WOLKITE UNIVERSITY

COLLEGE OF MEDICAL AND HEALTH SCIENCE

DEPARTEMENT OF PUBLIC HEALTH



ASSESMENT OF MATERNAL SATISFACTION WITH DELIVERY SERVICE AND ITS ASSOCIATED FACTORS AMONG POST-NATAL MOTHER IN WORABE COMPRESSIVE AND SPECIALIZED HOSPITAL,WORABE, ETHIOPIA

A RESEARCH REPORT TO BE SUBMITTED TO WOLKITE UNIVERSITY COLLEAGE OF MEDICINE AND HEALTH SCIENCES IN PARTIAL FULFILLMENT FOR THE REQUIREMENTS OF BACHELOR OF SCIENCE DEGREE IN PUBLIC HEALTH

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TABLE OF CONTENTS

Contents

ACKNOWLEDGMENTS I
LIST OF ACRONYMS AND ABBREVIATIONS II
TABLE OF CONTENTS III
LIST OF TABLE V
LIST OF FIGURES V
ABSTRACT VI
CHAPTER ONE 1
INTRODUCTION 1
1.1 BACKGROUND 1
1.2 STATEMENT OF PROBLEM 2
1.3 SIGNIFICANCE OF THE STUDY 4
CHAPTER TWO 5
LITERATURE REVIEW 5
2.1 THE STATUS OF MATERNAL SATISFACTION WITH DELIVERY SERVICE 5
2.2 FACTORS AFFECTING MATERNAL SATISFACTION WITH DELIVERY SERVICES 7
CHAPTER THREE 11
OBJECTIVE 11
3.1 GENERAL OBJECTIVE 11
3.2 SPECIFIC OBJECTIVE 11
3.3 RESEARCH QUESTIONS 11
CHAPTER FOUR 12
STUDY METHODOLOGY 12
4.1 STUDY AREA AND STUDY PERIOD 12
4.2 STUDY DESIGN 12
4.3 POPULATION 12
4.4 STUDY POPULATION 12
4.5 INCLUSION AND EXCLUSION CRITERIA 13
4.5.1 INCLUSION CRITERIA 13
4.5.2 EXCLUSION CRITERIA 13
4.6 SAMPLE SIZE DETERMINATION TECHNIQUE 13
4.7. SAMPLING TECHNIQUE 14

4.8. DATA COLLECTION INSTRUMENT 14
4.9. VARIABLES 14
4.9.1INDEPENDENT VARIABLES 14
4.9.2 DEPENDENT VARIABLE 15
4.10. DEFINITION OF TERMS 15
4.11. DATA QUALITY ASSURANCE 16
4.12. DATA PROCESSING AND ANALYSIS 16
4.13. ETHICAL CONSIDERATION 16
4.14 DISSEMINATION OF THE RESULT 16
CHAPTER FIVE 17
RESULT 17
5.1 SOCIO DEMOGRAPHIC CHARACTERISTICS OF THE RESPONDENTS 17
5.2 OBSTETRIC HISTORY OF THE RESPONDENTS 19
5.3 +263,7$/ 6758&785(5(/$7(' 027+(56¶ 6$7,6)$&7,21 21
5.4 PROCESS AND OUTCOME RELATED SATISFACTION OF THE MOTHERS 23
5.5 FACTORS AFFECTING MATERNAL SATISFACTION WITH DELIVERY SERVICES 25
5.6 STRUCTURE RELATED FACTORS 27
5.7 PROCESS AND OUTCOME RELATED FACTORS 27
CHAPTER SIX 31
6.1 DISCUSSION 31
6.2 LIMITATION OF STUDY 33
6.3 CONCLUSION 34
6.4 RECOMMENDATION 34
REFERENCE 35
ANNEX - Data Collection Tool 39

CHAPTER ONE

INTRODUCTION

1.1 BACKGROUND

Satisfaction is a pleasant, positive emotion, state of mind or feeling when a desire or need is fulfilled. Someone satisfied when they achieved a difficult goal. Client satisfaction is defined as WKH LQGLYLGXDO¶V SRVLWLYH HYDOXDWLRQ RI GLV particularly when client expectations are met. (Goodman et al.,2003) Or it is a subjective and dynamic perception of the extent to which the expected health care is received**. (**Larrabee and Bolden,2001) But not important whether the client is right or wrong but what is important is how the Client feels **.** (Darius et al**.,** 1997)

Client satisfaction with delivery service is a reporting quality of service and relationship between caregiver and client, which is measured by comparing quality of services and patients expectations. (Sandin-Bojoet al, 2011) Women's satisfaction from maternal health care services qualities can be considered as an outstanding factor affecting mental health of family and society. (Qureshiet al, 2005)

Maternal health is important not only to the individual women requiring maternity care, but to her newborn and immediate family as well as national and global development. The world health organization (WHO) recommends WKDW ZRPHQ¶V VDWLVIDFWLR improve the quality and effectiveness of health care (WHO, 2004). Many stillbirths and newborn deaths could be averted if more women could receive quality maternal care. (Erin Sineset al,2006)

: RPHQ¶V VDWLVIDFWLRQ with maternal health care services is integral to the current push to decrease maternal mortality rate. There is a great disparity in maternal mortality ratio (MMR) in low income countries and developed countries of one woman dies for every 202 children born and one woman dies for every 5900 children born respectively.(World health statistics 2019). One target under the sustainable development goals plans to reduce global MMR to <70 per 100,000 births, however no country to achieve this goal yet.(Global Strategy for Womens, 2017) Ethiopians due to result of drought, malnutrition, limited healthcare, and other infectious diseases, have generally poor health. The major health problems of the country remain largely preventable communicable diseases and nutritional GLVRUGHUV (WKLRSLD¶V SRSXODWLRQ KDV KLJK UDWH R

remains relatively poor. However, Ethiopia showed a significant reduction in MMR over the past 3 decades, MMR is still 401/100,000 live births. (Maternal mortality rate map 2017)

Even though Ethiopia is one of the Ten low- and middle- L Q F R P HW³UDWHV´ F R X Q W U (LMIC) who have seen significant progress, it continues to face several challenges particularly around maternal mortality.(WHO, 2014). The causes of maternal deaths in Ethiopia are due to three delays these include a delay in seeking care, delay in reaching appropriate care, and delay in receiving care.(Ethiopian demographic health Survey, 2011) The existence of maternal health service alone does not guarantee their use by women**.** (The Ethiopian DHS Program, 2016)

1.2 STATEMENT OF PROBLEM

In spite of decreased maternal and child death in the world nearly half a million women die during pregnancy and birth worldwide annually.(WHO, 2019) Almost all maternal deaths (95%) lower and middle income countries, and almost two thirds(65%) occurred in African region. (World health statistics 2019) According to the WHO, Ethiopia is one of the developing countries with very high maternal mortality with a ratio of 420 per 100,000 live births. To improve maternal health services, we need to improve health care to communities, with increased volume, speed, and quality. The existence of maternal health service alone does not guarantee their use by women (Ethiopian DHS, 2016). The World Health Organization promotes skilled attendance at every birth to reduce maternal mortality DQG UHFRPPHQGV WKDW ZRPHQ¶V VDWLVIDFWLRQ EH DVV effectiveness of health care. WHO set different strategies to reduce MMR as well as to satisfy client with delivery service.
(WHO, 2016).

Satisfaction strongly increases when care is provided in accordance with the clinical standard procedures.(Mohammed, 2016)

Throughout the year Federal Minster of Health (FMOH) has done many interventions for client satisfaction on delivery service and to reduce Maternal Mortality Ratio (MMR) and Infant Mortality Rate (IMR). Among those intrapartum care satisfaction as a critical point of intervention to reduce high MMR rate according to central static agency and Ethiopian demographic health survey 2016.

In the year 2019, the percentage of live births assisted by skilled provider was about 50%. The progress was gradually grown from 5% in 2005 to 48% in the year 2019(Ethiopian Mini Demographic health Survey and Indicators, 2019). But this figure is not enough relative to the problem so it needs great concern and effective action.

In particular, W + 2 H P S K D V L] H V H Q V X U L Q J Z R P H Q ¶ V V D W L V I D I secondary prevention of maternal mortality. Promoting births attended by skilled birth D W W H Q G D Q W 6 % $ D V D P H D Q V R I U H G X F L Q J P D W H U Q D O satisfaction must be assessed to improve the quality and effectiveness of health care provided to them. (WHO, 2016)

The magnitude of maternal satisfaction was affected by many factors. Structure, process, out come and other factors such as demographic and convenience of access are the major classifications.(Samrawit Sileshi, 2016) General physical set up, facility cleanliness, meal quality, adequacy of staff, seats and beds, availability of drugs, laboratory investigations, shower rooms and toilet were found to have a significant impact on the maternal satisfaction concern about the quality of care they are getting. Pain control remained to be a major problem and is a main cause of patient dissatisfaction and client-provider communication was found to be sub-optimal. (Melese et a..,2014)

Many maternal and neonatal deaths could be avoided with simple, cost-effective and high-impact interventions that address the needs of women and newborns across the continuum of care with an emphasis on care around the time of birth. However, analysis shows that too many newborns and mothers miss out on these key interventions. (Hodnett, 2002)

In the past fifteen-year WHO set different strategies to reduce MMR as well as to satisfy client with delivery service. Federal Democratic Republic of Ethiopia and Minster of Health(FDRE MOH)has built an impressive framework for improving maternal and neonatal health; such as Adolescent and Youth Reproductive Health Strategy, Revised Abortion Law, free service for key maternal and child health services, training and deployment of female Health Extension Workers (HEWs) and safe delivery at Health Post (HP) level, and deployment of Health Officers with MSc training in Integrated Emergency Obstetric and Surgery (IEOS).(WHO, 2014).

Some of the problems are long waiting time, poor counseling service, lack of privacy, inadequate organization of services to effectively handle emergencies, poor delivery room environment and poor attitude of the health workers. (Elias N, 2005)

Studies done elsewhere, however, there is a scarcity of data concerning maternal satisfaction with delivery service in Ethiopia with a noticeable gap in southern Ethiopia. This study aimed to assess the level of maternal satisfaction with delivery service and associated factors by aiming as it helps to improve the service quality , that in turn play a role in bringing change in maternal mortality.

1.3 SIGNIFICANCE OF THE STUDY

It will provide important information about maternal satisfaction with delivery service that will be helpful to fill research knowledge gaps in the hospital and improve the level of maternal satisfaction in WCSH. Apart this, the current research will provide viable data and recommendation to improve the service delivery of WCSH.

- Finding of this study will help as a baseline data for future studies in the context of maternal satisfaction in health delivery system on study area.
- The finding also helps to address mothers need in relation to their specific situation.
- Finding of this study will help WCSH to improve its health care system.

The finding obtained from this study will also help stakeholders to address the problems for improving the quality of delivery services

C. Cleanliness facility

Found to have its own impact on the clients concern about quality of care they are getting. Study on patient satisfaction and associated factors among clients admitted to Obstetrics and Gynecology wards of public hospitals in Mekelle Town, cleanness of toilet and washroom, and enough drinking water, latrine, and hand-washing facilities are areas in which clients were dissatisfied. (Gebrehiwot et al, 2016)

Similarly studies from India and Iran indicated that facility cleanliness found to have its own impact on the clients concern about quality of care they are getting. (Taghavi et al, 2015)In addition, frequent changing of bed sheets led to enhanced satisfaction with care in Gambia.(Srivastava et al, 2015)

D. Availability and adequacy of resources

Study done in Malawi show that shortage of health care workers including health professionals and issues related to their retention were important barriers to quality of care. (Kambala et al, 2015) In majority of health centers of the urban areas of Gonder town, there were serious shortages of midwives. Clinical nurses were assigned to manage labor and delivery particularly during the night time which may lead to lack of confidence. (Biweta, 2015) Study conducted in health institutions of west Arsi zone indicated good level of satisfaction with availability of drugs and supplies (79.6%).(Edaso and Teshome, 2019)

- **Process factors**

Interpersonal behavior, privacy, promptness, cognitive care, perceived provider competency and emotional support are process factors believed to affect the level of maternal satisfaction. (Srivastava et al, 2015)

I. Promptness of care

Regards to provision of care without delay different studies are conducted. A study conducted in Assela Hospital showed 78.1% of the delivering mothers was satisfied with the waiting time to see a doctor.(Amdemichael, Tafa and Fekadu, 2014) Similar study womens satisfaction with intrapartum care and its predictors at Harar hospitals, eastern Ethiopia a minimal waiting time to be seen by the healthcare provider seen as positive factor for client satisfaction.(Getenet et al, 2019a)

II. Interpersonal behavior

Being treated with dignity, respect, courtesy, therapeutic communications (listening, politeness, prompt pain relief, kindness, approach-ability), caring behavior (attentive to needs, and making clients feel accepted) and interpersonal skills of staff (staff confidence and competence) were significant themes that were identified as influencing clients

4.5 INCLUSION AND EXCLUSION CRITERIA

4.5.1 INCLUSION CRITERIA

$ O O U H S U R G X F W L Y49yrs) who gave birth at QWCSH during study period.

4.5.2 EXCLUSION CRITERIA

Women, who were critically ill, unable to communicate and who were not volunteers.

4.6 SAMPLE SIZE DETERMINATION TECHNIQUE

Sample size was determined using single population proportion formula for institution based cross-sectional study. Taking 31.3% study conducted on client satisfaction with existing labor and delivery care and associated factors among mothers who gave birth in university of Gondar teaching hospital; North west Ethiopia (previous study). (Gashaye et al, 2019)

$$n = \frac{(z\alpha/2)^2\, p\,(1-p)}{d^2}$$

$$\mathbf{n} = (1.96)^2\mathbf{(0.313)\,(0.687)} / \mathbf{(0.05)^2}$$

$$= \mathbf{330.4} \approx \mathbf{330}$$

Where

d = margin error between sample and population is 5%.

Z= 95% confidence interval ($Z^{\alpha/2} = 1.96$)

n=sample size

p= prevalence of percentage based on previous study

If p=0.313 then q=1-p=1-0.313=0.687

Since the total population (Client who gave birth within same period of study at WCSH ³ 1´ were 420 which is less than 10,000. Therefore, the final sample size was adjusted using the correction formula:

Nf =n/ (1+ (n/N),

Nf =final calculated sample size
N=is our source population (420)
n=calculated sample size (330)

- Sex of service providers

Outcome factors

- Delivery outcome

Other factors

- Socio-demographic characteristics

Cost

4.9.2 DEPENDENT VARIABLE

Maternal satisfaction

4.10. DEFINITION OF TERMS

Poor health: inadequate health status of population.

Good health: is wellness of a population to adapt and self-manage when facing physical, mental or social challenges. (WHO 2016)

Assessing Level Satisfaction: A five-point Likert scale (1) very unsatisfied, (2) unsatisfied, (3) neutral, (4) satisfied, and (5) very satisfied) was used. For the overall satisfaction level, those who were satisfied in greater than or equal to 75% of the items were categorized as satisfied and those who were satisfied in less than 75% of the items were categorized as unsatisfied. (TayelgnA, Zegeye DT and KebedeY2011)

Promptness of care: provision of care without delay/immediately, avoidance of prolonged waiting time. (Srivastava et al, 2015)

Interpersonal behavior: the way in which health professionals communicate with mothers; such as with dignity, respect, courtesy, therapeutic communications (listening, politeness, prompt pain relief, kindness, approach-ability and smiling demeanor), caring behavior (attentive to needs, making clients feel accepted and coaxing clients). (Srivastava et al, 2015)

Privacy: the state of being free from being observed or disturbed by other people.

Perceived providers competency: perspective of mothers on the ability of health care providers to give care successfully or efficiently.

Cognitive care: process of sharing adequate information with mothers about their condition or the care required (Srivastava et al, 2015)

Emotional support: provision of reassurance, acceptance and encouragement during times of stress.

Service: Any activity undertaken to meet the needs of client.(Amdemichael, Tafa and Fekadu, 2014)

Assessment: Is the process by which the characteristics and needs of clients, groups or Situations are evaluated or determined so that the can be addressed

4.11. DATA QUALITY ASSURANCE

Pretest was conducted before the actual field work to see its clarity and consistency. During the data collection, the principal investigator collected each questionnaire from data collectors and check for completeness, accuracy and consistency on daily bases.

4.12. DATA PROCESSING AND ANALYSIS

Data coded and entered to SPSS version 20 statistical packages for analysis. Descriptive statistics was done and summarized by frequencies and proportion for categorical predictors. The presence of association was assessed using bivariate analysis and associations with a L value <0.05 considered as statistically significant. Multivariate logistic regression was used to control confounding effects and the strength of association was estimated in odds ratio and its 95% confidence interval.

4.13. ETHICAL CONSIDERATION

Before beginning data collection, official letter was submitted to IRB (institutional ethical review board) of WKU and permission was asked. These copies of the letter were given for WCSH head and data collection was started. Data was collected after getting an informed consent from every study participant. Confidentiality of information was assured by excluding names as identification in the questionnaires.

4.14 DISSEMINATION OF THE RESULT

The final result was presented to Wolkite University, College of Medicine and Health Science, Department of Public Health after submitted in hard copies. The dissemination of the final result extended to Worabe Comprehensive And Specialized Hospital.

Table1: Socio- demographic characteristics of mothers who gave birth in WCSH from Aug 15 to Sept, 20 2021 G.C.

Variable	**Frequency**	**Percent** (%)
Age of respondents (204)		
15-25	30	14.7
25-35	124	60.8
•	50	24.5
Religion of respondent(204)		
Muslim	166	81.4
Orthodox	20	9.8
Protestant	18	8.8
Ethnicity of respondent(204)		
Silte	152	74.5
Gurage	16	7.8
Hadya	11	5.4
Kembata	12	5.9
Other	13	6.4
Occupation of respondent (204)		
Governmental employee	50	24.5
Private organization employee	18	8.8
Private job	10	4.9
Others (students, housewives	126	61.8
monthly income of the respondents (204)		
< 900	44	21.6
900-3500	106	52
3501-5000	34	18.6
•	20	9.8
Marital status of the respondents (204)		
Married	190	93.1
Single	10	4.9
Other (widowed, separated and divorced)	4	2

Educational status (204)		
Grade 1 ±6	33	16.2
Grade 7 ±12	40	19.6
Diploma and above	47	23.0
No formal education	84	41.2
Residency(204)		
Urban	112	54.9
Rural	92	45.1

5.2 OBSTETRIC HISTORY OF THE RESPONDENTS

Among the participants 40 (19.6%) were having their first child, 55(27%) were having their second child and 109(53.4%) of them had three and above babies. The majority of the pregnancies, 193(94.6%) were planned and wanted while the rest 11(5.4%) were unplanned.

One hundred twenty five (61.3%) of the participants delivered by spontaneous vaginal delivery, 20(9.8%) of the deliveries were assisted by instruments and 59(28.9%) of the deliveries were caesarean section. One hundred ninety (93.1%) of the mothers gave birth Z L W K R X W F R P S O L F D W L R Q Z K L O H W K H U H V W P R W K H Majority of the participants (91.2%) experienced Normal Fetal Outcome while the rest 5.9% and 2.9% experienced neonatal death and still birth respectively.

Most of the respondents (74%) had a history of ANC follow up and the rest 26% had no history of ANC follow up. sixty-five (31.9%) of the mothers were admitted to the hospital between 12 :00 in the morning to 6:00 in the midday local time, 37(18.1%) of the mothers were admitted after 6 :00 to 12 :00 in the evening local time, 62(30.4%) of the mothers were admitted after 12:00 in the evening to 6 :00 mid night local time, and the rest 46(19.6%) were admitted after 6 :00 mid night to 12:00 in the morning local time.

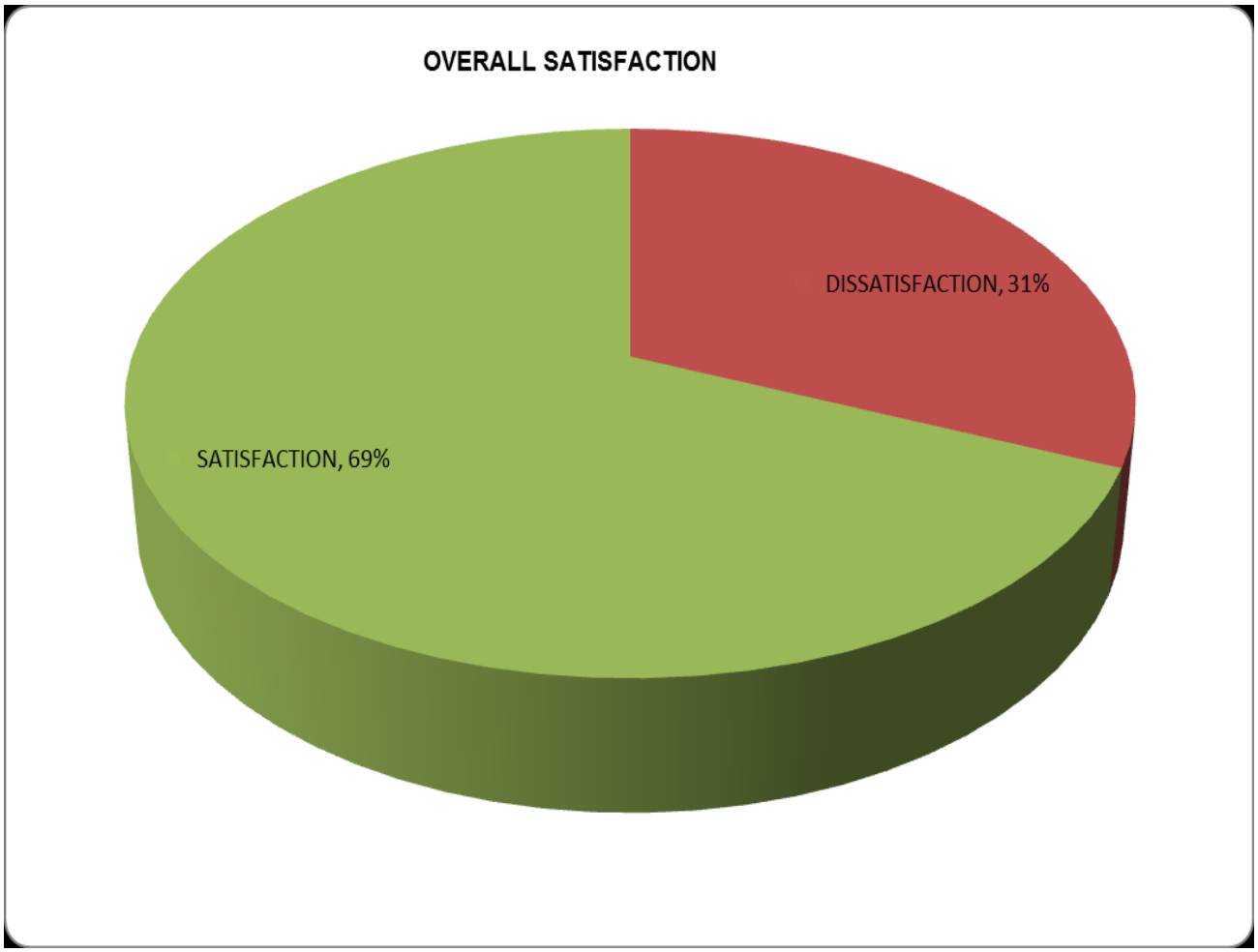


Figure 2: A Pie chart showing overall level of maternal satisfaction with the delivery services of WCSH of Worabe, Southern Ethiopia, from Aug 15 to Sept, 20 2021

5.5 FACTORS AFFECTING MATERNAL SATISFACTION WITH DELIVERY SERVICES

When we see the socio demographic and obstetric characteristics of the mothers, maternal age, occupation, average household income, educational level, foetal outcome, ANC follow up and time of admission were not strong predictors of maternal satisfaction in the bivariate analysis. While status of the pregnancy, mode of delivery and maternal outcome were predictors of maternal satisfactions in the bivariate analysis. Accordingly, those mothers whose pregnancy was planned were more satisfied with services than those mothers whose pregnancies were unplanned.

Mothers whose delivery was attended by female health workers were more satisfied than those attended by male health workers COR (95%CI) 1.453[0.84-2.514] and those who were satisfied with the sex of the birth attendants were more satisfied than those who were dissatisfied with the sex of the birth attendant COR (95%CI) 5.448[2.1- 10.08] . Those who believed that their baby received enough care and support were more satisfied with the services given than those who believed their babies did not receive adequate care and support from health care workers COR (95%CI)7.799[2.54-23.91.994].

Mothers who felt they were able to ask any questions about their babies were more satisfied than those who thought they did not ask any questions from health care workers COR (95%CI) 3.09[1.31- 7.27] .

Table6 : Process and outcome related satisfaction of mothers who gave birth in WCSH of Worabe, Southern Ethiopia, from Aug, 15 to Sept, 20 2021 G.C

VARIABLE	**MATERNAL SATISFACTION**		**COR(95%CI**
	Dissatisfied (n,%)	Satisfied (n,%)	
Waiting time satisfaction			
Dissatisfied	40(80%)	10(20%)	1
Satisfied	48(38.7%)	106(61.3%)	7.30(3.6,14.8)
Permission before procedures			
Disagree	52(59.8%)	35(40.2%)	1
Agree	37(31.0%)	82(69.0%)	3.20(1.8,5.67)
Explanation about labour progress			
Disagree	20(76.9%)	6(23.1%)	1
Agree	65(36.5%)	113(63.5%)	7.5(2.95,19.3)
Encouraged by HW			
Disagree	16(76.2%)	5(23.8%)	1
Agree	73(39.%9)	11(60.1%)	4.86(1.7,13.8)
Respectfulness of HW			
Dissatisfied	30(62.5%)	18(37.5)	1
Satisfied	61(39.1%)	95(60.9%)	12.87(1.2,24.6
Time spent for examinations			
Dissatisfied	34(90.4%)	4(10.6&)	1
Satisfied	53(31.2%)	113(68.1%)	4.83(1.15,2.20)
Competency of HW			
Dissatisfied	30(83.4%)	6(16.6%)	1
Satisfied	58(34.5%)	110(65.5%)	6.95(3.1,15.5)
privacy measures			
Dissatisfied	62(72.9%)	23(27.1%)	1
Satisfied	29(24.%4)	90(75.6%)	7.65(4.1,14.2)
Sex of birth attendant			
Dissatisfied	53(72.6%)	20(27.4%)	1
Satisfied	94(71.8%)	37(28.2%)	5.5(2.1,10.08)

Overall care& support			
Dissatisfied	23(82.1%)	5(17.9%)	1
Satisfied	65(36.9%)	111(63.1%)	9.12(3.34,2.4)
Able to ask questions			
Dissatisfied	15(66.7%)	6(28.6%)	1
Satisfied	68(39.3%)	105(60.7%)	3.09(1.31,7.2)
Baby received enough care			
Dissatisfied	14(77.8%)	4(22.2%)	1
Satisfied	76(40.9%)	110(59.1%)	7.79(2.5,23.9)

CHAPTER SIX

6.1 DISCUSSION

Institutional delivery is one of the best strategies to decrease high maternal mortality rates in Ethiopia and other developing countries. To achieve it, promoting quality maternal KHDOWK VHUYLFHV ZLWK D EHWWHU PDWHUQDO VDWLVIDF the overall level of maternal satisfaction with the delivery services given by Worabe Comprehensive And Specialized Hospital to be 68.6%. Which is low when compared with other studies done in countries like the USA (83%), Australia (73%), South Africa (91.2%), Malawi (97.3%).(Rud man A,etal ,2007

This variation may be due to a real difference in the quality of services provided, study setting. Moreover, unlike this current study setting, those countries have better infrastructure, more trained health professionals, and more educated people; these factors might play a great role in having a higher level of maternal satisfaction of child birth healthcare.

The maternal satisfaction observed in this study is also very low when compared with other studies conducted in Ethiopia, such as researches in Debre markos town 81.7%, Assela Hospital 80.7%, and in three referral hospitals in Amhara region, 69.9%. (Amdemichael, Tafa and Fekadu, 2014)

This may be due to differences in method, or to a real difference in the quality of services provided. The other possible explanation for the difference might be, this current study was conducted in a large teaching Hospital where a large number of trainees/students learn and or practice on clients. These factors may contribute to the lower level of satisfaction in the hospital.

However, maternal satisfaction in this study is higher than the rate observed in Jordan, 17.8% (Rud man A,etal ,2007.This variation may be due to a real difference in methods, study setting population and time gap between the two studies in this time gap several interventions might be undertaken.

This study finding is better than a study conducted in Iran (59.5%) and Kenya (56%). (Rud man et al.,2007. Also it is higher than some previous studies done in Ethiopia including study done on client satisfaction with existing labour and delivery care and associated factors among mothers who gave birth in university of Gondar teaching hospital the overall satisfaction of mothers who delivered in the study area was 31.3%. (Gashaye et al., 2019)

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Sweden: Karolinskainstitute.1 ±76p.,20 ±27].

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delivery service in AmharaRegion,Ethiopia.BMCpregnancy&childbirth11:1 ±7.].

$PDQ 8UJHVVD 0RWKHUV¶ VDWLVIDFWLRQ ZLWK GHOLY
health institutions in west Arsi, Oromia regional state, Ethiopia, 2016

ANNEX - Data Collection Tool

Good morning/ afternoon?

We are undergraduate students on Public Health at Wolkite University, College of Health and Medical science, Department of Public Health. The objective of this study is to assess the OHYHO RI PRWKHUV¶ VDWLVIDFWLRQ ZLWK GHOLYHU\ VHU PRWKHU¶V VDWLVIDFWLRQ DW :&6+ LQ :RUDEH FLW\

This interview might take 15 - 25 minutes. Your name will not be written anywhere in the form and all the information you give us is confidential except for the purposes of this study and it will never be disclosed for the third parity. In addition, I would like to inform you that by participating in this study, you will get no short term or long term risk. I also would like to inform you that you have a full right to withdraw from the study or to stop the interview any time or to skip any question that you do not want to answer. Your cooperation and willingness for the interview is very helpful in identifying the problem related to the issue.

So do you agree to participate in this study?

Respondent agrees to be interviewed go to the next part. Respondent does not agree to be interviewed stop interview.

Thank you in advance for your cooperation!!!

If you have any question or doubt, you can contact as with the address below.

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Wolkite University College of Medical and Health Science Department

Data Collecting Format on the assessment of maternal satisfaction with delivery service and associated factors among postnatal mother in WCSH from August, 15 to September 20, 2021 G.C.

A. Strongly disagree B. Disagree C. Neutral D. Agree E. Strongly agree

5. Have you felt confused because different member of staff have given you conflicting advice or information.

A. Strongly disagree B. Disagree C. Neutral D. Agree E. Strongly agree

6. Health workers verbally encouraged praised and reassured during the time of labor.

A Strongly disagree B. Disagree C. Neutral D. Agree E. Strongly agree

7. How satisfied are you with the respect and courtesy of the health care providers?

A. Strongly dissatisfied B. Dissatisfied C. Neutral D. Satisfied E. Strongly satisfied

8. How satisfied are you with the adequacy of time health workers spent for examination?

A. Strongly disagree B. Disagree C. Neutral D. Agree E. Strongly agree

9. How satisfied are you with the competency and confidence of the health care providers with their work.

A. Strongly dissatisfied B. Dissatisfied C. Neutral D. satisfied E. Strongly satisfied

10. Were there measures taken to assure privacy during physical examinations and delivery? For example, a private room, Curtained or screened area, etc. A. Yes B. No

11. How satisfied are you with the privacy during physical examinations and delivery?

A. Strongly dissatisfied B. Dissatisfied C. Neutral D. Satisfied E. Strongly satisfied

12. What was the sex of the health care provider who attended your labor and delivery?

A. Male B. Female

13. How satisfied are you with the sex of the health care provider who attended your labor and delivery?

A. Strongly dissatisfied B. Dissatisfied C. Neutral D. Satisfied E. Strongly satisfied