



**ADDIS ABABA UNIVERSITY**

**COLLEGE OF HEALTH SCIENCE**

**DEPARTEMENT OF OBSTETRICS AND GYNECOLOGY**

**CLIENT SATISFACTION ON ANTE NATAL CARE AND ITS ASSOCIATED FACTORS  
AMONG PREGNANT WOMEN IN THREE TEACHING HOSPITAL, ADDIS ABABA,  
ETHIOPIA**

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## ABBREVIATION & ACRONOMY

**ANC:** Ante Natal Care

**ETB:** Ethiopian Birr

**HC:** Health Center

**HSTP:** Health Sector Development Plans

**I.E:** That means

**MMR:** Maternal Mortality Ratio

**MOH-** Ministry Of Health

**OR:** Odds Ratios

**PMTCT:** Prevention Mother To Child Transmission

**SPSS:** Statistical Package for Social Science

**STI:** Sexually Transmitted Infections

**SDG:** Sustainable development Goal

**UNICEF:** United Nations international children emergency fund

**WHO:** World Health Organization

## SUMMARY

**Introduction** - Within the spectrum of maternity care, antenatal care is a medical service given to pregnant mothers. Client satisfaction is used to evaluate the quality of services rendered in relation to the provider-client relationship, the institution, and the health care provider. The success of the adopted policy is demonstrated by client satisfaction. A happy client is more likely to adhere to medical professionals' recommendations and treatment plans, to use the same facility again in the future, and to refer other people in need of medical care to the hospital that treated them.

**Objective**- To assess the level of satisfaction with antenatal care services and its associated factors among pregnant mothers at three teaching hospital, Addis Ababa, in 2025 G.C

**Methods**- From December 2024 to February 2025, 325 pregnant women in three teaching hospitals in Addis Ababa participated in a hospital-based cross-sectional study. Random sampling was used to choose study participants based on each hospital's proportionate share of the sample size. Data was gathered using an interviewer-administered questionnaire. The data was coded and entered into SPSS version 20. Bivariate and multivariate analysis with 95 % CI was employed. Variables found to have a P-value<0.2 in the binary logistic regression were entered into multivariate analysis and association was declared at P value<0.05.

**Results:** Among 325 respondents 177(54.6%) pregnant women were satisfied with ANC service. Pregnant women who had first ANC visit, history of abortion and earn more income were more likely to have positively associated factors with satisfaction of ANC service during pregnancy with AOR=3.547[1.494-8.422] and AOR=2.57[1.354-4.878] respectively. Moreover, history of abortion was one of the factors associated of satisfaction with ANC service.

**Conclusion and Recommendations:** Overall study participant satisfaction with the ANC service was 54.6%, below the WHO standard of 80–90%, according to the research findings. According to this study, the majority of mothers are dissatisfied with the length of time they must wait for ANC services. As a result, the three hospitals ought to expand their OPDs and service providers. Although these hospitals should improve the cleanliness of the latrines and the

availability of water supplies, over half of mothers are dissatisfied with the antenatal clinic's clean restrooms and sufficient water supply.

# 1. INTRODUCTION

## 1.1 Background

Antenatal care is a medical treatment provided to women as part of the maternity care continuum (1). Antenatal care is the complex of treatments provided by trained medical experts to a pregnant woman and adolescent girl to ensure optimal health outcomes for both mother and child throughout pregnancy (2). ANC aims to provide expecting mothers with individualized, respectful care at every interaction by utilizing effective clinical processes (2). ANC comprises strong clinical and interpersonal skills, psychosocial and emotional support, and relevant information in a well-functioning health system (2). By providing high-quality ANC, ANC aims to make pregnancy a joyful and healthful time for a woman and her family in addition to ensuring a healthy mother and child. Making sure pregnant women are physically, emotionally, and mentally healthy as well as offering a means of connecting ANC with other medical services are two ways to achieve these goals (1).

Client satisfaction is a common component of evaluations in high-quality care. Because dissatisfaction is associated with poor understanding and memory of medical information, noncompliance with treatment instructions, and delays in seeking additional care, research suggests that when clients are not satisfied with their care, it is also less effective (3).

The Robert Wood Johnson Foundation states that "Client satisfaction is measurement designed to obtain reports or ratings from clients about services received from an organization, hospital, or health care provider." The real metric is nearly equal to client satisfaction. Client satisfaction is significantly influenced by their expectations and opinions about the care they receive; other psychosocial elements, such as pain and melancholy, are also known to have an impact. It is a crucial factor to take into account while choosing the standard of care (4).

Clients who are happy with the care they receive are more likely to adhere to the recommendations and treatment of medical professionals, to use the same facility again in the future, and to refer other people in need of medical care to the hospital that treated them. Due to these factors, client satisfaction is an important measure of the quality of care because it protects clients' rights and takes their opinions into account, bringing a consumer viewpoint policy to healthcare (3).

## 1.2. Statement of the problem

The World Health Organization (2016) and the Ministry of Health (2022) recommends at least eight ANC visits, with the first visit before the first trimester of pregnancy (1,5). Interventions in ANC include diagnosing and treating obstetric problems such as preeclampsia, tetanus toxoid immunization, and intermittent preventative therapy for malaria throughout pregnancy, in addition to identifying and treating infections such as HIV, syphilis, and other sexually transmitted diseases (5).

Client satisfaction with care refers to how well the client's experience matches expectations (6). Client satisfaction, which either promotes or discourages the use of a health care service at a certain medical institution, is one of its positive attributes (5,7). The level of customer satisfaction shows how the expectations of the clients and the health care service providers are related. The health care service at a particular medical facility will be used by a satisfied client in the future, which may help pregnant women eventually finish the follow-up program for their ANC treatments and recommend others (7).

The physical environment as well as the availability of sufficient human resources, medications, and supplies are some of the factors that affect how satisfied mothers are with antenatal care services. The procedure includes interpersonal conduct, privacy, promptness, cognitive care, perceived provider expertise, and emotional support, and the outcome is the health state of the mother and fetus (17,18).

Dissatisfied pregnant women have fewer visits and be more likely to give birth at home rather than in a hospital. In Ethiopia, only one-third of expecting moms complete the recommended number of visits (14).

Ethiopia's Federal Ministry of Health has implemented several high-impact interventions, including skilled birth services, postnatal care, and antenatal care, with the goal of reducing maternal death to 70 per 100,000 live births by the end of 2030. Although ANC coverage has increased over the past 15 years, it is still below average. Additional indicators of unsatisfactory continuity of service and treatment quality include low coverage of competent delivery, syphilis screening, tetanus toxoid vaccine uptake, and suboptimal uptake of prevention of mother-to-child transmission of HIV services

by pregnant women (4,9).

### **1.3. Significance of the study**

Client satisfaction is used to evaluate the quality of services in connection to health care professionals, institutions, and provider-client interactions. It is a measure of how effectively a policy is operating. Satisfied consumers are more likely to use health services, adhere to treatments, and continue getting care, according to numerous research (7,8).

The quality of services rendered in relation to healthcare providers, organizations, and provider-client interactions is evaluated through the quantification of client satisfaction. The effectiveness of a policy can be determined by looking at customer satisfaction. Numerous studies have demonstrated that satisfied service users are more likely to use health services, adhere to service agreements, and continue receiving care (7,8).

Modernization leads to population dynamicity, and the population is growing. Over time, the degree of need and satisfaction with ANC varies. This study demonstrates the degree of satisfaction with ANC services at the moment and lays the groundwork for future improvements.

## 2. LITRATURE REVIEW

### 2.1 Overview of Antenatal Care services

ANC provides a measure of access to the healthcare system, which is necessary to detect maternal issues and improve the health of the mother and the newborn. The World Health Organization recommends eight or more prenatal care visits. Global estimates, however, indicate that only about half of all expecting mothers receive this recommended level of care (4,5).

A woman's first interaction with a formal health service is through ANC, which also acts as an entrance point for integrated care. Additionally, it connects women with pregnancy difficulties to a referral system and promotes health-seeking ANC is also an opportunity to promote the use of expert attendance at birth, since women who have had at least one ANC visit are more likely to give birth with a professional attendant. Thus, successful ANC programs will enhance the effectiveness and impact of obstetric and postnatal care, reducing illness and mortality among mothers and newborns (9,10).

Antenatal care assists women in preparing for delivery and identifying the warning signals of pregnancy and childbirth. It can offer HIV testing, tetanus immunizations, vitamin supplements, eclampsia prevention treatment for hypertension, and medications to prevent HIV transmission from mother to child in pregnant HIV-positive women (10). ANC Promotes behaviors such as breastfeeding, early postnatal care, and planning for the optimal spacing between births (5,9).

According to a study done in six West African nations, a third of expectant mothers fell unwell throughout their pregnancy, and 3% of them needed to be admitted to the hospital. Pregnancy can

make a lot of preexisting conditions worse. Areas with higher prevalences of malaria, HIV/AIDS, anemia, and malnutrition also have higher rates of maternal and newborn complications and mortality from these diseases (4, 11).

Customer satisfaction determines the use of prenatal care. Pregnant women who are dissatisfied cannot cooperate and continue receiving prenatal treatment. Maternal and fetal health are negatively impacted by low satisfaction with prenatal care services (12). Pregnant women who seek prenatal care services at a health facility had lower rates of maternal and neonatal death (15). prenatal care visits lower the risk of under-five mortality in Ethiopia by 45.2%, and the risk of under-five mortality is lowered by 10% if the prenatal care visit occurs during the first trimester (16).

## **2.2 Satisfaction with antenatal care services**

Numerous studies have examined pregnant women's satisfaction with antenatal care services globally, with reports of varied levels of satisfaction. A cross-sectional survey in India found that more than 90% of pregnant women who attended were happy with the antenatal care services (24). 82% of all participants in a Swedish study said they were satisfied with the prenatal care services they received (25). A Malaysian survey found that 75.4% of mothers were satisfied with the prenatal care services they received (26).

A poll conducted in Iraq found that 85.7% of respondents were satisfied with the care they received (27). A study carried out in Myanmar found that 48% of expecting mothers were extremely satisfied with the ANC services they received (28).

In Ghana, 92.7% of pregnant women expressed satisfaction with the prenatal care they got, according to a cross-sectional survey (29). A study conducted in Nigeria on the opinions and contentment of expectant mothers with prenatal care services found that 81.1% of participants were happy (31). In a Ugandan research on the quality of prenatal care, 74.3% of expectant mothers said they were satisfied (30).

A cross-sectional study conducted in 2017 at public health institutions in Harari, Eastern Ethiopia, found that 70.3% of pregnant women were satisfied with antenatal care services (33). 79.2% of study participants said they were satisfied with the ANC service in a 2017 survey conducted at Hawassa public health centers (7).

About 60.4% of survey respondents said they were satisfied with the prenatal treatment they received, per a cross-sectional study on pregnant women's satisfaction with prenatal care services in Jimma Town (34). A cross-sectional survey conducted in the Tigray region in 2019 found that 83.9% of pregnant mothers were satisfied with the prenatal care they received (35).

About 74% of mothers were satisfied with the prenatal care services offered by the town's public health facilities, per a 2020 cross-sectional study conducted in Hossana, Ethiopia (36). Another cross-sectional research conducted in 2021 at Debre Tabor's public health facilities found that 53.8% of pregnant mothers were satisfied with prenatal care services (37).

### **2.3 Factors associated with satisfaction with antenatal care services**

Client satisfaction with prenatal care services is associated with several attributes that can be divided into three groups: client-related, health-care provider-related, and health facility-related (38). Some studies have found a substantial correlation between age and satisfaction with prenatal care services. A cross-sectional study conducted in Debre Tabor found that study participants aged 25 to 29 were six times more likely to be satisfied than those aged 35 and above (37).

Women with only an elementary education and those without any formal education were 2.53 and 2.17 times more likely to be satisfied with ANC services, respectively, than women with secondary education or higher, according to a Harari study (33). A cross-sectional study conducted in Hosanna found that those who were illiterate were four times more likely to be satisfied than those who were in primary school and above (36).

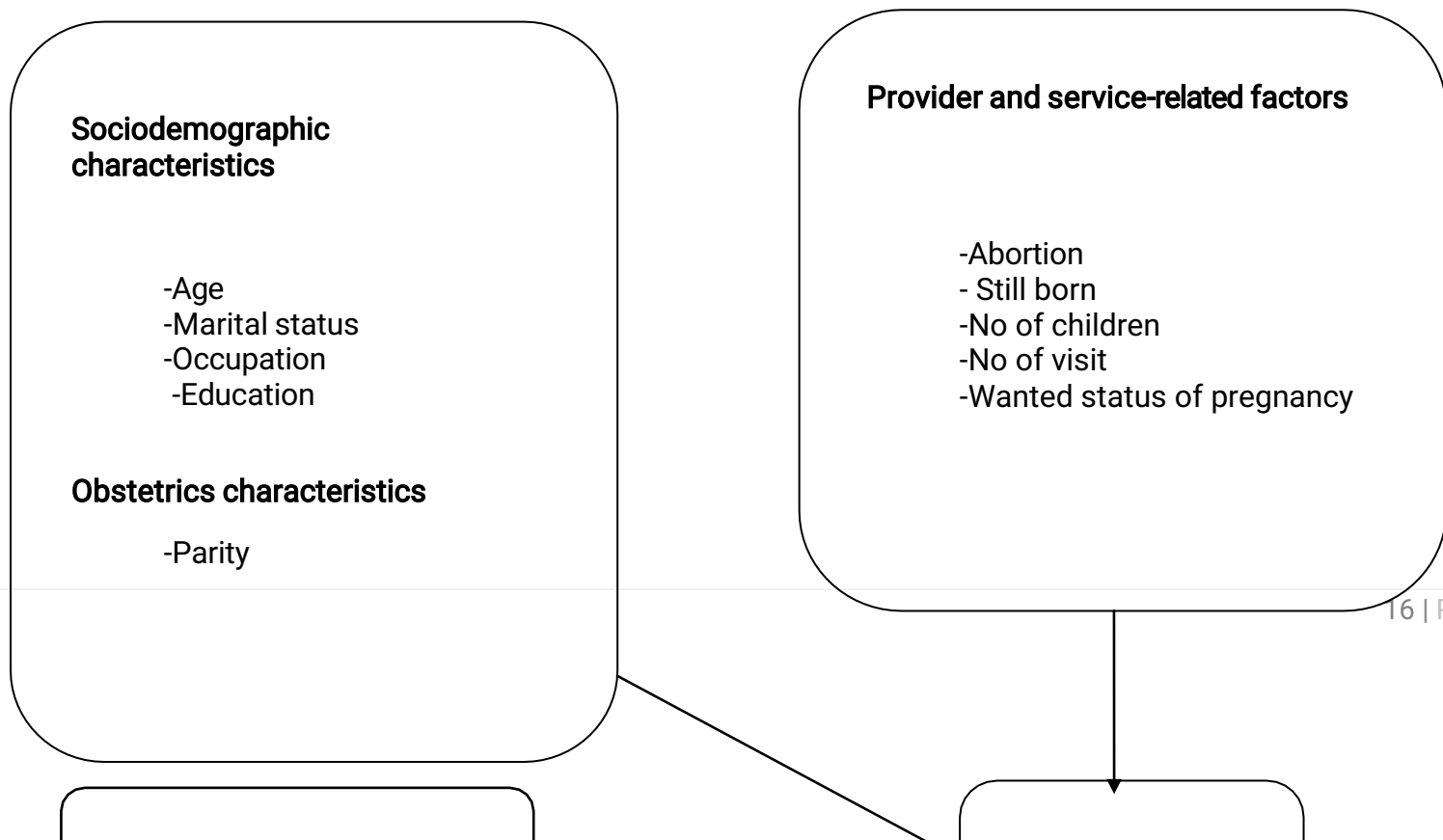
A research in Jimma found that pregnant women who had a planned pregnancy were five times more likely to be satisfied than those who did not (34). A cross-sectional study conducted in Hawassa found

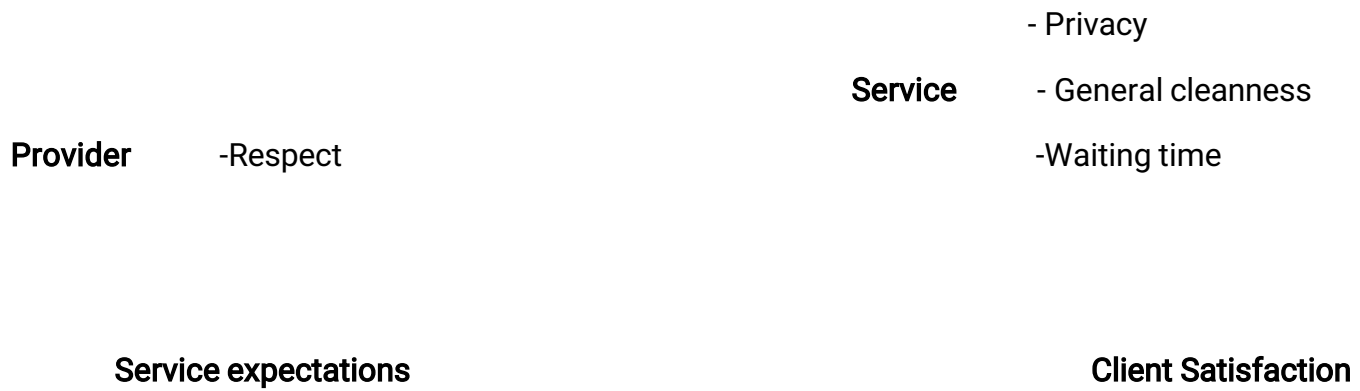
that pregnant women who waited for their healthcare providers for 30 minutes or less were 2.6 times more likely to be satisfied than those who did not (7). Pregnant women who waited less than half an hour to obtain care at the health facility were 2.31 times more likely to be satisfied with ANC than those who waited longer, per a Harari study (33).

The involvement and commitment of the healthcare professional is the other element (39). In a Guji Zone study, the service providers were the main determinants of overall satisfaction with targeted prenatal care services (21). The distance between the home and the medical facility is significantly correlated with satisfaction (39). In the cross-sectional study of Hosanna Pregnant women who traveled less than 30 minutes were twice as likely to be satisfied as those who traveled more than 30 minutes to visit facilities (36).

A cross-sectional study conducted in Harari found that pregnant women without a history of stillbirth were 2.52 times more likely to be satisfied with ANC services than their counterparts (33).

## 2.4 Conceptual frame work





**Figure 1:** Conceptual frame work to asses pregnant women satisfaction about ANC service in Ababa ,Ethiopia ,20205 GC (36,38).

## 3. OBJECTIVE

### 3.1 General Objective

- To assess the level of satisfaction with antenatal care services and its associated factors among pregnant mothers at three hospitals, Addis Ababa in 2025 G.C

### 3.2 Specific Objectives

- To determine the level of satisfaction with antenatal care at three teaching hospitals, Addis Ababa, in 2025 G.C .
- To identify the factors associated with satisfaction with ante natal care services at three teaching hospitals, Addis Ababa, in 2025 G.C .

## **4. METHODOLOGY**

### **4.1 Study area and study period**

#### **4.1.1 Study area**

The study area is three Hospitals in Addis Ababa which is capital of Ethiopia. The city is located 2,355 meters above sea level and occupies 527 kilometers. An estimated 5,461,000 people will live in Addis Ababa in 2023 (42,43). The city is home to over 25 private hospitals and over 12 governmental hospitals. Out of the twelve public hospitals, Tikur Anbessa Hospital, Zewditu memorial Hospital, and Gandhi Memorial Hospital are the top teaching hospitals. They were chosen because Tikur Anbessa hospital is part of Addis Ababa university and the others two hospitals are affiliated with Addis Ababa University, have a high number of deliveries each year, and provide prenatal, intrapartum, and postpartum care.

#### **4.1.2: Study period**

The study period from January 1 to March 30 2025 GC in three teaching Hospitals.

### **4.2 Study Design**

Cross sectional study design was conducted

### **4.3 Source population and Sample population**

#### **4.3.1: Source population**

All women who were utilizing ANC, Delivery and post natal service in three hospitals during data collection time.

#### **4.3.2: Study population**

All women utilizing ANC service in three teaching hospital during data collection time.

### **4.4 Inclusion Criteria**

Women's Whose age were above 18 years who are utilizing ANC service in three teaching Hospitals.

### **4.5 Exclusion Criteria**

- Women's who were unable to communicate at time of data collection

### **4.6: Sample size determination**

The required sample size was determined using the proportion of over all satisfaction 74.1 %

which was taken from institutional based cross sectional study done in Hossana on ANC satisfaction in 2018 (36).

The level of significance ( $\alpha$ ) equals to 0.05 and margin of error 5%.

$$N = \frac{(Z \alpha/2)^2 \times pq}{d^2}$$

Where

n= the desirable sample size

Z ( $\alpha/2$ ) =95% level of significance (1.96)

p= proportion of satisfaction

d= acceptable margin of error

p=0.74

d=0.05

$$n = \frac{(1.96)^2 \times (0.74) \times (0.26)}{(0.05)^2} = 295$$

Then 10% Non-respondent rate total sample size used is 325.

#### **4.7: Sampling procedure**

An estimated 2150 mothers visited the prenatal clinics at three hospitals during the study period. 917 (42.4%) at Gandhi Memorial Hospital, 721 (33.5%) at Zewditu Memorial Hospital, and 512 (24.1%) at Tikur Anbessa Hospital. The ANC attendants at each hospital were then given a proportionate share of the calculated sample. A systematic random sample process was utilized to recruit individual participants, and the lottery method was used to select the first patient in each hospital at a k interval.

#### **4.8 Data collection instrument and technique**

Data was collected by in-person interviews using a pre-tested, standardized data collection questionnaire. The validated WHO Maternal Satisfaction on Health Care Part IV questionnaire, which focuses on ANC service satisfaction, served as the model for the twelve items on a five-point Likert scale (40). The Amharic translation, obstetrics, and sociodemographics sections of the questionnaire were taken from similar literature. (24, 36, 37, 38).

Three general practitioners received training on how to collect data. The investigator gave data

collectors a half-day training to acquaint them with the data collection tool, interviewing style, eligible study subjects, sampling methodology, and ethical considerations. The data collector collected the data after obtaining the informed and verbal consent of the study participants.

## 4.8 Study variables

### 4.8.1 Dependent variable

- Satisfaction of pregnant women on Ante natal care

### 4.8.2 Independent variable

- **Socio demographic factors** - Age ,occupation, monthly hose hold income and maternal educational status
- **Obstetric factors** – Number of pregnancy ,number of ANC visits and intiation of ANC ,abortion history.
- **Organizational Factors** - Availability of equipment, waiting area, clean latrine, and water
- **Service provision related factors** - Evaluation, and service given to the women.

## 4.9 Operational definition

- **Client satisfaction on antenatal care:** The extent to which expectation of Clients to meet their need on ANC in relation to provider related factors and facility related factors **(36,38)**.
- **Level of ANC satisfaction:** The level of client satisfaction was measured by using Likert's scale. All 12 questions was scored from 1 to 5 and individual score summed up and cut of point will be calculated using the demarcation threshold formula:  $\{(total\ highest\ score - total\ lowest\ score) / 2\} + Total\ lowest\ score$  **(36,38)**.
- **Satisfied:** The respondent securing sabove cut point considered as satisfied **(38)**.
- **Dissatisfied:** The respondent a below cut point considered as dissatisfied **(38)**

#### **4.10 Data Quality Control:**

Before starting the data collection, data collecting format was cross matched with available information on records and the study questions rearranged. Completeness of the data cross checked daily and incomplete questioner was reassessed.

#### **4.11 .Data Analysis and Interpretation**

The data was processed and analyzed with SPSS 26.0 statistical software. Associations between the independent and dependent variables will be tested using Odds Ratio and 95 % Confidence Interval will be used to measure the strength of the association between the independent and dependent variables

#### **4.12. Data Dissemination plan.**

The result of the study presented to Addis Ababa University Department of Obstetrics and Gynecology .The final paper given to Obstetrics and Gynecology Department Research and Publication Committee.

#### **4.13. Ethical consideration:**

Ethical clearance was obtained from Department Research Publication Commute (DRPC) of the obstetrics and gynecology department. Then, the ethical clearance and support letter given to the selected hospitals permission obtained.

All mothers informed about the purpose, benefits, and risks of the study being the and the right to refuse at any stage of the interview using the information sheet (ANNEX I). We got verbal consent (ANNEX II) from all mothers before starting any component of data collection.

## 5. RESULTS

### 5.1. Socio-demographic characteristics

The study included 325 women in all, with a 100% response rate. About 45.8% of them were in the 26–30 age range. Among the respondents, 188 (57.8%) were orthodox Christians, 290 (89.2%) were married, 115 (35.4%) had completed elementary school, 163 (50.2%) were housewives, and 175 (53.2%) had monthly incomes between 5000 and 10,000 ETB.

Table 1. Socio-demographic characteristics among pregnant women attending ANC service at three teaching hospitals of, Addis Ababa, Ethiopia (n =325).

Variables	Category	Frequency (%)	
		N	%
Age (years)	≤25	64	19.7
	26-30	149	45.8
	31-35	74	22.8
	>35	38	11.7
Marital status	Married	290	89.2
	Single	20	6.2
	Divorced	12	3.7
	Widow	3	.9
Religion	Orthodox Christian	188	57.8
	Muslim	89	27.4
	Protestant	48	14.8
Education Status	Illiterate	40	12.3
	Primary school	115	35.4
	Secondary school	88	27.1

	Tertiary	82	25.2
Occupation	Housewife	163	50.2
	Private Employee	95	29.2
	Govt employee	51	15.7
	Merchant	16	4.9
Monthly income (ETB)	<5000	64	19.7
	5000-10000	175	53.8
	>10000	86	26.5

## 5.2. Obstetric Characteristics

Of the respondents, 151 (22.8%) had one child, 179 (55.1%) had two to five children, and none had any children. During this pregnancy, 252 (77.5%) had two or more ANC visits. Ninety-one (97.0%) of the mothers gave birth in an institution. 88.3%, or 287 people, desired the current pregnancy. One hundred ninety-nine (61.2%) of the participants had never had an abortion..

**Table 2.** Obstetric history of study participants in three teaching hospitals, Addis Ababa, Ethiopia, 2025 (N = 325).

Variables	Category	Frequency (%)	
		N	%
Parity	≤1	74	22.8
	2-5	179	55.1
	>5	72	22.1
Wanted status of	Wanted	287	88.3

pregnancy	Not wanted	38	11.7
Having history of abortion	Yes	126	38.8
	No	199	61.2
Number of current ANC visit	1 <sup>st</sup> visit	73	22.5
	≥ 2 <sup>nd</sup> visits	252	77.5

## 5.2. Satisfaction of pregnant women with Antenatal care services

High proportions of pregnant women were satisfied in some areas of antenatal care services. From the total study participants, 283(87.1), 292(89.8), 314(96.6), 304(93.5), 266(81.8), 290(89.2), 309(95.1), and 308(94.8) were satisfied with the welcoming environment of the hospitals, provider easy to understood, the cost incurred for the service was fair, privacy during consultation was maintained, You feel that today received full information about ANC, You want to continue the rest of ANC visit to these health facilities, You recommend antenatal care for others, Are you happy to all service, respectively.

The overall satisfaction of pregnant women is calculated by using demarcation formula. According to the finding, from the total study participants, (54.6%) were categorized as satisfied toward antenatal care services.

**Table 3. Satisfaction of pregnant women towards ANC service at three teaching hospitals of, Addis Ababa, Ethiopia (n =325).**

Scale: 5= strongly agree 4= agree 3= uncertain 2= disagreed 1= strongly disagreed

		Response of Women satisfaction level	
No	Variables	Satisfied N (%)	Not satisfied N (%)
1	The provider greeting was good in a friendly way	283(87.1)	42(12.9)
2	Waiting time was fair	166(51.1)	159(48.9)
3	The waiting area is adequate and with seat	245(75.4)	80(24.6)
4	The provider was easy to understood	292(89.8)	33(10.2)
5	The cost incurred for the service was fair	314(96.6)	11(3.4)
6	Privacy during consultation was maintained	304(93.5)	21(6.5)
7	The procedure was cleanliness and sanitation	231(71.1)	94(28.9)
8	The antenatal clinic has a clean latrine and adequate water supply	183(56.3)	142(43.7)
9	You feel that today received full information about ANC	266(81.8)	59(18.2)
10	You want to continue the rest of ANC visit to these health facilities	290(89.2)	35(10.8)
11	You recommend antenatal care for others	309(95.1)	16(4.9)
12	Are you happy to all service	308(94.8)	17(5.2)

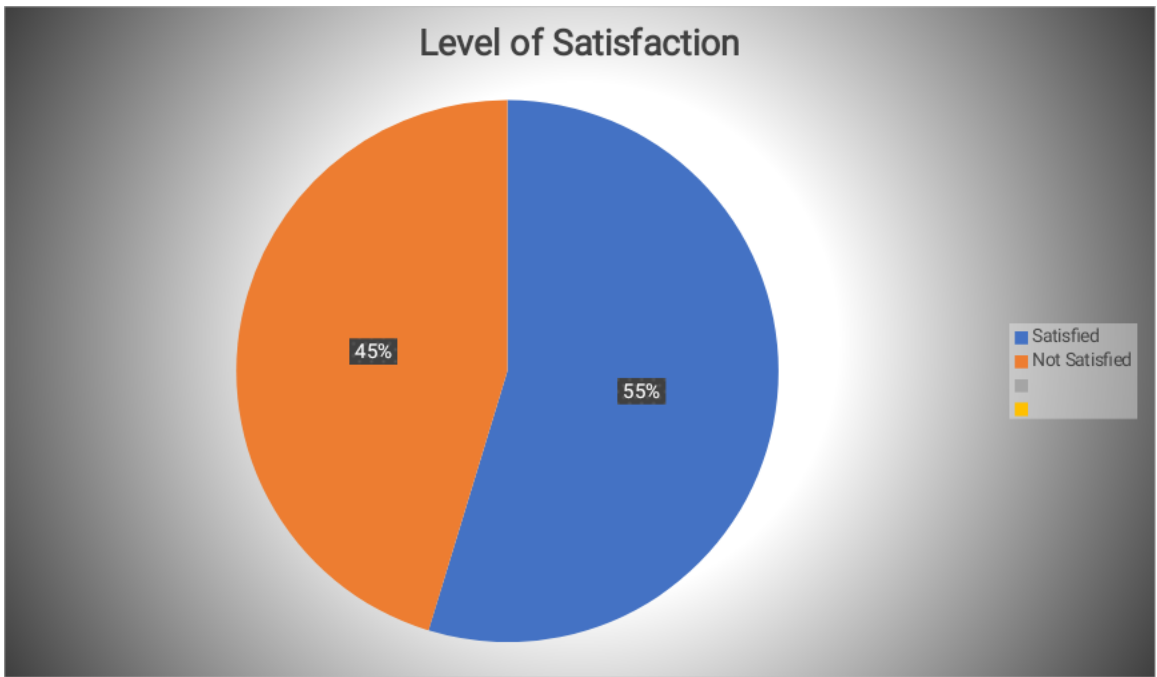


Figure 2: Level of Satisfaction on Antenatal Care service among pregnant women in 3 teaching hospitals of Addis Ababa, Ethiopia (n = 325)

## 5.6. Factors Associated with Satisfaction of pregnant women with ANC service

In a bivariate logistic regression analysis, maternal age, educational attainment, occupation, income parity, history of abortion, and number of antenatal care visits were found to be significant determinants of antenatal care service satisfaction, with a P value  $\leq 0.2$ .

Abortion history, monthly income, and the number of prenatal care visits were all strongly correlated with ANC service satisfaction in multivariate logistic regression (P-value  $< 0.05$ ). Compared to respondents who had several ANC visits, study participants who had their first ANC visit were 3.5 times more likely to be satisfied with ANC services during a recent pregnancy (AOR=3.547, 95% CI [1.494-8.422]). Compared to respondents without an abortion history, pregnant women with an abortion history were 70% less likely to be happy with ANC services (AOR=.281, 95% CI (.156-.505)). Compared to study participants who earn less money, individuals who earn more during pregnancy were 2.6 times more likely to be satisfied with antenatal care services (AOR= 2.57, 95% CI [1.354-4.878]).

Table 4: Satisfaction of ANC service and associated factors among pregnant women attending ANC clinic in three hospitals in Addis Ababa, Ethiopia.

Variables	Women satisfaction		COR[95%CI]	AOR[95%CI]	P-value
	Satisfied N (%)	Unsatisfied N (%)			
<b>Age ( year )</b>					
18-25	6(3%)	18(9.2%)	1.403(.610-3.231)	.838(.311-2.261)	.727
26-30	57(29.1%)	86(43.9%)	3.194(1.512-6.746) *	1.658(.689-3.992)	.259
31-35	68(34.7%)	56(28.6%)	2.821(1.248-6.373) *	2.63(.891-6.267)	.084
>35	65(33.2%)	36(18.3%)	1	1	
<b>Religion</b>					
Orthodox	19(9.7%)	2(1%)	.828(.431-1.589)	.859(.378-1.951)	.716

Muslim			.447(.218-.918) *	.447(.182-1.102)	.080
Protestant	177(90.3)	194(99%)	1	1	
<b>Education</b>					
Illiterate	86(43.9%)	26(13.3%)	.389(.174-.868) *	.365(.124-1.073)	.067
Primary			1.637(.919-2.916)	.911(.370-2.242)	.840
Secondary			1.088(.595-1.990)	.598(.277-1.288)	.189
Tertiary	110(56.1%)	170(86.7%)	1	1	
<b>Occupation</b>					
Housewife	188(95.9%)	150(76.5%)	3.152(1.047-9.491)	2.491(.603-10.290)	.207
Private employ		)	*		
Govt employ			3.025(.974-9.391)	1.500(.377-5.957)	.565
Merchant			1.540(.466-5.088)	.765(.185-3.158)	.711
	8(4.1%)	46(23.5%)	1	1	
<b>Monthly income</b>					
<5000	190(96.9%)	65(33.2%)	1.815(.943-3.194)	2.338(.981-5.573)	.055
5000-10000			1.895(1.124-3.492)	2.570(1.354-4.878) **	.004
>10000			*		
	6(3.1%)	131(66.8%)	1	1	
		)			
<b>Parity</b>					
First	113(57.7%)	40(20,4%)	3.571(1.785-7.144)	1.695(.630-4.558)	.296
Two to five			*		

Greater than five			1.399(.805-2.426)	1.248(.642-2.425)	.514
	83(42.3%)	156(79.6%) )	1	1	
Abortion					
Yes	150(76.5%)	58(29.6%)	.334(.210-.530) *	.281(.156-.505) **	.000
No	46(23.5%)	138(70.4%) )	1	1	
Number of ANC visit					
1 <sup>st</sup> visit			3.919(2.135-7.191) *	3.547(1.494-8.422) **	.004
≥ 2 visits			1	1	

## 6. DISCUSSION

The study was conducted to assess the level of satisfaction with antenatal care services and associated factors among pregnant women of attending ANC follow up clinic at three teaching hospitals of Addis Ababa, Ethiopia. The finding of the study level of satisfaction with antenatal care services among pregnant women was 54.6%.

This result of this study is in line with research done in Addis Ababa, Ethiopia (57.6%) (38), Debre Tabor (53.8%) (37), and Oman (59%) (43). This finding, however, is more than that of research carried out in Sidama, South Ethiopia (33%) [23], Pakistan (46%) [44], and Myanmar (48%) [28]. On the other

hand, research in Jimma, Ethiopia (60.4%) [35], Arba Minch, Ethiopia (68%) [20], Hawassa, Ethiopia (79.3%) [7], Gujji, Ethiopia (67%) [21], Harare, Ethiopia (70.3%) [33], Nigeria (67%) [8], and Uganda (74.3%) [30] has reported higher results. Differences in the sociodemographic status of study participants, sample size and study time, and cultural standards can all account for the variety seen.

According to the study's findings, participant satisfaction with ANC services was substantially correlated with their first ANC visit. Compared to those who had several visits, pregnant women who had their first prenatal care visit were around 3.5 times more likely to be satisfied with ANC services (AOR=3.547, 95% CI [1.494-8.422]). This study's findings are in line with data from more recent research. Pregnant women who received just one ANC visit were 3.61 times more likely to be satisfied than those who received two or more visits, according to a study conducted in Northwest Ethiopia [45][46]. This might be the case due to the fact that the initial ANC visit is essential for setting up care, fulfilling high standards, and getting thorough information, all of which might boost satisfaction.

Compared to women without a history of abortion, pregnant women with an abortion history were substantially less likely to be happy with antenatal care (ANC) services. With an adjusted odds ratio (AOR) of 0.281 (95% CI: 0.156–0.505), the study's results specifically showed that ANC satisfaction was strongly negatively correlated with abortion history, with almost 70% less likely to be happy. According to the study's findings, pregnant women who had previously had an abortion were 19% less likely to be satisfied with ANC services (AOR = 0.19, 95% CI: 0.07–0.49) [47]. Higher expectations or emotional reasons associated with a previous pregnancy loss may be the cause of this reduced satisfaction, which may impact their assessment of the quality of care [33].

The study's results showed that individuals were 2.6 times more likely to be happy with antenatal care services if they earned more money throughout their pregnancy (AOR= 2.57, 95% CI [1.354-4.878]). corresponds with results from comparable studies that indicate improved satisfaction or use of prenatal care services is correlated with affluence or income status. Women in the richest quintile, for instance, were around 2.57 times more likely to attend prenatal care visits as advised, suggesting greater involvement and probably greater satisfaction with services [48].

## 7. Strength and Limitation of the study

### 7.1 Strength of the study

- Face-to-face interview-administered questionnaires were used to avoid misunderstanding of the questions’.
- The response rate was 100%.

### 7.2 Limitations of the Study

- This study was conducted in selected government hospitals; hence the findings might not adequately reflect the entire population.
- Pregnant women who follow ANC in a particular period, time and this study cannot establish cause and effect relationships.

## 8. Conclusion and Recommendation

### 8.1 Conclusion

According to the research findings, the study participants' overall satisfaction with the ANC service was 54.6%, which is below the WHO norm of 80–90% (5).

Abortion history, monthly income, and the number of prenatal care visits were all characteristics that were substantially correlated with the participants' degree of satisfaction with the ANC service.ss

### 8.2 Recommendation

For Hospitals

- From this study about nearly half of mothers are not satisfied by waiting time for ANC service the three hospital should increase the number of OPD’S and ANC service provider.
- About forty three percent of mothers are not satisfied with antenatal clinic has a clean latrine and adequate water supply, though these hospitals should work on cleanness of latrine and availability of water supply

For Health professionals

- From this Study participants who had first ANC visit were 3.5 times more likely to be satisfied compared to repeated visit on ANC service so consistent care should be given in all visits by care provider.

For researchers

- Similar studies should be undertaken in different parts of the country to see the trends, level of satisfaction and associated factors of ANC service to improve Client satisfaction on service

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## Annexes

### Annex 1: Information sheet for the participants

Greeting Hello, My name is \_\_\_\_\_. I am one of the data collectors for Dr. Bush Kumbi's research, which he is doing at Addis Ababa University to partially fulfill the requirements for a specialty certificate in obstetrics and gynecology. The data you will supply is crucial for determining the degree of antenatal care satisfaction and related factors among expectant mothers.

**Procedure:** In order to assess level Ante natal care satisfaction and associated factors among pregnant mothers to we invite you to take part in this research project. You are completely free to decline to take part in this study (you can decide not to answer any or all of the questions), and your usage of this hospital's medical services will not be impacted.

**Discomfort:** Participating in this research project, you may feel that it has some discomfort specially it takes your time (about 40 minutes). There is minimal risk in participating in this research project.

**Benefits:** If you participate in this research project, you may not get direct benefit but your participation is likely to help us in assessing level Ante natal care satisfaction and associated factors among pregnant mothers. The result of the study will be an input for ANC provider and

policy maker to have better ANC service for pregnant mothers in the future.

**Confidentiality:** During data Collection, your name will not be included so that information obtained will be kept confidential. Information about you that will be collected from the study will be stored in a file, with a code number assigned to it. It will not be revealed to anyone except the principal investigator .The information will be used only for this study purpose.

**Persons to contact:** To principal Investigator you have any question you can ask and contact at any time you want.

**Dr Bush Kumbi:** phone number: +251910952861

## ANNEX 2: Consent Form

### Consent Form

I understood that the objective of this research project is to assess the level of satisfaction on Antenatal care and Its associated factors in three teaching hospital, A.A, Ethiopia, that is undertaken by obstetrics and gynecology Resident, Addis Ababa University College of Health Sciences .

My involvement in this research is entirely voluntrly. Even not taking part doesn't affect the services I receive, and answering the questions doesn't give me any special advantages. I've been told that the interview could take up to forty minutes to finish. I've been told that there are no consequences if I decide to revoke my consent at any moment. I've received all the necessary information in a language I can understand. I'm open to taking part in the interview. I confirm that I have read and understood this consent form and agree to participate in this research study with Verbal Consent.

Interviewer name \_\_\_\_\_signature \_\_\_\_\_Date

**Thank you for your cooperation**

### ANEX 3; English Version Questioner

#### I. Socio demographic characteristics

Instruction: please based on women's respond please ( ✓ ) tick

N	Sociodemographic characteristics	
	Health facility	Code No
1	Age (years)	_____
2	Marital status	A.Married B. Single C.Divorced D.widow
3	Religion	A.Orthodox B. Muslim C.Protestant D. Others,
4	Educational status	Alliterate B.Primary C. secondary D.tertiary
5	Occupation	A.Housewife B.Private Employee C.Govt employee D.Student E.Merchant F.Others

#### Part II Obstetrics characteristics

S.Nº	Obstetrics characteristics	
1.	Parity	A. One B. Two to five C. More than five
2.	Wanted status of pregnancy	a) Wanted b)Unwanted
3.	Abortion	a) Yes b) No
5.	No of children	_____
6	No of visit	A.First visit B.Second or more



**Part III: Levels of Satisfaction;** WHO Maternal satisfaction on health care Part IV questionnaire specifically on ANC service which contains twelve items of questions with five-point Likert Scale **(40)**.

**Scale: 5= strongly agree 4= agree 3= uncertain 2= disagreed 1= strongly disagreed**

Section 1. provider related factors		satisfaction level				
No	Items	S A	A	UN	D A	SD A
1	The provider greeting was good in a friendly way					
2	Waiting time was fair					
3	The waiting area is adequate and with seat					
4	The provider was easy to understood					
5	The cost incurred for the service was fair					
6	Privacy during consultation was maintained					

7	The procedure was cleanliness and sanitation					
8	The antenatal clinic has a clean latrine and adequate water supply					
9	You feel that today received full information about ANC					
10	You want to continue the rest of ANC visit to these health facilities					
11	You recommend antenatal care for others					
12	Are you happy to all service					

## Annex II Questionnaire Amharic version

ሰንጠረዥ 1:-ለቅድመ ወሊድ ክትትል የሚመጡ እናቶች ስነ-ምህንድስናዎቹ ሳህሪ።

ተ.ቁ	ስነ-ምህንድስናዎቹ ሳህሪ	ምርጫ
	የጠና ድርጅቱ መለያ ቁጥር	_____
1	እድሜ በዓመት	_____
2.	የጋብቻ ሁኔታ	1. ያገባች 2. ያላገባች 3. አግብታ የፈታች 4. ባል የሞተናት
3.	ሃይማኖት	1. ኦሪቶዶክስ 3. ፐርቴስታንት 2. ሙስሊም 4. ሌላ ካለ ይገለጹ
5.	የትምህርት ሁኔታ	1. መደበኛ ት/ት ያልተማረች 2. አንደኛ ደረጃ 3. ሁለተኛ ደረጃ 4. የኮሌጅ ት/ት
6.	የስራ ሁኔታ	1. የቤት እመቤት 2. የግል ስራተኛ 3. የመንግሥት ስራተኛ 4. ተማሪ 5. አረሶ አደ 6. ነጋዴ 7. ሌላ ካለ ይገለጹ

ሰንጠረዥ 2:- የእርግዥና እና ወሊድ ሁኔታ።

ተ.ቁ	የእርግዥና እና ወሊድ ሁኔታ	ምርጫ
.		
1.	የወሊድ ብዛት	1. አንድ 2. ከሁለት-አምስት 3. ከአምስት በላይ
2.	የታቀደ እርግዥና ነጻ	1. አዎ 2. አይደለም
3.	የልጆች ብዛት	_____
4.	ሰነተኛ ምርመራዎች ነጻ	1. አንደኛ 2. ከአንደኛ በላይ
5.	ወርጃ	1. አለ 2. የለም
6.	ሞቶ የተወለደ ልጅ	1. አለ 2. የለም

ሰንጠረዥ 3:- በ ጤና ደርጅቶች ለቅድመ ወሊድ ክትትል የሚመጡ እናቶች በአገልግሎቱ ላይ ያላቸውን የእርካታ መጠን ከተዛማጅ መንስኤዎቻቸው ጋር ያለውን ሁኔታ ለማወቅ የተዘጋጀ መጠይቅ ።

ተ.ቁ	መጠይቆች	በአ	አ	አአ	አ	በአ ል
1.	ከጤና ባለሙያዎች ጋር ፈገግታን መለዋወጥ ቀላል ነበር					
2.	አገልግሎቱን ለማግኘት የጠበቁት ሰዓት					
3	መቆያ ቦታው በቂ መቀመጫዎች አሉት					
4.	በቅድመ ወሊድ ክትትል ወቅት ሰለሚሰጠዎት አገልግሎት በተደረገሎት ገለጻ ተደሰተዋል					
5.	ሰለአገልግሎቱ ክፍያ					
6	በቅድመ ወሊድ ክትትል ክፍለ ጊዜ ግላዊ ክብርዎ ተጠብቆ ወሎታል					
7	በመቆያ ቦታው ፅዳት እረክተዋል					
8	የጤና ድርጅቱ ንፁህ ነው					
9	በቅድመ ወሊድ ክትትል ወቅት ሰለሚሰጠዎት አገልግሎት በተደረገሎት ገለጻ ተደሰተዋል					
10	ክትትሎን እዚህ ነው ሚቀሉት					
11	ልሎች እናቶች እዚህ እንዲከታተሉ መክራሉ					
12.	በአጠቃላይ በበቅድመ ወሊድ ክትትል ቆይታዎ ተደሰተዋል					

