

Reproductive health/family planning in Basrah: evaluation of the knowledge, utilization & satisfaction of the service users.

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ABSTRACT

Background: Reproductive Health and Family planning is critical for the women's health and their families, and according to the World Health Organization, the right of having reproductive health services including family planning is identified as one of the targets of the United Nations Millennium Development Goals (MDGs)

Objectives: This study aimed to explore the utilization of reproductive health services, together with having opinions and satisfaction of the target group regarding these services.

Subjects and method: A client satisfaction and knowledge assessment questionnaire was used through health facility exit face to face with a total of 265 women at governmental health facilities in Basrah

Results: The study showed that only 27% of the interviewed respondents were completely satisfied with the service they received and among those who were not satisfied, crowding of the health facility was the main cause of non satisfaction. 34% of the respondents were found to have an unmet need for a reproductive health service at the public health facility level. The study also showed that 16% of the respondents found to be using a contraceptive method of which 51% were from the private source.

Conclusion: The study showed that the majority of the women aged (15-49) years living in Basrah were not aware of the availability of specific reproductive health services including breast and cervical cancer detection, postnatal care (PNC), Sexually Transmitted Infections (STDs), Acquired Immune Deficiency Syndrome (AIDS), infertility management, gender based violence and youth health services..

Key words: Reproductive health, family planning, Basrah, evaluation, satisfaction

دراسة لتقييم معرفة، استخدام ورضا مستخدمي خدمات الصحة الإنجابية/تنظيم الأسرة في البصرة

خلفية البحث: الصحة الإنجابية وتنظيم الأسرة أمر بالغ الأهمية لصحة المرأة والأسرة. وفقا لمنظمة الصحة العالمية، فإن الحق باستخدام خدمات الصحة الإنجابية بما في ذلك تنظيم الأسرة يعد واحدا من غايات الأهداف الإنمائية للألفية

الهدف: هدفت هذه الدراسة إلى استكشاف مدى الاستفادة من خدمات الصحة الإنجابية، مع معرفة الآراء ورضا المجموعة المستهدفة فيما يتعلق بهذه الخدمات.

منهجية الدراسة: تم استخدام استبانة تقييم رضا العميل ومعرفته حول خدمات الصحة الإنجابية من خلال مقابلة ٢٦٥ من النساء في المؤسسات الصحية الحكومية في البصرة.

النتائج: أظهرت الدراسة أيضا أن ٢٧٪ فقط من المستطلعات اللواتي تمت مقابلتهن كن راضيات تماما عن الخدمة التي تلقينها. وبين ممن كن غير راضيات، الازدحام داخل المؤسسة الصحية كان السبب الرئيسي لعدم رضاهن. وقد أظهرت الدراسة أيضا أن ١٦٪ ممن شملتهن الدراسة كن يستخدمن وسيلة من وسائل منع الحمل و التي مصدرها القطاع الخاص لدى ٥١٪ من الفئات المشمولة.

الاستنتاج: الغالبية العظمى من النساء اللواتي تتراوح أعمارهن بين (١٥-٤٩) سنة ممن يعيشن في البصرة لسن على علم بتوفر خدمات محددة للصحة الإنجابية كالتحري عن سرطان الثدي و عنق الرحم، الرعاية ما بعد الولادة، الأمراض المنقولة جنسيا، والإيدز، معالجة العقم، العنف القائم على نوع الجنس والخدمات الصحية للشباب.

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INTRODUCTION

Reproductive Health and Family planning is critical for the women's health and their families. In addition, it can speed up a country's progress toward reducing poverty and achieving target millennium goals. For their unique value, widespread right of having reproductive health services including family planning is identified as one of the targets of the United Nations Millennium Development Goals (MDGs).^[1,2] Furthermore, individuals' independence in selecting the appropriate time and number of wanted children was considered to be an essential human right by many worldwide conformities, including the Programme of Action of the 1994 International Conference on Population and Development.^[3] Global support to reproductive health, have progressively increased during the recent years in spite of the huge challenges facing the process of updating reproductive health policies and programs. Beginning from the time of Cairo conference in September 1994, a universal list of indicators for observing the improvement in reproductive health has been adopted.^[4] These indicators include: the percentage of women using contraceptives, the maternal mortality ratio (defined as the number of maternal deaths per 100,000 live births), and the percentage of deliveries attended by trained personnel. In a global range, 287,000 women are facing death each year as a result of pregnancy & childbearing complications— one of the top causes of death and disability among women of reproductive age in low-income countries. Forty five low-income countries remain burdened by high rates of maternal mortality.^[5] It is obvious that maternal deaths are strongly associated with the absence of good health care services that the woman receives during her pregnancy, labor or at her post partum period. 50% of all maternal deaths worldwide occur within 24 hours after labor, mainly because of postpartum hemorrhage. ^[6] Having good antenatal care service coverage might increase the

chances of having better reproductive health. Even though, in spite of having a growing figure of women in the Middle East and North Africa (MENA) countries whom are in quest of antenatal care, maternal mortality rates in the area are still stumpy: Less than 70 percent of pregnant women have at least one antenatal visit and even less percentage having more than one visit (4visits)^[7] Whereas almost all women in developed countries obtain antenatal care, lots of pregnant women in MENA countries ask for antenatal care only during complications. In a study implemented in Morocco during 2003, it was found that 50% of women at reproductive age did not have any antenatal care during their pregnancies as they think they had no any complication. 22 % of these women mentioned that the non availability of services was the cause of not having the care. ^[8] Similar causes for not having antenatal care during pregnancy were reported also in Algeria and Yemen. A main cause for not having antennal care in Arab countries can be attributed to the lack of community awareness about the meaning and consequences of medical care during pregnancy.^[8] In a health center-based survey on satisfaction with primary health care services and perception of antenatal care and child care that has been done by Abt- associates Inc in Basrah during 2005, 78% of the interviewed women reported that they did not seek any antenatal care during their first trimester of pregnancy. ^[9] Inaccessibility to health care services by women can also be caused by social and cultural barriers, especially in Arab countries. For instance, many women have a preference to see female health care providers, but few such providers are available in many parts of the region. a lot of women in the region, cannot decide seeking care without the permission of their spouses. That's why enlightening spouses and other relatives about the importance of having proper medical care and increasing their awareness on

reproductive health topics are very important.^[10] In spite of the evidence that indicates a growing number of women are using contraception as family planning services have expanded in the Arab region, but still not all of the need has been satisfied.^[11] Large number of women at reproductive age have unmet need for family planning services (that is to say, they wish to avoid a pregnancy for at least two years but in fact are not using any family planning method). These women are at a major threat of having unplanned pregnancies which put them at risk of ill health of themselves, their families in addition to the community as a whole)^[12] According to the Iraq Women Integrated Social and Health Survey (I-WISH), the followings are some of the chief findings on "Reproductive Health" dropping the light on the significance of reproductive health issue as a research project in Iraq and specifically in Southern area for its specific cultural characteristics:^[13]

- About 10 % of the women Included in the survey did not have any antenatal care (ANC) during the last 3 months of pregnancy.
- 60.2% of ever married women 15-49 years who gave live birth during the past five years had no any Post Natal Care (PNC).
- Around 11 percent of married women 15-49 old failed to get pregnant. 5.3 percent of these women believed that they were infertile and 23 percent of these women did not seek any kind of consultations or help due to the high costs of the medical service. Whereas 26 % were pessimistic and think that medical consultation or help will not cure their infertility.
- Only 4.7 percent of ever married women 15-49 years used a family planning method from governmental health centers

Study Methodology

This study is a cross-sectional study with Health facility exit face to face interview conducted in Basrah during the period from 1st of March to 15th of May 2012.

Subjects:

The participants were women aged 15-49 years living in Basrah.

Sampling and sample size:

The following steps were adopted for selecting the study sample size for each of the target groups:

- The geographic area in which the study was done was identified to include all Basrah Health Districts (8 districts).
- The following types of health facilities were included in the study:
 1. Primary Health centers with a delivery room
 2. Primary Health centers without a delivery room
 3. Central Public Hospital
 4. District Public Hospital
- An updated list of the names and locations of all the health facilities within each district was obtained from Basrah Health Directorate (Planning and Preventive Departments). i.e. the list included systematically grouped facilities (by geographic locations).
- Selection of facilities was done by systematic random sampling. All facilities in the list were numbered and a sampling interval was calculated by dividing the total number of facilities on the list by the number of facilities to be included in the sample.
- A total 132 health facility (120 PHCs + 12 Hospital) was divided by 50 (the total number of health facilities planned to be included in the study). The sampling interval was calculated to be 2.6
- Choosing the first point where to start the study sampling was done by rounding the sample interval up to the nearest full number to be (3) followed by choosing a random number between 1 and this number (in this case 1, 2 or 3). And this was done by using the latest figure of the number on a paper money banknote.

- To identify the next facility to be included in the sample, the sampling interval was added to the previous result, and rounded up to find the facility number to include. The first sample chosen was facility 2 from the sampling list, the next facility selected was number 5 ($2 + 2.6 = 4.6$, rounded up to 5) and the process continued until all facilities were selected.
- Accordingly, data from 53 health facilities and 265 women's exit interviews were collected during the study
- The selection of women also followed a random selection method: every fifth woman aged 15-49 years registered at the reception to have a gate pass seeking a service in the health facility, was interviewed after walking out of her medical visit. A total of 5 women were selected from each health facility.
- Client exit interviews were conducted after the client has received services to ensure that the interviews will obtain information from the client's perspective on the services received that day. An explanation was made prior to each interview that the aim of the interview is future improvement of the quality of care that is provided at the health care facility and that their comments will be used only for that purpose. Data were collected by direct interview. Each interview took 45 to 60 minutes.
- A quick check before leaving each facility check list was made to ensure that all the questions were asked and all answers were recorded. By the end of each day, all forms were re-checked for completeness.
- A pilot study was conducted first to test the feasibility of the study and the time required to complete it. The questionnaires were tested on ten facilities.
- Statistical analysis: The collected data were processed in the computer and the statistical used, is the SPSS version 20.0 Set.

Tool for data collection:

A client satisfaction and knowledge assessment questionnaire was used that has been structured after an extensive literature review and discussions with the technical group of the experts in Reproductive Health and Family Planning. Health facility exit face to face interview was used for reaching the study objectives.

RESULTS

(Table-1), presents the socio-demographic characteristics of the respondents. It shows that 99(37.4%) of the respondent population was between 15- 24 years of age; the mean age for the studied women was (29.8 ± 9.755 Sd). Most of them 170(64.2%) were married and 186(70.2%) had less than 3 children. Nearly half of the study population 140(52.8%) had 6 years or less of education with only 3(1.1%) had completed 13 or more years of education.

Table 1. Distribution of the study population according to some socio-demographic characteristics.

Variable	No.	%
Age (years)		
<15*	3	1.1
15-24	99	37.4
25-34	75	28.3
35-44	62	23.4
≥45	26	9.8
Education(completed years)		
≤6	140	52.8
7-12	122	46
≥13	3	1.1
Marital status		
Single	62	23.4
Married	170	64.2
Divorced	22	8.3
Widow	11	4.2
Number of children		
<3	186	70.2
3-6	69	26.0
>6	10	3.8
Total	265	100.0

*Under 15 years aged women were included as they were found during the study to be married and sexually active in addition for being registered as aged 15 while their actual age was found by the surveyor as less than 15 years old.

The respondents' knowledge about the availability of reproductive health services

Table-2, shows that almost all the respondents knew about availability of antenatal care, neonatal care and delivery services at the visited health facility; 99.6%, 97.7% and 97.4%

respectively. On the other hand, the majority of respondents did not have the knowledge about the availability status of other reproductive health services including screening and management of STIs/AIDS, gender based violence and youth health services.

Table 2. The respondents' knowledge on the availability of reproductive health services in the public health facilities

Type of services	know that the service is availability		Do not know	
	No.	%	No.	%
Pre- marital examination	189	71.3	76	28.7
Antenatal care	264	99.6	1	0.4
Delivery services	258	97.4	7	2.6
Post natal care	178	67.2	87	32.8
Neonatal care	259	97.7	6	2.3
Family Planning	217	81.9	48	18.1
Breast cancer detection	94	35.5	171	64.5
Screening for cervical cancer	58	21.9	207	78.1
Screening and management of Sexually transmitted infections / Acquired Immune Deficiency syndromes	51	19.2	214	80.8
Gender based violence	28	10.6	237	89.4
Health education	250	94.3	15	5.7
Youth health services	31	11.7	234	88.3

The reason for attendance

Table-3, presents the distribution of the respondents based on the last reproductive health service utilized by them(the current visit at the day of interview or within two weeks before). The table shows that 155(58.5%) of the respondents were visiting the health facility for antenatal care and 52 (19.6 %) were attending for a child's vaccination. On the other hand, only 10 (3.8%) were visiting the health facilities for a family planning related cause(6 to receive their contraceptive pills or hormonal stimulating

drugs, 2for infertility management and 2 for Intra Uterine Contraceptive Device follow up exam), 4 (1.5%) for breast mass, and 1(0.4%) for post natal care. In addition, 24(9.1%) were attending for follow up investigation and treatment of anemia. In addition, 10 women (3.8%) were attending for other causes (4: Follow up and investigation for Renal complaint, 1: Blood pressure measurement, 1: Menstrual pain, 2: Hemorrhoid and 2: Hernia).

Table 3. The reason for the current respondent's visit to the health facility

Causes of the visit	No.	%
Antenatal care	155	58.5
Child's vaccination	52	19.6
Follow up, investigation , treatment of anemia	24	9.1
Family Planning related visits	10	3.8
Gynecological problems	9	3.4
Breast mass	4	1.5
Post natal care	1	0.4
Others	10	3.8
Total	265	100.0

The use of family planning methods

Figure-1, shows that 43 (16%) of the total respondents reported that they were currently using contraception, of whom 22(51%) were getting the service from private sources and the

remaining from public governmental sources (10 from governmental hospitals and 11 from primary health care centers); Figure-2.

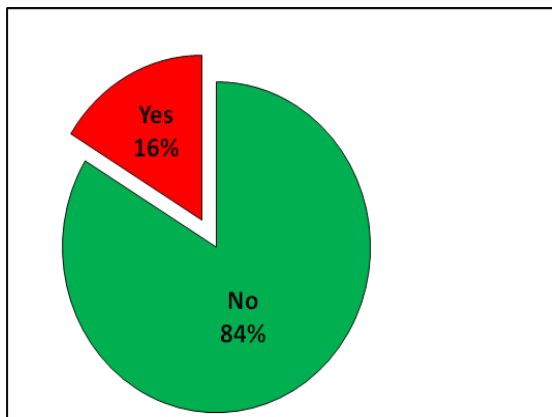


Fig 1. Current use of any contraceptive method

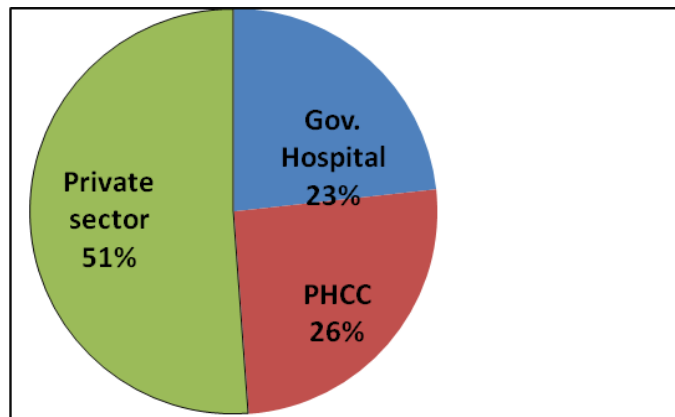


Fig 2. Source of the current contraceptive choice

Satisfaction of the service users with the provided care

(Figure-3), shows that 73(27.5%) of the interviewed respondents were completely satisfied with the service they received in

addition to 166 (62.6%) of them were partially satisfied with it, with only 26 (9.8%) of the respondents were dissatisfied.

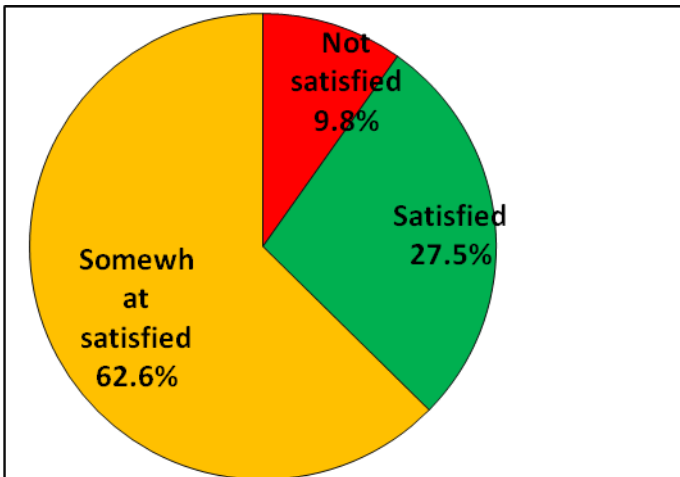


Fig 3. Woman's satisfaction with the service she received

With respect to causes of dissatisfaction, 47 (17.7%) of the respondents mentioned crowding of the place in which the service is provided as a major cause of their dissatisfaction, while 38 (14.3%) mentioned the bad attitude of the service providers as the cause of their dissatisfaction.

Deficiency of drugs/ supplies was mentioned by 14(5.3%) of the dissatisfied respondents, 10(3.8%) stressed on the issue of having "no privacy" as the main cause while "presence of no female doctor" was mentioned by 8(3%) of them; (Figure-4)

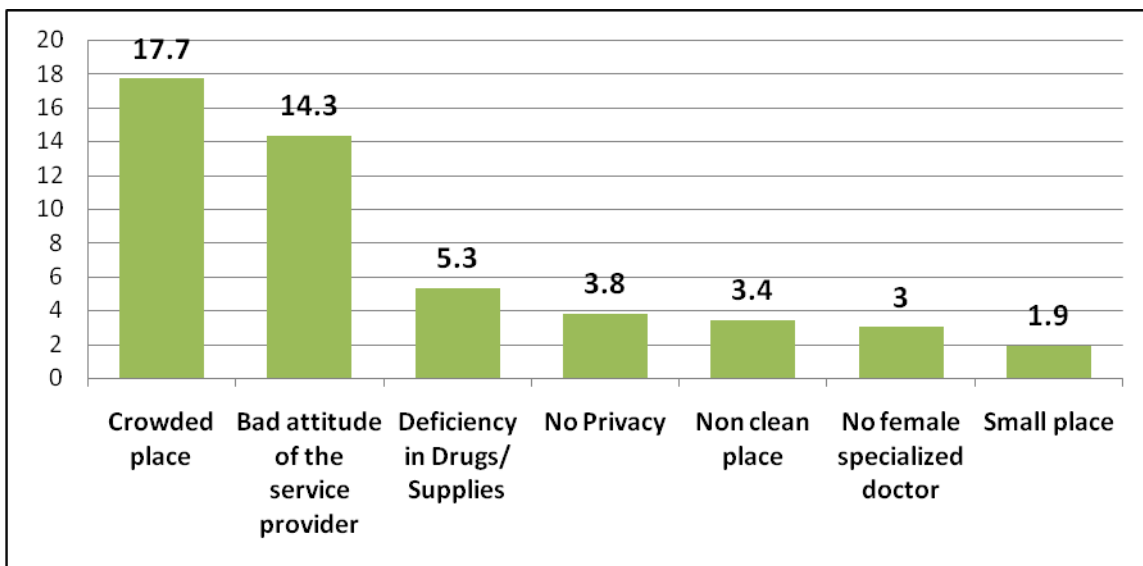


Fig 4. Causes of dissatisfaction of the respondents with the current service received (%)

Respondent's attitude towards public health facilities

Slightly more than half of the respondents 137(51.7%) mentioned that they would always attend public health facilities if they have any health problem during their antenatal care period,

compared to only 38(14.3%) who would always attend private sector facilities and 78(29.4%) would prefer not to seek any medical help for their problem; (Table-4).

Table 4. Respondents' choice for seeking medical help during antenatal, natal, postnatal periods and for family planning services

Respondents' choice	During ANC		During labour		Post-partum		Family Planning	
	No.	%	No.	%	No.	%	No	%
Does not seek medical help	78	29.4	77*	29.1	77	29.1	76	28.7
Seeks Private sector sometimes	4	1.5	4	1.5	13	4.9	29	10.9
Seeks Private sector(always)	38	14.3	17	6.4	58	21.9	121	45.7
Seeks Public sector (sometimes)	8	3.1	3	1.1	6	2.2	3	1.1
Seeks Public sector (always)	137	51.7	164	61.9	111	41.9	36	13.6
Total	265	100.0	265	100.0	265	100.0	265	100.0

*Have home delivery

During labour, 164(61.9%) of the respondents mentioned that they would always attend public health facilities compared to only 17(6.4%) who would always attend private sector facilities and 77(29.1%) of them mentioned that they would prefer to have a home delivery; (Table-3.25). Similarly, 111(41.8%) of the respondents mentioned that they would always seek public health facilities if they have any problem during postpartum period compared to 68(21.9%) who would always attend private sector facilities and 77 (29.1%) who would not seek any medical help. On the other hand, for using a family planning method, 121(45.7%) of the respondents would prefer to seek help from a private health provider compared to 36(13.6%) who would always seek the service from a public health provider. While 76(28.7%) mentioned that they would not need this service; (Table-3.25).

DISCUSSION

The majority of the service users found by the study were attending the health facilities seeking for antenatal care and child vaccination while the least number of them were attending for family planning causes. This might be explained by the previous knowledge of the

users that they won't find their needed family planning service in the facility they are attending. On the other hand, it was found that screening and management of sexually transmitted infections/Acquired Immune Deficiency Syndromes, gender based violence and youth health services were the least services that women knew about their availability at the studied health facilities. In consideration of the family planning services, the overall countrywide contraceptive prevalence was about 32% in 2000 with wide disparity (4.8%-47%) between provinces and a lot of women were using traditional ways. ^[14] The present study found that only 16% of the study respondents were currently using a contraceptive method. While according to the ministry of health annual statistical report (2013), the contraception prevalence rate in Basrah was 54.4% compared to the national rate of 52.2%. A study done in Dohuk district of Kurdistan region in 2003, found that the prevalence of contraceptive use (any method) among 668 non-pregnant women was 60.6%.^[15] In a more recent resource, the United Nations Population Fund (UNFPA) and World Health Organization, stated that:" Family planning

services in Iraq need more improving efforts considering the 2011 indicators which shows that the rate of modern contraceptive prevalence was 28%".^[16] The present study included a question asking the target population if they had a history of exposure to physical violence from a male in the family including husband, brother, father or other relative living in the same house during the past 2 years preceding the study. It was found that the prevalence of physical domestic violence against women to be 7.5%. According to Iraq Family Health Survey (2006/2007), prevalence of physical violence was reported to be 21.2 % for Iraq and 22.7% for the centre/south area of the country.^[17] Studying the users' satisfaction with the provided reproductive health services helps the policy makers together with the service providers to understand the user's opinion and judgment about the service they received.^[18] In the present study, respondents were found to be satisfied with the service provided. Dissatisfaction was reported by only less than 10% of the respondents and that was mainly because of the crowding of the place, while no privacy and presence of no female doctor were the least among the list of causes. In a client exit study on satisfaction with primary health care services and perception of antenatal care and child care in Basrah done by Abt Associates Inc. in 2004, it was found that 79.8% of the study group was either satisfied or very satisfied with the services received. Only 2.4% expressed dissatisfaction or unacceptability of the services.^[9] Assessing and understanding the service users' perception and service preference (whether public or private), is a crucial step for achieving a better client oriented service that target the users' requirements and needs together with fulfilling the client expectations.^[19] In the present study, public health facilities were preferred to be always the type of services they seek when having problems during antenatal period, labour and post partum period. While they preferred to use the private sector when

having any problem related to their family planning use. A study done in Erbil to assess women's views and experiences of antenatal care, it was found that women preferred seeking private sector during their antenatal period due to their negative experience with the antenatal care services at the primary health care centers and they usually prefer to go to private doctor's clinic for antenatal care.^[20]

Conclusions & Recommendations:

- Antenatal care and child vaccination were the main causes for attending the health facilities, while family planning was the least cause for attendance. On the other hand, screening and management of screening and management of sexually transmitted infections/ Acquired Immune Deficiency Syndromes, gender based violence and youth health services were the least services that women knew about their availability at the studied health facilities.
- The majority of the service utilizers were satisfied with the provided services. The main reason for dissatisfaction reported by those who were dissatisfied was the overcrowding. Public health facilities were always preferred for seeking help for any problem during antenatal period, labour and post partum period. While the private sector was preferred for receiving family planning services.
- For the purpose of improving users' service utilization, service users should be aware about the available reproductive health services in addition to their importance in their life. A special focus should be made to encourage men's involvement especially in relation to family planning counseling. Community awareness should include in addition, religious leaders, school teachers and college students in order to guarantee mass spread of the messages.

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