

Appendix I: English Version Participant Information Sheet and Voluntary Consent Form

My name is _____ . I am working as a data collector for the study being conducted in this community by Simon Birhanu who is studying his Master's degree at Haramaya University, College of Health and Medical Sciences. I kindly request you to lend me your attention to explain to you about the study and being selected as the study participant.

The study title: pregnant women's satisfaction with Antenatal Care Services and associated factors among pregnant women attending Antenatal care service at Public Health facilities in Harari Region, Eastern Ethiopia

Purpose of the study: The findings of this study can be of paramount importance for the Harari Region Health Bureau and Public health facilities to plan to improve the quality of antenatal care service. Moreover, this study aims to write a thesis as a partial requirement for the fulfillment of a Master's program in Health Service Management for the principal investigator.

Procedure and duration: I will be interviewing you using a questionnaire to provide me with pertinent data that is helpful for the study. There are 50 questions to answer where I will fill the questionnaire by interviewing you. The interview will take about 30 minutes, so I kindly request you to spare me this time for the interview.

Risk and benefits: The risk of being participated in this study is very minimal, but only taking a few minutes from your time. There would not be any direct payment for participating in this study. But the findings from this research may reveal important information for the Harari region Health bureau in planning health services.

Confidentiality: The data you will provide us will be confidential. There will be no information that will identify you in particular. The findings of the study will be general for the study population and will not reflect anything particular of a person.

Rights: Participation in this study is fully voluntary. You have the right to declare to participate or not in this study. If you decide to participate, you have the right to withdraw from the study at any time and this will not label you for any loss of benefit which you otherwise are entitled. You do not have to answer any question that you do not want to answer.

Contact address: If there are any questions or enquires any time about the study or the procedures, please contact me:

Simon Birhanu: Mobile number (+251)-924-268716

Email Address: sima1298@yahoo.com

Institutional Health Research Ethics Review Committee: Phone Number (+251)-025-466-07-08,
Po.Box 235, Harar

Declaration of informed voluntary consent: I have read/was read to me the participant information sheet. I have clearly understood the purpose of the research, the procedures, the risks and benefits, issues to confidentiality, the rights of participating, and the contact address for any queries. I have been allowed to ask questions for things that may have been unclear. I was informed that I have the right to stop the study at any time or not to answer any question that I do not want. Therefore, I declare my voluntary consent to participate in this study with my initials (signature) as indicated below.

Name and signature of the participant: _____

Signature of data collector: _____ Date: _____

Appendix II: English Version Questionnaire

Health facility: _____

Name of Data Collector: _____ Signature _____ Date: _____

Name of Supervisor: _____ Signature _____ Date: _____

| S.No. | Variable | Response | Skip to |
|---------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Part I: Parent characteristics | | | |
| 101 | How old are you? | in completed years | |
| 102 | What is your religion | 1. Orthodox Christian 2. Muslim 3. Protestant 4. Catholic 5. Other (Specify)----- | |
| 103 | Where is your place of residence? | 1. Urban 2. Rural | |
| 104 | What is your ethnicity? | 1. Oromo 2. Amhara 3. Somali 4. Harari 5. Gurage 6. others(specify-----) | |
| 105 | What is your marital status? | 1. Married 2. Single 3. Divorced 4. Widowed 5. Separated | |
| 106 | What is your level of education? | 1. No formal education (unable to read and write) 2. Primary(able to read and write grade 1-8, high school) 3. Secondary and above (diploma and above) | |
| 107 | What is your main occupation? | 1. Housewife 2. Merchant 3. Employed 6. Daily laborer 7. Farmer 8. Student 99. Others specify | |
| 108 | What is your partner's level of education? | 1. No formal education (unable to read and write) 2. Primary(able to read and write grade 1-8, high school) | |

| | | | |
|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|--------|
| | | 3. Secondary and above (diploma and above) | |
| Part II- Obstetric Profiles of Pregnant Women attending ANC | | | |
| 201 | History of previous ANC visit? | 1. Yes 2. No | |
| 202 | At which month of your gestation did you begin ANC follow up? | _____ in month | |
| 203 | Number of antenatal care visit? | _____ in number | |
| 204 | Is your current pregnancy? | 1. intended 2. Unintended | |
| 205 | How many children do you have? | _____ in number | |
| 206 | How many of them are/is live birth? | _____ in number | |
| 207 | Do you have a history of stillbirth | 1. Yes 2. No | |
| 208 | Do you have a history of abortion | 1. Yes 2. No | |
| PART III- Health Service Characteristics | | | |
| 301 | Where did you get your ANC service? | 1. Hospital 2. Health Center | |
| 302 | What is the sex of your ANC service provider? | 1. Male 2. Female | |
| 303 | Time is taken to reach the health facility? | <input type="text"/> <input type="text"/> hour <input type="text"/> <input type="text"/> minute | |
| 304 | Waiting time to get service? | <input type="text"/> <input type="text"/> Hour <input type="text"/> <input type="text"/> Minute | |
| 305 | Duration of consultation time with the service provider? | <input type="text"/> <input type="text"/> Hour <input type="text"/> <input type="text"/> Minute | |
| 306 | Did the service provider explain the procedure before the examination? | 1. Yes 2. No | |
| 307 | Did you have full privacy in the examination and consultation room? | 1. Yes 2. No | |
| 308 | Does the working hour convenient for you? | 1. Yes 2. No | |
| Part IV- Pregnant Women's Satisfaction with ANC Service | | | |
| Satisfaction with Interpersonal and communication aspect | | | |
| S.No. | The following questions are used to assess your experience during antenatal care. Please provide your satisfaction or dissatisfaction with each question on a scale of 5. If you are very satisfied with the statement use 5, If you are satisfied with a statement use 4, if you are not sure or undecided use 3, | 1. Very dissatisfied 2. Dissatisfied 3. neutral | Remark |

| | if you are Dissatisfied with a statement use code 2 and if you are very dissatisfied with a statement use code 1. | 4.satisfied 5.very satisfied | | | | | Re ma rk |
|-----|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---|---|---|---|----------------|
| | | Mark $\sqrt{\quad}$ On Your response | | | | | |
| | | 1 | 2 | 3 | 4 | 5 | |
| 401 | Welcoming environment of the institution | | | | | | |
| 402 | Service provider's introduction of him/herself | | | | | | |
| 403 | Service provider's politeness/ respectfulness | | | | | | |
| 404 | Service provider's effort to comfort you | | | | | | |
| 405 | Service provider's listening ability during a conversation | | | | | | |
| 406 | Service provider's concern about your problems and issues regarding your pregnancy. | | | | | | |
| 407 | Service provider' cooperativeness | | | | | | |
| 408 | Service provider's use of terms when he/she try to communicate | | | | | | |
| | | | | | | | |
| 409 | Service provider's time spent during your consultation | | | | | | |
| 410 | Explanation about the drug/medication adequately | | | | | | |
| 411 | Explanation about the procedure before the examination started. | | | | | | |
| 412 | Your role in taking part in the decision-making process | | | | | | |
| 413 | Gain adequate information about ANC | | | | | | |
| 414 | clear and straightforward explanations | | | | | | |
| 415 | The procedures cleanliness and sanitation | | | | | | |
| 416 | Explanation about your result/finding | | | | | | |
| | | | | | | | |
| 417 | Easy to find MCH/ANC room | | | | | | |
| 418 | Availability of adequate space/chair for resting/sitting for all clients in the waiting room. | | | | | | |
| 419 | Waiting room cleanness | | | | | | |
| 420 | Examination room light and space | | | | | | |
| 421 | Examination room cleanness | | | | | | |
| 422 | The ANC clinic cleanness | | | | | | |
| 423 | Availability of functional handwashing facility in the health facility | | | | | | |
| 424 | Availability of functional toilet in the health facility | | | | | | |
| 425 | Waiting time to get service | | | | | | |
| 426 | Availability of the requested laboratory, Ultrasound and X-ray examination in the facility | | | | | | |
| 427 | Availability of the administered/ordered medications and other supplies(glove..) in the facility | | | | | | |
| 428 | Administration process of the facility (registration for card...) | | | | | | |

| | | | | | | | |
|-----|--------------------------------------------|--|--|--|--|--|--|
| 429 | Availability of privacy during examination | | | | | | |
|-----|--------------------------------------------|--|--|--|--|--|--|

Thank you very much!!!