

ADDIS ABABA UNIVERSITY
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DEPARTMENT OF NURSING AND MIDWIFERY

ASSESSMENT OF MOTHERS' SATISFACTION ON POSTNATAL CARE GIVEN AND ITS ASSOCIATED FACTORS AMONG MOTHERS ADMITTED TO POSTNATAL WARD AT PUBLIC HEALTH CENTERS AND HOSPITAL SETTING WEST SHOA ZONE, OROMIA, ETHIOPIA

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Approved by the board of examination

This thesis by Berhanu Ejara is accepted in its present form by the Board of Examination as satisfying thesis requirements for degree of masters in Maternal and Reproductive health nursing.

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Abstract

Background: Postnatal care is one of the most important maternal health-care services for not only prevention of impairment and disabilities but also reduction of maternal mortality. Studying patient satisfaction on postnatal service given and its associated factors is key concept in expressing postnatal care utilization interest, controlling factors that alter utilization and reduction of maternal mortality since postpartum complications are the leading cause for maternal mortality. Thus assessment of patient satisfaction is a great input to improve health service.

Objective: This study was conducted to assess mothers' satisfaction and its associated factors on postnatal care given in postnatal ward at public health centers and hospital setting.

Methods: A facility based cross sectional study was conducted using both quantitative and qualitative method of data collection from March 10-April 10/2014. A sample of 278 respondents in two hospital post natal wards and eight public health center wards were included in the study. Client satisfaction was measured using a survey instrument adopted from the Jipi's postnatal satisfaction with care questionnaire. Collected data was cleaned, edited, coded and entered in to EPI INFO and exported to SPSS. Multivariate and binary logistic regression was applied. The degree of association between independent and dependent variables was assessed using adjusted and crude odds ratio with 95% CI. Statistical significance was set at $p < 0.05$. For qualitative study narrative analysis was done.

Result: A total of 278 postnatal mothers from two referral hospitals and eight health centers were participated in this mixed study design with 176 (98.9%) response rate, 2 (1.1%) of non response rate. The mean \pm SD age of the mothers was 27.4 ± 6.4 years. 113 (40.9%) were with no formal education. The majority 239(86.6%) were married. 99 (35.9%) were farmer while 63(22.8%) were government employees. About 75.7% mothers needed this pregnancy and from all respondents 81.9% of them were scored normal living neonate. Based on mean percentage

orientation area got least value (74.1%) and on contrary communication area of care scored the highest mean percentage (91.67%). The dispersions of scores in the area of specific to postnatal care i.e. (SD=5.22) were more dispersed when compared to other areas of care.

Multivariate logistic regression there is an association between educational status and satisfaction [AOR=0.46 95%CI: 0.22, 0.91], marital status and satisfaction [AOR=2.7 95%CI: 1.13, 7.3] and monthly income and satisfaction [AOR=2.88 95%CI: (1.14, 7.30)]. From obstetric characteristics delivery satisfaction is significant to postnatal care satisfaction [AOR=0.023 95%CI: 0.009, 0.056]

Generally from all, 276, respondents 154 (55.8%) of them were satisfied with care received during postnatal period and 122 (44.2%) of them were not satisfied with care given.

Conclusion and Recommendation

The presence of unsatisfied patient can be a proxy indicator for the need for quality improvement.

According to this study educational status, monthly income, and marital status from demographic variables and delivery satisfaction from obstetric variables were found to be significant.

All concerned bodies should try to give awareness for mothers on postnatal care and prepare appropriate environment for them to make them happy with care given.

Key words: postnatal care, postnatal care satisfaction, Ethiopia, associated factors, west Shewa

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List of Acronyms

AAU	Addis Ababa University
ANC	Antenatal Care Satisfaction
AOR	Adjusted Odds Ratio
BMC	British Medical Center
CSA	Central Statistical Agency
CI	Confidence Interval
COR	Crude Odds Ratio
DHS	Demographic and Health Survey
EDHS	Ethiopian Demographic and Health Survey
FGD	Focus Group Discussion
IPRS	Interpersonal Relationship
LMICs	Low- and Middle-Income Countries
MDGs	Millennium Development Goals
MCH	Mother and Child Health
PNC	Post Natal Care
PCSQ	Postnatal Care Satisfaction Questionnaire
SPSS	Statistical Package for Social Sciences
TBAS	Traditional Birth Attendants
UK	United Kingdom
USA	United State of America
WHO	World Health Organization

Chapter One

1. Introduction

1.1 Background

The postnatal period or called postpartum is defined by the WHO as the period beginning one hour after the delivery of the placenta and continuing until 6 weeks (42 days) after delivery . Postnatal care is pre-eminently about the provision of a supportive environment in which a woman, her baby and the wider family can begin their new life together. [1]

Women are admitted to the Post Natal Ward following the birth of their baby. Discharge within three days for a healthy mother and child following a normal birth is most often the case, despite the fact that criteria for early discharge varies between clinics and countries. Now a day, the length of stay for postnatal care in hospital after a normal birth in Australia, Canada, the United Kingdom (UK), the United States (USA), and Sweden is around two days [2]

A large proportion of maternal and neonatal deaths occur during the 48 hours after delivery, and these first two days following delivery are critical for monitoring complications arising from the delivery. Safe motherhood programmes have recently increased emphasis on the importance of postnatal care, recommending that all women receive a health checkup within two days of delivery. [3]

Postnatal care is one of the most important maternal health-care services for not only prevention of impairment and disabilities but also reduction of maternal mortality. Utilization of postnatal care by women influences both women and children's lives, in terms of reducing repeat pregnancies and increasing effective contraceptive use [4]. In Ethiopia post natal care is the least utilized maternal care than antenatal care and intranatal care. [3]

Health care providers are expected to be accountable for the quality of their work to client's institution and profession and to the society as a whole. "Patient's satisfaction is one of the

medical documents that medical services at public and private health facilities have been under increasing strain to meet the expectation of the patient as consumers, because medical care has come to the ambit of services under consumer protection act.” [5]

Patient satisfaction is considered as one of the desired outcomes of health care and it is directly related with utilization of health services. Asking patients what they think about the care and treatment they have received is an important step towards improving the quality of care, and to ensuring that local health services are meeting patients’ needs [7]. When patients are more satisfied, medical management and outcome are enhanced. Patient satisfaction is as measure of the quality of care, and indispensable to assessment of quality as to the design and management of healthcare system. Hence a useful way of doing this is by carrying out surveys/study of patients who have used the health services. [8]

Patient satisfaction with care given in health facility is one of the 21 indicators identified by the American Nurses Association as having a strong “theoretical link to the availability and quality of professional nursing services in health settings. [9]

Women's evaluation of postpartum nursing care has consistently been more negative as expressed in different longitudinal studies than their assessment of other episodes of maternity care [2, 5, and 26]. Despite such evaluations, postpartum care is often given low priority in research and practice. Considering that patients in general are reluctant to express critical comments about the care they receive, the negative assessments of postpartum care in modern obstetric units are of great concern [6]. Important aspects reported to be associated with experiences of postpartum hospital care satisfaction are the content and provision of information, support and follow-up, communication with caregivers, care facilities, as well as staff attitudes, behavior, and competence, so postnatal care satisfaction determinants are really important to assess their satisfaction. [2 and 5]

1.2 Statement of the problem

A large proportion of maternal and neonatal deaths occur during the 48 hours after delivery, and these first two days following delivery are critical for monitoring complications arising from the delivery. Thus, postnatal care is important for both the mother and the child not only to treat complications arising from the delivery, but also to provide the mother with important information on how to care for herself and her child. EDHS

Each year, 287,000 women die while pregnant, during childbirth or within 42 days of termination of pregnancy [10]. Maternal mortality mostly occurs within childbirth and the first week postpartum [11], and more than half (56%) of the world's maternal deaths are recorded annually in Sub-Saharan Africa [10]. The annual toll of losses resulting from poor pregnancy outcomes further includes more than three million stillbirths - of whom at least one million die during labor - and 3.8 million neonatal deaths (decease of the live newborn within 28 days) [12]. Ninety-nine percent of maternal deaths occur in low- and middle-income countries (LMICs), where a large proportion of births take place at home and where postnatal care (PNC) for mothers and neonates is either not available or is of poor quality [10,13].

At the moment, many countries including Ethiopia are working to meet the WHO recommendation of having skilled attendance for all births [14]. According to the recent 2011 Ethiopian Demographic and Health Survey (EDHS) report, only 6% of the women had postnatal care by skilled providers which indicates that high maternal mortality in Ethiopia is directly related to extreme under utilization of postnatal care [15]. This in turn, in addition to so many other factors, may be related to under satisfaction with care given. Maternal mortality has also not changed from its previous level where maternal mortality ratio was 673 per 100,000 live births in the 2005 EDHS report [16], and it was 676 per 100,000 live births in the 2011 EDHS report [15]

The postnatal period is neglected throughout Africa, as many women and their infants are not encouraged to seek care until six weeks after delivery, at which time they may or may not receive adequate attention. [17]

A descriptive study done between 2009-2010 in southern parts of Ethiopia showed 17.2% is the percentage of mothers who used postnatal service. Post partum complications are the leading causes of maternal mortality in both developed and developing country, so early postnatal care is mandatory for all mothers giving birth to reduce maternal mortality rate and mortality from hemorrhage and other complications that may happen after delivery. To give appropriate and adequate postnatal care, mothers' satisfaction with services and environmental conditions or factors affecting their satisfaction should be considered. [18]

There is growing evidence from Australia and overseas that the care provided in health facilities in the early postnatal period is less than ideal for both women and care providers. Many health services face increasing pressure on facilities beds and have limited physical space available to care for mothers and their babies. In practice, whether the woman delivers her baby at home or in a health facility, in the majority of cases postnatal care services are not routinely available in Ethiopia. Even if postnatal care is available, it is often not practiced properly, due to lack of knowledge and skill by the health workers, and at times due to lack of essential equipment and supplies [18 and 19]. These in turn dissatisfy mothers and hate to receive post natal care. [19]

1.3 Significant of the study

As few study on this area showed that early post natal care given for mothers is very less than expected in Ethiopia. So studying patient satisfaction is the essential indicator that indicates the service quality at any level of health care services. Patient satisfaction is therefore of high value and it is useful to understand the need of patient. By understanding the importance of satisfaction and determining its existing level, health care service can be made relevant to the requirements of patients [20].

Satisfied patients are the assets of health institution, which will induce a sense of belonging and could improve autonomous participation on health facility development. In order to improve the quality of service as part of total quality management, the measurement of patient satisfaction in autonomous health facility should carried out regularly as basic indicator to define the strength and weaknesses of the provided services. Data of patient satisfaction could alert health care providers to patients concerns, needs and expectation of treatment. Women's evaluation of postpartum care has consistently been more negative than their assessment of other types of maternity care according to different longitudinal study showed. The need to further explore what is wrong with postpartum care, in order to stimulate changes and improvements, has been stressed. [19, 20 and 21]

Thus by studying mothers' satisfaction on postnatal care given in public health centers and hospitals ward and its associated factors care providers will understand how much they are serving and what determinant goes wrong, which helps them to assess and improve their services. This in turn helps MDGs on reduction of maternal mortality by increasing utilization. In addition to that, the data may also useful for program planner, evaluator and policy maker on institutional based postnatal service based on clients feeling.

Chapter Two

2. Literature review

A strategy that promotes universal access to antenatal care, skilled birth attendance and early postnatal care will contribute to sustained reduction in maternal and neonatal mortality. A little less than half of all mothers and newborns in developing countries do not receive skilled care during birth, and over 70% of mothers who gave delivery outside the hospital do not receive any postnatal care. Less than one in five women (19%) received care within 48 hours of giving birth as a descriptive study done in Nepal showed. [22]

According to Demographic and Health Survey (DHS) data from 23 African countries, two-thirds of women in Sub-Saharan Africa give birth at home, but only 13% of all women receive a postnatal visit within two days [23] .

The level of postnatal care coverage is extremely low in Ethiopia. The great majority of women (92 percent) with a live birth in the preceding five years did not receive a postnatal checkup. In total, 9% of women received postnatal care up to 41 days and 7 % of women received postnatal care within two days, as recommended according to EDHS. [3]

Since the early 1990s, because complaints about health care have increased, professionals have begun to measure patient satisfaction. There are complex links between expectations, preferences, and satisfaction and users' views will inevitably be limited by their experience. A range of specific issues can make patients uncomfortable with their care experience, but key areas of concern for most patients include communication of health care information and being adversely affected by health workers strain and exhaustion [24]. In health care there are two interacting parts: the task that is to be performed and the relation where the task is accomplished. These two are each other's prerequisite and are always simultaneously present. Sometimes the task is focus, sometimes the relation, while the task can for a moment be put aside. The relationship between those involved depends on various conditions, such as the task,

the family's needs, the caregiver's competence, and the external situation. The relationship is maintained through interaction in the form of verbal and non-verbal communication. The relationship influences the communication; the communication influences the relationship [25].

A descriptive study done in United Kingdom, West European, North American, Australian showed that mothers are less satisfied responses to hospital postnatal care than care given during antenatal and intranatal nursing care. Only about 50% of respondents were very satisfied [26].

2.1 Socio demographic variables including mode of delivery and current obstetric score association with patient satisfaction

A cross sectional study done in Spain to assess association between patient satisfaction and socio demographic variables after they admitted to facilities showed that age, educational level, monthly income, cleanliness and occupation were associated with patient satisfaction. This is study done on 650 randomly selected patients. [27]

There was a research conducted in Netherland with an objective of assessing factors related to negative or positive recall of birth experience in women 3 Years Postpartum that affects their satisfaction. The study used a cross sectional quantitative design. According to this study women chose mainly positive adjectives to describe staff. Overall, the most frequently chosen positive adjectives were "supportive" (72%) and "considerate" (66%). More than 40 percent of all women did not use the positive adjectives "informative," "warm," and/or "polite." Thirty percent of all women described staff as being sensitive. Staff being "rushed" was the most frequently chosen negative adjective (17%). But of all demographic variables, neither "background of risk" nor age contributed to negative recall after univariate analysis. Adjusted ORs are shown and having an assisted vaginal or unplanned cesarean delivery and being referred during labor both increased the risk of negative recall and unsatisfied mother, as did not having had a home birth. If a woman indicated that she was not satisfied with the way she had coped with pain, her risk of negative recall overall was almost five times higher. Feeling that she had not received a choice in

pain relief and using more negative adjectives to describe her caregiver(s) was associated with an almost three-fold increase in the odds of negative recall dissatisfaction. [28]

2.2 The linkage of maternity service acquired including health care giver's status, health status after delivery and environmental conditions with patient satisfaction

A telephone survey of 9% of first quarter at the New York Hospital was undertaken to identify the determinant of patient satisfaction. The study showed that best determinant of overall satisfaction with hospital care appears to be patient expectation and satisfaction with nursing care. [29]

A decade of research in Victoria, Australia, has identified low levels of satisfaction with the hospital stay following birth. Of the three episodes of maternity care, women are least likely to be satisfied with postnatal care, with only 50% of women in a 2000 state-wide survey rating their postnatal care as 'very good'. The factors most strongly associated with negative ratings of postnatal care were those reflecting women's experiences of specific aspects of care: the sensitivity of caregivers; the extent to which anxieties and concerns were taken seriously; how rushed caregivers seemed; the helpfulness of advice and support; and whether help and advice were offered at all. Length of postnatal hospital stay was also associated with satisfaction with care; staying in hospital for one to two days was associated with less positive ratings of care, compared with the views of women who stayed five days or more [30].

A qualitative study done in UK showed that some respondents are really disappointed and said 'she was not keen to help me and she would say you don't need to breastfeed if you don't want you can use the bottle' and the other said 'If I ask 'can you get me a bottle of milk' or 'I need help with feeding the baby' they sort of go away and don't come back for another hour, two hours later. And by that time it's like I tried to breastfeed him at first and asked for help because he wouldn't take it, he was taking a long time, so I just had to bottle feed him'. [31]

The quantitative and qualitative longitudinal study findings written on study done in Sweden showed that, of women's overall assessment of postpartum care n = 3061, two months postpartum n = 2762 and one year postpartum n = 2563) 32%, 28%, 26% of the women respectively were not satisfied, a much higher figure than the one related to antenatal or Intrapartum care. [21]

On study conducted on respondents in Bangladesh on the role of clinical and process quality in achieving patient satisfaction in health facilities both what and how the health care are delivered are essential for satisfaction. In this study the determinants are inner in the health system; such as patient centered care, emotional support, waiting time, communication and information. [32]

Health status after delivery and communication with health workers is the main determinant factors for satisfaction of mothers in post natal ward. For example study done in UK confirm that poor communication dissatisfy mothers on service given. The other satisfaction determinant, according to this study, is mothers' health status after delivery. It confirms that illustrated suffering with postnatal depression was significantly less satisfied with their postnatal care compared to those who were not depressed [33]. This is a cross sectional survey done using Cronbach Alpha's level of Patient Satisfaction Questionnaire in 2012. Additionally the stud conclude that little is known about factors that are associated with expectations of communication within postnatal care and the impact this may have on satisfaction with care. Overall satisfaction with care was low, and one in three women left hospital feeling that they required more support and assistance with both baby care and their own personal needs. The majority of comments women made regarding their postnatal stay focused on the attitude and behavior of staff and about routine aspects of care [34]. Study done in Indian showed that (39%) of postnatal mothers were moderately satisfied and (60%) of postnatal mothers were minimally satisfied and (1 %) of postnatal mothers were satisfied with the care received by them. [5]

A quantitative cross sectional study done in Victoria showed that only 52% (1999) and 51% (2005) of women rated their postnatal care in hospital as 'very good' [35]. A descriptive study done in Victoria showed that 50.8% of women described their postnatal care in hospital as 'very

good'. After adjusting for parity, method of birth, length of stay, model of care and socio-demographic characteristics, specific aspects of care with the greatest negative impact on the overall rating of postnatal care were as follows: midwives perceived as rushed and too busy 3.4–6.1%, doctors and midwives perceived as not 'always' sensitive and understanding 2.8–5.5%, support and advice about going home not 'very helpful' 2.3–4.5%, help and advice about baby feeding not 'extremely helpful' 2.1–5.1%, not being given advice about baby feeding 1.2–6.9%, staying in hospital only 1–2 days 1.2–3.4%, and not knowing any of the midwives in the postnatal ward 1.3–2.4% were also associated with less positive ratings of postnatal hospital care. [36]

According to study done in South Africa shows that there are top ten determinants for patient satisfaction in health facilities after admission from those cleanliness of the practice, cheerfulness of the study (4.5%), communications with nurses and doctors, length of hospital stay are the principal. [37]

A descriptive study in southern Nigeria to evaluate patient satisfaction with quality of care was conducted. According to this study the presence of not satisfied patient can be a proxy indicator for the need for quality improvement. [38]

A cross sectional survey was conducted at public hospitals in Addis Ababa on adult patient satisfaction on nursing care. A total of 660 from medical, surgical, and gynecological wards were approached from the study hospitals and 631 of them are participated with 4.4% non response rate. Participants who were female, age group 41-50, having low income, and less educated were more satisfied. The overall rating of satisfaction was 67%. The top aspects that patients scored highest for their satisfaction with nursing care were nurse's capability on their work, freedom they give, and treating them as individuals. The overall amount and type of information they received and patient respects were aspects where there were least satisfied. Age was the significant predictors of patient satisfaction with nursing care ($p < 0.05$). The needs for improving interpersonal relationship of nurses with their patients were recommended. [39]

Another cross sectional study design done on patient satisfaction and its determinants assessment in selected public hospitals in Addis Ababa on a total 397 respondents showed that 83% of patients were satisfied by the service they had get at the health facilities. Only 17% of them were not satisfied. According to this study's multivariate analysis; the variables nurses communications (AOR=9.2, 95 CI, =2.598-32.71), easy to find your way around health facilities (AOR= 9.2, 95 CI, =1.715-7.28), and follow up on bed (AOR=4.3, 95 CI, =1.744-10.434) were the independent predictors of patient satisfaction. Establishing a clear verbal and written communications between health care providers and patients along with effective bed management are critical to improve patient satisfaction in the inpatient setting [40].

Dissatisfaction with postnatal care, particularly care provided in health facilities, was reported by the Audit Commission (Audit Commission 2007), when women made more negative comments about hospital postnatal services than any other aspect of their maternity care. A large survey undertaken by the National Childbirth Trust (National Childbirth Trust. 2009) which targeted members through their website and journal, asked women for their opinions on the postnatal care they received during the first month of the birth. Of the 960 women who responded, around 50% reported that they received all of the information, care and emotional support they needed. However 10% reported they received very little or no information and around a quarter of women reported they had received no emotional support. [41]

Generally, even though there is no specific study done on this topic in Ethiopia, women are satisfied with their maternity health care, but for some reason, in several studies from various countries, postpartum care is less satisfactory compared to other areas of care provided during pregnancy and childbirth [26].

Conceptual Frame Work

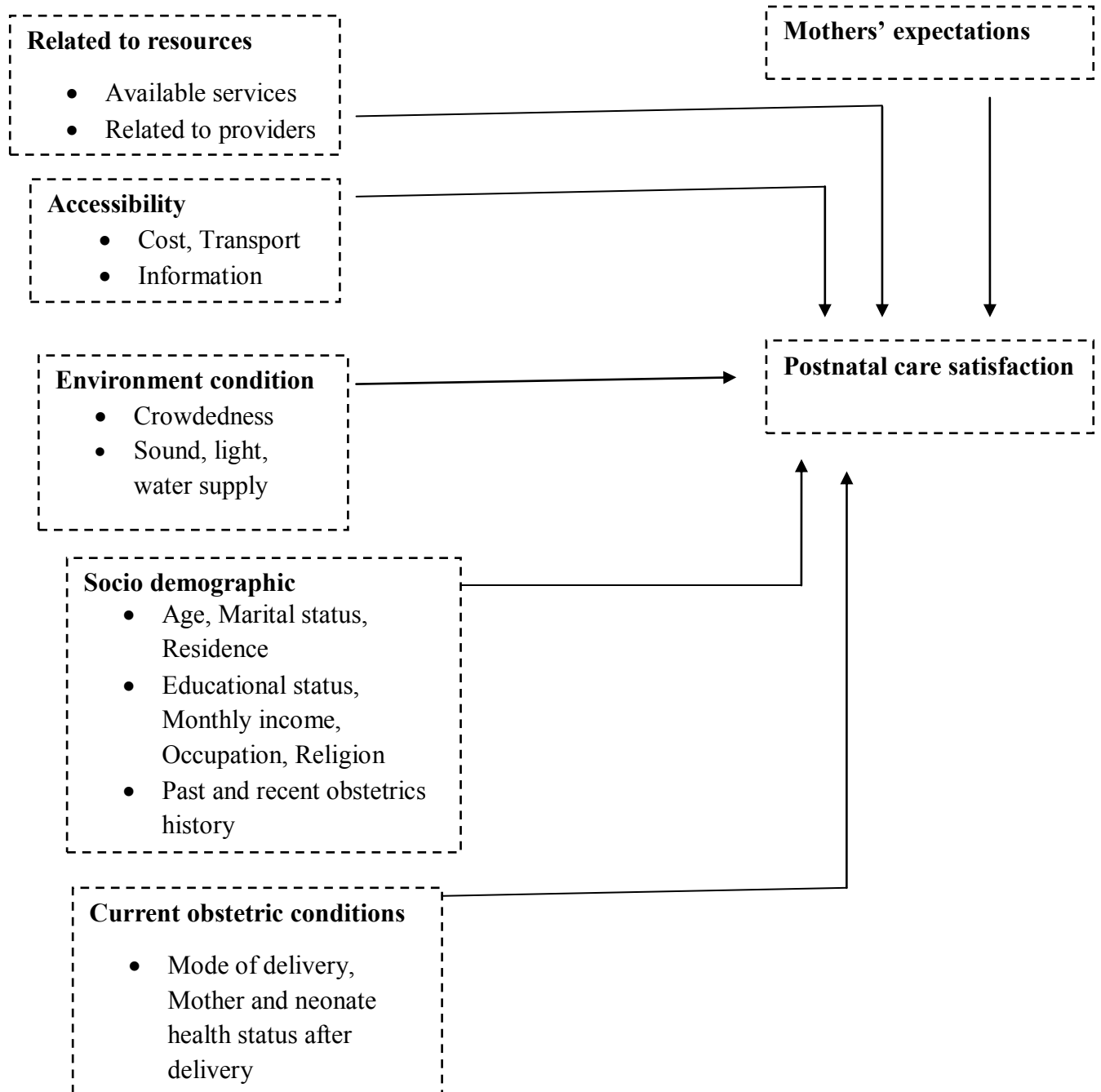


Fig. 1 Conceptual frame work developed from MCH service satisfaction, Asma Hasan.

Chapter Three

3. Objective of the study

3.1 General objective

- To assess mothers' satisfaction on postnatal care given in the ward and its associated factors among mothers admitted to postnatal ward at public health centers and hospital setting

3.2 Specific objectives

- To assess satisfaction of postnatal mothers with care provided in the postnatal ward.
- To identify factors associated with post natal care satisfaction
- To assess mothers' expectation that affects post natal care satisfaction

Chapter Four

4. Method and materials

4.1 Study area

Oromia is one of the nine ethnically-based regional states of Ethiopia. Covering 284,538 square kilometers stretching from the western border in an arc to the southwestern corner of the country, the 2007 census reported its population at over 27 million, making it the largest state in terms of both population and area (2011 National Statistics). With 2.6% growth rate 2013 total population of Oromia is 421.2 million. [42]

West Shewa ("Mirab Shewa") is a zone found in Oromia Region. This zone is located on the western part of Addis Ababa, capital city of Ethiopia, at 126km distance from its' capital city Ambo. Based on the 2007 Census conducted by the Central Statistical Agency of Ethiopia (CSA), this Zone has a total population of 2,488,956, of whom 1,228,501 are men and 1,260,455 women with an area of 14,788.78 square kilometers, west Shewa has a population density of 139.21, while 242,352 or 6.10% are in urban. Afan Oromo was spoken as a first language by 89.47%.(Census 2007 Tables: Oromia Region) Concerning health, 89% of the zone is exposed to malaria.(World Bank, *For Ethiopia: A Regional Characterization*). Currently there are about 395,753 women in reproductive age in this zone. There is around 80,283 mothers give birth per year. [West Shewa health department information center]

West Shewa zone has currently 3 general hospitals and 85 public health centers; Ambo hospital, Gedio hospital, and Gindeberat hospitals which located in urban and 15 public health centers are in urban and 70 of them are in rural. Total population they are serving is around 2,381,079. All of them are currently admit mothers and give post natal care for 6hrs- 7days based on mothers' obstetrics conditions. [West Shewa health department information center]

4.2 Study design

An Institution based cross sectional study was carried out using quantitative and qualitative method of data collection.

4.3. Study period

From February to May 2014

4.4. Population

4.4.1. Source population

All mothers who give birth in public health centers and hospitals of west Shewa zone within one month

4.4.2. Study population

All mothers who were selected by systematic random sampling in public health centers and hospitals, and who met the inclusion criteria from April 05/2014 to May 13/2014

4.4.3. Inclusion criteria

- Mothers who gave birth in selected public health centers and hospitals and admitted to postnatal ward despite to current obstetric score
- Referred mother from other health centers or other places after or before delivery
- Mothers who gave birth outside the public health center and hospital including home /without professional assistant/ but admitted to postnatal ward due to obstetric cases for care

4.4.4. Exclusion criteria

- Mothers who were admitted to postnatal ward but due to abortion or termination of pregnancy.
- Mothers who were taking outpatient postnatal care but no history of admission to post natal ward.

4.5 Sampling methods and technique

4.5.1. Sample Size

The sample size was calculated using a single proportion formula by assuming p (0.07), proportion of postnatal care utilization within 2days in Ethiopia from EDHS/2011. Other assumptions made during the sample size calculation were 5% marginal error (d) and confidence interval of 95% (= 1.96). Based on these assumptions, the sample size was calculated as follows:

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

Where; n =sample size

Z=Reliability Coefficient with 95%confidence interval

P=Population variance available from previous data ($q=1-p$)

d= Degree of precision or margin of error

The Degree of precision or margin of error chosen to be 0.05 with the reliability coefficient of 1.96% certainly ($z=1.96$).

This yields a sample size of 127. However, since the source population was <10, 000 sample size correction formula was used to determine the final sample size

n_f = desired sample size (with population <10,000)

n =desired sample size (when population>10,000)

N = the estimate of the population size (6683)

$$n_f = \frac{n}{1 + (n/N)}$$

The calculated correction sample size was 126. This was multiplied by a factor of 2 to correct the design effect of sampling which gave 252, then considering 10% non response rate, the final sample size is 278.

4.5.2. Sampling technique

A multi stage stratified sampling technique was used with the strata of health facility exist in urban and rural. The health facility was selected at first stage by simple random sampling then the mothers in postnatal ward was selected at the second stage by systematic random sampling based on bed number.

A total of are currently providing delivery and postnatal care in separated ward in the Zone of which 70 health centers exist in rural district and the remaining 15 belongs in urban district. However For this particular study, from 85 health centers and 3 hospitals, due to resource and time constraint 11.4% (10) of public health facilities, 6 health centers from rural and 2 health centers and 2 hospitals from urban were selected randomly by lottery method. Those were ambo hospital (198), Gedio hospital (59), Ejaji health center (33), Ginci health center (39), Ejere health center (24), Encini health center (24), Shanan health center (26), Gojo health center (41), Ballami health center (29), and Seyo health center (46) with their estimated number of mother who was delivering there per month. Number of respondents from each health centre and hospital was determined based on their number of monthly average of mothers' who were give birth in that health facility (proportional to population they are serving). Then respondents of the study from source populations were selected by systematic random sampling every 2 mother. The first mother was the 1st bed which selected by lottery method. [West Shewa zone health department, information center]

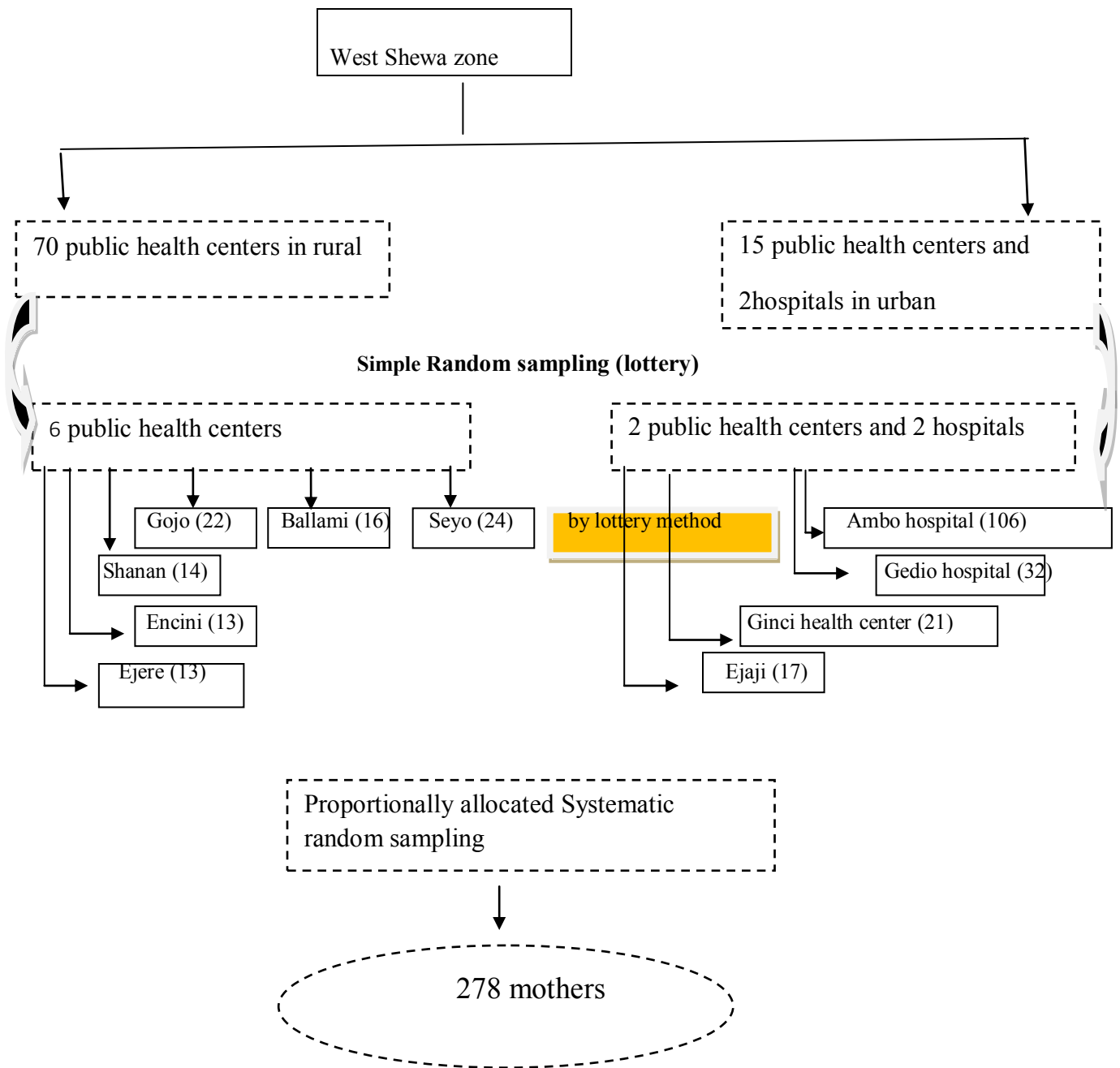


Figure 2: Schematic presentation of sampling procedure in west Shewa Zone 2014.

4.6 Variables

4.6.1 Dependent variables

- Postnatal care satisfaction.

4.6.1 Independent variables

Demographic variables

- Age
- Religion
- Marital status
- Educational level, Occupation
- Monthly income

Obstetrics variables

- Current obstetrical score
- Mode of delivery

Maternity services variables

- Comfort and care

- Distance from health setting and cost for service
- Value & preference for postnatal mothers
- Quality of care
- Mothers' expectation on services
- Pregnancy history

Environmental factors

- Noise, water, light

Mothers' expectations

4.7 Data collection instrument

The study was conducted using a structured questionnaire interview and FGD. A structured questionnaire interview was formed from validated questionnaires and adapted to local context for the study purposes. For FGD open ended questions was used.

For assessing patient satisfaction a validated patient satisfaction questionnaire was adapted from Jipi's postnatal satisfaction questionnaire. (5)

4.8 Data collectors' selection and training

Data collectors were 10 non health professionals grade 12 completed to reduce interviewer and social desirability bias. Supervisors were 10 Bsc health professionals. Supervisors and data

collectors were trained for one day on data collection principles and procedures before their participation.

4.9 Data collection method

The structured questionnaires were administered by trained interviewer and FGD was held by supervisor, interviewer and me. During focus group discussion each question was discussed separately and all discussant were independently raised and discussed the question. Members for FGD was selected based on their willingness and 3 FGD was selected from all sites. One group included 3-5 members. The participants were interviewed in facilities' ward while they were ready to discharge. If a patient who was selected refuses participation or unable to answer the questions, the next eligible respondent was interviewed.

4.10. Data analysis

Data was edited, coded, cleaned, and then double data entry verification was applied using epi data version 3.5.3 and exported to SPSS version 20. Using SPSS version 20, descriptive analysis (Mean \pm SD for continuous variables and frequencies for categorical variables) was conducted. Analysis of Logistic regression (binary and multiple) AOR and COR with 95% CI was done to show the relationship between post natal care satisfactions and selected demographic variables and obstetric characteristics. Qualitative data analysis was done using narrative analysis

The qualitative data that was obtained from participants', using short not from their discussion, narrative analysis was used after the data was translated and systematically coded segment by segment based on the research questions. Categories were formed and then based on the emerged relationships between the categories; themes were developed and used to answer the research questions in conjunction with the data from the quantitative survey.

4.11 Data quality control measures

Data collection tool adapted and was translated to Afan Oromo and back translated to English and. Before data collection training was given to data collectors and supervisors and then frequent supervision by supervisors and principal investigators was done for consistence and completeness of data. After data collection, the data was edited, coded and cleaned then double data entry verification was applied using epi info version 3.5.3 and exported to SPSS version 20 for analysis for qualitative data open coded used.

4.12 Operational definition of terms and concepts

Postnatal care satisfaction- patients' opinion of overall satisfaction with postnatal services they received, determined by factor score of satisfaction measuring questions.

Levels of satisfaction- the extent to which mothers who gave birth in health facility satisfied based on their opinion. Those levels are categorized as **fully satisfied, moderately satisfied, minimally satisfied, satisfied, not satisfied, and completely not satisfied**. Based on mean score respondents who scored above mean were considered as satisfied and respondents who scored below mean were categorized as unsatisfied.

Post natal period-the Time between child birth or delivery and 42nd day after delivery.

Postnatal care- supportive service/care given during post natal period

Service expectation- mothers' belief, before receiving, about what might happen after they received service

4.13 Ethical consideration

Before the start of the data collection process, Ethical clearance was obtained from AAU School of Allied Health Science, Department of Nursing and Midwifery Ethical Review Board. After Ethical clearance, supportive letter was obtained from Nursing and Midwifery to West Shewa zone health department and from West Shewa zone health department permission letter for data collection to each site was written for me. Participation in the study was voluntary and based on

each patient's ability to give verbal informed consent. Participants were guaranteed on confidentiality of the information by not mentioning their name or any identification of patient, kept information and interview was done only in the place of data collector and patient.

4.14 Data presentation and dissemination plan

The study finding was presented to AAU. Then it will be communicated to concerned bodies including health facilities, Oromia region health Bureau and west Shewa zone health department. Finally effort will be done to publish for disseminate for worldwide. Presentations at professional, local, national and international meetings and publication in peer reviewed national or international journals will be attempted.

Chapter five

5. Results

5.1 Quantative findings

A total of 278 postnatal mothers from two referral hospitals and eight health centers were participated in this mixed study design with 276 (98.9%) response rate, 2 (1.1%) of non response rate and 136 (49.28%) of mothers were obtained from hospitals, 101(36.5%) were from rural public health centers and the rest 39(14.21%) were from urban public health centers.

5.1.1 Socio demographic characteristics

The mean \pm SD age of the mothers was 27.4 ± 6.4 years. One hundred and thirteen (29.8%) were with no formal education. The majority 239(86.6%) were married. Ninety nine (35.9%) were farmer while 63(22.8%) were government employees. One hundred seventy three (62.7%) mothers were from rural areas. Two hundred and forty eight (89.9%), majority, were Oromo by ethnicity. One hundred and fifty (54.3) of the delivering mothers were Orthodox Christians by religion. The median monthly income of postnatal mothers is 600 ETB (30.8USD). One hundred thirty nine mothers (50.4%) paid less than one hundred ETB for the overall service received and about 85(30.8) received all cares freely. (Table1)

Table 1: Socio demographic characteristics of postnatal mothers in governmental hospitals and public health centers of west Shewa, Oromia region, Ethiopia April-may 2014(n=276)

Socio demographic characteristics	Number	Percentage (%)
Age (in years)		
<21	33	12.0
21-25	98	35.5
26-34	105	38.0
>34	40	14.5
Mean= 27.4 SD= 6.4	Min.=17	Max.=50
Marital status		
Married	239	86.6
Divorce	8	2.9
Widowed	4	1.4
Not married	25	9.1
Religion		
Orthodox	150	54.3
Muslim	10	3.6
Protestant	104	37.7
Waqefata	8	2.9
Other	4	1.4
Ethnicity		
Oromo	248	89.9
Amhara	17	6.2
Tigre	7	2.5
Other	4	1.4
Educational status		
Illiterate	28	10.2
Able to read and write no formal school	54	19.6
Primary school	59	21.4
High school	50	18.0
Collage graduate	85	30.8

Occupation		
Farmer	99	35.9
Employee	63	22.8
Business	49	17.8
House wife	18	6.5
Other	47	17
Residence		
Urban	103	37.3
Rural	173	62.7
Monthly income		
<601	143	51.8
601-1500	69	25
1501-2500	31	11.2
>2500	33	12
Distance from health center		
<1km	83	30.1
1-5km	98	35.5
>5km	95	34.4

5.1.2 Obstetrics characteristics of postnatal mothers

For 42% of women, this was their first pregnancy and health facilities admission for postnatal service, 49.6% had had 2-5 pregnancy history. About 75.7% mothers needed this pregnancy and from all respondents 81.9% of them were scored normal living neonate. From those mothers who had more than one pregnancy, 160, 79 of them (49.4%) had no history of delivering in health facility. The majorities (69.7%) were satisfied with delivery service and normal vaginal delivery was the commonest mode of delivery (58.7%). 76.5% of mothers were normal after delivery, 69.6% were satisfied with delivery service given. Most of mothers paid less than <100ETB (50.9%) for services they received.

Table 2: Obstetrics characteristics of postnatal mothers in governmental hospitals and public health centers of west Shewa, Oromia region, Ethiopia April-may 2014(n=276)

Obstetric characteristics	Number	Percentage (%)
Number of pregnancy		
1	116	42
2-5	137	49.7
>5	23	8.4
Current obstetric score		
Normal, living	226	81.9
Preterm	13	4.7
Post term	5	1.8
Stillbirth	26	9.4
Disabled	5	1.8
Mode of delivery		
Spontaneous vaginal delivery	162	58.7
Assisted delivery	74	26.8
Cesarean section	40	14.5
Wanted status of pregnancy		
Wanted	209	75.7
Unwanted	67	24.3
Previous delivery site		
Home	78	49.4
Health center	56	20.3
Hospitals	25	9.1
Other	1	.4

Maternal conditions during after delivery postnatal period		
Normal	212	76.5
With complication	65	23.5
Delivery satisfaction		
Satisfied	192	69.6
Not satisfied	84	30.4
Cost paid for service received		
<100ETB	140	50.9
100-500ETB	36	13.0
>500ETB	20	7.2
Free service	79	28.6

5.1.3 Description of mothers' satisfaction on postnatal care

From different area of care received postnatal mothers scored minimum value on area of orientation (on giving warm well come and on orientation to toilet, bathroom, washing area and availability of safe drinking water), 2 out of 12, and on area of value and preference (On staff treatment given with dignity and respect) 2 out of 8. Specific question to postnatal care which included family planning, breast feeding, danger sign and such like is the area which got relatively high score on minimum value. Based on mean percentage orientation area got least value (74.1%) mean mothers' were less satisfied on this area and on contrary communication area of care scored the highest mean percentage (91.67%) mean mothers' were highly satisfied on this area. The dispersions of scores in the area of specific to postnatal care i.e. (SD=5.22) were more dispersed when compared to other areas of care, which indicates there was a great response variation within individuals.

Table 3 Description of postnatal mothers' satisfaction in the areas of care in terms of maximum possible score, means, standard deviation, median and mean percentage, April-may 2014(n=276).

Areas	N	Minimum	Maximum	Max possible score	Mean	Median	SD	SE	Mean%
1. Orientation	276	2	12	12	8.9	9	1.98	.12	74.1
2. Information	276	6	12	12	10.4	11	1.63	.098	86.67
3. Communication	276	4	12	12	11	12	1.36	.08	91.67
4. Comfort and care	276	6	18	18	15.01	15	2.56	.15	83.3
5. Postnatal care	276	20	54	54	48.1	49	5.22	.31	88.89
6. value and preference	276	2	8	8	6.70	7	.72	.04	83.75

Figure 1 Displays postnatal mothers' satisfaction status based on mean scored specific to area of care. From all, 276, respondents 154 (55.8%) of them scored above mean and means they were satisfied with care received during postnatal period. 122 (44.2%) of them were not satisfied with care given. Information dissatisfaction is the highest (45.7%) and value and preference dissatisfaction (26.1%) is the lowest score from all area of care.

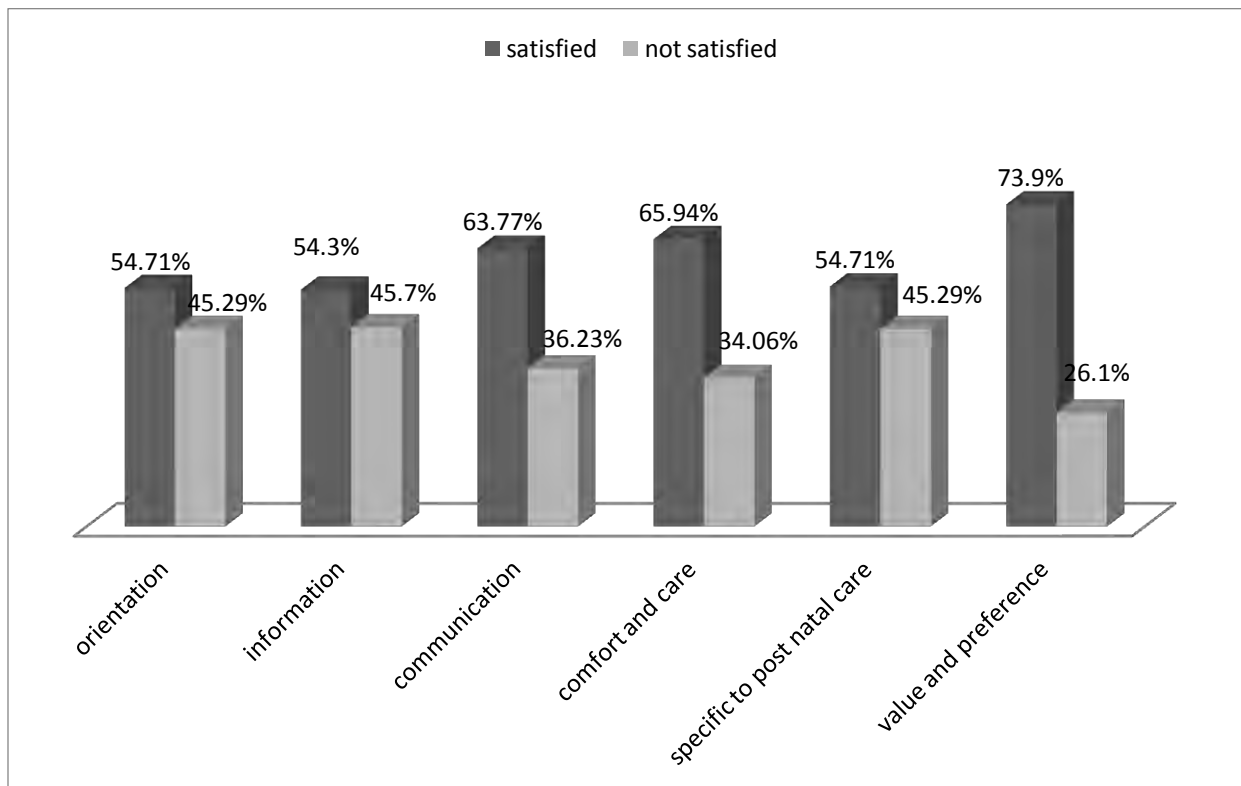


Figure 1 Mothers' satisfaction on area of care given in postnatal ward in selected hospitals and health centers ward, 2014.

Comparing unsatisfied mothers on area of postnatal care; orientation is the area which got the highest percentage of unsatisfied mothers and value and preferences is the area which got the lowest number. The following pie chart shows percentage (by degree) of unsatisfied mothers on area of postnatal care.

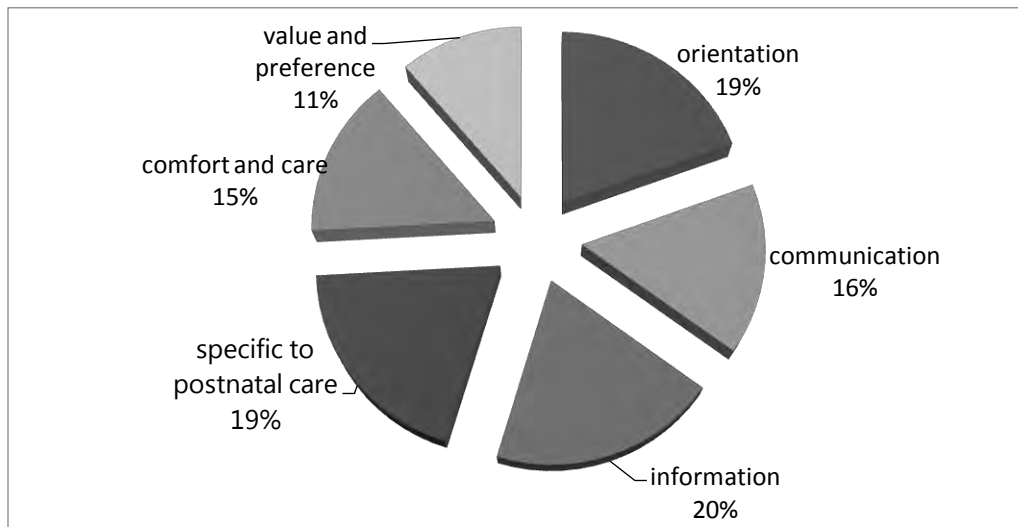


Fig. 2: Percentage of unsatisfied mothers on area of postnatal care in selected hospitals and health centers ward, 2014.

Over all mothers' satisfaction with post natal care is generalized on this table. About 55.79% of post natal mothers were scored more than mean and about 44.21% were not satisfied.

	Frequency	Percent	Cumulative Percent
Above mean value (satisfied)	154	55.8	55.8
Below mean value (not satisfied)	122	44.2	100.0
Total	276	100.0	

5.1.4. Association between postnatal mothers' satisfaction and selected demographic variables

Results of multivariate stepwise logistic regression indicated that mothers' monthly income, educational status and marital status were important predictors of the overall maternal satisfaction.

Using binary logistic regression without adjusting confounding factors college graduate mothers were less likely un satisfied than illiterate mothers (COR= .56(CI 95%:0.27,0.98). The same analytic method showed that unmarried mothers were approximately two times unsatisfied than married mothers [COR= 2.25. 95%CI: 1.2, 3.93] and mothers who have >2500 ETB monthly income were more likely unsatisfied than those who get less than 601 ETB [COR= 2.35. 95%CI: 1.08, 5.95].

Multivariate logistic regression, after adjusting confounding factors there is still an association between educational status and satisfaction, college graduate mothers were more satisfied than illiterate mothers, [AOR=0.46 95%CI: 0.22, 0.91], marital status and satisfaction, unmarried mothers were about 2.7 times unsatisfied with care given comparing to married mothers, [AOR=2.7 95%CI: 1.13, 7.3] and monthly income and satisfaction, mothers who have >2500 ETB monthly income were about three times unsatisfied than those who get less than 601 ETB, [AOR=2.88 95%CI: (1.14, 7.30)]

Table.5: Association between postnatal mothers' satisfaction and selected demographic variables in selected hospitals and health centers ward, 2014

Age (in years)	Above mean (satisfied)	Below mean (not satisfied)	COR (95%CI)	AOR (95%CI)
>21	21(13.6%)	12(9.8%)	1.00*	1.00*
21-25	55(35.7%)	43(35.2%)	1.37(0.60,3.09)	1.41(.59,3.35)
26-34	54(35.1%)	51(41.8%)	1.65(0.74,3.70)	1.66(.68,4.04)
>35	24(15.6%)	16(13.1%)	1.17(0.45,3.02)	1.19(.425,3.35)
Educational status				
Illiterate	46(29.9%)	42(34.4%)	1.00*	1.00*
Able to read and write	13(8.4%)	14(11.5%)	1.18(.49,2.80)	1.04(.42,2.50)
Primary school	29(18.8%)	24(19.7%)	.91(.45,1.79)	.74(.35,1.53)
Secondary school	33(21.4%)	25(20.5%)	.83(.42,1.61)	.79(.39,1.58)
College graduate and above	33(21.4%)	17(13.9%)	.56(.27,.98)	.46(.22,.91)
Marital status				
Married	138(89.6%)	101(82.8%)	1.00*	1.00*
Divorce	4(2.6%)	4(3.3%)	1.37(.33,5.59)	1.74(.39,7.63)
Widowed	2(1.3%)	2(1.6%)	1.37(.19,9.80)	.99(.43,2.25)
Not married	10(6.5%)	15(12.3%)	2.25(1.02,4.75)	2.7(1.13,7.3)

Monthly income				
<600	82(53.2%)	61(50.0%)	1.00*	1.00*
601-1500	42(27.3%)	27(22.1%)	.86(.48,1.55)	.97(.52,1.78)
1501- 2500	18(11.7%)	13(10.7%)	.97(.44,2.13)	.99(.43,2.25)
>2500	12(7.8%)	21(17.2%)	2.35(1.08,5.95)	2.88(1.14,7.30)

5.1.5 Association between postnatal mothers' satisfaction and selected obstetric variables

On obstetric variables association, results of binary logistic regression indicated that mothers' delivery location, mothers who deliver in Rural health center were more satisfied than those who deliver in hospital, current obstetric score, mothers who scored normal living were more satisfied than others, and delivery satisfaction, those who were unsatisfied on delivery service were also more likely unsatisfied with postnatal service, were associated or statistically significant to overall postnatal maternal satisfaction. But by using multivariate logistic regression, by adjusting confounding factors, only delivery satisfaction was significant to overall postnatal care satisfaction, satisfied mothers with delivery services were highly satisfied with postnatal care received. [AOR=0.023 95%CI: 0.009, 0.056]. This indicates that current obstetric score and delivery location doesn't matter as much as service given is satisfying.

Table.6: Association between postnatal mothers' satisfaction and selected obstetric variables, 2014

Obstetric var.	Above mean (satisfied)	Below mean (not satisfied)	COR (95%CI)	AOR (95%CI)
Delivery location				
Hospital	69(45.5%)	66(54.1%)	1.00*	1.00*
Urban health center	20(13.0%)	18(14.8%)	.98(.46,1.9)	.94(.35,2.40)
Rural health center	64(41.6%)	38(31.1%)	.040(.38,.98)	.60(.299,1.25)
Current obstetric score				
Normal(living)	135(87.68%)	91(75.5%)	1.00*	1.00*
Disable	2(1.02%)	3(2.5%)	2.23(.37,13.58)	.66(.04,10.91)
Still birth	13(8.4%)	13(10.7%)	1.48(.66,3.35)	1.0(.34,3.0)
Preterm	3(1.70%)	10(8.3%)	4.95(1.33, 18.5)	3.90(.80,18.71)
Postterm	2(1.02%)	4(3.3%)	5.9(.65,53.9)	1.63(.08,34.70)
Delivery satisfaction				
Satisfied	148(96.1%)	44(36.1%)	.023(.009,.056)	.023(.009,.056)
Not satisfied	6(3.9%)	78(63.9%)	1.00*	1.00*

The following figure displays responses to questions exploring the willingness of postnatal mothers to recommend the hospital (health center) to family or friend. Overall, 70.3% of women were very likely to recommend the hospital where they received postnatal care to others. Only 66.2% of women who deliver at Hospitals were willing to recommend the hospital to a family or a friend. On the contrary 75.7% of mothers who received postnatal care in rural health center were agreed on recommending their care giver health setting to a family or a friend. This shows a statistically significant difference with X^2 of 58.6 and $p < 0.001$. Thinking about their experience, only 220(78.85%) of the postnatal mothers are likely receive care again in their current site.

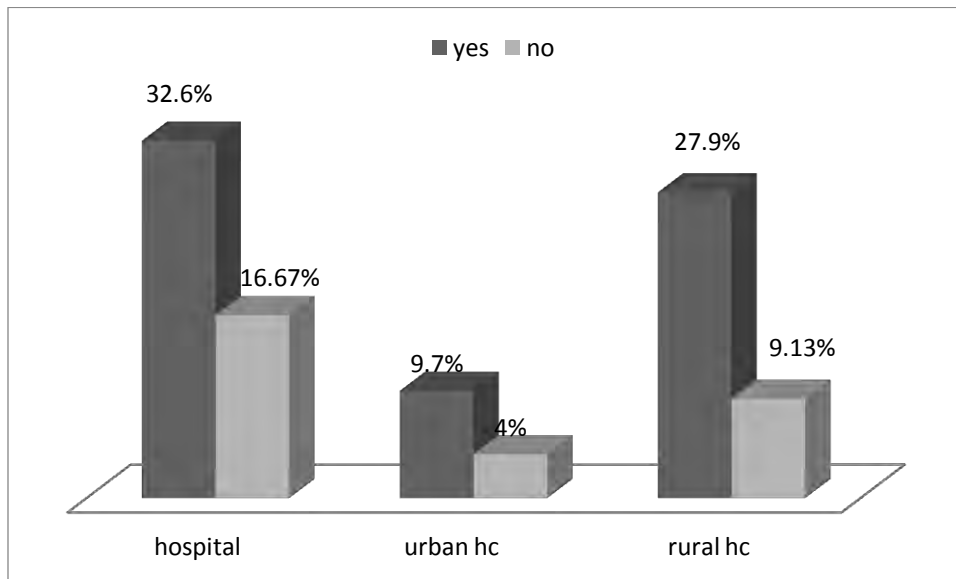


Figure 3 Will you recommend this health setting to family/friend?

5.2 Qualitative findings

Qualitative method of data collection was also held on this study to assess postnatal mothers' expectation that affects their post natal care satisfaction and overall status of service given and their attitudes on services by their own words. A total of three focus group discussions were conducted consisting of a total of 13 participants: 4 from Seyo health center, 4 from Ginci health center and 5 from Ambo hospital. The contents of the FGD included how much they were satisfied; by giving birth in health facility and with being admitted to the ward, on their relation with health workers and health workers status on giving care, what was a difference between their expectation and actual service given here, how much their satisfaction was affected by their health status after delivery and overall strength and weakness of services given in health institutions.

After clear description of the importance of focus group discussion for the group discussants and brief explanation of their cooperation usefulness, the group discussion started with their satisfaction with giving birth in health facility and being admitted to postnatal ward.

One of the discussants from Seyo health center said that, *“this is my first child and I needed safe delivery for my child's health and my health. So, since I had a plan to deliver here I am very satisfied and also on admission when I admitted to the labour ward the ward was empty and the environment was cool; I was also satisfied with admission too.”* The other discussant remembered that moment as *“I was arrived at lunch time and at that time there were no midwives (nurses) in delivery room and for around 20min. other health professional, I guess lab. Technician followed me. After she arrived I liked being here because she took care of me in smart and gentle way.”*

Focus group of Ginci health center agreed on high satisfaction of delivering in health facility and how much they were advantageous by receiving postnatal care and they all said that admission to postnatal ward is the crucial part of maternity care. Specifically one mother said that, *“I remembered my previous delivery and at that time I gave birth at home and faced bleeding*

complication then I went to ambo hospital. What they thought me was giving birth at health facility is the safest way and I understood that, so I will finishes my postnatal care because I liked being served here.”

From Ambo hospital group most of discussants were not well satisfied in the ward because it was overcrowded but still they liked being here. As they stated they all felt safe while they are in the ward.

5.2.1 Mothers’ expectation that affects post natal care satisfaction

The other area of this study was to assess mothers’ expectation and expectation on service given at health facility that trigger or alter their satisfaction especially related to health professional’s overall conditions, such as approach, giving adequate information, not being busy to them, the respect they had for them and their service quality. On this topic all participants were active and share all their experiences for each other.

At Ambo hospital all group members, similarly, said that “we really felt something bad for health workers ‘nurses and midwives’ than being disappointed by them because there is not even a word to explain how much they are busy,” Additionally most of the discussant said that “what they got is more than what they expected and this made them happy and satisfied client. What they really expected was health workers who respect less; who cares a lot about their status than their client, and it was completely wrong. They care a lot about their patient; on this one discussant shared her experience that she saw a nurse who eaten her lunch in delivery room. Even most of them had no gut to eat until the mother gives birth.” “The health professionals’ approach, respect, on giving adequate information, and their service quality was interesting.

They respected us, they gave us any information we want to know even if they were busy and didn’t give information we hesitate to ask, they understood all our problems and gave appropriate treatment, ‘they took care of me a lot, I received all my medication on time.” This was an idea of a mother who referred from Mida Qangi health center.

Group of Seyo health center said *“we got what we needed and we are very happy. They informed us on our child’s and our health conditions after discharge, what we should be careful on after discharge. Quality of service was also good.”*

Discussant of Ginci health center also liked service they received especially; *health workers being honorable to us and we want them to keep it up.* One mother said that *“more than anything I loved that my nurse was really emotional for me, she felt my pain with me during delivery and after that in the ward, so how even I am not satisfied with her service? I liked her personality a lot.”*

The other topic that they discuss on was how much they were satisfied with care given to their child. Almost all discussant didn’t complain on service given for child. One mother said that *“they assisted me on breast feeding and taught me on advantage of breast feeding; they give appropriate treatment for my child. “Daa’ima koo sirnaan naaf kunuunsaa turan (they took care of my child appropriately).”* This statement was, surprisingly! It was used by more than six mothers.

The last topic was the overall strength and weakness of services they got in general. On this topic again they raised a lot of issues. In general

Discussant of Ambo hospital group said that receiving postnatal is an essential part; we knew how we should keep our child’s health, our health, advantage of taking family planning and others. As a problem one service receiver said that *“there is a problem around toilet, no bath room, and shortage of blankets.’* The other mother said that *“the nurse was being busy on me, shortage of beds, overcrowded environment, not well organized and private waiting room and I felt uncomfortable not to wash my body after delivery.”*

Groups of health centers had less complain than hospital group. But still they complained on bath room. Except bath room almost they are satisfied with all service in general. But one mother from Seyo health center said that *“after delivery I didn’t receive any advice on my child’s health, what I should and shouldn’t do for my baby, family planning and other postnatal care. I was satisfied by delivery service but completely not satisfied by postnatal care.”*

Chapter Six

6. Discussion

This paper presents a study that described satisfaction of postnatal mothers' and its associated factors in west Shewa zone health facility, Oromia. The study has identified several socio-demographic and obstetric characteristics that had statistical significance on mothers' postnatal care satisfaction. The mean \pm SD age of the mothers was 27.4 ± 6.4 years. 113 (40.9%) mothers were with no formal education. The majority 239(86.6%) were married. 99 (35.9%) were farmer while 63(22.8%) were government employees. Study in India (5) showed most (30 %) of the postnatal mothers belongs to the 22-26 years age group. (39 %) of the postnatal mothers completed their high schooling as their educational qualification. On other study done in Bangladesh (44) described the mean \pm SD age of the mothers was 24.97 ± 5.42 years, 28% with no formal education, and 84.0% were house wife.

The overall proportion of mothers who were satisfied with postnatal care given in the ward in this study was 55.8%. This percentage is consistent with study done in Kenya, 56%,(43) and also it is comparable to a study done in India, 51%, in 2012 (5) and a survey done in Victoria in 2000 also described as 51% mothers were satisfied with postnatal care they had (30) but study done in Maidenhead, united kingdom showed a little low value, 50% were satisfied in this study (26). On the other hand study conducted in Bangladesh showed that 86% were satisfied with care received (44). Most of the parents were satisfied with the overall impression; (70%) according to the study conducted in Sweden showed (21).

Study conducted at public hospitals of Addis Ababa city showed that overall rating of satisfaction with hospital service was 67% (40). Other study which done on selected public hospitals in Addis Ababa also found 83% of them were satisfied with service they received (41). Both studies done in Addis Ababa got higher satisfied patient that postnatal care satisfaction find I got. The variation may be because of socio demographic differences, the type of health facilities, studied variable, analytical method or expectation differences within mothers.

Based on mean percentage; orientation area got least value (74.1%) and on contrary communication area of care scored the highest mean percentage (91.67%). This indicates that mothers were more satisfied with communication they had with nurses/ midwives during postnatal period and least satisfied with orientation they got from health professionals or others. On the study done in United Kingdom about 90% of postnatal mothers scored mean average on communication they had with service provider which is consistent (26). Study conducted in Scotland showed 71.8% were satisfied on communication (33). Similarly study done in, Mangalore Karnataka, India consistent with my findings on lowest satisfaction area, but the value of mean percentage is 48 %. Value and preference, getting treatment with respect and dignity is the area which got the highest value (62.25%) (5). Low value in India may indicate that even if they scored relatively highest but still they expect more. There is a great inconsistency with the study conducted by Leicester University, England on communication satisfaction, only 38% mothers were satisfied on communication they had with them in the ward (26). Study done in, Addis Ababa, Ethiopia showed that clients were least satisfied with information they received (40). Even if this inconsistency may be from socio demographic and economic status still getting less service than what they expect may be the major cause for dissatisfaction.

There are so many studies that agreed on satisfaction of mothers on postnatal care is the lowest satisfaction than antenatal and intranatal services satisfaction (17, 20, 21 and 30). On this study I tried to assess overall delivery satisfaction and 69.6% of respondents were satisfied. Comparing to my postnatal care satisfaction, 55.8%, delivery satisfaction is higher. Other study done in Amhara region on delivery satisfaction, 61.9%, is also higher than postnatal satisfaction of this study. There was also the study which compared postnatal satisfaction with other maternity care and got 72% of them were satisfied with delivery service and only 51% of them were satisfied with postnatal care (30). These findings may be from attention differences between maternity services given by service providers.

Results of multivariate logistic regression showed that educated mothers were less likely not satisfied with service provided, mothers who have >2500 ETB monthly income were about three time dissatisfied than those who get less than 600 ETB (low-income), and those unmarried mothers were two point seven times unsatisfied than those who were married. This indicates educational status, monthly income and marital status is scientifically significant. This finding is appeared to be inconsistent with the study conducted in Dhaka, Bangladesh revealed than all demographic variables were not showed association to satisfaction (45). Other study, in India, also didn't get statistically significant association between demographic variables and satisfaction (5). Additionally study done in Scotland didn't get significant association between demographic variables and postnatal mothers' satisfaction (33). The mothers' satisfaction was also related to the amount of money paid for service as study done in Amhara region stated (18). These differences may be from socio demographic differences, using different analytical method or mothers with high income may think that they can get more if they were in private clinic/hospital, or care givers may give more good care for educated mothers or illiterate mothers may think that care givers discriminated them.

On obstetric characteristics and satisfaction; except delivery satisfaction all other variables were not significant. There is inconsistency finding on India and Bangladesh studies (5 and 45); Indian study got significant association between satisfaction and obstetric score while in Bangladesh mode of delivery and mothers' status were significant. This discrepancy may be from using different analytical method or socio demographic differences.

There are complex links between expectations, preferences, and satisfaction and users' views will inevitably be limited by their experience. A range of specific issues can make patients uncomfortable with their care experience, but key areas of concern for most patients include communication of health care information and being adversely affected by nursing strain and exhaustion (24). In this study mothers expectation is less than what they got, so most of them were satisfied in relation to their expectation. But in different studies especially in developed

countries (21, 26, 30 and 33) mothers expect more and due to unbalanced expectation and service provided after they received care most of them were not satisfied.

There were parents that thought that their responsibility on the newborn's health was too large, while others took the opposite view: *I am responsible for my body – my health – my child. The staff does their best but the overall impression is that cut backs and other issues together impact the quality of care for the worse because there was not enough staff (mother). The maternity care was better than I had expected. Everyone was a great supporter except for the midwife (Mother).* This study was conducted in United Kingdom (26). But in my study even if mothers complain specifically on being busy of care givers they didn't complain on quality of care associated with it. This inconsistency may be from expectation, economic differences, or socio demographic characteristics.

Women described insensitive responses to their requests for support, hospital staff seeming unavailable, offhand, or too busy, and lack of consistency in advice and practices that undermined breastfeeding and self-confidence about caring for the baby. Their comments were suggestive of a serious lack of morale and motivation among midwives working on postnatal wards, which was identified in the ethnographic study of staff responses to the change (46) and was also described by Sandall (47). Care provider and the multiprofessional team in general were highly esteemed and seemed to play an important role for most parents, but the parents' expectations were not always met by the staff (26). *The staff were nearly invisible (Mother).* They had also expected a sensitive, respectful, and supporting relation with the staff. On the other hand, dissatisfied parents described the staff as *boorish, insolent, and conservative, and found their attitude to be paternalistic.* “*She wanted to give formula to my baby at night without any apparent reason (Mother) (21).* There is some inconsistency between findings and these differences may be from socio demographic, economic, individual behavior or expectation differences of respondents (care receiver). In general mothers' expectation is the important predictors of satisfaction.

Chapter seven

7. Strength and limitation of the study

7.1 Strength of the study

- It includes both the rural and urban residents
- High response rate.
- Findings were new for this area and health planners may use it.
- The study approached both quantitative and qualitative study methods.

7.2 Limitation of the study

- Difficult sampling method due to varied size of study population
- Including only care receivers
- Social desirability bias by the respondents as they are interviewed in the health facilities.
- Short period of study
- There are no specific local studies, so too hard to find literature.

Chapter Eight

8. Conclusion and Recommendation

8.1 Conclusion

Postnatal care is one of the most important maternal health-care services for not only prevention of impairment and disabilities but also reduction of maternal mortality.

There is no doubt that client satisfaction reflects quality of care. Knowledge of the degree of client satisfaction serves two principles; - identifying area of service in quality of service offered and highlighting the need for correction action when a clients' expectation exceeds what an organization can afford (what a particular program is meant to provide).

Presence of not satisfied patient can be a proxy indicator for the need for quality improvement.

This study tried to assess mothers satisfaction with postnatal care given in ward and what were the important factors what made them (mothers) satisfied or not satisfied. According to this study educational status, monthly income, and marital status from demographic variables and delivery satisfaction from obstetric variables were found to be significant variables on multivariate analysis. Findings of the study showed that (55.8%) of postnatal mothers were satisfied and (44.2%) of postnatal mothers were not satisfied with the care provided. They were highly satisfied in the area of communication; on getting answer with positive attitude and communicating with your language. The least satisfaction was found in the area related to orientation; on being received by warm welcome and orientation they got on toilet, bathroom, washing area and availability of safe drinking water. Postnatal care satisfaction, most of the time, scored less value than other maternity care.

From FGD mothers, in general, were satisfied by being giving birth in health institution. They also appreciated quality of care given and health workers approach. As strength they listed communication, care given for their child, respect and others. On the other hand they complain

on care givers being busy, orientation care, bath room, and ward over crowdedness and noise at night.

Generally mothers' expectation has an important role on their satisfaction with service they received. Mothers who expect more satisfied less and who expect less satisfied high.

8.2 Recommendation

According to the result of this study, there are some recommendations for improving client satisfaction as well as the quality of postnatal care given in the ward

- Health care givers (midwives, nurses, physicians and others) should focus on providing warm welcome for mothers, orienting them on toilet, bathroom, washing area, availability of safe drinking water and making comfortable environment for mothers including control of disturbing noise at night in the ward as much as possible at their level.
- Health institutions' administrative bodies and zonal health department should have a plan on constructing bath room, increasing the number of ward, beds, control shortage of blankets and building wide ventilated postnatal ward.
- Ministry of health should consider shortage of human power especially health care providers and increase human power.
- Oromia regional health biro, in collaboration with other governmental and nongovernmental organization, should plan on teaching mothers about postnatal care, its advantages and components. Then mothers will identify each component which helps them to have logical and appropriate expectation. As their expectation increase they enforce health care giver to practice appropriate and adequate service.

Annexes

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2. Questioner

ADDIS ABABA UNIVERSITY COLLEGE OF HEALTH SCIENCE DEPARTMENT OF NURSING AND MIDWIFERY POSTGRADUATE PROGRAM

Questionnaire for data collection on mothers' satisfaction and determinant on postnatal care given in postnatal ward at public health centers and hospital setting West Shoa Zone, Oromia, Ethiopia 2014

IDENTIFICATION

Type of institution ----- Name of the institution-----

Address of the institution-----

Verbal Consent Form before Conducting the Interview

Greetings:

Hello, how are you?

My name is _____. I am working in the research team of post graduate thesis of Addis Ababa University. I would like to interview you a few questions about your opinion on service in postnatal ward while you are in this institution. This study aimed to assess mothers' satisfaction on postnatal care given in postnatal ward, which is important to improve postnatal care and decrease postnatal maternal mortality. The study will provide information that might enable the health personnel and the government to improve maternal and child health services programs. We would like to take your time to respond to our interview questions and it will take approximately half an hour. We request you to answer as truthfully as possible. Your answer will not be revealed to the health personnel or any other people, and the information you give will be treated anonymously and confidential. This research imposes no risk and therefore no compensation will be provided for your participation in this study. Your participation is totally voluntary and you can withdraw anytime or refuse to continue, and this will not influence the way you are treated in the health institution or in the community. If you are not still discomfort with the interview please feel free to drop it any time you want. Do I have your permission to continue?

1 – If yes, continue

2 – If no, skip to the other participant

Thank you

Date of interview _____ Time started _____ Time finished _____

Supervisors name _____ signature _____

Tool: 1 Demographic Performa

A. Demographic history

1. Age in Years. _____

2. Religion

a) Orthodox

b) Muslim

c) Protestant

d) Waqefata

e) Others

3. Educational status.

a) No formal Schooling

b) able to read and write

c) Primary School

d) High School

e) Collage graduate

f) Other specify _____

4. Monthly Income _____

5. Occupation

a) Agriculture

b) Employee

c) Business

d) Housewife

e) Any other specify

6. Marital status

a. Married

b. Divorce

c. Widowed

d. Not married

7. Residency

a. Rural

b. Urban

B. Obstetrics history

1. Current obstetrical score.

a) Normal, living

b) Disabled

c) Still birth

d) Preterm birth

e) Post term birth

2. Previous delivery site (if you have any).

a) Home

b) Health center

c) Hospital

d) Other specify

3. Antenatal care service

3.1 How many visit did you had on this pregnancy_____

4. Pregnancy history

a. Number of pregnancy_____

b. Number of live birth/s_____

c. Number of stillbirth/miscarriage_____

5. Pregnancy wanted status

A. Wanted pregnancy

B. Unwanted pregnancy

B. With complication

7. Delivery satisfaction

A. Satisfied

6. Maternal conditions after delivery

A. Normal B. With complication

B. Not satisfied

Quantitative data collection tools

Tool – II

Based on your experience as a patient in this health facility, please respond whether you are fully satisfied (FS), moderately satisfied (MS), minimally satisfied (MnS), satisfied (S), not satisfied (NS), and completely not satisfied (CNS).

I. Orientation

No	ITEM	FS	MS	MnS	S	NS	CNS
1.	On warm welcome and making you comfortable on admission.						
2	On orientation to toilet, bathroom, washing area and availability of safe drinking water.						

II. Information

No	Item	FS	MS	MnS	S	NS	CNS
3	On health workers help to convey message, which you hesitated to ask.						
4	On information about informed consent before any Procedure						

III. Communication:

No	Item	FS	MS	MnS	S	NS	CNS
5	On giving answer to your questions with positive attitude						
6	On workers communication language and free to talk.						

IV. Comfort and care

No	Item	FS	MS	MnS	S	NS	CNS
7	On getting help when needed						
8	On health workers being calm and approachable.						
9	On noise in the ward						

V. Specific to postnatal care.

No	Item	FS	MS	MnS	S	NS	CNS
10	On given assist to go to toilet and got information regarding personal hygiene during postnatal period.						
11	On vital signs check given by health workers regularly for you.						
12	On information given regarding nutrition, sleep and rest in postnatal period.						
13	On medication / treatment administration at proper time						
14	On advice given about postnatal exercise.						
15	On information about the methods & importance of family planning and postnatal follow up visits.						
16	On taught about the importance of Colostrum and exclusive breast feeding						
17	On health workers taught on how to detect sign and symptoms of neonatal conditions.						
18	On education about immunization and weaning of your baby.						

VI. Value & preference for postnatal mothers

No	Item	FS	MS	MnS	S	NS	CNS
19	On staff treatment given with dignity and respect.						

20	You'll recommend this hospital to your friends and relatives.	yes	no
----	---	-----	----

VII. Mode of delivery

		FS	MS	MnS	S	NS	CNS
21 Mode of delivery	-Spontaneous						
	-Instrumental (vacuum, forceps)						
	-Operative delivery						

VIII. Health facility distance and services costs

		FS	MS	MnS	S	NS	CNS
22. hospital distance	< 1km						
	1-5km						
	>5km						
23. Health services costs	<100birr						
	100-500birr						
	>500birr						

Qualitative data collection tools

Tool.III FGD questionnaire

1. How much you are satisfied with giving birth here and with being here in the ward and with health workers punctuality, attitude, and feeling for you and other mothers?
2. Is there a difference between your expectation and actual service given here?
3. Is your health status after delivery affects your satisfaction?
4. Are you satisfied with care given to your child?
5. Overall strength and weakness of services given in this facility?

How much you are satisfied with overall services? A. FS B. S C. NS

Finally do you have any question for me?

Thank you!

3. Guca Gaaffilee

Yuniverisiti Finfinnee koolejjii saayinsii fayyaa depaartimantii nursiingii fi midwaayifarii sagantaa digrii lamaffaa

Gaaffilee waa'ee gammachuu tajaajila da'umsaan boodde irratti qabaniif fi rakkoo isaa kan kutaa da'umsaan boodde buufata fayyaa fi hospitaala keessa jiru, kan haadholii da'aniin deebi'u, shawaa dhihaa, naannoo Oromiyaa, Itiyoopiyaa 2014

Adda baasaa

Gosa dhaabbataa _____

Maqaa dhaabbataa _____

Iddo dhaabbataa _____ -

Guca walii gatlee gaffi fi deebin duraa

Nageenya;

Akkam jirtu?

Maqaan koo _____. Ani yuuniveristii finfinneetti barataa digrii lamaffaati, gaaffin kunis kan qophaa'e qorannoo waa'ee gammachuu fayyadama tajaajila da'umsaan boodderratti t qaban beekuf kan qophaa'edha. Gaaffiwwan kana fedha keessanin yoo nuuf debistan rakkowwan gargaarsa tajaajila da'umsaan boodde buufata fayyaa fi hospitaala keessatti kennamu qo'achuun du'a haadholii kan da'umsaan boodde hir'isuuf faayidaa gudda qaba. Maqaan kessan waraqaa kanaratti hin bara'u. yoo debisuuf fedhii hin qabaannes dhiisu dandeessu. Gaaffi kana nuuf deebistuu itti fufnuu?

1. eeyye

2. lakki, gara hirmaataa itti aanutti darbi

Galatoomaa!

Guyya gafataman _____

Yeroo jalqabame _____ yeroo xummurame _____

Maqaa fi mallattoo do'ataa _____

Kutaa 1. Odeeffannoo hawaasummaa

1. umrii(waggaadhaan)

Waggaa _____

2. amantaa

1. ortodoksii

2. musliima

3. pirotestaantii

4. waaqeffataa

5. kan biroo(ibsi)_____

3.sadarkaa barnootaa

1. barumsa idilee kan hin qabne

2. kan dubbisuu fi barreesu dandeessu

3. sadarkaa 1ffaa

4. sadarkaa 2ffaa

5. kan kollejjidhaa eebbifame

6. kan biroo(ibsi)_____

4. galii kee ji'aan

qarshii _____ -

5. hojiin

1. qotee bulaa

2. daldalaa

3. hojjetuu mootummaa

4. kan biroo(ibsi)

6. haala fayyaa da'ima amma dhalatee

1. fayyaa, lubbuu qabu

2. hanqina qaamaa kan qabu

3. kan deebi'e(kan lubbuu hin qabn)

4. yeroon dura kan dhufe
5. Kan turee dhufe
7. iddoo daa'ima duraa itti deesse (yoo qabaatte)
1. manatti
 2. buufata fayyaatti
 3. hospitaalatti
 4. iddoo biro(ibsi)
8. tajaajila hordoffii fayyaaa da'umsaan duraa
1. nan qaba
 2. hin qabu
 3. yoo qabaatte da'umsaan dura almeeqa dhufte?
9. haala gaa'elaa
1. kan heerumte
 2. kan hiikte
 3. hadhi manaa kan irraa boqote
 4. kan hin heerumne
 5. kan biro(ibsi)
10. ulfaafi da'umsa kanaan duraa
1. yeroo meeqa ulfoofte? _____ -
 2. Yeroo meeqa fayyaa deesse? _____
 3. yeroo meeqa sijalaa deebi'e? _____ --
11. Iddoo jireenyaa
- a. magaalaa
 - b. baadiyyaa

12. A. ulfaa barbaadame

B. ulfa hin barbaadamne

13. haala fayyaa da'umsaan booddee

a. Fayyaa

b. Rakkoo waliin

14. haala da'umsaatti gammadeeraa?

a. eeyyee

b. lakki

Kutaa 2. Akka tajaajilamaa hospitaala kanaatti fi kutaa kanaatti hangam akka itti gammade nuuf ibsi. Gutumaan guuttutti gammadeera (GGG), Hanga muraasa gammadeera (HMG), Hanga xinnoo gammadeera (HXM), gammadeera (G), Hin gammanne (HG), Gonkumaa hin gammanne (GHG)

I. Waa'ee odeeffanno hosapitaalichaa

Lakk	Gosa gaaffii	GGG	HMG	HXG	G	HG	GHG
1.	Baga nagaan dhufte naan jedhaniiru, akkasumas yeroon kutaa kana seenu baayyee natti tole						
2.	Odeeffannoon mana fincaanii, mana itti nafaa fi huccuu dhiqatan fi bishaan dhugaatii naaf kennameera						

II. Odeeffannoo biro

Lakk	Gosa gaaffii	GGG	HMG	HXG	G	HG	GHG
3	Odeeffannoon ogeessa fayyaa(doktarii) gaafachuu sodaadhe nursiin natti himteetti						
4	Walii galtee fedhiirrati hundaa'e, hojii kamiin dura,hunda argadheera						

III. Odeeffannoo Koo

Lakk	Gosa gaaffii	GGG	HMG	HXG	G	HG	GHG
5	Gaaffii koo hundaaf deebii quubsaa argadheera. ilaalcha gaarii naaf qabus.						
6	Ogeessonni fayyaa afaan kootiin waan haasa'aniif wantan barbaade gaafachuun danda'a						

IV. Mijinna iddoo fi gargaarsa kennamu

Lakk	Gosa gaaffii	GGG	HMG	HXG	G	HG
7	Yeroon barbaadetti gargaasa argadheera					
8	Ogeessoni fayyaa kan qabbanaa'anii fi kan namatti dhiyaataniidha					
9	Halkan sagaleen jequmsaa hin jiru					

V. Gaaffilee gargaarsa da'umsaan boodderratti hundaa'e

Lakk	Gosa gaaffii	GGG	HMG	HXG	G	HG
10	gara mana fincaanii yeroon deemu gargaarsa argadheera, akkasumas odeeffannoo waa'ee qulqullina qaamaa argadheera.					
11	Haala fayyaa kiyaa yeroo					

	yeroodhaan naa hordofan					
12	Waa'ee nyaataa, boqonnaa fi hirriiba da'umsaan booddee naaf ibsaniiru					
13	Dawaan koo yeroon naaf kennama					
14	Sochii qaamaa da'umsaan booddee gorsameera					
15	Waa'ee tajaajila hordoffii da'umsaan booddee fi qusannoo maatii na gorsaniiru					
16	Faayidaa harmaa qofa hoosisuu fi silgaa naaf ibsaniiru					
17	Mallattoolee daa'imanirratti mul'atu naaf ibsaniiru					
18	Waa'ee talaallii daa'immaniifii harma yeroon itti guusu naaf ibsaniiru					

VI. Ilaacha fi filannoo gargaarsa da'umsaan booddee

Lakk	Gosa gaaffii	GGG	HMG	HXG	G	HG
1.	Ogeessonni fayyaa kabajaa fi jaalalaa na wal''aanu					
2.	Maatii fi hiriyoonna kiyya akka as	eeyyee		lakki		

	dhufan nan gorsa		
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VII. Karaa da'umsaa

Lakk.	Gosa gaaffii	GGG	HMG	HXG	G	HG
1.	Karaa da'umsaa. <ul style="list-style-type: none"> • Karaa nagayaa • Karaa baqaqsaa garaatiin • Meeshaa gargasaatiin 					

VIII. Fageenya buufata fayyaa/hospitaalaa fi kanfaltii gaargaarsa fayyaatiif kenname

		GGG	HMG	HXG	G	HG
1. Fageenya buufata fayyaa/hospitaalaa	< 1km					
	1-5km					
	>5km					
2. kanfaltii gaargaarsa fayyaatiif kenname	qarshii<100					
	qarshii100-500					
	qarshii>500					

Tool.III gaaffii gareedhaan mari'atamu

1. Asitti dahuu keetii fi kutaa kana kessa ta'uu keetiin gammachuun argatte maal fakkaata fi haalli fayyadama yeroo fi ilaalchi haadholii dahaaniif qaban kan ogeessota fayyaa hangam nama gammachiisa?
2. Ilaalchi ati dura qabduu fi gargaarsi asitti kennamaa jiru hangam garaagaraadha?
3. Halli fayyaa keetii kan yeroo da'umsaan booddee jiruu gargaarsa asitti kennamutti akka hin gammanne si godhee?
4. Gargaarsa daa'imaakeetiif kennanitti gammadeera?
5. Jabeenyi fi dadhabinni gargaarsa da'umsaan booddee asitti kennamu maal fakkata?

Akka walii galaatti hangam gammadan? A. GGG B. G C. HG

Gaaffii yoo qabaattan?

Bay'ee galatoomaa!