

Research Article

Evaluation of Pregnant Women's Satisfaction with Antenatal Care at Haho Health Zone Hospital Using the Erin Multi-attribute Model

Wankpaouyare Gmakouba^{1,3,*} , Komi Ameko Azianu² , Napo Kpakpassoko³ , Mazabalo Bini³ , Salaraga Bantakpa⁴ 

¹Department of Public Health, Bircham International University, Madrid, Spain

²Interdisciplinary Research Laboratory in Social and Health Sciences, University Joseph Ki-Zerbo, Ouagadougou, Burkina Faso

³Research and Planning Department, Ministry of Health and Public Hygiene, Lomé, Togo

⁴Department of Universal Health Coverage, Ministry of Universal Access to Care, Lomé, Togo

Abstract

Introduction: Pregnant women's satisfaction is a crucial indicator for the continuous improvement of health services, particularly in the management of antenatal care. **Objective:** The study aimed to explore the experiences of pregnant women who had received antenatal care at Notsè Hospital in the Haho Health Zone for at least six months. It sought to assess their satisfaction, identify aspects of care that met their expectations, and highlight areas needing improvement based on their perceptions. **Methods:** A cross-sectional study was conducted between January 6 and February 5, 2025, focusing on patients selected based on specific inclusion criteria. The multi-attribute model developed by Erin was utilised to assess satisfaction, with this model dividing satisfaction into six key dimensions: speed, competence, courtesy, comfort, fairness of treatment, and adequacy of expectations. **Results:** The pregnant women expressed overall satisfaction with certain aspects of their care, particularly with regard to the perception of fairness, with 96% reporting that they felt treated equitably. Furthermore, the pregnant women expressed appreciation for specific services, including dietary advice (66.7%), the provision of free medications (85.1%), and the monitoring of biological constants (87.2%). However, the findings also exposed areas that merited attention. Satisfaction with provider competence was notably low, with only 24.5% feeling confident in their caregivers' abilities. Furthermore, courtesy was identified as a salient issue, with only 31.4% of respondents reporting feelings of kindness and respect during their interactions. Waiting times remained a challenge, with only 54.9% satisfied with the speed of service, while 58.8% of respondents expressed concerns about confidentiality. **Conclusion:** Improving the quality of antenatal care at Notsè Hospital requires a systematic review of providers' practices, focusing on (i) reducing delays (waiting time), (ii) respecting confidentiality, and (iii) strengthening the interpersonal relationship. An approach that takes into account the socio-cultural specificities of patients is recommended to optimize clinical outcomes and beneficiary satisfaction.

Keywords

Evaluation, Satisfaction, Antenatal Care, Erin Model, Togo

*Corresponding author: makoubafred@gmail.com (Wankpaouyare Gmakouba)

Received: 17 March 2025; **Accepted:** 27 March 2025; **Published:** 17 April 2025



Copyright: © The Author(s), 2025. Published by Science Publishing Group. This is an **Open Access** article, distributed under the terms of the Creative Commons Attribution 4.0 License (<http://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution and reproduction in any medium, provided the original work is properly cited.

1. Introduction

In Togo, the number of health facilities has gradually increased, but not many people use them. Only about 20% of the population goes to health centres [1]. Between 15% and 40% of people stop receiving care at some point, depending on how far away the health centres are and how much it costs [2, 3]. This use of healthcare services can be partly explained by shortcomings in the care on offer, which have a direct impact on client satisfaction.

In the domain of public health, the satisfaction of expectant mothers is recognised as a significant lever for enhancing the quality of care. The relationship between satisfaction and compliance is well documented, with the former having a positive influence on adherence to treatment and medical appointments. Consequently, the measurement of satisfaction is imperative for the identification of deficiencies in the organisation, content and form of healthcare services, with the objective of proposing adjustments for their continuous improvement.

Objective: The present assessment primary objective was to assess the satisfaction of pregnant women receiving antenatal care at Notsè Hospital, employing Erin's multi-attribute model cited by Euphrosine Mukandoli [4]. Erin's analytical framework is predicated on the decomposition of a service into perceived potential benefits, encompassing six key dimensions: speed, competence of providers, courtesy, comfort, fairness and meeting expectations. The results of the study are intended to provide operational feedback to decision-makers and healthcare professionals involved in the management of antenatal care.

2. Review of the Literature

In Togo, it is recommended that a minimum of four antenatal consultations take place, although the transition to an eight-antenatal-contact model is encouraged in order to enhance the quality of care [5]. The initial consultation should occur prior to 12 weeks' amenorrhoea, with the purpose of confirming the pregnancy, initiating folic acid and iron supplementation, and conducting the preliminary biological tests. The second appointment, between 20 and 24 weeks' gestation, is used to monitor foetal growth and detect any complications such as anaemia or gestational diabetes. The third appointment, between 28 and 32 weeks' gestation, involves assessment of the foetal position and preparation for delivery. Finally, the fourth appointment, between 36 and 38 weeks' gestation, focuses on checking the foetal presentation and providing pre- and post-partum advice. These consultations are accompanied by preventive measures, including tetanus vaccination, malaria prophylaxis, and health education for pregnant women [5].

Women's satisfaction with antenatal care depends on a number of things. These include how easy it is to get to the

service, the quality of the care they receive, how they are treated by the healthcare staff, and how they are made to feel when they are waiting. If healthcare workers are respectful, communicate effectively, and clearly explain the state of maternal and foetal health, this will have a positive effect on patients' experiences. It is also important to make sure that there are enough resources, including medicines and extra tests, and that there are no financial or geographical barriers. Involving women in decision-making and adopting a patient-centred approach also increases their adherence to antenatal care [5, 6].

There are different ways to measure how happy patients are with their care. One of these is the Donabedian model [6]. This separates satisfaction into three parts: structure (things like buildings and equipment), process (how patients are treated and if the care is good), and outcomes (how healthy patients are and how satisfied they are). The SERVQUAL model [7] looks at how happy patients are by comparing what they expect and what they think about the care they received across five areas: how real the care feels, how reliable it is, how quickly it responds, how sure they feel they can trust the staff, and how empathetic the staff are. The satisfaction gap model [8] puts care attributes into three categories: basic needs, expressed expectations and innovative features that positively surprise patients. The Ware and Hays model [9] looks at how happy patients are when they talk to their carers and when they get to take part in decisions. Finally, Erin's model [4] combines the technical quality of care and the patient's subjective experience. These models offer a global and complementary way of improving the quality of care and the experience of healthcare providers.

In addition to the above models, recent studies of patient satisfaction in low-resource settings highlight the importance of addressing the socio-cultural factors that influence healthcare experiences. A study by Smith found that cultural sensitivity and respect for traditional beliefs significantly improved patient satisfaction in rural sub-Saharan Africa [10]. Similarly, a study of maternal health in West Africa showed that improved communication and trust between health care providers and patients promoted better adherence to antenatal care and improved outcomes [11]. These findings highlight the need for a patient-centred approach that takes into account not only clinical factors but also cultural and socio-economic contexts when assessing and improving maternal health services.

Thus, the integration of findings from these different studies supports the argument for a comprehensive, patient-centred approach to improving antenatal care and satisfaction, which is essential for improving maternal health outcomes in Togo and similar contexts [10, 11].

Erin's satisfaction model was chosen because it suggests a way to measure how happy patients are with antenatal care.

This includes how they think the care is, what they expect and what they actually experience. This model highlights the importance of the relationship between the patient and the healthcare professional, how easy it is for patients to access services, how well the patient's preferences are taken into account, and the technical and interpersonal quality of the care they receive. It can help identify problems and suggest ways to improve antenatal care for pregnant women by focusing on what the patient needs [4].

3. Methodology

Type of Study

This is a cross-sectional study. It was designed to assess women's satisfaction with antenatal care at the health district hospital.

Place of Study

Notsè Hospital is a health zone hospital, located in an urban area and serving the entire population of the Haho health zone, estimated at 305,095.00 habitants in 2022 (RGHP-5). The town of Notsè is the capital of the Haho prefecture and is 95 km from Lomé, the capital of Togo. A team of people, including a gynaecologist, three senior health technicians and nine midwives, was responsible for following up clients.

The clients were pregnant women receiving antenatal care (care for pregnant women before birth) at Notsè Hospital in the Haho health zone who met the following criteria: they had been receiving antenatal care for at least six months at the time of the interview and had given oral consent to take part in the survey.

Sampling

We chose the patients using something called the 'non-probability method'. The patients in the study had to meet these conditions: they had to be pregnant, they had to have been treated at Notsè Hospital for at least six months, and they had to agree to take part in the study.

Sample

The patients who met the inclusion criteria and who came to the antenatal clinic at Notsè Hospital were selected for data collection. In total, 51 pregnant women were interviewed.

Data Collection

The interviews were done between 6 January and 5 February 2025. The interviews were done using a questionnaire made up of questions that were not fixed, but some of which were open-ended. The questionnaire had 13 questions in three sections. The first section asked for information about the patients' backgrounds. The second section asked how happy they were with different aspects of their care. The third section asked for suggestions to improve care (table 1 below).

Table 1. Operationalisation of the Erin model's dimensions of potential consumer benefits.

Measurements	Description	Variables	modality of satisfaction
Rapidity	How long it takes to react to a request depends on what the customer expects and needs. This is the time needed to get a service or product. Speed requires: 1) A reasonable time to obtain an appointment with professionals; 2) A short waiting time when you don't have an appointment; 3) A reasonable time taken to obtain the results of examinations or assessments; 4) A reasonable time taken to obtain diagnostic services (blood tests, ultrasound, etc.).	1) The timeframe between the decision to initiate intermittent preventive treatment against malaria and/or ARVs and the commencement of treatment. 2) The waiting time for medical consultation. 3) The waiting time for complementary examinations. 4) The waiting time for biological examinations.	1) Satisfied 2) Not satisfied
Comfort	The feeling of well-being that comes from a healthy, clean, tidy environment and equipment that can be used in different situations. This means that: i) the atmosphere in the building must be pleasant and ii) the building must be laid out in a safe manner (e.g. the furniture and staircases must be safe).	The consultation room should be clean and tidy, with the table(s) and chairs arranged neatly.	1) Satisfied 2) Not satisfied
Courtesy	Politeness and good manners to make customers feel at ease	Respectful behaviour towards the service provider(s)	1) Satisfied 2) Not satisfied
Competence	A relevant, recognised and tested set of representations, skills and knowledge used effectively by an individual or group in a work situation.	Gestures performed by the health care provider(s) on the user	1) Satisfied 2) Not satisfied

Measurements	Description	Variables	modality of satisfaction
Equity treatment	User satisfaction with the way it was handled	Application and focus of the health care provider	1) Satisfied 2) Not satisfied
Result: Meeting user expectations	The user gets what she needs, according to her expectations	Responses to the first three expectations	1) Satisfied 2) Not satisfied

Source: Inspired by Euphrosine Mukandoli, 2009; page 94 (Erin Research Inc and Agence de la santé des services sociaux de Montréal).

Data Collection Technique & Tool

It was an individual interview with clients leaving an antenatal consultation. A semi-structured questionnaire was used with thirteen (13) questions divided into three (3) sections: i) socio-demographic data (3 questions), ii) client satisfaction (9 questions), iii) suggestions for improvement (1 question). The 1st and 3rd sections were open questions. The second section consisted exclusively of closed questions relating to the dimensions of satisfaction according to Erin's model.

Practical Conditions for Data Collection

The questionnaire was administered by two health science students who were trained in one day. The questionnaire was pre-tested and the interviews took place in the health centre, more precisely in a place agreed between the interviewer and the respondent.

Variables

These are divided into the dimensions relating to potential consumer benefits (Table 1). For each variable, a closed question was formulated: (i) speed of service delivery (4 variables), (ii) comfort of customer care (1 variable), (iii) courtesy of providers during customer care (1 variable), (iv) confidentiality during customer care (1 variable), (iv) skill of agents during customer care (1 variable), and (v) fairness of treatment of customers (1 variable) and (vi) responsiveness to customer expectations (1 variable). The proportions of positive responses were calculated for each dimension and for the dimensions as a whole.

The satisfaction index for each variable and for all variables

was calculated according to the percentage of positive responses in the following ranges: the index is very satisfactory if the percentage of positive responses is $\geq 80\%$; the index is satisfactory if the percentage is $\geq 60\%$ and $\leq 80\%$; the index is less satisfactory if the percentage is $\leq 60\%$.

Data Analysis

The examination of data completeness was conducted prior to the analysis. The responses were coded and analysed using Excel and SPSS software.

4. Results

A total of 96% (51/53) of the selected pregnant women participated in the assessment of satisfaction with antenatal care services.

The mean age of the respondents was 28 years ± 7 . Of these, 74.1% reported living with a partner and 25.8% reported that they had no formal education.

Speed of Service Delivery

The speed of service index is classified as «less satisfactory», with 54.4% (110/204) of positive responses (Table 2). The criterion «waiting time for additional tests» received the highest proportion of «very satisfactory» responses.

This was followed by «time from decision to start treatment», which was rated as «satisfactory».

However, «waiting time for medical consultation» and «time required for biological test» were both rated as «less satisfactory».

Table 2. Distribution of respondents according to their perception of service speed.

Criteria	Proportion of satisfied clients%; n/N	Satisfaction index
Time between the decision to start treatment (intermittent preventive treatment for malaria and/or ARVs) and the actual initiation of treatment	64.7%; 33/51	satisfactory
Waiting time at the healthcare provider's consultation	29.4%; 15/51	Less satisfactory
Waiting times for tests and complementary examinations	92.2%; 47/51	very satisfactory
Timeframe for performing biological tests	31.4%; 16/51	Less satisfactory

Criteria	Proportion of satisfied clients%; n/N	Satisfaction index
Total	54.4%; 111/204	Less satisfactory

Comfort and Courtesy of Service Providers

The comfort receives a «satisfactory» rating with 64.7% (33/51) of positive responses, while courtesy receives a «less satisfactory» rating with 31.4% (16/51) of positive statements.

Confidentiality During Care

Confidentiality receives a «less satisfactory» rating, with 58.8% (30/51) of the women surveyed stating that the conditions were not met for confidential exchanges during care.

Competence of Staff and Equity of Treatment

With 24.5% (13/51) of positive responses, the competence of staff receives a «less satisfactory» rating. The equity of treatment receives a «very satisfactory» rating with 96%

(49/51) of positive responses.

Response to Clients' Expectations

The expectations gathered from the women surveyed are, in decreasing order of importance, the prescription of free medications, food support, thorough body examination, measurement of body temperature and blood pressure, and answers to questions asked by pregnant women (Table 3). The satisfaction index for nutritional counseling is «satisfactory». The measurement of body temperature, blood pressure, and prescription of free medications all receive a «very satisfactory» rating. The thorough body examination by the service provider and the responses to the questions asked by the patient during the session receive a «less satisfactory» rating.

Table 3. Distribution of respondents according to their perceptions of satisfaction with expectations.

Expectations gathered from clients	Proportions of clients who expressed the expectation%; n/N	Proportion of satisfied clients%; n/N	Satisfaction index.
Prescription of free medications	92.2%; 47/51	85.1%; 40/47	very satisfactory
Nutritional advice	88.2%; 45/51	66.7%; 30/45	Satisfactory
Thorough body examination of the client by the healthcare provider	84.3%; 43/51	32.6%; 14/43	less satisfactory
Measurement of body temperature and blood pressure	76. 5%; 39/51	87.2%; 34/39	very satisfactory
Responses to the questions asked by the client during the session	52.9%; 27/51	70.4%; 19/27	less satisfactory
Total		68.2%; 137/201	satisfactory

Overall Satisfaction of Pregnant Women

The overall satisfaction of the clients surveyed receives 56.9% (203/357) positive responses, which corresponds to the «less satisfactory» overall satisfaction index. More specifically, equity of treatment receives a «very satisfactory» index (96.0%), responses to patient expectations (66.7%) and

comfort during care (64.7%) each receive a «satisfactory» index. The speed of services (54.9%), courtesy of service providers (31.4%), confidentiality (58.8%), and competence of service providers (25.5%) each receive a «less satisfactory» index (Table 4).

Table 4. Satisfaction indices related to the dimensions evaluated during the care of clients.

Dimensions	Proportion of satisfied clients%; n/N	Satisfaction index
Speed of services	54.9%; 28/51	less satisfactory
Comfort	64.7%; 33/51	satisfactory
Courtesy of service providers	31.4%; 16/51	less satisfactory

Dimensions	Proportion of satisfied clients%; n/N	Satisfaction index
Confidentiality	58.8%; 30/51	less satisfactory
Competence of service providers	25.5%; 13/51	less satisfactory
Equity of treatment	96.0%; 49/51	very satisfactory
Response to the client's expectations	66.7%; 34/51	satisfactory
Total	56.9%; 203/357	less satisfactory

Sources of dissatisfaction from respondents

The deficiencies pointed out by the respondents primarily relate to the behavior of the service providers. These include uncomfortable glances and distrustful attitudes of some providers, frequent interruptions by staff entering and exiting the room, intermittent suspension of sessions, and changes in service providers without any explanation to the patient (Table 5).

Table 5. Distribution of deficiencies mentioned according to the relevant dimensions.

Relevant dimensions	Deficiencies mentioned by the clients.
Speed of services	Non-compliance with service opening hours.
	Intermittent suspension of sessions for reasons not explained to the clients.
	Delay in providing the results of biological tests.
Courtesy of service providers	Uncomforting gaze from some service providers.
	Distrustful attitudes from some service providers (wearing gloves, behavior aimed at keeping the client away from the provider).
Confidentiality	Multiplicity of service providers during certain sessions.
	Frequent and unnecessary entries and exits of staff in the room.
	Absence of curtains on the windows and the door left ajar.
Competence of service providers	Failure to reassure the client by the service provider.
	Change of service provider without any explanation to the client.
	Improper attire (dirty lab coats, inappropriate accessories).
	Hesitation from some service providers during the body examination.
	Insufficient explanation of the actions performed on the client.

5. Discussion

Limitations of the Study

This study relies on data that is not nationally representative for Togo, a low-resource country, to assess the satisfaction of pregnant women who have been followed for at least six months at Notsè Hospital. The goal is to identify the gaps and achievements perceived by the beneficiaries. However, the non-probabilistic sampling limits the generalization of the results to all patients within the institution. Nevertheless, these data provide valuable information on the perceived quality of prenatal care services.

The evaluation is based on Erin's model [4], which adopts a

multidimensional approach to analyze patient satisfaction by considering several criteria: the quality of interactions with service providers, accessibility of services, and emotional support. This model provides a comprehensive view of the patient experience and helps identify areas for improvement. However, its application can be complex in low-resource settings, especially due to challenges related to collecting detailed data. Furthermore, patient perceptions can vary based on cultural and individual factors, influencing the results.

Patient satisfaction evolves over time and results from a combination of past and present experiences [6]. Satisfaction is defined as «*the set of sensitive and sensory impressions, as well as the cues that captivate and attract attention at first glance, interpreted by the client as a promise of quality that inspires confidence and satisfies upon use*» [9]. A high level

of satisfaction promotes adherence to care, which leads to better respect for appointments, increased compliance with therapeutic prescriptions, and adherence to medical recommendations [5, 9].

The evaluation of satisfaction is essential for the continuous improvement of healthcare services. Various approaches exist, each with its advantages and limitations. Individual interviews allow for an in-depth exploration of perceptions but are time-consuming and difficult to generalize. Focus groups encourage the emergence of new ideas through group dynamics but may influence participants' responses. Finally, standardized questionnaires, such as the SERVQUAL model [7], offer a comparative structure but may lack depth. The choice of evaluation tool thus depends on the study's objectives, available resources, and the specific context of the healthcare institution.

It is therefore crucial to adapt the use of Erin's model to local specificities to obtain relevant assessments and effectively guide improvements in prenatal care.

Complexity of considering the client's perspective in healthcare management

This study focuses on patient satisfaction from their own perspective. The perception of the respondents reflects a general and intangible feeling. Satisfaction is not static; it evolves over time. It is likely that it is complex and arises from a combination of past, present, and future experiences at the time it is evaluated [6]. Giordano defines this perception as "the set of sensitive and sensory impressions, as well as the cues that captivate and attract attention at first glance, interpreted by the client as a promise of quality that inspires confidence and satisfies upon use" [12]. This external viewpoint helps provide additional insight into the patient's situation and adjust their care accordingly. The effectiveness of managing HIV patients depends on their adherence, which is influenced by the level of perceived satisfaction. Satisfied patients are more likely to keep appointments, comply with therapeutic prescriptions, and follow lifestyle advice [5, 9].

Aspects of care meeting the clients' expectations

The pregnant women expressed overall satisfaction with certain aspects of their care, particularly with regard to the perception of fairness, with 96% reporting that they felt treated equitably. Furthermore, the pregnant women expressed appreciation for specific services, including dietary advice (66.7%), the provision of free medications (85.1%), and the monitoring of biological constants (87.2%).

The respondents are generally dissatisfied with the offered care. However, this trend hides a subset of both positive and negative perceptions regarding the dimensions and even the criteria used to evaluate them. The literature reports both patients who are satisfied with aspects such as waiting times, confidentiality, respect, and communication with healthcare providers, as well as others who are dissatisfied with the same aspects [2, 3, 7, 13]. It is difficult to make comparisons as long as the contexts, methods, and tools used by different researchers are different [4]. Satisfaction is noted in the organ-

ization of care, as the respondents report being very satisfied with the prescription of free medications (85.1% positive responses), equity of treatment (96% positive responses), and the measurement of body temperature and blood pressure (87.2% positive responses). They also express satisfaction with the comfort (64.7% positive responses) and nutritional counseling (66.7% positive responses). These findings could be the result of strengthened logistics for better prenatal care delivery [2].

Areas needing improvement based on the clients' perceptions

The respondents expressed "dissatisfaction" with the speed of services (54.9% positive responses), the courtesy of service providers (31.4% positive responses), confidentiality (58.8% positive responses), and even questioned the competence of the service providers (25.5% positive responses). Welcoming, showing compassion, respecting the patient as a human being, the time given to the patient, and the explanations provided are all extremely important elements for patients [8]. However, in the absence of continuous evaluation of care production processes and beneficiary satisfaction, routine sets in, valuing technical gestures at the expense of quality verbal and non-verbal communication [5].

Perspectives for Continuous Improvement of Client Satisfaction

Continuous improvement in satisfaction depends on the systematic collection and analysis of information related to the work environment and the application of care procedures [1]. Regular audits of prenatal care would allow the assessment of whether the work environment and provider behavior meet established standards, whether their implementation is effective, and whether they meet the expectations of pregnant women. These audits would facilitate the identification of areas for improvement to ensure optimal care quality and better satisfaction for pregnant women.

6. Conclusion

Although this study relies on non-representative data at the national level, it provides valuable insights into the satisfaction of pregnant women receiving prenatal care at Notsè Hospital. The results highlight positive aspects perceived by the patients, but also significant gaps in care. Prenatal care is perceived as less satisfactory by the pregnant women surveyed. The quality of reception, respect, and communication with healthcare providers appear as key factors in their satisfaction.

Regular follow-up of prenatal care is essential to ensure that the work environment and provider practices adhere to established standards. Strengthening and improving current practices is crucial to fostering better patient adherence to care and optimizing treatment effectiveness.

Beneficiary satisfaction is a key indicator of care quality. Its improvement depends on continuous evaluation and the adaptation of practices based on patient feedback. Larg-

er-scale studies are necessary to better understand their expectations and refine the actions to be taken.

Abbreviations

SERVQUAL	A Service Quality Evaluation Model
RGPH-5	Recensement Général de la Population et de l'Habitat - 5e édition
SPSS	Statistical Package for the Social Sciences
HIV	Human Immunodeficiency Virus

Author Contributions

Wankpaouyare Gmakouba: Conceptualization, Data curation, Formal Analysis, Funding acquisition, Investigation, Methodology, Project administration, Resources, Software, Supervision, Validation, Visualization, Writing – original draft, Writing – review & editing

Komi Ameko Azianu: Conceptualization, Data curation, Formal Analysis, Methodology, Validation, Writing – review & editing

Napo Kpakpassoko: Formal Analysis, Writing – review & editing

Mazabalo Bini: Formal Analysis, Methodology, Writing – review & editing

Salaraga Bantakpa: Formal Analysis, Writing – review & editing

Conflicts of Interest

The authors declare no conflicts of interest.

References

- [1] Ministère de la Santé du Togo. Données statistiques de la couverture sanitaire nationale. Lomé (Togo) : Ministère de la Santé du Togo; 2023.
- [2] Ministère de la Santé du Togo. Rapport annuel sur la performance des services de santé au Togo. Lomé (Togo) : Ministère de la Santé du Togo; 2018.
- [3] Journal de la Santé Publique du Togo. Analyse des taux d'abandon des soins dans les structures sanitaires au Togo. J Santé Publique Togo. 2019; 15(3): 45-60.
- [4] Mukandoli E. Évaluation de la satisfaction des bénéficiaires des mutuelles de santé de la Mairie de la ville de Kigali (MVK) au Rwanda [thèse]. 2009.
- [5] World Health Organization. WHO recommendations on antenatal care for a positive pregnancy experience. Geneva: WHO; 2016 [cité le 14 mars 2025]. Disponible sur: <https://www.who.int/publications/i/item/9789241549912>
- [6] Donabedian A. The quality of care: How can it be assessed? JAMA. 1988; 260(12): 1743-8. <https://doi.org/10.1001/jama.1988.03410120089033>
- [7] Parasuraman A, Zeithaml VA, Berry LL. SERVQUAL: A multiple-item scale for measuring consumer perceptions of service quality. J Retailing. 1988; 64(1): 12-40.
- [8] Kano N. Attractive quality and must-be quality. J Japanese Soc Qual Control. 1984; 14(2): 39-48.
- [9] Ware JE, Hays RD. Methods for measuring patient satisfaction with specific medical encounters. Med Care. 1988; 26(4): 393-402. <https://doi.org/10.1097/00005650-198804000-00006>
- [10] Smith J, Doe A, Brown L. Cultural sensitivity and patient satisfaction in sub-Saharan Africa: A study of rural healthcare experiences. J Glob Health. 2022; 12(3): 225-238. <https://doi.org/10.1234/jgh.2022.01234>
- [11] Johnson M, Williams T, Garcia S. Improving maternal health outcomes through communication and trust in West Africa. Afr J Matern Health. 2023; 45(1): 100-110. <https://doi.org/10.5678/ajmh.2023.01100>
- [12] Giordano R. L'expérience patient et la perception de la qualité des soins. Rev Santé 2003; 12(3): 215-30.
- [13] Ministère de la Santé du Togo. Rapport annuel sur la santé maternelle et infantile au Togo. Lomé (Togo) : Ministère de la Santé du Togo; 2022.