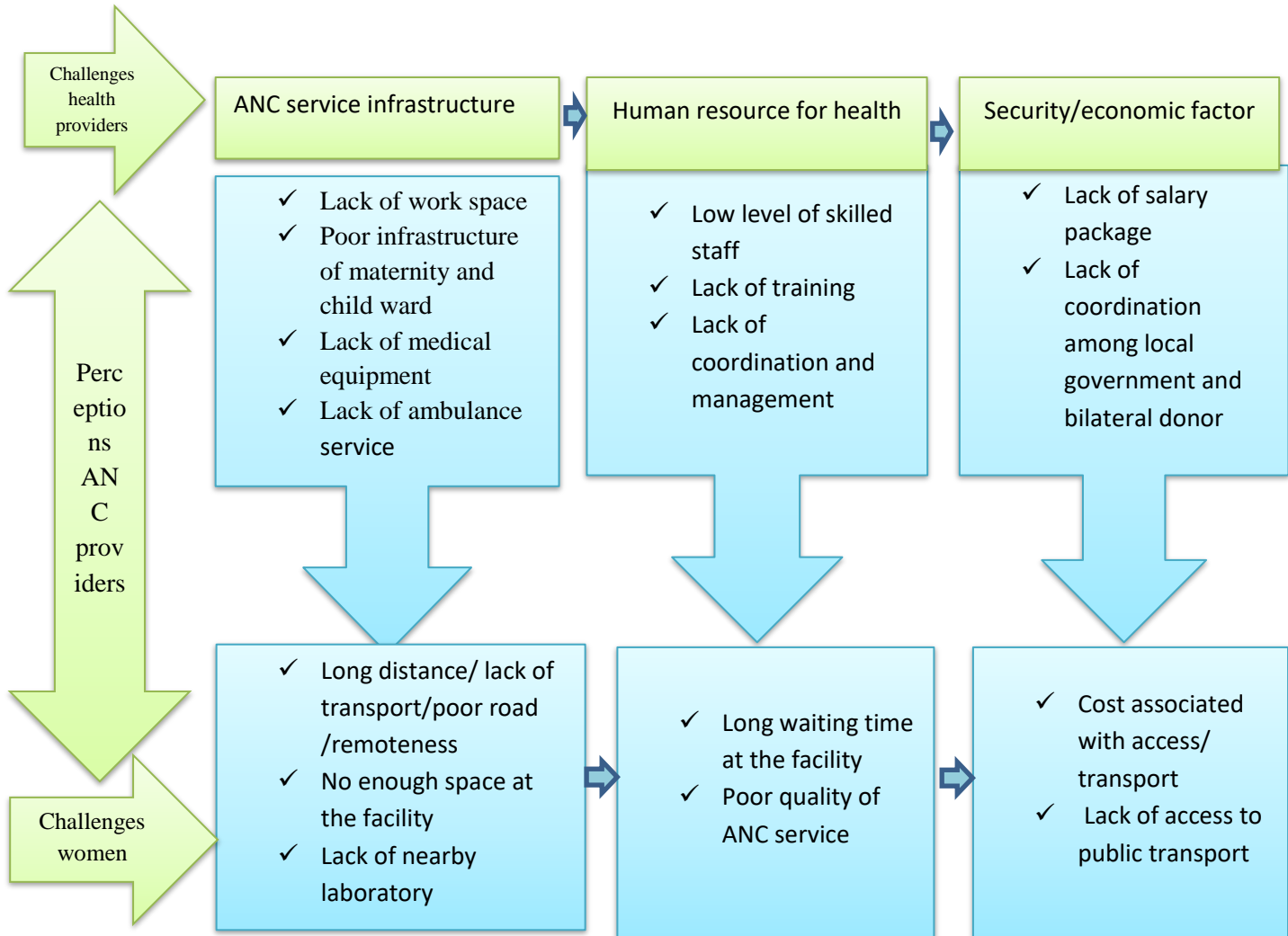


Figure 2.1: Conceptual framework on challenges of health care providers and women's in antenatal care service adopted from related stud in 2017 (10)

3. OBJECTIVES

3.1 General objective

- To explore challenges of ANC service faced by health care providers and women's at selected referral hospitals

3.2 Specific objective

- To explore challenges faced by health care providers to deliver ANC service at selected referral hospitals
- To identify challenges faced by women's in ANC service while receiving the service at selected referral hospitals

4. METHODS AND MATERIAL

4.1. Study setting

The research took place in Addis Ababa (AA), the capital city of Ethiopia, which covered an area of approximately 526.99km². According to the 2007 census, the city had a population of 3,384,569. However, there has been a significant increase in the annual growth rate, estimated to be 5,005,524 in 2021, with 34.8% of women in reproductive age residing in Addis Ababa, as per the 2007 census (19, 20).

According to the Ministry of Health's report, Addis Ababa had 13 hospitals, 102 health centers, and 650 clinics under federal administration, along with five hospitals managed by the Addis Ababa Health Bureau. These health facilities provided reproductive health services, including various Family planning methods, Antenatal care, Delivery, and other services (20).

The research was conducted at three specific hospitals: Tikur Anbessa specialized hospital, St. Paul's hospital millennium medical college, and Gandhi memorial hospital. Tikur Anbessa specialized hospital served as a referral and teaching hospital under the Ministry of Education of Ethiopia. St. Paul's hospital millennium medical college was a specialized and teaching hospital managed by the federal Ministry of Health. Gandhi memorial hospital was a governmental hospital administered by the Addis Ababa Health Bureau.

4.2. Period

The study was conducted from May 23 to July 29 2022

4.3. Study design

This study was conducted by explorative descriptive study design.

4.4 Study Participants

Study participants were selected purposively based on meeting the inclusion and exclusion criteria. The participants included health professionals working in the antenatal clinic and reproductive-age women who sought antenatal care services at the health institution, specifically the Maternal and Child Health (MCH) unit.

4.5 Sampling Methods

The study sample consisted of antenatal care providers and women who had been receiving antenatal care services in the MCH unit. The purposeful sampling method was used to select eligible healthcare providers and women who could provide sufficient information for the research questions. Participants were deemed eligible based on their purposive selection and their willingness to participate in the study. The researcher obtained the participant through the administrator assigned by the head of the hospital department. The study included a total of 18 participants, 11 health care providers and 7 pregnant women's and in-depth interviews were conducted until data saturation was reached. Data saturation was considered achieved when no new data emerged.

4.6. Eligibility criteria

4.6.1. Inclusion criteria

For health care provide;

- All health providers (nurses, midwives, gynecologist) who give antenatal care service
- Health care providers who have 6 months and above experience
- Who provide informed consent to participate in the study-.

For women's

- women's who are coming in the MCH unit for antenatal care service
- women's who have 2nd and above ANC visit's
- women's whose age is 18 years and above
- Who provide informed consent to participate in the study

4.6.2. Exclusion criteria

- Participants who are severely ill

4.7. Data collection tools and procedures

The data was gathered through face to face an in-depth interview method that employed an interview guide, granting participants the freedom to express their responses creatively. The in-depth interview guides were pretested before the actual study at another hospital (Abebech Gobena MCH hospital), not included in the main study, to ensure accuracy, consistency, and enhance validity before the official data collection process. The interview guide was initially prepared in English, translated into Amharic, and then back-translated into English by a third party to ensure consistency. The utilization of in-depth interviews enabled the researcher to delve into issues for a better comprehension of the challenges faced by the study participants in relation to antenatal care services at the study site. Rather than focusing on the number of participants, this qualitative study prioritized the quality of information and diverse perspectives and opinions of the participants. With the participants' consent, the assistant researcher audio-recorded the interviews and took written notes. The interviews were conducted in Amharic by the researcher and typically lasted between 30 to 60 minutes.

4.8. Method of data analysis

The data analysis commenced concurrently with data collection and employed a thematic analysis approach. The qualitative researcher followed a systematic six-step process: Step 1: Verbatim transcriptions were created. The researcher fully immersed themselves in the data by transcribing the interactions and repeatedly reading them to become familiar with the content. The audio recordings of individual interviews were transcribed and translated from Amharic to English by the researcher. Step 2: Coding was conducted by the researcher to organize the data in a meaningful and systematic manner. Step 3: Themes were generated by reviewing the codes for clarity and consistency. The researcher combined several codes to form cohesive themes. Step 4: The generated themes were reviewed to ensure they accurately and effectively represented the data by supervisor. Step 5: The researcher interpreted the coded data, described the themes and categories, and provided a final list of named and defined themes. Step 6: The data analysis was documented using ATLAS.ti 9 qualitative software, which facilitated the analysis and management of the data.

4.9. Trustworthiness

In order to determine the accuracy and reliability of the data, the criteria of credibility, transferability, dependability, and conformability was considered.

4.9.1. Credibility

After establishing the primary codes, a member check was employed. The provider participants were consulted to validate whether the extracted codes accurately reflected their perspectives and experiences. The researcher sought to involve a diverse sample with variations in work experience, position, gender, level of education, and age. Prolonged engagement in average 46 minute with the participants was applied to capture sufficient and authentic data.

4.9.2. Transferability

To enhance transferability, the research sample, setting, and methodology were clearly presented. Direct quotations from participants' statements were included, and detailed explanations were provided to establish a clear link between the context under study and the research itself. The researcher made a concerted effort to provide comprehensive details regarding the study context and the participants' viewpoints.

4.9.3. Dependability

Dependability was ensured by establishing consistency between coders and by subjecting all data collection tools, raw data, analysis encodings, and derived inferences to external researchers who were not involved in the study for an external review.

4.9.4. Conformability

Conformability was ensured to maintain reflexivity and avoid investigators' own opinion from affecting the study data by precisely reviewing interview transcripts, comparing codes with the raw data, and checking the findings with the participants' views several times.

4.10. Ethical consideration

This study was undertaken following the acquisition of complete approval and ethical clearance from the Addis Ababa University, College of Health Sciences, School of Nursing and

Midwifery. A written request was submitted to the designated referral hospitals to conduct the study. Prior to participants signing the consent form, which was drafted in Amharic, the researcher ensured that they comprehended the information provided in their preferred language and at a level suitable to their understanding. Consent forms were provided to the participants, who voluntarily agreed to participate and granted permission for the audio recording of the interviews. Participants had the autonomy to withdraw from the study at any time if they felt uncomfortable, with no impact on their work or care at the healthcare facilities. To protect participants' rights to anonymity and confidentiality, the researcher took the following measures: assuring participants that their information would be treated confidentially and solely used for the study's purpose. Raw data was securely stored, password-protected, and treated as confidential. Participant identities were not recorded in study records, and data was reported in a manner ensuring anonymity. All participants provided signed informed consent. The researcher took diligent measures to prevent academic misconduct, such as plagiarism, data fabrication, falsification, or duplicate publication.

4.11. Dissemination of the study

The findings of this study will be shared with the Addis Ababa University College of Health Sciences, School of Nursing and Midwifery. Efforts will be made to publish relevant portions of the research findings in respected local and/or international journals. Additionally, Dissemination will take place through the AAU library and website.

5. RESULT

5.1. Socio Demographic Characteristics

A total of 18 participants were there in this study 11 clinical staff and 7 ANC clients included under this study. Participant's age ranged between 26 and 46 years and mean age of the participants was 31 year. And also experiences of the health care providers are between 8 months and 20 years and mean age experience of participant was 5year.

Table 5. 1 Participant and their health facility [n=18]

Heath facility	Clients	Health providers
Black lion hospitals	3	4
Gandhi memorial hospital	2	3
St. Paulo's hospital	2	4
Total	7	11

Table 5. 2 Socio demographic characteristics of the health care provider participants

Characteristics	Category	Frequency	Percentage (%)
Age	26 – 30	7	63.63
	31 – 35	3	27.27
	>36	1	9.1
Sex	M	1	9.1
	F	10	90.9
Profession	Gynecologist	2	18.19
	Midwife	4	36.36
	Nurse	5	45.45
Level of education	Specialist	2	18.19
	Msc	5	45.45
	Bsc	4	36.36
Year of experience	6 month – 10 year	9	81. 82
	10year – 20 years	2	18.18

Table 5. 3 Socio demographic characteristics of women participants

Characteristics	Category	Frequency
Age	26 – 30	4
	31 – 35	1
	36 – 40	1
Marital status	Married	5
	Unmarried	2
Religion	Christian	6
	Muslim	1
Number of pregnancy	1st – 2nd	5
	3rd – 4th	2
Number of visit	2nd – 3rd	4
	>/= 4th	3

5.2. Challenges related to Health care providers

This theme focuses on the challenges faced by healthcare providers in delivering the ANC package. The main theme includes three subthemes: infrastructural challenges, workload and human resource challenge and Satisfaction / economic factor.

5.2.1. Infrastructural challenge

The availability of rooms at the referral hospital is a major issue reported by healthcare providers. The limited and narrow rooms cause discomfort for both providers and women. Almost all participants mentioned that the privacy is generally maintained, overcrowding occasionally results in two women sharing a single room.

A two years experienced midwife states that

“....The work that should be done in different room is now being done in one room. Two or three parts of the work to be done together and this prevents you from keeping privacy. Because the

ANC is working while the postnatal is coming to show her scar. In this regard, I think it will affect privacy...” (P4).

A two year experienced Gynecologist reports the following

“...Instead of protecting privacy, one room is often for one Patient. Sometimes when we are in trouble, we use one room for two patients. It is good that each room has one Patient...” (P2).

Participants highlighted challenges related to the organization, particularly the facility's structural layout. The structures were deemed uncomfortable, particularly for women, and the necessary tools for women's care were not conveniently located within the same area.

A 20 year experienced midwife MCH coordinator says the following

“...The structural layout of the house is a one problem. Because the mother is seen here, the card comes out on the first floor; you go to another block in the laboratory. Generally there is a problem in rooms and they are not comfortable...” (P10).

Participants highlighted the benefits of modernization and computerization in healthcare, reducing workload and improving efficiency. Supportive measures like car services can enhance work-life balance, particularly in transportation-challenged areas. Modernization entails adopting advanced medical equipment, digital systems, and automation, streamlining tasks and reducing administrative burdens.

Fifteen year experienced nurse department head reports;

“...There are materials that make the work load easier for you in terms of material. Making Modernization, making the work Computerized. Because if they do it for us and for the patient to stop walking. In addition If we have a car service,...” (P3).

Furthermore, participants highlighted the persistent shortage of essential resources in healthcare settings. Scarcity of materials such as ultrasound devices and blood pressure (BP) apparatus affects adequate care and vital sign measurements. Challenges include the availability and

maintenance of ultrasound devices, lack of timely assistance when breakdown occurs, and the use of outdated or discarded equipment.

A two year experienced midwife reports the following

“...The ultrasound on the ANC does not fix us quickly when the device breaks down. Even when we need a coach, we gives us something quickly. They give us what they used to throw away in another room...”(P4)

Twenty years’ experience midwife MCH coordinator says the following

“...There is a day to day serious shortage of resources, non-seasonal, sustainable challenge. There is a lack of material, there is a lack of ultrasound, even there is lack of BP apparatus measurement of vital sign...” (p10)

5.2.2. Work load and health providers challenge

Participants identified excessive workload as a major challenge in delivering the ANC package and spending sufficient time with women. This workload burden results in a shortage of nurses, leading to long working hours, increased stress levels, and potential fatigue. And The provider highlights a shortage of healthcare professionals, particularly midwives and nurses, to meet patient care demands.

A one year experienced Gynecologist reports the following

“...Our workload is well known. It is difficult. It is a challenged. Sometimes you stay full day and then there is a situation where you stay overnight. This is a bit of a burden and difficult. We have become accustomed to it over time... (P2).

Fifteen year experienced nurse department head participant said that;

“...There is a shortage of GPs, who have recently gone to school. There is a lot of shortage on nurses. Because the work load is mostly on nurses”(P3)

Two and half year experienced clinical nurse participant said the following

“....here is a small shortage of midwife. Now it is only done by the midwife because it was said that the nurses should leave...”(P16)

Participants stress the significance of comprehensive training in PMTCT and self-sufficiency in ANC. Limited family planning training within ANC is also highlighted. Midwives aim for autonomy in ANC, requiring extensive training to manage cases independently and enhance efficiency in healthcare delivery.

One year experienced midwife said that;

“....Training on PMTCT, ART trainings are useful to do perfectly. We need so many things related to the profession. For example, when doing PMTCT new training is needed on prophylaxis regarding HIV. All types of training are required. In addition, direct related to the work, related to the ANC and we required updated trainings....(P6)

Two year experienced midwife said that;

“.....On PMTCT, it would be very good if we were given complete training that would enable us to cover all ANC cases by ourselves. So that midwives can work independently. Family planning is given here under the ANC, only one or two people have taken the training.....” (P18)

Healthcare professionals face challenges in accessing essential training programs, impacting their professional development and potentially affecting patient care quality. Limited training opportunities indicate a disconnect between providers and hospitals.

One year and eight month experienced midwife states that;

“....There is a problem with coordination of training. Training generally does not come to the hospital...” (P1)

Eight month experienced nurse reports the following

“....There is no such thing as coordination, training, problem solving. As I told you, we have not been able to train for 8 months...” (P5)

Lack of management support creates a dysfunctional work environment, as management fails to actively assist and recognize employee efforts. This erodes trust and indicates a disconnect from

employee needs. Problem-solving is neglected, hindering productivity and efficiency, while employees struggle to overcome obstacles without timely support.

One clinical nurse says that:

“...The management has nothing to do for the employer. The worker is self-supporting. The management not to support instead blaming you when they get something wrong. the management has nothing to do with the staff. It is too late to solve problems....” (P3)

One midwife states the following;

“..... The management doesn't see our works. It is better if what we are doing can be seen and highlight the good things instead of highlighting the bad things....” (P4)

5.2.3. Satisfaction / economic factor

Healthcare providers find satisfaction in meeting patient needs but also feel frustrated when patients face barriers to care. Patient satisfaction affects providers' sense of fulfillment. Challenges and potential sources of dissatisfaction in midwifery include social aspects, lack of practical experience, complementary roles, feeling undervalued by the government, and occasional absence of passion for the work.

A one year experienced female gynecologist says the following

“.... Yes I am satisfied with what I do, but sometimes you get a little upset when you see the Patient being transferred to another day or they are struggling. You can do nothing but be happy with the service I provide...” (P2)

Twenty year experienced MCH coordinator said that the following

“..... I do not think specially midwifery will be satisfied with their work because it is a social work that you do more than professional work, and also there is not much practice work, But there are some complementary jobs, for example, a doctor who examines from the bottom to top, a physician who attends a labor. When you have a 20 , 25 or 10 year experience midwife, an intern who was only 6 months old yesterday or an intern who is not 6 months old after graduating, the government trusts them that hold you their hands and teach you by saying not to

do this and do this. How do you enjoy the fact that the government pays so little attention to you? But sometimes there is no love of work.... ”(P10)

Disparities in resources and opportunities within the healthcare team, compared to physicians, can cause dissatisfaction, leading to a sense of inequity and discontent among other team members. Inadequate salaries and a lack of comprehensive benefits contribute to dissatisfaction among healthcare professionals, including a perceived absence of healthcare coverage, retirement plans, and other employment benefits associated with their occupation

Twenty year experienced MCH Coordinator said that;

‘..... No, I am not satisfied. For example, medicine is teamwork. When we do teamwork we work with the physician. But for the physician, government provides home services, offers foreign study opportunities, has foreign courses, imports tax-free cars, and the government itself discriminates against necessary items. It can make you dissatisfaction that does not keep you in the profession or serve you in the profession..... ”(P10)

Eight month experienced said that;

“....Am not satisfied there is no reward and encouragement but we work this profession interestingly this is it’s own satisfaction and helping mothers the other is nothing. The Salary is not enough and also there is no risk payment on ANC . There is no recovery training on Anc. I am Satisfied the service what I gave not what i get.. ” (P5)

Limited staffing levels and overwhelming cases compromise efforts to address all components, leading to time constraints and challenges in providing comprehensive care. Overpopulation and high patient volume can result in neglecting counseling and mass education. Limited time with each patient hinders individualized care and effective health education. In a high-workload environment, there is a risk of overlooking tasks due to time constraints, inadequate resources, and insufficient support and training.

One year experienced midwife said that;

“.....Probably to provide health education crowded ness of the room. up to 90 pregnant women are seen every day and sometimes more than a hundred because it is a referral case that does not have enough ultrasound. Due to overcrowding, effective health education may not be available....(P6)

Two year experienced midwife said that;

“.....Oh they said. Because of the overpopulation, there are some things that are forgotten, for example, there is time for counseling and mass education and we encounter mothers who have not taken TT. The time you spend with the patient will be less, so you will not have time to talk with them..... (P18)

5.4. Challenges faced by women

5.4.1. Infrastructural challenge

The importance of sufficient resources, including rooms and healthcare professionals, to meet patient care demands is emphasized. The absence of a clear system for managing patient flow and work tasks hinders effective organization and workflow

A 28 year of pregnant women says;

“.... parts are good. But it would be good if there were more rooms and if a health professional was added, we could deal with it sooner....” (p17)

A 28 year of pregnant women says;

“....There is actually no entry in our queue. There is a situation where we come in the morning and stay until the evening. These are the things that we have a lot of trouble with...” (P17)

5.4.2. women challenge faces heath care provider

Participants voiced concerns about healthcare providers' communication and explanation of medical conditions, leading to inadequate information dissemination and difficulties in receiving timely care. Limited availability, long waiting times, and bureaucratic processes exacerbate these

challenges.. Sensitivity and empathy are crucial when delivering news, especially related to potential complications or risks.

A 30 year of pregnant women says;

“.... There is a problem in a way that they explaining a case. I am pregnant I am here because they say you have more sugars, they said that it will destroy your eyes on time. It's good to be careful, but it's better if it's not like this. It is good if they speak step by step or slowly...” (P13)

5.4.3. Economic factor

All services were free for pregnant women, but there were limitations on healthcare resources such as ultrasound services, laboratory equipment, and prescribed medicines. Availability of ultrasound services was sometimes limited due to equipment shortages or technical issues. There were also constraints in accessing materials like urine cups and obtaining an adequate supply of important medications like iron supplement.

A 28 year of pregnant women says;

“....We doesn't spend much, we only spend it on the ultrasound when it is not here and some medicines prescribed to us. And when ultrasound doesn't work we didn't get the access, there is also a time they say the material used to take urine is finished. And the other thing is that they don't give iron until it seems like there is no supply....” (P17)

A 27 year of pregnant women says;

“.... There is a situation where we buy medicine from outside. Sometimes there are no objection.....”(15)

A 30 year of pregnant women says;

“..... There is a lack of laboratory. There is a situation where we have to make an appointment to get a sample. There was a situation where I would go out and take them.... ” (p13)

6. DISCUSSION

In this study, health care provider participants recognized key challenges in the referral hospital. the main challenges in the selected referral hospital was infrastructure challenges. The ANC faces a significant hurdle in delivering services, which revolves around the infrastructure challenge. This challenge mainly arises due to the limited size and number of the rooms, work load and a lack of health care providers include midwives, nurse and physicians. Consequently, the seamless provision of services becomes difficult, exerting considerable work pressure on the team. this finding are consistent with Study conducted in Ghana the midwives clarified that the excessive workload was a consequence of a shortage of midwives within the healthcare facilities. They had an overwhelming array of tasks and obligations to fulfill (17). And also study conducted in South Sudan, the lack of an adequate number of doctors and supervisors was identified as a challenge that impacted the ability to effectively handle difficult cases (10).

The second challenge is the dysfunction in the supply chain creates challenges for both mothers and health professionals, particularly concerning the availability of ultrasound and blood pressure measurement equipment. The problem arises when these essential devices require repairs, as the timely provision of repair services becomes a major hurdle. This gap in service significantly hampers the work. But south Sudan mainly challenges in terms of medical equipment faced by midwives was the absence of medical and laboratory equipment, which stemmed from a lack of coordination between government entities and international organizations (10). These challenges as significant obstacles that need to be addressed in order to improve the functioning and effectiveness of the selected referral hospital. Recognizing these challenges provides a foundation for implementing targeted interventions and strategies to overcome them, ultimately enhancing the quality of healthcare services provided to patients.

The other challenge identified in this study relates to challenges related to health professionals. Specifically, the challenge faced by health providers when addressing antenatal care services is a loss of job satisfaction. Participants mentioned several reasons for this dissatisfaction like government pays great attention to physicians, which leads midwives to feel demoralized, unsupported, and undervalued but The main reason for declining job satisfaction among health care participants is low salary and lack of benefits or compensation mainly training. this finding

are consistent with other studies. The participants identified inadequate salaries as a significant challenge linked to demotivation, poor performance, and staff turnover (10). The study conducted in eThekweni District area all respondents confirmed that the primary method of communication utilized a considerable amount of in-service education and workshops. However, a notable proportion of midwives regarded the absence of in-service education as a challenge. (18)

Health professionals also experience discomfort when unable to provide certain antenatal components due to high patient loads, lack of manpower, and excessive work demands. Despite challenges, participants expressed their love for the profession and happiness in helping mothers. Addressing issues like fair compensation, adequate resources, and manageable workloads is crucial for the well-being and effectiveness of health professionals in delivering quality antenatal care services and ensuring both their own satisfaction and client satisfaction.

The final challenge explored in this study pertains to the challenges faced by women while receiving the service. Most participants agreed that the service provided at the referral hospital is relatively better for clients. However, there are still certain challenges experienced by mothers during their interactions with the healthcare system, specifically relating to the organization and the health providers.

Regarding organizational challenges, participants mentioned problems with equipment supply, medication availability, and long waiting times for services. Shortages of ultrasound and laboratory equipment in hospitals hinder patient care efficiency. These findings are some relations with other studies. Women face long waiting times for antenatal care ANC due to the lack of an appointment system and insufficient human resources. Additionally, the absence of private examination rooms for counseling and other ANC services negatively affects nurses' motivation to deliver care(9).

Women face communication difficulties during their service experiences, leading to dissatisfaction. However, the overall quality of service provided by referral hospitals is considered good. Efforts have been made to improve services, but addressing challenges like equipment supply, waiting times, communication strategies, and order management issues can enhance women's healthcare experience and satisfaction.

7. STRENGTHS AND LIMITATION

7.1 Strengths

To the best of our understanding, this is the initial qualitative analysis related to challenges of ANC service in Ethiopia and tries to triangulate the perspective of the health care provider and women's perspective on ANC service challenge.

7.2 Limitation

The findings of the study may have limited applicability outside the specific context of the study area. Researchers unable to ensuring the credibility of women's viewpoints. The limited number of participants in the study could hinder the applicability of the results and increase the risk of researcher bias.

8. CONCLUSIONS AND RECOMMENDATION

8.1 Conclusions

Antenatal care services are influenced by multiple factors, including challenges related to health providers and the women's. health care providers faces a number of challenges while giving the service like shortage of providers and work load, lack of medical equipment specially ultrasound and BP cuff, and loss of job satisfaction particularly due to low salary and absence of training were significantly affects antenatal care service. Women's faces challenge while receiving the service include problems with equipment supply, medication availability, and long waiting times. Shortages of ultrasound and laboratory equipment hinder patient care efficiency. Women also face communication difficulties during their service experiences, leading to dissatisfaction.

8.1 Recommendation

Hospital management should strongly promote strong relationships and effective communication to the health care providers and gives priority to Ensuring adequate resources and budget for specific healthcare needs. Additionally, healthcare providers should prioritize building positive relationships and maintaining open lines of communication with women seeking antenatal care. Further studies are necessary to be conducted by researchers in various areas to investigate deeper into this topic. By implementing these recommendations, Antenatal care services can be significantly provide, ensuring better outcomes for both healthcare providers and women.

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10. APPENDIX

8.1. Participant Information and Consent Form

Research Project Title: Challenges of providing antenatal care service at selected referral hospitals in Addis Ababa Ethiopia, health providers and women's perspective's: a qualitative study, 2022

Principal Investigator: Hayat Ali

Organization name: Addis Ababa University College of health sciences school of nursing and midwifery department of maternity and reproductive health nursing.

Sponsor name: Addis Ababa University College of health science.

Introduction

This information sheet and consent form have been prepared to provide you with details about the study and to obtain your consent to participate. The study aims to explore the Challenges of providing antenatal care service at selected referral hospitals in Addis Ababa Ethiopia, health providers and women's perspective's: a qualitative study, 2022

Purpose of the Research Project:

The main objective of this study is to investigate the Challenges of providing antenatal care service at selected referral hospitals in Addis Ababa Ethiopia, health providers and women's perspective's: a qualitative study, 2022

Procedure: This study involves the participation of antenatal care healthcare providers and women who meet the inclusion criteria. You have been selected as a potential participant, and we kindly invite you to take part in our project. If you decide to participate, it is important that you fully understand the purpose of the study and give your informed consent. Your genuine and honest responses during the interview will be greatly appreciated.

Benefits, Risk, and /or Discomfort

While participating in this research project, you may experience some discomfort due to potential time wastage. Nonetheless, your involvement is crucial for exploring the challenges associated with providing antenatal care services at referral hospitals.

It's important to note that there are no risks or direct benefits associated with participating in this research.

Right to Refusal or Withdraw

You hold the right to refuse participation or withdraw from the study whenever you desire.

Person to contact

The Institutional Review Board (IRB) of Addis Ababa University College of Health Sciences will review and approve this research project. If you have any inquiries or need assistance, please feel free to contact us at any time.

Name: Hayat Ali

Phone No: +251922795843

E-mail: hayatalih43@gmail

8.2. English version of semi-structured questionnaire

Addis Ababa University

College of health Sciences School of nursing and midwifery

Maternity and reproductive health nursing

A semi-structured questionnaire has been developed to investigate the challenges associated with providing antenatal care services at selected health centers in Addis Ababa, Ethiopia in 2022. This qualitative study aims to gather perspectives from both health providers and mothers.

Greetings! My name is----- , and I am currently pursuing a master's degree in Maternity and Reproductive Health Nursing at Addis Ababa University College of Health Sciences. I am conducting a study on the Challenges of providing antenatal care service at selected referral hospitals in Addis Ababa Ethiopia, health providers and women's perspective's: a qualitative study, 2022

The purpose of this semi-structured questionnaire is for academic research, and it has received approval from Addis Ababa University, College of Health Sciences, School of Nursing and Midwifery. This questionnaire is a requirement for partial fulfillment of my master's degree in Maternity and Reproductive Health Nursing.

I kindly request your assistance in answering the following questions. Please be assured that your responses will remain confidential and anonymous. Your answers will only be used for the purpose of this study. You have the right to withdraw from participation at any point during the process if you so choose. To ensure confidentiality and privacy, the questionnaire will be completed in a separate location where your responses cannot be observed by anyone. Therefore, your honest and genuine responses are greatly appreciated. The findings of this study are expected to provide valuable insights for policy development and intervention programs. Your participation is highly valuable, and I sincerely thank you in advance for your time and cooperation in answering these questions.

Would you be open to participating in the study?

1. Yes
2. No

If your answer is "No," please discontinue here.

Researcher's Name: Hayat Ali Address: Addis Ababa University College of Health Sciences

Phone Number: +251922795843 Email: hayatalih43@gmail.com

Name of Data Collector: _____ Signature: _____ Date of
Questionnaire Interview: _____ Month: _____ /2014 E.C.

Supervisor's Name: _____ Date: _____ Signature:

Start Time of Questionnaire Administration: _____ Hours: _____
Minutes End Time of Questionnaire Administration: _____ Hours:
_____ Minutes

Checked on: _____ Date: _____ Month/2014 E.C.

Consent Form

I, the undersigned, have been informed about the purpose of this study, which aims to explore the challenges related to providing antenatal care services at selected referral hospitals in Addis Ababa, Ethiopia in 2022. I understand that the information I provide will be treated as confidential and used solely for the purposes of this study. I am aware that I have the right to choose not to answer any question that I am not comfortable with. Therefore, I willingly agree to participate in this research.

Signature: _____ Date: _____

8.3. Semi-structured in-depth interview guide for study participants

A. Semi-structured in-depth interview guide for Health care provider

Part I: Socio-demographic Characteristics

1. What is your age? -----.
2. What is your gender? a. Male b. Female
3. What is your profession? a. Midwife b. Nurse c. Obstetrician d. General Practitioner (GP)
e. Other -----.
4. What is your highest level of education? a. Specialist b. Master of Science c. Bachelor's degree d. Other -----.
5. What is your current position? -----.
6. How many years or months of work experience do you have? -----.

Part II: Semi-structured in-depth interview guide

1. Have you got any training ever before related to ANC service? Yes or no
If your answer is no, please mention the reason why?
2. Do you want training on ANC service to update your skill gap? Yes or no
If your answer is yes, please describe the area of gaps
3. Do you think all components of ANC service are delivered properly? Yes or no
If your answer is no, please describes the reason why?
 - ✓ Related to time spent to the client
 - ✓ Related to knowledge of guide line

✓ Related to work load

4. Are you satisfying when you giving a services to your client? Yes no

If your answer is no, please mention the reason why?

5. Do you have confronts a challenge while giving ANC Service?

A. Challenges in terms of organization infrastructure and management

Related to working space

Related to maintaining privacy

Related to providing training, supporting, following and solving staffs problem

Related to coordination

B. Challenges in terms of resource

Related to human resource

Related to equipment supply

C. Challenges in terms of work burden

Related to Retention

6. What is your recommendation for concerned body?

7. We have finished our question; you are welcome if you have any concern to share with us about our topic.

B. Semi-structured in-depth interview guide for Pregnant mother's

Part I: Socio-demographic Characteristics of Participants'

1. How old are you? -----.
2. What is your marital status?
 - a. Unmarried b. Married c. Widow / widower d. Divorced/ Separated e. Other-----
3. What is your religion?
 - a. orthodox b. muslim c. protestant d, others -----
4. Number of pregnancy -----
5. What is your ethnic origin?
 - a. Oromo b. Amhara c. Tigre d others -----

Part II: Semi-structured in-depth interview guide for pregnant mothers

1. Have you ever took all ANC service before? YES NO
If your answer is no,
✓ Is there any challenge related to the service makes you discontinue? YES NO
If the answer is yes, please mention those challenges?
2. Are you satisfied the services you receive? Yes no
If your answer is no, please mention the reason why?
3. Do you face a challenge while receiving ANC Service?
 - A. Challenges in terms of health care provider
✓ Related to reception

- ✓ Related to communication
- ✓ Related to respect
- ✓ Related to hospitality
- ✓ Related to privacy

B. Challenges in terms of the service

- ✓ Related to times spent in ANC service, laboratory and others
- ✓ Related to availability of supplies
- ✓ Related to space of facility
- ✓ Related to cost

4. What is your recommendation for concerned body?

5. We have finished our question; you are welcome if you have any concern to share with us about our topic.

8. አባሪ

አባሪ-I. በምርምር ጥናት ውስጥ ለመሳተፍ የመረጃ ወረቀት

የምርምር ፕሮጀክቱ ርዕስ: በተመረጠው ጤና ጣቢያ ውስጥ የቅድመ ወሊድ እንክብካቤ አገልግሎት የመስጠት ተግዳሮቶች አዲስ አበባ፣ ኢትዮጵያ 2022፡ የጤና አቅራቢዎች እና የእናቶች አመለካከት ጥራት ያለው ጥናት።

የዋና መርማሪ ስም: ሀያት አሊ

የድርጅቱ ስም:- የአዲስ አበባ ዩኒቨርሲቲ የጤና ሳይንስ ኮሌጅ የነርቪንግ እና አዋላጅ ትምህርት የእናቶችና ስነ ተዋልዶ ጤና ነርቪንግ ትምህርት ክፍል።

የስፖንሰሩ ስም:- የአዲስ አበባ ዩኒቨርሲቲ የጤና ሳይንስ ኮሌጅ።

መግቢያ

ይህ የመረጃ ወረቀት እና የስምምነት ፎርም የተዘጋጀው በተመረጠው ጤና ጣቢያ አዲስ አበባ፣ ኢትዮጵያ 2022 የቅድመ ወሊድ እንክብካቤ አገልግሎት የመስጠት ተግዳሮቶችን ለመቃኘት ነው። የጤና አቅራቢዎች እና የእናቶች አመለካከት ጥራት ያለው ጥናት።

የምርምር ፕሮጀክቱ ዓላማ:-

የዚህ ጥናት አላማ በተመረጠው ጤና ጣቢያ አዲስ አበባ፣ ኢትዮጵያ 2022 የቅድመ ወሊድ እንክብካቤ አገልግሎት የመስጠት ተግዳሮቶችን ማሰስ ነው። የጤና አቅራቢዎች ጥራት ያለው ጥናት እና የእናቶች እይታ።

ሂደት: ይህ ጥናት የኤኤንሲ የጤና እንክብካቤ አቅራቢዎችን እና የማካተት መስፈርቶቹን ያሟሉ ሴቶችን ያካትታል። በዚህ ጥናት ላይ ለመሳተፍ ፍቃደኛ ከሆናችሁ ከጥናቱ ተሳታፊዎች አንዱ ለመሆን ተመርጠዋል እና በፕሮጀክታችን እንድትሳተፉ በትህትና እንጋብዝሃለን። ለመሳተፍ ፍቃደኛ ከሆናችሁ በጣም ደስ ብሎናል እናም የዚህን ጥናት አላማ በግልፅ እንድትረዱ እና ስምምነትዎን እንዲያሳዩ እንፈልጋለን። በመጨረሻም በቃለ መጠይቁ ላይ እውነተኛ ምላሽ እንድትሰጡ በትህትና ተጠይቀዋል።

ጥቅሞች፣ ስጋት እና/ወይም አለመመችት።

በዚህ የምርምር ፕሮጀክት ውስጥ በመሳተፍ ጊዜዎን በማባከን አንዳንድ ምችት ሊሰማዎት ይችላል. ይሁን እንጂ በጤና ጣቢያ የቅድመ ወሊድ እንክብካቤ አገልግሎትን ለመስጠት የሚያጋጥሙትን ተግዳሮቶች ለመዳሰስ የእርስዎ ተሳትፎ በእርግጠኝነት አስፈላጊ ነው።

በዚህ የምርምር ፕሮጀክት ውስጥ መሳተፍ ምንም ዓይነት አደጋ ወይም ቀጥተኛ ጥቅም የለም።

እምቢ የማለት ወይም የመውጣት መብት

በዚህ ጥናት ውስጥ ላለመሳተፍ ሙሉ መብት አልዎት። እንዲሁም በፈለጉት ጊዜ ከዚህ ጥናት የመውጣት ሙሉ መብት አልዎት።

ለማነጋገር ሰው

ይህ የምርምር ፕሮጀክት በአዲስ አበባ ዩኒቨርሲቲ ጤና ሳይንስ ኮሌጅ ተቋማዊ ግምገማ በርድ (IRB) ታይቶ ይፀድቃል። ማንኛውም ጥያቄ ካለዎት በማንኛውም ጊዜ ማነጋገር ይችላሉ, እና በፈለጉት ጊዜ መጠየቅ ይችላሉ.

ስም: ሀያት አሊ

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አባሪ II: በከፊል የተዋቀረ መጠይቅ Amharic ቅጂ

አዲስ አበባ ዩኒቨርሲቲ

የጤና ሳይንስ ኮሌጅ የነርቲንግ እና አዋላጅ ትምህርት ቤት

የወሊድ እና የመራቢያ ጤና ነርሶች

በከፊል የተዋቀረ መጠይቅ የቅድመ ወሊድ እንክብካቤ አገልግሎት በተመረጠው ጤና ጣቢያ አዲስ አበባ፣ ኢትዮጵያ 2022 የመስጠት ተግዳሮቶች ለመዳሰስ ተዘጋጅቷል። የጤና አቅራቢዎች እና የእናቶች አመለካከት ጥራት ያለው ጥናት።

ውድ ጤና ይስጥልኝ ስሜ _____ በአዲስ አበባ ዩኒቨርሲቲ ጤና ሳይንስ ኮሌጅ በወሊድ እና ስነ ተዋልዶ ጤና ነርቲንግ ሁለተኛ ዲግሪ እየተማርኩ ነው። በተመረጠው ጤና ጣቢያ አዲስ አበባ፣ ኢትዮጵያ 2022 የቅድመ ወሊድ እንክብካቤ አገልግሎት የመስጠት ተግዳሮቶችን ለማጥናት ፍላጎት አለኝ። የጤና አቅራቢዎች እና የእናቶች እይታ የጥራት ጥናት።

ይህ በከፊል የተዋቀረ መጠይቅ ለአካዳሚክ ዓላማ የተነደፈ ሲሆን በአዲስ አበባ ዩኒቨርሲቲ፣ በጤና ሳይንስ ኮሌጅ፣ በነርቲንግ እና አዋላጅ ትምህርት ቤት፣ በወሊድ እና በስነተዋልዶ ጤና ነርቲንግ የማስተርስ ዲግሪውን በከፊል በማሟላት ይፀድቃል። ለእነዚህ ጥያቄዎች መልስ በመስጠት እንደምትረዱኝ ተስፋ አደርጋለሁ። ማንኛቸውም መልሶች ለማንም አይገኙም። የምትሰጡኝ መረጃዎች በሙሉ ሚስጥራዊ ይሆናሉ። በጥናቱ ውስጥ ለመሳተፍ ፈቃደኛ ያልሆነ ማንኛውም ሰው በሂደቱ ውስጥ በማንኛውም ጊዜ የማቋረጥ መብት ይኖረዋል። ሚስጥራዊነት እና ግላዊነት የሚጠበቁት ምላሽ ሰጪዎች ማንም ሊያያቸው በማይችሉበት የተለየ ቦታ ላይ መልስ እንዲሰጡ በማድረግ ነው። ስለዚህ፣ የአንተ ታማኝ እና እውነተኛ ምላሽ በእውነት እፈልጋለሁ። የጥናቱ ውጤት ለፖሊሲ እና የጣልቃገብነት መርሃ ግብሮች ጠቃሚ ግብአት ሆኖ እንደሚያገለግል ተስፋ እናደርጋለን። ለጥያቄዎቼ መልስ ለመስጠት ጊዜ ስለወሰድክ አስቀድሜ አመሰግናለሁ።

በጥናቱ ለመሳተፍ ፈቃደኛ ትሆናለህ?

አዎ 2. አይደለም

አይደለም ከሆነ፣ እባክዎ እዚህ ያቁሙ።

የተመራማሪው ስም ሆኑት አሉ

አድራሻ፡- አዲስ አበባ ዩኒቨርሲቲ የጤና ሳይንስ ኮሌጅ

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ኢሜል፡ hayatalih43@gmail.com

የመረጃ ሰብሳቢው ስም _____ ፊርማ _____

የቃለ መጠይቁ ቀን _____ ወር _____ /2014 ኢ.ሲ.

የተቆጣጠሪው ስም _____ ቀን _____ ፊርማ _____

የመጠይቁ ማስተዳደሪያ ጊዜ የተጀመረው _____ ሰዓቶች፡ ደቂቃዎች

የሚተዳደረው መጠይቅ ጊዜ አልቋል _____ ሰዓቶች፡ ደቂቃዎች

በ _____ ቀን _____ ወር/2014ኢ.ሲ.

የስምምነት ቅጽ I፣ ከታች የተፈረመ; ይህ ጥናት የቅድመ ወሊድ አገልግሎት ለመስጠት የሚያጋጥሙትን ተግዳሮቶች በተመረጠው ጤና ጣቢያ አዲስ አበባ ኢትዮጵያ 2022፡ የጤና አቅራቢዎችን እና የእናቶችን እይታ የጥራት ጥናት ለመዳሰስ እንደሚደረግ ተነግሯል። የምሰጠው መረጃ በሚስጥር እንደሚጠበቅ እና ለዚህ ጥናት ብቻ እንደሚውል ተነግሮኛል። እኔ ደግሞ ያለእኔ ፍላጎት ለማንኛውም ጥያቄ ምላሽ የመስጠት መብት እንዳለኝ አውቄያለሁ. ስለዚህም በፈቃደኝነት በጥናቱ ለመሳተፍ ተስማምቻለሁ።

ፊርማ _____ ቀን

1. አባሪ III፣ በከፊል የተዋቀረ የጥልቅ ቃለ መጠይቅ መመሪያ ለጥናት ተሳታፊዎች በከፊል የተዋቀረ ጥልቅ የቃለ መጠይቅ መመሪያ ለጤና እንክብካቤ አቅራቢ ክፍል አንድ፡- ማህበረ-ሕዝብ ባህሪያት

1. እድሜህ ስንት ነው? ---

2. ጾታ? ሀ. ወንድ ለ.ሴት

3. ሙያህ ምንድን ነው

ሀ. የማህፀን ሐኪም ቢ.ሜዲካል ዶክተር ሐ midwife ዲ.ሌሎች

2. የትምህርት ደረጃህ ስንት ነው?

ሀ. ስፔሻሊስት ለ. የሳይንስ መምህር ሐ. ባችለር መ. ሌላ -----.

5. የእርስዎ አቋም ምንድን ነው? ----

6. የስራ ልምዶችዎ (በአመታት ወይም በወር). ----

ክፍል II፡ በከፊል የተዋቀረ የጠለቀ የቃለ መጠይቅ መመሪያ

1. ከዚህ በፊት ቅድመ ወሊድ አገልግሎት ጋር የተያያዘ ስልጠና ወስደዋል? አዎ ወይም አይ

መልስዎ የለም ከሆነ እባክዎን ምክንያቱን ይጥቀሱ?

2 የክህሎት ክፍተትዎን ለማዘመን በቅድመ ወሊድ አገልግሎት ላይ ስልጠና ይፈልጋሉ? አዎ ወይም አይ

መልስዎ አዎ ከሆነ፣ እባክዎን ክፍተቶችን ያብራሩ

3. ሁሉም የቅድመ ወሊድ አገልግሎት ክፍሎች በትክክል የተሰጡ ይመስላችኋል? አዎ ወይም አይ

መልስዎ የለም ከሆነ፣ እባክዎን ምክንያቱን ይግለጹ?

ከደንበኛው ጋር ከጠፋው ጊዜ ጋር የተያያዘ

ከመመሪያ መስመር እውቀት ጋር የተያያዘ

ከሥራ ጭነት ጋር የተያያዘ

4. ለደንበኛዎ አገልግሎት ሲሰጡ ይረካሉ? አዎ አይ

መልስዎ የለም ከሆነ እባክዎን ምክንያቱን ይጥቀሱ?

5. የቅድመ ወሊድ አገልግሎትን በሚሰጡበት ጊዜ ፈታኝ ሁኔታዎች አሉዎት?

ሀ. ከአደረጃጀት መሠረተ ልማት እና አስተዳደር አንፃር ያሉ ተግዳሮቶች

ከስራ ቦታ ጋር የተያያዘ

ግላዊነትን ከመጠበቅ ጋር የተያያዘ

የሰራተኞችን ችግር ከስልጠና፣ ከመደገፍ፣ ከመከተል እና ከመፍታት ጋር የተያያዘ

ከማስተባበር ጋር የተያያዘ

ለ. ከሀብት አንፃር ያሉ ተግዳሮቶች

ከሰው ኃይል ጋር የተያያዘ

ከመሳሪያ አቅርቦት ጋር የተያያዘ

ሐ. ከሥራ ሸክም አንፃር ያሉ ተግዳሮቶች

ከማቆየት ጋር የተያያዘ

6. ለሚመለከተው አካል ምን አስተያየት አለህ?

7. ጥያቄያችንን ጨርሰናል; ስለ ርዕሳችን ለማጋራት ምንም አይነት ስጋት ካሉት እንኳን ደህና መጣችሁ።

1. ለነፍሰ ጡር እናት በከፊል የተዋቀረ ጥልቅ የቃለ መጠይቅ መመሪያ

ክፍል አንድ፡ የተሳታፊዎች ማህበረ-ሕዝብ ባህሪያት

1. እድሜሽ ስንት ነው? ---

2. የጋብቻ ሁኔታዎ ምን ይመስላል ነው?

ሀ. ያላገባ ለ. ያገባ ሐ. ባል የሞተባት/የሞተች መ. የተፋታ/የተለያዩ ሠ. ሌላ-----

3. ሃይማኖትህ ምንድን ነው?

ሀ. ኦርቶዶክስ ለ. ሙስሊም ሐ. ፕሮቴስታንት መ፣ ሌሎች -----

4. የእርግዝና ብዛት -----

5. ዘርህ ምንድን ነው?

ሀ. ኦሮሞ ለ. አማራ ሐ. ትግሬ ሌሎች -----

ክፍል II፡ ለነፍሰ ጡር እናቶች በከፊል የተዋቀረ የቃለ መጠይቅ መመሪያ

1. ከዚህ በፊት ሁሉንም የኤኤንሲ አገልግሎት ወስደሽ ታቂያlesh ? አዎ አይ

መልስህ አይደለም ከሆነ

ከአገልግሎቱ ጋር በተያያዘ እርስዎ እንዲያቆሙ የሚያደርጋቸው ፈተና አለ? አዎ አይ

መልሱ አዎ ከሆነ፣ እባክዎን እነዚህን ተግዳሮቶች ይጥቀሱ?

2. የሚያገኙትን አገልግሎት ረክተዋል? አዎ አይ

መልስዎ የለም ከሆነ እባክዎን ምክንያቱን ይጥቀሱ?

3 የኤኤንሲ አገልግሎትን በሚቀበሉበት ጊዜ ፈተና ያጋጥምዎታል?

ሀ. ከጤና እንክብካቤ አቅራቢው አንፃር ያሉ ተግዳሮቶች

ከአቀባቢ ጋር የተያያዘ

ከግንኙነት ጋር የተያያዘ

ከአክብሮት ጋር የተያያዘ

ከመስተንግዶ ጋር የተያያዘ

ከግላዊነት ጋር የተያያዘ

ለ. ከአገልግሎቱ አንፃር ያሉ ተግዳሮቶች

በኤኤንሲ አገልግሎት፣ ላቦራቶሪ እና ሌሎች ከሚጠፉት ጊዜያት ጋር የተያያዘ

ከአቅርቦት አቅርቦት ጋር የተያያዘ

ከመገልገያው ቦታ ጋር የተያያዘ

ከወጪ ጋር የተያያዘ

4. ለሚመለከተው አካል ምን አስተያየት አለህ?

5. ጥያቄያችንን ጨርሰናል; ስለ ርዕሳችን ለማጋራት ምንም አይነት ስጋት ካሎት እንኳን ደህና መጣችሁ።

