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Review Article

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HEALTH FACILITY RELATED MATERNAL SATISFACTION WITH DELIVERY SERVICES AT UDUTH SOKOTO

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ABSTRACT

Childbirth is a crucial experience in women's life as it has a substantial psychological, emotional, and physical impact. Assessment of satisfaction with maternity services is essential and helps in future utilization of the services. The objective of the present investigation was to determine the maternal satisfaction towards delivery services at Usmanu Danfodiyo University Teaching Hospital Sokoto. A cross-sectional descriptive study was used. The study was conducted on a sample of 158 postnatal women at UDUTH. The study participants were selected using convenient method of sampling and the data was collected using self-administrated questionnaires. Most of the respondents are within the age range of 30-39 71(49.3%) and most of which are Hausas by tribe 57(39.6%). The finding of the study shows that majority of the women were satisfied with the structure/health facility related factors affecting mothers satisfaction with delivery services at UDUTH Sokoto except for the condition of toilets and showers in the delivery room. In conclusion there is a high level of maternal satisfaction with delivery services in UDUTH Sokoto. The study recommended that, condition of toilets and shower rooms in the delivery room and postnatal ward should be addressed to ensure the satisfaction of maternity clients. Government should make infrastructural improvements to overcome shortages of water and electricity, toilet and shower supplies.

KEYWORDS: Maternal, satisfaction, delivery services, pregnancy.

INTRODUCTION

With all the global efforts to overcome the pregnancy related deaths, this still remain an issue of concern in developing countries; these deaths are almost always preventable through the attendance of pregnancy and deliveries by skilled healthcare professionals in adequately supplied and equipped health facilities (Oyston, Rueda-Clausen, & Baker., 2014).

The causes of maternal mortality can be describe as: direct obstetric causes (73%) and indirect causes (27%) with the major causes being haemorrhage (27.1%), hypertensive disorders (14%), sepsis (10.7%), abortion (7.9%), and embolism (3.2%) (Say, Chou, Gemmill et al., 2014). Thus, the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) envisions a world in which every woman, child, and adolescent in every setting realizes his/her rights to physical and mental health and well-being, has social and economic opportunities, and is able to participate fully in shaping prosperous and sustainable societies (WHO, 2016).

Childbirth is a crucial experience in women's life as it has a substantial psychological, emotional, and physical impact. A positive experience in childbirth is important to the woman, infant's health and well-being, and mother-infant relationship. Furthermore, it is useful for the care providers to guarantee the best preparation, health service, and support to childbearing women (Bertucci, Boffo, & Mannarini, 2012). Memories and experiences of childbirth remain with the woman throughout her life. Clearly, the support and care they receive during this period is critical (Atiya, 2016).

Patient satisfaction is a major component of quality of health care in service provision. Patient expectations of care and attitudes greatly contribute to satisfaction (Morris, Jahangir, Sethi, 2013). Mostly; maternal satisfaction is determined by the physical environment of the health service, and the availability and accessibility of medicines and supplies. It is also affected by interpersonal communication with the health care provider, competency of the health care provider and support, and the health status of the mother and new born (Srivastava, Avan, Rajbangshi, Bhattacharyya, 2015).

Satisfaction during intrapartum care is the most influential attribute on service return behaviors and utilization (National Institute for Health and Clinical Excellence, 2017).

Assessment of satisfaction with maternity services is crucial and helps in future utilization of service (Bitew, Ayichiluhm, & Yimam, 2015). Understanding addressing them as part of quality-improvement programme can make delivery care safe, affordable, and respectful. In short, Buciuniene, Blazeviciene and Bliudziute, (2015), assert that, continuity of maternal and child care is related to the levels of satisfaction of mother and family members with health providers and health facilities. Despite that, little is known about the maternal satisfaction with delivery services at UDUTH. Hence the need for the study.

Research Design
A descriptive survey design was used for this study to elicit maternal satisfaction with delivery services at Usmanu Danfodiyo University teaching hospital (UDUTH) Sokoto.

Target Population
All mothers who gave birth in Usmanu Danfodiyo University (UDUTH) Sokoto at labor ward and theatre at the time of data collection and fulfill the selection criteria.

Inclusion Criteria
- Women who gave birth in UDUTH within the data collection time
- Post natal mothers 'who were mentally or critically well after delivery.

Exclusion Criteria
- Women who gave birth in UDUTH outside the data collection time
- Post natal mothers 'who were mentally or critically ill were not included in the study subjects.

Sampling Size Determination
The sample size was derived from the average delivery conducted in the month of August 2019 at the labor ward in UDUTJH Sokoto represented below:

Table 3.1: The average delivery conducted in the month of August 2019 at the labor ward in UDUTJH Sokoto.

S/NO.	TYPE OF DELIVERY	TOTAL NUMBER OF LIVE BIRTH
1.	Spontaneous Vaginal Delivery	221
2.	Cesarean Section	32
3.	Still Birth	4
4.	Vacuum delivery	3
	TOTAL	260

Using the Slovin's rule:
$n = N/ (1+ Ne^2)$
Where n = the minimum sample size required, N = study population = 260
e = the margin of error at 95% confidence level
The sample size (n) = $260/(1 + 260 \times (0.05)^2)$
n = 260/(1+ 260 x 0.0025)
n = 260/ 1 + 0.65
n = 260/1.65
n = 157.58
n = 158
Therefore, the calculated sample size is 158, and a total of 158 questionnaires will be used.

Sampling Technique
A convenient sampling technique was used in this study. Convenient non-probability sampling technique on the other hand is the type of sampling technique that involves the use of target population that is available at the time of data collection without any selection criteria.

3.6 Instrument for Data Collection
The instrument used for data collection was questionnaires. The questionnaire is divided into four sections; A, B, C and D.

Section A comprises of socio-demographic data of respondents.
Section B comprises of research questions on structural/health facility related maternal satisfaction with delivery services.
Section C comprises of research questions on process/health workers related maternal satisfaction with delivery services.
Section D comprises of research questions on maternal obstetrics history related maternal satisfaction with delivery services.
The questionnaire is close ended type.

Method of Data Analysis
The data collected were organized and presented using descriptive statistic in form of frequency tables. The result will be analyzed using statistical package for social sciences (SPSS) version 20. A decision mean of 3.0 will be used to ascertain the satisfaction or non-satisfaction of the respondent to the questionnaire items.

Measurement scale
Less than 3.0 is unsatisfied 3.0 and above is satisfied

Ethical Consideration
Permission was obtained from the departmental research committee to carry out the study. The culture and

religion of the subjects were considered and respected. Individual verbal consent was obtained from respondents after full explanation of what the project entails by the researcher in the questionnaire. Confidentiality was also maintained and serial number rather than names was written on the questionnaires to ensure anonymity. The copy of this research work would only be available in the department library for reference and further study.

Data Analysis

Section A: Socio-Demographic Data

Table 4.1: A Socio-demographic data of mothers.

S/NO	SOCIO-DEMOGRAPHIC DATA	FREQUENCY	PERCENTAGE
1.	AGE		
	10-19		7.6
	20-29	49	34.0
	30-39	71	49.3
	40 and above	13	9.1
	Total	**144**	**100**
2.	ETHNIC GROUP		
	Hausa	57	39.6
	Igbo	26	18.0
	Yoruba	28	19.4
	Others	33	23.0
	Total	**144**	**100**
3.	RELIGION		
	Islam	102	70.8
	Christianity	42	29.2
	Others	-	-
	Total	**144**	**100**

Table 4.1: B Socio-demographic data of mothers.

S/NO	SOCIO-DEMOGRAPHIC DATA	FREQUENCY	PERCENTAGE
4.	MARITAL STATUS		
	Single	14	9.7
	Married	122	84.7
	Divorced	06	4.2
	Widowed	02	1.4
	Total	**144**	**100**
5.	EDUCATIONAL STATUS		
	No formal education	12	8.3
	Primary education	24	16.7
	Secondary education	48	33.3
	Higher education	39	27.1
	Islamic education	21	14.6
	Total	**144**	**100**
6.	OCCUPATION		
	Government employee	35	24.3
	Private employee	18	12.5
	Self employed	14	9.7
	Unemployed	41	28.5
	Student	36	25.0
	Others	-	-
	Total	**144**	**100**

The above table shows that out of the 144 respondents, 71 between the age-range of 30-39 (49.3%) forms the majority of the respondents followed by those within the age range of 20-29 (34.0%). 13 are within the age range of 40 and above (9.1%) and those within the age range of 10-19 (7.6%) forms a minority of the respondents. Out of the 144 respondents; 57 (39.6%) are Hausa by tribe, 28 (19.4%) are Yoruba by tribe, 26 (18.0%) are Igbo and the remaining 33 (28.0%) are of other tribes which includes the Fulani, Gbagi, Igbira, Igala and Nupe. Out of the 144 respondents; 102 (70.8%) are Muslims, and the other 42 (29.2%) are Christians. 122 of the respondents are

married (84.7%) and singles 14 (9.7%) others, 4.2% and 1.4% are divorced and widowed respectively. of all the participants, 24(16.7%), 48 (33.3%) & 39 (29.1%) were primary, secondary and higher education certificate holders while few have Islamic education 21(14.6%) and others have no formal education 12(8.3%). Majority of the respondent are unemployed women 41(28.5%), students 36(25%) and government employees 35(24.3), others are private employees 18(12.5%) and self employed women 14(9.7%).

4.2 Section B: Structural/Health Facility Related Maternal Satisfaction With Delivery Services.

Table 4.2: Structural/health facility related maternal satisfaction with delivery services.

S/N	Items	Mean	Standard Deviation	Remark
8.	I am satisfied with the number of health workers	3.58	1.40	Satisfied
9.	I am satisfied with the Medical supply and drugs provided	4.58	1.03	Satisfied
10.	I am satisfied with the Delivery rooms and beds	3.	1.30	Satisfied
.	I am satisfied with the Laboratory services provided	4.56	1.23	Satisfied
12.	I am satisfied with the Toilets and Shower rooms	2.94	1.18	Dissatisfied
13.	I am satisfied with the Waiting rooms	4.50	1.24	Satisfied
	Aggregate mean	**3.88**		

The above table shows that, majority of the women are satisfied with the number of health workers (X=3.58, SD=1.4), medical supplies and drugs (X=4.58, SD=1.03), delivery rooms and bed (X=3., SD=1.3), laboratory services (X=4.56, SD=1.23) as well as waiting rooms (X=4.50, SD=1.24) since their means is more than the decision mean (DM =3.0). However, most of them are dissatisfied with the condition of the toilets and shower rooms (X=2.94, SD=1.18).

DISCUSSION

A total of 158 post-natal women were approached. 144 completed the questionnaires out of which 102 (70.8%) are Muslims, and the other 42 (29.2%) are Christians. most of the respondents are within the age range of 30-39 71(49.3%) and most of which are Hausas by tribe 57(39.6%). Most of the 144 respondents are married 122(84.7%) and are secondary education certificate holders 48(33.3) while few have Islamic education 21(14.6%). Majority of the respondent are unemployed women 41(28.5%), students 36(25%) and government employees 35(24.3).

The respondents were satisfied with the number of health workers (X=3.58, SD=1.4), this is in contrast to a study done in Malawi which shows that shortage of health care workers including health professionals and issues related to their retention were important barriers to quality of care (Christab, Julia, Jacobe, Stepheny, Manuela, & Admasona, a et.al., 2015). This could be as a result of number of students assisting and strengthen the work of the staff.

The respondents were satisfied with medical supplies and drugs (X=4.58, SD=1.03) this is in line with a study conducted in health institutions of west Arsi zone indicated good level of satisfaction with availability of drugs and supplies (79.6%) (Aman, 2016). Similarly majority of the women are satisfied with the waiting time before been attended to (X=3.49, SD=1.46).

The respondents were satisfied with delivery rooms and bed (X=3., SD=1.3) and waiting rooms (X=4.50, SD=1.24). This is in line with studies from India and Iran (Victor, Bilal & Reetabrata, 2012; Simin, Morteza & Saber, 2015). In addition, according to Srivastava, Avan, Rajbangshi and Bhattacharyya, (2015), frequent changing of bed sheets led to enhanced satisfaction with care in Gambia (Srivastava, Avan, Rajbangshi & Bhattacharyya, 2015).

However, Most of the respondents were dissatisfied with the condition of the toilets and shower rooms (X=2.94, SD=1.18). This is in line with a study conducted in Addis Ababa public and private hospitals (Samrawit, 2016).

Implication of the Study

The results of this study will provide scientific evidence regarding mothers' satisfaction with delivery care at UDUTH as performance measurement and also as consideration of satisfaction by health policy makers might be necessary for improving the quality of mother and newborn care, and reducing maternal mortality rate (MMR) and infant mortality rate (IMR).

CONCLUSION

The above result concludes that there is a high level of maternal satisfaction with delivery services in UDUTH Sokoto.

LIMITATION

- The mothers were interviewed within the health centers, and they may give responses favoring the care providers resulting in social desirability bias.
- The cross sectional nature of the study does not allow the study to establish causal relationship between the different independent variables and the outcome variable.
- Client satisfaction surveys are influenced by cultural response bias which is created by social and cultural

factors that influence the way people perceive and respond to survey questions.
- Absence of variables in the questionnaire to capture place of previous delivery that would have aided in cross-analysis of satisfaction.

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