

# Investigating women's satisfaction with prenatal care received at the primary health care centers of Shirvan Chardaval, Iran in 2005

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## Abstract

**Aim:** The aim was to determine the women's satisfaction rate with prenatal care received at the primary health care centers of Shirvan Chardaval, Iran.

**Method:** In this cross-sectional study, the researchers investigated women's satisfaction with the health care services received. The 460 subjects (including 338 pregnant and 122 postpartum women) were determined by census, and the data collection tool was a questionnaire, and the research was performed in 54 primary health care centers of Shirvan Chardaval.

**Results:** A total of 89.8% of the women had very high or high satisfaction with the prenatal care schedule while 10.2% of them had low or very low satisfaction; 79.8% were very highly/ highly satisfied with the accessibility of prenatal care, while 20.2% of them had low/very low satisfaction; 93.6% of them were very highly/highly satisfied with the method of communication in prenatal care while 6.4% had low/very low satisfaction; and 60.2% of the mothers had very low/low satisfaction with the information they received during prenatal care, while 39.8% of them were very highly and highly satisfied. Housewives & employees were more satisfied with the prenatal care schedule as compared to other subject groups ( $p = 0.004$ ). Satisfaction rate was higher among primigravids than in other groups ( $p = 0.035$ ), and younger women were more satisfied with the accessibility of prenatal care than older women ( $p = 0.027$ ).

**Conclusion:** In general, the study revealed high satisfaction level with the prenatal care services provided. In relation to the mother's low satisfaction with the information they received during pregnancy, instituting appropriate practices for promoting & updating the scientific knowledge of health care professionals seem essential. A study on the causes of poor patient satisfaction with the information they received during prenatal care is recommended.

## INTRODUCTION

The aim of prenatal care is to ensure an uncomplicated delivery leading to a living and healthy neonate, without causing any harms to maternal health. Prenatal care should be appropriate and should promote fetal & maternal health (1).

Satisfaction of the people seeking help, is one of the most important qualitative indices of health care provision, and has a very special importance in prenatal care. Accessibility of qualified health care services and satisfaction of those receiving them are important issues which have always gathered much attention and progressively gain more

importance (2). Prenatal care is one of the main services of rural & urban health care centers. In the constitutional law of Islamic Republic of Iran, taking advantage of these services is considered as an undeniable right of every woman, the provision of which is the responsibility of the government and should be executed with the cooperation of the people (3).

The emphasis on satisfaction of those receiving prenatal care is due to the positive results they have on them. This benefit encourages them to regularly take advantage of health care services, to use correctly the educational points, and to recommend others to use these health care services (4).

Making appropriate communications with mothers provides appropriate opportunities for promoting their compliance in the process of health care. Nearly 60% of outpatient visits to clinics is allocated to women. Thus, the members of this group can play an important role in deciding whether to take advantage of health care services or not. Their opinions can also have a role in measuring the quality of health care services with the aim of promoting health care indices (3).

Satisfying pregnant women is achieved through satisfying their needs and expectations, which in turn causes a pleasant feeling in them and promotes their mental health and brings about a feeling of calmness and security. The better the needs and expectations are satisfied, the satisfaction achieved will be more profound and complete and vice versa i.e. failure to satisfy their needs causes anxiety and imbalance (6).

Without complete identification of the perceptions & expectations of the population receiving a service, any effort for satisfying them will certainly be defective. Such identification is based on paying continuous attention to their expectations and also on the criteria they use to evaluate the quality of the services provided (7).

An important characteristic of investigating satisfaction is that it evaluates the opinions of the population receiving related services, i.e. the people whose satisfaction leads to effectiveness, acceptance, and collaboration in all health programs. This acceptance & compliance should continuously be evaluated and measured, in order to promote the quality of health programs and also to prevent dissipation of the precious human resources and the heavy costs involved in these health centers.

The aim of the present study was to determine the women's satisfaction rate with prenatal care provided by the health care professionals (including physicians, midwives and rural midwives) working in the primary health care centers of Shirvan Chardaval. In addition to providing prenatal care, health professionals in the primary health care centers perform face-to-face education for all pregnant women on issues such as pregnancy, delivery, and the postpartum period, and also recommend a schedule for the next visits. Pregnant women can select their own health professionals for receiving prenatal care and the education they need.

The questions of the present study were:

1. The women's satisfaction with the schedule for

next visits,

2. The accessibility of the primary health care centers for receiving prenatal care,
3. The method of communication, and
4. The information they received during prenatal care, and the relation to the variables including age, educational level, occupational status, the number of pregnancies, and the beginning of prenatal care.

## **MATERIALS & METHODS**

In this cross-sectional study, the satisfaction rate of women (visiting the primary health care centers of Shirvan Chardaval) is investigated regarding prenatal care. The data collection tool was a questionnaire including two sections:

1. Questions related to personal characteristics of women, including age, educational level, occupational status, the number of pregnancies, the beginning of prenatal care, and gestational age at the time of research.
2. A tool developed and used by Ersy & Ivano in 2000. This questionnaire investigates satisfaction rate pertaining to prenatal care and includes 28 questions with a 4-point Likert Scale (very high, high, low, and very low). The questionnaire's validity was determined using content validity (by collecting experts' opinions) and its reliability was determined by the test-retest method.

The subjects were all pregnant women being in their 3<sup>rd</sup> trimester, or postpartum women having a delivery for a maximum of 10 days before being evaluated, all of whom experiencing at least 3 visits to the primary health care centers for receiving prenatal care. A total of 460 subjects (including 338 pregnant and 122 postpartum women) participated in this study, and census was used as the sampling method. The SPSS software (version 10) was used to analyze the data. The research findings were all summarized as means, standard deviations, and relative & absolute frequency distribution tables. The Chi-square test was used for significance tests.

## **RESULTS**

More than half of the subjects (55.3%) were 21 to 30 years old, 73.3% had a maximum educational level of junior high school, 79.3% were housewives, 45.4% were primigravids, 12% were at least experiencing their 6<sup>th</sup> pregnancy, 84.6% had begun prenatal care from the first trimester, and 50.7%

of them had visited the primary health care centers at least 6 times.

The results pertaining to the subjects' satisfaction rate with the prenatal care schedule and its relation to age, educational level, occupational status, the number of pregnancies, and the beginning of prenatal care revealed that 89.8% of the women had very high and high satisfaction with the prenatal care schedule and 10.2% of them had low and very low satisfaction. The Chi-square test revealed a statistically significant correlation between women's satisfaction with the prenatal care schedule and the two variables of age and the educational level. The results showed that compared to the other subject groups, housewives & employees had higher satisfaction with the prenatal care schedule which was statistically significant ( $p = 0.004$ ).

**Figure 1**

Table 1: Relative frequency distribution & satisfaction rate as a function of the specific objectives evaluated in the 2005 research

Satisfaction Rate / Specific Objectives Evaluated	Very High		High		Low		Very Low		Sum	
	No.	%	No.	%	No.	%	No.	%	N	%
Satisfaction rate related to the prenatal care schedule	205	44.6	208	45.2	42	9.1	5	1.1	460	100
Satisfaction rate related to the accessibility of prenatal care	195	42.4	172	37.4	88	19.1	5	1.1	460	100
Satisfaction rate related to the method of communication in prenatal care	296	64.3	135	29.3	24	5.2	5	1.1	460	100
Satisfaction rate related to the information received during prenatal care	64	13.9	119	25.9	230	50	47	10.2	460	100

The correlation between satisfaction with the prenatal care schedule and two variables (namely, the number of pregnancies and the beginning of prenatal care) was statistically significant using the Chi-square test ( $p = 0.004$ ). The results showed that 89.8% of the mothers had very high or high satisfaction with the prenatal care schedule while 10.2% of them had low or very low satisfaction.

The statistical test used for determining the correlation between pregnant women's satisfaction with the accessibility of prenatal care and variables such as age, educational level, occupational status, the number of pregnancies, and the beginning of prenatal care revealed a statistically significant correlation between the accessibility of prenatal care and 4 variables (namely, age, occupational status, the number of pregnancies, and the beginning of prenatal care) ( $p = 0.027$ ).

There was a statistically significant correlation between the women's satisfaction rate regarding the prenatal care schedule and age ( $p = 0.199$ ) older women were more satisfied and also occupational status ( $p = 0.004$ ). Among the pregnant women, the prenatal care schedule was more important for housewives and employees as compared to farmers & stockbreeders; furthermore, women working full-time had more satisfaction (8). Moreover, the correlation between satisfaction regarding the prenatal care schedule and the number of pregnancies ( $p = 0.035$ ) and also the beginning of prenatal care ( $p = 0.004$ ) was statistically significant the higher the number of pregnancy, the lower was the satisfaction rate. The number of visits to a physician's is based on the clinical condition of the women seeking health care, since patients suffering yem and severe complications of the first trimester, or patients suffering cardiac, renal, and respiratory diseases before pregnancy should be clinically examined by the physicians. Otherwise, they should visit the health care centers monthly until the 7<sup>th</sup> month, every 2 weeks between the 7<sup>th</sup> and the 9<sup>th</sup> month, and weekly during the last month of pregnancy (9).

This study revealed that 93.6% of the mothers were very highly and highly satisfied with the method of communication in prenatal care, while only 6.4% had low and very low satisfaction. There was a statistically significant correlation between women's satisfaction rate regarding the method of communication in prenatal care and variables such as age, educational level, occupational status, and the beginning of prenatal care ( $p = 0.043$ ).

The results pertaining to women's satisfaction with the information they received during prenatal care showed that 50% of them had low satisfaction with the information they received during prenatal care and only 13.9% were very highly satisfied. There wasn't any statistically significant correlation between this satisfaction and variables such as age, educational level, and the beginning of prenatal care, but a statistically significant correlation was observed between this satisfaction and variables such as occupational status and the number of pregnancies ( $p = 0.025$ ).

The results revealed that 79.8% had very high and high, 19.1% had low, and 1.1% of them had very low satisfaction with the accessibility of prenatal care. Age was significantly correlated to satisfaction with the accessibility of prenatal care ( $p = 0.027$ ). Younger mothers had higher satisfaction rates. The Chi-square test revealed that occupational status was also significantly correlated to satisfaction with the

accessibility of prenatal care ( $p = 0.000$ ). Housewives & employees had higher satisfaction rates as compared to other subject groups; and the employed women who had a higher salary, were more satisfied (<sub>10</sub>). There was also a statistically significant correlation between the number of pregnancies and satisfaction with the accessibility of prenatal care ( $p = 0.001$ ) women experiencing the 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> pregnancies had more satisfaction in this research (<sub>11</sub>). Women having lower number of pregnancies and lower family population were more satisfied with the accessibility of prenatal care. The Chi-square test revealed a statistically significant correlation between the beginning of prenatal care and the accessibility of prenatal care ( $p = 0.003$ ). Early beginning of prenatal care causes positive outcomes in pregnancy. Flavin & Ivano found a direct relation between positive outcomes in pregnancy and early beginning of prenatal care: mortality was 6.5 times higher in women without prenatal care as compared to women receiving adequate prenatal care (<sub>12</sub>).

The findings showed that 93.6% of the mothers were very highly and highly satisfied with the method of communication in prenatal care and only 6.4% had low and very low satisfaction. Educational level, occupational status, and the beginning of prenatal care were significantly correlated to the women's satisfaction with the method of communication in prenatal care ( $p = 0.043$ ,  $p = 0.025$ ,  $p = 0.002$ , respectively). The health care providers, who respect the opinions of their applicants and communicate with them appropriately and provide the information they need and help them in decision making, obviously raise their satisfaction (<sub>13</sub>).

The findings revealed that 13.9% had very high, 25.9% had high, 50% had low, and 10.2% had very low satisfaction with the information they received during prenatal care. Occupational status and the number of pregnancies were significantly correlated to satisfaction with the information received during pregnancy ( $p = 0.036$ ). Despite the importance of educating women regarding the appropriate time of pregnancy, the different methods of family planning, the importance of prenatal care, and the outcomes of early & regular visits to health care centers, it was found that these educational programs were not sufficient and therefore need to be promoted. As compared to the housewives group & the employees group, the farmers & stockbreeders had lower satisfaction with the information they received during prenatal care, and the higher the number of pregnancy, the

lower was the satisfaction rate ( $p = 0.002$ ).

## DISCUSSION

This study showed that 87.2% of the subjects had very high and high satisfaction, and 21% of them had low and very low satisfaction with the prenatal care services provided. The findings also revealed that farmers & stockbreeders had lower satisfaction with the information they received during prenatal care as compared to other subject groups. The absence or insufficiency of prenatal care leads to complications such as premature birth, low birth weight neonates, and maternal & fetal mortality. Thus, health care professionals should pay more attention to these two groups during the educational sessions, since they may not efficiently receive the information provided (due to their illiteracy) or may need more descriptions; health care providers should also receive feed back after providing the information & educations. Regarding the mother's low satisfaction with the information they received during pregnancy, executing appropriate practices for promoting & updating the scientific knowledge of health care professionals seems essential. Performing a study on the causes of this low satisfaction with the information received during prenatal care is also suggested.

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