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MATERNAL SATISFACATION AND ITS ASSOCIATED FACTORS ON POSTNATAL
CARE SERVICE IN WOLKITE UNIVERSITY SPECIALIZED TEACHING
HOSPITAL ,CENTRAL ETHIOPIA , ETHIOPIA,2024 GC.

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DECEMBER,2024

WOLKITE,ETHIOPIA

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December, 2024

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ABSTRACT

Background; maternal satisfaction is considered as the desired outcome of the health care system and determines the use of subsequent health care services. There is a paucity of evidence on the level of maternal satisfaction in the study setting. Therefore, the aim of this study was to assess the level of maternal satisfaction and associated factors among women who gave birth in WKUSH in Gurage Zone, Central Ethiopia, Ethiopia, 2024.

Objective: The main purpose of this study was to assess maternal satisfaction with postnatal health services and associated factors in WKUSH in Gurage Zone, Central Ethiopia, Ethiopia, 2024.

Methods: Institution based cross-sectional study was conducted from December 24 2024 to January 6 2025. Data was collected by using semi-structured questionnaire interview from **317** mothers on postnatal care in WKUSH, OBGYN ward during study period by Systematic random sampling. Then the data was entered and analyzed using SPSS version 27 for further analysis and result was presented by appropriate table and graphs. Finally descriptive statistics was done and summarized accordingly. Odds ratio with 95% confidence intervals (CI) was computed to identify factors associated post natal care services. Variables that have P-value <0.25 in bi-variable logistic regression was entered into the multi-variable logistic regression and P-value <0.05 was considered as significant independent predictors of level of patients satisfaction on post natal care services.

Result: A total 317 eligible mothers, 98.42% participants gave complete responses in the study. The proportion of mothers who were satisfied with the postnatal health services in this study was 74%. Multiple logistic regression showed that mothers who The economic status of delivering mothers whose monthly income was greater than 3500 ETB, was twenty one times more satisfied than those whose income was lower than 3500 ETB (AOR=20.7; 95% CI: 6.51-65.5).

Acknowledgement

We would like to acknowledge our advisers ,HILINA A. & TIGIST G/M, for their constrictive advice support, valuable comments and during each process of developing this research proposal.Our gratitude is also go to Wolkite University, college Medicine and Health science department of public health for giving us this chance to prepare the research proposal.And we extend our deepest appreciation to WKUSH administration for their willingness to data collection and giving essential information for this research proposal.

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ABBREVIATION

HF :Health Facility

WKUSTH:wolkite university specialized teaching hospital

MCH:Maternal and Child Health

OBGYN:Obstetrics and gynecology

PNC:Postnatal Care

SD:Standard Deviation

SPO:structure, Process and Outcome

SPSS:Statistical Package for Social Science

WHO:World Health Organization

CHAPTER ONE

1. INTRODUCTION

1.1 Background

Postnatal care (PNC) is the care provided to women and newborn in the first six weeks after birth. Postnatal period is a time interval that starts from the birth of the baby to six consecutive weeks with the recommended time of visit, that is, 6□24 hours, 3□6 days, and 6 weeks following childbirth [1].

Mothers satisfaction is one of the key indicator of the offered quality of postnatal health services. It is a reflection of the mothers judgment of different domains of health services, including technical, interpersonal, and organizational aspects. It also becoming a tool to assess and improve the quality of the postnatal care (PNC) that has been given to the expectations and experiences of the mothers [1,2]. The world health organization (WHO) recommends monitoring and evaluation of maternal satisfaction to improve the quality and efficiency PNC health service during childbirth[3]. PNC is one of the most important maternal health care services for not only prevention of impairment and disabilities but also reduction of maternal mortality. A large proportion of maternal death occur during the first 48 hours after delivery, and these first two days following delivery are critical for monitoring complications arising from the delivery[3,4,5].Satisfaction studies provide feedback on how well the service is functioning according to mothers perception and what changes might be required to meet clients expectation. Satisfaction affects service utilization directly or indirectly as satisfied clients will have optimum utilization of delivery service and recommend services for others. Such like study is better for the target population and other stake holders to take timely corrective action for service improvement.[1,6] The results of this study will provide feedback regarding mothers satisfaction with delivery care.

Understanding mothers perspective and their need during critical period and addressing them as part of quality improvement programme can make delivery care safe, affordable, and respectful[1,6]. Most studies shown that satisfaction with different aspects of received PNC improves health outcomes, continuity of care, compliance, and the relationship with the provider[2].Besides, understanding the experience of a mother with respect to postnatal health service is important to obtain useful information about the PNC and to identify associated factors which could be improved. Asking mothers what they think about the care and treatment they have received is an important step to ensuring that provided care is meeting their need[7,8,9,10]. Cost of care were also identified to be a cause of dissatisfaction among mothers.[11,12]

However, accurately assessing outcomes that can be attributed exclusively to healthcare is difficult. Identifying PNC health service associated factors will reduce maternal and child mortality as well as ensure healthy lives and promote well-being of the community[13]. Assessment of maternal satisfaction with postnatal health services is crucial and helps in future utilization of services. Therefore, study is aimed to assess maternal satisfaction and find out associated factors with institutional PNC health services in WKUSH hospital in GURAGE ZONE, CENTRAL ETHIOPIA.

1.2. Statement of the Problem

Globally, 289,000 maternal deaths that occur each year and of which 50% to 71% occur within the postnatal

period. Unfortunately, 99% of these maternal deaths occur in low and middle income countries including Ethiopia[3,16,15]. Every year in Africa, at least 125,000 mothers die in the first weeks after childbirth[3,16,8].

Many mothers consistently reported that they are not satisfied with received postnatal health services during critical time in facility. This becomes a significant impact on maternal satisfaction with PNC health services. In addition to this, many mothers and their newborns do not receive postnatal health services immediately[14,15]. Only less than 30% of women in developing countries receive PNC health services during critical time. Postnatal mothers did not well communicate immediately service delivery about their health & newborns. This resulted in low perception and dissatisfaction on postnatal health services which might affect further utilization[8,17]. Negative mother experiences at health facilities cause them to delay or avoid seeking care[18]. Improved maternal satisfaction level and quality of care during postnatal care is one of the main concerns in low and middle income countries where the maternal and child mortality rate is high. Thus, asking mothers what they think about the care they received is a significant step to ensuring that offered PNC health service is meeting their need[7,9,10].

The assessment of mothers satisfaction with institutional PNC health services and identifying determinant factors are central to inform health care providers to increase the level of satisfaction of the clients. Studies shown that only 75% of the mothers expressed their satisfaction with PNC health services across developing countries[10,11]. Most studies have shown PNC coverage and utilization in Ethiopia is very low[19,20,21].

In Ghana 92% of women were expressed their satisfaction with PNC services. PNC health service providers are there to ensure that mothers are looked after in the right way and that their concerns and questions are tended to and answered. However, studies have shown that mothers are less than happy with the care they receive. [11,22]

The main problems that mother's found with care providers attitudes towards mothers, time constraints, and continuity of care. Concerns about postnatal health services were not only common among mothers but also among the providers that were responsible for caring for them[2,23,24]. NO studies have been conducted on the PNC service in WKUSH GURAGE Zone and hence the level of maternal satisfaction with postnatal health services is unknown.

Thus, based on the aforementioned gaps, assessing maternal satisfaction with PNC health services should help in achieving intended goal. Therefore, this study is conducted to determine the level of maternal satisfaction and find out associated factors with institutional PNC health services among mothers who attending WKUSH GURAGE Zone, GURAGE Zone, Central Ethiopia, Ethiopia.

1.3 Significance of the Study

This study was assessed maternal satisfaction with PNC health services and identify determining factors of the care. The findings from this study is contributes to improve maternal satisfaction on PNC health services at hospital in Ethiopia specifically in Gurage zone,central ethiopia. It can be baseline to design strategies and develop policies towards improvement of PNC health service at the facility, zonal, regional as well as at national level. Also it could be a good indicator of the PNC health services delivery for managers. Moreover, research findings might use as an input for further knowledge generation in relation to maternal satisfaction with PNC health services.

CHAPTER TWO

2.1 LITERATURE REVIEW

Maternal satisfaction with Postnatal Care (PNC) services is a critical indicator of the quality and effectiveness of healthcare systems worldwide. Globally, the postpartum period is recognized as a vital time for both mothers and newborns, as it is during this phase that many preventable maternal and neonatal complications occur. However, satisfaction with the services provided during this period varies significantly across regions, influenced by the quality of care, cultural expectations, health system performance, and socio-economic factors.[54]

On a global scale, studies reveal that maternal satisfaction with PNC services is generally moderate to high in high-income countries. For instance, in countries like the United States, Sweden, and Australia, maternal satisfaction is often linked to the availability of skilled healthcare providers, personalized care, and access to advanced healthcare facilities. However, even in these settings, gaps such as lack of emotional support, communication barriers, and insufficient time spent with healthcare providers persist[54].

In Ethiopia, as a low-income country, faces unique challenges in providing high-quality PNC services, which impacts maternal satisfaction. Despite significant progress in improving maternal and child health outcomes, including increased access to healthcare facilities and skilled delivery, maternal satisfaction with PNC services remains suboptimal in many regions of the country.[51,52]

Several studies conducted in Ethiopia highlight the variation in maternal satisfaction with PNC services across urban and rural areas. In urban areas, satisfaction levels are generally higher due to better access to health care facilities and skilled providers. However, in rural areas, barriers such as long travel distances, lack of infrastructure, and limited availability of skilled healthcare providers often contribute to dissatisfaction. For instance, studies in regions like Amhara, Oromia, and Southern Ethiopia report that many women are dissatisfied with the quality of PNC services due to inadequate counseling, poor provider attitudes, and lack of resources. Despite these challenges, initiatives such as the Health Extension Program (HEP) and community-based interventions have helped improve maternal satisfaction in some areas. The HEP, which deploys trained health extension workers to provide maternal and child health services at the community level, has been instrumental in increasing access to PNC services and improving maternal satisfaction in rural settings [50,51,52,53].

Study revealed that 92% of postnatal mothers were satisfied with the PNC health services. 97.3% of mothers agreed that the quality of PNC has led to them being well informed on postnatal issues and has also improved their health and that of the baby (98%). All mothers below 20 years and above 40 years were found to be satisfied with PNC health services compared to mothers within the ages of 20-29 (95%) and 30-39 (83%). Mothers who had obtained only primary education were the least satisfied (75%), followed by mothers who had 4 and more children (78%). A higher proportion of single mothers (96%) were satisfied as compared to the married counterparts (90%). However, women's parity, marital status, educational level and employment status were not statistically associated with their overall satisfaction with care. Postnatal mother's educational level and household wealth has association with maternal satisfaction [11].

Satisfaction with postnatal care is multidimensional, it is affected by so many different aspects and yet they are all somehow interlocked with each other. There are changes that providers can make in order to ensure satisfaction in mothers during PNC, such as making time to sit down and properly listen to the woman and her concerns and tailor care and education to her needs. However, there are also aspects that need to be changed that are out of the hands of care providers, changes that are associated with key aspects in public hospitals, such as length of stay in hospital, providers' clients' ratio and also continuity of care. It is not a simple issue that can be easily solved, however should innovative ways be implemented, it should be kept in mind that education, support and care for the woman are still the core elements of postnatal care and should be the first to be addressed in order to ensure the optimum availability of these areas for women who are in hospitals during postnatal period. The women's psychological, physiological and sociological aspects all need to be considered in order for proper care to be delivered [2,18,23]

Mainly the desired outcome of PNC expressed in two ways: i) technical outcomes, which are the physical and functional aspects of care, such as absence of complications and reduction in disease, disability and death; and ii) interpersonal outcomes which include mothers' satisfaction with care and influence of care on maternal quality

of life as perceived by the mother. Timely nursing intervention, intrapersonal behavior, technical aspect of care giver's, privacy and confidentiality has great role in care process [7,28,8,9,29,10].

Mother's satisfaction identified as one of the key outcome determinant of PNC health services. It represents a key marker of communication and health-related behavior. The feedback from satisfaction surveys is an established yardstick for healthcare improvement plans, they are still not being systematically and extensively utilized for developing improvement initiatives[30,31].The use of services and outcomes are the result not only of the provision of care but also of mothers' experience of that care[32,30,31].

2.2 Maternal Satisfaction with Specific Aspects of the PNC Process, Structure, and Outcomes

Maternal satisfaction with PNC services is influenced by various components of the healthcare system, often categorized into process, structure, and outcomes. Each of these aspects plays a vital role in shaping a mother's perception of the care received [2, 18, 23].

Process-Related Aspects

Process-related aspects of postnatal care (PNC) services refer to the various elements that contribute to the delivery and quality of care provided to mothers and newborns during the postnatal period. These aspects are critical in ensuring that mothers receive comprehensive and satisfactory care. Here are some key process-related aspects: [2, 9].

Interpersonal Communication and Respectful Care.

Studies consistently show that respectful and compassionate communication is one of the most significant contributors to maternal satisfaction. Women who feel listened to, respected, and supported during PNC visits are more likely to report high levels of satisfaction. Conversely, experiences of disrespect or neglect significantly reduce satisfaction [2, 9].

Continuity of Care

Mothers appreciate when the same healthcare provider or team follows them through the postpartum period, ensuring continuity and building trust. Lack of continuity, particularly in overcrowded health systems, is a common source of dissatisfaction [2, 9].

Time Spent During Consultations

Adequate time allocated for consultations allows mothers to express their concerns and receive tailored advice, contributing positively to satisfaction. Short and rushed consultations are often cited as a source of dissatisfaction [2, 9].

Health Education and Counseling

Providing clear and culturally appropriate information about breastfeeding, family planning, and newborn care is an essential part of the PNC process. Women who receive adequate counseling are more likely to feel satisfied with the care provided [2 9].

Structure-Related Aspects

Facility Infrastructure

Clean, well-equipped facilities with basic amenities such as clean water, privacy, and comfortable waiting areas significantly enhance maternal satisfaction. Inadequate infrastructure, common in LMICs, is often a source of dissatisfaction [9, 28].

Availability of Resources

The availability of medications, supplies, and diagnostic tools directly impacts the quality of care and maternal satisfaction. Stock-outs of essential items or lack of laboratory services can leave mothers feeling neglected [9, 28].

Accessibility of Services

Proximity to healthcare facilities and the affordability of services are critical structural determinants of satisfaction. In rural areas, long travel distances and high costs are often barriers to satisfaction [9, 28].

Staffing Levels and Competence

The presence of adequately trained and sufficient healthcare personnel is a key determinant of satisfaction. Overworked or unskilled staff may compromise the quality of care, leading to dissatisfaction [9, 28].

Outcome-Related Aspects

Health Outcomes

Positive health outcomes for both mother and baby are strongly correlated with maternal satisfaction. Mothers are more likely to be satisfied if they perceive that their health concerns and those of their newborns have been effectively addressed [7, 28, 8, 9, 12, and 10].

Follow-Up and Support

Postnatal follow-up services and community-based support systems, such as home visits or peer support groups, contribute to higher satisfaction levels [7, 28, 8, 9, 12, 10]

2.3 Associated Factors of Maternal Satisfaction on PNC Health care

Several factors influence maternal satisfaction with PNC services, ranging from individual-level characteristics to systemic and contextual determinants.

1. Individual level factors

Maternal satisfaction with postnatal care services is influenced by several individual-level factors, including socio-demographic characteristics. **Age** can play a role, with younger mothers potentially having different expectations and perceptions compared to older mothers. **Parity** also matters, as first-time mothers often require more support and information, which can affect their satisfaction levels differently than multiparous mothers who may have specific expectations based on previous experiences. **Education** influences satisfaction, with educated women likely to have higher expectations and demand better quality care, whereas those with lower education levels may rely more on healthcare providers for information and support. **Socioeconomic status** is another critical factor, as women from higher socioeconomic backgrounds often have better access to quality services, leading to higher satisfaction levels, while those from lower socioeconomic backgrounds may face barriers such as affordability and availability of services, negatively impacting their satisfaction. Understanding these factors is essential for designing and implementing postnatal care services that meet the diverse needs of mothers and enhance their overall well-being.[5,9,47]

2. Health Literacy:

- Women with higher health literacy are better equipped to understand and engage with PNC services, potentially leading to greater satisfaction [23].

3. Healthcare service related Factors

1. Quality of Care:

- The technical quality of care, including the competence of healthcare providers and adherence to clinical guidelines, is a critical determinant of satisfaction.[11,12]

2. Respectful and Dignified Care:

- Experiences of disrespect, discrimination, or neglect during PNC visits significantly reduce maternal satisfaction [38].

3. Availability and Accessibility:

- Physical and financial accessibility to healthcare services is a major determinant of satisfaction, particularly in rural and underserved areas [11,12].

4. mode of arrival

The mode of arrival to the healthcare facility for childbirth can also affect maternal satisfaction. Mothers using personal vehicles or public transportation may have different experiences based on the accessibility and convenience of the transport. Difficulties in transportation, such as long travel times or lack of availability, can add stress to the childbirth experience, impacting overall satisfaction with postnatal care. Ensuring accessible and reliable transportation options for expectant mothers is essential for improving maternal satisfaction and outcomes.[11,12]

5. waiting time

Another significant factor is the waiting time in health facilities. Long waiting times can lead to dissatisfaction among mothers, as they may feel that their time is not valued and that the healthcare system is inefficient. Reducing waiting times by streamlining processes and ensuring adequate staffing can greatly improve maternal satisfaction with PNC services.[11,12]

4. Psychosocial Factors

1. Emotional and Psychological Support: - Addressing postpartum depression and providing emotional support during the postnatal period are critical for maternal satisfaction. [11, 12]
2. Partner and Family Involvement: - The involvement of partners and family members in the PNC process can positively influence maternal satisfaction [11, 12]

5. Mother's Obstetrics History

Several studies have investigated the relationship between obstetric history and maternal satisfaction with postnatal care. Obstetric history includes factors such as the number of previous pregnancies, history of complications, and the outcome of pregnancies. These factors can significantly impact a mother's expectations and experiences during the postnatal period.[55]

Number of Previous Pregnancies

Studies have shown that the number of previous pregnancies can influence maternal satisfaction. Multiparous women (those with multiple previous pregnancies) may have different expectations and needs compared to primiparous women (those with their first pregnancy). For instance, multiparous women might expect more personalized care based on their past experiences, while primiparous women might need more educational support and guidance.[55]

Mode of Childbirth

The mode of childbirth, which includes vaginal delivery, cesarean section (C-section), and assisted delivery, plays a critical role in shaping a mother's postnatal experience. Vaginal delivery is the most common mode and typically involves a shorter recovery period. However, some mothers may require assisted delivery with tools like forceps or a vacuum, which can lead to different postpartum recovery experiences. On the other hand, cesarean sections, while necessary in certain medical situations, involve a more invasive surgical procedure, often resulting in a longer recovery time. Each mode of childbirth carries its own set of expectations, physical demands, and psychological impacts, influencing maternal satisfaction with postnatal care.[55]

Maternal Outcome

Maternal outcomes refer to the health and well-being of the mother after childbirth. This includes physical health, such as recovery from childbirth, managing any complications like infections or hemorrhage, and overall well-being. Mental health is also a significant aspect, as mothers may experience postpartum depression or anxiety, impacting their overall satisfaction with care. Furthermore, a mother's satisfaction with the care she receives during and after childbirth is influenced by how well her physical and mental health needs are addressed by healthcare providers. Comprehensive and compassionate postnatal care is crucial for positive maternal outcomes.[55]

Fetal Outcome

The health status of the baby after birth, known as fetal outcome, is a major concern for mothers, which assesses the baby's health immediately after birth, and birth weight, which can indicate the baby's overall health. Any complications, such as respiratory distress or infections, can significantly impact maternal satisfaction with postnatal care. Mothers whose babies have favorable outcomes are more likely to report higher satisfaction levels, while those dealing with complications may require additional support and reassurance from healthcare providers.[55]

ANC Follow-up

Antenatal care (ANC) follow-up is a critical component of maternal healthcare, encompassing the regular check-ups and care a pregnant woman receives before giving birth. The number of ANC visits and the quality of care provided during these visits, including screenings, vaccinations, and educational support, are essential for ensuring a healthy pregnancy and preparing for childbirth. Consistent and high-quality ANC follow-up can positively influence maternal satisfaction by building trust and confidence in healthcare providers, leading to better postnatal care experiences.[55]

Previous Childbirth at Health Institution

A mother's previous experiences with childbirth at a healthcare institution can significantly impact her expectations and satisfaction with current postnatal care. Positive past experiences can lead to higher trust and satisfaction, while negative experiences may result in anxiety and lower satisfaction levels. Additionally, mothers with previous institutional childbirths may be more familiar with the procedures and services, influencing their expectations and overall satisfaction with the care received during subsequent postnatal periods.[55]

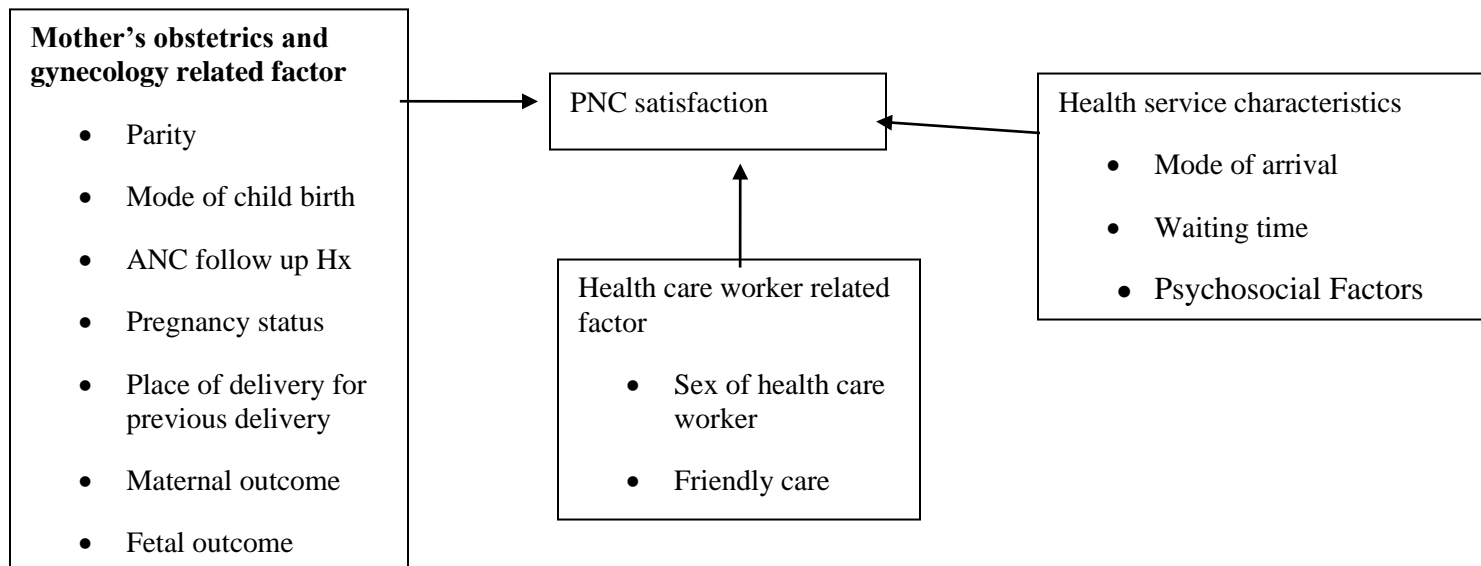
6. Healthcare workers Aspect

The characteristics of healthcare workers, including their sex, can significantly influence maternal satisfaction with postnatal care (PNC). Studies have shown that the sex of the healthcare professional can impact the comfort level and overall satisfaction of mothers receiving PNC services. For instance, some mothers may feel more comfortable and at ease with female healthcare providers, especially in cultures where gender norms and sensitivities play a significant role in healthcare interactions .[55]

Conceptual Framework

Individual factors

- Sociodemographic



CHAPTER THREE

3. OBJECTIVES

3.1 General Objective

- ✓ To assess maternal satisfaction on postnatal Care services and associated factors in WKUSH in Gurage Zone Central Ethiopia, 2024.

3.2 Specific objectives

- To determine maternal satisfaction with receive institutional PNC health services among mothers who receive postnatal health services in WKUSH in Gurage Zone Central Ethiopia,2024.
- To identify factors associated with mother's satisfaction with PNC health services among mothers who received postnatal Care services in WKUSH in Gurage Zone Central Ethiopia,2024.

CHAPTER 4

4. METHODS

4.1 Study area

The study will be carried out in WKUSH, which is located at 165km from Addis Ababa capital city of Ethiopia, the hospital has five main wards; surgery, medicine, pediatrics, obstetrics, gynecology and psychiatry. The number of deliveries per month and mothers using PNC is 605 and 624 respectively. The hospital currently has seven main academic departments including; medicine, public health, anesthesia, pharmacy, midwifery, nursing and laboratory in academic process. The institution is currently hosting 672 employees, 57 male and 2 female residents, 15 male and 8 female general practitioners, 9 male and 2 female health officers, 62 male and 48 female nurses, 12 male and 18 female midwives, 16 male and 9 female laboratorian, 14 male and 16 female pharmacists, 8 male and 1 female anesthesiologists, 3 male and 1 female Radiologists, 4 male and 2 female psychiatrists, and 1 physiotherapist. The study was conducted from December 2024 to January 2025 GC.

4.2 Study design

Institution based cross-sectional study design was conducted.

4.3 Study period

The study was conducted from December 24 2024 to January 06 2025.

4.4 Population

4.4.1 Source Population

All mothers receiving PNC health services in WKUSH, Gurage Zone, Central Ethiopia, 2024.

4.4.2 Study population

All selected mothers who receive postnatal care services in WKUSH.

4.4.3 Study unit

Individual postnatal mother who came and receiving PNC services.

4.6 Inclusion Criteria

The study will include mothers who receiving PNC health services after child birth in the PNC ward.

Referred mothers from other HFs or other places after or before delivery and mothers who give birth outside select HFs including home but admitted to PNC ward.

Mothers who gave birth by cesarean section.

4.7 Exclusion Criteria

- ❖ Mothers who was admit to PNC ward but due to abortion or termination of pregnancy.

4.8 Sample Size Calculation and Sampling Technique

Sample size calculation is a critical step in designing a research study, as it determines the number of participants needed to obtain reliable and valid results. An appropriately calculated sample size ensures that the study has enough statistical power to detect a true effect, if one exists, while minimizing the likelihood of errors.

The sample size will calculate by using the single population proportion formula by considering

$$n = (Z \alpha/2)^2 \cdot P(1-P)/d^2$$

Where,

n is sample size of the study

Z is critical value at 95% confidence interval which is 1.96

P is the prevalence of quality of PNC health services

d is margin of error estimated that assumed to be 5%

By using value of assumptions, PNC health services estimated 75% [10] and other assumptions, $Z=1.96$, $d=0.05$,

$n = Z^2 \cdot p(1-p)/d^2 = 1.96^2 \cdot 0.75 \cdot 0.25 / 0.05^2 = 288$. was estimate non response rate (10%) = 28.8, Total sample size = 28.8 + 288, = ~ 317 subjects.

4.9 sample procedure

A systematic random sampling technique was used. The 14 day (December 24 2024 to January 06 2025) delivery report of the hospital was determined and used for the sampling procedure. Finally, the mothers for the interview in hospital was selected using a systematic random sampling technique based on the calculated constant value which was $624/317=2$. The constant value was 2 and the data collectors interviewed every 2 intervals daily in the hospital, and the first interview mother was identified by lottery method.

4.10. Variables of the Study

4.10.1. Dependent variable

- ✓ mothers satisfaction with PNC service

4.10.2. Independent variables

- ✓ Mother's socio demographic characteristics (Age, marital status, ethnicity, religion, residence education, occupation, household income, husband education, distance from facility, cost of services) .

- ✓ Mother's obstetric characteristics (Parity, place of delivery, mode of delivery, ANC visits, counseling ,mother's health condition, newborn health condition) .
- ✓ Healthcare service related Factors (Quality of Care, Respectful and Dignified Care,Availability and Accessibility, mode of arrival,waiting time).
- ✓ Healthcare workers Aspect(sex of health worker).

4.11. Data Collection Tool and procedure.

the data collection tool have 3 section. The first section assess the sociodemographic characteristics of the mother and there are a total of 8 questions. The second section asses the maternal obstetric history and service characteristics and there are a total of 15 questions.The third section contains maternal satisfaction with PNC service. There are total of 15 questions presented in likert scale form. 10 of them assess maternal satisfaction with process of the PNC care and the remaining 5 assess maternal satisfaction with the structure related factor of PNC service.

Data was collected using a pretested and structured inter viewer-administered standardized questionnaire,Questionnaire was formulate based on WHO postnatal guidelines and reproductive health (RH) standards including Federal Ministry of Health (FMoH) maternal and child health (MCH) .there was a total of 38 questions.the data is collected by 3 of our group members. the questionnaire is prepared only in English version and verbally translated in to Amharic for participants. Face to face interview is the technique of data collection.Data was collected from mothers who receiving PNC during first two days after childbirth are interview about provide PNC health services. At WKUSTH, interview on the PNC health services was conducted each service delivery during study period was record to determine the outcomes.

4.12 DATA QUALITY ASSURANCE

A week before actual data collection, the questionnaire was pretested among postnatal mothers in health facility which has similar sociocultural and economic characteristics with the study population on 5% of the total sample size, and necessary modification was done for the questionnaire according to the gaps which were identified. The collected data was reviewed and checked for completeness before data entry.

4.12 Data processing and analysis

The collected data was checked for completeness, and Then, it was exported to SPSS Windows Version 27 for analysis. Descriptive statistics was computed for each variable. A binary logistic regression analysis was used

to identify factors associated with maternal satisfaction (the outcome variable). Firstly, a bivariate analysis was done between the factors and maternal satisfaction (the outcome variable). In the Bivariate analysis, those variables with a p-value of below 0.25 were considered to be candidates/covariates for the multivariate logistic regression analysis. A p-value of below 0.25 was used for co-variate selection to ensure maximum prediction of the outcome variable. Secondly, the multivariable analysis was done and adjusted odds ratios were generated with p-values and 95% CI. Those factors which were associated with the outcome at a p-value less than 0.05 were identified as independent predictors of maternal satisfaction. Model goodness of fit was checked by the Hosmer-Lemeshow goodness-of-fit test. We were analyzing satisfaction on 15 questions that assess satisfaction. We will classify them as satisfied if 12 or more of 15 questions are satisfied; this means over 75% of questions are satisfied; otherwise, we will classify them as dissatisfied.

4.13 Operational definitions

POSTNATAL CARE Service:- THE World Health Organization (WHO) defines postnatal care (PNC) as the care given to a mother and her newborn baby from birth to 42 days after birth. This period is a critical time for the mother, baby, and family.

Maternal satisfaction: is a mother's feelings of contentment with the care she receives during postnatal care service. It's a multidimensional concept that's influenced by many factors, including a mother's expectations and experiences.

Overall Satisfaction: The overall satisfaction was computed from process-related satisfaction and structure-related satisfaction scored on a total of seventeen items. Structure-related satisfaction was computed from seven structure-related items, while process-related satisfaction was computed from ten process-related items.

•**Satisfied:**—Mothers who scored 75% or more on the items of the Patient Satisfaction Questionnaire were categorized as “satisfied” for the overall satisfaction level. Each response of individual questions ‘very satisfied’ and ‘satisfied’ was classified as satisfied.

Unsatisfied:—mothers who scored below 75% on the items of the Patient Satisfaction Questionnaire, were categorized under “unsatisfied” for the overall satisfaction level. Each response of individual questions ‘very dissatisfied’, ‘dissatisfied’, and ‘neutral’ was classified as unsatisfied.

Operational Definitions of Independent Variables

Residence

The geographical location where the mother resides, indicating whether it is urban or rural. Categorized as Urban or Rural based on the mother's self-reported address.

Urban resident: mothers who come from capital town of their district-

Income

The total income earned by all members of the household over a month. Categorized into ranges (, Less than 1000, 1001–2000, 2001–3500 and above 3500) based on self-reported data.

Mode of Delivery

The method by which the mother gave birth, either vaginal or cesarean. Recorded as a categorical variable based on the mother's response.

ANC Visits

The Antenatal Care (ANC) visits attended by the mother. Answered as yes or no questions.

Mother's Health Condition

The overall health status of the mother during the postnatal period. Answered as normal and complicated

Newborn Health Condition

The health status of the newborn baby during the postnatal period. Assessed as alive or dead questions.

waiting time

Time spent waiting for healthcare access after reaching to hospital. Measured in minutes.

4.14 Ethical Considerations

Ethical approval letter was received from the Research Ethics Committee at the School of Public Health and the Institutional Review Board of the College of Medicine and Health Science, Wolkite University. Written supportive letter was obtain from WKUSTH Health Department. At the study area localizing the necessary agreement was made concerning the issue and individual letters was take for the respective WKUSTH managers in order to get co-operation and participation to conduct the study on eligible subjects. Every procedure and the need to conduct the study was clearly explain to mothers and care providers, verbal consent was obtains from each individual. Privacy and confidentiality was maintain throughout the procedure.

4.15 Dissemination of Results

The result of this study was submit and present to school of public health, college of medicine and health science, WKU. Findings will have disseminate for concern and interest stakeholders to be uses for decision making. Principal investigator tries to finish publication process in a short period of time to be available for proposal community who want to do further study on the area.

CHAPTER FIVE: RESULT AND ANALYSIS

5.1. Socio-demographic characteristics of mothers.

Among the total sample size (n=317) 312 patients completed the questionnaire which makes the total response rate 98.42% and 5(1.58%) of the study participant did not gave complete respons. More than half of respondent 164(52.6%) were between the ages of 21 and 34 and 285(91.3%) of respondents were

Married. Most of study participants are Gurage 254(81.4%) and 130(41.7%) of respondents were Muslims in religions. most of study participants mothers level of education was primary education 139(44.6%) and 166(53.2%) of respondents were a house wife and 64(20.5%) were farmers as shown in Table 1.

Table 1: The socio-demographic characteristics of respondents at OBY&GYNI ward WKUSH ,Central Ethiopia December, 2024.

| Category | Characteristics | Frequency (N) | Percentage(%) |
|---------------------|---------------------|---------------|---------------|
| Age | < 20 | 37 | 11.9% |
| | 21-34 | 164 | 52.6% |
| | >35 | 111 | 32.6% |
| | Total | 312 | 100% |
| Marital status | Married | 285 | 91.3% |
| | single | 11 | 3.5% |
| | Divorced | 16 | 5.1% |
| | Total | 312 | 100.0% |
| Educational status | No formal education | 111 | 35.6% |
| | Primary edu | 139 | 44.6% |
| | Secondary and above | 62 | 19.9% |
| | Total | 312 | 100.0% |
| Occupational status | House wife | 166 | 53.2% |
| | Farmer | 64 | 20.5% |
| | Merchant | 29 | 9.3% |
| | Government Employee | 41 | 13.1% |
| | | | |

| | | | |
|-----------|------------|-----|--------|
| | other | 12 | 3.8% |
| | Total | 312 | 100.0% |
| Residence | Urban | 180 | 57.7% |
| | Rural | 132 | 42.3% |
| | Total | 312 | 100.0% |
| Religion | Muslim | 130 | 41.7% |
| | Orthodox | 109 | 34.9% |
| | Protestant | 57 | 18.3% |
| | Others | 16 | 5.1% |
| | Total | 312 | 100.0% |
| Ethnicity | Gurage | 254 | 81.4% |
| | Oromo | 16 | 5.1% |
| | Amhara | 14 | 4.5% |
| | Others | 28 | 9.0% |
| | Total | 312 | 100.0% |
| income | <3500 | 135 | 43.3% |
| | >3500 | 177 | 56.7% |
| | Total | 312 | 100.0% |

5.2 Obstetric Characteristics of the mothers

In this study majority of mothers 202(64.7%) were gave birth through vaginal delivery and 252(80.8%)mothers gave birth without any complications.Almost all mothers 306 (98.1%) were delivered alive baby and 134 (42.9%) of participants attended at least 3 or more ANC follow up.

Table 2: The obstetric characteristics of respondents at OBY&GYNI ward WKUSH ,Central Ethiopia December, 2024.

| Category | Characteristics | Frequency (N) | Percentage(%) |
|------------------|---------------------|---------------|---------------|
| parity | primiparous | 90 | 28.8% |
| | Multi parous | 222 | 71.2% |
| | Total | 312 | 100% |
| Mode of delivery | SVD | 202 | 64.7% |
| | Instrument assisted | 28 | 9.0% |
| | C/S | 82 | 26.3% |
| | Total | 312 | 100.0% |
| Maternal outcome | Normal | 252 | 80.8% |
| | With complication | 60 | 19.2% |
| | Total | 312 | 100.0% |
| Fetal outcome | Alive | 306 | 98.1% |
| | Dead | 6 | 1.9% |
| | Total | 312 | 100.0% |
| ANC followup | No ANC | 43 | 13.8% |
| | One visit | 69 | 22.1% |
| | Two visit | 66 | 21.2% |

| | | | |
|---|---------------|-----|--------|
| | Three or more | 134 | 42.9% |
| | Total | 312 | 100.0% |
| Previous childbirth at health institution | yes | 254 | 81.4% |
| | no | 58 | 18.6% |
| | Total | 312 | 100.0% |
| Sex of health professional | Male | 207 | 66.3% |
| | Female | 105 | 33.7% |
| | Total | 312 | 100.0% |
| do you want to use this hospital after this | yes | 250 | 80.1% |
| | no | 62 | 19.9% |
| | Total | 312 | 100.0% |

5.3 Overall Level of Satisfaction with Postnatal Care service

This study finding revealed that the level of mother’s satisfaction with the postnatal care was 74% are satisfied; while 26% are Dissatisfied.

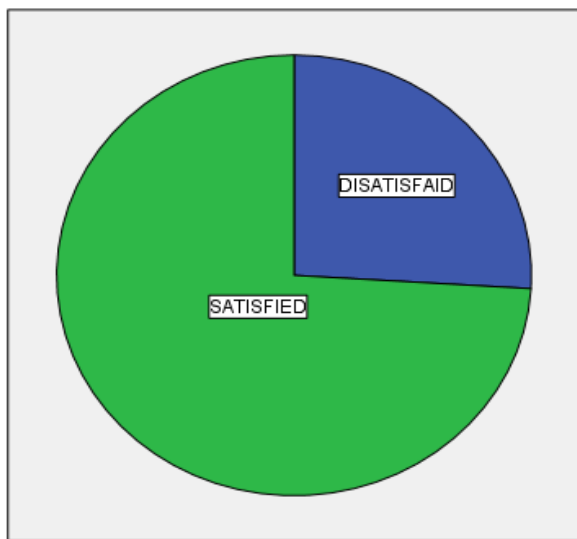


Figure:1 Overall Level of Satisfaction with Postnatal Care service in WKUTSH

5.4 Factors Associated with Postnatal Care Service Satisfaction

Both bivariable and multivariable binary logistic regression analyses were computed. In bivariable binary logistic regression analysis, age of the mother, parity, occupation of mother, residence of mother, mode of delivery, Sex of health professional, and do you want to use this hospital after this and waiting time had a P-value <0.25 and were considered for multivariable binary logistic regression analysis to control the possible effects of confounders.

In multivariable analysis, multiparity (AOR=3.77, 95% CI: 1.34–10.16), Age of mother (AOR=13.5, 95% CI: 2.7, 66), mode of delivery (AOR=0.034, 95% CI: 0.011–0.107) occupation of mother (AOR=27.02, 95% CI: 2.11–338) residence of mother (AOR=0.307, 95% CI: 0.123–0.77) monthly income (AOR=20.7; 95% CI: 6.51–65.5) mother outcome (AOR=0.161; 95% CI: 0.05–0.6) future use (AOR=3.14; 95% CI: 0.98–10.05) and waiting time (AOR:6.25, 95% CI:1.59–24.5) were found to be significantly associated factors with postnatal care satisfaction

Table3: Bi-variate and Multi-variate analysis showing factors associated with mothers satisfaction with post natal care service

| Variable | Categories | Level of patient satisfaction | Crude odd ration(CRO) | Adjusted odd ration(AOD) | P value |
|----------|------------|-------------------------------|-----------------------|--------------------------|---------|
| | | | | | |

| | | Dissatisfied N(%) | Satisfied N(%) | | | |
|---------------------|---------------------|----------------------|-------------------|--------------------|----------------------|-------|
| Age | <20 | 22(59.5) | 15(40.5%) | 0.178(0.080,0.397) | 13.567(2.749,66.959) | 0.001 |
| | 20-34 | 36(22) | 128(78) | 0.929(0.515,1.675) | 0.924(0.224,3.81) | 0.913 |
| | >35 | 23(20.7) | 88(79.3) | 1 | 1 | 0.00 |
| Educational status | No formal education | 27(24.3) | 84(75.7) | 1.481(0.746,2.944) | 0.788(0.237,2.628) | 0.699 |
| | primary | 34(24.5) | 105(75.5) | 1.41(0.762,2.84) | 0.360(0.109,1.186) | 0.093 |
| | Secondary and above | 20(32.3) | 42(67.7) | 1 | 1 | 0.00 |
| Occupational status | House wife | 31(18.7) | 135(81.3) | 0.858(0.179,4.115) | 3.135(0.481,20.421) | 0.232 |
| | Farmer | 31(48.4) | 33(51.6) | 0.226(0.046,1.111) | 1.644(0.44,6.095) | 0.457 |
| | Merchant | 6(20.7) | 23(79.3) | 0.767(0.131,4.475) | 4.381(1.018,18.847) | 0.047 |
| | Government Employee | 11(26.8) | 30(73.2) | 0.545(0.103,2.892) | 3.6(0.827,15.671) | 0.88 |
| | Other | 2(16.7) | 10(83.3) | 1 | 1 | 0.00 |
| Religion of mother | orthodox | 22(20.2) | 87(79.8) | 3.076(1.032,9.174) | 0.109(0.018,0.674) | 0.017 |
| | Muslim | 36(27.7) | 94(72.3) | 2.031(0.704,5.861) | 0.256(0.047,1.426) | 0.120 |

| | | | | | | |
|---------------------|-------------------|-----------|-----------|-----------------------|---------------------|-------|
| | protestant | 16(28.1) | 41(71.9) | 1.993(0.635,6.259) | 0.322(0.050,2.074) | 0.233 |
| | others | 7(43.8) | 9(56.3) | 1 | 1 | 0.000 |
| Residency of mother | Urban | 149(82.8) | 31(17.2) | 2.931(1.737,4.944) | 0.307(0.123,0.767) | 0.011 |
| | Rural | 82(62.1) | 50(37.9) | 1 | 1 | 0.00 |
| Monthly income | <3500 | 57(42.2) | 78(57.8) | 0.215(0.124,0.371) | 20.66(6.52,65.51) | 0.001 |
| | >3500 | 24(13.6) | 153(86.4) | 1 | 1 | 0.00 |
| Parity | Primi | 48(53.3) | 42(46.7) | 0.153(0.088,0.266) | 3.767(1.398,10.151) | 0.009 |
| | Multi | 33(14.9) | 189(85.1) | 1 | 1 | 0.00 |
| Mode of delivery | SVD | 21(10.4) | 181(89.6) | 14.940(7.899,28.255) | 0.034(0.011,0.107) | 0.001 |
| | Assisted delivery | 8(28.6) | 20(71.4) | 4.33(1.7,11.04) | 0.119(0.024,0.576) | 0.008 |
| | C/S | 52(63.4) | 30(36.6) | 1 | 1 | 0.00 |
| Maternal outcome | Normal | 47(18.7) | 205(81.3) | 5.704(3.127,10.403) | 0.161(0.047,0.549) | 0.004 |
| | Complicated | 34(56.7) | 26(43.3) | 1 | 1 | 0.00 |
| Fetal outcome | Alive | 76(24.8) | 230(75.2) | 15.132(1.740,131.554) | 0.261(0.012,5.774) | 0.395 |
| | Dead | 5(83.3) | 1(16.7) | 1 | 1 | 0.00 |
| ANC follow up | No ANC visit | 23(53.5) | 20(46.5) | 0.162(0.076,0.345) | 1.029(0.241,4.383) | 0.969 |

| | | | | | | |
|---|-------------|----------|-----------|--------------------|---------------------|-------|
| | One visit | 22(31.9) | 47(68.2) | 0.397(0.200,0.79) | 0.719(0.206,2.510) | 0.605 |
| | Two visit | 15(22.7) | 51(77.3) | 0.632(0.301,1.325) | 1.099(0.332,3.636) | 0.877 |
| | 3 or more | 21(15.7) | 115(84.3) | 1 | 1 | 0.00 |
| Waiting time | <30 minutes | 71(29.1) | 173(70.9) | 0.420(0.203,0.868) | 6.255(1.596,24.518) | 0.009 |
| | >30 minutes | 10(14.7) | 58(85.3) | 1 | 1 | 0.00 |
| Sex of health professional | Male | 63(30.4) | 144(69.6) | 0.473(0.263,0.851) | 2.2(0.806,6.006) | 0.124 |
| | Female | 18(17.1) | 87(82.9) | 1 | 1 | 0.00 |
| do you want to use this hospital after this | yes | 68(27.2) | 182.72.8) | 0.710(0.363,1.390) | 3.139(0.980,10.053) | 0.054 |
| | no | 13(21) | 49(79) | 1 | 1 | 0.00 |

CHAPTER 6:DISCUSSION

Mother's satisfaction has found as a key indicator of the PNC health services.PNC one of the components of maternal and child health which plays an important role in the prevention of complications that occurs following delivery of the new born.This study revealed that 74.4% mothers were satisfied which was comparable with the study done in lowland middle income countries such as in west Arsi (74.6%),Jimma Zone,Ethiopia (77%),Felege Hiwot Hospital (74.9%) and Pakistan (61%) [50,51,52,53].However,this study finding was lower than in Debremarkos town (81.7%), West Gojjam ,Amhara Region (88.1%), Arsi Hospital (80.7%), Cote D'Ivoire (92.5%) and Nepal (89.88%) [5,54,55,56,1] and higher than study conducted in Amhara Region (61.9%) , Kenya (56%) ,South Africa (51.9%) , and Sri Lanka (61.9%) [45,57,58,59] .This variation

might be because of a real difference in quality of services provided, expectation of mothers or the type of health facilities. In addition, study time and design might have also contributed.

In this study, mothers whose age is between 20-34 years old were more likely to be satisfied than those whose age is less than 20 years old (AOR=13.5, 95%CI: 2.7,66). This might be related with maternal experiences and those mothers aged less than 20 might have less maternal experiences. This study finding was supported by study conducted in Myanmar[56]. In addition, more aged mothers have many exposures for childbirth and comparing the current delivery from the past they might be more satisfied.

The economic status of delivering mothers, mothers whose monthly income was greater than 3500 ETB, was twenty one times more satisfied than those whose income was lower than 3500 ETB (AOR=20.7:95%CI: 6.51-65.5). This might be due to the fact that mothers may think of the cost for travel, charge for supplies and other unexpected costs, and become dissatisfied. This finding is supported by a study conducted in Ambo town general hospital in Ethiopia, which showed that women with low monthly incomes were less satisfied than women with high monthly incomes(57).

In this study, mothers whose maternal outcome was normal were more satisfied than their counterparts ((AOR=0.161 95%CI:0.05-0,6)). This is due to the fact that women who experience no complications may be happy that they survived which may result in satisfaction. Birth outcomes in terms of the health of the mother and newborn affect maternal satisfaction with health care delivery service. This finding is supported by the study conducted in the Amhara region which showed that mothers without complications were more likely to be satisfied than mothers with complications.(58)

In general, maternal satisfaction has remained an ambiguous and complex concept with numerous predictors. Assessment of quality of care through the patients' satisfaction is highly individualistic and may reflect only part of health system responsiveness.

6.1 Limitations and Strengths

Social desirability bias might have affected the quality of data collected because study subjects might face difficulty in responding to dissatisfaction in the presence of data collectors.

Since the health facilities from where mothers were selected were purposefully selected, the representativeness of the findings may be limited.

CHAPTER SEVEN : CONCLUSION AND RECOMMENDATION

7.1 CONCLUSION

On the basis of the evidence generated in this study, PNC health services delivered to mothers and their newborns in WKUTSH was found inadequate which revealed in maternal satisfaction. The key determinants on maternal satisfaction were, age of mothers, mode of delivery, occupation of mothers, residence of mother, monthly income, mother outcome, waiting time and desire to use the hospital in the future were statistically significant associated with postnatal mother's satisfaction. Postnatal health service providers and system managers should follow innovative ways to improve mothers' satisfaction and should minimize associated factors in order to improve maternal satisfaction.

7.2 Recommendation

Based on the findings of the study, the following recommendations are forwarded to improve maternal satisfaction with PNC health services and to minimize its determinants. Patient satisfaction assessment should be regularly conducted in every quarter. It will be helpful in keeping knowing the gap of the service that provide for improving the quality of the services and patient outcome. Furthermore health office of the zone should establish a mechanism for a regular patient satisfaction surveys as a fundamental initiative for the improvement of the health services quality.

For future researchers: Future studies should consider gathering more data from more diverse sample and/or methods to address the generalizability issue. Further study focusing on quality of PNC health services and maternal satisfaction should be recommended.

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QUESTIONARY PART
Wolkite University
College of Medicine and Health Sciences
Department of Public Health

Questionnaire for data collection on maternal satisfaction on postnatal health care and associated factors in WKUSTH in Gurage Zone, Central Ethiopia, 2025.” This survey will have aimed to better understanding of the health facilities Quality of Postnatal Maternal Health Services.

Information sheet

Hello, my name is _____.we are students of Wolkite University college medicine and health science . Now we are going to collect information regarding assessment of maternal satisfaction on postnatal care and factor associated among women attending PNC in this Hospital. We assure you that the information that you are going to give was kept in secret. Therefore, you are free to respond or not to respond the questions. Your support and willingness in responding the questions was very important for the success of this study, So that we need your cooperation to answer the questions that we are going to ask.Do you have any questions on what we talked so far?

Verbal consent form

Now, do you agree to participate?

Yes _____No _____If no, respect the decision and thank her. If yes continue the interview.

Interviewer name _____signature _____Date_____

Questionnaire No. :.....

Appendix 2: Questionnaire

Instructions for data collectors:

- 1. Encircle the response of the respondent**

2. Please write the response for questions which require additional information

| Part 1: Socio demographic characteristics | |
|--|--|
| Variable | Response |
| Age | 1=<20 2=21-34 3=35 |
| Marital status | 1. Married 2. Single 3. Divorced |
| Educational status | 1. No formal education 2. Primary 3. Secondary and above |
| Ethnicity | 1. Gurage 2. Oromo 3. Amhar 4. other |
| Religion | 1. Orthodox 2. Muslim 3. Protestant 4. Others , specify _____ |

| | |
|--|---|
| Occupation | <ol style="list-style-type: none"> 1. Housewife 2. Farmer 3. Merchant 4. Government Worker 5. Others , specify _____ |
| Residence | <ol style="list-style-type: none"> 1. Urban 2. Rural |
| Monthly Income | <ol style="list-style-type: none"> 1, Less than 1000 2, 1001–2000 3, 2001–3500 4 Above 3500 |
| Part 2: Obstetrics history and service characteristic | |
| Parity | 1=primiparous 2=multiparous |
| Reason for visit | <ol style="list-style-type: none"> 1. Planned childbirth 2. Referral for childbirth |
| Pregnancy status | <ol style="list-style-type: none"> 1. Unwanted 2. Wanted |
| Mode of Childbirth | <ol style="list-style-type: none"> 1. Spontaneous Vaginal Delivery 2. Assisted delivery 3. Cesarean Section |
| Maternal Outcome | <ol style="list-style-type: none"> 1. Normal 2. Complicated |

| | |
|---|--|
| Fetal Outcome | <ol style="list-style-type: none"> 1. Live 2. Dead |
| Mode of transportation | <ol style="list-style-type: none"> 1. Car 2. On foot, animal, carried by human |
| ANC follow-up | <ol style="list-style-type: none"> 1. Yes 2. No |
| Previous childbirth at health institution | <ol style="list-style-type: none"> 1. Yes 2. No |
| Waiting time | <ol style="list-style-type: none"> 1.<30 minutes 2.>30minutes |
| Sex of the health professional | <ol style="list-style-type: none"> 1. Male 2. Female |
| Use in future | <ol style="list-style-type: none"> 1. Yes 2. No |
| Recommend to others | <ol style="list-style-type: none"> 1. Yes 2. No |

Part 3: Satisfaction level

1= very dissatisfied

2= dissatisfied

3= Neutral

4=satisfied

5= very satisfied

| Variables | Response | | | | |
|--|----------|---|---|---|---|
| Health facility Distance | 1 | 2 | 3 | 4 | 5 |
| Information service | 1 | 2 | 3 | 4 | 5 |
| Toilet cleanliness and access | 1 | 2 | 3 | 4 | 5 |
| Complete information provision | 1 | 2 | 3 | 4 | 5 |
| Cost paid | 1 | 2 | 3 | 4 | 5 |
| Confidentiality of provider | 1 | 2 | 3 | 4 | 5 |
| Drug and supplies availability | 1 | 2 | 3 | 4 | 5 |
| Privacy level | 1 | 2 | 3 | 4 | 5 |
| Respect and courtesy of staff | 1 | 2 | 3 | 4 | 5 |
| Waiting time | 1 | 2 | 3 | 4 | 5 |
| Overall cleanliness of facility | 1 | 2 | 3 | 4 | 5 |
| Promptness of care | 1 | 2 | 3 | 4 | 5 |
| continuity of care | 1 | 2 | 3 | 4 | 5 |
| Time Spent During Consultations | 1 | 2 | 3 | 4 | 5 |
| Health Education and Counseling on(breastfeeding, family planning, and newborn care) | 1 | 2 | 3 | 4 | 5 |

