

# **S11: Are pregnant mothers satisfied with the quality of care provided by government antenatal clinics? Rural Sri Lankan experience**

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**Background:** As a country having high coverage of antenatal care and low maternal mortality rate, in Sri Lanka, the main challenge in maternal healthcare delivery is the quality improvement. We assessed the antenatal clinic attendees' perceptions on the quality of received care as a measure of assessing the actual quality of health care delivery.

**Methods:** Maternal perception of the quality of antenatal care was measured through a standard questionnaire to collect information on four domains namely, "technical expertise and medication", "resources and accessibility", "interpersonal care and information" and "communication, clinic and home visits". It was administered to pregnant women above 24 weeks of POA attending government antenatal clinics in the area.

**Results:** Out of the interviewed 236 pregnant women, majority were Sinhalese (93.6%) and from rural areas (54.7%). The mean age was 28.1 years. Only 23.3% of them were employed and 74.1% were having a low monthly income. Majority (75.4%) had at least four previous clinic visits. Most of the women were satisfied of the quality of received care. Above 93.2% (n=220) of the participants expressed satisfaction on received medical care and above 89% (n=211) on drugs while 64.4% (n=152) were satisfied about accessibility and 61% (n=144) on indirect costs. Compassion, Respect and support shown by the staff were highly favorable to more than 55% (n>130) of women while Information provided by the staff were favorable to 86.4% (n=204). Least satisfying factors were Long waiting time and inadequate Toilet facilities (below favorable-levels in 51.3%, n=121 and 50.4%, n=120 respectively). Rural women with low socio-economical class were more satisfied than the urban populations in all the domains of care. The main suggestion was to improve the clinics amenities.

**Conclusions:** Improvement of infrastructure and reducing waiting time would increase the perceived quality of care among this population. Urban rural difference in perceived care should be addressed in a different way.