

Full Length Research Paper

Level of client's satisfaction on the antenatal care services at Winneba Hospital in the Central Region of Ghana

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Abstract

Coverage of antenatal care (ANC) in Ghana is a success story but the challenge is the level of client satisfaction. The purpose of the study was to assess the level of client's satisfaction on ANC service at Winneba Municipal Hospital in the Central Region of Ghana. The study was a cross-sectional survey that employed quantitative approach. Questionnaire was used to collect the data from 200 pregnant women attending ANC clinic. Systematic sampling technique was used. Descriptive and Chi-square statistics were done to analyze the data. About 89% of the clients were satisfied with the ANC service they received. Majority of the respondents indicated that some of the staff have good attitude (87%), and the environment was clean (86%). There was significant association between age ($X^2 = 8.038$; $p = 0.018$), parity ($X^2 = 10.901$; $p = 0.012$), and gravidity ($X^2 = 13.147$; $p = 0.001$) and the level of client satisfaction with ANC service provision. It was concluded that client's satisfaction was high, and attitude of staff was good. Factors that influence client's satisfaction were age, parity and gravida. In-service training should be done for all the staff to provide satisfying care to all clients.

Keywords: Antenatal care, client, Winneba, maternal health, privacy, satisfaction, staff attitude.

INTRODUCTION

Antenatal care (ANC) is a maternal health service provided by skilled birth attendants to pregnant women to improve their health and that of the fetus successful delivery to achieve a live mother and baby [1]. ANC is a measure to reduce the risk of stillbirths and pregnancy complications and to give women a positive pregnancy experience. By focusing on a positive pregnancy experience, it will also lead to an effective transition to positive labour and childbirth and to a positive experience of motherhood [1]. Client's satisfaction is the degree to which the clients are happy about the services provided to them and the service meet their expectation [2; 3]. Clients who are satisfied with the quality of antenatal care received are willing to recommend the facility to others, return for follow ups and take

medications [4; 5]. The core values of the Ghana health service patients charter are for service providers to ensure satisfying care by providing client-centered care to meet their expectations, demonstrate compassion, dignified care for all clients, educate and empower clients to be effective partners [6]. To improve pregnant women satisfaction with ANC, the care must be effective and accessible to them. Birth outcomes such as neonatal deaths and still birth are measures for pregnant women satisfaction with the care they received during pregnancy at health facilities [7]. At Lungwena Health Centre in Mangochi in the rural Malawi, the women mentioned that they wait for long hours before they were attended to at the clinic, lack of drugs was a problem, and staffs were rude at the clinic [8]. In a study

conducted in developing countries, the women complain that during physical examination someone not participating in their health care service was present [9]. Again providers do not give them information about their care and cleanliness of the facility was bad. Patients ranked receiving medicine as second most important and privacy as the third. Clients' satisfaction was high concerning cost of care, continuity, waiting time, but they mentioned that there were inadequate amenities. Privacy and waiting time at the clinic were other concerns raised by the respondents [9]. Another study conducted at Tanzania showed that the services rendered to pregnant women at ANC meet the needs of most of the clients, and they fully counsel the women about the benefits of antenatal care. The staff mentioned that effective treatment of diseases such as syphilis, anemia and malaria were the things that motivated the clients to continue attending ANC [9]. The providers stated that barriers to quality ANC were occasional shortage of drug and vaccine, language barriers, poor communication with the district health headquarters, and long distance for some of the client to access the clinic [10]. The coverage of ANC in Ghana is a success story. Ninety-seven percent of women in Ghana receive ANC from a skilled provider [11]. This percentage has increased steadily from 82% in 1988 to 97% in 2014 [11]. A large proportion of pregnant women in Ghana (87%) had four or more ANC visits for the most recent live birth, an increase from 78% in 2008 [11]. The challenge is the complaints of clients about how dissatisfied they are concerning the care they receive at the ANC facilities. This is why the study assessed the level of client's satisfaction on ANC provided and the factors that affect their level of satisfaction at the Winneba Municipal Hospital. The findings will influence policy making in maternal care to reduce maternal mortality at Winneba Municipality and Ghana at large. This will also contribute to the existing knowledge about client satisfaction concerning ANC in Ghana.

METHODS

Study design: Descriptive cross-sectional design was used through quantitative paradigm was used to describe the observed variables.

Study setting: The study was done at Winneba Municipal hospital which is in the Central region of Ghana. It shares boundaries with Agona Swedru at the north, Awutu Senya at the east, Apam at the west and the sea at the south. It has a population of 54,428: 25,581 males and 28,847 females. The hospital is located at the middle part of Winneba, within the east sub-district. Winneba is the capital of the municipality. The main occupation of the people in Winneba are fishing and trading.

Study Population: The study population was pregnant women who attended ANC clinic at the hospital between the ages of 15-49 years.

Sampling Procedure: Sample size estimation was done from the target population. The formula for estimating the sample size is $n = Z^2 pq / d^2$.

Assumptions: We assume 95% confidence level, and 5% margin of error.

Client satisfaction rate was assumed to be 90% based on a similar study conducted in developing countries.

Proportion ($p=90\%$ and $q = 10\%$). The p is the estimated client satisfaction rate and q is the dissatisfaction rate. $3.84(.9(0.1))/0.0025=138$.

An adjustment of 10% was made for non-response rate. This yielded a sample size of 153, but 200 clients were sampled for the study which was sufficient to determine the actual satisfaction level of the client about the ANC service they receive. Two hundred pregnant women were sampled for the study because the larger the sample size the more reflection the findings are to the larger population. Larger sample size also means less chance of errors and also increase the power of the study [12]. Linear Systematic sampling was used to select the respondents from the pregnant women at each clinic day. The data was collected within 10 working days. At each clinic day the first client was selected followed by every 4th client to answer the questionnaire till the required number was obtained. The sample size was divided by 10 days, and approximately 20 clients responded to the questionnaire each clinic day till the required number was obtained.

Data collection instrument: Structured questionnaires were used to collect the data. The questionnaires contained open-ended and close-ended items requesting for the ticking of Yes or No, making of choices among a number of possible alternatives and fill in items.

Ethical clearance: Approval for the study was sought from Ministry of Health/ Ghana Health Service (MOH/GHS) Ethical Review Committee and the University of Ghana ethics review board. Initial consultations were done with the Municipal director of health services, management at the hospital and in charge of the antenatal clinic and letter followed up to confirm the study. A letter was collected from the department of population, family and reproductive health at School of Public Health University of Ghana, to obtain permission from the Winneba municipal director of health services, hospital medical superintendent, administrator, midwife in charge of the antenatal clinic and the nurse manager of the hospital. Written and verbal consent were sought from the respondents and the midwives and good rapport was established to gain their cooperation. Respondents were also assured of confidentiality.

Data processing and analysis: Descriptive statistics and chi-square analysis were done. Percentages were calculated from the frequencies of responses for the items and put into bar and pie charts and tabular forms. The outcome variable was client's satisfaction with ANC services (satisfied, dissatisfied). Adjustment was done for age, parity, education background, marital status, religion, gravida and occupation.

RESULTS

About 89% of the respondents mentioned that they were satisfied about the care they received (Figure 1). During client's previous pregnancy about 75% stated that they attended ANC at Winneba government hospital. Concerning the waiting time at the clinic, 48% of the respondents mentioned that they waited for 2-3 hours (Table 1). Sixty eight percent of the respondents indicated that they were delayed because of congestion at the clinic (Table 1). Concerning staff attitude, 87% of the respondents indicated that some of the staff have good attitude. There were varied responses about the nature of privacy at the clinic during consultation (Table 1). Over 64% of the women mentioned that privacy was ensured during consultation (Table 1). Those who said privacy was provided explained that consultation was done in a separate room and sheet was used to cover them and screen provided during physical examination. Those who also mentioned that privacy was not ensured explained that there were two or more staffs in the consulting room, no screen was provided and clients were asked to pull their dresses upwards during physical examination. Regarding environmental cleanliness, 85% of the respondents stated that the environment was clean, but there were inadequate chairs and benches, and the sun disturbs them always (Table 1). Over 39% of clients mentioned that they do not need the same care giver to attend to them always and explained that they are not sure they will meet that person always at the clinic and believe that the hospital authority decides on that (Table 1). About 38% of the clients explained that they prefer the same staffs to attend to them because they provide good care, have good attitude, they are respectful and polite, have good relation with clients and the provider is the one who attend to them always and knows everything about them (Table 1). Meanwhile, the clients provided the following suggestions for improvement of ANC at the hospital: good care for clients, good staff attitude, adequate and competent staffs, provision of toilet facility for the clients, comfortable and spacious place for the clients, punctuality of staff, provision of NCHADS services at the ANC clinic, counseling of clients, improved laboratory services, physical examination for clients, and old clients must be separated from the new clients. Pearson's chi-square test was done to determine the association between the background characteristics of the pregnant women and satisfaction of the ANC services. From the Chi-square analysis there was significant association between age ($\chi^2 = 8.038$; $p=0.018$), parity ($\chi^2=10.901$; $p= 0.012$), and gravidity ($\chi^2=13.147$; $p=0.001$) and the level of client satisfaction with antenatal care service provision at the facility (Table 2).

DISCUSSION

Client's satisfaction on the ANC provision at the hospital, majority were satisfied with the care they received. A similar finding was found in studies done at Atwima Nwabiagya in Ghana where majority of women were satisfied with their care [13]. Similarly, the findings collaborate with the findings of a study done in Kenya, Pakistan, Egypt where client's satisfaction rate was high for

all aspects of the ANC both with the intervention and comparison clinics except waiting time [14;15;16]. Among the respondents during client's previous pregnancy, majority attended antenatal clinic at Winneba government hospital. This could be explained that because they were satisfied during their previous antenatal care, they decided to visit the hospital again with the current pregnancy. This confirms a similar study done in Ghana where majority of the study participants attended clinic at public health facility [13]. Majority of the clients mentioned that they were delayed due to congestion at the clinic and stated that they waited for 2-3 hours before they were seen by the midwife. This agrees with the findings from a study done in Kenya, where about half of the clients in the intervention clinic were dissatisfied about the waiting time (1-2 hours) during each of the four visits [14] and some majority of the clients also waited for 60 minutes or more [13]. Concerning staff attitude at the clinic, majority of the respondents indicated that some of the staffs are good, but this was contrary to a similar study done in Malawi where the clients mentioned that the staffs were rude and disrespectful at the ANC clinic [8]. The clients provided varied responses about the nature of privacy at the clinic. Most of the women mentioned that privacy was ensured during consultation. Those who said privacy was provided explained that consultation was done in a separate room, sheet was used to cover them and screen provided during physical examination. Meanwhile the findings from the non-participatory observation did not confirm this also shows that during client's consultation and physical examination some student midwives were present, and screen was used during some of the clinic days and was not used for some days. This agrees with the findings from the study done by Michael et al., where 28% of the clients mentioned that someone not participating in their care was present during physical examination, but they placed privacy as second to being cured [9]. This situation could deter some of the clients to tell the provider their sensitive health and social problems. Majority of the staff (80%) mentioned that the environment was clean, but some of the clients stated that the chairs and benches were inadequate, they were disturbed by the sun, and toilet facilities are not available for them. The non-participatory observation confirmed the clients complain. On the contrary, in Michael et al study, 65% of the respondents mentioned that cleanliness of the facility was bad [9]. Over 39% of clients mentioned that they do not need the same care giver to attend to them always and explained that they are not sure they will meet the same person always at the clinic and is the hospital authority who can decide who should attend to the clients. Over 38% who mentioned that they need the same care giver explained that the staff provide good care, and have good attitude, and the one who knows much about them. According to the concept of FANC proposed by World Health Organization (WHO), pregnant women must be seen by the same provider or midwife throughout the pregnancy

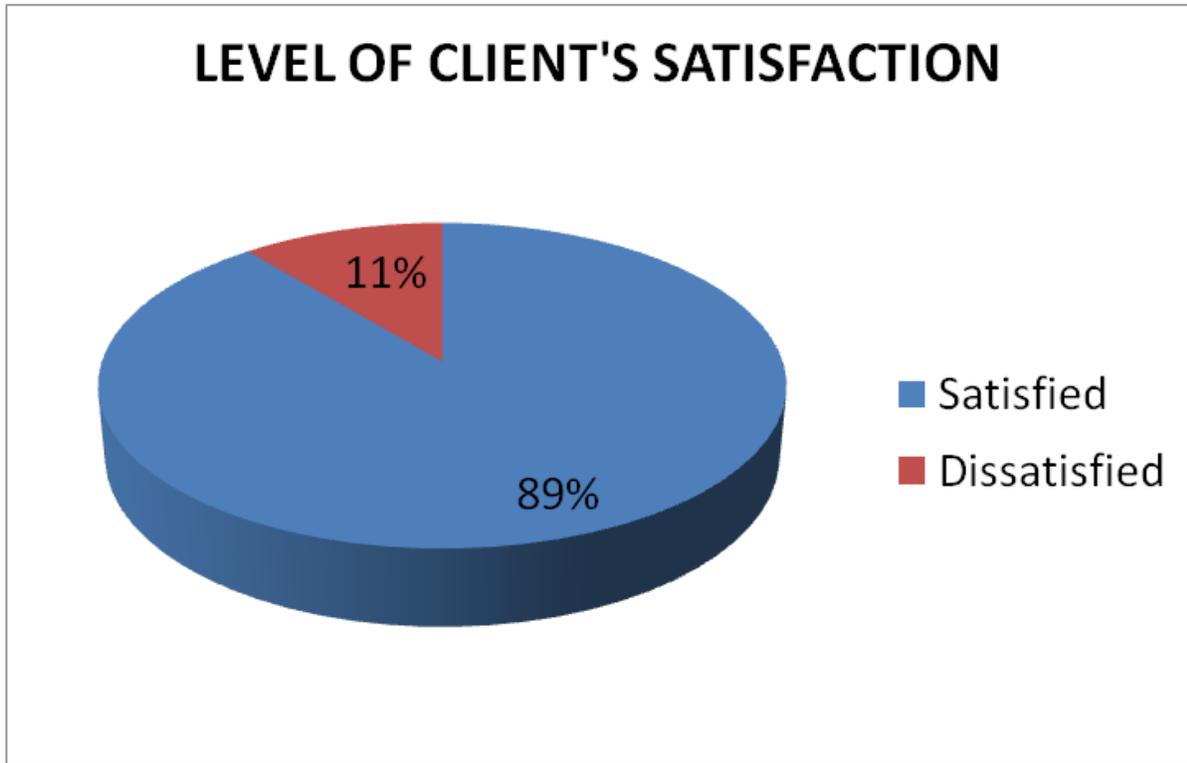


Fig. 1. Level of client's satisfaction with the ANC services at the hospital.

Table 1. Factors affecting client's satisfaction with the ANC services at the hospital.

Variable	Frequency	Percentage
Satisfaction with visit (n = 200)		
Satisfied	179	89.5
Dissatisfied	21	10.5
Place of previous ANC (n = 133)		
Winneba government hospital	101	75.9
Government hospital outside Winneba	18	13.5
Private Clinic/hospital	9	6.8
Traditional Birth Attendant	5	3.7
Waiting period(n = 200)		
30mins- 1hr	32	16.0
2hrs-3hrs	96	48.0
3hrs-4hrs	45	22.5
More than 4 hours	27	13.5
Cause of the delay (n = 200)		
Lateness and Inadequate staff	33	16.5
Congestion at the clinic	136	68.0
Interruption with other duties	31	15.5

Table 1. Cont.

Staff attitude (n = 200)		
Some very good	22	11.0
Some Good	174	87.0
Some bad/poor	4	2.0
Privacy during consultation (n = 200)		
No privacy	71	35.5
Privacy was provided	129	64.5
Environmental cleanliness (n = 200)		
Clean	170	85
Good ventilation and Spacious	14	7.0
Cloudy	3	1.5
Other responses	13	6.5

Table 2. Chi-square of ANC Satisfaction.

Variable	Satisfaction n(%)	Dissatisfaction n(%)	X ²	p-value
Age			8.038	0.018
19 years or younger	14(7.8)	0(0.0)		
20-35 years	127(70.9)	11(52.4)		
More than 35 years	38(21.2)	10(47.6)		
Parity			10.901	0.012
Nulliparous	64(35.8)	3(14.3)		
Secoundiparous	33(18.4)	1(4.8)		
Multiparous	35(19.6)	5(23.8)		
Primiparous	47(26.3)	12(57.1)		
Gravidity			13.147	0.001
Primigravida	64(35.8)	3(14.3)		
Secoundigravida	35(19.6)	0(0.0)		
Multigravidae	80(44.7)	18(85.7)		
Religion			0.032	0.859
Christian	164(91.6)	19(90.5)		
Muslim	15(8.4)	2(9.5)		
Marital status			0.052	0.820
Married	132(73.7)	15(71.4)		
Unmarried	47(26.3)	6(28.6)		
Educational background			0.976	0.913
No education	30(16.8)	4(19)		
Primary	31(17.3)	4(19)		
JSS	74(41.3)	7(33.3)		
SSS	28(15.6)	3(14.3)		
Tertiary	16(8.9)	3(14.3)		
Occupation			3.056	0.548
Fishing	18(10.1)	1(4.8)		
Civil servant	16(8.9)	4(19.0)		
Artisan	61(34.1)	8(38.1)		
Trader	59(33.0)	5(23.8)		
Unemployed	25(14.0)	3(14.3)		

[17;18]. This will enable the provider to be conversant with the client's information and to ensure trust and confidentiality. In a similar study, Michael et al. mentioned that 95% of the respondents in their study preferred to see

their own family doctor and the researchers concluded that pregnant women want to see their doctor or care giver [9]. The clients explained that it was a good idea to see the same doctor for each pregnancy. The researchers also

stated that from their observation clients who want the same care giver were not likely to see them. The respondents provided varied suggestions to improve care at the hospital such as there should be good care provision, good staff attitude, adequate staff, provision of toilet facility for clients, comfortable and spacious sitting place for clients, staff must be punctual and competent, national health insurance (NHI) forms must be available at ANC clinic to reduce the waiting time, counseling should be given, drugs must be available always, there should be prompt attention to clients, improvement of laboratory services, physical examination done on clients, and new clients must be separated from old clients. Their most concern was the attitude of the staff at the labor ward which is putting them off to deliver at the hospital. Continuity of hospital doctors, short waiting time, and improvement in their impersonal and production-line atmosphere to improve the client care facility [9; 19]. They also mentioned that whatever health care has been well thought out and the best one and "what is must be best". This supports the study findings. If clients are complaining that they sit in the sun to wait to be attended to for averagely 2-3 hour, and that chairs and benches were inadequate, and during their consultation there were other staff in the room then their high level of satisfaction is questionable. Findings of a study conducted in Malaysia also support the findings of this study. It was confirmed that ethnic group, level of education, and out of pocket expenses were important predictors of the level of satisfaction with antenatal care [20].

CONCLUSION

Client's satisfaction was high. Majority of the clients during their previous pregnancy attended ANC at the same health facility. Majority also mentioned that the staff have good attitude. Waiting time, attitude of staff at the labor ward, and lack of comfortable sitting place for pregnant women was the most concern of the respondents. The hospital management must collaborate with the district assembly to provide a comfortable place for the clients at the ANC to prevent them from sitting in the sun.

List of abbreviations

ANC: Antenatal care; GHS: Ghana health service; MOH: Ministry of health; SPSS: Statistical Package for Social Sciences; TBA's: Traditional Birth Attendants; WHO: World health organization

Declarations

Ethics approval and consent to participate

Approval for the study was sought from Ministry of Health/Ghana Health Service Ethical Review Committee, the Winneba Municipal director of health services, management at the hospital and in charge of the antenatal

clinic. Written informed consent was obtained from those who were literate and witnessed verbal informed consent for the illiterates was done.

Consent for publication

Not applicable

Competing interests

The author have no competing interests.

Authors' contributions

CA was responsible for the conception, design, data collection, data analysis, interpretation, and write-up and in the preparation of the draft manuscript.

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