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Women's Satisfaction with the Quality of Antenatal Care Services Being Offered in Bamenda Health District

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Abstract: *Background:* Antenatal care is the care women receive while pregnant. It is an important health service which detects and sometimes curbs the risk of complications among pregnant women (PW). The way women perceive the quality-of-care render during ANC influences utilization and consequently the outcome of pregnancy. This study investigated women's satisfaction with the quality of antenatal care in the BHD. Women presenting for antenatal care for their second or subsequent visits at 14 health facilities in the Bamenda health district were interviewed in a cross-sectional designed study, using a semi-structured questionnaire. The questionnaire included sociodemographic and obstetric variables, and level of satisfaction with various aspects of antenatal care. Data analysis was done using EPI info. The p-value was set at $P<0.05$. 396 women participated in the study. 70% of the women were between 20 and 30yrs of age. 81.8% of them were married while. 49.2% had secondary education, 49.7% were self- employed while 10.4% were unemployed. Parity mean of 1.55 ± 1.357. 73.2% began ANC after the first trimester of pregnancy, mean number of ANC visits was 3.82 ±1.721. 84.6% of women were satisfied with elements of quality ANC services, 81.3% with the health education they received and only 41.0% were satisfied interventions for physiological problems of pregnancy. Women who attended faith-based health facilities (FBHF) were more satisfied with elements of quality ANC than those who attended public health facilities the reverse was true for health education messages received where women were more satisfied with public health facilities. There was no significant difference in the interventions during pregnancy for both faith-based and public health facilities (PHF). We concluded that apart from the physiological interventions during pregnancy, women were satisfied with the ANC services they receive in the BHD although there were gaps to be filled to improve on the quality of ANC. The use of antenatal care guidelines was recommended to enable a comprehensive delivery of antenatal care for an optimum satisfaction.

Keywords: Antenatal Care, Bamenda Health District, Quality of Antenatal Care

1. Introduction

Antenatal care (ANC) can serve as a platform for the delivery of highly effective health interventions that can reduce preventable maternal and newborn deaths [1]. Globally, 86% of pregnant women access ANC with a skilled health personnel at least once during pregnancy. In regions with the highest rates of maternal mortality, such as sub-Saharan Africa and South Asia, even fewer women received antenatal visits. In Cameroon, 83% [2] of pregnant women attend at least one ANC visit on average [3]. According to INS of 2014, ANC coverage in the

north-west region of Cameroon, was 97% with 83% of pregnant women having four or more visits, notwithstanding, only 33% attended the critical first trimester visit [3]. For ANC to be effective, it must be sought early and continue till delivery [4].

Despite, the high rates of ANC coverage there is still high maternal and neonatal mortality rates prompting calls to improve the quality of implementation [5-7]. The question is why do women continue to die despite high ANC coverage? Apparently, the answer perhaps lies within the quality of care rendered during ANC. To achieve positive health outcomes, high ANC coverage must be coupled with good quality of care [8]. Consequently, the new WHO model to help women experience a positive pregnancy and outcome might not be the solution to improve outcomes. Rather an improvement in the quality of ANC could be a welcomed option. The emphasis should be on the quality of care that is being rendered because if the quality of ANC is poor and women's experience of it is negative, women will not attend ANC [5]. Antenatal care must be of good quality to achieve positive outcomes.

Clients and health care providers judge quality nursing care from different perspectives. Health care providers assume that competent nursing care is quality nursing care, while clients perceive quality nursing care as caring and interpersonal interactions [9]. Although quality has been looked upon mostly from the provider's perspective, clients can also provide a valid assessment of quality [10]. The majority of client satisfaction instruments are not based on clients' perceptions and were developed with little input from clients about what constitutes quality nursing care [11]. Exploring the quality of nursing care from the clients' perspective including patient satisfaction has been an essential part of quality of health care evaluation. As a result, hospital management and accreditations require regular measurement of patient satisfaction and experience as integral part of their quality evaluation process despite its complexity and difficulty to measure [12].

Patient satisfaction is the extent to which the patients feel that their needs and expectations are being met by the service provided [13]. According to Donabedian, client satisfaction should be investigated since it is an objective of care, the outcome of which can contribute to the effects of care, as a satisfied client is more likely to comply with advice [14]. Ekabua, Ekabua and Njoku identified patients' perceptions of the quality of ANC services as one of the barriers to utilising ANC services effectively [15]. According to Nwaeze, women's perceptions of antenatal visits significantly influence their assessment of quality of services that are provided. As a result of this new focus, measurement of customer satisfaction has become equally important in assessing system performance [16]. In Cameroon there are few reported studies on women's satisfaction with the quality of ANC services rendered. It is in this light that this study seeks to investigate the satisfaction of pregnant women with the quality of ANC services offered in the BHD.

2. Method

Study design and setting

A cross sectional study was carried out in the Bamenda Health District (BHD). BHD is one of the 19 health districts in the North West Region of Cameroon. The BHD is an urban and semi-urban area with an estimated population of 337,036 inhabitants. The district covers a total surface area of 560km^2. There is one main hospital (Bamenda Regional Hospital), which functions as a referral hospital, to many public, lay private and faith based health facilities [4, 17]. The BHD is made up of 18 health areas; each of these health areas has one health facility that is considered as the leading health facility. The Bamenda health district is located in the Northwest Region which is the third most populated region in Cameroon, with an estimated population of more than 1.8 million inhabitants [17]. Bamenda serves as both the administrative headquarters of Mezam Division and the North West region of Cameroon. It is a cosmopolitan city made up of three towns: Mankon, Nkwen and Bamendankwe and is inhabited by people originating from all over the country, and from neighbouring countries. Ethical clearance was obtained from the Cameroon Baptist Convention Health Board, Institutional Review Board (IRB). Administrative Clearance from the Regional Delegation of Public Health of the North West Region in Bamenda and from the heads of the different health facilities involved in the study. All participants were provided written or verbal informed consent. Pregnant women below the age of 21 were excluded from the study. Except for the inconvenience of taking time to respond to the research questionnaire, participants were not exposed to any risk. Confidentiality was ensured by coding questionnaires and protecting the database with a password. Pregnant women who fulfilled the inclusion criteria (pregnant women presenting for the second or subsequent visit), 21 years and above of age and who consented to participate in the study were enrolled into the study. Pregnant women who came for services other than ANC visits, less than 21 of age, attending ANC for the first time and those who did not give their consent were excluded.

Procedure

Between 12th February 2021 and 15th May 2021, a total of 396 pregnant women were recruited into the study based on the calculated sample size using Krejcie and Morgans table for sample size calculation [18]. Pregnant women who attended ANC in some 13 leading health facilities and at the Regional Hospital during the study period were informed on the purpose and the procedure of the study. Those who gave their consent and signed the consent form were enrolled into the study. Data was collected using a pretested interviewer administered semi-structured questionnaire with questions developed by the researcher to respond to research questions with due consultation of questionnaire design [19]. The questionnaire included sociodemographic and obstetric variables, and level of satisfaction with some elements of quality of antenatal care which included politeness and courteousness of antenatal care provider (ANCP), location,

distance, hours of work, time spent with the ANCP, respect for privacy and confidentiality, waiting time for examination, waiting time for results and cost of ANC services. Level of satisfaction on 15 health education topics were also assessed and level of satisfaction with the Physiological interventions during pregnancy. A comparison was done for faith-based and public health facilities, and level of satisfaction with some demographic variables. Data analysis was done using EPI info. The p-value was set at $P<0.05$. The interview was conducted when the women were exiting the health facility. Data was analysed using descriptive statistics and chi-square analysis.

3. Results

A total of 396 pregnant women participated in the study. The characteristics of the participants are summarized in Table 1 below. 70.2% the PW were 20 to 30 years old). Almost all of the women were married (81.8%) and had attended secondary or tertiary educational level (49.2 and 37.4% respectively). 49.7% were self-employed while 10.4% were unemployed.

Table 1. *Sociodemographic Variables.*

Variable	Category	Total	%
AGE	21 TO 25	141	35.6%
	26 TO 30	138	34.8%
	31 TO 35	80	20.2%
	36 TO 40	31	7.8%
	ABOVE 40	6	1.5%
LEVEL OF EDUCATION	NO EDUCATION	4	1.0%
	PRIMARY	49	12.4%
	SECONDARY	195	49.2%
	TERTIARY	148	37.4%
MARITAL STATUS	SINGLE	68	17.2%
	MARRIED	324	81.8%
	DIVORCED	1	0.3%
	WIDOW	3	0.8%
OCCUPATION	Student/Intern	70	17.7%
	Unemployed	41	10.4%
	Self-employed	197	49.7%
	Low level staff	19	4.8%
	mid-high level staff	69	17.4%

Table 2. *Obstetric variables.*

Characteristics		Frequency	Percentage	Mean ± SD
Parity	0	113	28.5	1.55 ± 1.357
	1	97	24.5	
	2	85	21.5	
	3	66	16.7	
	4	26	6.6	
	≥ 5	9	2.3	
GA at first visit	ABOVE 28 weeks	25	6.3%	
	8 - 12	106	26.8%	
	13 - 27	264	66.8%	
Number of visits	Minimum	2		3.82 ±1.721
	Maximum	12		

About three quarters of the women had between 0 to 2 deliveries (74.5%) mean of 1.55 ± 1.357. Only 106 (26.8%) of the participants started ANC during the first trimester. The mean number of visits was approximately 4 although there were participants who have had up to 12 visits.

Table 3. *Women's satisfaction with elements of quality of ANC.*

Aspects of ANC	HF TYPE	Faith-based	%	Public	%	TOTAL	P value
ANCP POLITE AND COURTEOUS	VERY SATISFIED	7	6.93%	54	18.31%	61	<0.01
	SATISFIED	93	92.08%	226	76.61%	319	
	NEUTRAL	1	0.99%	10	3.39%	11	
	UNSATISFIED	0	0.00%	5	1.69%	5	
CONFIDENTIALITY RESPECTED	VERY SATISFIED	6	5.94%	36	12.24%	42	<0.01
	SATISFIED	93	92.08%	226	76.87%	319	
	NEUTRAL	2	1.98%	28	9.52%	30	
	UNSATISFIED	0	0.00%	4	1.36%	4	
	VERY UNSATISFIED	0	0.00%	2	0.68%	2	

Aspects of ANC	HF TYPE		Faith-based	%	Public	%	TOTAL	P value
HOURS OF WORK	VERY SATISFIED		5	4.95%	34	11.53%	39	0.01
	SATISFIED		92	91.09%	225	76.27%	317	
	NEUTRAL		3	2.97%	18	6.10%	21	
	UNSATISFIED		1	0.99%	18	6.10%	19	
TIME SPENT WITH ANC PROVIDER	VERY SATISFIED		5	4.95%	41	13.90%	46	0.04
	SATISFIED		87	86.14%	229	77.63%	316	
	NEUTRAL		1	0.99%	10	3.39%	11	
	UNSATISFIED		8	7.92%	15	5.08%	23	
COST	HF Type					Chi-Squared	df	p value
	Mission	%	Public	%	Total			
VERY SATISFIED	5	5.0%	18	6.1%	23	12.2518	4	0.02
SATISFIED	76	75.2%	179	60.7%	255			
NEUTRAL	11	10.9%	44	14.9%	55			
UNSATISFIED	7	6.9%	53	18.0%	60			
VERY UNSATISFIED	2	2.0%	1	0.3%	3			
TOTAL	101	100.0%	295	100.0%	396			

We found a statistically significant difference between the FBHF and PHF (p value < 0.01) for politeness and courteousness with 99% of pregnant women at ANC in FBHF being very satisfied (6.9%) or satisfied (92.1%) with the politeness and courteousness of staff, compared to 95% of women at PHF who were very satisfied (18.3%) or satisfied (76.6%). There was a statistically significant relationship between FBHF and PHF (p value <0.01) for respect for confidentiality with 98% of women at FBHF being either very satisfied or satisfied with respect for confidentiality compared to 89% at PHF. There was statistically significant difference between FBHF and PHF for their working hours with 96% of FBHF compared to 88% at PHF being satisfied or very satisfied with the health facility working hours. A statistically significant difference was also observed at the level of cost (p value .02). 75.2% of PW in the FBHF were satisfied or very satisfied (5.0%) with the cost of services as compared to 60.7% in the PHF who were satisfied or very satisfied (6.0%). Overall satisfaction with cost was found to be only 70.2%.

Table 4. *PW satisfaction with elements of quality of ANC services.*

Aspects of ANC	HF TYPE	Faith-based	%	Public	%	TOTAL	P value
DISTANCE	VERY SATISFIED	3	2.97%	34	11.53%	37	<0.01
	SATISFIED	62	61.39%	203	68.81%	265	
	NEUTRAL	7	6.93%	20	6.78%	27	
	UNSATISFIED	29	28.71%	36	12.20%	65	
	VERY UNSATISFIED	0	0.00%	2	0.68%	2	
LOCATION	VERY SATISFIED	5	4.95%	31	10.51%	36	0.20
	SATISFIED	92	91.09%	239	81.02%	331	
	NEUTRAL	2	1.98%	8	2.71%	10	
	UNSATISFIED	2	1.98%	15	5.08%	17	
	VERY UNSATISFIED	0	0.00%	2	0.68%	2	
WAITING TIME FOR EXAMINATION	VERY SATISFIED	4	3.96%	33	11.19%	37	0.12
	SATISFIED	68	67.33%	195	66.10%	263	
	NEUTRAL	5	4.95%	19	6.44%	24	
	UNSATISFIED	24	23.76%	47	15.93%	71	
	VERY UNSATISFIED	0	0.00%	1	0.34%	1	
WAITING TIME FOR RESULTS	VERY SATISFIED	3	2.97%	36	12.20%	39	0.02
	SATISFIED	69	68.32%	203	68.81%	272	
	NEUTRAL	5	4.95%	15	5.08%	20	
	UNSATISFIED	24	23.76%	40	13.56%	64	
	VERY UNSATISFIED	0	0.00%	1	0.34%	1	

PW found PHF more geographically accessible than FBHF with 80% satisfied or very satisfied with distance from home to public health facility compared to 64% for faith-based facilities. This result was statistically significant between the PHF and FBHF (p value <0.01). PW were also more satisfied with the turnaround time for results at PHF (12% very satisfied, 69% satisfied) than at FBHF (3% very satisfied, 68% satisfied). There was great satisfaction for time spent with service provider with 91.1% satisfied or very satisfied at faith-based health facilities, and 91.5% satisfied or very satisfied at public health facilities. More than 90% of PW were satisfied or very satisfied with the location of ANC services.

Only 77.3% in both faith-based and public health facilities were satisfied or very satisfied with the waiting time before examination at ANC. Overall satisfaction with elements of quality of ANC was found to be 84.6%.

Table 5. *Satisfaction with health education messages.*

Health Education	HF TYPE	Faith-based	%	Public	%	TOTAL	P value
Allowable Medication	Very Satisfied	11	10.89%	31	10.51%	42	<0.01
	Satisfied	38	37.62%	194	65.76%	232	
	Neutral	12	11.88%	11	3.73%	23	
	Unsatisfied	40	39.60%	58	19.66%	98	
	Very Unsatisfied	0	0.00%	1	0.34%	1	
Importance of ANC	Very Satisfied	27	26.73%	34	11.53%	61	0.01
	Satisfied	66	65.35%	240	81.36%	306	
	Neutral	2	1.98%	7	2.37%	9	
	Unsatisfied	6	5.94%	13	4.41%	19	
	Very Unsatisfied	0	0.00%	1	0.34%	1	
Awareness Against Harmful Practices	Very Satisfied	7	6.93%	33	11.19%	40	0.03
	Satisfied	56	55.45%	194	65.76%	250	
	Neutral	16	15.84%	21	7.12%	37	
	Unsatisfied	22	21.78%	46	15.59%	68	
	Very Unsatisfied	0	0.00%	1	0.34%	1	
Counselling On Danger Signs	Very Satisfied	9	8.91%	46	15.59%	55	<0.01
	Satisfied	63	62.38%	217	73.56%	280	
	Neutral	16	15.84%	9	3.05%	25	
	Unsatisfied	13	12.87%	22	7.46%	35	
	Very Unsatisfied	0	0.00%	1	0.34%	1	
Follow Up Appointment	Very Satisfied	20	19.80%	33	11.19%	53	0.04
	Satisfied	67	66.34%	237	80.34%	304	
	Neutral	6	5.94%	8	2.71%	14	
	Unsatisfied	8	7.92%	15	5.08%	23	
	Very Unsatisfied	0	0.00%	2	0.68%	2	
Safe Sex	Very Satisfied	18	17.82%	35	11.86%	53	0.03
	Satisfied	61	60.40%	209	70.85%	270	
	Neutral	3	2.97%	21	7.12%	24	
	Unsatisfied	19	18.81%	29	9.83%	48	
	Very Unsatisfied	0	0.00%	1	0.34%	1	
Signs of Labour	Very Satisfied	8	7.92%	46	15.59%	54	<0.01
	Satisfied	66	65.35%	221	74.92%	287	
	Neutral	15	14.85%	4	1.36%	19	
	Unsatisfied	12	11.88%	23	7.80%	35	
	Very Unsatisfied	0	0.00%	1	0.34%	1	
Teeth Care	Very Satisfied	2	1.98%	30	10.17%	32	<0.01
	Satisfied	30	29.70%	164	55.59%	194	
	Neutral	2	1.98%	32	10.85%	34	
	Unsatisfied	67	66.34%	67	22.71%	134	
	Very Unsatisfied	0	0.00%	2	0.68%	2	

Table 6. *Satisfaction with health education messages.*

Health Education	HF TYPE	Faith-based	%	Public	%	TOTAL	P value
Basics Of Newborn Care	Very Satisfied	17	16.83%	30	10.17%	47	0.36
	Satisfied	55	54.46%	183	62.03%	238	
	Neutral	13	12.87%	38	12.88%	51	
	Unsatisfied	16	15.84%	42	14.24%	58	
	Very Unsatisfied	0	0.00%	2	0.68%	2	
Breast Care	Very Satisfied	21	20.79%	42	14.24%	63	0.07
	Satisfied	69	68.32%	235	79.66%	304	
	Neutral	2	1.98%	4	1.36%	6	
	Unsatisfied	9	8.91%	11	3.73%	20	
	Very Unsatisfied	0	0.00%	3	1.02%	3	
Importance of Breastfeeding	Very Unsatisfied	0	0.00%	2	0.68%	2	0.07
	Very Unsatisfied	0	0.00%	2	0.68%	2	
	Very Satisfied	22	21.78%	34	11.53%	56	
	Satisfied	59	58.42%	199	67.46%	258	
	Neutral	7	6.93%	32	10.85%	39	
	Unsatisfied	13	12.87%	29	9.83%	42	
	Very Unsatisfied	0	0.00%	1	0.34%	1	
Nutrition During Pregnancy	Very Satisfied	21	20.79%	40	13.56%	61	0.22
	Satisfied	69	68.32%	234	79.32%	303	
	Neutral	4	3.96%	7	2.37%	11	
	Unsatisfied	7	6.93%	13	4.41%	20	
	Very Unsatisfied	0	0.00%	1	0.34%	1	

Health Education	HF TYPE	Faith-based	%	Public	%	TOTAL	P value
Personal Hygiene	Very Satisfied	21	20.79%	37	12.54%	58	0.30
	Satisfied	69	68.32%	222	75.25%	291	
	Neutral	5	4.95%	13	4.41%	18	
	Unsatisfied	6	5.94%	21	7.12%	27	
	Very Unsatisfied	0	0.00%	2	0.68%	2	
Pregnancy Care and Physical Activities	Very Satisfied	22	21.78%	30	10.17%	52	0.04
	Satisfied	64	63.37%	214	72.54%	278	
	Neutral	6	5.94%	27	9.15%	33	
	Unsatisfied	9	8.91%	23	7.80%	32	
	Very Unsatisfied	0	0.00%	1	0.34%	1	

Public health facilities (PHF) provided more satisfactory health educational services than faith-based health facilities in 12 of the 16 categories evaluated (see table 5). Of the 11 categories with statistically significant differences (P<0.05), public health facilities excel in satisfactory level over faith-based health facilities in 10 (see table 5). The greatest differences between faith-based and public health facilities in satisfied or very satisfied levels of health education were in allowable medication education (48.5% mission, 76.3% public), awareness against harmful practices (62.4% mission, 77.0% public), counselling on danger signs in pregnancy (71.3% mission, 89.15% public), signs of labour (62.4% mission, 77.0% public) and teeth care (62.4% mission, 77.0% public). Overall satisfaction with health education messages was found to be 81.3%.

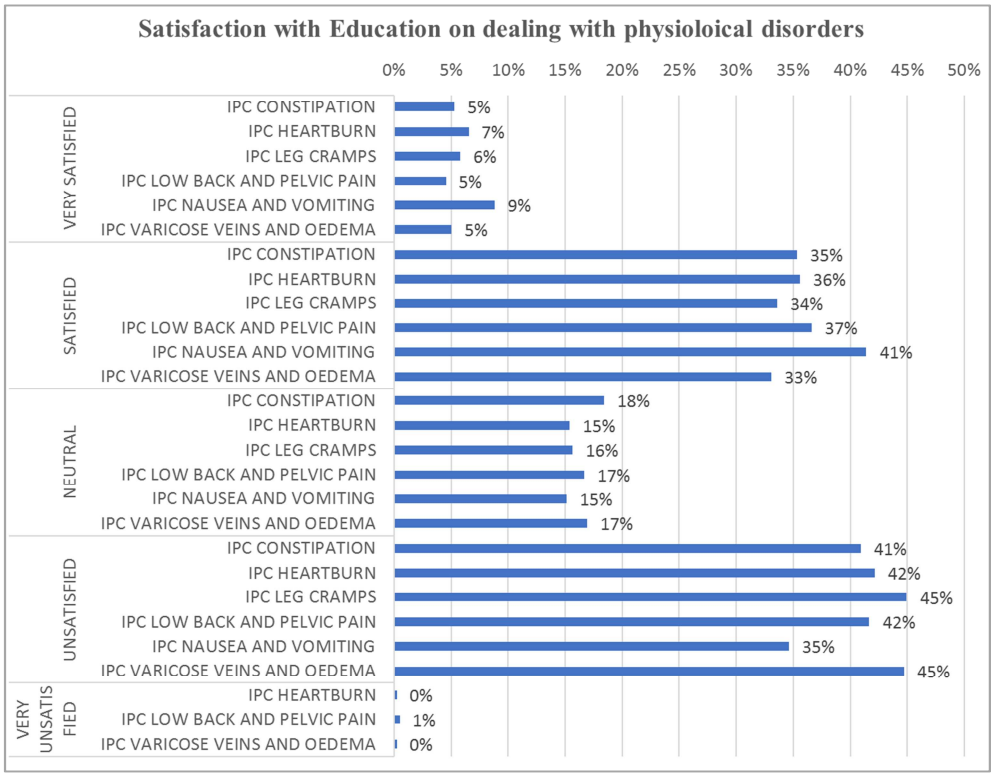

Figure 1. *Satisfaction with education on dealing with physiological disorders.*

More than 50% of women were either neutral, unsatisfied, or very unsatisfied with the quality of physiological interventions they were thought to deal with during pregnancy. These included constipation (41%), heartburn (42%), leg cramps (45%) low back and pelvic pain (42%), nausea and vomiting (35%), and varicose veins and oedema (45%). There was no statistically significant difference between faith-based and public hospitals or between integrated health centres, sub-divisional medicalized health centres and the Regional hospital. Overall, only 40.0% of PW were satisfied with physiological intervention during pregnancy.

4. Discussion

This paper intended to investigate pregnant women's satisfaction with the quality of antenatal care in the Bamenda Health District. Studies have demonstrated a positive correlation between patient's satisfaction and utilization of ANC services [20].

Like other studies most of the participants in this study were of the active reproductive age of 20 to 30years [16, 20]. Only about one quarter of the women started ANC within the first trimester of their pregnancy this finding is similar to

many studies [4, 17, 21-24] that have observed that most women usually begin ANC late probably because; they do not know its benefit, limited access to facility, uncertainty about pregnancy and reluctance to go for many visits. Warri and George in their study carried out in Bamenda found that PW placed a low value on early antenatal care because they perceived pregnancy as a normal health condition and consequently does not require seeking health care [17].

For the elements of quality evaluated in this study high overall satisfaction was observed. Many studies have had similar results with most of their clients being satisfied with the ANC services they receive [23, 25, 26]. However, high satisfaction does not necessarily mean good quality of ANC as a study had observed high satisfaction even when ANC services were poor [13].

Higher dissatisfaction was expressed with the waiting time for examination and results, and cost of ANC services. Such results have been obtained in studies carried out in Nigeria and Ethiopia [13, 16, 27, 28].

Onyeajam et al in a study carried out in Nigeria found a negative association between out-of-pocket payments and satisfaction with ANC services, this is consistent with our findings were 30% of the PW were dissatisfied with the cost of ANC services [28]. A contrary finding was gotten from a study carried out in Ibadan by Nwaeze et al where there was high level of satisfaction with cost of ANC. They associated the high satisfaction with cost of ANC services to the fact that these services were being subsidized [16].

Interestingly, in our study, PW who attended FBHF were significantly more satisfied with the cost of ANC services than PW who attended PHF. This might be because when the women are to attend the FBHF they are financially prepared for the cost (because they are conscious that services offered there are expensive) than when they are to visit PHF. Since women associate cost of services with quality, they may be willing to accept higher costs if they believe that services are of high quality. This has been observed in some studies where clients were willing to pay reasonable fees for quality antenatal care [16]. Another research has found that ill and poor people by passed free or subsidized services in facilities they perceived to be offering low quality [29].

Generally, PW were more satisfied with the quality of services being rendered in the FBHF than in PHF this is similar to the findings of Jallow et al in Gambia but contrary to a similar study carried out in Kwara state in Nigeria where satisfaction was low in private health facilities [25, 30]. This satisfaction with the quality of services in FBHF somehow justifies why they are also more satisfied with the cost of services in this study. Whereas in PHF they expect services to be cheaper since they perceive it to be of a lower quality.

The findings in this study that PW found PHF geographically more accessible than FBHF but attended ANC in FBHF goes to buttress the point that women will attend ANC where they perceive that they will receive quality care. Halle-Ekane et al in their study carried out in Buea Cameroon, observed that, perceived quality of care was the main reason for choosing or changing a site for ANC [23].

Women's satisfaction for health education messages were generally high, this is contrary to the findings of Halle-Ekane et al who found a low rate of health education messages given to women. PHF were offering more satisfactory health messages than FBHF. In the study carried out by Jallow et al there was no difference between PHF and private health facilities as women in both facilities found the health messages to be unsatisfactory [25].

For physiological interventions during pregnancy, there was an overall dissatisfaction with only 41% satisfaction level. Studies that assessed satisfaction on physiological interventions during pregnancy were not identified. This is of concern since WHO recommends these interventions enable women to have positive experiences during pregnancy [5]. This low level of satisfaction questions the ANC guideline that is being implemented in the BHD.

5. Conclusion

Regarding the elements of quality evaluated in this study high overall satisfaction was observed. Women's satisfaction with health education messages was systematically high. PW who attended FBHF were more satisfied with the cost of ANC services (where cost of services was higher) than PW who attended PHF. Dissatisfaction was expressed with the waiting time for examination and results, and with the cost of ANC services. Thus, apart from the physiological interventions during pregnancy, women were satisfied with the ANC services they receive in the BHD. The use of antenatal care guidelines is recommended to enable a comprehensive delivery of antenatal care for an optimum satisfaction.

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