

Hamburg University of Applied Sciences
Department of Life Sciences
Bachelor of Health Sciences

BACHELOR THESIS

**Evaluation of the Mother and Child Health Care Program
(Mütterberatung) offered by the Health Department
(Gesundheitsamt) in Eimsbüttel, Hamburg**

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Preface

During my internship in the 5th semester as part of my studies at the Municipal Health Office Hamburg Eimsbüttel in health promotion, I could recognize that the child and youth work and especially the work with the mothers at the Child Health Care Center constitutes a significant part of the work in health promotion. In the five months of my internship, there were numerous projects and events. I have also spent time in the mother and child health care center. I became aware during this time that mothers who have just had a child are facing with countless questions and new tasks. They are very open to suggestions and communication with other mothers. They have the desire to get the best for their child, as well as help for themselves. In a big city like Hamburg, where many young people live, having a child means facing big challenges. It is then helpful to know that there are institutions that can assist you when parents or relatives are missing and that meet the needs for communication and exchange of experience. I have been concerned with the question of how do the mother and child health care center manage to make use of their services and have a lasting effect on the target group of mothers with infants and young children. How could a mother and child health care program in Eimsbüttel be evaluated in terms of success, effectiveness, and acceptance by the mothers? I would like to pursue these questions in my Bachelor thesis.

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Abstract

Background: Having a child means that many things change in life. The joy of the child and life as a family is usually huge but sometimes it does not go as expected during pregnancy or after the birth of the child. The birth of a child is an overwhelming experience. It can be associated with much joy, but also many questions or fears. The parents need counseling to cope with everyday life with a newborn (*BzGA, 2019b*). The mother and child health care program offered by the Health Department Eimsbüttel Hamburg offer counseling to the mothers of infants who have questions about care, nutrition, breastfeeding, vaccinations, etc. (*Bezirksamt Eimsbüttel, 2017*). The aim of this Bachelor thesis is to evaluate the mother and child health care program offered by the Health Department in Eimsbüttel Hamburg.

Method: As a method, two survey instruments were used: a standardized questionnaire and an individual expert interview. Thus, this work applies a “mix method approach”. In this mixed method research, a standardized Questionnaire was developed and used independently as a quantitative measuring instrument for data collection. Data were collected within a period of three months. The evaluation of the quantitative data was carried out with the Microsoft Excel program. The sample (n=21) was obtained from three participating mother and child health care centers in Eimsbüttel. An individual expert interview was also carried out with the pediatrician at the mother and child health care center in Eimsbüttel Kern. The purpose of the interview was to determine the goals, content, and services provided in the mother and child health care program and to find out the reason for the low response rate of questionnaire.

Results: The evaluation results show that the Health Department Eimsbüttel has succeeded in successfully implementing the mother and child health care program. Likewise, the mother and child health care program at Eimsbüttel Kern achieved a high acceptance among the mothers. Welcome letter with a free baby’s sleeping bag voucher from the Health Department Eimsbüttel played an important role in acquiring more mothers in consultation (see Appendix E & F). Most of the mothers were motivated and accepted the parents’ letter offer mentioned in the welcome letter. However, many of the mothers did not know that they could get a home visit offered by Health Department Eimsbüttel. Furthermore, suggestions and recommendations for further improvement could also be derived.

Keywords: Mother and Child Health Care Program, Evaluation, Health Department Eimsbüttel

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List of Abbreviations

Approx.	Approximately
BzgA	Bundeszentrale für gesundheitliche Aufklärung (Federal Center for Health Education)
DDR	Deutsche Demokratische Republik (German Democratic Republic)
DKSB	Deutsche Kinderschutzbund (German Child Protection Association)
MCHC	Mother and Child Health Care
WHO	World Health Organization

List of Corresponding Expressions

Care Centers for Small Children	Kleinkinderfürsorgestellen
Center for Young Families	Zentrum für junge Familien
Child Protection Law	Kinderschutzgesetz
Children and Family Center	Kinder- und Familienzentrum (KifaZ)
Early Support	Frühe Hilfen
German Health Protection Association	Deutschen Kinderschutzbund
Good Start for Hamburg's Children	Guter Start für Hamburgs Kinder
Health Department	Gesundheitsamt
Health Meeting Point	Gesundheitstreff
Mother and Child Health Care Program	Mütterberatung
Municipal Office	Bezirksamt
Public Health Service Law	Öffentlicher Gesundheitsdienstgesetz
Well-Child Visit	U-Untersuchung

1 Introduction

The birth of a child brings many changes to a woman. Especially in the early days, an exchange with professionals or other mothers is important to counter fears of failure and stress factors, such as social isolation or excessive demands. Mother and child health care centers have a long tradition in Germany. At the beginning of the 20th and 21st century, it was already developed and even nowadays they signify as an important foundation of the municipal system, along with various public institutes offering services for the families. In DDR times, the mother and child health care centers were common in East Berlin, for example, the infants were vaccinated in the mother and child health care program for diphtheria-whooping cough and tetanus. Nowadays, the opportunity of MCHC center is possible in major cities of Germany (*Domma, 1968*). Mother and child health care program is offered to the women with a newborn. It is an interactive process between the skilled attendant or health worker and a woman and her family, during which information is exchanged and support is provided so that the woman and her family can make decisions, design a plan and take action to improve their health (*WHO, 2013*).

In Germany, there are different health care services regarding sexual and reproductive health such as gynecologist's service where women can get help if they have problems such as pain during menstruation and pregnancy issues. Moreover, they offer consultations and preventive examinations during pregnancy. The pregnancy counseling centers also help women to get answers to their questions about sexuality, contraception, the desire to have children, etc. In addition, they provide information about the possibilities of financial support if required (*BZgA, 2017*).

In Hamburg, many institutions offer counseling and support for pregnant women or families and their children. There are birth preparation courses conducted by midwives or physiotherapists, which aims to accompany women during pregnancy and to prepare them comprehensively for birth. During the course, there is a provision of basic knowledge about pregnancy, tips regarding childbirth, taking care of a newborn and about breastfeeding (*BzGA, 2014*).

After the birth of a newborn, the health of newborn and mother is regularly examined. The newborn gets a first pediatrician's examination, which is known as "Well-child Visit" (U1 Untersuchung). Along with this, the pregnant mother also gets medical care and advisory

support from midwives on breastfeeding, to recover from birth injuries, to live a new life with a new child (BZgA, 2019c). Moreover, other services are like family-midwives (Familienhebammen) and family health and child nurses (Familien-Gesundheits- und Kinderkrankenpflegerinnen). These services help families in case of premature birth, a child with disabled or deceased, or chronically or seriously ill parents. Furthermore, parents involved with drugs or experience of violence, or in case of child burden can also seek the help of the Midwife (Deutscher Hebammen Verband, 2019). These above-mentioned services are funded by statutory health insurance in Germany (Bundesministerium für Familie, Senioren, Frauen und Jugend, 2019).

The main aim of the mother and child health care program is to concentrate on the needs of mothers, also to strengthen and develop current resources and to initiate the possibility for health promotion. Furthermore, health-related knowledge provision not only solves the issue between the mother and child, but also endorse exchange between mothers.

1.1 Research Question and Objectives

In discussions with the Hamburg Municipal Office Eimsbüttel and the University of Applied Sciences, came up with an idea to evaluate the mother and child health care program and to investigate which support options will continue to be used by mothers with infants and toddlers. Whether the public health service reaches its target and how satisfied the mothers are with the mother and child health care program. From this framework, the idea leads to carry out a survey in the district of Hamburg-Eimsbüttel for this thesis. The present thesis pursues the goal of carrying out a part of formative and process evaluation of the mother and child health care program in Eimsbüttel. By means of evaluation and systematic feedback of the results health promotion programs can be further improved and implemented to make it more successful (Lehmann & Töppich, 2002, p. 451).

Linked to this, the following question should be answered:

How could a mother and child health care program (Mütterberatung) in Eimsbüttel be evaluated in terms of success, effectiveness, and acceptance by the mothers?

The thesis comprises a total of eight chapters. Firstly, the theoretical part describes the introduction and background history. Afterward, the mother and child health care program in Germany, legal background, the Health Department, the MCHC center in Eimsbüttel and their

cooperation networking will be discussed in the third chapter. This is followed by the fourth chapter of the evaluation, which describes the objectives, the method, the survey instruments, the study unit, the data collection, and the data analysis. Later, the evaluation results will be presented. Based on a discussion, the results and methodology are critically considered. In the end, recommendations and a brief outlook will conclude the work.

1.2 Research Need

Pregnancy can sometimes pose challenges for expectant parents. For proper delivery and research, basic knowledge about midwifery care is important for pregnant women and mothers. There is a lack of comprehensive research regarding women's need during pregnancy, childbirth, labor, the postpartum period and weaning in Germany. Mostly, studies done internationally provide some knowledge about women's expectations and subjective criteria signifying better midwifery care (*Mattern, Lohmann & Ayerle, 2017*). The systematic literature search in the university catalog and in search engines (Springer, PubMed, etc.) revealed little scientific literature on this topic, especially on the target group sought.

2 Background

This chapter aims to clarify the question of why mothers with babies or toddlers from the public health point of view are an important target group for public health-promoting measures. It differentiates according to the demographic and psychosocial background.

2.1 Demographic History

The current reproductive behavior of the German population shows an increase in the birth rate. According to Statistisches Bundesamt, 787,600 children were born alive in Germany in the 2018 reporting year. This was 2,700 or 0.3% more than in 2017 (2017: 784,900) (*Statistisches Bundesamt, 2019*). The care situation is one of the biggest problems for young parents. For instance, working couples frequently experience problems with taking care of children, especially under 3 years as no relatives live nearby to look after their children and difficulty in finding a suitable day-care center.

The presence of adequate care services has a positive impact on starting a family. In Scandinavian countries such as Sweden and France, by the provision of secure child care, it is much easier for parents to start a family (*OECD, 2019*). However, in countries such as Germany, Spain, and Italy, has the lowest birth rate where mothers are provided with little or no work and they must choose between work and family (*Billari, 2008, p.02*).

2.2 Psychosocial History

The transition from partnership to parenthood is probably one of the most important events and brings with it many changes in parents' life. Before the birth of the first child, many partners try to live according to the division of roles. The birth of the first child can have an influence on the education and professional situation of the parents, especially for mothers. In most cases, women use the state-guaranteed parental leave after childbirth, sometimes even if they earn more than their partner. However, most of the women do not return to work after the parental leave has expired and devote themselves exclusively to the upbringing of their children (*Fthenakis, 2002, p. 112*).

Another issue is the woman's hormonal changes after childbirth and the associated side effects. Depressive behavior, the so-called "baby blues" or postnatal depression, often occurs between a few weeks and a few months after childbirth due to the altered hormonal changes in the woman. In these cases, only professionals such as psychologically experienced midwives, gynecologists or psychologists can help. But even before birth, women can be

afraid of the birth experience and the health of the child. For this situation, counseling centers and the above-mentioned professionals can provide information to the mothers (*Bzga, 2003*).

For the reasons stated above, provision of care must be provided by the family and public health professionals to make the Federal Republic of Germany more child- and family-friendly. The state should work increasingly towards family, social policy measures and remove or minimize structural obstacles that go against the parents' desire to have children. The support provided by public institutions to young families such as “Mother and Child Health Care Centers” helps in dealing with infants and young children, promotes empowerment and self-help skills through education and networking.

3 Mother and Child Health Care Program in Germany

The following chapter describes the history of mother and child health care program in Germany, the current situation in Hamburg and the detailed work of the institution in which the evaluation took place.

3.1 History of Mother and Child Health Care Program

The history of mother and child health care program goes back to the beginning of the 20th century. In Berlin and Charlottenburg, the first infant welfare centers and mother and child health advice centers were set up. The reason was the high infant mortality rate of over 20% of all children in their first year of life. The institutions were supported, for example, by foundations, associations or private sponsorships. In the beginning of the 20th century, the MCHC program included the measurement and weighing of the infant and the examination by the doctor. After the examinations, the mothers were counseled and educated, e.g. about the nutrition and care of the child. The MCHC centers were expanded until the end of the First World War. In addition, "Care Centers for Small Children" were added and the program was further expanded (*Ehrich, Grote, Gerber-Grote & Strassburg, 2016, p. 72*). The main aim of the MCHC centers now included awakening the will of the population to have a child and eliminating hereditary diseases.

Even after the Second World War, infant and toddler care remained in the MCHC centers. The health authorities were now able to set up MCHC centers or infant care centers wherever the need was greatest. Care should be taken to ensure that every mother can have access to the counseling center easily with a stroller (Kinderwagen). The mothers were requested to visit the MCHC center until the child is three years old. Nutritional counseling and breastfeeding premiums were provided to the mothers. The staff consisted of responsible persons such as a pediatrician, a community nurse or midwife, and semi-skilled assistants (*Ehrich et al., 2016, P.73*).

3.2 Legal Background

The public health service law (Öffentlicher Gesundheitsdienstgesetz) provides a legal basis for tasks and activities of the public health service in the individual federal states of Germany. It has different services e.g. it offers health education and counseling, youth and school health care, social psychiatric services, health promotion etc. The public health service law is often referred to as the third pillar of the health care system alongside outpatient and inpatient care in Germany (*Gesundheitsberichterstattung des Bundes, 2019*). The Public Health Service in

Hamburg is involved in promoting and protecting the health of children and adolescents. They offer mothers and fathers information, counselling and help regarding the development of children, especially in the first years of life, as part of early support (*Hamburgisches Gesundheitsdienstgesetz, 2001*).

According to the article 2 of child protection law (Kinderschutzgesetz), parents and expectant mothers and fathers should be informed about services in their local area for advice and assistance in matters of pregnancy, childbirth and the development of the child in the first years of life (*Bundesministerium der Justiz und für Verbraucherschutz, 2016*). The purpose of child protection law is to protect the well-being of children and adolescents and to promote their physical, mental and spiritual development (*Bundesministerium der Justiz und für Verbraucherschutz, 2016*).

For more than 25 years, there has been a nationwide uniform early detection program for children in Germany. From birth to school age, the program grants every child a statutory right to ten free early detection examinations: the U1 to U9, which are carried out in the first six years of life (*BzgA, 2019a*). According to the article 7b, the children in Germany should participate in child care examination. The central unit invites in writing the legal guardian of a child to take part in child care examinations for the age group nine months up to the age of twenty-seven months (U 6 and U 7) (*Hamburgisches Gesundheitsdienstgesetz, 2001*). Within the framework of these early detection appointments, medical advice is also provided on important issues concerning children's health and development, such as accident prevention or nutrition (*BzgA, 2019a*). During these appointments, the doctor will examine your child for possible serious illnesses and check whether growth development is according to age. In this way, delays or abnormalities in development and possible health impairments can be detected at an early stage. Through timely treatment or special support, the possible consequences for health and development can often be prevented or at least reduced (*BzgA, 2019a*). These early detection examinations and preventive measures are funded by statutory health insurance. The statutory health insurance funds finance regular check-ups for children and adolescents in order to detect developmental delays, health problems, and illnesses in good time. Parents do not have to make any co-payments. The period from the birth of the child to its sixth birthday, usually physical and mental developments and the vaccination status are the focus of the investigations. Between the 13th and 14th birthday, a youth examination is carried out to examine the developmental and emotional state of the adolescent (*Krankenkassen, 2019*).

3.3 Mother and Child Health Care Centers in Hamburg

The MCHC centers in Hamburg spread over the entire city area and in all seven districts. The administration of the MCHC center is carried out by the Health Department of respective Municipal Health Offices. Numerous medical and non-medical occupational groups are represented in the MCHC centers. For example, in addition to pediatricians, there are children's nurses, midwives and doctor's assistants working in the facilities, as well as some unskilled workers with many years of experience in infant care (*Freie und Hansestadt Hamburg, 2019*). Pediatricians have the necessary special knowledge about the physical, mental, spiritual and social development of infants, children and adolescents and the typical illnesses in childhood (*Bzga, 2019c*). They are familiar with many problems that can arise in everyday life with children and can advise you accordingly in the MCHC program or provide you with qualified support (*Bezirksamt Eimsbüttel, 2017*).

Consultation hours are offered in all facilities by heads or official doctors in order to be able to provide help with psychosocial or practical problems, such as infant care, nutrition or breastfeeding. Home visits are offered in almost all districts and carried out by the family midwives or pediatric nurses. The target group is mothers from all social backgrounds and the offer is also used by socially disadvantaged mothers due to its low-threshold and through a personal invitation from the MCHC centers. Other positive aspects are that there is no restriction on participation and the offer is free of charge (*Freie und Hansestadt Hamburg, 2019*). These public health services are mainly financed by the public budgets, and to a lesser extent by charges paid by the public for some services. The states and municipalities bear the costs of the health offices, the federal government the costs of the successor institutes of the Federal Health Office and other federal authorities, which carry out tasks of the public health service (*Gesundheitsberichterstattung des Bundes, 2019*).

3.4 Municipal Health Office Eimsbüttel

The focus of this thesis is on the MCHC program in the Municipal Health Office Eimsbüttel. Eimsbüttel is Hamburg's smallest in terms of area but at the same time, it is the most densely populated district, with a population of 264.869 people (*Statistisches Amt für Hamburg und Schleswig-Holstein, 2018*). The Municipal Health Office Eimsbüttel is responsible for many administrative tasks in the districts Eimsbüttel, Rotherbaum, Harvestehude, Hoheluft -West, Lokstedt, Niendorf, Schnelsen, Stellingen, and Eidelstedt. The following figure shows the structure of the Health Department of Eimsbüttel, which is headed by Dr. Rieger-Ndakorerwa.

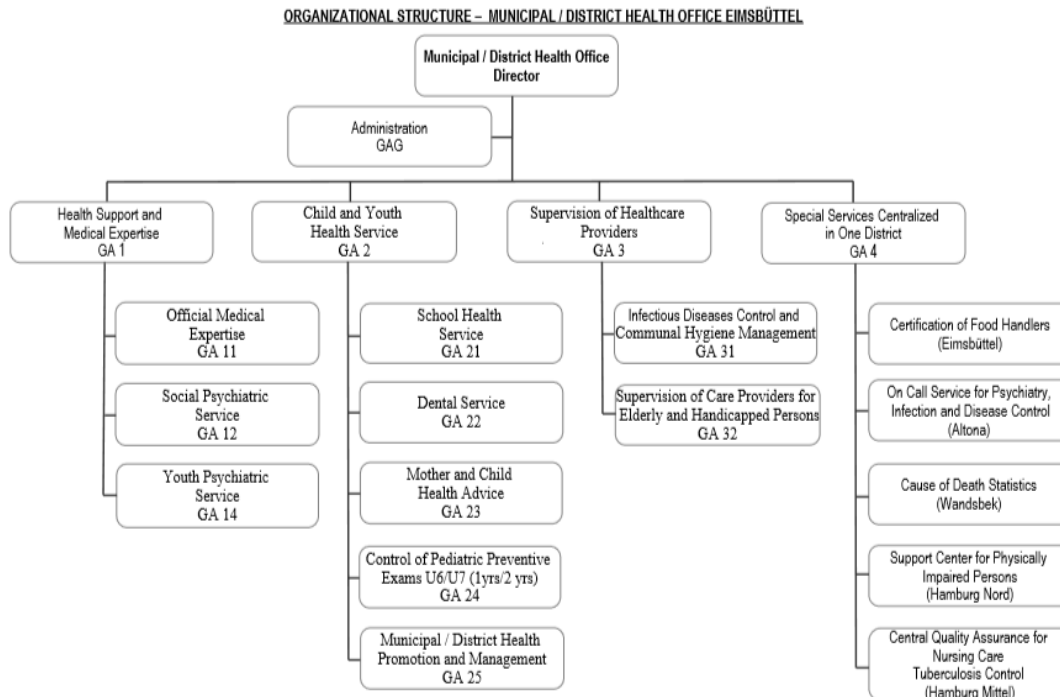


Figure 1: Structure of the Health Department

(Source: Bezirksamt Eimsbüttel, 2019)

The Health Department is responsible for various health matters, such as Health Support and Medical Expertise (GA 1), Child and Youth Health Service (GA 2), Supervision of Healthcare Providers (GA 3) and Special Services Centralized in One District (GA 4). Mother and Child Health care belongs to the Department of Child and Youth Health Service.

Every family with a newborn in Eimsbüttel receives a welcome letter from the Municipal Health Office (see Appendix E). This includes Parents' letter and a free baby's sleeping bag voucher. Parents' letters support parents in their everyday life with their child. The letters are based on the age of the child and provide parents with information about typical developments and behaviors of children of this age group. Parents can obtain the parents' letter free from the Health Department at the address given in the welcome letter. The welcome letter also contains the addresses and opening hours of the MCHC locations in Eimsbüttel. The invitation letter plays an important role in the development of the MCHC program in Eimsbüttel. It has created an awareness in the families for mother and child health care program.

3.4.1 Mother and Child Health Care Centers in Eimsbüttel

The MCHC Center Eimsbüttel is a counseling center for parents of infants and toddlers who have questions about care, nutrition, breastfeeding, and vaccinations. It focuses on counseling and communication with women to promote the health of mothers and newborns. Counseling can be done either on the telephone, in the consultation center or at home. Counseling in the center takes place once a week for 2 hours at three locations in the Eimsbüttel district: Niendorf, Eimsbüttel Kern and Eidelstedt. As a rule, there is always a pediatrician and children's nurse available in the consultation. The age target group is 0 to 3 years (*Bezirksamt Eimsbüttel, 2017*).

The main goals of mother and child health care program are:

1. Strengthening mothers and fathers in their parenting skills
2. Promote mother-child bonding
3. Counseling on lactation and nutritional issues, physical, mental and spiritual development and care of the child

It is informed on all the topics relating to child health e.g.

- Measuring and weighing of child
- Lactation counseling
- Information about the care, nutrition, and development of the child
- Support during exhaustion
- Information about rickets and caries prophylaxis
- A comprehensive vaccination consultation and free vaccination for the whole family
- Understanding the baby's signals
- Sleep problems and continuous crying of the baby
- Information about meeting places and further help offers for families in the district (*Bezirksamt Eimsbüttel, 2017*).

Frequently asked questions are about nutrition, vaccination, caries-rickets prophylaxis, child development, breastfeeding, and acute illnesses and sleep behavior (*Internal Statistic Eimsbüttel, 2018*). Name of the child, current measurements, a short report on the development and special features are documented in the consultation. The mothers can meet with other mothers, exchange experiences and talk about questions concerning the new life situation with a baby. For the consultation, no registration is necessary. All offers of MCHC

program are free of charge and accessible to every mother and father (*Bezirksamt Eimsbüttel, 2017*).

Since July 2017, the Municipal Office Eimsbüttel also sends a voucher for a free baby's sleeping bag with the welcome letter (*Internal Statistic Eimsbüttel, 2017*). The family can redeem this during consultation hour (see Appendix F). Each family with a newborn will also be offered a baby welcome home visit which is mentioned in the welcome letter.


3.4.2 Cooperation and Networking

The MCHC center in Eimsbüttel Kern is a part of the Center for Young Families which is a contact point for questions in the health area. On 19.06.2014, the Center for Young Families opened in Eimsbüttel together with the German Child Protection Association as a cooperation partner (*Bezirk Eimsbüttel, 2014*). The center helps to prevent problems and accompany parents in an advisory capacity in order to prevent conflicts. It offers free information and assistance in private and local health issues. The Center for Young Families is aimed specifically at young parents of children up to three years. Parents should get support as early as possible in case of difficulties or stress crises. The center has involved family midwives, social workers and various networks such as Mother and Child Health Care Program, Health Consultation Hour, Early Support, etc. (*Bezirk Eimsbüttel, 2014*).

The center is part of the project "Good Start for Hamburg's Children", which is led by the authority for work, social affairs, family and integration and belongs to the federal initiative "Early Support". The focus of the center is on advising parents and providing further services, such as the family midwife service. Midwives are there for families for up to a year (*Bezirk Eimsbüttel, 2014*).

The following table shows the counseling and information programs in the Center for Young Families in Eimsbüttel Hamburg.

Table 1: Counseling and Information Programs in the Center for Young Families

<p style="text-align: center;">Centre for young families Counseling and information in the health meeting point</p>		
<p>Early Support Eimsbüttel of the DKSB</p>	<p>Health Department Eimsbüttel</p>	<p>External Offers</p>
<ul style="list-style-type: none"> • Family Team • Contact Point for counseling • Developmental & psychological counseling • Baby Massage • Dress Meeting Place • Networking and training for professionals 	<ul style="list-style-type: none"> • Family guide • Mother and Child Health Care Program • Consultation hour at the health meeting point • Self-Help Groups 	<ul style="list-style-type: none"> • Welcome • Course counseling • Courses for Parent-Child • Courses for adults • Prenatal classes
		

(Source: Own representation)

3.4.3 The Children and Family Center (KiFaZ)

In Schnelsen, a family support project “KiFaZ-The Children and Family Center”, is funded by the Municipal Health Office Eimsbüttel. They offer various services to the children and their families. In Burgwedel and Schnelsen-Süd, the center provides various meeting points and support including neighborhood-related and cultural activities. The center accepts suggestions and concerns from families and promotes networking offers (*Kinder- und Familienzentrum (KiFaZ) Schnelsen, 2019*).

4 Method

In this chapter, the definition of evaluation, as well as its classification and goals, are described. Based on this, the evaluation forms and standards, as well as quality and evaluation criteria, are explained. Finally, this chapter describes the data collection and data evaluation.

4.1 Definition of Evaluation

There are different definitions for the term evaluation. Thus, evaluation in the everyday sense can be used for evaluative, judging processes. It can also be considered as a specific thinking model, which includes a verifiable method of evaluation using various methods, procedures and approaches (*Kromrey, 2001, p.10*). Evaluation is an essential part of a measure for the quality development of a health promotion program (*Kooperationsverbund Gesundheitliche Chancengleichheit, 2015, p.14*). Evaluation research, therefore, refers to the systematic evaluation of interventions such as measures, projects, and institutions. Using empirical methods, information is collected and evaluated using qualitative and quantitative empirical methods and criteria (*Töppich & Linden, 2011, p. 69*). Evaluation studies are therefore not a separate method; they represent a complex procedure and are characterized not by a common approach, but by their objectives (*Häder, 2015, p.367f*).

In order to answer the research question, an evaluation of the implemented program had to be conducted. The purpose of the evaluation is to examine the effectiveness of interventions by examining the intervention and the achievement of the goals (*Töppich & Linden, 2011, p.69*). Moreover, the aim of program evaluation is to ensure quality assurance in the process of planning and implementation of interventions (*Töppich and Linden, 2011, p.71*). However, this is only possible when the required data have been collected from surveys, measurements, observation, and documentation (*Spiegel, 2013, p.37*). The collected data and information are represented in the results, which are subsequently evaluated. It checks whether, and to what extent, a program has achieved its set goals and is their space for further improvement (*Spiegel, 2013, p.36*).

4.2 Forms of Evaluation

There are different forms of evaluation such as formative and summative evaluation. The other forms are structure, process, and result evaluation. The present work deals with the formative and process evaluation of the MCHC program. The formative evaluation aims to assess the whole process of a project. It supports the program continuously through feedbacks (*EU Health program, 2011, p.30*). Through formative evaluation, the program design can be improved further (*Hurrelmann & Razum, 2012, p.1124*). On the other hand, process evaluation examines if the strategies are appropriate for the target group, the acceptance of the intervention, the current situation of the program, and the actual state of the program execution, organization, scheduling and the participating rate in the intervention. Process evaluation is basically the monitoring of implementations related to the interventions (*Töppich & Linden, 2011, p.70*).

In order to carry out the evaluation of the MCHC program, a standardized questionnaire was chosen as a quantitative research method. There are different forms of standardized questioning (*see Baur & Blasius, 2014, p.54*). A distinction is made between the personal-oral questionnaires, telephone survey, online survey and written survey (*see Baur & Blasius, 2014, p.54*). An individual interview is also carried out as a qualitative research method.

4.3 Development of Evaluation Instrument

A standardized Questionnaire (see Appendix A) was developed to check whether the project objectives have been achieved or there is a need for improvement.

The goals of the evaluation are:

- I. To examine the MCHC program.
- II. To identify the reason and motivation behind the participation in the MCHC program
- III. To identify the participation rate in mother and child health care program.
- IV. To find out the satisfaction level of the participants.
- V. To determine the acceptance of parents' letter offered by the Municipal Health Office.
- VI. To present collected suggestions and recommendations for further improvements.

Based on the objective of the evaluation, the following evaluation questions emerge:

- Is the MCHC program accepted by the mothers?
- Would it be possible to raise awareness on the topic of mother and child health care?

- Has the motivation of the participants increased to deal more with the topic of mother and child health?
- What suggestions for improvement are there in relation to the MCHC program?
- What is the need for mothers in MCHC program?

4.4 Survey Instruments

This chapter will look in more detail at the survey tools used. A survey is a standard instrument of empirical social research and serves to determine facts, knowledge, opinions, attitudes or evaluations. The most frequently used data collection method in empirical social research is the survey (*Bortz & Döring, 2006, p. 237*). The survey instruments used in this work are explained below in more detail.

4.4.1 Questionnaire

Before the data could be collected or the survey instrument could be developed, a comprehensive literature review was carried out. The search for a suitable tool for the evaluation of MCHC program was difficult. Consequently, no matching instruments could be found. Therefore, a purposeful standardized questionnaire was developed independently. The selection of questions was limited to relevant aspects that are goal-oriented for the evaluation of MCHC program. Appropriate and measurable indicators and targets have been established to verify the achievement of the project and evaluation objectives. These are ultimately intended to make statements as to whether and to what extent the project goals have been achieved.

The following table provides an overview of the evaluation objectives, the target values, and the corresponding Survey Questionnaire.

This tabular overview serves as the basis for the development of the survey questionnaire. The final version can be found in the appendix to this thesis (see Appendix A & B).

Table 2: Overview of Questionnaire

Evaluation Target	The Target of the Survey	Operationalization
1 Testing the Target Groups	<ul style="list-style-type: none"> • Recording the general target group • Achievability of the mothers in the mother and child health care program 	<ul style="list-style-type: none"> • How did you become aware of the offer of mother and child health care program? • Did you receive the welcome letter from the Municipal Health Office with the baby's sleeping bag voucher? • Did you know that you can get a home visit? • Did you have aftercare by a midwife?
2 Testing the Motivation	Determination of the motivation level of the mothers for the parents' letter offer of the Municipal Health Office	Did you accept the parents' letter offer?
3 Reason for Participation	Determination of personal reasons for participation in the MCHC program	<ul style="list-style-type: none"> • Did you come here today for a reason? • If yes, which?
4 Examination of the Acceptance of Mother and Child Health Care Program	Identification of willingness to participate in future in MCHC program	<ul style="list-style-type: none"> • Would you come back again for further questions and why? • Would you recommend the mother and child health care program to your friends/acquaintances? • If you have a choice, which form of consultation would suit you best and why? <p>1) By telephone 2) Personally, at the mother and</p>

		child health care center 3) Personally, at home
5 Examining the Satisfaction of the Mothers	Recording the overall satisfaction of the mothers in mother and child health care program	<ul style="list-style-type: none"> • Are your questions/concerns sufficiently answered? • Are the rooms attractive for you? • How do you evaluate today's consultation? • How important are attractive surroundings for you?
6 Examination of the Expectations of the Mothers	Determining the expectations of mothers	What other offers are you aware of here?
7 Recording Suggestions for Improvement	Recording suggestions for improvement in the mother and child health care program	Do you have suggestions for further improvement?

(Source: Own representation)

For better understanding, the following figure presents an exemplary Likert scale from the questionnaire. This means that the participant has six options to choose. The possibilities are positive, negative or neutral.

Table 3: Explanation of the Likert scale

Question 13: How do you evaluate today's consultation?

	Excellent	Good	Fair	Average	Poor	Very poor
Coding	1	2	3	4	5	6
Valuation	Positive	Positive	Neutral	Neutral	Negative	Negative
How do you evaluate today's consultation?						

(Source: Own representation)

From the figure, it is thus clear that with an average smaller than three shows positive evaluation. As a result, the MCHC program is accepted.

The following practical rules were observed during formulating the questions in the questionnaire:

- The language was adapted to the language habits of the respondents (see Quint-essenz, 2003, p. 2ff)
- There was enough space to answer open questions
- Multidimensional response options were not formulated (see Loss et al. 2010, p.54)
- Double negation was avoided (see Loss et al. 2010, p.54)

The questionnaire has a total of two pages and consists of 15 questions. Furthermore, the questionnaire has one open-ended question. In the survey situation, the close-ended questions primarily aim for a quick answer (see Reuband, 2014, p. 678, in Baur & Blasius). Likewise, the advantage is that accurate and rapid data analysis can be done. On the other hand, the open-ended questions make it possible for the participants to make phrases independently and thus provide personal insights into their wishes, etc. The advantage of open-ended questions is to obtain more extensive and comprehensive information (see Reuband, 2014, P. 678).

To answer the questions, various answer options were presented. For questions 2, 3, 4, 7, 9, 10 and 11, a dichotomous answer category was chosen (yes/no). Questions 1, 2, 6, 8 and 12 are catalog questions with different answers given. For question 13 and 14, a six-point Likert

scale was chosen. Since these questions are questions of evaluation, a Likert scale fits as an answer (*see Dickmann, 2012, p. 471 f*).

In the questionnaire, questions were asked about seven topics.

- I. Testing the Target Group (Question 1,2,3,5)
- II. Testing the Motivation (Question 4)
- III. Reason behind Participation (Question 6)
- IV. Acceptance (Question 10,11,12)
- V. Satisfaction (Question 7, 9,13, 14)
- VI. Expectation (Question 8)
- VII. Suggestions for Improvement (Question 15)

4.4.2 Interview Guideline

An interview was conducted with a pediatrician at the MCHC center in Eimsbüttel Kern. The purpose of the interview was to obtain a detailed overview of the goals, content, and services provided at the MCHC program from the perspective of pediatrician and to find out the reason for the low response rate in questionnaire. To conduct an interview, an interview guideline with 9 questions was developed as shown in Appendix C & D.

At first, the recorded interview was transcribed. The transcript was then analyzed following an inductive method.

A scientific survey or a scientific interview ("research interview"/"scientific interview") is targeted, systematic and rule-based recordings of verbal statements of a respondent on selected aspects of their knowledge. The interviewee is asked verbal questions in interaction by an interviewer. The answers to the interview are documented and systematically analyzed (*Bortz & Döring, 2016, p. 358f.*). In qualitative research, a distinction is made between several interview procedures. The individual forms of oral questioning differ in the extent to which the interview situation is structured (*Schnell, Hill, & Esser, 2011, p. 317*).

The decision was made in favor of an expert interview, which is partially standardized. A person is described as an expert who has a clear, retrievable knowledge in a limited area (*Mayer, 2002, p. 38*). In a partially standardized interview, the questions are partly open-ended and close-ended. Open-ended questions do not provide any answers; the interviewee formulates his or her own answers; whereas close-ended questions provide answers. In this

type of survey, an interview guide is advantageous; the interviewer prescribes the type and content of the interview (*Schnell, Hill, & Esser, 2011, p. 323f.*).

The interview guide contains a catalog of open-ended questions that the interviewee should answer in their own words. A sequence is given by the guideline, but allows an individual adaptation, depending on the interviewee and the interview situation. Questions can be brought forward, skipped or deepened (*Bortz & Döring, 2016, p. 358ff.*). The interview is divided into four sections; the interviewee (a), the interviewer (b), the interview situation (c) and the interview questions (d).

The interview questions are, on the one hand, questions about the goals, content, and services of MCHC program. On the other hand, the interviewee was asked about the reason for the low response rate in the questionnaire by the mothers. Using a checklist, based on Bouchard (1976), the interview concept was checked again before the interview to see whether there were any superfluous questions or repetitions, etc. (*Bortz & Döring, 2016, p. 358ff.*). The "face to face" interview was conducted with the pediatrician in the MCHC Center at Eimsbüttel Kern. Contact was made by E-mail to arrange an appointment. When conducting the interview, special attention was given to ensure a comfortable atmosphere. The results of the interview are documented, analyzed and presented in the fifth chapter.

4.5 Data Collection and Data Evaluation

Data collection and evaluation are different for the two survey instruments and are discussed below. For two survey instruments, it is important that the data collected is recorded and subsequently processed.

In the written standardized questionnaire, the data of mothers in the MCHC program were collected. Before the data collection, a pre-test with a total of three persons was conducted. A pre-test is understood as "the testing of a questionnaire or one of its parts prior to its use in the main survey" (Porst, 2014, p. 190). The pretest is thus a procedure for quality assurance of the survey instrument and an important component in the process of questionnaire development (*see Weichbold, 2014, p.299, in Baur & Blasius, see Porst, 2014, p.190 f.*). After the pre-test, minimal changes were made to the structure of the questionnaire and the formulation of some questions.

As already mentioned, data collection took in the form of a written survey of participants using a standardized questionnaire. The questionnaire was distributed to the mothers at consultation hour at three different consultation centers in Eimsbüttel. The mothers were

informed before about the purpose of the evaluation and the anonymous handling of the data. The questionnaire was handed out at the end of consultation by the pediatrician. The time period of evaluation was 3 months from February 2019 to April 2019. The response rate was 21 questionnaires.

During these three months, 71 mothers visited the MCHC center in Eimsbüttel Kern and 20 mothers filled out the questionnaire. Around 18 mothers came at the MCHC center in Niendorf. But only one mother filled out the questionnaire. The third MCHC center located at Eidelstedt, where 11 mothers visited the consultation center (*Internal Statistical Evaluation in the Health Department Eimsbüttel, 2019*). There was no response at all. The collected data were evaluated and graphically displayed with the help of the Microsoft Excel program.

For the second survey instrument, the individual interview, a guided interview was carried out, as already mentioned. Due to a partially standardized open survey, the respondent was given the opportunity to express herself freely.

5 Results

The data collected through questionnaire and interview are analyzed, and the relevant topics are taken into consideration. At first some data regarding the birth of children in Eimsbüttel from the year 2015 to 2018 and the no. of children registered in MCHC program in that year are presented. Afterwards, the data obtained through questionnaire were analyzed which are also presented below under results of questionnaire. At last, the data gained from interview is also presented under result of interview.

5.1 Statistical Data on No. of Children registered for MCHC Program in Eimsbüttel from the Year 2015 to 2018

In the year 2015, 2733 children were born in Eimsbüttel. Out of these, 90 children were registered for the MCHC program in the mother and child health care center (*Internal Statistics Eimsbüttel, 2015*). The number of children born in 2016 was 2915. Around 197 children were registered for the MCHC program in that year (*Internal Statistics Eimsbüttel, 2016*). The number of children born in 2017 was 3026. Approx. 196 children were registered for mother and child health care program in that year (*Internal Statistics Eimsbüttel, 2017*). In the year 2018, 2866 children were born in Eimsbüttel. Out of these, 330 children were registered for the MCHC program (*Internal statistics Eimsbüttel, 2018*).

The following figure shows the total number of visits of the mother from three mother and child health care centers Eimsbüttel-Kern, Niendorf and Eidelstedt from the year 2015 to 2018. The baby's sleeping bag voucher was introduced at the mid of 2017 (*Internal statistics Eimsbüttel, 2017*). A comparison is made before the introduction of sleeping bag voucher and after to check the effect of a baby's sleeping bag voucher on the number of visiting children. From the figure below, it shows that the no. of children visited the MCHC center has increased after the introduction of baby's sleeping bag voucher.

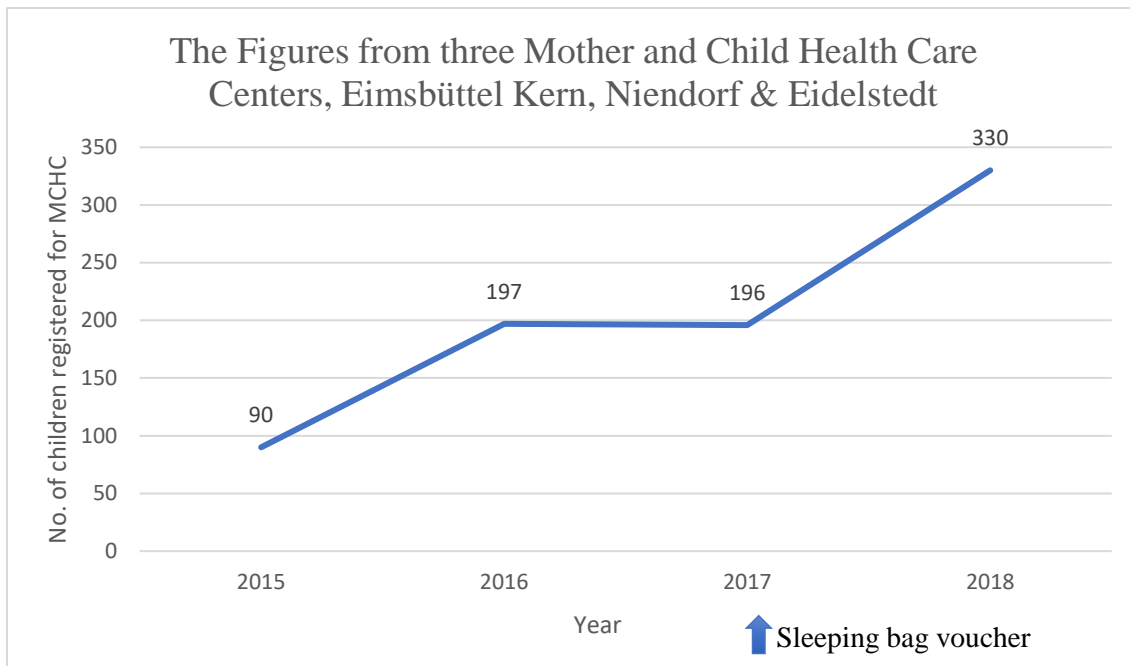


Figure 2: No. of Children from three Mother and Child Health Care Centers Eimsbüttel Kern, Niendorf and Eidelstedt

(Source: Internal statistics Eimsbüttel in own representation)

5.2 Results of the Questionnaire

The data collected from questionnaires are categorized and presented below. In the beginning, the description of participants is given and then follows the awareness of MCHC program, the reason for participation, satisfaction, different offers offered by the Municipal Health Office Eimsbüttel and suggestions.

5.2.1 Study Participants

The study participants of the questionnaires are the mothers who visited MCHC centers in Eimsbüttel. Altogether 21 women filled out the questionnaire in MCHC center in Eimsbüttel. Many of them have one child or two children. Almost all of them are currently living in Eimsbüttel. Most of the women are married or single.

The mothers were asked about the age of their child.

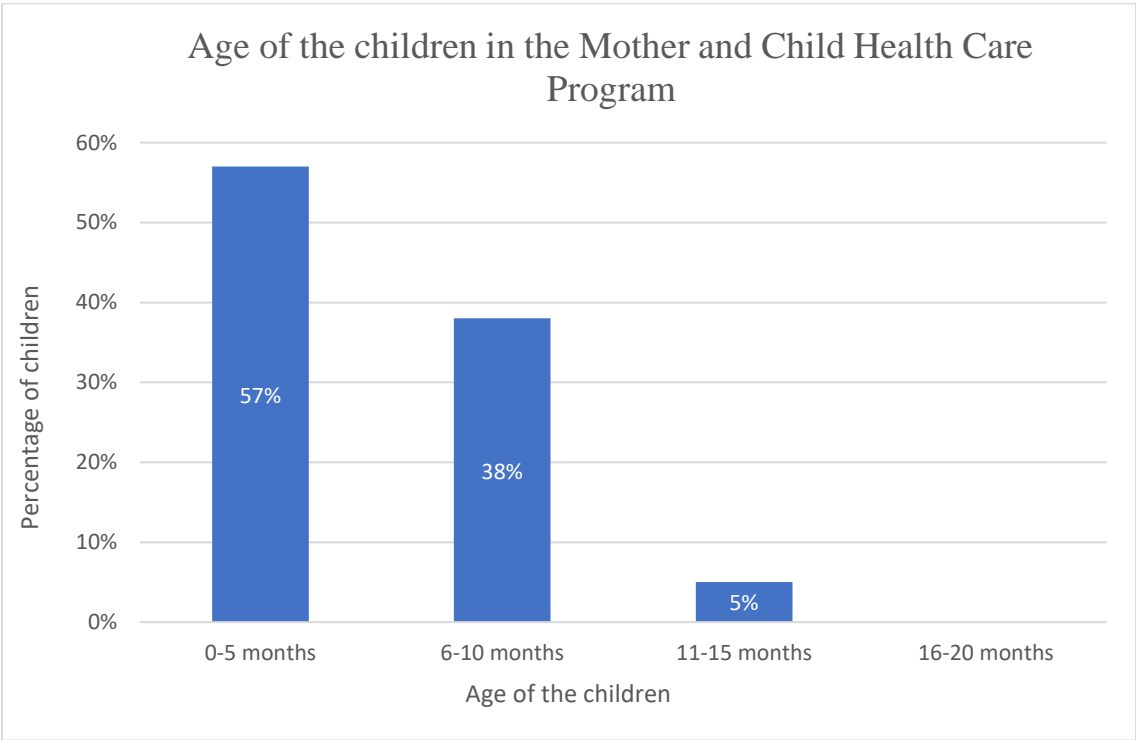


Figure 3: Age Distribution in the Mother and Child Health Care Centers
(Source: Own representation)

A total of 21 mothers answered the question about age. The age distribution in the MCHC center showed that majority of the children were under 5 months which make up a percentage

of 57% (12 children). Followed by 38% (8 children) who were between the age of 6 -10 months. One child (5%) was between 11-15 months.

5.2.2 Awareness about MCHC Program in Eimsbüttel

The mothers who visited MCHC center were asked about the awareness of the offer of the MCHC program in Eimsbüttel. Mothers were also given different answer possibilities such as through welcome letter send by Municipal Health Office in Eimsbüttel, through friends, pediatrician, or through poster, internet etc.

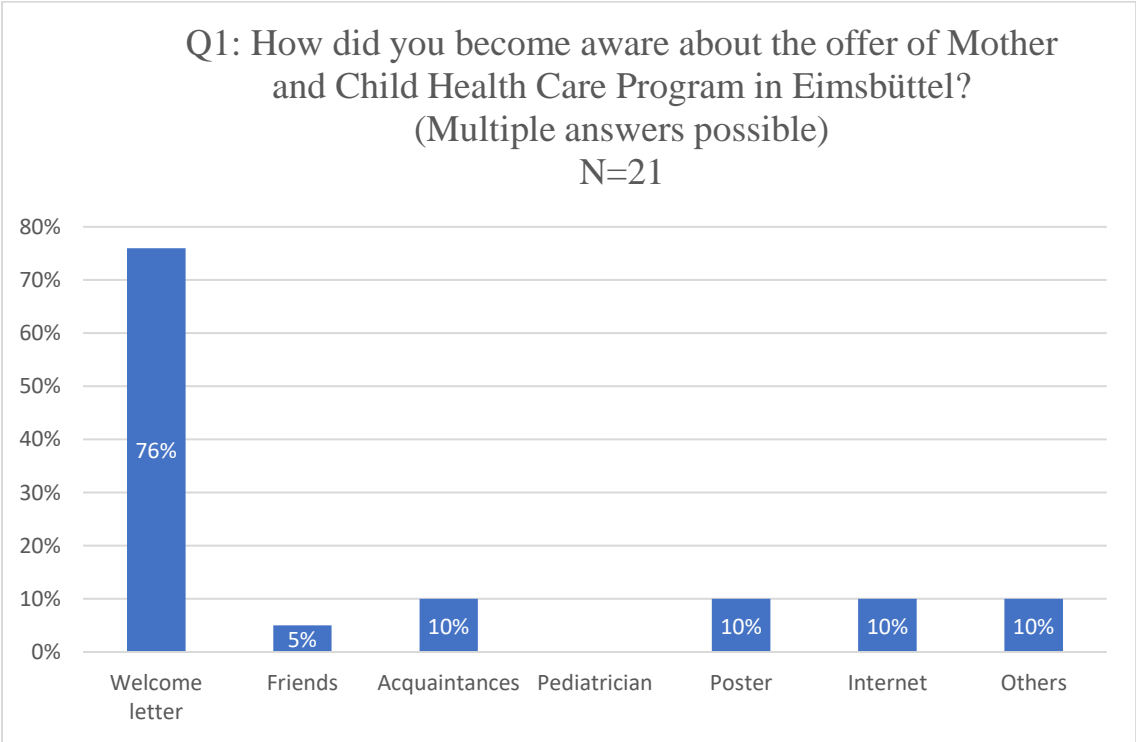


Figure 4: Awareness about Mother and Child Health Care Program in Eimsbüttel
(Source: Own representation)

The percentage of mothers who became aware of the mother and child health care program through a welcome letter is quite high. Approximately 76% (16 mothers) came to the consultation center through the welcome letter from the Municipal Office. Only one mother (5%) was informed through her friend and 10% (2 mothers) were informed through the acquaintances. None of them were informed through a pediatrician. 10% (2 mothers) saw the poster. 10% (2 mothers) were informed through the internet. 10% (2 mothers) were informed

through other sources e.g. one of them saw the picture at the door at the MCHC center and the other was informed through the hospital.

The mothers were asked about the other offers in mother and child health care center.

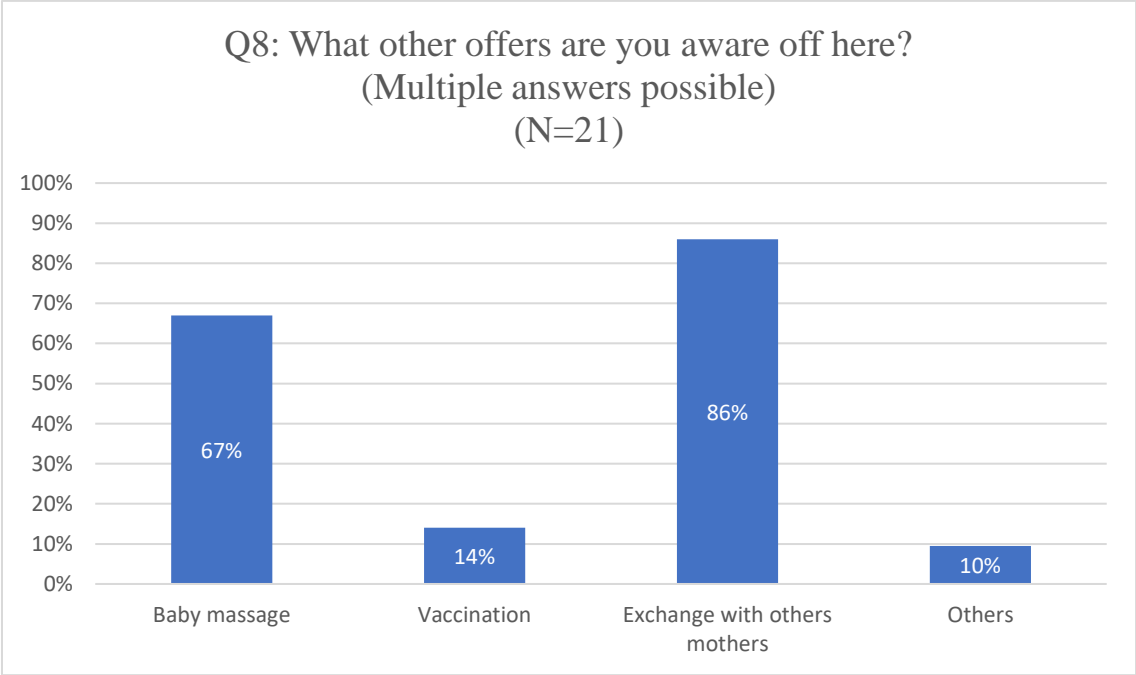


Figure 5: Other Offers in the Mother and Child Health Care Center

(Source: Own representation)

The other offers for the mothers in MCHC center included baby massage 67%, Vaccination 14%, exchange with other mothers 86%.

At “Others” was given

- Social counseling
- The consultation offers for men

The mothers were asked, if they have aftercare by a midwife.

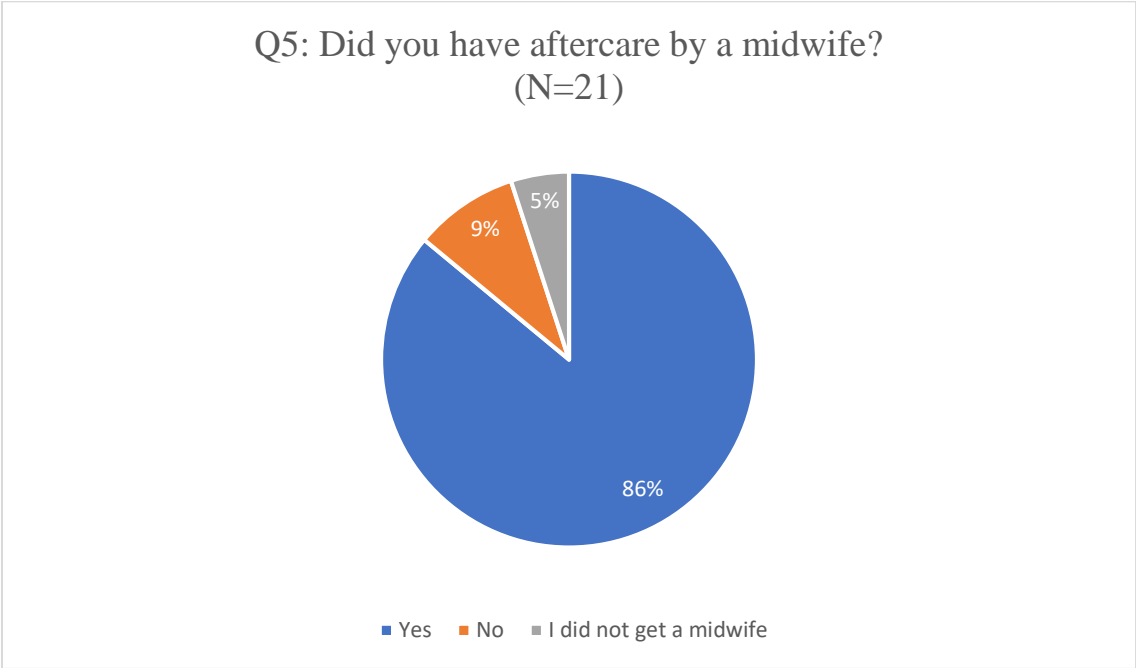


Figure 6: Aftercare by a Midwife
(Source: Own presentation)

The percentage of mothers who already have aftercare by a midwife was 86% (18 mothers). Around 9% (2 mothers) have no aftercare by a midwife. Only one mother (5%) did not get a midwife.

5.2.3 Reason behind Participation

The mothers were asked whether they visited the MCHC center for a reason.

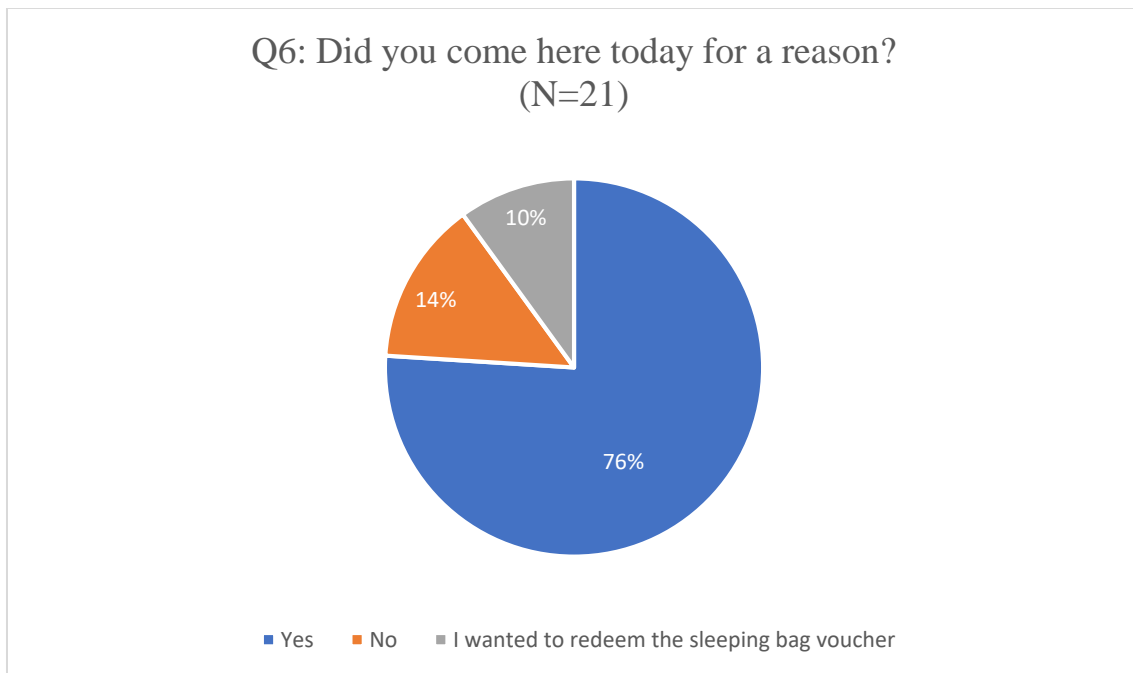


Figure 7: Reason of Participation

(Source: Own representation)

Almost 76% (16 mothers) came to the MCHC center for a reason and 14% (3 mothers) did not come for a reason. Furthermore, 10% (2 mothers) wanted to redeem the sleeping bag voucher. Those mothers who came with a reason were also asked about the reason for their participation in MCHC program.

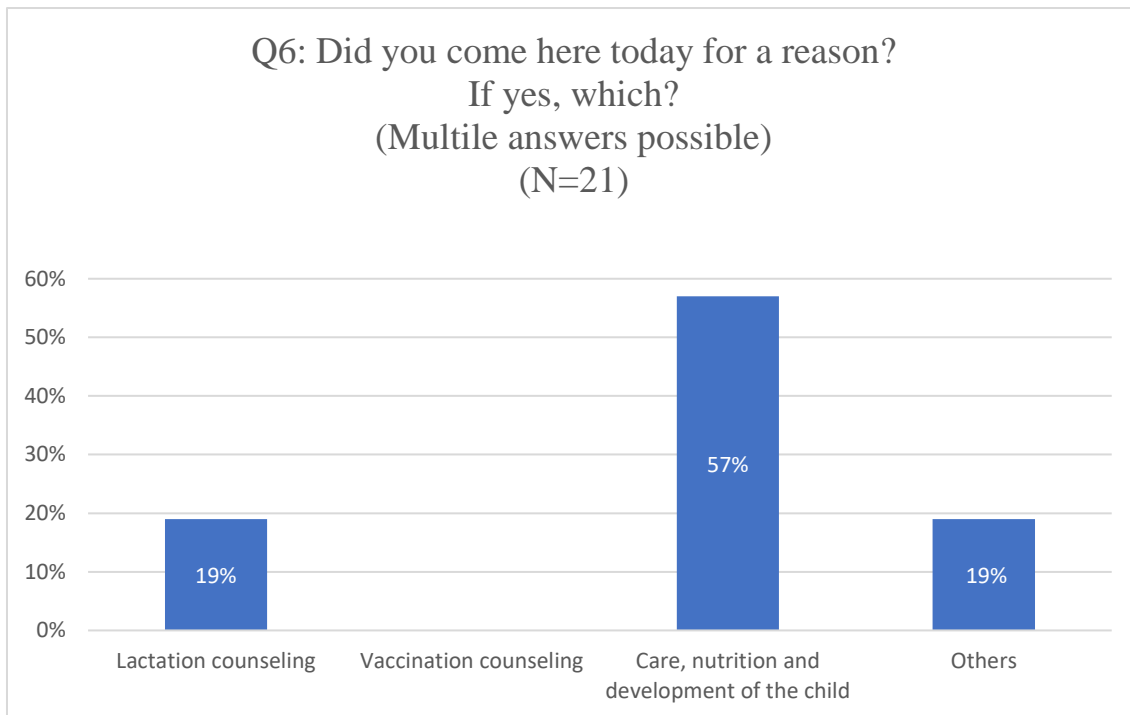


Figure 7a: Reason of Participation

(Source: Own representation)

Generally, 19% (4 mothers) came to the MCHC center for lactation counseling. Nobody came for vaccination. The percentage of mothers who wanted to ask about the care, nutrition, and development of the child was 57% (12 mothers). Around 19% (4 mothers) came for other reasons.

At “Others” was given

1. Fever clarification
2. Baby massage
3. Questions in case of a cold
4. Get to know the institution

5.2.4 Different Offers offered by the Health Department

Eimsbüttel

The Health Department Eimsbüttel send welcome letter with the Baby’s Sleeping Bag Voucher, parent’s letter and offer home visit to the parents with newborn baby. The mothers were asked about the acceptance of these offers which are described in the following paragraphs.

5.2.4.1 Welcome Letter with the Baby’s Sleeping Bag Voucher

The mothers visiting “Mother and Child Health Care Program” were also asked if they receive a welcome letter from the Municipal Health Office with the baby’s sleeping bag voucher.

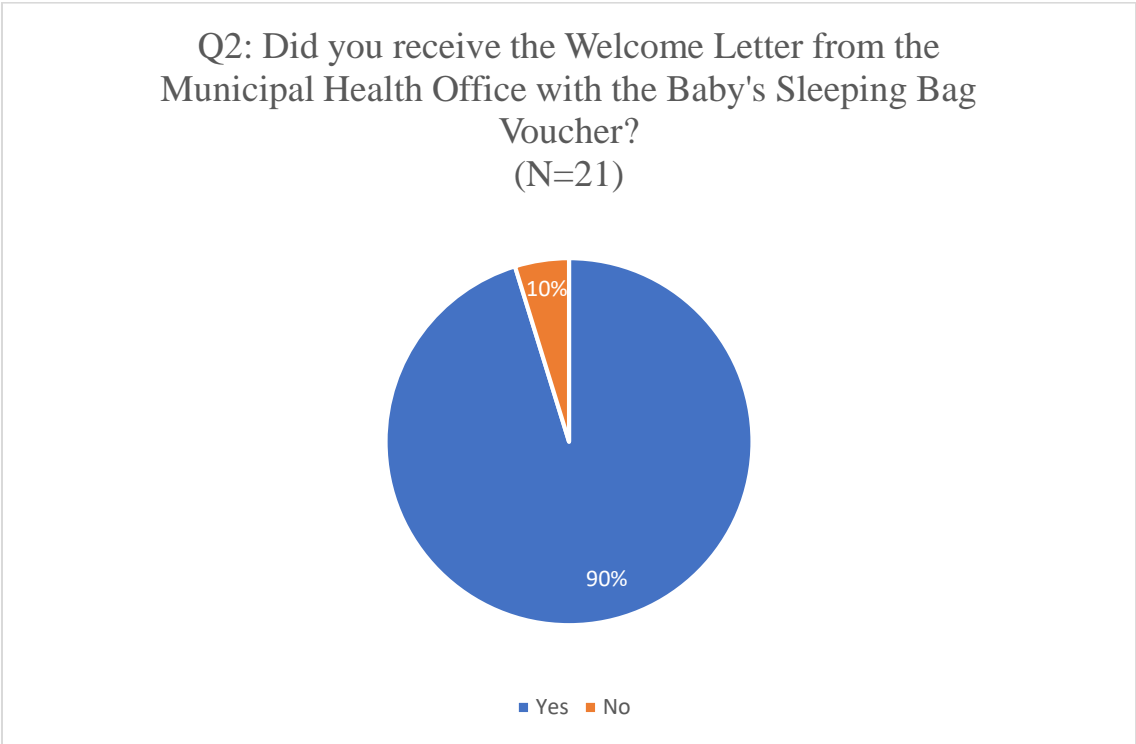


Figure 8: Welcome Letter with the Baby's Sleeping Bag Voucher

(Source: Own representation)

Out of 21 mothers, 20 mothers (90%) received the welcome letter from the Municipal Health Office with the baby’s sleeping bag voucher. Only one mother (10%) did not receive it.

5.2.4.2 Parents' Letter

The mothers were asked, if they accepted the parents' letter offer of Municipal Health Office. The parents' letter offered by the Health Department in Eimsbüttel was also mentioned in the welcome letter (see Appendix E).

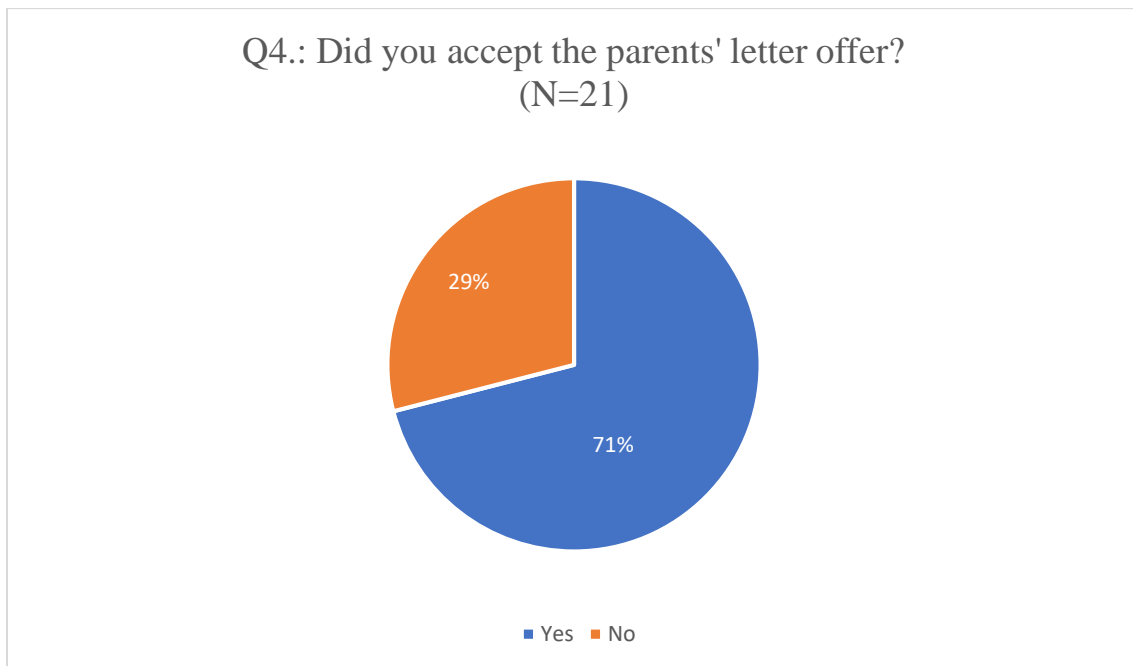


Figure 9: Parents' Letter Offer of Municipal Health Office

(Source: Own representation)

Out of 21 mothers, 15 mothers (71%) already accepted the parents' letter offer. Around 6 mothers (29%) did not accept it.

5.2.4.3 Home Visit

The mothers were asked about the home visit offered by the Health Department in Eimsbüttel. The home visit offer was already informed in the welcome letter (see Appendix E). So, the main purpose of this question was to find out if the mothers read the welcome letter.

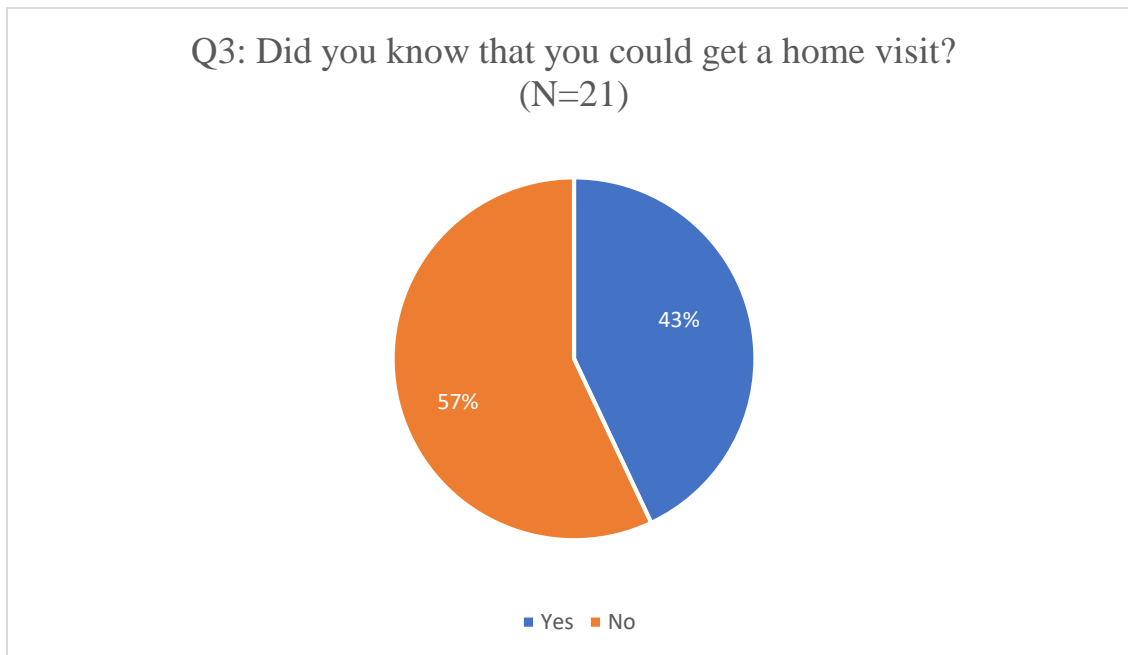


Figure 10: Home Visit Offered by the Health Department

(Source: Own representation)

Figure 10 shows that most of the mothers did not know that they could get a home visit offered by the Health Department in Eimsbüttel which makes up a percentage of 57% (12 mothers). Approx. 43% (9 mothers) knew about the home visit offer.

5.2.5 Satisfaction of the Mothers in MCHC Program

The mothers who participated in MCHC program were asked about their satisfaction, expectations and willingness to participate in future in MCHC program. The mothers were asked, if their questions or concerns were sufficiently answered. Among 21 women, all the mothers were very satisfied with the MCHC program offered by the Health Department in Eimsbüttel.

The mothers were also asked, if the consultation rooms were attractive to them. All of them were satisfied with the consultation rooms and atmosphere.

Further on, the mothers were asked about the evaluation of the consultation.

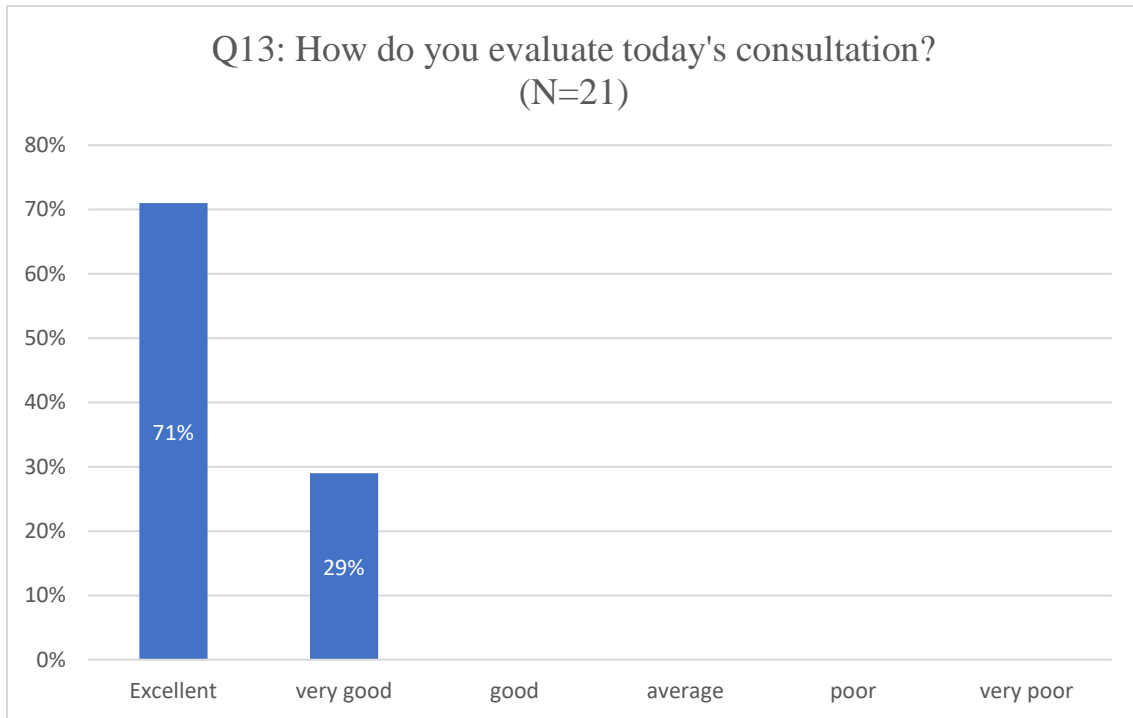


Figure 11: Evaluation of the Consultation

(Source: Own representation)

As the figure shows, the mothers have only used the possible answers "excellent" and "very good". 71% (15 mothers) found the consultation "excellent" and 29% (6 mothers) were rated the consultation as "very good".

The mothers were asked, how important are the attractive surroundings to them.

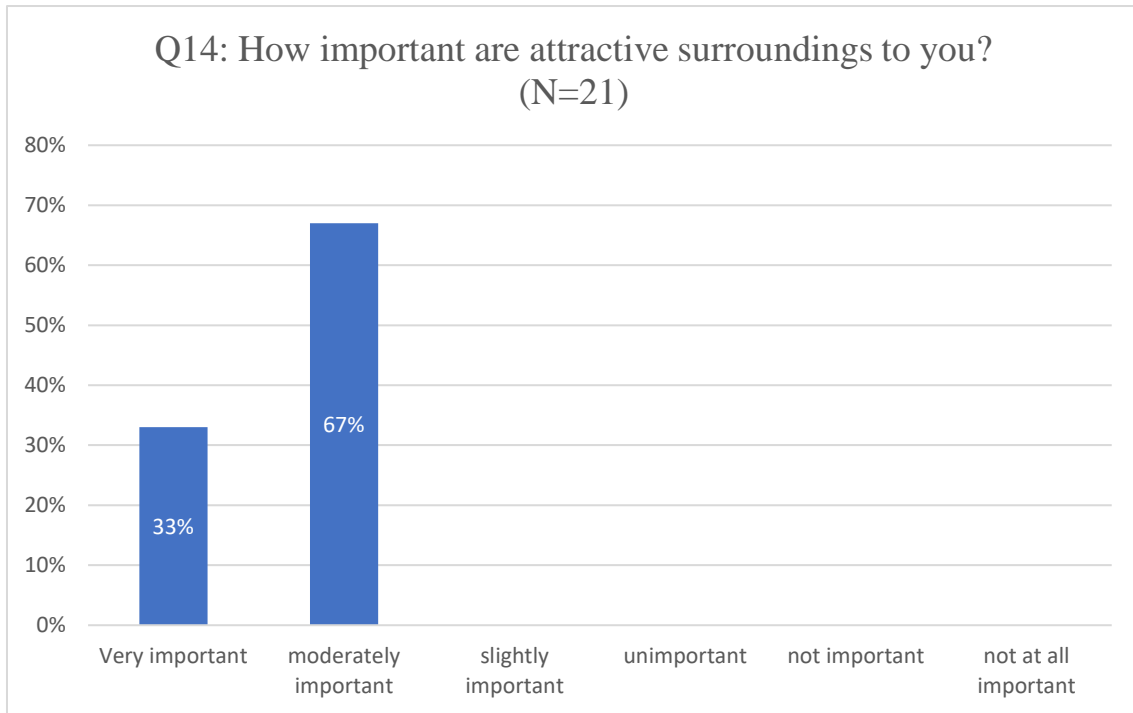


Figure 12: Importance of Attractive Surroundings

(Source: Own representation)

As the figure shows, the percentage of mothers who found the attractive surrounding “very important” is 33% (7 mothers). 67% (14 mothers) found the attractive surroundings “moderately important”.

The mothers were asked if they would come again for further questions. All the mothers were ready to come again for further questions. The reason behind was the way of consultation which was very good. According to mothers, they got a lot of strength from the pediatrician. The mothers were asked if they would recommend the MCHC program to their friends or acquaintance. All the mothers who filled up the questionnaire would recommend the MCHC program to their friends or acquaintance.

As there are different kinds of consultation, such as by telephone, by personal home visit or at consultation center. The mothers were asked about their choice of the consultation form.

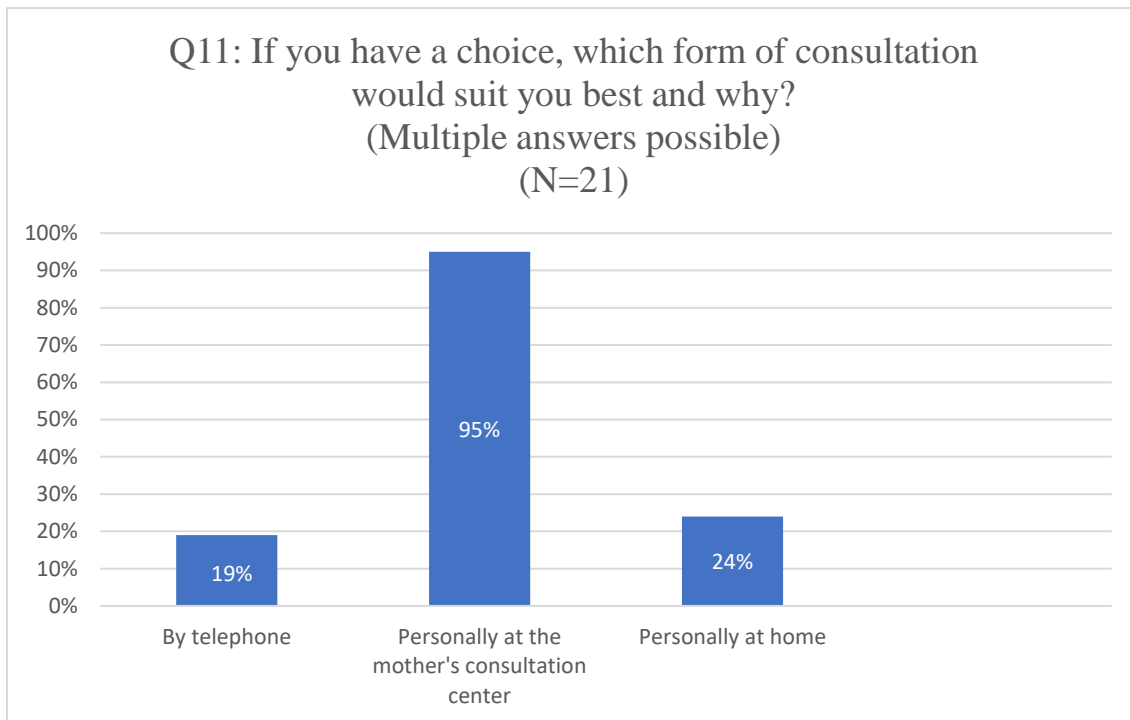


Figure 13: Choice of the Consultation Form

(Source: Own representation)

Relatively, 19% (4 mothers) of the mothers wanted to have a consultation by telephone. The percentage of the mothers who wanted to come personally at the mother and child health care center is 95% (20 mothers). Approx. 24% (5 mothers) of the mothers wanted to have a consultation at home. Those mothers who wanted to come personally at the MCHC center gave the reason that they like to come personally at the consultation center because by this way of consultation they have an opportunity to bring their baby at the consultation center.

5.2.6 Suggestions and Recommendations

The mothers were asked about their suggestions for improvements in the mother and child health care program. Among 21 mothers, only 2 mothers (10%) responded to this open question in questionnaire. The mothers expressed the wish to rename the MCHC program to the parents and child health care program or family health care program.

5.3 Results of the Interview

The pediatrician working in MCHC center in Eimsbüttel Kern is a participant of an expert interview. The data collected through an interview is analyzed, and the relevant topics are taken into consideration which are presented below.

5.3.1 Mother and Child Health Care Program from the Perspective of Pediatrician

The interviewee briefly commented about the offers and goals of MCHC program. The mother and child health care program offer information on care, nutrition, development of the child, weighing and measuring. They offer counseling of all kinds related to the child. Mothers can visit there without asking or making an appointment. There is always available of a pediatric nurse and pediatrician.

As pediatrician stated: The goal is simply to give parents unproblematic access to medical advice. The aim is also to help the parents and convince them to vaccinate their children. Aside from that, they also want to convince parents to take preventive examinations.

The interviewee was asked about the services which are provided with the MCHC program. MCHC program offers open consultation hour for the mothers individually as well as in a group. Mothers have an opportunity to exchange their problems and issues with other mothers. The MCHC program advice on the vaccination. They vaccinate not only the children but also to the parents. They also offer home visits on request. Further on, they do counseling by email or via telephone. In normal pediatric clinic, doctors treat only in medical issues. But in the MCHC program the mothers can get advice about all topics related to the child. They take adequate time for mothers as shared by a pediatrician *“We really take time and sometimes we advise the mothers for half an hour and we also say please come back next week and we will talk about it again. That is certainly a difference to a doctor’s clinic”* (19-21).

The interviewee was asked about the services which are not provided with the mother and child health care program. As mentioned by a pediatrician, MCHC program do not treat a person there. The doctors in MCHC program are not allowed to issue prescriptions. They do not do diagnostics, ECG, eye test, and hearing test. According to the statement of pediatrician they are not a replacement for a pediatrician, but they are available for counseling as needed.

“We are not a substitute for a pediatrician. All parents need a pediatrician and we are also there when advice is needed” (26-27).

To the question about the importance of MCHC program the pediatrician reported:

It is a low-threshold offer. The pediatrician always tries to be at the same level as the parents. Parents can ask any question without any hesitation. People feel easier and comfortable to visit MCHC center than normal pediatric clinic. As stated by the pediatrician, *“I think people find it easier to come here and ask and maybe it makes sense that we have a pediatrician and a children’s nurse here. The pediatric nurse can also advise on other issues” (29-31).*

With regard to the physical and psychological situation of the visited mothers the interviewee stated: Mostly the mothers who visit MCHC center with their babies are often overloaded. They have a sleep deficit and are overwhelmed by the new life situation. But there are also mothers who are happy and satisfied with their child.

The interviewee was asked, why the mother and child health care center in Eimsbüttel Kern is the most frequently visited counseling center than the others.

According to the pediatrician the MCHC center in Eimsbüttel Kern is attractively designed. They have attractive rooms and well equipped with the pediatrician and children’s nurse. In the other MCHC centers in Eimsbüttel, there is a pediatrician and normal nurse or doctor’s assistant. *“We have only one pediatric nurse and she works in Eimsbüttel Kern and for the other mother and child health care centers, we have no pediatric nurse” (62-64).* Apart from that, MCHC center in Eimsbüttel Kern is part of the Center for Young Families with other professionals on site e.g. Early Support etc. so that they can also refer the mothers to MCHC program.

The next question was asked, why the mother and child health care program offer are only in German language. According to the interviewee, they offer consultation in German as well as in English. The invitation letter is sent in German language because it is difficult to know which language the parents speak or if they speak German or not.

5.3.2 Low Response Rate in Questionnaire

To the question about the reason of low participation rate in questionnaire, the pediatrician stated that most of the mothers who visit the MCHC center with their babies are often overloaded. They have a sleep deficit and are overwhelmed by the new life situation. She further stated that when women have a baby, they think they are the luckiest people in the world, but in real life the life situation changes completely for the mothers.

Further on, the pediatrician reported that they had sometimes work stress due to which they were not capable to distribute the questionnaires. Sometimes it was a special consulting situation where it didn't fit to give questionnaires to the mothers. Mothers also came several times, but they filled out the questionnaires once. The interviewee also mentioned that, it was not possible to fill out questionnaires with every mother as some mothers were so busy with themselves and with the child that they had no time to fill out the questionnaire. Some mothers were not given a questionnaire because they were completely overwhelmed.

6 Discussion

This chapter summarizes and discusses the main evaluation results with regards to the success, effectiveness, and acceptance of the program by the mothers. The methodology applied is also critically examined.

6.1 Summary of the Findings

The statistical data on childbirth rate in Eimsbüttel shows that there is increasing childbirth rate. The increasing childbirth rate further signifies the importance of mother and child health care program. Even the Health Department is sending welcome letter informing about MCHC program to each mother after their childbirth. Not every mother is visiting the MCHC program. However, the statistical data shows that more mothers with their child have visited MCHC program from 2017, when the Health Department started to offer sleeping bag voucher together with the welcome letter.

The welcome letter offered by the Municipal Health Office in Eimsbüttel play a significance role in informing about the MCHC program. Most of the mothers got aware of MCHC through that welcome letter. Only few mothers got aware of MCHC through other sources like internet, posters etc.

In the MCHC program, mothers get counseling regarding baby massage, vaccination and other problems related to the child. The result of this study shows that, most of the women seek counseling on care, nutrition, lactation and development of the child in MCHC program. some women also visit MCHC program to have an opportunity to exchange with other mothers. Some mother visit MCHC to redeem the sleeping bag voucher offered by the Health Department Eimsbüttel.

Except welcome letter the Health Department Eimsbüttel also send parent's letter and offer home visit. Among 21 mothers, more than half of them (15 mothers) accepted the parents' letter. About the home visit offer, half of the participated mothers were not aware about the home visit. MCHC program also offer counseling via telephone, or personal home visit or at consultation center. Most of the women prefer counseling at consultation center.

Almost all the participated mothers in MCHC program are satisfied with the service of MCHC program. Beside the services offered by MCHC program, mothers have also positive attitude towards the surroundings and atmosphere of MCHC program. Thus, mothers show

their willingness to visit MCHC in future and almost all mothers would recommend their friends or acquaintance to visit MCHC program.

Some of the limitations regarding questionnaire is the lack of socio-demographic data of the mothers. So, it could not be known how many mothers were from German background and how many mothers are migrants. There were more close questions in the questionnaire which do not provide any detail.

An interview with the Pediatrician working in MCHC center briefly discussed the offers and goals of the program. The main goal of the program was to give parents unproblematic access to medical advice, also to convince parents to vaccinate their children and take preventive examinations. The interviewee discussed further the services provided to the mothers by the MCHC program which includes open consultation hours for mothers, advice on vaccination, on requests offers home visits, consultation via email or telephone, gives advice about all topics related to childcare and how it is different from a doctor's clinic. However, the interviewee answered about the services not provided by the MCHC center is that they are not allowed to issue a prescription, perform any diagnostic or tests. Furthermore, the interviewee addressed the importance of MCHC program and how people are more comfortable to visit the MCHC center than a normal Pediatric clinic. When asked about the physical and psychological situation of the mothers the interviewee stated that most mothers visited with their babies are often overloaded with sleep deficit and the new situation of life and a few mothers who are happy and satisfied with their children. The interviewee was asked about the reasons for the most visited MCHC center in Eimsbüttel Kern because of the attractively designed place and well equipped with a Pediatrician and pediatric nurse and moreover, it is a part of the Center for Young families who refer the mothers to the MCHC center. The last question was asked about the offers of MCHC program is only in German language. According to the interviewee the consultation is provided in German as well as the English Language.

6.2 Discussion of the Results

The main aim of the present work was to evaluate the mother and child health care program in terms of success, effectiveness, and acceptance by the mothers. The results will be used to make a final assessment of the success and effectiveness of the program. In addition, the results of the questionnaire, the results of the interview and the effect of baby's sleeping bag voucher will be compiled and compared.

One of the evaluation objectives was to verify program acceptance. The evaluation results presented in chapter 5 show that a high level of acceptance of the mother and child health care program was achieved among the mothers (see figure 11). All the mothers were satisfied and wanted to come again for further questions. They would also recommend the MCHC program to their friends or acquaintance. The reason behind was the way of consultation which was very good according to mothers. Majority of the mothers (95%) wanted to come personally at the mother and child health care center so that they can bring their babies in the consultation center for the physical exam like measuring, weighing etc. (see figure 13).

Another objective of the evaluation was the awareness about MCHC program in Eimsbüttel. The results of the questionnaire showed that most of the mothers (76%) became aware of the MCHC program through a welcome letter (see figure 4). Therefore, the welcome letter played an important role for the awareness of the MCHC program. The percentage of the mothers who received the welcome letter from the Municipal Office were 90% (see figure 8). It was interesting to know whether the mothers who received the welcome letter also read that letter or not. For that reason, the mothers were asked, if they know that they could get a home visit, which was mentioned, in the welcome letter. The results of the questionnaire showed that more than half of the mothers (57%) did not know that they could get a home visit (see figure 10). The Municipal Office should arrange another way to aware the mothers for the home visits e.g. voucher for home visit etc. which is further described in the next chapter.

From the year 2017, the Health Department is sending a baby's sleeping bag voucher with a welcome letter. The baby's sleeping bag voucher might have played a big role in acquiring more mothers for counseling. Compared to the year 2015, the number of children who visited the MCHC program drastically increased from the year 2017 (see figure 2).

It was thought that the mothers who did not have a midwife would come to the MCHC program, but the results of the questionnaire were quite different. The percentage of mothers who already had a midwife was high (86%) (see figure 6). This means that the mothers who already had a midwife were better informed about the MCHC program. Therefore, the Health Department in Eimsbüttel should especially try to reach those mothers who have no midwives. Most of the mothers (71%) also accepted the parents' letter offer of Municipal Health Office in Eimsbüttel (see figure 9). It showed that the parents' letter offer is helpful for the mothers to get information about their babies at home. More than half of the mothers (57%) came to the MCHC program to get information about the care, nutrition, and development of the child (see figure 7a). Lactation counseling was also the second main

reason for many mothers to come in MCHC program. All the mothers were satisfied with the consultation, the consultation rooms, and atmosphere. It is important to know that most of the mothers (86%) came to the MCHC program to exchange with other mothers (see figure 5). In this way, they can share their problems with other mothers. Baby massage was also an important factor for the mothers to bring their babies personally at the MCHC center.

The interview with an expert show that there are many offers which the mothers can use in the MCHC center. The important point to be noticed is that the program offers just counseling and no treatment. This is the main difference between the doctor's clinic and the MCHC program. The advantage for the mothers is that they do not need to make an appointment before their visit. They can just come in the consultation hour without asking before. The open consultation hours give an opportunity to the mothers to express themselves freely and to share their problems with the other mothers which are not possible in the doctor's clinic. The mothers can talk with the pediatrician about any problem related to their child. In this way, they can release their stress and feel free and relax. In the last part of the interview, the pediatrician was asked about the reason for the low response rate in the questionnaire. The results of the interview show different reasons e.g. the pediatrician sometimes forgot to distribute the questionnaire. Sometimes the mothers were completely overwhelmed because of the new life situation with the child. So, it was not possible to distribute a questionnaire to those mothers. Some mothers came several times and filled out the questionnaire once.

The results of the interview show that Eimsbüttel Kern is the most frequently visited mother and child health care center. The reason might be an attractive environment and its location. This center is clearly visible from the outside. It is the part of Center for Young Families with other counseling centers on site. So, the advantage is that the other workers in this center can also refer mothers to the MCHC program.

There are a few limitations to the study as in a small sample size and low response rate of the participants, other factor could be the distribution of questionnaire only inside the center and not outside which results in hesitation to the participant for filling the questionnaire.

The result of this study could be more representative if the study could include a large sample size. Altogether there were 21 participants, which is a small size. Another limitation could be the mothers with migration background might not be included as a result of lack of this question in questionnaire. Thus, the result gained from this study could not be valid for large sample.

Further on, the education level of participants is not mentioned. If there were more uneducated mothers, there might be further emerging themes related to child growth and education.

6.3 Discussion of the Method

A mix method approach was chosen to collect the data. Both a combination of qualitative and quantitative methods was used to achieve the best possible result. In principle, the method of conducting a standardized written survey has proved successful. The central evaluation question and the set evaluation goal could, therefore, be answered. It is noticeable with a sample of $n=21$ when not all mothers fulfilled the questionnaire. The questionnaire was distributed in three different MCHC centers. It should also not go unnoticed that the 2 out of 3 MCHC centers had a lower response rate. Only one of them gave a positive response i.e. 20 filled up questionnaire. One of the consultation centers returned only one filled up questionnaire. From the other consultation, there was no response at all.

Furthermore, it should be noted whether open-ended questions in the questionnaire made sense, as no information has been provided on these questions. The low response behavior can be due to the fact that filling in the open-ended questions was too exhausting for the mothers. Overall, it can be said that a written standardized survey with predominantly closed-ended questions can be used well for collecting data and determining satisfaction. Due to the small sample size, SPSS was not used.

Instead of a questionnaire, interview with the mothers could be better but it is highly time-consuming and not feasible when interviews were conducted with every single mother who visited in consultation center.

The method of conducting a guided based interview with the pediatrician has also proved successful. The use of a guide proved effective and gave the interview a structure. A qualitative "face to face" interview also proved to be advantageous for the interview on the idea, structure, and content. Questions could be asked in case of ambiguities. Since the interviewee only gave short answers to the questions, it should be considered whether the questions should be asked differently. After evaluating the course, oral questioning had the advantage that explanations of the answers could be given, but it should be remembered that in the presence of an interviewee the answers may differ. For the preparation of the oral and written survey, a pretest would be recommended.

In summary, it can be said that all two methods have proven themselves well, but still has room for improvement.

7 Recommendations

The Health Department should continue to distribute the welcome letter with the baby's sleeping bag voucher to the mothers as most of the participants got aware of the MCHC program through that welcome letter. Once the invitation has been received, the mothers became aware that the mother and child health care centers exist. The letter should be designed visually and regarding content in such a way that it is not immediately discarded but arouses interest in the parents. It is also important that the information is understood. For this, it makes sense to write the letter in different languages especially in English if necessary, to give foreign mothers access to the MCHC program and to facilitate understanding.

It should also be considered whether a letter or any other form of contact with mothers, would be useful already during pregnancy. In this way, risks for the expectant mothers as well as for the children can be discovered at an early stage and an early acquaintance can be made and thus a better relationship of trust between the mothers and the maternal counseling staff can be established. In order to be able to establish this contact, mothers and child health care centers should actively network with, for example, the gynecologists, as in most cases women visit a gynecologist during pregnancy. The gynecologists could refer to the consultations. Further professional groups for networking or passing on information would be midwives, pediatricians or maternity clinics. But not only the networking between the institutions and the occupational groups is expandable, but also the networking of the institutions among themselves.

As the counseling offers not only to the mothers but also to the fathers it would be recommendable to rename the MCHC program to the parents and child health care program or family health care program.

It would be recommendable to send a voucher for home visits too or the Health Department should write about the home visits in a bold letter in the welcome letter. So, the mothers could see without reading the whole letter.

There is a need to hire more staff especially children's nurses for the other consultation centers. In the beginning, it is important that the program is further networked with partners.

The awareness of the program must be increased and made more stable through networking. Health conferences offer a good opportunity for this. In addition, partners who appear to be relevant to the program can be invited to an information meeting on the MCHC program. To this end, the public presence must be increased through public relations work.

8 Conclusion

The evaluation of the program "Mother and Child Health Care (MCHC)" with the question, how could an MCHC program be evaluated in terms of success, effectiveness, and acceptance by the mothers, concluded that the MCHC program is definitely useful for the mothers. The two different methods used, resulted in a positive assessment of the mothers. The results of the questionnaire show that the mothers were satisfied with the pediatrician and their way of counseling. The question/concerns of the mothers were also sufficiently answered. Counseling in a group is useful for the mothers because in this way they can exchange information/problems with the other mothers. The consultation rooms and atmosphere were also attractive for the mothers.

The results of the interview show that mothers have many opportunities in the mother and child health care centers. They can come without an appointment and share all the problems with the pediatrician and children's nurse related to their child which is not possible in a doctor's clinic. The mothers and their child can get vaccination but no treatment. Due to the open consultation hour, the mothers can also share their problems with the other mothers. At the end it should be added that there are too few midwives (since the birth rate is rising) and therefore the mother and child health care program is becoming more important for the parents.

Based on the results, recommendations for action could be drawn up which serve to optimize the program and are of high relevance for all participants in the program.

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10 Appendix

Appendix A: Questionnaire (English Version)

Good start for Hamburg children

Evaluation of the Mother and Child Health Care Program in Eimsbüttel

Questionnaire for target group achievement, satisfaction, and acceptance of the program

Place of Consultation _____ Age of the Child _____

- 1) How did you become aware of the mother and child health care program?
Welcome Letter Friends Acquaintances Pediatrician Poster Internet
Others:

- 2) Did you receive the welcome letter from the Municipal Health Office with the baby's sleeping bag voucher?
Yes No
- 3) Did you know that you could get a home visit?
Yes No
- 4) Did you accept the parents' letter offer?
Yes No
- 5) Did you have aftercare by a midwife?
Yes No I did not get a midwife
- 6) Did you come here today for a reason?
Yes No I wanted to redeem the sleeping bag voucher
If yes, which?
Lactation counseling Vaccination counseling Care, Nutrition and development of the child
Others:

- 7) Are your questions/concerns sufficiently answered?
Yes No
- 8) What other offers are you aware of here?
Baby massage Vaccination Exchange with other mothers
Others:

9) Are the rooms attractive for you?

Yes No

10) Would you come again for further Questions and why?

Yes No

11) Would you recommend the mother and child health care program to your friends/acquaintances?

Yes No

12) If you have a choice, which form of consultation would suit you best and why?

By Telephone Personally at the Mother and Child Health Care Center

Personally at Home

13) How do you evaluate today's consultation?

excellent 1 2 3 4 5 6 very poor

Others:

14) How important are attractive surroundings for you?

Very Important 1 2 3 4 5 6 not at all important

15) Do you have Suggestions for further improvement?

Appendix B: Questionnaire (German Version)

Guter Start für Hamburgs Kinder

Evaluation des Angebots der Mütterberatung in Eimsbüttel

Fragebogen für die Zielgruppenerreichung, Zufriedenheit und Akzeptanz des Angebots

Ort der Beratungsstelle _____ Alter des Kindes _____

- 1) Wie sind Sie auf das Angebot der Mütterberatung aufmerksam geworden?
Begrüßungsbrief Freunde Bekannte Kinderarzt/-ärztin Plakat Internet
Sonstiges:

- 2) Haben Sie den Begrüßungsbrief des Bezirksamts mit dem Schlafsackgutschein bekommen?
Ja Nein
- 3) Wussten Sie, dass Sie einen Hausbesuch bekommen können?
Ja Nein
- 4) Haben Sie das Elternbriefangebot angenommen?
Ja Nein
- 5) Hatten Sie eine Nachsorge durch eine Hebamme?
Ja Nein ich habe keine Hebamme bekommen
- 6) Sind Sie heute mit einem bestimmten Anliegen hierhergekommen?
Ja Nein ich wollte den Schlafsack-Gutschein einlösen
Wenn Ja, Welches?
Stillberatung Impfberatung Pflege, Ernährung und Entwicklung ihres Kindes
Sonstiges:

- 7) Wurden Ihre Fragen/Anliegen ausreichend beantwortet?
Ja Nein
- 8) Welche weiteren Angebote können Sie sich hier noch vorstellen?
Babymassage Impfung Austausch mit anderen Müttern
Sonstiges:

- 9) Sind die Räumlichkeiten für sie ansprechend?
Ja Nein

10) Würden Sie bei weiteren Fragen erneut wieder herkommen und warum?

Ja Nein

11) Würden Sie die Mütterberatung an Ihre Freunde/Bekannte weiterempfehlen?

Ja Nein

12) Wenn Sie die Wahl hätten, welche Beratungsform würde Ihnen am besten zusagen und warum?

Telefonisch persönlich in der Mütterberatungsstelle persönlich Zuhause

13) Wie beurteilen Sie die heutige Beratung?

Sehr gut 1 2 3 4 5 6 sehr schlecht

Sonstiges:

14) Wie wichtig ist Ihnen eine ansprechende Umgebung?

Sehr wichtig 1 2 3 4 5 6 gar nicht

15) Haben Sie Verbesserungsvorschläge für das Angebot?

Appendix C: Interview Questions (English Version)

Interview Questions (Expert Interview)

a. The Interviewee

Name: Pediatrician working at mother and child health care center in Eimsbüttel Kern

Profession: Pediatrician

b. The Interviewer

Name: Hafsa Rasheed

Qualification: Student of Health Sciences (HAW)

c. The interview Situation

Type of interview/Method: Face to Face Interview

d. The interview Questions

1. What does the mother and child health care program offer?
2. What gaps does the mother and child health care program fill?
3. What services cannot be provided with the mother and child health care program?
4. Why is the mother and child health care program useful for mothers?
5. What are the goals of mother and child health care program?

6. What is the physical and psychological situation of the mothers who have participated in the mother and child health care program?

7. What could be the reason for low response rate of questionnaire?

8. Why are the mother and child health care center in Eimsbüttel Kern the most frequently visited counseling center than the others?

9. Why is the mother and child health care program offer only in the German language?

Appendix D: Interview Questions (German Version)

Interviewfragen (Expert Interview)

a. Die Befragungsperson

Name: Kinderärztin (Mütterberatungsstelle Eimsbüttel Kern)

Beruf: Kinderärztin

b. Die Interviewerin

Name: Hafsa Rasheed

Qualifikation: Studentin der Gesundheitswissenschaften (HAW)

c. Die Interview Situation

Art des Interviews / Methode: Face to Face Interview

d. Die Interviewfragen

1) Was bietet die Mütterberatung an?

2) Welche Lücke füllt die Mütterberatung?

3) Welche Leistungen können mit der Mütterberatung erbracht werden?

4) Warum ist die Mütterberatung für die Mütter sinnvoll?

- 5) Welche Ziele hat die Mütterberatung?

- 6) Wie ist die physische und psychische Lage der besuchten Mütter?


- 7) Was könnte der Grund für die geringe Rücklaufquote des Fragebogens sein?

- 8) Warum ist die Mütterberatungsstelle Eimsbüttel (Kern) die häufigste besuchte Beratungsstelle als die anderen?

- 9) Warum wird die Mütterberatung nur auf Deutsch durchgeführt?

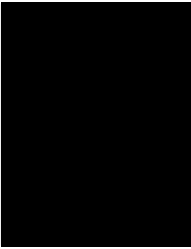

Appendix E: Welcome Letter from the Health Department Eimsbüttel

Bezirksamt Eimsbüttel


Hamburg

Bezirksamt Eimsbüttel, Grindelberg 62-66, D - 20144 Hamburg

Familie
«Familiename»
«Straße» «Hausnummer»
«PLZ aktuell» «Gemeinde»


Bezirksamtsleiter


Liebe Eltern,

zur Geburt Ihrer Kinder möchte ich Ihnen herzlich gratulieren.

Vieles verändert sich nun in Ihrem Leben und eine aufregende Zeit liegt vor Ihnen. Für die kommende Zeit wünsche ich Ihnen viel Kraft, Gelassenheit und natürlich ganz viel Freude.

Wir können Sie dabei unterstützen:

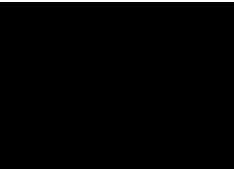
- So können wir Ihnen in unserer Mütterberatung Fragen zur Pflege, Ernährung und Entwicklung Ihrer Kinder beantworten.
- Auf Wunsch bieten wir auch einen Hausbesuch durch eine (Familien-)Kinderkrankenschwester an. Diese berät Sie bei allen Fragen rund um die Familie und den Babys. (Telefon: 42801-2980)

Unsere Adressen und Kontaktmöglichkeiten entnehmen sie bitte dem beigelegten Faltblatt. Aktuelle Informationen und Angebote finden Sie im Internet unter <http://www.hamburg.de/eimsbuettel/eimsbuettel-fachamt-gesundheit-muetterberatung/>.

Heute schicken wir Ihnen zusätzlich die Elternbriefe (Nr. 1 und 2) mit Anregungen, Informationen und Hinweisen zu den ersten 2 Lebensmonaten. Diese Elternbriefe „wachsen mit“ und können Sie bis zum 8. Lebensjahr Ihrer Kinder begleiten. Bei Interesse schicken Sie uns einfach die beiliegende Grüne Karte zurück. Sie bekommen dann regelmäßig die weiteren Elternbriefe zugeschickt.

Ich wünsche Ihnen für Ihre gemeinsame Zeit mit Ihren Kindern von Herzen alles Gute!

Ihr


Bezirksamtsleiter

Appendix F: Baby's Sleeping Bag Voucher from the Health Department Eimsbüttel



GUTSCHEIN

für einen Babyschlafsack

Der Gutschein kann - bei Ihrem Besuch gemeinsam mit ihrem Kind - in unserer Mütterberatung eingelöst werden.

Kontakt

Zu den jeweiligen Öffnungszeiten in unseren Mütterberatungsstellen:

Grundstraße 17	(Eimsbüttel Kerngebiet)	dienstags, 13:00-15:00 Uhr
Garstedter Weg 13	(Lokstedt/Niendorf/Schnelsen)	montags, 13:30-14:30 Uhr
Lohkampstraße 14	(Eidelstedt/Stellingen)	donnerstags, 12:30-13:30 Uhr

oder Telefon: 040-42801 2980 E-Mail: muetterberatung@eimsbuettel.hamburg.de

Pro Baby gibt es einen Schlafsack und nur solange der Vorrat reicht.

Statutory Declaration

I hereby declare that I have authored this thesis independently, that I have not used other than the specified sources/resources. I have explicitly marked all material which has been quoted either literally or by content from other sources.

This paper was not previously presented to another examination board and has not been published.

Hafsa Rasheed

Signature _____

Date _____