EFFECTS OF MIDWIVES' ATTITUDES AND PRACTICES ON THE EXPECTANT MOTHERS' PERCEPTION OF QUALITY OF ANTENATAL CARE SERVICES IN OKWALONGWEN SUB COUNTY, DOKOLO DISTRICT

BY

OTAI PETER

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DECLARATION

I OTAI PETER, hereby declare that this work is based on my analysis and interpretation of the relevant literature and it has not been submitted for any other academic award or published elsewhere. I take full responsibility for the content of this proposal and ensure that all ethical guidelines were followed during the research.

Signature..... Date.....08/01/2026.....

OTAI PETER

21/U/18972

..... 08/01/2026

Supervisor

DEDICATION

With deep gratitude and heartfelt appreciation, I dedicate this work to my beloved friends OKOT EDWARDSON, OYANGA ALEX and EDISON BATWALA not forgetting my parents ELIRU DAVID and AKADO GRACE for their unwavering support and steadfast commitment to my academic journey. Your sacrifices, guidance, and encouragement especially in ensuring my tuition and educational needs were met have been the foundation of my progress.

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LIST OF ABBREVIATIONS

ANC	Antenatal Care
CHUSS	College of Humanities and social Sciences
HBM	Health Belief Model
HMC	Health Management Committee
KII	Key Informant Interview
LC1	Local Council One
MOH	Ministry of Health
SPSS	Statistical Package for the Social Sciences
TBAs	Traditional Birth Attendants
VHT	Village Health Team
WHO	World Health Organization

ABSTRACT

This study examines how midwives' attitudes and practices affect the perceived quality, use, and trust in antenatal care (ANC) services in Okwalongwen Sub County, Dokolo District. The specific objectives were: (1) to examine how midwives' attitudes affect expectant mothers' perception of ANC quality; (2) to analyze the extent to which midwives' practices influence ANC utilization and continuity; and (3) to explore the role of midwives in shaping mothers' trust in ANC services.

Guided by the Health Belief Model, a descriptive cross-sectional design and mixed-methods approach was used to assess relationships between midwives' communication, professionalism, and emotional support and mothers' perceptions, attendance, and trust. Quantitative data were collected from 41 expectant mothers using structured questionnaires and analyzed with SPSS (Statistical Package for the Social Sciences). Qualitative data came from four key informant interviews (2 midwives, 1 Health Management Committee member, 1 LC1 leader) and provided contextual insights through thematic analysis.

Findings shows that, (1) Attitudes and perception 79% of mothers reported polite greetings, but only 56% had procedures explained and 33% felt listened to; 77% felt safe while 65% reported some empathy. These gaps in explanation and listening lowered perceived quality. (2) Practices and utilization 62% reported midwives were punctual, 55% said hygiene was adequate, and 65% said checks were done; referrals were low and only 39% attended four or more visits, with 51% intending to continue ANC. (3) Trust 51% would return and 39% rated services good; lack of emotional support and long distances (98% cited) weakened trust.

The study concludes that midwives' attitudes and clinical practices play a pivotal role in shaping the quality, utilization, and continuity of antenatal care (ANC) services. The way midwives communicate with expectant mothers, demonstrate empathy, and uphold professional standards significantly influences how maternal care services are perceived and utilized. Recommendations: training in respectful communication and empathy, stronger supervision, improved staffing/resources, and community engagement to rebuild trust.

CHAPTER ONE: INTRODUCTION AND BACKGROUND

1.1. Introduction

This study examines how midwives' attitudes and practices influence expectant mothers' perceptions of the quality of antenatal care (ANC) services in Okwalongwen Sub County, Dokolo District. ANC is essential for reducing pregnancy-related complications and improving maternal and neonatal outcomes.

In Uganda, the Ministry of Health has introduced several policy frameworks and training initiatives aimed at improving maternal healthcare delivery. These include the Uganda Clinical Guidelines (UCG, 2016), the Respectful Maternity Care (RMC) Framework (2019), the Health Workers' Code of Conduct and Ethics (2013), and Continuous Medical Education (CME) programs for midwives under the Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) strategy. Despite the existence of these guidelines and programs, concerns persist regarding how maternal health services are delivered at facility level, particularly in rural communities.

This study therefore seeks to investigate how midwives' attitudes and day-to-day practices influence expectant mothers' utilization of ANC services, their perceived quality of care, and their level of trust in antenatal services in Okwalongwen Sub County.

1.2 Study Background

The quality of antenatal care (ANC) is a major determinant of maternal and neonatal health outcomes. Central to this quality is the interaction between pregnant women and midwives the frontline providers of maternal care in many public health facilities (Bowser & Hill, 2010). Midwives' attitudes, which include their emotional disposition, communication style, and respect for patients' dignity, and their practices, which encompass clinical competence, adherence to protocols, and ethical conduct, collectively influence how women perceive and utilize ANC services (Bohren et al., 2015).

Globally, a growing body of research has shown that negative provider behaviors such as rudeness, neglect, verbal or physical abuse, and discrimination undermine women's trust in health systems and deter them from attending ANC appointments (Alliance, 2011). For instance, (Bohren et al., 2015) describe widespread mistreatment of women in maternal care settings, which includes physical abuse, non-consented procedures, and verbal humiliation. These attitudes not only violate women's rights but also compromise clinical outcomes due to delayed or avoided care-seeking.

In many parts of Africa, these challenges are pronounced. A study in Nigeria found that 23.7% of women who avoided health facility deliveries cited negative provider attitudes as their primary reason, while 52% emphasized the need for improved midwife behavior to encourage facility use (Idris et al., 2006). Similarly, (Banke-Thomas et al., 2020) found that only 53% of pregnant women in Sub-Saharan Africa received the recommended four or more ANC visits, with many citing poor provider-client relations as a deterrent.

Positive attitudes, on the other hand, foster trust, increase ANC adherence, and contribute to better maternal outcomes. Women who experience respectful care characterized by being listened to, receiving clear communication, and being treated with dignity are more likely to return for subsequent visits and recommend facility-based services to others (Bradley, 2018; Wilunda et al., 2015). In Malawi, for example, women who reported being greeted by name and given adequate information rated their care more positively (Moyer et al., 2014).

In East Africa, similar patterns emerge. In Tanzania, (McMahon et al., 2014) documented the emotional and psychological toll of abusive care, which led to reduced ANC uptake. In Kenya, only 58% of pregnant women met the WHO-recommended four ANC visits, with poor quality of care being a major contributing factor (KDHS, 2015).

In Uganda, studies by (Anastasi et al., 2015; Arinaitwe, 2016) revealed that disrespectful and abusive behaviors from midwives, including verbal harassment and lack of emotional support, discouraged many women from seeking ANC services. According to the Uganda Health Sector Performance Report (2019/2020), only 27% of pregnant women in Lira District made their first ANC visit within the recommended 12 weeks a stark indicator of low ANC utilization likely linked to both systemic and interpersonal factors in care delivery.

Although Uganda has made policy commitments to improving maternal health, implementation gaps remain, especially at lower-level health facilities. The Uganda Health Workers' Code of Conduct and Ethics (Ministry of Health, 2013) outlines standards for respectful communication, confidentiality, non-discrimination, and professionalism. In addition, the Uganda Clinical Guidelines (2016) emphasize client-centered ANC delivery, informed consent, timely referrals, and respectful treatment of pregnant women.

Furthermore, the Respectful Maternity Care (RMC) Framework (2019) was adopted to address disrespect and abuse during maternal care by promoting dignity, privacy, and emotional support. Continuous Medical Education (CME) programs are also mandated to strengthen health workers' skills in interpersonal care and professional ethics.

However, studies conducted in Uganda indicate that these guidelines often exist more strongly in policy than in practice, particularly in rural and under-resourced settings. Anastasi et al. (2015) and Arinaitwe (2016) documented frequent reports of verbal abuse, poor communication, neglect, and lack of emotional support by midwives in public health facilities, which discouraged women from attending or completing ANC schedules.

In Northern Uganda specifically, Uldbjerg et al. (2020) found that women's negative interactions with midwives were a key reason for delayed ANC initiation and poor continuity of care. Okwalongwen Sub County, located in Dokolo District, reflects similar rural characteristics, including limited staffing, high patient loads, and weak supervision, which may exacerbate negative provider behaviors and undermine ANC quality.

1.2 Problem Statement

Despite the availability of antenatal care services in Okwalongwen Sub County, Dokolo District, many expectant mothers report unsatisfactory experiences during ANC visits, particularly related to midwives' attitudes and everyday practices. Evidence from studies in Northern Uganda shows that women frequently encounter disrespectful communication, rushed consultations, lack of explanation of procedures, and limited emotional support from midwives, which negatively affects their perception of care quality and willingness to return for subsequent visits (Anastasi et al., 2015; Uldbjerg et al., 2020).

Nationally, while over 90% of Ugandan women attend at least one ANC visit, far fewer complete the recommended number of contacts. According to the Uganda Demographic and Health Survey (UDHS, 2022/2023), only about 60% of women complete four or more ANC visits, and early ANC initiation remains low in many rural districts. At the same time, maternal mortality in Uganda remains high, estimated at 336 deaths per 100,000 live births, indicating persistent gaps in both access to and quality of maternal healthcare (UBOS & ICF, 2023; Ministry of Health, 2023).

What is currently known is that negative provider attitudes reduce ANC utilization and continuity at national and regional levels. However, what is not well documented is how specific midwives' attitudes and practices shape expectant mothers' perceptions of ANC quality and trust in services at the local level in Okwalongwen Sub County. Without localized evidence, district health managers and policymakers lack context-specific information to design targeted interventions that address interpersonal and behavioral barriers to ANC utilization.

This study therefore seeks to fill this gap by examining how midwives' attitudes and practices influence expectant mothers' perception of ANC quality, service utilization, and trust in antenatal care services in Okwalongwen Sub County, Dokolo District. The findings will provide evidence to inform practical, behavior-focused improvements aimed at strengthening respectful, client-centered maternal healthcare and ultimately improving maternal and neonatal outcomes in the community.

1.3 Objectives of the study

1.3.1 Main Objective:

To examine how midwives' attitudes and practices affect the quality of antenatal care (ANC) services received by expectant mothers in Okwalongwen Sub County, Dokolo District.

1.3.2 Specific Objectives

I. To examine how midwives' attitudes, affect expectant mothers' perception of the quality of antenatal care services in Okwalongwen Sub County.
II. To analyze the extent to which midwives' practices influence the utilization and continuity of antenatal care in Okwalongwen Sub County.

III. To explore the role of midwives in shaping expectant mothers' trust in antenatal care services in Okwalongwen Sub County.

1.4 Research Questions

1. How do midwives' attitudes influence expectant mothers' perception of the quality of antenatal care services in Okwalongwen Sub County?
2. In what ways does midwives' practices impact expectant mothers' utilization and continuity of antenatal care services?
3. Which roles do midwives play in shaping expectant mothers' trust in antenatal care services?

1.5. Scope of the Study

The study was conducted in Okwalongwen Sub County, Dokolo District, Northern Uganda. Data were collected from expectant mothers residing in the sub-county, as well as from midwives and Health Management Committee members at Abalang Health Centre III.

The research focused on the effects of midwives' attitudes and practices specifically their communication, professionalism, and emotional support on expectant mothers' perception of antenatal care (ANC) quality and service utilization. The primary respondents were expectant mothers, with midwives and HMC members serving as key informants.

Fieldwork and primary data collection for this study were completed over a period of two months.

1.6 Justification of the Research

In rural communities like Okwalongwen Sub County, antenatal care (ANC) is predominantly accessed through midwives, who serve as the primary providers of maternal health services. These interactions present critical opportunities not only to monitor the physical health of the mother and unborn child, but also to offer preventive education, emotional support, and guidance throughout pregnancy. However, beyond clinical competencies, the attitudes and interpersonal behaviors of midwives significantly shape pregnant women's experiences of care and influence their continued use of ANC services.

Despite the availability of ANC in many health facilities, expectant mothers often avoid attending these services due to previous encounters characterized by disrespect, neglect, poor communication, or unresponsiveness from midwives. Such negative experiences discourage mothers from seeking further care, thereby increasing the risk of pregnancy-related complications and undermining maternal health outcomes (Bowser & Hill, 2010). On the other hand, when midwives exhibit empathy, professionalism, and respectful engagement, women are more likely to feel safe, valued, and empowered to participate actively in their care leading to higher ANC attendance, better health behaviors, and improved pregnancy outcomes (WHO, 2016).

This study is therefore justified by the need to understand not only the technical quality of antenatal care, but also the human element how midwives' attitudes and practices affect expectant mothers' perceptions of care quality, trust in the health system, and willingness to seek and adhere to ANC services. As a student of social work, this research is especially relevant for advocating for client-centered, respectful, and compassionate maternal healthcare in underserved rural settings like Okwalongwen. It provides evidence to inform policy, training, and community engagement strategies that prioritize dignity, empathy, and accountability in the delivery of antenatal care.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter provides a comprehensive review of existing literature relevant to midwives' attitudes and practices and how these influence the quality of antenatal care (ANC) services. It draws on global, regional, and local studies to frame the discussion around the behavioral and clinical dimensions of midwifery that impact service delivery. The review is organized thematically, with particular attention paid to communication, professional conduct, empathy, and client satisfaction, highlighting existing knowledge gaps and contextualizing the need for this study.

2.2 Concept of Antenatal Care and Its Importance

Antenatal care (ANC) is a vital part of maternal and child healthcare, aimed at monitoring pregnancy, detecting complications early, and promoting positive health behaviors. Beyond clinical procedures, the effectiveness of ANC greatly depends on the quality of interactions between expectant mothers and healthcare providers, particularly midwives. Respectful, empathetic, and clear communication from midwives helps build trust, encourages return visits, and improves maternal satisfaction and outcomes (Kruk et al., 2018). The World Health Organization (WHO) recognizes this by recommending a minimum of eight ANC contacts to enhance maternal and neonatal health through continuous and supportive care (WHO, 2016).

In rural settings like Okwalongwen Sub County, the quality of ANC is shaped not just by how often women visit clinics, but by how they are treated during those visits. When midwives show empathy, professionalism, and provide clear information, women are more likely to adhere to medical advice and maintain contact with the healthcare system. In contrast, disrespect or neglect discourages care-seeking behavior, increasing risks for both mother and child (Okedo-Alex et al., 2019). Therefore, ANC should be viewed as both a medical and relational service, where midwives' attitudes and behaviors significantly influence the overall quality of maternal care.

2.3 Midwives' Attitudes

The attitudes displayed by midwives encompassing behaviors such as respect, empathy, effective communication, and attentiveness which play a pivotal role in shaping pregnant women's

experiences with antenatal care (ANC) (Bohren et al., 2015). When midwives demonstrate negative attitudes, including verbal abuse, neglect, or disregard for patients' consent, these behaviors create a hostile environment that discourages women from attending or returning for ANC services. Several studies conducted across Sub-Saharan Africa have highlighted the prevalence of such mistreatment, revealing that disrespectful care not only violates women's rights but also undermines their trust in the health system, leading to reduced service utilization (Rosen et al., 2015).

In contrast, when midwives exhibit positive attitudes characterized by patience, kindness, emotional support, and clear communication they foster a sense of safety and respect that encourages expectant mothers to continue engaging with ANC services (Abuya et al., 2015). Evidence from Nigeria and Kenya indicates that women who receive dignified and compassionate care are significantly more likely to complete the recommended ANC visits and adhere to medical advice (Okedo-Alex et al., 2019). These findings underscore the dual role of midwives' attitudes: as potential barriers when negative, and as powerful enablers of maternal healthcare access and quality when positive. Therefore, any effort to improve ANC outcomes must address both the technical and interpersonal dimensions of care delivery.

2.4 Quality of Care in Antenatal Services

Quality of care in antenatal services refers to the degree to which health services provided to pregnant women improve desired health outcomes and are aligned with professional standards. According to the World Health Organization (WHO, 2016), quality maternal health care should be effective, safe, timely, equitable, and people-centered. In antenatal care (ANC), this involves not only performing essential clinical procedures such as blood pressure checks and nutritional counseling but also ensuring that women are treated with dignity and empathy throughout their pregnancy journey (Rosen et al., 2015). Therefore, quality ANC must address both the clinical content of care and the manner in which it is delivered.

Interpersonal aspects such as respectful communication, emotional support, and attentiveness are increasingly recognized as essential components of quality. Studies show that negative interactions with midwives such as rudeness, neglect, or verbal abuse discourage women from attending ANC

visits and may lead to poor maternal outcomes (Bohren et al., 2015; Kruk et al., 2018). On the other hand, when midwives provide compassionate care, listen to patients, and build trust, women report greater satisfaction and are more likely to adhere to ANC schedules (Bradley, 2018; Mannava et al., 2015). Thus, perceived quality how women experience and interpret the care they receive can be just as influential as technical quality in shaping health-seeking behavior.

Debates around quality of care often center on whether it should be defined by measurable standards or subjective experiences. While some scholars emphasize objective indicators like the number of ANC visits or adherence to guidelines (Alliance, 2011), others argue that women's perceptions must be central, especially in low-resource or rural settings where negative experiences often deter care-seeking (Kujawski et al., 2015). In this study, quality of care is approached as a multidimensional concept that integrates both the technical performance of midwives and the emotional and interpersonal aspects of care, acknowledging that respectful, empathetic interactions are critical to improving maternal health outcomes in rural Uganda.

2.5 Midwives' Communication Styles and Maternal Satisfaction

Communication between healthcare providers and patients plays a foundational role in determining the quality of care and overall patient satisfaction. In the context of antenatal care (ANC), midwives' ability to engage expectant mothers through clear, compassionate, and respectful communication is vital to building trust and encouraging continued service use (Turan et al., 2013). Communication is not limited to the transmission of information; it also encompasses listening actively, offering emotional reassurance, responding to patients' concerns, and adapting explanations to the clients' level of understanding. Effective communication contributes to better comprehension of medical instructions, improved health outcomes, and a positive care experience (Bohren et al., 2015).

On the contrary, poor communication practices such as the use of technical jargon without adequate explanation, dismissive or harsh tones, rushing through consultations, and failing to listen leave many women feeling confused, neglected, or intimidated (Mannava et al., 2015). These negative experiences can lead to feelings of disempowerment, eroded trust in healthcare providers, and reluctance to attend future ANC visits. (Silal et al., 2012) noted that such experiences are

particularly prevalent in resource-constrained health facilities, where overburdened midwives often fail to prioritize effective patient interaction.

Evidence from Nigeria supports the view that clear and empathetic communication significantly enhances women's satisfaction with ANC. (Onyeajam et al., 2018) found that women who reported good interpersonal communication from midwives were more likely to return for ANC services and comply with medical advice. Similarly, a study in Ethiopia by (Nigusie et al., 2022) revealed that many women felt dissatisfied with ANC services due to a lack of informed consent, insufficient explanation of procedures, and midwives' failure to involve them in decision-making. These lapses not only reduced women's confidence in the health system but also affected their willingness to seek institutional care.

Importantly, respectful and responsive communication fosters a sense of dignity and value, which is critical in maternal health contexts. Pregnant women are more likely to feel respected and empowered when midwives explain procedures clearly, allow time for questions, and show a genuine interest in their well-being (Esan, 2022). This sense of empowerment is closely linked to improved maternal satisfaction and adherence to ANC schedules, both of which are essential for positive maternal and neonatal health outcomes (Rognoni & Tarricone, 2017).

Therefore, communication should not be viewed as a soft skill or optional aspect of ANC, it is a clinical imperative. Enhancing midwives' communication competencies is essential for strengthening maternal health services, particularly in rural areas like Okwalongwen Sub County, where perceptions of poor provider-patient relationships may hinder care-seeking behavior. Ensuring that midwives are trained not only in medical skills but also in interpersonal and culturally sensitive communication could significantly improve client satisfaction and overall ANC effectiveness.

2.6 Professional Conduct and Responsiveness of Midwives

Professional conduct among midwives is a critical determinant of both the quality and effectiveness of antenatal care (ANC) services. It encompasses a range of responsibilities, including punctuality, adherence to clinical guidelines, ethical decision-making, hygiene standards, and responsiveness to the emotional and physical needs of expectant mothers (Sando et

al., 2016). These attributes reflect not only technical competence but also respect for the rights and dignity of clients. When midwives act professionally, they build trust with patients, ensure continuity of care, and foster a positive healthcare experience (Esan, 2022).

However, lapses in professionalism such as habitual absenteeism, delayed attention to patients, neglect of hygiene standards, and indifference to patients' concerns have been widely reported in public health systems, particularly in low-resource settings. Such behaviors undermine the reliability of ANC services and discourage pregnant women from seeking timely care (Mannava et al., 2015). (Turan et al., 2013) found that patients exposed to providers who ignored complaints or dismissed symptoms without examination were less likely to return for follow-up visits. These actions not only compromise maternal outcomes but also erode the public's confidence in health institutions.

In Uganda, particularly in rural districts like Dokolo, poor professional conduct remains a persistent challenge. (Asefa & Bekele, 2015) noted that in several government-run health centers, delays in service delivery and failure to respond to emergencies were attributed to midwives' absenteeism and limited accountability mechanisms. Such professional inadequacies have direct consequences: women either delay attending ANC services or resort to traditional birth attendants who may lack clinical expertise.

On the contrary, midwives who exhibit professionalism by maintaining proper documentation, practicing timely patient assessments, and demonstrating ethical behavior significantly enhance maternal satisfaction (Bekele, 2021). (Benova et al., 2018) highlighted that women who received care from well-organized, punctual, and clinically responsive midwives reported higher satisfaction levels and were more likely to complete the full course of ANC visits. These findings reinforce the argument that improving the professional standards of midwifery is essential for ensuring positive health outcomes and increasing ANC uptake, especially in underserved rural areas.

Thus, reinforcing professional ethics and accountability among midwives should be a central goal in maternal health reform efforts. This includes strengthening supervision, providing continuous professional development, and creating a supportive work environment that enables midwives to

fulfill their responsibilities effectively. In doing so, maternal health systems particularly in places like Okwalongwen Sub County can become more responsive, efficient, and woman-centered.

2.7 Emotional Support and Empathy in ANC Delivery

The emotional well-being of expectant mothers is a fundamental aspect of comprehensive antenatal care (ANC), as pregnancy often brings about a range of psychological and emotional challenges (WHO, 2016). Midwives, as primary caregivers during pregnancy, hold a pivotal role in addressing these emotional needs. Empathy, which refers to the ability to deeply understand and share the feelings and experiences of another person, is especially important in this context (Alliance, 2011). It helps to alleviate maternal anxiety, foster trust, and enhance cooperation between the mother and healthcare provider. By demonstrating empathy, midwives can create a supportive environment that encourages women to engage more actively in their care and follow through with recommended health practices, leading to better pregnancy outcomes (Esan, 2022).

Evidence from studies conducted in Tanzania and Malawi further emphasizes the critical role of emotional support in ANC (Shimoda et al., 2018). These studies found that women who perceived their midwives as empathetic and emotionally supportive reported higher levels of confidence and reassurance throughout their pregnancy journey. This emotional support often included behaviors such as active listening, validating the mother's concerns, and offering compassionate responses to fears or uncertainties. Women who experienced such support were not only more comfortable during ANC visits but also demonstrated greater willingness to attend subsequent appointments, ensuring continuity of care and early detection of potential complications (Mselle et al., 2013).

Additionally, emotional support strengthens the provider-client relationship by building trust and rapport. When women feel heard and understood, they are more likely to disclose relevant health information and adhere to medical advice. This relationship dynamic is crucial for improving the quality of care, as it enhances communication, reduces barriers to service utilization, and ultimately contributes to positive maternal and neonatal health outcomes.

2.8 Effects of midwives' attitudes and practices on ANC seeking behavior

A substantial body of research highlights how negative experiences with midwifery care such as neglect, verbal abuse, discrimination, and demands for informal payments significantly deter women from attending subsequent antenatal care (ANC) visits or opting for institutional deliveries (Freedman et al., 2014). These harmful practices generate feelings of fear, frustration, and distrust towards healthcare providers, which in turn create barriers to accessing essential maternal health services.

In rural Uganda, numerous women have reported instances of mistreatment and dismissal by midwives based on factors such as their age, marital status, or socio-economic position. Such discriminatory behaviors further marginalize already vulnerable groups, limiting their willingness and ability to seek timely and appropriate care (Anastasi et al., 2015). This systemic mistreatment not only compromises the quality of maternal healthcare but also exacerbates inequalities by alienating those most in need. Therefore, addressing these negative midwifery practices is imperative. Efforts to eliminate neglect, abuse, and discrimination within maternal health services are essential to restoring trust, encouraging consistent utilization of ANC, and advancing equity in maternal health outcomes.

2.9 Gaps in Existing Literature

While a significant body of research has documented instances of disrespect and abuse in maternity care, there remains a limited focus on a holistic examination of both positive and negative midwifery behaviors specifically within the context of antenatal care (ANC). Most existing studies tend to concentrate on isolated negative experiences or abuses, often overlooking the complexity of midwives' interactions that can include supportive and empathetic practices as well.

Additionally, the majority of this research has been conducted in urban or peri-urban settings, which may not accurately reflect the unique challenges and lived experiences of women in rural areas such as Okwalongwen Sub County. This geographic bias creates a notable gap in understanding how midwives' attitudes and behaviors impact ANC service utilization and maternal health outcomes in more remote and resource-constrained environments.

Furthermore, much of the existing literature emphasizes institutional and structural barriers to accessing maternal health services such as availability of facilities, infrastructure, and policy constraints while giving less attention to the interpersonal dynamics between healthcare providers and clients. The perspectives and experiences of expectant mothers themselves, particularly regarding how midwives' attitudes and practices shape their perceptions of care quality and influence their health-seeking behaviors, are underexplored (Kujawski et al., 2015).

This study seeks to address these gaps by providing an in-depth analysis of both positive and negative midwife behaviors and their impact on antenatal care utilization, with a specific focus on the rural context of Okwalongwen Sub County in Uganda. By centering the voices of expectant mothers, this research aims to enrich understanding of how interpersonal care dynamics contribute to maternal health outcomes and inform improvements in service delivery.

2.10 Theoretical Framework

This study is anchored in the Health Belief Model (HBM), a widely used theoretical framework that explains health-seeking behaviors based on individuals' perceptions of health-related actions (Rosenstock, 1974). According to the HBM, a person's decision to engage in a health behavior such as attending antenatal care (ANC) is influenced by their assessment of perceived benefits, perceived barriers, and cues to action.

Applied to the context of ANC, a pregnant woman's choice to seek or avoid care is strongly shaped by how she perceives the quality and respectfulness of the services offered. These perceptions are largely influenced by the attitudes and behaviors demonstrated by midwives during care delivery (Rosenstock, 1974). For instance, when midwives exhibit empathy, professionalism, and emotional support, these positive experiences serve as cues that motivate women to attend ANC consistently. Conversely, experiences of mistreatment, neglect, or disrespect act as significant barriers, deterring women from seeking care.

The HBM thus provides a useful lens for understanding how interpersonal factors within the healthcare environment specifically midwives' practices and attitudes play a critical role in shaping maternal health behaviors. This framework guides the study in exploring the mechanisms through which midwives' conduct influences expectant mothers' decisions about ANC utilization.

The literature underscores that midwives' attitudes and practices are critical determinants of ANC quality and utilization. While many studies confirm the damaging effects of disrespect and abuse, fewer explore how positive behaviors such as empathy, effective communication, and professionalism can foster better maternal outcomes. There remains a significant research gap in understanding these dynamics in rural Ugandan contexts like Okwalongwen. This study contributes to the field by offering empirical insights into how both positive and negative midwifery behaviors affect the ANC experiences of expectant mothers.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

This chapter contains information on the research design, approach, study area, population, sampling methods, data collection tools, data analysis procedures, and ethical considerations. The chosen methods aimed to ensure the research is systematic, credible, and contextually grounded.

3.2 Research Design

The study adopted a cross-sectional research design, which involved collecting data at a single point in time to examine the relationship between midwives' attitudes and practices and the quality of antenatal care (ANC) received by expectant mothers. A cross-sectional design was appropriate because it allowed the researcher to obtain a snapshot of mothers' perceptions and midwives' behaviors without manipulating variables or altering the natural setting of ANC service delivery.

3.3. Research Approach

The approaches used within this design were both quantitative and qualitative. Quantitative data was collected through structured questionnaires to assess trends and patterns in mothers' perceptions of care, while qualitative data from interviews provided in-depth insights into midwives' attitudes and practices. This combination enabled a more comprehensive examination of the associations between provider behavior and client satisfaction.

3.4 Study Population

The study population consisted of expectant mothers residing in Okwalongwen Sub County who were currently receiving antenatal care or had received ANC services within the last six months preceding the study. A period not exceeding six months was to ensure that participants could reliably recall their interactions with midwives and accurately describe their experiences.

According to the Dokolo District Population and Health Profile (2023) and projections based on the Uganda Bureau of Statistics (UBOS, 2022), Okwalongwen Sub County has an estimated population of approximately 21,000 residents. Women of reproductive age (15–49 years) constitute about 24% of the population. Using district maternal health records and ANC attendance data, it is estimated that approximately 1,500–1,800 women are pregnant or accessing ANC services annually in the sub-county.

These women share key characteristics relevant to the study, including dependence on rural health facilities, regular interaction with midwives during pregnancy, and exposure to midwives' attitudes and clinical practices that shape their perceptions of ANC quality.

3.5 Sample Size and Sampling Techniques

3.5.1 Sample Size Determination

To determine the appropriate sample size for this study, the researcher employed a modern and reliable approach by using the online sample size calculator available at https://www.calculator.net/sample-size.html. This tool is widely used in contemporary research due to its flexibility and ability to adjust for confidence levels, margins of error, and population proportion, especially in situations where the exact population size is unknown (Del Águila & González-Ramírez, 2014).

In this study, the population of interest (expectant mothers) could not be precisely quantified due to the absence of a complete and current sampling frame. As such, I opted for the most statistically conservative estimate by setting the population proportion (p) at 50%, which is standard practice when the actual proportion is unknown. A confidence level of 95% and a margin of error of 5% were selected to balance precision and feasibility for fieldwork in a rural setting.

Using these inputs on the calculator:

- Confidence Level (Z): 95%
- Population Proportion (p): 0.5
- Margin of Error (e): 5%
- Population Size: Unknown/Not entered

The resulting sample size was 41 expectant mothers, meaning that at least 41 completed responses were required to ensure that the results would be within ±5% of the true population values 95% of the time. This target was met, with 41 expectant mothers participating in the study.

3.5.2 Sampling Techniques of Respondents

Selection of Expectant Mothers

The selection of expectant mothers employed a multi-stage cluster sampling approach, appropriate for geographically dispersed rural populations where a complete sampling frame is difficult to obtain (Creswell & Plano Clark, 2018).

In the first stage, the five parishes of Okwalongwen Sub County Abalang, Barlela, Apala, Alanyi, and Okwalongwen Central formed the primary clusters. From these, two parishes (Apala and Barlela) were randomly selected using a simple lottery method to ensure each parish had an equal chance of inclusion.

In the second stage, all villages within the selected parishes were listed with the help of parish chiefs and LC1 leaders. From each selected parish, one village was randomly selected: Ayaa Village (Apala Parish) and Abongorwot Village (Barlela Parish).

Within the selected villages, lists of expectant mothers were obtained through Village Health Teams (VHTs) and ANC registers from nearby health facilities. Because some expectant mothers were not formally registered or were difficult to trace, snowball sampling was used at this final stage to identify additional eligible participants until the required sample size was reached. This combination ensured feasibility while minimizing exclusion of hard-to-reach respondents.

Selection of key informants

Key informants included midwives providing ANC services, 1 Health Management Committee (HMC) member, and LC1 leader within the selected parishes. These categories were included because of their direct involvement in ANC service delivery, facility oversight, and community-level maternal health mobilization, as reflected in the study objectives.

A total of 4 key informants participated in the study, comprising:

- 2 Midwives
- 1 Health Management Committee members
- 1 LC1 leader

Key informants were selected using purposive sampling, a non-probability technique appropriate for qualitative inquiry where participants are chosen based on their knowledge, experience, and relevance to the research problem (Patton, 2015). No randomization techniques were used for key informant selection, as the goal was depth of information rather than representativeness.

Potential informants were identified through health facility records and local leadership structures. They were contacted personally, informed about the purpose of the study, and recruited after providing informed consent. This approach ensured methodological coherence and alignment with qualitative research principles.

3.6 Data Collection Methods

3.6.1 Quantitative Data Collection Methods

Quantitative data were collected using structured questionnaires administered to expectant mothers. The questionnaires captured information on midwives' communication styles, professionalism, respect, emotional support, and overall satisfaction with antenatal care services. The structured format enabled the collection of standardized data suitable for statistical analysis.

3.6.2 Qualitative Data Collection Methods

Qualitative data were collected through Key Informant Interviews (KIIs) with midwives, HMC members, and LC1 leaders. The interviews explored midwives' attitudes, ethical conduct, daily practices, and systemic challenges affecting ANC service delivery. This method allowed for in-depth understanding of contextual and interpersonal factors influencing ANC quality.

All instruments were pre-tested in a neighboring sub-county with similar characteristics. Feedback from the pre-test informed revisions to improve clarity, cultural appropriateness, and reliability.

3.7 Data Analysis and Processing

Quantitative data from questionnaires were coded and entered into SPSS for analysis. Descriptive statistics such as frequencies, percentages, and means were used to summarize respondents' perceptions of midwives' attitudes, practices, and overall ANC quality. Cross-tabulations were conducted to examine relationships between provider attitudes and ANC utilization patterns.

Qualitative data from KIIs were analyzed using thematic analysis, guided by Braun and Clarke's (2006) framework, as applied in this study. Audio-recorded interviews were transcribed verbatim, and transcripts were read repeatedly to gain familiarity with the content. Initial codes were generated manually by identifying recurring phrases and ideas related to provider behavior, communication, trust, and service challenges.

Codes were then grouped into broader themes such as provider–client relationships, professional conduct, trust in ANC services, and barriers to quality care. Themes were reviewed by comparing them across transcripts to ensure consistency and relevance to the study objectives. Final themes were clearly defined and supported by verbatim quotations, which were integrated into the presentation of findings to enrich interpretation and contextual understanding.

3.8 Ethical Consideration

This study posed minimal physical risk to participants; however, several potential emotional, social, and ethical risks were identified, especially given the sensitivity of the subject matter and the setting. These risks included:

Emotional or psychological discomfort. Participants, particularly expectant mothers, experienced emotional distress when asked to recall and describe negative or upsetting encounters with midwives during antenatal care. Recounting instances of neglect, disrespect, or inadequate care evoked feelings of sadness, frustration, anxiety, or shame. Such emotional discomfort was especially noted when discussing events that had impacted their dignity or well-being.

Breach of confidentiality. There was a risk that personally identifiable information could be inadvertently disclosed, particularly within tight-knit rural communities where maintaining anonymity was difficult.

Social and community impacts. In cases where community members or healthcare workers became aware that participants had provided critical feedback, unintended consequences arose. These included strained relationships between healthcare providers and patients, defensive attitudes among health staff, or perceived retaliation, such as reduced quality of care during subsequent visits. The disclosure of sensitive views also triggered broader tensions within some communities.

Perceived power imbalance and pressure to participate. Some expectant mothers felt obliged to participate due to the perceived authority of researchers, healthcare providers, or local leaders. Fears of losing access to services or being viewed unfavorably by health workers led some participants to withhold their true opinions or give socially desirable responses, thereby compromising the authenticity of the data and the psychological comfort of the participants.

The study was guided by fundamental ethical principles, including beneficence, informed consent, confidentiality, and respect for persons. The following measures were undertaken to mitigate potential risks associated with the research process:

Informed consent. To address potential risks such as perceived power imbalances and emotional discomfort, participants were provided with clear and comprehensive information about the study. This included its purpose, the voluntary nature of participation, the right to withdraw at any time without penalty, and assurance that their responses would not affect the healthcare services they received. All information was communicated in a language the participants understood, and informed consent was obtained verbally or in writing prior to data collection.

Anonymity and confidentiality. To safeguard participants' privacy and reduce the risk of social consequences, no names or personally identifying details were recorded. Instead, unique codes or pseudonyms were used throughout the data collection and reporting process. Data were securely stored and were accessible only to the researcher and, where necessary, academic supervisors.

Do No Harm (Non-Maleficence). The research process was conducted with empathy and respect. Interview questions were carefully phrased to minimize psychological or emotional distress. Participants were allowed to skip any questions or withdraw from the interview at any point. Where signs of distress were observed, appropriate referrals to professional support services were made.

Cultural sensitivity and respect. As a social work student, I upheld the dignity and cultural values of all participants by maintaining a nonjudgmental and culturally sensitive approach. Community norms were respected, and, where applicable, permissions for community entry were obtained before commencing the study.

All participants provided informed consent before participation. Confidentiality and anonymity were ensured by using codes instead of names, and participants were informed of their right to withdraw from the study at any stage without any consequences.

CHAPTER FOUR: PRESENTATION, ANALYSIS, AND INTERPRETATION OF FINDINGS

4.1. Introduction

This chapter presents, analyzes, and interprets findings from the study on the effects of midwives' attitudes and practices on expectant mothers' perception of the quality of antenatal care (ANC) services in Okwalongwen Sub County, Dokolo District. The findings are drawn from 41 expectant mothers who participated in the survey and four key informants (midwives and Health Management Committee members) who provided qualitative insights through Key Informant Interviews (KIIs).

The chapter is organized in line with the specific objectives of the study. It begins with a presentation of respondents' demographic characteristics to provide background context. This is followed by findings on midwives' attitudes (communication style and emotional support), midwives' practices (professional conduct and referral practices), and finally the role of midwives in shaping mothers' trust in ANC services. Quantitative results are presented using tables, while qualitative findings are integrated to explain how and why the observed patterns affect mothers' perceptions and behaviors.

4.2. Demographic Characteristics of Respondents

This section presents the demographic characteristics of the expectant mothers who participated in the study. These characteristics are important because factors such as age, education level, marital status, parity, and ANC attendance history influence how women perceive care and interact with midwives.

Table 4.2: Demographic Characteristics of Respondents

Variable	Category	Frequency (n)	Percentage (%)
Age (years)	18–24	9	21.65
	25–34	12	28.87
	35–44	7	19.59
	45–54	8	18.56
	55+	5	11.34
Marital status	Divorced	13	30.93
	Married	11	25.77
	Widowed	10	23.71
	Single	7	19.59
Education level	None	11	25.77
	Primary	13	30.93
	Secondary	10	24.74
	Tertiary	7	18.56
Religion	Other	10	24.74
	Traditional	11	25.77
	Christian	12	29.90
	Muslim	8	19.59
Occupation	Peasant farmer/business	13	30.93
	Unemployed	10	23.71
	Employed	7	17.53
	Other	11	27.84
Age at first pregnancy	Below 18	10	24.74
	19–24	13	30.93
	25–29	10	24.74
	Over 30	8	19.59
Number of pregnancies (Gravida)	2	13	30.93
	3	13	30.93
	4	10	24.74
	5 or more	5	13.40
ANC visits attended	4 or more times	16	39.18
	2–3 times	13	30.93
	Once	12	29.90
Living children	0	8	19.59
	1	11	27.84
	2	12	29.90
	3 or more	10	22.68

As shown in Table 4.2, most mothers were between 25–34 years old (28.87%) and married (25.77%). A large share had only primary education (30.93%) or none (25.77%). Nearly all reported farming or small business as occupation. First pregnancies mostly occurred in the 19–24 age group (30.93%). Over half of the mothers (70.11%) had at least two pregnancies (gravida). Only 39.2% attended four or more antenatal visits, suggesting gaps in recommended care. The number of living children was spread across 0 to 3+. These background findings will help us interpret how attitudes and practices of midwives affect mothers' experiences.

4.3. Midwives' Attitudes and Mothers' Perceived Quality of Care

This section presents findings related to the first objective of the study, which examined how midwives' attitudes influence expectant mothers' perception of the quality of antenatal care services. Specifically, the study assessed two key attitude-related dimensions that formed part of the questionnaire and interview guide:

Communication style including greeting practices, explanation of procedures, opportunity to ask questions, and active listening.

Empathy and emotional support including respect, emotional reassurance, and responsiveness to mothers' concerns.

4.3.1. Communication Style

To assess midwives' communication style, respondents were asked whether midwives greeted them politely, explained procedures before performing them, allowed them to ask questions, and listened to their concerns during ANC visits. These aspects were selected because they directly reflect respectful and client-centered communication, which is central to perceived quality of care.

Table 4.2: Midwives' Communication with Expectant Mothers

Aspect	Yes (n, %)	No (n, %)
Greeted politely	32 (79%)	9 (21%)
Procedures explained	23 (56%)	18 (44%)
Allowed to ask questions	26 (63%)	15 (37%)
Listened to concerns	14 (33%)	27 (67%)

The finding that 78.95% of mothers reported polite greetings is consistent with literature showing respectful communication fosters trust. For example, Abuya et al. (2015) found that kind, patient care made women feel safe and encouraged them to return for ANC. Likewise, Bradley (2018) and Mannava et al. (2015) note that positive interpersonal treatment increases satisfaction and continued service use. Thus, our high polite-greeting rate aligns with these authors' view that friendly, respectful interactions support patient-centered care.

In contrast, only 56.14% of mothers had procedures explained before care, revealing a gap. Nigusie et al. (2022) and Esan (2022) emphasize that failing to explain procedures and obtain informed consent leaves women anxious and less empowered. For instance, studies show many women are dissatisfied when midwives do not involve them in decisions or explain actions. Our relatively low explanation rate suggests mothers here may often feel confused, which echoes these scholars' warnings that unclear communication can undermine trust.

Regarding patient engagement, most mothers (63.16%) were allowed to ask questions. This partially matches Esan (2022), who stresses that encouraging questions empowers women and builds confidence in care. Onyeajam et al. (2018) similarly found that interactive communication (including allowing questions) leads to better adherence to ANC advice. The fact that one-third of mothers could not ask questions indicates room for improvement: increasing such engagement could further align our practice with the empowering approach these authors recommend.

Conversely, only 33.33% of mothers felt midwives listened to them. Mannava et al. (2015) and Turan et al. (2013) report that when patients feel ignored or dismissed, they lose trust and are less likely to attend future care. Both studies emphasize active listening and responsiveness as essential components of quality care. Our finding of low perceived listening highlights a significant gap: it reflects the issue these researchers describe, where inattentive communication erodes patient confidence and satisfaction.

Overall, the moderate communication ratings mirror these dynamics. Bradley (2018) and Mannava et al. (2015) found that respectful, informative care leads women to report higher satisfaction. In our study, more than half of mothers rated communication only fair or worse, suggesting that shortcomings (like poor listening or explanation) pulled average satisfaction down. The literature

implies that targeted communication training to improve explanations, listening, and patient engagement would likely raise these ratings, as improving these interpersonal skills has been shown to significantly boost maternal satisfaction.

The findings indicate that a majority of mothers (78.95%) reported being greeted politely by midwives, suggesting that basic courtesy was commonly practiced. This polite engagement contributed positively to mothers' initial impressions of care and aligns with literature emphasizing respectful greetings as a foundation for trust.

However, gaps were observed in deeper communicative engagement. Only 56.14% of respondents reported that procedures were explained before being carried out, and just 33.33% felt that midwives actively listened to their concerns. This indicates that while surface-level politeness was common, meaningful two-way communication was often lacking.

This gap was further illustrated in the qualitative data. One expectant mother described how effective communication improved her experience:

> When the midwife took time to explain what she was doing and allowed me to ask questions, I felt confident and comfortable during the visit. **(Expectant Mother).**

In contrast, another mother explained how poor communication negatively affected her perception of care:

> She checked my file quickly and started examining me without explaining anything… I wanted to ask questions but she was already calling the next person **(Expectant Mother)**.

These accounts demonstrate how communication style directly shaped mothers' understanding, comfort, and satisfaction with ANC services. Poor explanation and limited listening left some mothers confused and disengaged, reducing their perception of care quality.

4.3.2. Empathy and Emotional Support

In addition to communication, the study examined empathy and emotional support as key components of midwives' attitudes. Respondents were asked whether they felt safe and respected during ANC visits and whether midwives showed concern for their emotional well-being. These indicators were included because emotional support is critical in building trust and encouraging continuity of care.

Table 4.3: Emotional Support and Empathy Perceived by Mothers

Aspect	Yes (n, %)	No (n, %)
Felt safe and respected	32 (77%)	9 (23%)
Empathy and support present	27 (65%)	14 (35%)

Most mothers (77%) said they felt safe and treated with respect by the midwife. Yet only 65% felt the midwife was empathetic and supportive; the rest (35%) did not. In other words, many mothers felt cared for physically (safe setting) but not emotionally. One respondent explained this well:

> When the midwife listened to me calmly and reassured me about my worries, I felt supported and encouraged to continue coming. **(Expectant Mother)**

However, others described encounters that lacked emotional sensitivity:

> She only looked at my file and left before I finished explaining how I was feeling… I felt ignored and alone. **(Expectant Mother)**

The gap between feeling safe and feeling supported suggests midwives do some things right (politeness, basic care) but may neglect emotional needs. Emotional support (like encouraging words or asking about worries) is important. Lack of empathy can undermine trust and satisfaction. These results imply that improving empathy by listening closely and showing concern could raise mothers' overall quality perception. In summary, under this objective, midwives' attitudes were partly positive (greetings, respect) but need improvement in explanation and emotional support. Mothers' quotes show that polite care helps them feel good, while rushed or inattentive care makes them feel uncared for.

Meanwhile, 77% of mothers felt safe with the clinic staff. This high safety perception aligns with findings by Abuya et al. (2015) and Okedo-Alex et al. (2019), who show that when midwives are kind and respectful, women feel secure and are more likely to continue ANC. Our result suggests that, at least on basic courtesy, care was often provided in a manner these authors describe as fostering a sense of safety.

However, only 36.84% of mothers felt staff showed concern for their emotional well-being, and just 28.07% felt comfortable sharing personal concerns. Shimoda et al. (2018) and Mselle et al. (2013) emphasize that emotional support expressed through empathy, active listening, and reassurance significantly boosts women's confidence and commitment to care. The low rates of

emotional support and openness in our findings reveal a gap with this ideal. These scholars imply that strengthening psychosocial aspects of care (through training in empathy and supportive communication) is needed to meet mothers' emotional needs and enhance their ANC experience.

Respectful language was reported as "always" used by only 35.09% of mothers. Literature shows that respectful communication is linked to treating women with dignity. Esan (2022) and Rognoni & Tarricone (2017) note that when women are given clear explanations and treated kindly, they feel empowered and respected. Our findings imply that many mothers are not consistently receiving this level of respectful interaction. This inconsistency likely diminishes the empowerment and confidence these authors describe as essential for positive maternal health outcomes.

Overall, 61.40% of mothers said midwives showed empathy and support. This moderate level aligns with Shimoda et al. (2018), who found that empathetic midwives make women more at ease and more likely to attend subsequent appointments. In contrast, Freedman et al. (2014) warn that neglect or verbal abuse deters women from returning to care. The mixed empathy results in our study echo these findings: insufficient emotional support could explain why a significant number of women hesitate to return, while those who felt supported likely represent the group more inclined to continue, as the literature suggests.

4.4. Midwives' Practices and ANC Utilization

This section examines how midwives' professional practices affect mothers continued use of ANC services. Two sub-themes are addressed: professional conduct (punctuality, hygiene, etc.) and referral practices and follow-ups.

4.4.1. Professional Conduct (Punctuality, Hygiene, Checks)

Table 4.4 shows how many mothers observed midwives following professional standards.

Table 4.4: Midwives' Professional Conduct (as reported by Mothers)

Item	Yes (n, %)	No (n, %)
Midwife arrived on time	25 (62%)	16 (38%)
Midwife maintained hygiene	23 (55%)	18 (45%)
Health checks done properly	27 (65%)	14 (35%)

About 62% of midwives were punctual, which is good but means a large minority were not. Asefa and Bekele (2015) noted that absenteeism and delays in Uganda discourage women from returning to health facilities. Benova et al. (2018) similarly report that women value punctual, well-organized providers, which increases their satisfaction. Our finding that nearly 40% of midwives were late or absent suggests a risk to patient trust, aligning with these authors' concerns that timeliness is critical for continued care.

Just over half of midwives-maintained hygiene standards (55% yes). Sando et al. (2016) highlight that hygiene is a core professional responsibility, and lapses can undermine patient confidence. Esan (2022) also links overall professionalism (including cleanliness) to building trust with expectant mothers. The sizeable hygiene shortfall we observed could therefore affect how safe and cared-for mothers feel, consistent with these scholars' emphasis on strict clinical standards.

Similarly, 64.91% of midwives performed all required health checks. Bekele (2021) and Benova et al. (2018) indicate that well-organized, thorough antenatal care leads to higher satisfaction and greater completion of recommended visits. Our result with over one-third failing to do all checks may compromise these outcomes. It underscores the literature's view that adherence to ANC protocols is crucial; gaps here can reduce the health benefits that complete care would otherwise provide.

Although our data on referrals is limited, literature suggests consistent referral practices are also part of professional conduct. Mannava et al. (2015) and Turan et al. (2013) note that ignoring patient complaints or needed referrals erodes trust in the provider. If referrals are handled inconsistently (as our data hints), it could mirror the dissatisfaction these authors describe.

Ensuring midwives follow referral protocols would likely improve mothers' confidence and compliance, as the literature recommends.

Insights from key informants help explain these findings. One midwife acknowledged that punctuality is affected by workload and staffing constraints:

> Sometimes one midwife has to handle many mothers alone, so even if you come early, delays are unavoidable. (KII, Midwife)

Similarly, a Health Management Committee member noted that absenteeism and weak supervision contribute to poor time management:

> There are days when mothers come early but find no staff or are told to wait for long hours, and some decide not to come back. (KII, HMC Member)

Hygiene practices were another area of concern. While 54.39% of mothers reported that midwives maintained adequate hygiene, 45.61% did not. Poor hygiene undermined mothers' confidence in the safety of care and reduced their trust in the facility.

One midwife emphasized the importance of hygiene but admitted challenges:

> We try to maintain cleanliness, but sometimes there is no enough water or supplies, which affects how we work. (KII, Midwife)

This concern was reinforced by an HMC member who linked hygiene lapses to resource constraints:

> Lack of gloves, water, and cleaning materials affects service delivery and makes mothers doubt the quality of care. (KII, HMC Member)

4.4.2. Referral Practices and Follow-up

Another key practice is how midwives refer mothers when specialist care is needed. Table 4.5 shows what happened when a referral was relevant.

Table 4.5: Referral Practices by Midwives

Item	Yes (n, %)	No (n, %)
Midwife arrived on time	25 (62%)	16 (38%)
Midwife maintained hygiene	23 (55%)	18 (45%)
Health checks done properly	27 (65%)	14 (35%)

"Not applicable" means no referral was needed.

Most mothers (56%) said no referral was needed for their case. Among those needing referral, only 9% received the proper referral, while 35% said midwives failed to refer them when needed. For example, one mother was told about a complication but not sent to the hospital; she reported,

> The midwife just told me to rest and said it was fine but I kept bleeding. **(Expectant Mother).**

This mother lost trust because she felt the midwife did not act when needed.

In contrast, a mother who did get referred said,

> When I had high blood pressure, she sent me to the district hospital. That made me trust her care. **(Expectant Mother)**

Effective referral practice is part of professional duty. When midwives correctly refer complicated cases, mothers feel the care team is competent and reliable. However, the low referral rate here suggests many high-risk cases may not be handled properly. This could lead to worse health outcomes and discourage continued ANC use. In terms of utilization, mothers who are afraid complications are ignored may stop coming. On the other hand, those who see midwives responding properly will likely continue ANC.

In summary, under this objective the data show mixed practices: decent punctuality and checks for many midwives, but shortcomings in hygiene and referral. These affect whether mothers stay in care. We see that about half of the mothers would return for ANC (Table 4.6 below), but issues in conduct and referrals are barriers. The next section will more directly address trust and return intentions.

A midwife explained the difficulty of referrals in resource-limited settings:

> Sometimes we identify a problem, but transport and coordination with higher facilities is a challenge, so referrals delay. (KII, Midwife)

However, an HMC member highlighted that delayed or missed referrals often result from poor decision-making rather than system barriers alone:

> Some midwives ignore danger signs and tell mothers to wait, which later causes serious complications. (KII, HMC Member)

Another HMC member emphasized how proper referral builds trust and encourages utilization:

> When a mother is referred early and well guided, she gains confidence in the facility and continues attending ANC. (KII, HMC Member)

These perspectives align with mothers' experiences, where those who received timely referrals expressed greater trust in midwives, while those whose complications were ignored felt unsafe and disengaged from ANC services.

4.5. Midwives' Role in Shaping Mothers' Trust in ANC Services

This section looks at trust. It uses mothers' satisfaction ratings, willingness to return, and access barriers to judge trust in ANC care. Two sub-themes are: satisfaction and willingness to return, and access challenges affecting trust.

4.5.1. Satisfaction and Willingness to Return

We asked mothers how they rated the ANC service and if they would come back. Table 4.6 shows mothers' responses.

Table 4.6: Mothers' Future Use and Perception of ANC Service

Aspect	Yes (n, %)	No (n, %)	Not sure (n, %)
Would return to ANC	21 (51%)	12 (30%)	8 (19%)
Rated service as good/very good	16 (39%)	25 (61%)	–

About half of the mothers (50.88%) said they would return to the facility for ANC. This matches research showing that satisfaction and trust influence repeat care. Bradley (2018) and Mannava et al. (2015) found that women who have positive interpersonal experiences with their caregivers are far more likely to continue attending services. Our sizeable proportion of mothers unwilling or unsure about returning suggests the presence of negative aspects of care, exactly the kind these authors report can undermine future attendance.

Ratings of ANC services were divided: some mothers rated care positively, but 40.36% rated it poor or very poor. This mirrors findings by Bohren et al. (2015) and Kruk et al. (2018), who observed that women's negative experiences (such as poor communication, long waits, or perceived disrespect) strongly lower their ratings and deter them from future visits. Our results

highlight significant dissatisfaction in line with this literature. Addressing the interpersonal and structural issues these scholars identify is likely key to improving mothers' perceptions and their willingness to continue care.

These mixed feelings highlight trust issues. If nearly half of the mothers would not come back, it means their experience was not fully positive. For example, one mother said

> I will definitely come again because the nurses were friendly and explained everything. **(Expectant Mother)**

In contrast, a disappointed mother said

> I almost fainted in the waiting room with nobody helping me. I am not sure I want to return. **(Expectant Mother)**

Limited communication and empathy (Table 4.1) and poor practices clearly affected satisfaction. Mothers who felt ignored, rushed, or unsafe rated services low. Satisfaction is closely tied to trust: if a mother feels respected and well-cared-for, she trusts the facility and returns. Conversely, bad experiences shake trust.

4.5.2. Access Challenges Affecting Trust

Finally, we consider practical barriers. Nearly all mothers (98%) reported that long distance to the clinic was a major challenge. Very few (about 2%) said they had no distance issues. For example, a mother explained, *"It takes two hours by boda-boda to reach the clinic. Sometimes I miss the appointment because I can't leave home early."*

Long travel distance can undermine trust and utilization. Even if a mother wants good care, getting there is hard. If a mother has a negative experience after a long trip (e.g., rude staff or long wait), she is unlikely to return. Distance thus compounds any other issue. On the other hand, mothers who manage to come often develop confidence in the care if it is good.

4.6 Comprehensive Analysis of the Four Responses from my Key Informant Interviews

The data gathered from the four key informant interviews highlights a mixed experience regarding the quality of antenatal care (ANC) services in Okwalongwen Sub County, Dokolo District. Midwives like Akello Grace and Odongo Samuel demonstrated some commitment to respectful communication, though the delivery of information remains inconsistent. While Grace described

her communication style as respectful, clear, and calm which also correlates with the data or information got from the expectant mothers where majority of them (78.95%) reported being greeted politely by midwives like positive impression and professional code of conduct as seen in table 4.2, Samuel acknowledged that although he is respectful, his explanations can be rushed and technical often leading to confusion among expectant mothers. His arguments aligns with the reports from the expectant mothers who reported that they were not greeted politely by the midwives .Health Management Committee (HMC) members provided more critical views, especially Auma Christine, who cited frequent use of harsh and rushed communication, discouraging mothers from returning for subsequent visits that are in line with the reports from the mothers where 43.86% reported that midwives do not explain procedures despite 56.14% explaining procedures before conducting them. This underscores the critical role communication plays in ANC attendance, as all respondents agreed that poor communication discourages mothers from follow-up visits.

In terms of professional conduct, the quality varies significantly across facilities. Grace and Akullo Rose rated midwife professionalism positively, citing good punctuality, ethics, and hygiene which is in line with the reports from the mothers where 61.4% of them reported that midwives were punctual, demonstrating good time management skills and commitment to professional responsibilities. Conversely, Odongo Samuel and Auma Christine rated it as fair to poor, citing issues like absenteeism, poor supervision, and low motivation among midwives. This is in line with the reports got from mothers where 38.6% said that they were not punctual as well as a report 45.61% of mothers said that midwives did not maintain adequate hygiene Responsiveness to mothers' needs was also mixed; while Grace and Rose reported moderate to high responsiveness, that are in line with the reports obtained from the expectant mothers where 77% reported feeling safe, in this, 36.8% said staffs shown concern for their emotional wellbeing and 28.1% felt comfortable sharing their emotional concerns. Auma noted that midwives are often unresponsive that are in correlation with the mothers' report where 38% of mothers reported negatively or unsure towards the empathy/ support given by midwives which negatively affects the community's perception of healthcare providers. These differences suggest that while some facilities maintain professional standards, others suffer from systemic weaknesses such as inadequate oversight and training.

Emotional support and empathy emerged as key factors in trust-building and ANC attendance. Most respondents acknowledged its importance, with Grace and Rose reporting that emotional support is often provided through listening and reassurance. This is in line with the reports got from the mothers where approximately 50.88% they would return for ANC services. However, Samuel and Auma observed cases where empathy was lacking, leading to negative consequences such as reduced trust in midwives and increased reliance on traditional birth attendants (TBAs). This aligns with the reports from the expectant mothers where 29.82% expressed unwillingness to return for ANC services while 19.30% reported uncertainty .The emotional well-being of expectant mothers appears to be closely tied to the attitude of care providers, and when this support is absent, mothers are likely to disengage from formal health services.

Across all interviews, several recurring challenges were identified that hinder the delivery of quality ANC services. These include chronic staff shortages, poor infrastructure, low salaries, inadequate supplies, and lack of regular training. These challenges are not only demotivating for midwives but also reduce the community's confidence in the health system. Furthermore, HMC members emphasized the need for increased support from both government and NGOs to enhance midwives' capacity and improve maternal health outcomes. Despite these challenges, some positive interventions were highlighted, such as community sensitization and the reporting of facility challenges by HMCs.

In conclusion, while there are pockets of quality care within Okwalongwen Sub County, significant disparities exist across health facilities. Improving communication, boosting emotional support, and addressing systemic challenges are essential steps toward enhancing the quality of ANC services. The insights provided by both midwives and HMC members point to an urgent need for targeted interventions, including refresher training, better supervision, increased staffing, and community engagement to foster a more supportive and effective maternal health environment.

4.7. Conclusion

Only half of the mothers fully trust the ANC services enough to come back. Since trust is built on experience, the earlier findings show why many are hesitant: communication gaps, lack of empathy, and unprofessional conduct reduce confidence. Long travel adds to the problem by

making every visit costly and difficult. To build trust, the health system must ensure respectful care (see quotes above) and reduce travel burdens (for example, outreach clinics).

In summary, Chapter Four has shown that midwives' attitudes and practices significantly affect how expectant mothers perceive care, their willingness to continue ANC, and their overall trust. By aligning with the study objectives, the findings reveal strengths (polite greetings, safety) and weaknesses (poor listening, inconsistent professionalism) in current care. Addressing the weaknesses with targeted training and system improvements can improve mothers' ANC experiences and trust.

CHAPTER FIVE: DISCUSSION OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Discussion of Findings

This study aimed to investigate the effects of midwives' attitudes and practices on the quality of antenatal care (ANC) services accessed by expectant mothers in Okwalongwen Sub County, Dokolo District. The findings indicate that while midwives are perceived as essential healthcare providers, the way they communicate, behave professionally, and offer emotional support greatly influences women's willingness to utilize and remain engaged with ANC services. In rural settings where maternal health risks are high, the quality of interpersonal interactions between service providers and clients often determines whether expectant mothers perceive ANC as accessible, reliable, and worth returning to.

5.1.1 Influence of Midwives' Attitudes on Perceived Quality of ANC

The first objective of the study was to examine how midwives' attitudes influence expectant mothers' perception of the quality of ANC services. Findings from the field revealed that although a significant proportion of mothers (79%) reported being greeted politely, fewer mothers (56.14%) confirmed that procedures and treatments were explained to them in a clear and understandable manner. Furthermore, 33% of respondents reported that they were not listened to attentively by the attending midwives. These inconsistencies suggest that while basic courtesy is present, deeper interpersonal engagement such as active listening, empathy, and patient-centered communication is often lacking.

These findings are consistent with the conclusions drawn by Bohren et al. (2015), who observed that disrespectful and poor communication by maternity providers undermines women's confidence in the health system and discourages them from returning for follow-up care. Similarly, Mannava et al. (2015) emphasized that when midwives use complex medical jargon or display dismissive attitudes, women especially those in rural or low-literacy environments are more likely to misunderstand instructions and feel alienated from the care process.

The Health Belief Model (Rosenstock, 1974), which formed part of the theoretical foundation of this study, underscores that perceived benefits and provider behavior shape an individual's decision to engage with healthcare services. In this context, when midwives demonstrate respectful and

approachable behavior, it enhances clients' perception of the benefits of attending ANC, thus increasing the likelihood of repeated visits and positive word-of-mouth within the community. The findings from Okwalongwen affirm that when midwives communicate respectfully and provide explanations that are clear and culturally appropriate, mothers are more satisfied and more likely to recommend the services to others.

5.1.2 Influence of Midwives' Practices on Utilization and Continuity of ANC Services

The second objective sought to explore how midwives' practices particularly their professional conduct affect ANC attendance and continuity. Results showed that only 38.89% of mothers completed the recommended four or more ANC visits. The major reasons reported for discontinuing ANC attendance included poor hygiene in the facility (45.61%) and untimely service delivery (38.60%), both of which point to deficits in institutional and individual-level professionalism. Such shortcomings reflect a lack of consistent adherence to national and global standards for quality maternal care.

These concerns align with findings by Asefa and Bekele (2015), who established that substandard practices such as long wait times, absenteeism, and unhygienic conditions can dissuade women from utilizing formal maternal health services. Bowser and Hill (2010) further noted that disrespectful and abusive care, including delays in care or inattentive treatment, contributes to the underutilization of ANC, especially in low-resource settings. Although 64.91% of mothers in the current study reported receiving basic health checks during visits, only 8.77% were referred to higher-level facilities when necessary. This suggests a major gap in clinical judgment and adherence to referral protocols, which can compromise maternal and fetal outcomes.

Benova et al. (2018) emphasized that both technical competence and interpersonal care must go hand-in-hand to achieve optimal maternal health outcomes. If women perceive that healthcare is rushed, incomplete, or unresponsive to their needs, they are more likely to reduce or stop ANC visits altogether. In the case of Okwalongwen, where distance to health centers and transport costs are already barriers, any perceived inefficiencies or mistreatment at the facility further discourage engagement with ANC services.

5.1.3 The Role of Midwives in Shaping Trust in ANC Services

The third objective focused on understanding the role of midwives in building or eroding trust between expectant mothers and the healthcare system. The study found that while a majority of respondents (77.19%) felt physically safe at the health facility, a much smaller proportion (36.84%) reported receiving emotional support, and an overwhelming 71.93% stated they were not comfortable sharing personal or sensitive issues with their midwives. This points to a critical gap in the emotional dimension of ANC provision, which is essential for creating a nurturing and non-judgmental environment for maternal health care.

Shimoda et al. (2018) assert that emotional support, characterized by listening, empathy, reassurance, and kindness, plays a vital role in increasing client satisfaction and retention in ANC services. In rural and often stigmatized settings such as Okwalongwen, many expectant mothers particularly adolescents or those who have experienced miscarriage require additional psychological support to feel safe and valued. Unfortunately, this study showed that such emotional support is inconsistently offered, and some mothers instead reported being treated harshly or indifferently.

Mselle et al. (2013) found that emotional neglect and lack of empathetic care often push women toward unskilled providers, including traditional birth attendants, who are perceived to be more understanding and culturally attuned. In the context of Okwalongwen, this trend is troubling, especially as many women face social stigma related to early pregnancy, loss of a child, or being unmarried. These findings also align with WHO (2016) guidelines, which emphasize that respectful and compassionate care should be integral to ANC services, particularly in resource-limited, rural communities where alternative care options are often unregulated and unsafe.

5.2 Conclusions

The findings of this study affirm that midwives' attitudes and clinical practices play a pivotal role in shaping the quality, utilization, and continuity of antenatal care (ANC) services in Okwalongwen Sub County, Dokolo District. The way midwives communicate with expectant mothers, demonstrate empathy, and uphold professional standards significantly influences how maternal care services are perceived and utilized. While some midwives were found to exhibit commendable levels of professionalism such as clear communication and respectful engagement

a number of shortcomings were observed, particularly in the areas of emotional support, hygiene practices, timely service delivery, and responsiveness to mothers' concerns. These weaknesses have been shown to erode maternal trust and contribute to reduced ANC attendance.

Furthermore, the study concludes that these challenges are not solely individual but are deeply rooted in broader systemic issues that affect health service delivery in rural Uganda. The persistent shortage of midwives, insufficient training opportunities, low remuneration, poor infrastructure, and inadequate medical supplies all contribute to a strained working environment. These structural barriers limit midwives' ability to offer consistent, patient-centered, and high-quality care. In such an environment, even well-intentioned midwives may fall short in meeting the comprehensive needs of expectant mothers, both clinically and emotionally.

Nevertheless, the research reveals a strong willingness among community members to engage with ANC services provided that the care they receive is dignified, empathetic, and delivered in a professional manner. Many mothers indicated that they would continue to seek ANC services and even encourage others to do so when they felt listened to, emotionally supported, and respected by health workers. This suggests that positive experiences at health facilities have a multiplier effect on maternal health-seeking behavior within the wider community.

Therefore, any effort to improve ANC service delivery in rural areas like Okwalongwen must go beyond technical interventions and address both behavioral and institutional dimensions of care. Enhancing midwifery services requires a dual approach: first, equipping midwives with the necessary skills, knowledge, and motivation to deliver respectful and empathetic care; and second, strengthening the health system through better staffing, adequate funding, improved supervision, and infrastructure upgrades. Only by addressing both the human and systemic factors can sustainable improvements in maternal health outcomes be achieved.

5.3 Recommendations

5.3.1 To the Ministry of Health:

It is recommended that the Ministry of Health enhances the training of midwives in respectful maternity care by incorporating essential modules on communication, empathy, and ethics into midwifery curricula, as well as offering refresher courses for practicing midwives. Additionally, the recruitment and deployment of more midwives should be prioritized to alleviate the workload

in rural areas, which will contribute to improved quality of antenatal care (ANC) services. Strengthening supply chains for essential equipment, referral systems, and hygiene resources is also crucial to ensure the effective delivery of ANC services across the country.

5.3.2 To Health Facility Managers:

Health facility managers are encouraged to implement enhanced supervision and monitoring practices to ensure that midwives are punctual, follow hygiene protocols, and respond adequately to patient concerns. Furthermore, the establishment of anonymous feedback systems would provide a safe avenue for expectant mothers to report any poor conduct or service gaps, ultimately improving service quality. It is also vital to involve community members and midwives in participatory planning to design ANC services that are more aligned with the local needs and preferences, ensuring that care delivery is responsive and relevant.

5.3.2 To Health Management Committees (HMCs):

Health Management Committees should focus on increasing community sensitization efforts, particularly targeting first-time mothers and adolescents, to emphasize the importance of ANC and respectful care. In parallel, there should be active advocacy for better working conditions for midwives, achieved through collaboration with local and district authorities. Furthermore, fostering open dialogue between healthcare providers and communities will help build trust, improve transparency, and ensure greater accountability within health facilities, ultimately leading to improved maternal care.

5.3.4 To Development Partners and NGOs:

Development partners and NGOs are encouraged to invest in capacity-building programs aimed at enhancing the interpersonal and professional skills of midwives, as well as providing financial support for maternal health initiatives in rural areas. These programs should address both infrastructure needs and behavioral changes among healthcare providers. Additionally, piloting community-based emotional support programs, including peer mentoring and counseling for expectant mothers, would provide essential emotional assistance, promoting better mental and physical health outcomes for mothers during pregnancy.

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Questionnaire for Expectant Mothers

Title: Effects of Midwives' Attitudes and Practices on the Quality of Antenatal Care Services Received by Expectant Mothers in Okwalongwen Sub County, Dokolo District

Target Respondents: Expectant mothers

Section A: Demographic Information

Item	Question	Response Options
A1	Age of respondent	□ 18–24 years □ 25–34 years □ 35–44 years □ 45–54 years □ 55 years and above
A2	Marital status	☐ Married ☐ Single ☐ Divorced ☐ Widowed
A3	Education level	☐ None ☐ Primary ☐ Secondary ☐ Tertiary
	What is your religious affiliation?	☐ Christian ☐ Muslim ☐ Traditional ☐ Other: _____
A4	Occupation	☐ Employed ☐ Un employed ☐ Peasant farmer/businesswoman Other (please specify): _____
	Age at first pregnancy	☐ Below 18 years ☐ 19 -24 years ☐ 25-29 years

		☐ Over 30
A5	Number of pregnancies (Gravida)	☐ 2 ☐ 3 ☐ 4 ☐ 5 or more
A6	Number of ANC visits during this pregnancy	☐ Once ☐ 2–3 times ☐ 4 or more times
	Number of living children	☐ 0 ☐ 1 ☐ 2 ☐ 3 or more
A7	Health facility attended for ANC	☐ Abalang H/C III ☐ Other (Specify): _____

Section B: Midwives' Communication Style

Item	Question	Response Options
B1	Were you greeted politely by the midwife?	☐ Yes ☐ No
B2	Did the midwife explain procedures clearly?	☐ Ye ☐ No
B3	Were you allowed to ask questions during your visit?	☐ Yes ☐ No
B4	Did the midwife listen to your concerns?	☐ Yes ☐ No
B5	How would you rate the midwife's communication?	☐ Very good ☐ Good ☐ Fair ☐ Poor ☐ Very Poor

Section C: Professional Conduct and Responsiveness

Item	Question	Response Options
C1	Was the midwife punctual during your ANC visits?	☐ Always ☐ Sometimes ☐ Rarely ☐ Never
C2	Did the midwife observe hygiene during procedures?	☐ Yes ☐ No
C3	Were all necessary health checks done during ANC?	☐ All done ☐ Some done ☐ None done
C4	Were you referred to another provider if needed?	☐ Yes ☐ No ☐ Not applicable
C5	Did you feel safe and confident in the care received?	☐ Yes ☐ No

Section D: Emotional Support and Empathy

Item	Question	Response Options
D1	Did the midwife show concern for your emotional well-being?	☐ Yes ☐ No
D2	Did the midwife use respectful language and behavior?	☐ Always ☐ Sometimes ☐ Rarely ☐ Never
D3	Did you feel comfortable sharing personal information?	☐ Yes ☐ No
D4	Did the midwife offer encouragement and reassurance?	☐ Yes ☐ No
D5	Would you return to the same facility for ANC?	☐ Yes ☐ No ☐ Not sure

Section E: Overall Quality and Recommendations

Item	Question	Response Options
E1	Overall rating of ANC services received	☐ Very good ☐ Good ☐ Fair ☐ Poor ☐ Very Poor
E2	What challenges do you face in accessing ANC services?	
E3	What would you recommend to improve ANC services?	

KEY INFORMANT INTERVIEW GUIDE

Study Title: *Effects of Midwives' Attitudes and Practices on the Quality of Antenatal Care Services Received by Expectant Mothers in Okwalongwen Sub County, Dokolo District*

Target Respondents: Midwives and Health Management Committee (HMC) Members

SECTION A: Background Information

1. **Name of Respondent**: _____
2. **Gender**:

   ☐ Male

   ☐ Female
3. **Position in Facility/Committee**:

   ☐ Midwife

   ☐ Health Management Committee Member
4. **Length of Service in Current Role**:

   ☐ Less than 1 year

   ☐ 1–3 years

   ☐ 4–6 years

   ☐ More than 6 years
5. **Health Facility or Committee Name**: _____

SECTION B: Communication Styles of Midwives

6. How would you describe the general communication style of midwives toward expectant mothers? (Tick all that apply)

   ☐ Respectful

   ☐ Rushed

   ☐ Harsh/rude

   ☐ Clear and understandable

☐ Technical and confusing

☐ Patient and calm

7. How often do midwives explain procedures and treatments clearly to mothers?

   ☐ Always

   ☐ Often

   ☐ Sometimes

   ☐ Rarely

   ☐ Never

8. What challenges affect effective communication between midwives and mothers? (Tick all that apply)

   ☐ Language barriers

   ☐ High patient load

   ☐ Lack of communication training

   ☐ Attitude of midwives

   ☐ Time constraints

9. How do expectant mothers usually react to the midwives' communication style?

   ☐ Very satisfied

   ☐ Satisfied

   ☐ Neutral

   ☐ Dissatisfied

   ☐ Very dissatisfied

10. In your view, does the communication style influence return visits for ANC?

    ☐ Yes

    ☐ No

    ☐ Not sure

    Please explain briefly: _____

SECTION C: Professional Conduct and Responsiveness

11. How would you rate the professional conduct of midwives (punctuality, cleanliness, ethics)?
    ☐ Excellent
    ☐ Good
    ☐ Fair
    ☐ Poor
    ☐ Very Poor
12. Are there observed lapses in midwife professionalism (e.g., absenteeism, delays, hygiene issues)?
    ☐ Frequently
    ☐ Occasionally
    ☐ Rarely
    ☐ Never
13. How responsive are midwives to the physical/emotional needs of expectant mothers?
    ☐ Very responsive
    ☐ Moderately responsive
    ☐ Minimally responsive
    ☐ Not responsive
14. How do community members generally perceive midwives' professionalism?
    ☐ Very positive
    ☐ Positive
    ☐ Neutral
    ☐ Negative
    ☐ Very negative
15. What challenges affect midwives' professionalism? (Tick all that apply)
    ☐ Work overload

☐ Poor supervision

☐ Limited training

☐ Low motivation

☐ Inadequate resources

SECTION D: Emotional Support and Empathy

16. How often do midwives provide emotional support (listening, encouragement, reassurance)?

    ☐ Always

    ☐ Often

    ☐ Sometimes

    ☐ Rarely

    ☐ Never

17. Have you observed any midwives showing lack of empathy?

    ☐ Yes

    ☐ No

    If yes, what was the effect? _____

18. How important is emotional support in building trust with expectant mothers?

    ☐ Very important

    ☐ Important

    ☐ Slightly important

    ☐ Not important

19. In your view, does emotional support increase ANC attendance?

    ☐ Yes

    ☐ No

    ☐ Not sure

SECTION E: Challenges and Recommendations

20. What are the biggest challenges midwives face in providing quality ANC? (Tick all that apply)

    ☐ Lack of staff

    ☐ Poor infrastructure

    ☐ Lack of training

    ☐ Low salaries

    ☐ Poor community cooperation

    ☐ Lack of supplies and equipment

21. What support does the Health Management Committee provide to improve ANC quality?

    ☐ Monitoring staff

    ☐ Community sensitization

    ☐ Reporting challenges to authorities

    ☐ Participating in planning and budgeting

    ☐ Other: _____

22. What would you recommend to improve midwives' attitudes and practices?

    ☐ More training in respectful care

    ☐ Better supervision

    ☐ Motivational incentives

    ☐ Increased staffing

    ☐ Community feedback mechanisms

23. What role should the community play in promoting quality maternal care?

    ☐ Report poor practices

    ☐ Attend health meetings

    ☐ Encourage ANC attendance

    ☐ Support midwives' needs

    ☐ Other: _____

SECTION F: Final Notes

24. Is there anything else you would like to add about the quality of ANC or the role of midwives?