ADDIS ABABA UNIVERSITY

COLLEGE OF HEALTH SCIENCES

SCHOOL OF ALLIED HEALTH SCIENCES

DEPARTMENT OF NURSING AND MIDWIFERY

SURVEY ON THE ASSESSMENT OF MOTHER'S EXPERIENCES AND SATISFACTIONS WITH HEALTH EXTENSION PROGRAM RELATED TO ANTENATAL CARE IN KIRKOS SUB-CITY, ADDIS ABABA, ETHIOPIA.

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A thesis submitted to the school of graduate studies of Addis Ababa University in partial fulfillment of the requirements for the degree in department of nursing and midwifery.

JUNE. 2014
ADDIS ABABA
ETHIOPIA

ACKNOWLEDGMENT

First and foremost, I would like to express my heartfelt thanks to the almighty God, who blessed me with adequate strength, wisdom and health to complete this thesis.

I would further like to express my sincere gratitude to Health Science College, Department of Nursing and Midwifery for giving me the chance to do this thesis.

I would like to express my respectful gratitude and deepest thanks to my advisor Mr.Balcha Berhanu (RN, BSC, MSc) for his continuous inspiration, precious suggestion, valuable directions and support commencing from the very first day till the completion of my thesis .

Finally, I would like to Acknowledge and recognize the motivation, inspiration and encouragement of my husband, Eyayalem Melese (Msc) lecturer at health science college, Department of Anesthesia, who gave me advice and support in the preparation of this thesis.

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Lists of Acronyms

ANC= Antenatal Care

AOR ---Adjusted Odds Ratio

BCG= Bacille-Calmette-Guerin (Tuberculosis Vaccine)

CBRHA= Community Based Reproductive Health Agent

CSA = Central Statistical Agency

CSQ = Client Satisfaction Questionnaire

EDHS= Ethiopian Demographic Health Survey

FMOH=Federal Ministry of Health

HC= Health center

HP= Health post

HEP= Health Extension Program

HEWs= Health Extension Workers

HIV= Human Immunodeficiency Virus

HSDP= Health Sector Development Program

MDGs= Millennium Development Goals

PNC= Postnatal Care

TBA= Traditional Birth Attendant

WHO=World Health Organization

VCHWs = Voluntary Community Health Worker

Abstract

Background: One of the focus areas in Health Extension Program of Ethiopia is maternal health. Client satisfaction is considered as one of the most wanted outcomes of health care and it is directly related with utilization of HEP. On the other hand, there is no ample information on users' awareness about the service provided in the HEP. Therefore, this study is intended to assess mothers' experiences and satisfaction with health extension service in Kirkos sub city, Addis Ababa.

Objective: The objective of this study was to assess mothers` experience and satisfaction with HEP related to antenatal care in kirkos sub-city, Addis Ababa, Ethiopia

Methods: A community based cross sectional study employed by quantitative data collecting method was used. The data was conducted from April- May 2014 in kirkos sub-city, Addis Ababa, Ethiopia. In randomly selected seven woredas of the sub city, a total of 290 mothers were included in the study. Systematic sampling technique was used to select study respondents. Binary and Multivariate logistic regression was applied to identify the predictor factor for satisfaction.

Results: 26.6 % of the respondents had an experience of interaction with health extension workers during one year prior to the survey. 46.8% of mothers had only one follow up. 30.4 % of them had twice of the service. The average score of Mothers' Satisfaction was 109 (42.7 %) of the mothers satisfied with the health extension program in relation to Antenatal care. (28.6%) Mothers were satisfied with courtesy, (28.6%) of the mothers with quality of care. Involvement of husband in HEP was found to be statistically significant independent predictor for satisfaction of mother on HEP with AOR =5.93(1.20 -29.22). Involvement of husband in the HEP increases almost six times satisfaction of mothers in using the service delivered by the Hews. This study is supported by the study carried out in Jimma southern Ethiopia.

Conclusion: The HEP is implemented in urban community but mothers are not attracted by the service. In Addis Ababa there are different health service alternatives which the mother can get ANC service. The involvement of husbands in the HEP was found to be a main predictor for the satisfaction of mothers with HEP related to ANC. The experience of mothers ever visited by HEWs during the last one year was very low but the Knowledge of mothers about the services delivered by health extension workers are good. In this study the satisfaction and experience of interpersonal relationship were reported to be low.

Key words: HEP, Satisfaction, Experience, HEWs, Ethiopia

CHAPTER - ONE

1. Introduction

1.1 Back ground

1.1.1 What is client Satisfaction?

Satisfaction, like many other psychological concepts, is easy to understand but hard to define. The concept of satisfaction overlaps with similar themes such as happiness, contentment, and quality of life. Satisfaction is not some pre-existing phenomenon waiting to be measured, but a Judgment people form over time as they reflect on their experience. A simple and practical definition of satisfaction would be the degree to which desired goals have been achieved. [1]
Satisfaction is an individual's state of being contented or pleased with an event. Client satisfaction is one of the excellent ways that enables health programs to assess the impact of their services; Lari and Colleagues defined patient satisfaction as the extent of an individual's experience compared with his or her expectations or what patients' and the population as a whole desire to receive from health care services. Health care providers, especially in the private sector are striving to keep the users of their services satisfied [2]. Satisfied patients are likely to come back for the services they need and to recommend the services to others.

Globally, the satisfaction of female clients of antenatal care services has been studied in the past. Most studies show that, the most powerful predictor for client satisfaction with the government Services was provider behavior, especially respect and politeness [4] P; 2013, 2013,]. For patients this aspect was much more important than the technical competence of the provider. Furthermore, a reduction in waiting time was more important to clients than a prolongation of the quite short consultation time, with high of clients being satisfied. Waiting time, which was about double at outreach services than that at fixed services, was the only element with which users of outreach services were dissatisfied. In sub Sahara countries few studies conducted in Nigeria, Sudan, and Mali and in Kenya shows that the satisfaction rate varies from countries to countries. As it is seen

on the literature review in Sudan Pregnant mother's satisfaction to Antenatal care follow up is low.

In Ethiopia few researches have been conducted to know the satisfaction of mothers towards reproductive health services delivered by Health extension workers. Different cross sectional studies conducted in rural parts of Jimma, Bahirdar and Wolita shows that, Most mothers had good relationship, were satisfied with and had positive attitude towards health extension program ,though the program was criticized for not including curative services and the less attention given to static services at health post. But none of the above studies include Mothers satisfaction on antenatal care service delivered by health extension workers.

1.1.2 Health Extension Program & Maternal Health

Globally, it is estimated that half a million women die each year during pregnancy and childbirth, with over half of these deaths occurring in Africa [1]. In Ethiopia the health policy ensures universal access to primary health care (PHC) [5,6,7].It also emphasizes promoting and enhancing national self-reliance in health development by mobilizing and efficiently utilizing resources including community participation. To this end, the government introduced the accelerated expansion of the PHC strategy through a comprehensive health extension program (HEP). HEP is a family and community-based health care delivery system institutionalized at health post level which combines carefully selected high impact promotive, preventive and basic curative interventions [5, 8]. HEP is composed of four main themes: Disease Prevention and Control, Family Health, Hygiene and Environmental Sanitation and Health Education and Communication. These four themes consist of about sixteen health Packages which mainly deal with promotive and preventive health services [5, 8and 9]. The health service extension program is pacing two government salaried female health extension workers (HEWs) who were trained solely for the implementation of the program in every kebele in the country. Each kebele may have a health post which will be operational center for two HEWs so as to provide outreach services for 5,000 households. [5]
From these four areas of focus, Family Health Services has five packages; these are Maternal and child health; Family planning; Immunization; Adolescent reproductive health; & Nutrition. [5, 8]

To make more specific maternal health encompasses all activities such as Antenatal Care, Delivery

Care, Postnatal Care and Maternal Complications around Delivery catered and provided to a woman of their reproductive age (from 15 to 49 years). [5, 8, 10, 11] .In Ethiopia inadequate and inappropriate maternal health care still makes maternal mortality to be high. Maternal mortality ratio is one of the indicators in the MDG that is raising concern in achieving the set target of reducing the rate by two-third by 2015, maternal mortality was still unacceptably high at 1.14 maternal deaths per 1000 woman-years in 2011.There was no significant reduction in the maternal mortality rate between 2005 and 2011 (676/100,000 and 590/100,000 live births, respectively). [5,6,9] .According to the Ethiopian Demographic and Health Surveys 0f 2011[12]. Most of this mortality is attributed to poor care at delivery. The major causes of maternal death are obstructed/ prolonged labor (13%), ruptured uterus (12%), severe pre-eclampsia/ eclampsia (11%) and malaria (9%) . Moreover, 6% of all maternal deaths were attributable to complications from abortion. Shortage of skilled midwives, weak referral system at health centre levels, and under financing of the service was identified as major supply side constraints that hindered progress. On the demand side, cultural norms and societal emotional support bestowed to mothers, distance to functioning health centers and financial barrier were found to be the major causes. Addis Ababa is among the regions where the health extension program is implemented. The health service is highly influenced by mother's health and mothers related diseases. Kirkos sub-city administration is one of the sub cites in Addis Ababa. It occupies an area of 14.62 Sq.km. Projections from the 2007 population and housing census estimate the total population of Kirkos sub-city administration for the year 2013/14 to be 257,603 million. In Addis Ababa antenatal coverage by HEWs is less than 1% (0.7%) [DHS; 2011].

As the statistics shows, the majorities are females who require maternal health service from the Health extension packages; more over a large number of women are living. [12]

This study will focus on the assessment of mother's satisfaction on maternal health service provided by Health extension workers and the problems surrounding the provision of maternal health services in Kirkos sub-city. The research proposal discusses in detail the background, general purpose of the study, moreover, the objectives of the study and the research statement all presented. Here, vital concepts, questions and assumption are stated. Finally the scope and limitation of the study, overview of the methodology used and the significance of the Researches are discussed.

1.2- Statement of the Problem

To maintain the quality of HEP, In addition to regular follow up and corrective supervisions getting feedback from clients is crucial. Patient satisfaction is an individual's state of being content with the care provided in the health system. It is important for reproductive health care providers to get feedback from women regarding satisfaction with reproductive health services.

Clients tended to criticize health extension program for lacking curative services and health extension workers are less competent.

At the Health Post HEWs provide antenatal care, delivery, immunization, growth monitoring, nutritional advice, family planning and referral services to the general population of the Kebele. [13] Supportive supervision enhances capacity and helps to correct any constraints encountered in the implementation of the HEP. According to the Ethiopian health extension program, at each level the supervisory team prepares its own annual plan, checklists and detailed schedule for each supervisory visit. [8].

Mothers are the fundamental unit of interventions in Health Extension Program. And their satisfaction or dissatisfaction implicates the quality of service delivered by the service.

A cross-sectional study conducted at Khartoum State shows that Prevalence of full satisfaction was (22%) among pregnant women who visited public Antenatal Care Clinics, compared to (54%) among those who attended Private Antenatal Care clinics. There was significant association between satisfaction (the outcome) and factors that included: type of care (public and private), attitude of care provider, assessment of weight of pregnant women, and waiting time. [14]

On the other survey conducted in Egyptian Women's Satisfaction and Perception of Antenatal Care High satisfaction(>90%) was reported for waiting time for laboratory results, answering inquiries and help by staff, trust the doctor followed by cleanness of the center, privacy, most of accessibility items, most of physician performance items. [15, 16] Satisfaction (<30%) reported for location of the center, health education methods, explanation of the problems by physician. All females who came for repeated visits confirmed the application of follow up measures in each visit by doctors. The survey concluded that the majority of the females was satisfied by the quality of care and reported the perception of ANC components however; low satisfaction with health education

Components indicate a need for strategies to improve this important aspect of Care. [17]

A cross sectional study conducted in Jimma Zone on Mothers' experiences and satisfactions with health extension program demonstrates, that 71.5% of them reported that they received visits from health extension workers, 29.5 % are not satisfied. But So far studies hadn't been conducted regarding on mothers feelings, attitudes satisfaction and experiences towards the HEP delivered by HEW in urban areas. [13]

Quality of services reflects Client's satisfaction. Good client satisfaction studies are means to improve service to the public. Broadly, the knowledge on the degree of client satisfaction serves two principal purposes: Identifying areas of improvement in the quality of services offered and highlighting the need for corrective actions when clients' expectations exceed what the organization can afford to offer or what a particular program is meant to provide. There are a number of very practical reasons for measuring clients' satisfaction in the public sector which include

a. Enabling to undertake quality improvement efforts and demonstrating value to public money.
b. Determining how well programs are working from the client perspective and what changes might be required.
c. Identifying what clients' value most/least about a program.
d. Providing feedback to staff regarding how clients view their service efforts.
e. Supporting coast effective objectives.
f. Ensuring that programs and services are delivered as effectively and efficiently as possible, given the objectives/aims/tasks/responsibilities and resource level.[18]

There are very few studies carried out in Ethiopia to ascertain degree of satisfaction and quality of service in respect of public service sectors [19].Demographically maternal health constitutes a significant portion of population of Ethiopia. Thus, the maternal health package of the HEP needs promotive effort. In this study, was selected urban maternal health specifically antenatal care from HEP on which the mother's satisfaction level would likely to give out picture that may be used as a bench mark for all other similar public health services outlets. As a whole, the finding of this study would assist in finding out problem areas needed for bringing adjustments in ongoing programs for ensuring optimum service in terms of quality and quantity using resource available. The study will try to answer the following research

Research questions

1- What is the level of mother's satisfaction towards Antenatal care in kirkos sub-city, Addis Ababa, Ethiopia?

2- What is the level of mothers' experiences and interaction with health extension workers on ANC and HEP.

1.4. Significance of the study

It has been suggested that Health extension program improves the overall health care system,[13] studies shows that, in rural areas It is achieving the intended Goal, the people has got good satisfaction with the program. But there are undocumented sayings that describes the health extension program in urban is not as effective as in Rural. One may raise a question why it is not? It may be, the people in urban area have good health care access with a lot of alternatives. However, while most studies have concluded that, mothers in rural area have high satisfaction with Health extension program particularly antenatal care, which raises concern about potential selective reporting bias in mother satisfaction of urban area. Therefore, to conduct an evidence-based study on mother experience and satisfaction in urban area (kirkos sub city: Addis Ababa). And since there are no researches done in urban areas of Ethiopia in similar topics, this study will be used for others as base line reference for further studies.

In spite of the fact that the expansion of preventive and curative health services are implemented In Ethiopia, still Maternal mortality rate is high ,which is 590/100,000 live births by 2011, But the 2015 target of MMR for Ethiopia is 218/100,000 live births [5,6]. To reduce the MMR much more needs to be done to improve the access and quality of maternal health services like antenatal care, postnatal care, maternal immunization, educating about the importance of nutrition have to be delivered. To do this assessing mothers experience and satisfaction with health extension program related to antenatal care has paramount important in identifying the challenges that hinders the

reduction of MMR.

The maternal level of satisfaction towards antenatal care from HEP in urban area is not well studied yet. Specifically in Addis Ababa, the presence of specialized governmental and private health care institutions may be considered as a good opportunity to mother's health specifically antenatal care. the role of HEWs' and HEP on antenatal care in urban area has to be clearly studied., At the same time the level of mothers satisfaction and experience on antenatal care with the health extension program has to be recognized. This study selected urban maternal health specifically antenatal care from HEP on which the mother's satisfaction level would likely to give out picture that may be used as a bench mark for all other similar public health services outlets. As a whole, the finding of this study would assist in finding out problem areas needed for bringing adjustments in ongoing programs for ensuring optimum service in terms of quality and quantity using resource available.

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CHAPTER - TWO

2 Literature Review

2.1. The HEP Concept: Definition and Principle

The Health Extension Program (HEP) is a defined package of basic and essential promotive, preventive and selected high impact curative health services targeting households. It was designed to improve the health status of families by employing the concept and principles of Primary Health Care (PHC). Basically, HEP and PHC require full participation from each family. In addition, both are targeted at using local technologies as well as community skill and wisdom. The only and exceptional difference between the two is that HEP focuses on households at the community level and it involves fewer facility-based services (FMOH, 2007).

2.2 Philosophy and Goals of HEP

The philosophy of HEP is that if the right knowledge and skill is transferred to households
They can take responsibility for producing and maintaining their own health .The HEP is the main vehicle for bringing key maternal, neonatal and child health interventions to the community.[12] To address the health extension packages and programs the participation of the community mainly the mothers is more important than anything else. Again to get appropriate participation from mothers, mothers or generally clients have to be satisfied with the activities and the program.

2.3 Mother's Satisfaction on a polite speech or action, on convenience and on Quality of Care

Satisfied patients are more likely to obey with treatment, take an active role in their own health care and continue using health care services. [2, 7, 20]
The study done on Client satisfaction and quality of health care in rural Bangladesh (Jorge Mendoza Aldana 2001).According to this study a total of 1913 persons chosen by systematic random sampling were successfully interviewed immediately after having received care in government health facilities. The study shows that, the most powerful predictor for client satisfaction with the government services was provider behavior, especially respect and politeness.

For patients this aspect was much more important than the technical competence of the provider. Furthermore, a reduction in waiting time (on average to 30min) was more important to clients than a prolongation of the quite short (from a medical standpoint) consultation time (on average 2 min, 22 sec), with 75% of clients being satisfied. Waiting time, which was about double at outreach services than that at fixed services, was the only element with which users of outreach services were dissatisfied. [21]

Another thesis entitled patient satisfaction towards maternal and child health service among mothers attending at maternal and child health training institute in Hhaka, Bangladesh (Asma hasan et al, 2007), [15] indicates that from a total 175 interviewed patients in the cross sectional study demonstrated that the 76.6% of the respondents were highly satisfied with the provider's support and 57.8% were highly satisfied with the facilities of the service centers. The finding also showed that was a significant relationship between satisfaction and good facilities of the service (P-value, 0.05). No statistically significant associations were found for patients' age, education. Income, occupation, service expectation and provider's support. [4]

A cross sectional survey in a hospital setup done in the Musandam Region of Oman on Satisfaction among Expectant Mothers with Antenatal Care Services (*Mohammed Ghobashi,etal) the Results described as Eighty-three registered women who visited antenatal clinics in six health institutions were interviewed. The overall satisfaction for antenatal care was of excellent grade in 49 (59% - 95% confidence interval 48.5 - 69.6) participants. Sixty seven % women were happy with services at antenatal clinics mainly because of the attitude of the doctors and nursing staff. The leading causes of dissatisfaction were the laboratory services and overcrowding during morning hours. The survey concluded that the women attending antenatal care services in Musandam were highly satisfied with the services offered; however, there was scope for further improvement. [23]

In 2010 descriptive study done on Patients' satisfaction with reproductive health services at Gogo Chatinkha Maternity Unit, Queen Elizabeth Central Hospital, Blantyre, Malawi (Josephine Changole et al, 2010) [2] describes that 1562 women were interviewed. Most women were housewives (79%) who were referred from Health Centers within the city. Ninety five percent delivered a live baby. The majority of women (97.3%) were satisfied with the care they received from admission through labor and delivery and the immediate postpartum period. Most women cited doctors' and nurses' reviews (65%) as what they liked most about the care they received

during their stay in the unit. Most women expected to receive efficient and definitive care. The women's knowledge on patient's rights was extremely low (16%) and equally very few women were offered an opportunity to give an opinion regarding their care by the doctors and nurses in the maternity unit. [1]

In Kenya; Nairobi a study was conducted in 2009 on Women's satisfaction with delivery care in Nairobi's informal settlements done (EVA S. BAZANT* AND MICHAEL A. KOENIG 2009) .this study concluded that, Over half (56%) of women would both recommend and deliver again in the same facility. In multivariate analysis, women's satisfaction with delivery care was associated with greater provider empathy (OR ¼ 3.68, 95% CI 2.27, 5.97). Women's satisfaction with delivery care was also associated with the pregnancy having been wanted (OR ¼ 2.75, 95% CI 1.82, 4.14) or mistimed vs. unwanted. Women delivering at private facilities in the settlement near the industrial area were more satisfied than women delivering at private facilities in the more distant and marginalized settlement (OR ¼ 2.12, 95% CI 1.45, 3.09). The association of women's satisfaction and provider empathy was stronger among women who experienced complications compared to those who did not. [24] A cross-sectional study conducted at Khartoum State shows that Prevalence of full satisfaction was (22%) among pregnant women who visited public Antenatal Care Clinics, compared to (54%) among those who attended Private Antenatal Care clinics. There was significant association between satisfaction (the outcome) and factors that included: type of care (public and private), attitude of care provider, assessment of weight of pregnant women, and waiting time.[3,14] On the other survey conducted in Egyptian Women's Satisfaction and Perception of Antenatal Care High satisfaction (>90%) was reported for waiting time for laboratory results, answering inquiries and help by staff, trust the doctor followed by cleanness of the center, privacy, most of accessibility items, most of physician performance items. Satisfaction (<30%) reported for location of the center, health education methods, explanation of the problems by physician. All females who came for repeated visits confirmed the application of follow up measures in each visit by doctors. The survey concluded that the majority of the females was satisfied by the quality of care and reported the perception of ANC components however; low satisfaction with health education components indicates a need for strategies to improve this important aspect of Care. [15] A comparative analysis of public and private health facilities in Tanzania, Kenya and Ghana on Measuring client satisfaction and the quality of family planning services: (Paul L Hutchinson...et al

2002-2006)[25], indicated that, Private health facilities appear to be of higher (interpersonal) process quality than public facilities but not necessarily higher technical quality in the three countries, though these differentials are considerably larger at lower level facilities (clinics, health centers, dispensaries) than at hospitals. Family planning client satisfaction,However, appears considerably higher at private facilities - both hospitals and clinics - most likely attributable to both process and structural factors such as shorter waiting times and fewer stock outs of methods and supplies

2.4 Respondents Experience, interaction and knowledge about services delivered by Health Extension Workers

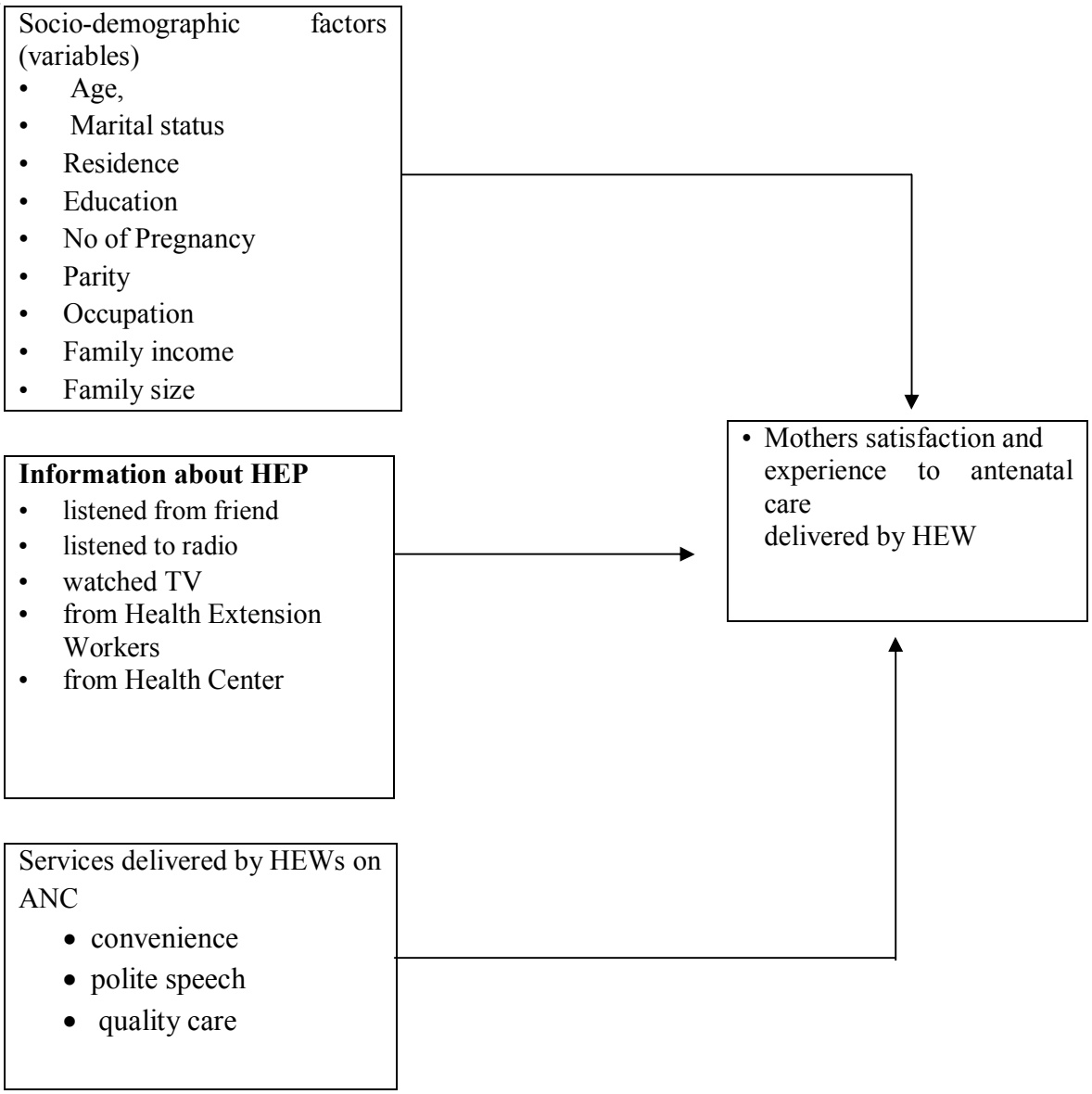
In Ethiopia few researches had been conducted on patients (clients) satisfaction. In 2012 a cross sectional study conducted in Jimma Zone on Mothers' experiences and satisfactions with health extension , (Zewdie Birhanu1 et al 2012) demonstrates that One hundred Sixty nine (51.7%) of the respondents had an experience of interactions with health extension workers during one year prior to the survey, while 271 (71.5%) of them reported that they received visits from health extension workers during the same period. 298 (78.6%) of the respondents received information at least on one of the Health extension packages. In fact, they had better exposure to personal hygiene and environmental sanitation packages. Even though health extension program is being run by female workers alone, it was believed that the involvement of men is vital to the success of the program. Mothers thought that men are more courageous and professionally competent to deal with complex matters. They also tended to criticize health extension program for lacking curative services and health extension workers are less competent. The greater emphasis laid on outreach services was not supported.286 (75.5%) of the respondents rated their relationship with health extension workers as positive. Similarly, higher satisfaction was reported though the program has problems. [13]

2.5 mothers overall satisfaction and Socio demographic characteristics

A facility based cross-sectional survey with exit interview done in Wolita Zone of southern Ethiopia [4] on Mothers‟ Utilization of Antenatal Care and Their Satisfaction with Delivery Services shows that the proportion of mothers who had at least a visit to ANC Check up was 85.7%. The overall level of satisfaction with delivery care was 82.9%. Middle aged (20-34) postpartum mothers were more (AOR =2.55(95% CI: 1.11,5.90) likely to be satisfied when compared to their 35-49 counter age groups where the later might have no/wrong experience

with the delivery service. Mothers with some level of high school education (9-12) were at higher chance (AOR= 4.46 (95% CI: 1.63, 12.18) to be satisfied with the service in comparison with higher level of education as it might show higher demand of the more educated group or there may be underestimation of safe delivery . Women who stayed on labor pain for less than a sunset were in their above three times higher likelihood on their level of satisfaction when compared to their longer on labor counter mothers (AOR= 3.31(95%CI: 1.53, 7.17). the study conclude that Self reported utilization of ANC service and satisfaction with delivery care given to them is promising. [25] ANC can help for better utilization of institutional delivery. Care providers should plan for more institutional delivery by extending their acceptance in the already visiting ones. Mothers who happened to visit health facility for delivery attendance can be good promoters for institutional delivery as peer mothers to advocate the service [25, 26] Overall, findings of mothers or clients satisfaction on the HEP or health service especially on Maternal health indicates that, most mothers had good relationship, were satisfied with and had positive attitude towards health extension program /health services/ despite the fact that the program was criticized for not including curative services and the less attention given to static services at health post.

Figure 1.Conceptual frame work of mother's experiences and satisfaction with HEP Related to ANC.



Source: prepared by reviewing literatures on Bangladesh (Asma hasan et al, 2007), rural Bangladesh (Jorge Mendoza Aldana 2001) and Jimma Zone Zewdie Birhanu1 et al 2012)

Studies and reports in different parts of the world review different factor associated with mothers' satisfaction and experience with HEP related ANC. For this study the conceptual frame work was developed after review literature socio-demographic variable, information about HEP and delivery service by HEWs. The determinant factors were addressed and the relation is showed in the figure.

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CHAPTER - THREE

3.1 Objectives of the Study

3.1.1 General objective

To assess the level of mothers' experiences and satisfaction with health extension program related to antenatal care in kirkos sub-city, Addis Ababa, Ethiopia.

3.1.2. The specific objectives

1. To determine the level of mothers satisfaction on the provision of service by health extension workers towards Antenatal care.

2. To describe the mothers' experiences and interaction with health extension workers on ANC and HEP.

CHAPTER -FOUR

4.1 METHODS AND MATERIALS

4.1.1 Study Area and Period

4.1.1.1 Study area

The study was done in Addis Ababa city Administrative region. Addis Ababa is the capital of Ethiopia and Africa. It is constructed in an area of 540 Sq.Kms. According to July 2013 CSA projection, Addis Ababa has total population of 3,130,673 consisting of 1,478,890 males and 1,624,783 females [28].

It is where the African union based. It also hosts the headquarters of the United Nations Economic Commission for Africa (UNECA) and numerous other continental and international organizations. Addis Ababa is therefore often referred to as "the political capital of Africa" due to its historical, diplomatic and political significance for the continent. The city is populated by people from different regions of Ethiopia – the country has as many as 80 nationalities speaking 80 languages and belonging to a wide variety of religious communities. The city is divided in to 10 sub cities, these are Gulele sub city, Arada sub city Lideta sub city Kirkos sub city Kolfie sub city Yeka sub city Bole sub city
Nefas Silk Lafto sub city Akaki Kality sub city and Addis Ketema sub city.

The study was conducted in Addis Ababa city, kirkos sub city, which is located in central part of Addis Ababa with an estimated area of 14.62 square kilometers. Based on the 2007 figures from the Central Statistical Agency (CSA) of Ethiopia, kirkos sub city has an estimated total population of 257,607. The sub city is divided in 11 Weredas .It has seven governmental health centers two governmental hospitals , five private hospital and 80 different level of private and NGO clinics . Generally under kirkos sub city there are 87 health extension workers and 14 supervisors who are addressing the health extension program to the community [12].

4.1.1.2 - Study period

The study was conducted from January 31 to June 13, 2014, in kirkos sub-city, Addis Ababa, Ethiopia.

4.2 Study design

A community based cross sectional study design employed by quantitative data collection methods at kirkos sub-city to assess mothers' experiences and satisfaction with health extension program related to antenatal care.

4.3 Source Population and study subjects

4.3.1 Source population

The source population for this study was all women, who were receiving Antenatal care service from HEP in kirkos sub-city,

4.3.2 Study subject

Pregnant Woman whose age in reproductive age (from 15 to 49 years) who was getting Antenatal care service by HEW in kirkos sub-city.

4.4 Study Variables

4.4.1 Dependent / Outcome variables

Mother's satisfaction and experience to antenatal care delivered by HEWs.

4.4.2 Independent variables

The independent variables of the study were socio-demographic factors, reproductive history of the women, and information about HEP listen to mass media, neighbor, health center and health extension workers information about service delivered by HEWs on ANC convience, polite speech, and quality care

4.5. Eligibility criteria

4.5.1 Inclusion

Woman with in reproductive age (from 15 to 49 years) and who were getting ANC service by HEW in kirkos sub city.

4.5.2 Exclusion

Pregnant women who were unable to communicate due to illness at the time of the study.

4.6. Sample size calculation and sampling procedure

4.6.1 Sample size determination

To determine the sample size for this particular descriptive study, the following assumptions are taken.

Assumptions: A 95% confidence level, margin of error (0.05) and prevalence of satisfaction with HEP from previous study.

$$n = (Z \propto/2) \times P(1-P)/d2$$

$$N = \frac{(1.96)^2 x P(1-P)}{(0.05)^2}$$

Where

n= estimated sample size

z= Level of statistical significance that set up level 0.05, i.e 1.96

p = proportion of satisfaction who visited public Antenatal Clinics Care = 22% cited In a research of Khartoum.

q= proportion of patients who were not satisfied with the service, 1-22%= 78%

d= degree of accuracy required i.e., allowable error =0.05.

Therefore; the sample size of this study was calculated as follow.

$n = (Z \propto/2) \times P(1-P)/d2$

n= $\frac{(1.96)^2 \text{x } 0.22(1\text{-}0.22)}{(0.05)^2}$

n= 264

Considering a non response rate of 10% the final sample size for the study was 290.

4.6.2 Sampling technique and procedure

4.6.2.1 Sampling technique

The study was conducted in randomly selected woreda of the sub city. Systematic sampling technique has been used to select study respondents. The interval "K" was used to select the study participants from the sample frame. It was identified by dividing the total no of pregnant women exposed to HEW for antenatal care during the study by the number of sample size i.e. K=N/n .To estimate the number of women visited by HEW per woreda

The interval of sampling for random was calculated with the equation:

K = N/n

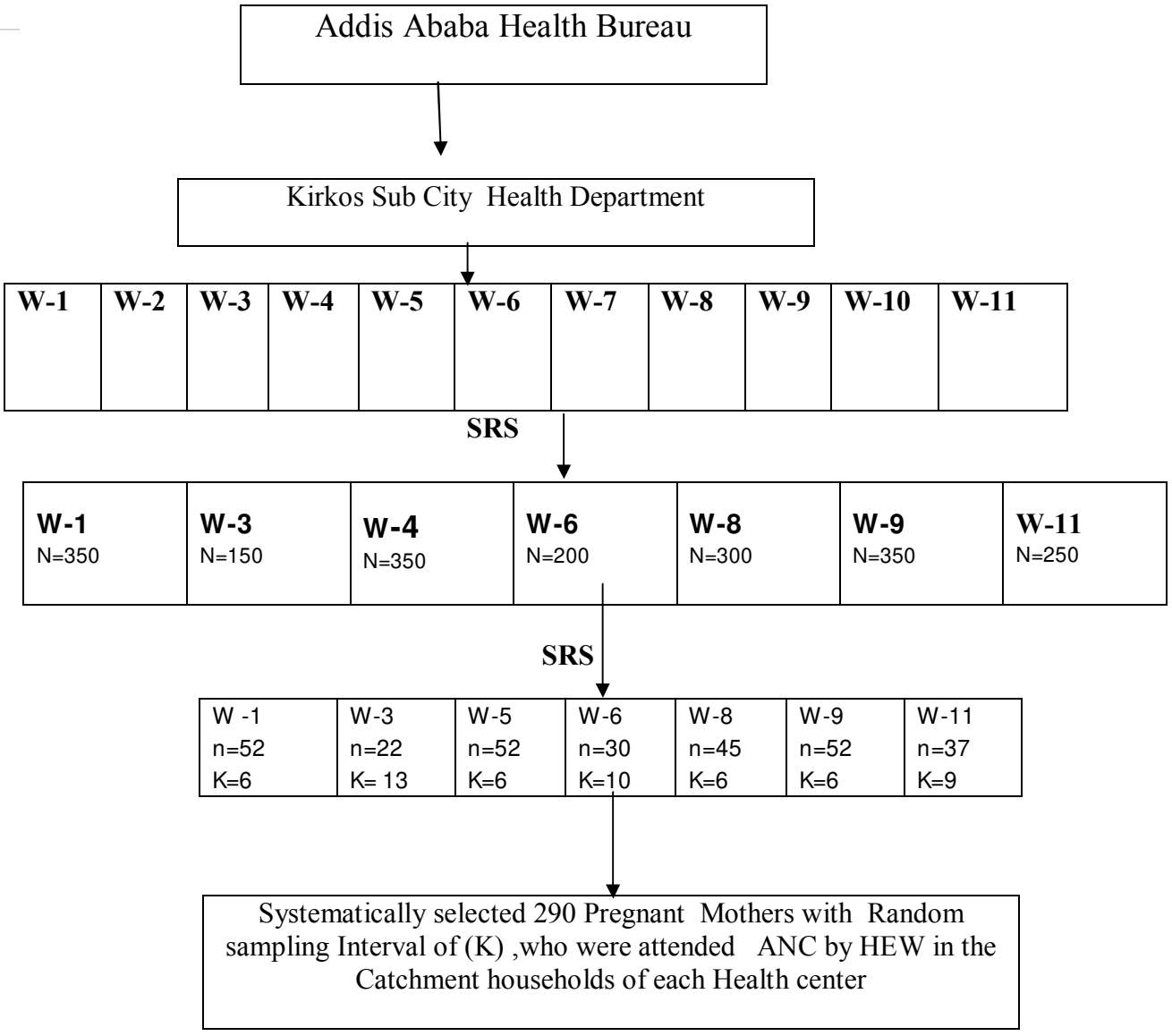
4.6.2.2 Sampling procedure

The sampling unit was a household and the sampling interval had been determined based on the number of households in the selected woreda with the assumption that one eligible respondent

could be available in each household. The first household was selected by lottery method. In case two women might be available within one household, two women were selected based on exposure to HEP. Participants were women, aged 15–49 years, Study participants were selected considering the level of exposure and contact with HEP at their respective woredas.

Data were collected using a structured questionnaire for the survey of the client's satisfaction and experiences developed from various literatures. The data was collected by visiting and auditing each household for the suggested questions in the questionnaire. All data from the surveys were kept confidential.

Figure- 2. Schematic representation of sampling procedure



There are 1950 mothers who had ANC service with HEP in 7 wordas. Out of this 290 mothers were selected from the 7 words by proportion. Each worda numbers of respondents calculated by total numbers of each worda respondents times sample size divided by total number 7 wordas respondents.

4.7- Plan for data collection

4.7.1 Instruments

The instrument used for data collection was a structured questionnaire developed through thorough review of documents, guidelines and manuals related to HEP.

The questionnaire was adopted from the internationally accepted instrument for assessment of satisfaction and comprehends in the review of literature. The questionnaire was translated in to Amharic Language which is used as national language and most of the questions were close ended.

The questionnaire was divided in to three sections and includes the following components:

1. Socio demographic Characteristics of respondents attending antenatal care from HEWs.
2. Items related to experience, interaction with HEWs, exposure to HEP and knowledge of the respondent about HEP service
3. Access to the HEP of the respondents, Service expectation, and Satisfaction of the respondents towards the antenatal care delivered by HEWs& Purpose of the HEWs to visit the respondents.

4.7.2 Data collection technique

After getting verbal consent from each mother, interview was conducted with trained Interviewers. The interview took approximately 20-30 min in each phase the data was collected for two weeks.

4.7.2.1. Data collectors

Data collection was carried out by twelve (12) trained diploma nurses and two (2) Degree nurse Supervisors after getting one day training on the data collection and interview techniques by the primary/principal investigator before three days of the actual study being done. To train the data collector role play technique was applied.

4.8 - Pre test

Before the actual data collection, the questionnaire was submitted to the subject expertise in order to check the content validity. Then, the questionnaires had been adopted according to the suggestions and comments of the subject expertise and proceed to Pre-test. Pre-test had been done in one of randomly selected kebele (woreda2) in the same sub city, on 5% of patients on different from the main data collection period before one week from the main study to find if there is any uncertainty with the instruments or to know the reliability and feasibility. Additional modifications and adjustments in the sequence and wording of the questionnaire have been made based on the results/finding of the pre-test.

4.9- Data analysis procedure

After the data was checked for completeness, inconsistencies, then coded, entered, cleaned using Epi-info version 6, and analyzed using SPSS version 16. Data are summarized by using tables and figures. Descriptive statistics had computed to determine the Mothers satisfactions with health extension program related to antenatal care. Bivariate and Multivariate analysis were carried out to identify the predictors of the study.

The magnitude of association between the different variables in relation to the outcome variable was measured by odds ratio with 95% confidence interval. Binary logistic regression analysis was made to obtain odds ratio and the confidence interval of statistical associations. The strength of statistical association was measured by adjusting odds ratios and 95% confidence intervals. Statistical significance has declared at $P<0.05$ and variables which showed statistical significant association ($P < 0.05$) in the bivariate analysis.

4.10- Data Quality Assurance

Data was collecting by using a pre-tested structured interview questionnaire by trained health care providers and continuous supervision by the primary investigator had been made to control the data collection procedure and all the data from each data collector was checked completeness, clarity and consistency by the principal investigator during the interview day. Data was intensively cleaned before analysis.

4.11-Operational Definitions

1. **Mothers' Satisfaction:** the level of satisfaction that mothers experience having used a service. It reflects the gap between the expected service and the experience of the service, from the client's point of view.

2. Level of satisfaction with current delivery service

2.1 Satisfaction: the responses, very satisfied and satisfied are classified as **satisfied.**

2.2 Unsatisfaction: the responses, very dissatisfied, dissatisfied and neutral are classified **as Unsatisfied**.

2.3 Neutral: responses were classified as dissatisfied considering that they might represent a fearful way of expressing dissatisfaction (represent a fearful way of expressing dissatisfaction).

1. **Overall satisfaction level:** the responses, very satisfied and satisfied are classified as satisfied.
2. **Overall Unsatisfaction level:** the responses, very dissatisfied, dissatisfied and neutral are classified as Unsatisfied.
3. **Utilization of ANC:** having at least one visit of health institution for check up purpose during the last pregnancy.
4. **Antenatal care:** The care given to pregnant women by HEWs**.**
5. **Number of children:** It refers to the total number of children of the respondents.
6. **Gravidity:** It refers to the total number of pregnancy of the respondents.
7. **Experience: -** It refers to the interaction of mothers with health extension workers for ANC follow up.
8. **Health Extension Program: -** It refers to the concept and principles of PHC; it is designed to improve the health status of families, with their full participation, using local technologies and the community's skill and wisdom.

4.12- Ethical Considerations

The study has been conducted after getting ethical clearance from Department of Nursing and midwifery, school of Allied Health sciences; college of health science, Addis Ababa University, A formal letter was secured after approved by Ethical Committee. Support letter was obtained from Department Nursing and midwifery, college of health science, of Addis Ababa University to Addis Ababa health Bureau, and Kirkos sub city health department for the permission to conduct the study, before interviewing of participants, verbal consent had been secured. Each study subjects/participants were adequately informed about the purpose of the study and the importance of their participation to confirm willingness for participation. Participants were also informed that they have a full right to refuse or discontinue/terminate participating at any point of the interview. Additionally, mothers were informed that the data wouldn't be given for any one and as it is used for the research purpose only to keep its confidentiality. Data were collected in private room with mothers for about 20-30 minutes in each phase.

4.13-Dissemination of study results

The findings of the study will be presented at the school of nursing College of health sciences, at workshops, Seminars. It will be also communicated to concerned bodies and publication will also be considered.

CHAPTER -FIVE

5.1- Results

5.1.1. Socio Demographic characteristics

A total of 290 currently pregnant women were selected for the study. The response rate was 100%, The largest proportion116 (40%) of the study respondents were in the age group of 25-29 years, followed by103(35.5%) the age group 20-24years. The minimum age was the mean age was found to be 25.46±5.04 with median of 28 years (Table 1). Most of the mothers were married 239 (82.4%), concerning the women's occupation status 82 (28.3%) of respondents were employed in private owned agencies, 81 (27.9%) of the mothers were House wife.66 (22%) of mothers were working in governmental, institution 34(11.3 %) are unemployed and 27 (9.3%) are working on their small jobs. As it is described in table 1 majority of the respondents educational level were high school education 101 (34.8%) and the educational background of 76 (23%) of pregnant mothers and 66 (25.5%) of mothers were primary education and college educated levels respectively. Level of education 32 (11%) mothers were only read and write and 15 (5.2 %) were couldn't read and couldn't write. (Table-1)

Regarding the monthly income of the family of the respondents, 92(31.7 %) of respondents had 1001-1500 ETB income, total of 70 (24.1%) monthly income of 1501-2000 ETB, those mother who earn 500-1000 ETB per month accounts 55 (19%),around43(14.8 %) of mothers have monthly income of 2001-3000 ETB, and only 29(10%) respondents have above 3000 ETB monthly income.(Table-1)

Concerning the number of pregnancies, 139 (47.9%) mothers were premi gravid. mothers who had two pregnancies account 103 (35.5 %), the number of pregnancy for 39(13.4 %) mothers were three and 9(3.1%) of mothers had above three pregnancies (Table 1).

Table-1 - Socio Demographic characteristics of the respondents MAY, 2014

S. No	Variables	Frequency	Percentage%
1	**Age of respondent**		
	1. 15-19 years	22	7.6
	2. 20-24 years	103	35.5
	3. 25-29 years	116	40
	4. 30-34 years	38	13.1
	5. 35-39 years	10	3.4
	6. 40-49 years	1	0.3
	Mean± SD= 25.46 ± 5.04		
2	**Marital status**		
	1. Married	239	82.4
	2. Single	31	10.7
	3. Divorced	9	3.1
	4. Separated	8	2.8
	5. Widowed	3	1
3	**Educational status**		
	1. can't read and write	15	5.2
	2. only read and write	32	11
	3. primary level	66	23.1
	4. secondary level	101	34.8
	5. college/university	76	25.5
4	**Occupation Of Respondent**		
	1. Government employee	66	22.8
	2. Private employee	82	28.3
	3. House wife	81	27.9
	4. Unemployed	34	11.7
	5. Merchant	27	9.3
5.	**Family monthly income**		
	1. 500 -1000 birr	55	19.3
	2. 1001-1500 birr	92	31.7
	3. 1501- 2000 birr	70	24.1
	4. 2001-3000 birr	43	14.8
	5. 3000 birr and above	29	10
6.	**Number of pregnancy**		
	1.one	139	47
	2.two	103	35.5
	3.three	39	13.4
	4.three and above	9	3.1

5.1.2 Respondents Experience and Interaction and knowledge with Health Extension Workers MAY 2014

The table below shows on pregnant mother knowledge, experience, and relation with HEWs, as it is exhibited 255 (87.9%) of mothers have information about urban HEP, and 35 (12.1%) mothers have no totally information about urban HEP (Table -2). Mothers who had got the information about HEP from mass media accounted (105) 41.5%.Mothers who directly received the information from HEWs about HEP accounts 63(21.5%). Around 15.9% of them had got the information from health centers, and 11.4 % of respondents received the information from their neighbors. As it is shown on table- 2 mothers knowledge on HEP delivered by HEWs, 240(82.8 %) of the respondents knew about the HEP delivered by HEWs, where as 50(17.2%) of mothers didn't have knowledge about the HEP delivered by HEP.

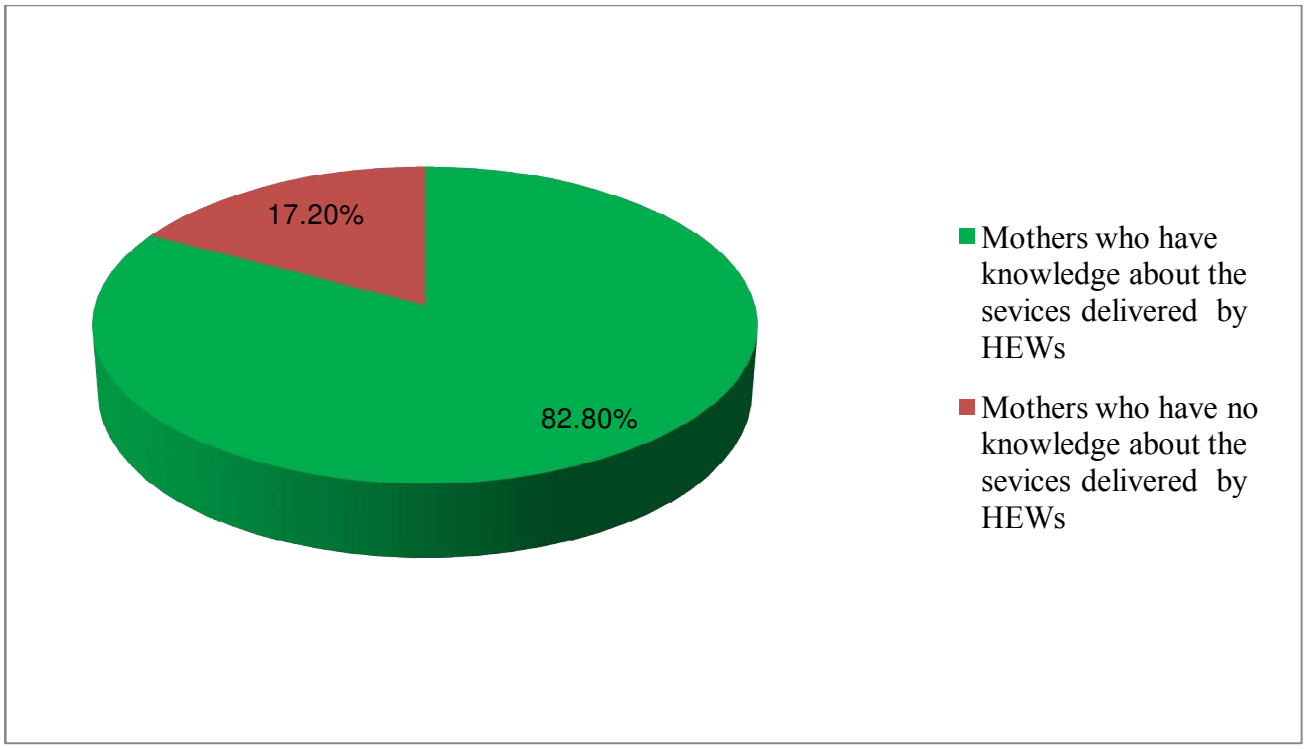


Fig.4. Showing knowledge of the mothers' about the services delivered by HEWs.

Out of the total respondents those mothers, who had knowledge about HEP delivered by HEWs have got ANC service, Family planning service, Health education service, vaccine service and environmental sanitation service were 43.6% . Around 10.7 % of respondents had only ANC service. Mothers who have got only Family planning accounts 16.7%.

As far as ANC is concerned, only 26.6% of mothers had ANC service and follow up within the past one year. The remaining 73.4 % of respondents hadn't the ANC follow-up in the past year. From this mother who had got ANC service and follow-up in the past one year, 46.8% of mothers had only one follow up. 30.4 % of them had twice had the service. Mothers who had three times and four times ANC follow up accounts 11.4% each.

According to the response of pregnant mothers, who had got ANC service and follow up 14.8 % of mothers said that the HEWs, involved their husband, however, the majorities of the respondents 85.2% reported that the HEWs couldn't involve the husbands'.

Regarding on the model Family in HEP, only3.1% were selected as model Family and only 10% of respondents knew those families selected as model family in their Kebele

69% of mothers thought that, the service provided by HEWs was not enough, but 31% of mothers said, the service delivered by HEWs was enough

Table 2- Respondents Experience and Interaction and knowledge with Health Extension Workers MAY, 2014.

Variable(n=255)	Frequency	Percentage (%)
knowledge about health extension program (HEP)		
Yes	255	87.9
No	35	12.1
Source of the information about the HEP (255)		
From neighbor	33	11.4
From mass media	105	41.5
From health extension workers	63	21.7
From Health center	46	15.9
Knowledge about the services delivered by health extension workers		
Yes	240	82.8
No	50	17.2
The service(S) you have got from HEWs		
ANC	25	10.7
Family planning	39	16.7,
Health education	28	12.0
EPI Environmental health	25	10.7
All	102	43.6
Ever visited by HEWs during the last one year.		
Yes	77	26.6
No	213	73.4
Frequency of visit during the last one year		
One times	37	46.8
Two times	24	30.4
Three times	9	11.4
Four or more	9	11.4
Did the HEWs involve your husband?		
Yes	43	14.8
No	247	85.2
Did you recognized as a model family		
Yes	9	3.1
No	281	96.9
Do you Know model families on HEP in your Kebele?		
Yes	29	10.0
No	261	90.0
Do you believe that the Services provided by HEWs is enough		
Yes	90	31.0
No	200	69.0

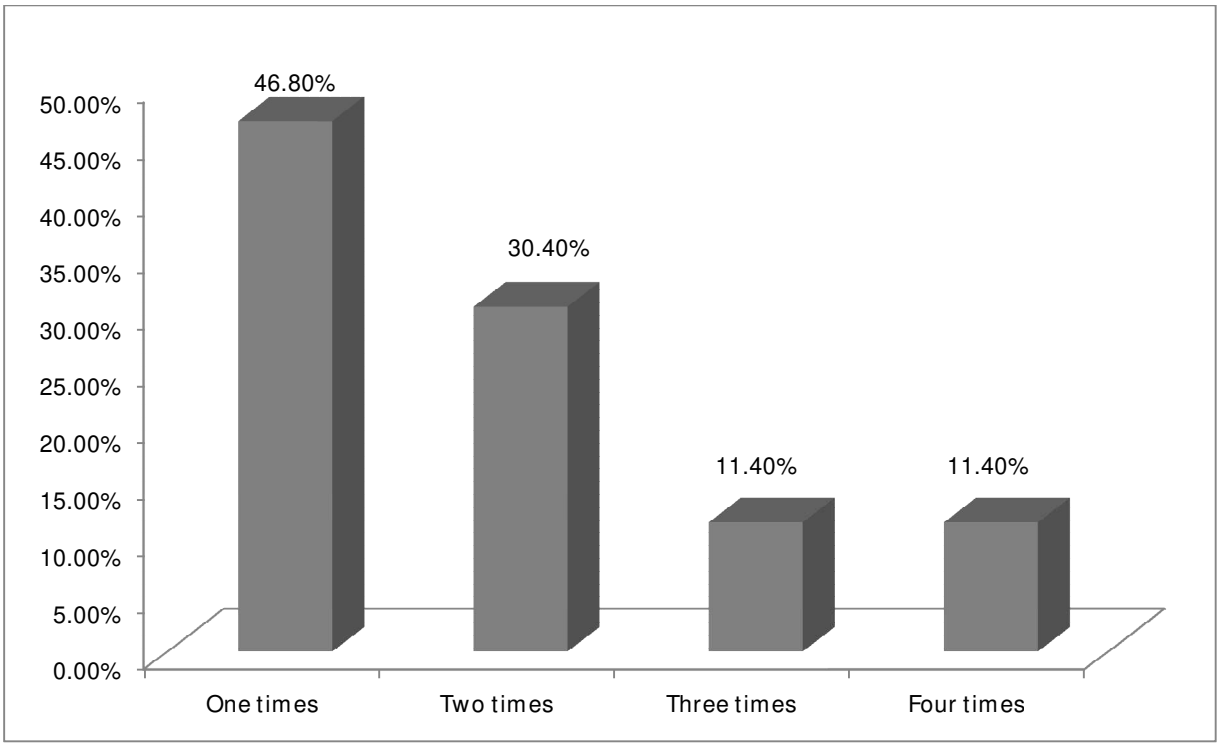


Figure3. Showing mothers' experience on ANC delivered by HEWs.

5.1.3. Assessment of Mother Satisfaction with Health Extension Program (HEWs) Related to ANC

The tables below shows mothers satisfaction with health extension program related to ANC, it is divided in to three dimensions, these includes the convenience of HEP, Polite speech or action of HEWs and quality of care given by HEWs.35(12.1%) respondents are system missed, hence they had no knowledge about HEP ,they couldn't allow to respond the questionnaires on satisfaction. Since 255 (87.9%) mothers have knowledge on HEP they are included in the following tables.

Table 3-1 -Mother's Satisfaction on convenience with HEP Related to ANC MAY 2014

Variable		Frequency (n=255)	Percent
Convenience			
Simplicity and trouble free of service system delivered	Satisfied	128	50.2
By HEWS.	unsatisfied	127	49.8
Availability of needed instruments	Satisfied	85	33.3
	unsatisfied	170	66.7
The practice of HEWs to refer for consultation	Satisfied	100	39.2
	unsatisfied	155	60.8

Table 3-1 shows that, 128(50.8%) of the respondents were satisfied with the simplicity and trouble free of service delivered by HEWs, where as the127 (49.8%) of mothers were not satisfied .regarding on availability of needed instruments which are important for the program, only 33.3% are satisfied.27.8 % of Mothers were satisfied that on the practice of HEWs to refer for consultation.

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Table 3-2 -Mother's Satisfaction on a polite speech or action with HEP Related to ANC MAY, 2014

		Frequency (n=255)	Percent
Courtesy(a polite speech or action)			
Friendliness of HEWs and Courteous manner of HEWs	Satisfied	73	28.6
	Unsatisfied	182	71.4
The attentiveness of HEW while answering Your questi	Satisfied	72	28.2
	Unsatisfied	183	71.8
Provide appropriate time for Examination	Satisfied	71	27.2
	Unsatisfied	184	72.8

The level of satisfaction can be measured in different parameters, in HEP the relationship between mothers and HEWs, polite speech and action, have a paramount value in the sustainability of the service. Table 3-2 show that 28.6 % of mothers had been satisfied with relationship and friendly approach of HEWs. The respondents have the same level of satisfaction (28.6%) to the attentiveness of HEWs while answering their question.

Table 3-3 -Mother's Satisfaction on Quality of Care with HEP Related to ANC MAY, 2014

		Frequency (n=255)	Percent
Quality of Care			
Level of satisfaction with HEW'S service	Satisfied	79	31%
	unsatisfied	176	69%
Getting the kind of service you wanted from HEWs?	Satisfied	78	30.6%
	unsatisfied	177	69.4%
Rating the quality of service you have received from HEW	Satisfied	73	28.6%
	unsatisfied	182	71.4%
To what extent has HEP met your needs?	Satisfied	72	28.2
	unsatisfied	183	71.8
Rating the availability of HEWS on home visiting	Satisfied	72	28.2
	unsatisfied	183	71.8
the service that you received helped you to deal more effectively with your problems	Satisfied	72	28.2
	unsatisfied	183	71.8
Recommending friends for need of similar help	Satisfied	72	28.2
	unsatisfied	183	71.8
Level of satisfaction being you are registered & attending ANC check up in HEP	Satisfied	72	28.2
	unsatisfied	183	71.8
Happy being you have ANC follow-up by HEWs	Satisfied	72	28.2
	unsatisfied	183	71.8

As it is shown on the above table 3-3 Mothers level of satisfaction on the service given by HEWs were 31% and 30.6 % of respondents had satisfaction with the kind of service they get from HEWs according to their need. Pregnant mothers had the same level of satisfaction 28.2% on rating the quality of service they received, on the extent of the HEP that would mate according to their need, on the rate given by mothers on the availability of HEWs on home visiting, on the service they received to deal more effectively with their problem ,on recommending friends for

need of similar help, on level of satisfaction being they are registered and attending ANC check up in HEP and on over all their Happiness being they had ANC follow-up by HEWs.

5.1.4 Descriptive statistics for satisfaction

In this study, the overall mean of satisfaction score was found to be 46.08 with standard deviation (SD) of 14.35(range of possible score 15-75 (Table 4). The median point of the data was 45.10 and 31% of the respondents scored above the median value indicating satisfaction with HEP Delivered by HEWs.

Table 4 Mean score for emerged factors, May 2014

Factors components	Mean ± SD	Range of possible score
Availability	2.99±1.05	1-5
Simplicity	3.40±1.09	1-5
Satisfaction	46.08±14.35	15-75
Getting the kind of service you wanted from HEWs	3.05±1.09	1-5
Rating the quality of service you have received from HEW	3.05±1.05	1-5
To what extent has HEP met your needs	3.03±1.061	1-5
Rating the availability of HEWS on home visiting	3.06±1.06	1-5
the service that you received helped you to deal more effectively with your problems	3.11±1.05	1-5
Recommending friends for need of similar help	3.09±1.08	1-5

5.1.5 Bivariate and Multivariate analyses result of dependent variable (satisfaction) with independent variables

Bivariate and multivariate logistic regression analyses were done to analyze factors associated with satisfaction. On the bivariate logistic regression model analysis: number of pregnancy, Frequency of visiting By HEWs the last one year , knowledge about the service delivered by HEWs, Involvement of husband in HEP , Knowledge about model families on HEP in your kebele, recognized as a model family, and Number of pregnancy were significantly associated with satisfaction at $P<0.5$ (Table 4). After controlling the effects of potentially confounding variables using multivariate logistic regression model, Involvement of husband in HEP was found to be statistically significant with satisfaction (Table 5).

Table 5- Bivariate association of the dependent variable (satisfaction) with independent variables (Socio-demographic variable, knowledge of the respondents for the HEP of the HEWs, reproductive history of the respondents, and experience of the participants for the HEP MAY 2014

Variables	Satisfaction		COR(95%CI)	P-Value
	Satisfied	Unsatisfied		
Number of pregnancy				
One	47 (39.2%)	73(60.8%)	**1**	
Two	34 (37.8%)	56(62.2%)	0.092(0.01-0.77)	0.028
Three	21(56.8%)	16 (43.2%)	0.087(0.01-0.74)	0.025
Four or above	7 (87.5%)	1(12.5%)	0.19(0.02- 1.68)	0.135
Knowledge of the service delivered by HEWs.				
Yes	106(44.7%)	131(55.3%)	4.05(1.14-14.35)	0.030
No	3(16.7%)	15(83.3%)	1	
Frequency of visiting By HEWs the last one year				
One	16(43.2%)	21(56.8%)	1	
Two	11(45.8%)	13(54.2%)	0.095(0.01-0.84)	0.034
Three	4(50%)	4(59%)	0.106(0.01-0.98)	0.048
Four or above	8(88.9%)	1(11.1%)	0.125(0.13-1.52)	0.103
Involvement of husband in HEP				
Yes	32(78%)	9(22.0%)	6.33(2.87-13.95)	**0.000**
No	77(36.0%)	137(64.0%)	1	
Recognized as a model family				
Yes	7(77.8%)	2(22.2%)	4.94(1.01-24.27)	0.049
No	102(41.5%)	144(58.5%)	1	
Knowledge about model families on HEP in your kebele				
Yes	21(75.0%)	7(25%)	4.93(1.93-11.61)	0.001
No	88(38.8%)	139(61%)	1	

Table 6- Multivariate association of dependant variable (satisfaction) with independent variable (socio demographic characteristics, knowledge of the respondents for the HEP of the HEWs, reproductive history of the respondents, and experience of the participants for the HEP

Variables	Satisfaction		COR(95%CI)	AOR
	Satisfied	Unsatisfied		
Number of pregnancy				
One	47 (39.2%)	73(60.8%)	**1**	
Two	34 (37.8%)	56(62.2%)	0.092(0.01-0.77)	---
Three	21(56.8%)	16 (43.2%)	0.087(0.01-0.74)	---
Four or above	7 (87.5%)	1(12.5%)	0.19(0.02- 1.68)	----
Frequency of visiting By HEWs the last one year				
One	16(43.2%)	21(56.8%)	1	
Two	11(45.8%)	13(54.2%)	0.095(0.01-0.84)*	.187(.017-2.069)
Three	4(50%)	4(59%)	0.106(0.01-0.98)*	.142(.012-1.643)
Four or above	8(88.9%)	1(11.1%)	0.125(0.13-1.52)	.093(.005-1.84)
Involvement of husband in HEP				
Yes	32(78%)	9(22.0%)	6.33(2.87-13.95)**	**5.931(1.204 -29.222)***
No	77(36.0%)	137(64.0%)	1	
Recognized as a model family				
Yes	7(77.8%)	2(22.2%)	4.94(1.01-24.27)*	.0008
No	102(41.5%)	144(58.5%)	1	
Knowledge about model families on HEP in your Kebele				
Yes	21(75.0%)	7(25%)	4.93(1.93-11.61)*	1.372(.157-12.010)
No	88(38.8%)	139(61%)	1	

**N.B- **** p- value significant at level of P <0.001, *p-value significant at level of P<0.05.

CHAPTER - SIX

6.1 DISCUSSION

The main purpose of this study was to assess the mothers' satisfaction on ANC services delivered by HEWs. Client's satisfaction is an outcome variable that has been an important part of program evaluation. So this study will help the health managers for balancing effectiveness and efficiency by which they can get feedback for continuous improvement.

The overall proportion of mothers who were satisfied with HEP and the service delivered by HEWs in this study was 28.2%.This percentage is very low when compared to studies conducted in other developing countries and in rural regions of Ethiopia (Jimma,and Wolaita) which was 83% and 82.9% level of satisfaction respectively. It is comparable with the study done in Sudan, Khartoum which was 22%.

In the bivariate logistic regression model the variables which were significantly associated with the dependent variable were number of pregnancy, Frequency of visiting by HEWs in the last one year , knowledge about the service delivered by HEWs, Involvement of husband in HEP **,** Knowledge about model families on HEP in your kebele and recognized as a model family (Table 4).

After controlling the effects of potentially confounding variables using multivariate logistic regression model, Involvement of husband in HEP was found to be statistically significant independent predictor for satisfaction of mother on HEP (Table 5). Involvement of husband in HEP was found to be statistically significant independent predictor for satisfaction of mother on HEP with AOR =5.93(1.20 -29.22).This study is supported by the study carried out in Jimma southern Ethiopia.

This result showed that involvement of husband in the HEP increases almost six times satisfaction of mothers in using the service delivered by the Hews. Because women in developing countries are either under collective decision making with their partners or completely rely on the male partner's decision on issues that affect their reproductive life.

Concerning experience of mothers on ANC only 26.6% of mothers had ANC service and follow up within the past one year. The remaining 73.4 % of respondents hadn't the ANC follow-up in the past year. From this mother who had got ANC service and follow-up in the past one year,

46.8% of mothers had only one follow up. 30.4 % of them had twice the service. Mothers who had three or four times ANC follow up accounts 11.4%.

CHAPTER- SEVEN

1. Strengths and limitations of the study

7.1.1 -Strengths

1. It the study which is done for the first time in the urban area to assess the satisfaction of mothers on the service provided by the HEWs.

2. Provision of appropriate information on the aim and advantage of the study to the participants so that 100% of the participants involved in the study.

7.1.2- Limitations of the study

1. Generally Limitations related to cross-sectional studies.
2. Quantitative data collection method not supported by qualitative data collection method.
3. This study only addresses the observation of the community; it is not included the perception of HEWs.

CAPTER -EIGHT

8.1 - Conclusions and recommendation

8.1.1- Conclusions

Even if, the HEP is implemented in urban community, mothers are not attracted by the service. In Addis Ababa there are multiple health service alternatives which the mother can get, ANC service. Practicing of home visit received higher recognition in rural HEP. The participation of husbands in HEP was considered to be vital for the success of the program though the involvement of women is still believed to be vital. However, HEP has no curative services which are not attracting mothers to utilized by HEP. In addition, as I have seen the urban HEP, the Health extension Nurses are not well organized, the majorities have no well controlling mechanism and systemic recording system. Even they couldn't know their clients specifically. The knowledge and skill of HEWs to attract the pregnant mothers seems inadequate. Because of the above concerns, less satisfaction and experience interpersonal relationship were reported with this study.

8.1.2 –Recommendations

8.1.2.1 - Recommendations to the governmental and stake holders in the study area

- The result showed that low number of mother satisfaction on service delivered by the health extension workers. So HEWs need to have regular follow up and appropriate supervision and also need training to increase quality service.

8.1.2.2 - Recommendations to health care providers

- Health extension workers should have good approach and give quality care for mothers to increase mother satisfaction.
- Health extension workers should create the awareness of the women on the importance of the health extension program.

- Health extension workers should establish day to day activity recording and reporting appropriately.

8.1.2.3- Recommendations to Researchers

- Further study with strong design is needed to asses related to low prevalence of mothers' satisfaction with HEP related to ANC (quantitative study supplemented with qualitative study).

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ANNEX I Information Sheet

Good morning/ Good afternoon. My name is_____, I am working as data collector in this study, that assesses mother's satisfaction and experience with health extension program related to antenatal care in Addis Ababa, Kirkos sub city for an investigator doing her thesis for the partial fulfillment of Masters Degree in nursing and midwifery department. You are kindly requested to participate in this study and provide the information required from you. Your participation in this study is completely on voluntary bases and you have the right to refuse, to take part or to interrupt at any time. But your participation will give us quite useful information to take important strategies to the mother's satisfaction. There are no incentives to participate in this study. We would like to assure you, your name will not be mentioned in anywhere. The information that you will give us will be kept confidential and only used for the research purpose. The questionnaire will take 25-30minutes.

So are you willing to participate in this study?

Yes No

If the answer is yes, Thanks Conduct

If the answer is no transfer to the next respondent.

Questionnaire code number

Name of the data collector Date of interview

Signature

Name of the supervisor Date of checking

Signature

ANNEX II Consent form

I have read the information sheet and I understood the purpose and the expected benefit of the research of this study. I hereby need to assure with my signature that I have signed without any coercion & I have decided to participate voluntarily to take part my contribution to the study which will help in decreasing maternal mortality rate.

Signature

Date

In case you want to contact the investigator, below is the address.

Ababa G/hiowt Taddesse Tel- +2519132878 61

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ANNEX III: English version questionnaire

ASSESSMENT OF MOTHER'S EXPERIENCES AND SATISFACTIONS WITH HEALTH EXTENSION PROGRAM RELATED TO ANTENATAL CARE IN KIRKOS SUB-CITY, ADDIS ABABA, ETHIOPIA

PART ONE: SOCIO DEMOGRAPHIC FACTOR

S.No	Questions	Codes and answers
101	Age of respondent	1. 15-19 years 2. 20-24 years 3. 25-29 years 4. 30-34 years 5. 35-39 years 6. 40-49 years
102	What is your religion?	1. Orthodox 2. Muslim 3. Catholic 4. Protestant 5. Others ____ Specify
103	What is your Ethnicity?	1. Oromo 2. Amhara 3. Tigre 4. Guragie 5. Others_____ Specify
104	What is your current marital status?	1.married 2.Single 3.Divorced 4.Separated 5.Widow

105	What is your educational status?	1.can't read and write 2.only read and write 3.primary level 4.secondary level 5.college/university
106	What is your occupation	1.government employee 2.private employee 3.house wife 4.unemployee 5.trader
107	Family monthly income	1. 500 -1000 birr 2. 1001-1500 birr 3. 1501- 2000 birr 4. 2001-3000 birr 5. 3000 birr and above
108	How many times did you have been pregnant?	1.one 2.two 3.three 4.four or above
109	How many children do you have? Please tell me in their gender.	1.one 2.two 3.thre 4.four and above 5.No child

PART TWO: RESPONDENTS EXPERIENCE AND INTERACTION WITH HEALTH EXTENTION WORKERS

S.No	Questions	Codes and answers
201	Have you ever heard about health extension program (HEP)?	1.yes 2.No
202	If your answer for Q 201 is yes, where do you get the information about the HEP?	1. From neighbor 2. From mass media 3. From health extension workers 4. From Health center 5. Others specify_____
203	Do you know the service delivered by health extension workers?	1.Yes 2.No
204	If your answer for Q 203 is yes; what service(S) you have got for yourself from HEW?	1. ANC 2. Family planning 3. Health education 4. EPI Environmental health 5. All 6. Others
205	Have you ever visited by HEW during the last one year	1.Yes 2.No
206	If your answer for Q 205 is Yes, How frequent you have been visited during the last one year?	1.one times 2.two times 3.three times 4.four and more than times
207	Do the HEWs involve your husband?	1.Yes 2. No

208	Are you recognized as a model family?	1. Yes 2. No
209	If your answer for Q 208 is No, Do you Know model families on HEP in your Kebele?	1. Yes 2. No
210	Do you think that the service provided by HEWs is enough?	1. Yes 2. No

PART THREE –MOTHER SATISFACTION TOWARDS THE SERVICE DELIVERED BY HEALTH EXTENSION PROGRAM (HEWS)

PLEASE TICK (ˇ) THE APPROPRIATE ANSWER IN THE BOX

Scale 5= Very satisfied, 4 = Satisfied, 3 = Neutral, 2= Dissatisfied, 1 = Very Dissatisfied

S.No	Questions	1	2	3	4	5
Convenience						
301	Simplicity and trouble free of Service System Delivered by HEWS.					
302	Availability of needed instruments like BP apparatus ,Thermometer, others					
303	The practice of HEWs to refer for consultation When needed.					
Courtesy(a polite speech or action)						
304	Friendliness of HEWs and Courteous manner of HEWs					
305	The attentiveness of HEW while answering Your question					
306	Provide appropriate time for Examination					
307	Maintain privacy appropriately before doing any Procedure					
Quality of Care						
308	Are you satisfied with HEW'S service? Please indicate the level of satisfaction					
309	Did you get the kind of service you wanted from HEW?					
310	How would you rate the quality of service you have received from HEW?					
311	To what extent has HEP met your needs?					

312	How do you rate the availability of HEWS on home visiting?					
313	Have the services you received helped you to deal more effectively with your problems?					
314	If a friend were in need of similar help, would you recommend HEP to her?					
315	How satisfied being you are registered as the ANC attendant and ANC check up in HEP?					
316	How far you are Happy being you have ANC follow-up by HEW?					

ANNEX IV: Amharic version questionnaire

በቂርቆስ ክፍለ ከተማ በጤና ጣቢያና የቤት ለቤት የቅድመ ወሊድ ክትትል በሚደርጉ ነፍሰ-ጡር እናቶች ላይ እናቶች በአገልግሎቱ ላይ ያላቸውን እርካታና ልምድ በተመለከተ የሚደርግ የዳሰሳ ጥናት የተዘጋጀ መጠይቅ።

መግቢያ፡ በቅድሚያ ወደ መጠይቁ እንኳን ደኅና መጡ።

ስሜ_____ ይባላል።አሁን በዚህ: የጤና ጣቢያና የቤት ለቤት የቅድመ ወሊድ ክትትል ላይ እናቶች በአገልግሎቱ ላይ ያላቸውን እርካታና ልምድ በተመለከተ ጥናት በማጥናት ከአዲስ አበባ ዩኒቨርስቲ ሁለተኛ ድግሪዋን በመስራት በመጣችው አጥኚ መረጃ እየሰበሰብን እንገኛለን።እርስዎም በዚህ ጥናት ተሳታፊ እንዲሆኑ ተጋብዘዋል።የእርስዎ በዚህ ጥናት ላይ መሳተፍ በፈቃደኝነት ላይ የተመሰረተ ነው።ይህም ማለት በመጠይቁ ላይ ያለመሳተፍ፣መመለስ የማይፈልጉትን ጥያቄ ያለመመለስና እንዱሁም በፈልጉት ጊዜ ጥያቄውን የማቋረጥ መብትዎ የተጠበቀ ነው።ይህንም በማድርግዎ በጤና ጣቢያና የቤት ለቤት የቅድመ ወሊድ ክትትልና ማንኛውንም ህክምና አያስታጉልብዎትም። ነገር ግን የእርስዎ በቃለ-መጠይቁ መሳተፍና የጥያቄዎቹ ትክክልኛ ምላሽ መስጠት እናቶች በአገልግሎቱ ላይ ያላቸውን እርካታና ልምድ ጠቃሚ መረጃ ይሰጠናል።በመጠይቁ ላይ የእርስዎ ስም ሆነ ሌላ የእርስዎን ማንነት የሚገልፅ ማንኛውም ነገር አይጠቀስም።የሚሰጡን መረጃ በሚስጥር የሚጠበቅና ለምርምር ሥራው የሚጠቅም ነው።ቃለ-መጠይቁ ከ25-30 ደቂቃ ይወስዳል።

ስለዚህ በቃለ-መጠይቁ ፈቃደኛ ነዎት?

ፈቃደኛ ነኝ ☐ ፈቃደኛ አይደለሁም ☐

መልሱ አዎ ከሆነ ቃለ-መጠይቁን ይጀምሩ። አልፈልግም ከሆነ ቃለ-መጠይቁን አይጀምሩ።

ፍቃደኛነቱን ያረጋገጠው መረጃ ሰብሳቢ :

ስም እና ፊርማ _____

የመጠይቁ መለያ ቁጥር _____

መጠይቁ የተደረገበት ቀን_____

የጥናቱ ተቆጣጣሪ ስም _____

ፊርማ _____

የስምምነት መስጫ ቅፅ፡-

እኔ ከዚህ በታች የፈረምኩት ስለጥናቱ ዓላማና ጥቅም ተረዴቸና አስፈላጊ መሆኑን አምኝበት በጥናቱ ላይ ለመሳተፍ ያለምንም ተፅዕኖ በራሴ ፈቃድ ተሳታፊ መሆኔን አረጋግጣለሁ፡፡

ፊርማ_____

ቀን _____

ተመራማሪዋን ማነጋገር ከፈለጉ በሚከተለው አድራሻ ማግኘት ይችላሉ

አበባ ገ/ህይወት +251913287861

ክፍል አንድ ፡-የማህበራዊና ኢኮኖሚያዊ ሁኔታን የሚዳስሱ መጠይቆች

ተ/ቁ	መጠይቆች	አማራጭ ምላሽ እና መለያ ኮድ
101	እድሜ ዎ ስንት ነው?	15-19 ዓመት 20-24 ዓመት 25-29 ዓመት 30-34 ዓመት 35-39 ዓመት 40-49 ዓመት በላይ
102	የየትኛ እምነት ተከታይ ነዎት?	ኦርቶዶክስ እስልምና ካቶሊክ ፕሮሲስታንት ሌላ ካለ ይገለፅ_____
103	ብሄረሰብ	ኦሮሞ አማራ ትግሬ ጉራጌ ሌላ ከሆነ ይገለፅ _____
104	የጋብቻ ሁኔታ	1. ያገባች 2.ያላገባች/ብቻዋን የምትኖር/ 3.አግብታ የፈታች 4.ተለያይታ የምትኖር 5.ባለቤቷ በሞት የተለያት
105	የትምህርት ደረጃዎ ምን ያህል ነው?	1.ማንበብና መፃፍ የማይችሉ 2.ማንበብና መፃፍ ብቻ 3.የመጀመሪያ ደረጃ 4.የሁለተኛ ደረጃ 5. ኮሌጅ/ ዩኒቨርስቲ /
106	ሥራዎ ምንድን ነው ?	1. የመንግስት ሠራተኛ 2. የግል መሥሪያ ቤት ሠራተኛ 3. የቤት እመቤት 4 ሥራ የሌላት 5 ነጋዴ
107	የቤተሰብዎ የወር ገቢ ምን ያህል ነው ?	1.500-1000 ብር:: 2.1001-1500 ብር:: 3.1501-2000 ብር:: 4.2001-3000 ብር:: 5.ከ3000 ብር በላይ::
108	ይህ ስንተኛ እርግዝናዎት ነው ?	1አንደኛ 2ሁለተኛ 3ሦስተኛ 4አራተኛና ከዛበላይ
109	ስንት ልጅ አለወት ? በጾታ ይግለጹ::	1) አንድ 2) ሁለት 3) ሶስት 4) አራተኛና ከዛበላይ 5) ልጅ የሌላት

ክፍል ሁለት፡- የእናቶች በቅድመ ወሊድ በሚሰጠው አገልግሎት ያላቸው እውቀት: የመጠቀም ልምድ እና ከጤና ኤክስቴን ሽን ባለሙያዋ ጋር ያላቸው ግኙኝነ ት የሚዳስ መጠይቅ ::

ተ/ቁ	መጠይቆች	አማራጭ ምላሽ እና መለያ ኮድ
201	ስለ ጤና ኤክስቴንሽን ፕሮግራም አገልግሎት መረጃ ሰምተው ያውቃሉ?	1 አዎ 2 አላውቅም
202	የጥያቄ ቁጥር “201” መልስዎ አዎ ከሆነ መረጃውን ከየት አገኙት?	1. ከጎረቤትዎ 2.ከመገናኛ ብዙሃን 3.አገልግሎት ከሚሰጡ የጤናኤክስቴንሽን ሙያተኞች 4.ከጤና ጣቢያ 5.ከሌላ(ይጠቀሱ)_____
203	በጤና ኤክስቴንሽን ባለሙያዎች የሚሰጠውን አገልግሎት ያውቃሉ?	1 አዎ 2 አላውቅም
204	የጥያቄ ቁጥር “203” መልስዎ አዎ ከሆነ ምን ምን አገልግሎት አግኝተው ያውቃሉ?	1.የቅድመ ወሊድ አገልግሎት 2.የቤተሰብ ምጣኔ አገልግሎት 3.የጤና ትምህርት አገልግሎት 4.የክትባት አገልግሎት ያአካባቢ ጤና አጠባበቅ አገልግሎት 5.ሁሉም 6.ሌላ ካለ ይገለጽ _____
205	ባለፈው አንድ አመት ውስጥ በጤና ኤክስቴንሽን ባለሙያውች የቅድመወሊድ ክትትል ተደርጎሎታል?	1 አዎ 2 ክትትል አልተደረገልኝም
206	የጥያቄ ቁጥር “205” መልስዎ አዎ ከሆነ ለምን ያህል ጊዜ ክትትል ተደርጎሎታል?	1) ለአንድ ጊዜ 2) ለሁለት ጊዜ 3) ለሶስት ጊዜ 4) ከሶስት ጊዜ በላይ
207	የጤና ኤክስቴንሽን ባለሙያውች ክትትል ባለቤትሆ ን ያካትታ ል?	1 አዎ 2 አያካትትም
208	በጤና ኤክስቴንሽን ፕሮግራም በሞዴል ቤተሰብነት ተመርጠዋል?	1 አዎ 2 የለም
209	የጥያቄ ቁጥር “208” መልስዎ የለም ከሆነ : በሚኖሩበ ት ቀበሌ በጤና ኤክስቴንሽን ፕሮግራም በሞዴል ቤተሰብነት የተመረጠ ያውቃሉ?	1 አዎ 2 የለም
210	በጤና ኤክስቴንሽን ባለሙያውች የሚሰጠው አገልግሎት በቂ ነው ብለው ያስባሉ?	1 አዎ 2 የለም

ክፍል ሶስት፡- የእናቶች በጤና ኤክስቴንሽን ባለሙያዎች በሚሰጠው አገልግሎት በተለይም የቅድመ ወሊድ ክትትል ልምድ እና እርካታን የሚዳስሱ መጠይቆች::

የምዘና መለኪያ

5 = በጣም ያረካል/በጣም ጥሩ ነው/ 4 = ያረካል /ጥሩ ነው/ 3 = ገለልተኛ/ሃሳብ አልሰጥም/

2 = አያረካም/አያስደስትም/ 1= በጣም አያረካም/በጣም አያስደስትም/

ተ/ቁ	መጠይቆች	1	2	3	4	5
ተስማሚነትና ምቹነት						
301	በጤና ኤክስቴንሽን ባለሙያው የሚሰጠው አገልግሎት ለአጠቃቀም ቀላልና አስቸጋሪ አለመሆኑ					
302	አስፈላጊ የህክምና መሳሪያዎች እንደ የደም ግፊትመለኪያ፣የሙቀት መጠን መለኪያ የመሳሰሉት መኖ ራቸው::					
303	አስፈላጊ ሆኖ ሲገኝ ለከፍተኛ ምርመራ ወደ ሚመ ለከተው የጤና ባለሙያ የመላክ ልምድን እንዴት ይመዙኑታል?					
መልካም ጸባይን በተመለከተ፡						
304	የጤና ኤክስቴንሽን ባለሙያው ያላቸው አቀራረብ ጓደኛዊ ስሜትን የሚፈጥርና በመለካም ጸባይ የታጀበ ነው ይላሉ?					
305	የጤና ኤክስቴንሽን ባለሙያው የዕርስዎን ጥያቄ ዎች በጥሞና በመከታተል ተገቢውን መልስ በመስጠ ላይ ያላቸው ስሜት እንዴት ይገለጹታል?					
306	የጤና ኤክስቴንሽን ባለሙያው የቅድመ ወሊድ ክትትልእና ምርመራ ሲያደርጉ በቂ ጊዜ የመጠቀም ልምዳቸውን እንዴት ይገለጹታል?					
307	የጤና ኤክስቴንሽን ባለሙያው የቅድመ ወሊድ ክትትልእና ምርመራ ሲያደርጉልዎት የግል ስሜትዎን /privacy/ የመጠበቅ ልምዳቸውን እንዴት ይገለጹታል?					
የአገልግሎት ጥራትን በተመለከተ						
308	በጤና ኤክስንቴንሽን ባለሙያዋ ያገኙት አገልግሎት አርክቶዎታ ል? የርካታዎን መጠን ይግለጹ					
309	ከጤና ኤክስንቴንሽን ባለሙያዎች በሚፈልጉት መልኩ አገልግሎቱን አግኝቻለው ይላሉ?					
310	ከጤና ኤክስንቴንሽን ባለሙያዎች ያገኙት አገልግሎት ምን ያክል ጥራት አለው ይላሉ ?					
311	ከጤና ኤክስንቴንሽን ባለሙያዎች የሚሰጠው አገልግሎት በምን ያክል መጠን ፍላጉቴን አሙልቷል ይላሉ?					
312	የጤና ኤክስቴንሽን ባለሙያዎች ጉብኝት እና በስራ ላይ መገኘታቸውን እንዴት ይመዝኑታል?					

313	በጤና ኤክስንቴንሽን ባለሙያ የተሰጠኝ እርዳታ ከጤናየ ችግር አንፃር ያገኙት ርዳታ በምን ያክል መ ጠን ረድቶኛል ብለው ያምናሉ?					
314	እንደ እርስዎ ተመሳሳይ እርዳታ ለሚፈልጉ ጎረቤትዎ እና ጓደኞችዎ ስለጤና ኤክስንቴንሽን ፕሮግራም አገልግሎት አስተያየት ምክር ሲሰጡ ምን ይሰማዎታል?					
315	በጤና ኤክስንቴንሽን አገልግሎት ተመዝግበው የቅድመ ወሊድ ክትትል ስለተደረግልዎ በአገልግሎቱ ምን ያህል ረክተዋል?					
316	በጤና ኤክስንቴንሽን ባለሙያዎች የሚሰጠው የቅድመ ወሊድ ክትትል ምን ያክል አስደሳች ነው ይላሉ?					

Declarations

The thesis my original work, has not been presented for a degree in only other university and that all sources of material used for the thesis have been duly acknowledged.

Name of the student Abeba G/Hiowt

Signature_____

Place: Addis Ababa

Date of submission_____

This thesis work has been submitted with my approval as the university Advisor

Advisor name: Mr. Balcha Birhanu

Signature:_____