ADDIS ABABA UNIVERSITY

COLLEGE OF HEALTH SCIENCES

DEPARTMENT OF NURSING AND MIDWIFERY

Maternal satisfaction with delivery services of public health centers in Addis Ababa, Ethiopia, 2017 GC

By: - Blen Assefa (Bsc)

A THESIS SUBMITTED TO ADDIS ABABA UNIVERSITY,COLLEGE OF HEALTH SCIENCES,DEPARTMENT OF NURSING AND MIDWIFERY, IN PARTIAL FULLFILMENT OF THE REQUIREMENT FOR THE DEGREE OF MASTER IN MATERNITY AND REPRODUCTIVE HEALTH NURSING.

JUNE, 2017

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JUNE, 2017

Approval by the board of examiners

This thesis by **Blen Assefa** is accepted in its present form by the Board of Examiners as Satisfying thesis requirements for Degree of Masters in Reproductive Health and Maternity Nursing

Place: Addis Ababa University, College of Health Sciences, Department of Nursing and midwifery

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Acknowledgements

I would like to express my heartfelt gratitude to my advisors Dr Amsale Cherie and Mr Tigistu Gebreyonnis, for their valuable support, guidance and comments throughout the study period. My sincere thanks also goes to Addis Ababa University, for awarding me a female scholarship opportunity to attend this program in the first place.

In addition, I would like to express my appreciation to the study health centers, participant mothers and data collectors for their cooperation.

Finally, I would like to thank my mom Mrs Elfnesh Zeleke for her tremendous help and support throughout the academic years. I would also like to forward my deepest gratitude to my wonderful friends and colleagues for their help and support.

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List of Acronyms/Abbreviations

EDHS - Ethiopian Demographic and Health survey

EFY - Ethiopian Fiscal Year

ETB - Ethiopian Birr

FMOH - Federal Ministry of Health

HC - Health Center

HEWs - Health Extension Workers

HP - Health Post

HSDP - Health Sector Development Program

IMR - Infant Mortality Rate

IEOs - Integrated Emergency and Obstetric Surgery

LMICs - Low and Middle Income Countries

MDGs - Millennium Development Goals

MDSR - Maternal Death Surveillance and Response

PHC - Primary Health Care

PHEM - Public Health Emergency Management

RCOG - Royal College of Obstetricians and Gynecologists

RMNCH - Reproductive, Maternal, Newborn and Child Health

SBA - Skilled Birth Attendance

SPSS - Statistical Package for Social Sciences

WHO - World Health Organization

Abstract

Background: Accessibility of maternal services alone cannot guarantee usage by womenneither does the use of maternal health services guarantee optimal out comes for women.Maternal satisfaction with delivery services affects selection of birthplaces, helps to identify gaps between the actual health care and the desired health care outcomes and assists policy makers in developing interventions based on findings.

Objective: The aim of the study was to assess the level of maternal satisfaction with delivery services and identify factors affecting the level of maternal satisfaction in public health centers of Addis Ababa, Ethiopia, 2017 GC.

Methods: Institution based cross sectional quantitative and qualitative study was conducted from April12 to May 20, 2017. Multi stage sampling method was used to select 461 mothers from 20 health centers. Interviews using a structured questionnaire wereused to collect the quantitative data. And data was entered using Epi –info 7 and analyzed using SPSS version 20. Bivariate and multivariate logistic regressions were applied at 95% CI.For the qualitative part of the study, in depth interviews were used for data collection and thematic analysis was used to generate themes.

Result:This study's finding indicated an overall maternal satisfaction level of 82%. Women who were satisfied by respectfulness of the staff were 8.7 times more satisfied with the overall services than those who weren't AOR(95%CI) 8.712(2.171,34.961). Mothers who received cognitive care were 18.6 times more satisfied than those who didn't AOR(95%CI) 18.611(2.658,30.294). Mothers who were satisfied with the sex of the health workers who attended their deliveries were 10.7 times more satisfied than those who weren't AOR(95%CI) 10.742(3.218,35.866).Mothers who felt like their babies received adequate care were 38.8 times more satisfied than those who didn't.

Conclusion: Cognitive care, competency, respectfulness, neonatal care and satisfaction with the sex of health workers were important predictors of maternal satisfaction.

Recommendation: Addis Ababa city administration health bureau, health facility managers and health workers should work together on identified factors to improve maternal satisfaction.

Key words: Maternal satisfaction, delivery services, public health center.

1. Introduction

1.1 Background

Maternal health is important not only to the individual women requiring maternity care, but to her newborn and immediate family as well as national and global development. The world health organization (WHO) recommends that women's satisfaction be assessed to improve the quality and effectiveness of health care (1). Many stillbirths and newborn deaths could be averted if more women could receive quality maternal care (2).

Good quality maternal health services are those which are readily accessible, safe, effective, and acceptable to potential users and are staffed by technical competent, respectful and none judgmental people who provide rapid comprehensive care and linkage to other reproductive health services (3).

During the past fifteen years, the FDRE MOH has built an impressive framework for improving maternal and neonatal health; such as Adolescent and Youth Reproductive Health Strategy, Revised Abortion Law, free service for key maternal and child health services, training and deployment of female Health Extension Workers(HEWs) and safe delivery at Health Post (HP) level, and deployment of Health Officers with MSc training in Integrated Emergency Obstetric and Surgery (IEOS) (4). Primary Health Care (PHC) potential coverage stands at 90%, reaching most of the rural areas in the country (5).

Although Ethiopia is one of the Ten low- and middle-income "fast-track" countries (LMICs) who have seen significant progress, it continues to face several challenges, particularly around maternal mortality (6).

The FMOH aims to ensure that health services at all levels are being provided according to quality standards that satisfies the community's health care needs through the delivery of relevant, safe and optimum quality health services in an integrated and user-friendly manner (4).

Satisfaction from services is considered as a reliable index for quality of services (7). Satisfaction isa statement reporting quality of service and relationship between caregiver and patient, measured by comparing quality services and patient's expectations (8).

Women's satisfaction from maternal services and their qualities can be considered as an outstanding factor affecting mentalhealth of family and society (9). And also it is

considered as an index for quality and justice in women and infants' health by health care authorities and health policy makers (10).

1.2, Statement of the problem

Despite the global achievements of decreased maternal and child death by around 50%, every year 6 million children under five years of age die (44% as newborns) and 289 000 maternal deaths occur, all from mainly preventable causes (11).Sub-Saharan Africa carries about half of the burden of the world's maternal and under-five deaths (12). Ethiopia's maternal and neonatal mortality rates also remained high, with maternal mortality rate of 412 per 100,000 pregnant women and neonatal mortality rate of 29 per 1000 new born (13). Over half (54%) of the maternal deaths in Ethiopia occurred in health facilities and (36.4%) of the deaths were due to delay in receiving appropriate care after reaching a health institution. In our capital Addis Ababa, 4 maternal deaths are notified weekly (14).

Many maternal and neonatal deaths could be avoided with simple, cost-effective and high-impact interventions that address the needs of women and newborns across the continuum of care, with an emphasis on care around the time of birth. However, analysis shows that too many newborns and mothers miss out on these key interventions (10).In maternity services, patient satisfaction has been widely recognized as one of the critical indicators of the quality and the efficiency of the health care systems (15). Satisfaction strongly increases when care is provided in accordance with the clinical standard procedures (16). Users, who perceive the quality of care in a health center to be good, are more likely to visit it again, thereby increasing demand for the service (17).

Over the past decades, the government of Ethiopia has expanded health services to local citizens. While this has led to improvements in health service coverage and utilization of services at all levels, providing quality services remains a major challenge (4). Some of the problems in most health facilities are long waiting time, poor counseling service, lack of privacy, inadequate organization of services to effectively handle emergencies, poor delivery room environment and poor attitude of the health workers (18).

Improved quality outcomes are not delivered by health-service providers alone, communities and service users are the co-producers of health. They have critical roles and responsibilities in identifying their own needs and preferences (19).Patient

satisfaction surveys represent real-time feedback for providers and show opportunities to improve services/decrease risks (20).

Multiple factors that affect the level of maternal satisfaction were determined in previous studies. Structure, process, out come and other factors such as socio demographic and convenience of access are the major classifications. Previously conducted study in Addis Ababa indicated good level of maternal satisfaction at a maternity referral hospital, however there was still huge gap between the desired health care quality outcomes and the experienced quality of health care (21). General physical set up, facility cleanliness, meal quality, adequacy of staff, seats and beds, availability of drugs, laboratory investigations, shower rooms and toilet were found to have a significant impact on the clients concern about the quality of care they are getting. Pain control remained to be a major problem and is a main cause of patient dissatisfaction and client-provider communication was found to be sub-optimal (21,22).

This study aimed to assess the level of maternal satisfaction and associated factors to answer the question of the prevalence of mothers' satisfaction with delivery services given by public health centers under the city of Addis Ababa administration.

1.3, Significance of the study

Previously conducted researches on maternal satisfaction in Addis Ababa city only focused on public and private hospitals. The results of this study will provide scientific evidence regarding mothers' satisfaction with delivery care at public health centers 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).

Recommendations and interventions can be developed based on findings of the study to improve overall quality of care given in the maternal and newborn care services. In addition, this study will be used as a baseline data for future studies in the context of maternal satisfaction in health delivery system.

2. Literature review

2.1, Introduction

Interest in the quality of health services in developing countries is on the rise, with increasing efforts towards maintaining acceptable quality standards. This, together with the growing evidence of the relationship between patient perception, satisfaction and utilization of services,calls for more studies on patient perception and maternal satisfaction to be carried out. The Royal College of Obstetricians and Gynecologists (RCOG) in the United Kingdom have called for patient satisfaction surveys to be included among the parameters in the Maternity dashboard (23).

In Ethiopia there has been a marked improvement towards increasing skilled birth attendants (SBA) coverage; however, the service quality provided by Health Facilities is not up to expectations. Poor infrastructure, inadequate and inconsistent drug supplies, a lack of basic equipment and inadequate human resources prevent health facilities from providing quality delivery services (24).

2.2 Measurement of quality of care in health facilities

Quality measurement in health care is the process of using data to evaluate the performance of health plans and health care providers against recognized quality standards.Measuring the quality of health care is a necessary step in the process of improving health care quality.Researches consistently show that there is chronic underuse, overuse, and misuse of services. Furthermore, the way health care is delivered is often fragmented, overly complex, and uncoordinated (25).

Quality measurement can be used to improve our nation's health care by: -preventing the overuse, underuse, and misuse of health care services and ensuring patient safety, identifying what works in health care and what doesn't to drive improvement, holding health insurance plans and health care providers accountable for providing high-quality care, measuring and addressing disparities in how care is delivered and in health outcomes and helping consumers make informed choices about their care (25).

Quality measures in health care fall into four broad categories: -structure, process, outcome, and patient experience. One of the sources of the data that are currently used to track quality measures is patient surveys. As we collect and evaluate more data on

quality, we'll be closer to ensuring that everyone gets the right care at the right time, the first time (25).

2.3, Maternal satisfaction with delivery services

Maternal satisfaction has often been defined using theoretical models of patient satisfaction. But there is consensus that its multidimensional concept, influenced by variety of factors. It is therefore also defined as positive evaluation of distinct dimension of childbirth (26).Overall satisfaction of mothers is concerned with the maternity services as a whole offered to the women. A study from Pakistan indicated that 61% of the women were satisfied with the delivery services and 39% were dissatisfied (27)

According to a study from west arsi zone, Assela, the overall satisfaction level of mothers with delivery services was 74.6% (28). And in a study from debre markos,the overallsatisfactionlevel ondelivery service wasfoundtobe (81.7%) (29).

2.4, Factors affecting maternal satisfaction with delivery services

2.4.1, Structural factors

Structure measures evaluate the infrastructure of health care settings, whether those settings are able to deliver care. These measures include staffing of facilities and the capabilities of these staff, the policy environment in which care is delivered, and the availability of resources within an institution (25).

Structure measures are necessary to ensure that all plans, providers, and care settings have the critical tools needed to provide high-quality care. Even though they provide essential information about a provider's ability and/or capacity to provide high-quality care, they cannot measure the actual quality of the care received or whether the care improved patients' health. Thus they should be considered as a key part of a suite of quality measures, but not as the sole measure of quality (25).

Physical environment

Good building infrastructure with water supply, electricity, adequate beds, adequate room space, seating arrangement and waiting areas were significant in women's positive assessment of the health facility and maternal care services (26). A study in public and private hospitals of Addis Ababa showed, that only 53.47% of the mothers agreed with

that the hospitals have adequate space and number of beds. Additionally, availability of space and beds were significant predictors for mothers to perceive higher quality of care AOR 3.8 [2.4-6.16] (21).

Cleanliness

A study conducted in Addis Ababa public and private hospitals showed that perceived quality concerning availability of clean and functioning toilets/showers to be low (59.03) and facility cleanliness found to have its own impact on the clients concern about quality of care they are getting. They were also interested on the physical set up and meal quality (21, 22). Similarly studies from India and Iran indicated that facility cleanliness found to have its own impact on the clients concern about quality of care they are getting (30, 31). In addition, frequent changing of bed sheets led to enhanced satisfaction with care in Gambia (26).

Availability and adequacy of resources

Shortage of staff in Ethiopia has always been critical. Health worker/population ratios are much lower than the standards. This has been exacerbated by the rapid expansion of facilities in the 1st years of HSDP. Allocation not related to workload has also meant severe shortage in some areas while some health workers in other locations remain idle. Performance at most levels is also considered low (32).

Study done in Malawi show that shortage of health care workers including health professionals and issues related to their retention were important barriers to quality of care (33). In majority of health centers of the urban areas of Gonder town, there were serious shortages of midwives. Clinical nurses were assigned to manage labor and delivery particularly during the night time which may lead to lack of confidence (34).

Availability of prescription drugs, essential equipment like blood pressure monitors or thermometers, lab services and emergency supplies like blood and transfusion services, were reported as significant predictors of satisfaction with care in studies done in developing countries of Asia, Africa and Latin America (26).Similarly, perceived availability of drugs and lab investigations in the health facility was found to be strong predictors for mothers' perception of high quality in public and private hospitals of Addis Ababa (21). And study conducted in health institutions of west Arsi zone indicated good level of satisfaction with availability of drugs and supplies (79.6%) (28).

2.4.2, Process factors

Interpersonal behavior, privacy, promptness, cognitive care, perceived provider competency and emotional support are process factors believed to affect the level of maternal satisfaction (26)

Promptness of care

Promptness of care implies to provision of care without delay, as per a literature review found from developing countries showed, prolonged waiting time isan important factor affecting of satisfaction with services (26).A study conducted in Addis Ababa, Ethiopia found that, Consultation time, to have higher rate of overall satisfaction of 92.9% (22).Similarly the study conducted in Assela Hospital showed that all the respondents 294 (74%) of mothers waiting time to see a doctor was less than one hour, 54 was 1-2 hours and 50 were greater than two hours. From this study, 78.1%t of the delivering mothers was satisfied with the waiting time to see a doctor (35).

Interpersonal behavior

Many studies identified interpersonal aspects of care to be key determinants of satisfaction. Being treated with dignity, respect, courtesy, therapeutic communications (listening, politeness, prompt pain relief, kindness, approachability and smiling demeanor), caring behavior (attentive to needs, making clients feel accepted and coaxing clients) and interpersonal skills of staff (staff confidence and competence) were significant themes that were identified as influencing client's satisfaction with care in Ghana, Lebanon and Gambia (26)

A study from urban and peri urban areas of Gonder town indicated attitude of health service providers to be one of the main causes of not delivering in health institutions. Physical abuse by health workers, unnecessary referrals from health centers to hospitals and perceived "harsh" medical stuff lead many to choose the comfort and privacy of their own homes for child birth rather than opt for skilled attendant (34).In contrary a study done in maternity referral hospital in Addis Ababa stated that the attitude of the health workers was found to have a relative higher satisfaction score. Courtesy by the doctor and the nurse has yielded a complete satisfaction rate of 41.6% and 40.7% while half of the client reports to be just satisfied (22).

Privacy

A sense of shame is attached to physical examinations and also procedures like perineal shaving, thereby increasing women's discomfort and diminishing their satisfaction levels (36). Provider's use of drapes to preserve women's right to privacy was varied across health facilities of east and southern Africa on direct observation of respectful maternity care in five countries survey. Half or more of clients were draped in Rwanda and Madagascar while in other countries this was less common (24–47 %). In surveys from Tanzania, Kenya, Madagascar, and Rwanda, more than half of women delivered in rooms with auditory andvisual privacy (54, 65, 72, and 77 %) respectively. In Zanzibar and Ethiopia surveys, most women were in shared delivery rooms with no curtains to separate patients and no way to talk without being overheard (37).

In a study conducted in Amhara region, the researchers found privacy to be associated with mothers' dissatisfaction. Mothers who reported privacy during physical examination were more satisfied than those who perceived absence of privacy (38).A study from Debre Markos town indicated good level of maternal satisfaction with assurance of privacy (97.7%) (29).

Perceived provider competency

Women were more satisfied with maternal health services when they perceived the technical quality of care to be 'good' or the provider to be technically competent. Completeness of procedures, good medicine, and advice were perceived as 'good care' in India (39). Lack of congruence between care expected and care actually received also determined women's level of satisfaction as found in a study in Ghana (40).

Cognitive care

Provision of cognitive support through effective communication and sharing adequate information with women about their condition or the care required, emerged as a critical determinant of satisfaction with maternal care, as seen in a literature review from developing countries (26). It's important to note that clients need a clear understanding of any obstetric interventions and clear consent for the intended procedures. Clients also need a proper interpretation of their opinion in the process of their care (41). According to a study in public and private hospitals of Addis Ababa only 54.86% of the respondents were asked for permission before examinations, 23.26% hadenough information about

their baby health and treatment, 58.51% received explanation about the labour progress in clear language and 84.9% of the respondents were counseled about breast feeding (21).

Emotional care

Support provided by a companion of the woman's choice during labour and delivery has a significant positive effect on her satisfaction with the overall birth experience as found in studies from Brazil and Malawi (42, 43).

2.4.3, Outcome factors

In a study conducted in Debre Markos town, laboring time of mothers was significantly associated with satisfaction of mothers on delivery services (29). Similarly, a study conducted in Wolayita Zone showed that the satisfaction of mothers who stayed on labor pain for less than a sunset was higher (44).

A study from west – Arsi Oromiya, Assela showed that mothers with normal delivery and fetal outcome were two times more satisfied than those with complicated delivery and fetal outcome. And mothers who had assisted vaginal delivery were less satisfied than mothers who had caesarian section (AOR=0.31, 95%CI: 1.253, 4.115) (28). Similarly, a studyinDebreMarkostowndemonstratedthatspontaneousvaginaldeliverywassignificantlyassociatedwithreductionofsatisfaction ondeliverycare (29).

2.4.4, Other factors

Socio-demographic factors

These are crucial causes in regarding satisfaction, patients' differences (excepting gender difference). In this regard, the role of age and education level (socio-cultural status) has been highly discussed. In a study conducted in Iran, there was a positive and significant correlation between satisfaction rate and age of patients (the older patients, the higher satisfaction). There was also a significant difference between satisfaction rate and educational level in that patients with an associate degree were the most satisfied (31). But in a study conducted at public and private hospitals of Addis Ababa socio demographic factors such as mothers age (p= 0.24), marital status (p= 0.14), and religion

(p=0.137) did not have significance association with mothers perceived quality of labour and delivery care (21).

Cost of service

According to a study conducted in public and private hospitals of Addis Ababa, only half of the mothers (54.34%) agreed that they paid reasonable amount and those mothers who agreed to pay reasonable amount perceived high quality of maternal and new born care (21).

A study conducted in public and private hospitals of Addis Ababa indicated that place of delivery has a strong association with the perception of good quality of care. Those women's who deliver in the government hospital were 96% less likely perceived high quality of care than those women who give birth in the private hospital AOR(95%CI) 0.04[0.02,0.09] (21). And a study from Iran indicated a strong association of satisfaction with the time of admission, satisfaction of mothers admitted in morning shifts were higher than those who were admitted in evening shifts, and satisfaction of mothers who were admitted in evening shifts were higher than those admitted in night shifts (31).

2.5, Conceptual frame work

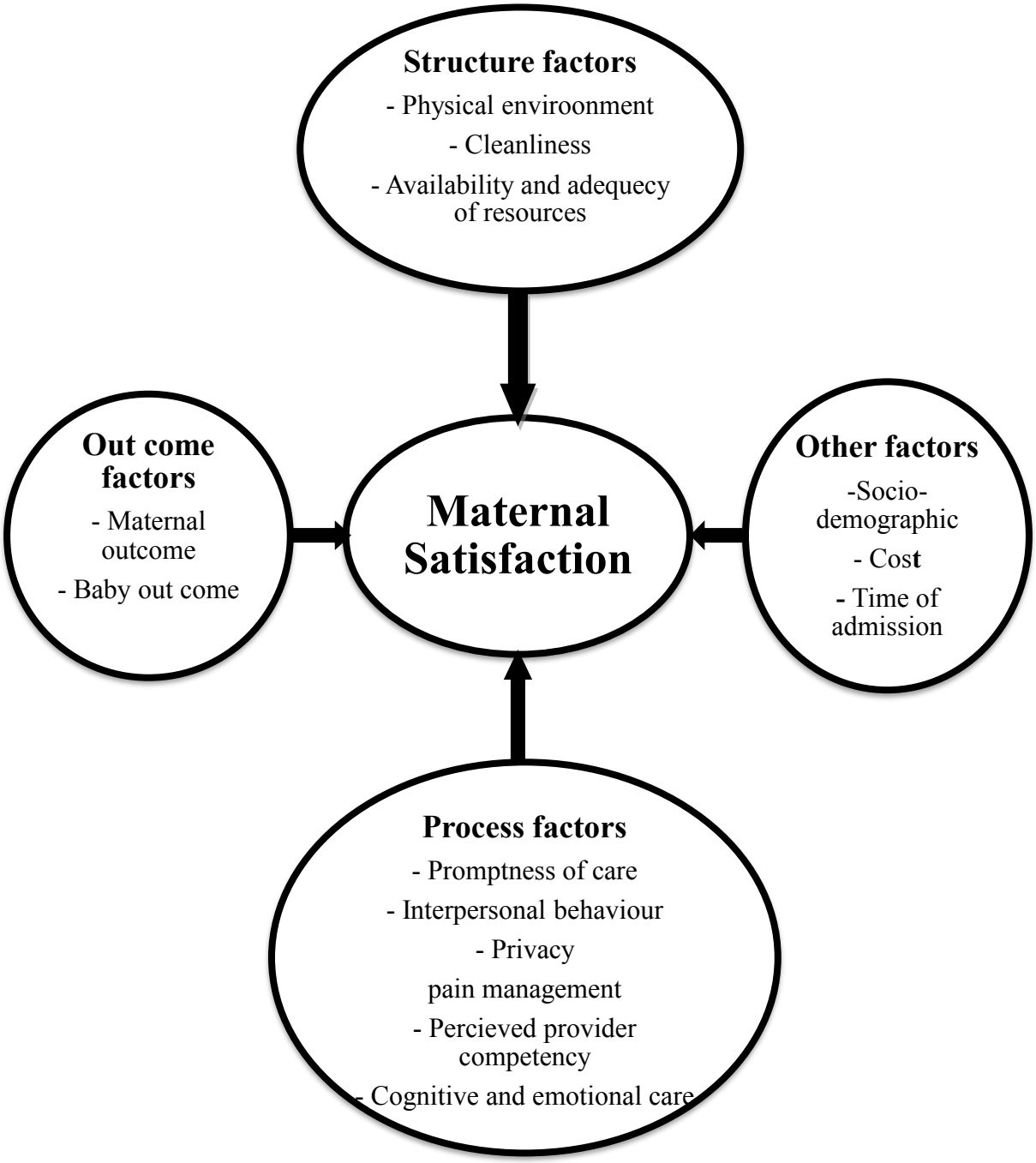

Figure 1, Conceptual framework showing factors affecting maternal satisfaction with delivery services (26)

3.Objectives

3.1, General objective

- To assess maternal satisfaction with the delivery services of public health centers in Addis Ababa, Ethiopia

3.2, Specific objectives

- To determine the level of maternal satisfaction with the delivery services.
- To identify factors affecting maternal satisfaction with the delivery services.
- To explore the life experience of women during the delivery process.

4.Methodology

4.1Study area

The study was conducted in public health centers of Addis Ababa city administration; capital of Ethiopia. The city covers an estimated area of 174.4 square kilometers and has an estimated density of 5,535.8 people per square kilometer. Based on 2007 figures from the Central Statistical Agency of Ethiopia, the Addis Ababa Region has an estimated total population of 3.55 million as projected for the year 2014. The number of females in reproductive age group constitutes 35.5% of total population (45).

The city has ten sub-cities and 116 woredas. There are 5 hospitals owned by Addis Ababa health bureau, 4 by Federal Ministry of Health, 1 by Addis Ababa University, 3 by non-governmental Organization, 3 by defense force and police and 34 by private owners. There are 100 public health centers and around 700 private clinics out of which 75 are higher clinics (46).

4.2Study period

The study was conducted from April 12 – May 20 2017.

4.3Study design

Institutional based cross sectional quantitativeand qualitative study was conducted.

4.4Source population

All women who gave birth in public health centers of Addis Ababa from 12/04/2017 to 20/05/2017 GC.

4.5Study population

All mothers who gave birth in the selected public health centers at the time of data collection and fulfill the selection criteria.

4.6 Eligibility criteria

4.6.1Inclusion criteria

Mothers who gave birth in the selected public health centers during the study period (from 01/03/2017 to 15/04/2017 GC) and volunteer to participate.

4.6.2Exclusion criteria

Mothers referred from the selected health centers to hospitals during the study period.

Mothers who can't communicate in Amharic language

4.7Sample size determination

Sample size was calculated by using single population proportion formula. Therefore, sample size was determined by the formula as follows;

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

- With assumption of desired precision (d) = 0.05
- Prevalence of Mothers satisfaction with delivery service was 74.6% from health institutions in west Arsi, Oromia regionalstate, Ethiopia (28)
- Expected proportion (p) = 0.746
- Z α\2 at 95% confidence interval = 1.96

Based on the assumption, the calculated sample size (n) = 292

- Adding 5 % for non-response rate during the actual study then the sample size became 307.
- And since the sampling method is multistage stratified sampling; design effect was taken as 1.5 then the final sample size became (n)= 461

4.8Sampling procedure

For the quantitative part, multistage sampling method was used as a sampling procedure.First health centers were stratified into the ten sub-citiesThen two health centers from each sub-city were selected using simple random sampling method (lottery method).Number of participants from each health center were determined by proportion to population size by reviewing the first quarter report of 2009 EFY delivery services.

Proportional allocation: allocating sampling proportional to the total population of each stratum using the formula: $n_i = n/N * N_i$

Where n = total sample size to be selected

N = total population

N_i = total population of each strata

n_i = sample size from each strata

Thensystematic random sampling technique was used to get each individual respondent at the point of exit from the health facility until the required number allocated is obtained.

For the qualitative part of the study, in depth interviews were used to collect data. After reviewing the first quarter report of 2009 EFY delivery services, 6 health centers were selected from the study health centers based on their delivery flow. 2 from the highest delivery flow facilities, 2 from average number of delivery flows and 2 from low delivery flow facilities. And 3 participants from each health center were purposely (using convenient sampling technique) selected according to their willingness to participate.

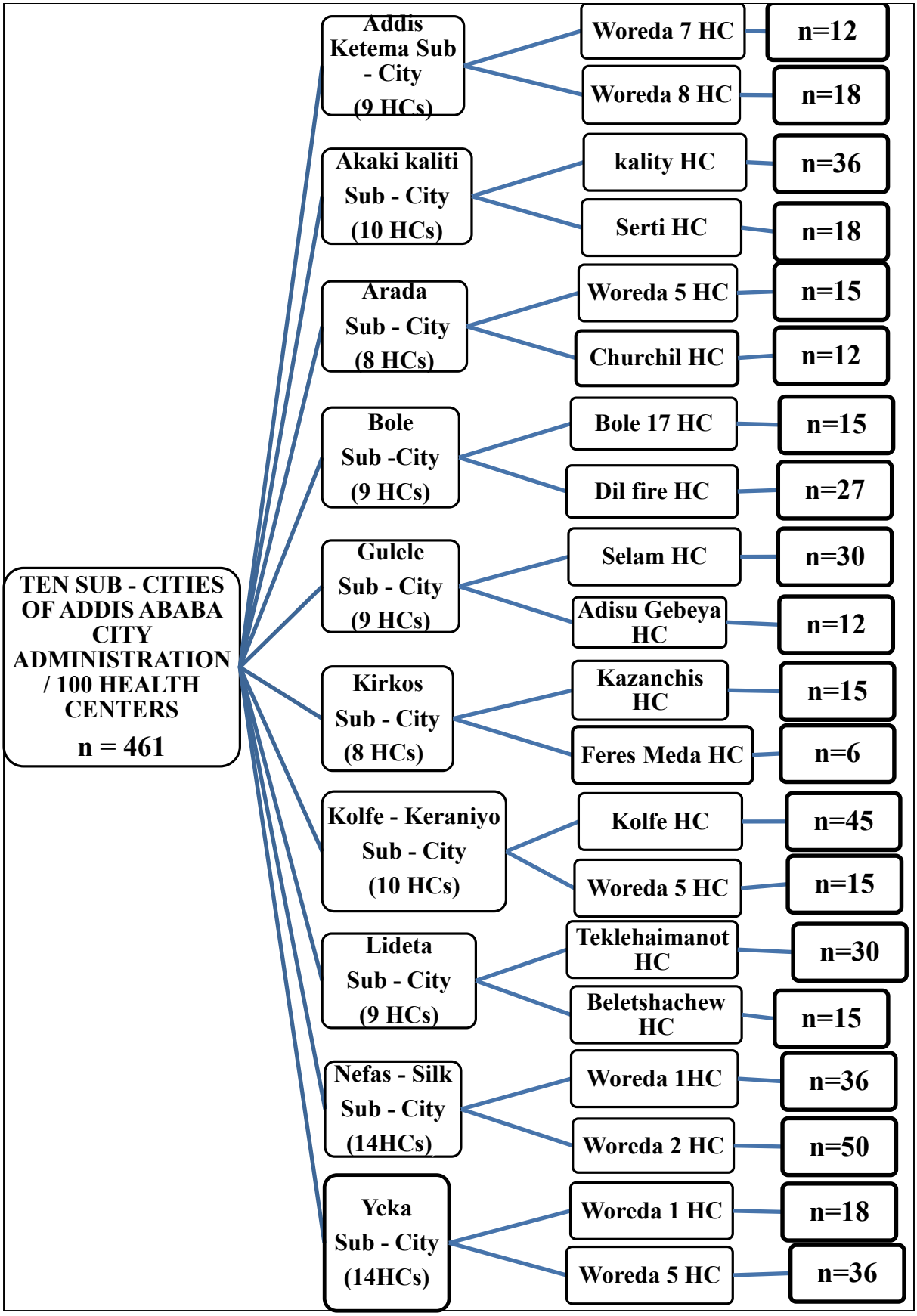

Figure 2 Diagrammatic presentation of sampling procedures

4.9Data collection tool

For the quantitative part of the study, a pretested and structured questionnaire adapted from WHO (standards for hospital quality assessment tool) (47) and from other related researches (48) was used. The material was first prepared in English and then translated to the local language Amharic.

For the qualitative part of the study, semi – structured interview guides for in depth interviews was adapted from related researches (48) and then converted to the local language Amharic.

4.10 Data collection procedure and measurement

For the quantitative part of the study, Data wascollected by exit interview in the selected health centers at the time of discharge. Ten nurses from institutions other than the study health centers were recruited fordata collection after half day training. In order to give the mothers confidentiality to their response, the interviews were conducted in a separated area with protected privacy.

For the qualitative part of the study, the participants for in depth interviews were selected from mothers who gave birth at the study health centers during the study period and who were willing to participate. The principal investigator conducted the in depth interviews until point of saturation were reached. And tape recorder was used to record every discussion on each topic.

4.11 Data quality control

To insure content validity, the questionnaire was adapted from WHO (standards for hospital quality assessment tool) (47) and using related researches (48). And to insure the consistency of the questionnaire, the English version was translated into Amharic and again back to English. The questionnaire was pretested in 5% of subjects and amendments were done accordingly.

Training on the purpose of study and procedures of data collection was given to data collectors for half a day prior to the study. During the data collection, the principal investigator collected each questionnaire from data collectors and checked for completeness, accuracy and consistency on daily bases.

4.12Data analysis

Quantitative data was checked, coded and entered into Epi info version 7 then exported to a statistical package for social sciences (SPSS) version 20 by the principal investigator. Descriptive statistics was computed and overall level of maternal satisfaction was determined by categorizing mothers who scored 75% and above for the 15 items of satisfaction questionnaire, under "satisfied" and those who scored below 75% under "unsatisfied"

Maternal satisfaction with delivery services was considered as dependent variable. To measure maternal satisfaction 5-point Likert scale was used. During analysis, the responses of 'very satisfied' and 'satisfied' was classified as satisfied and responses of 'very dissatisfied', 'dissatisfied' and 'neutral' were classified under unsatisfied. Neutral responses were classified as dissatisfied considering that they may represent a fearful way of expressing dissatisfaction. Mothers may get reluctant to express their dissatisfaction as they were interviewed within the health centers.

To assess the association of different independent variables with the outcome variable, cross tabulations and bivariate analysis were carried out. In addition, multivariate analysis was performed to identify the most important predictors of maternal satisfaction. To control confounders only variables with p value <0.05 were taken to multivariate analysis.

Qualitative data were recorded by tape recorders in order for all comments to be understandable and useful. Then cleanup of the transcripts by removing off nonessential words was followed by assigning each participant comment in quote in a separate line on the page as well as each new thought or idea therein. The analysis was done manually by grouping into themes. Different concepts and data categories were generated based on the objective of the study and on the information that was gained through the interview.

4.13 Variables

Dependent variable

- Maternal satisfaction

Independent variables

Structural factors

- Physical environment
- Cleanliness
- Human resources
- Medicines and supplies

Process factors

- Promptness
- Interpersonal behavior
- Privacy/confidentiality
- Pain management
- Cognitive support
- Emotional support
- Sex of service providers

Outcome factors

- Delivery outcome

Other factors

- Socio demographic characteristics
- Obstetric history
- Cost
- Time of admission

4.14 Operational definitions

Maternal satisfaction; - mothers' expressed state of being satisfied with health care service in the dimension of quality of care (process, outcome and physical environment).

Satisfied: - mothers who scored 75 % and more from the items of Patient Satisfaction Questionnaire, were categorized under "satisfied" for the overall satisfaction level and for each responses of 'very satisfied' and 'satisfied' are classified as satisfied.

Unsatisfied: - mothers who scored below75 % from the items of Patient Satisfaction Questionnaire, were categorized under "unsatisfied" for the overall satisfaction level and for each responses, 'very dissatisfied', 'dissatisfied' and 'neutral' as unsatisfied.

Waiting time: - the time between admissions to the time seen by health professional.

Promptness of care: - provision of care without delay/immediately, avoidance of prolonged waiting time.

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

Privacy: - the state of being free from being observed or disturbed by other people.
Perceived provider's competency: - perspective of mothers on the ability of health care providers to give care successfully or efficiently.
Cognitive care: - process of sharing adequate information with mothers about their condition or the care required,
Emotional support: - provision of reassurance, acceptance and encouragement during times of stress.

4.15Ethical considerations

Ethical clearance letter was obtained from Research Ethics Committee of Addis Ababa University College of Health Science. Official letters of cooperation were obtained from Addis Ababa Regional health Bureau and from the ten sub-city health offices. And permissions for collection of data were obtained from the selected health centers. Before conducting the interviews, informationwas given to the participants and participants were assured of voluntary participation, confidentiality, anonymity and freedom to withdraw from the study at any time. The nature and importance of the study was explained and oral consents were obtained from the participants.

4.16Dissemination of the result

The result of this study will be presented to Addis Ababa University, college of health sciences, department of nursing and midwifery. And copy of the study publication will be distributed to the Ministry of Health, Addis Ababa Regional Health Bureau, for the selected health centers and other concerned bodies through reports and publication on an appropriate journal.

5. Result

5.1 Socio demographic characteristics of the respondents

A total of 461 mothers were included in this study with 100% response rate. The mean age of the participants was 28.8(SD±4.9) year.Of all the participants 206(44.7 %) of them were diploma and above holders and 21(4.6%) of them were illiterate without any formal education.

Hundred eighty-three (39.7%) of the mothers were governmental and private company employees while 163(35.4%) had private jobs and 115(25%) of them were unemployed/ house wives and students.Four hundred twenty-three (91.8%) of the participants were married.A total of 199(48.1%) of the mothers had household income of 1600 – 3000 Birr. (Table 1)

Table 1:Socio demographic characteristics of mothers who gave birth in public health centers of Addis Ababa, Ethiopia, April – May 2017 GC.

Variable	Frequency	Percent
Age of respondents (461)		
18– 25	114	24.7%
26 – 34	291	63.1%
≥ 35	56	12.1%
Marital status of the respondents (461)		
Married	423	91.8 %
Single	26	5.6 %
Others (separated, divorced)	12	2.6 %
Educational status (461)		
Grade 1 – 6	70	15.2%
Grade 7 – 12	164	35.6%
Diploma and above	206	44.7%
No formal education	21	4.6%
Occupational status (461)		
Governmental employee	82	17.8%
Private organization employee	101	21.9%
Private job	163	35.4%
Others (students, housewives)	115	25%
Averagehousehold income of the respondents (414)		
500 – 1500	90	21.7%
1600 – 3000	199	48.1%
3100 – 5000	86	20.8%
>5000	39	9.4%

5.2 Obstetric history of the respondents

Among the participants 207 (44.9%) were having their first child, 187(40.6%) were having their second child and 66(14.3%) of them had three and above babies.The majority of the pregnancies, 428(92.8%) were planned and wanted while the rest 33(7.2%) were unplanned.

Four hundred twenty-two (91.5%) of the participants delivered by spontaneous vaginal delivery and 39(8.5%) of the deliveries were assisted by instruments. Four hundred thirty-two (93.7%) of the mothers gave birth without complication while the rest 29(6.3%) mothers' outcome was complicated.

Majority of the participants 450(97.6%) experienced normal fetal outcome while the rest 11(2.4%) experienced still birth and neonatal death.Most of the respondents four hundred forty-four (96.3%) had a history of ANC follow up and the rest seventeen (3.7%) had no history of ANC follow up.

One hundred thirty-five (29.3%) of the mothers were admitted to the health centers between 12 AM in the morning to 6AM in the midday local time, 124(26.9%) of the mothers were admitted after 6 AM to 12 PM in the evening local time, 106(23%) of the mothers were admitted after 12PM in the evening to 6 PM mid night local time, and the rest 96(20.8%) were admitted after 6 PM mid night to 12AM in the morning local time. (Table 2)

Table 2: Obstetric history of mothers who gave birth in public health centers of Addis Ababa, Ethiopia, April –May 2017 GC

Variable	Frequency	Percent %
No of previous births		
1	207	44.9%
2	187	40.6%
3 and above	66	14.3 %
Status of pregnancy		
Wanted	428	92.8%
Unwanted	33	7.2%
Mode of delivery		
Spontaneous vaginal delivery	422	91.5%
Assisted by instruments	39	8.5%
Maternal outcome		
Normal	432	93.7%
Complicated	29	6.3%
Fetal outcome		
Live birth	450	97.6%
Neonatal death	6	1.3%
Still birth	5	1.1%
ANC follow up		
Yes	444	96.3%
No	17	3.7%
Time of admission		
Morning 12 AM – 6 AM midday	135	29.3%
Midday 6 AM – 12 PM evening	124	26.9%
Evening 12 PM – 6 PM mid night	106	23%
Mid night 6 PM – 12 AM morning	96	20.8%

5.3 Health center structure related mothers' satisfaction

Among the respondents 413(89.6%) were satisfied with the number of health care providers in the labor and delivery rooms and 334(72.4%) of them were satisfied with the availability and adequacy of medical supply and drugs.
Majority of the participants,433(93.9%) were satisfied with the sufficiency and cleanliness of labor rooms, beds and spaces, while 387(83.9%) of the mothers were satisfied with the availability of requested laboratory investigations.

Three hundred ninety-four (85.5%) of the delivering mothers were satisfied with the access and sanitation of toilets in the study health centers. However, only 176(38.2%) were satisfied with the availability and sanitation of shower rooms. And the rest 285(61.8%) were dissatisfied.

Three hundred fifty (75.9%) of the participant mothers believed that the availability, sanitation and comfort of waiting areas for clients and their companions were satisfactory.

Table 3: Health center structure related satisfaction of mothers who gave birth in public health centers of Addis Ababa, Ethiopia, April – May 2017 GC

Question	Strongly satisfied	Satisfied	Neutral	Dissatisfied	Strongly Dissatisfied
Number of health workers	299(64.9%)	114(24.7%)	24(5.2%)	20(4.4%)	3(0.7%)
Medical supply and drugs	249(54%)	85(18.4%)	26(5.6%)	89(19.3%)	11(2.4%)
Delivery rooms and beds	336(72.9%)	97(21%)	11(2.4%)	13(2.8%)	3(0.7%)
Laboratory services	231(50.1%)	156(33.8%)	33(7.2%)	33(7.2%)	7(1.5%)
Toilets	305(66.2%)	89(19.3%)	23(5%)	32(6.9%)	11(2.4%)
Shower rooms	122(26.5%)	54(11.7%)	209(45.3%)	53(11.5%)	22(4.8%)
Waiting area	235(51%)	115(24.9%)	54(11.7%)	49(10.6%)	7(1.5%)

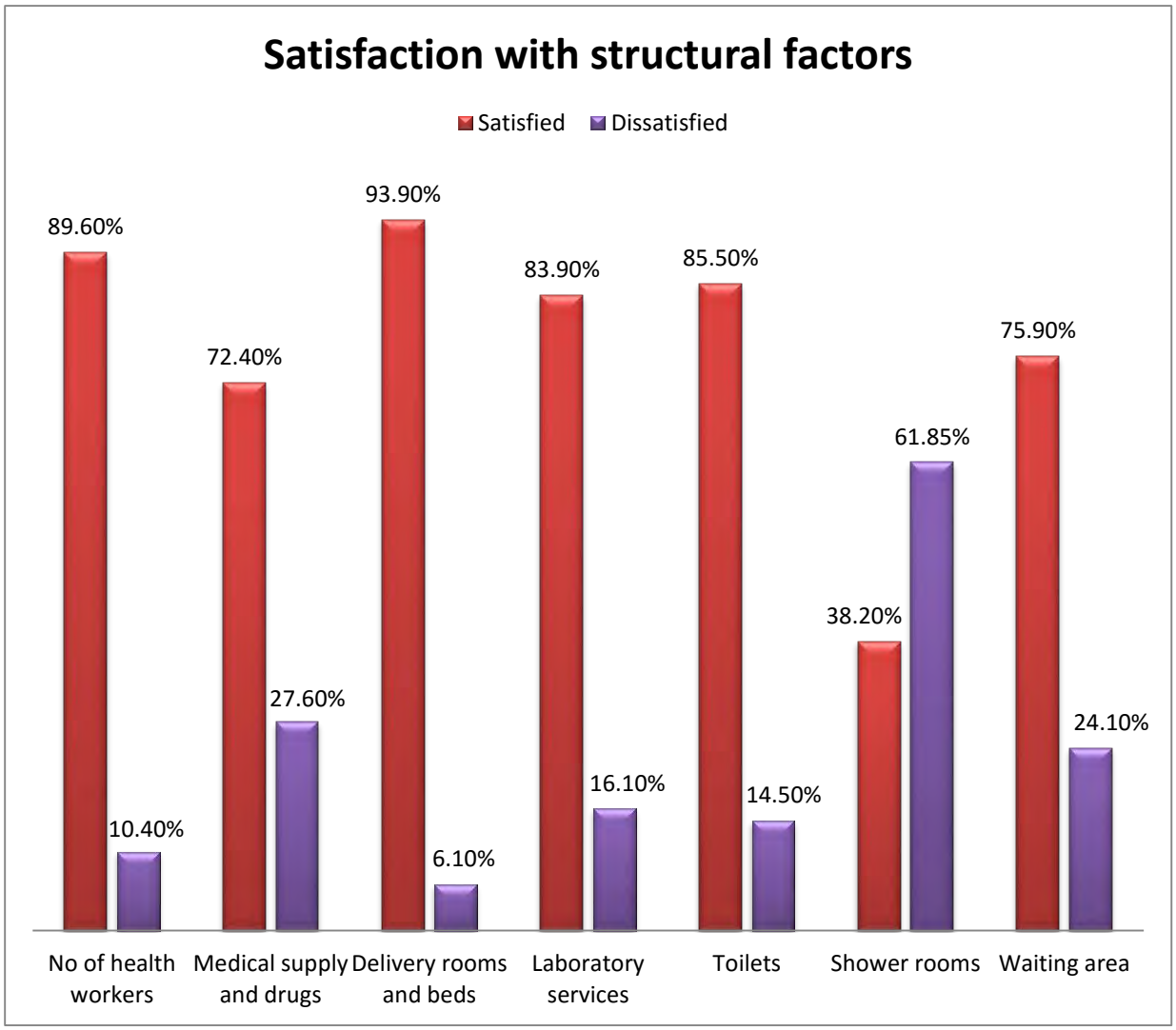

Figure 3: A Bar chart showing mothers' satisfaction with structural factors of the public health centers in Addis Ababa, Ethiopia, April – May 2017 GC

5.4 Process and outcome related satisfaction of the mothers

The overall level of satisfaction with the delivery services in this study was 82 %. Two hundred twenty (47.7%) of the respondents waited less than fifteen minutes before receiving care from health care providers. One hundredseventy-five (38 %) of them waited fifteen to thirty minutes, 53(11.5%) waited thirty minutes to an hour and the rest 13(2.8%) waited beyond an hour to receive care after reaching the health centers.

Majority of the participants, 393(85.3%) were satisfied with the length of time they waited to be seen by health care providers. Three hundred twenty-nine (71.3%) of the mothers agreed that the health care providers asked them for permission before applying any procedures and examinations while the rest 132(28.7%) disagreed.

Three hundred seventy-three (80.9%) of the participants reported that the health workers explained the labour progress by using local and clear language. Few of, 65(14.1%) of the participants reported about being confused because of different member of staff gave them conflicting advice or information.

Four hundred three (87.4%) of the mothers agreed that the health workers verbally encouraged praised and reassured them during the time of labor and delivery.Respect and courtesy of the health care providers resulted in satisfaction of 384(83.3%) of the mothers.

The amount of time health workers spend for examinations satisfied 372(80.7%) of the study participants. 367(79.6%) of the respondents were satisfied with the competency and confidence of the health care providers with their work.

Majority of the participants, 416(90.2%) agreed that health care providers took measures of privacy during physical examinations and delivery. The privacy measures such as private rooms, Curtained or screened area during physical examinations and delivery resulted in satisfaction of four 412(89.3%) of the participant mothers.

Among the 461 participants who delivered in the health centers, 251(54.4%) of the deliveries were attended by female health care providers and 210(45.6%) of them were attended by male health care providers. 369(80%) of the participants, reported of being satisfied with the sex of the health care provider who attended their deliveries. While the rest 92(20%) of them were dissatisfied with the sex of the health care provider who attended their deliveries.

Twenty-seven (5.9%) of the participants' new born had complicated health status while the rest 434(94.1%) were healthy. 421(91.4%) of the respondents reported that they were able to ask questions about their newborns and the rest 40(8.6%) disagreed. And four hundred twenty-five (92.1%) of them agreed that they received enough support from the health care providers in breastfeeding and taking care of their babies.

Majority of the study participants, 417(90.5%) believed that their babies received enough care and support and the rest 44(9.5%) disagreed.

Four hundred eleven (89.2%) of the mothers believed that they will seek delivery service in the same facility next time if they get pregnant and the rest 50(10.8%) did not want to come back in the same facilities for future delivery services.

Those who would recommend the health centers to relatives and friends comprised 388(84.2%) of the study participants while the rest 73(15.8%) did not want to recommend the health centers to others.

Table 4: Process related satisfaction of mothers who gave birth at public health centers of Addis Ababa, Ethiopia, April – May 2017 GC

Question	Strongly dissatisfied	Dissatisfied	Neutral	Satisfied	Strongly satisfied
Waiting time	15(2.8%)	29(6.3%)	24(5.2%)	98(21.3%)	295(64%)
Respect and courtesy	10(1.7%)	20(4.3%)	47(10.2%)	93(20.2%)	291(63.1%)
Amount of time spent on examinations	9(1.5%)	32(6.9%)	48(10.4%)	99(21.5%)	273(59.2%)
Competency and confidence	10(1.7%)	29(6.1%)	55(11.9%)	93(20.2%)	274(59.4%)
Privacy measures	6(0.9%)	24(5.2%)	19(4.1%)	126(27.3%)	286(62%)
Sex of health worker	16(3%)	26(5.6%)	50(10.8%)	91(19.7%)	278(60.3%)

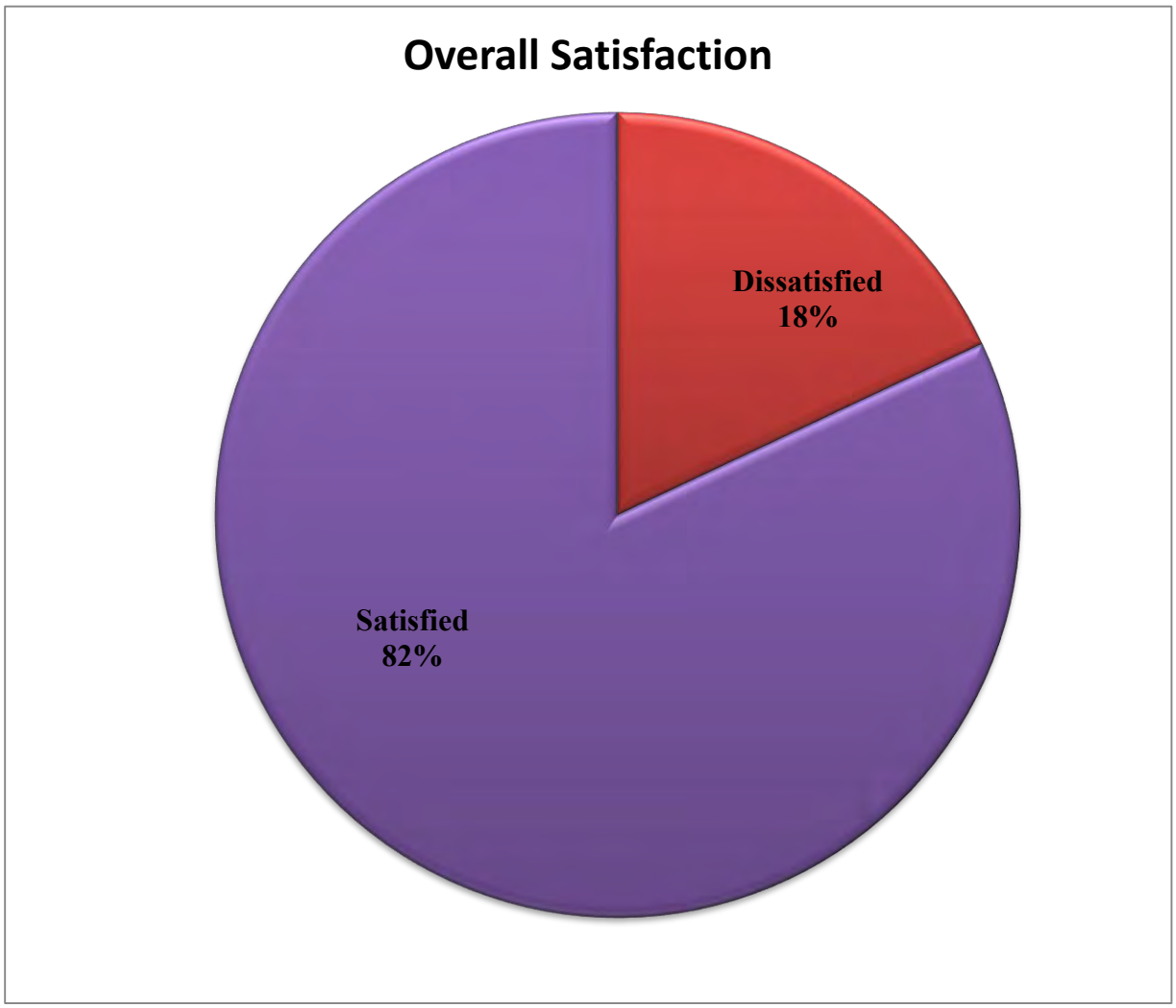

Figure 4: A Pie chart showing overall level of maternal satisfaction with the delivery services of public health centers in Addis Ababa, Ethiopia, April – May 2017 GC

5.5 Factors affecting maternal satisfaction with delivery services in the health centers

Socio demographic and obstetric history factors

When we see the socio demographic and obstetric characteristics of the mothers, marital status, maternal age, occupation, average household income, parity and time of admission were not strong predictors of maternal satisfaction in the bivariate analysis. Whereas educational status, status of the pregnancy, mode of delivery, maternal and fetal outcome and ANC follow up were factors significantly associating with satisfaction of mothers with delivery services.

Mothers who have attended formal education were more satisfied with the delivery services than those who had not attended formal educations. The status of the pregnancy also had significant association with the level of maternal satisfaction, those mothers whose pregnancy was planned weremore satisfied with services than those mothers whose pregnancy were unplanned. In addition, mothers who delivered by spontaneous vaginal delivery were more satisfied than those who delivered assisted by instruments.

Mothers whose health outcomes were normal, were more satisfied with the services than those whose health outcomes were complicated and mothers whose fetal out comes were live birth were more satisfied than those whose fetal outcomes were still birth or neonatal death.

Mothers who had a history of ANC follow up were more satisfied with the delivery services than those who had no history of ANC follow up.In multivariate analysis none of the socio demographic and obstetric history variables were significant, their p values were greater than 0.05.

Table 5: Socio-demographic and obstetric history factors which associated with mothers' satisfaction with delivery services of public health centers, Addis Ababa, Ethiopia, April – May 2017 GC

Variables	Maternal Satisfaction		COR(95%CI)	AOR(95%CI)
	Satisfied (n,%)	Dissatisfied (n,%)		
Educational status				
Educated	365(83%)	75(17%)	**2.995(1.199,7.478)**	0.328(0.019,5.714)
No formal education	13(61.9%)	8(38.1%)	1.0	1.0
Pregnancy status				
Wanted	360(84.1%)	68(15.9%)	**4.412(2.121,9.178)**	1.913(0.229,15.987)
Unwanted	18(54.5%)	15(45.5%)	1.0	1.0
Mode of delivery				
SVD	354(83.9%)	68(16.1%)	**3.254(1.623,6.522)**	1.026(0.127,8.303)
Assisted delivery	24(61.5%)	15(38.5%)	1.0	1.0
Maternal outcome				
Normal	369(85.4%)	63(14.6%)	**13.016(5.671,29.874)**	7.996(0.792,80.738)
Complicated	9(31%)	20(69%)	1.0	1.0
Fetal outcome				
Live birth	376(83.6%)	74(16.4%)	**22.865(4.842,107.977)**	2.050(0.058,7.446)
Other(still birth and neonatal death)	2(18.2%)	9(81.8%)	1.0	1.0
ANC follow up				
Yes	370(83.3%)	74(16.7%)	**5.625(2.102,15.056)**	2.671(0.215,3.224)
No	8(47.1%)	9(52.9%)	1.0	1.0

Process and outcome related factors

Mothers who waited less than 15 minutes to be seen by health care providers were more satisfied with the services than those who waited more than an hour COR (95%CI) 8.409[2.806-25.196]. And those who felt satisfied by the amount of time they waited to be seen, were more satisfied than those who felt dissatisfied.

Mothers who were asked for permission and who received clear explanation by health care workers before procedures or examinations were more satisfied by the service than those who were not asked for permissions and did not get enough explanations.

Clients who did not encounter confusion because of conflicting ideas and information from health care providers were more satisfied with the services given than those who felt confused. Mothers who wereverbally encouraged praised and reassured by the health workers during the time of labour and delivery were more satisfied with the services than those who did not receive emotional care COR (95%CI) 16.748[8.902-31.490].

Mothers who were satisfied with the respectfulness and competency of the health care workers were more satisfied with the services than those who were dissatisfied COR (95%CI)28.741[15.498-53.299], 35.260[18.912-65.735] AOR (95%CI) 8.712[2.171-34.961], 5.441[1.165-25.406] respectively.

Mothers who were satisfied with the time spent for examinations by health care workers were more satisfied with the service given than those who were not satisfied COR (95%CI) 16.783[9.545-29.510]. And participantswho were satisfied with privacy measures taken by the health care workers were more satisfied with the overall delivery services than those who were not satisfied.

Mothers whose delivery was attended by female health workers were more satisfied than those attended by male health workers COR (95%CI) 2.198[1.343-3.595] and those who were satisfied with the sex of the birth attendants were10.7 times more satisfied than those who were dissatisfied with the sex of the birth attendant COR (95%CI) 28.207[15.452-51.489]AOR (95%CI) 10.742[3.218-35.866].

Mothers whose neonates' health status were normal, were more satisfied than those mothers whose neonates' health status were complicatedand those who believed that their baby received enough care and support were38.7 times more satisfied with the services given than

those who believed their babies did not receive adequate care and support from health care workersCOR (95%CI)29.896[13.543-59.994] AOR (95%CI) 38.784[1.869-804.655].

Mothers who felt they were able to ask any questions about their babies were 18.6 times more satisfied than those who thought they hadn't the opportunity to raise questions to the health care workers COR (95%CI) 34.980[14.693-83.277] AOR(95%CI) 18.611[2.658-30.294].

Mothers who felt like they have received enough support to breastfeed and care for their babies were more satisfied with the services provided than those who did not believe that the support they received was adequate.Mothers who responded that they will come back at the same health center for future delivery service were more satisfied than those who said they will never seek care at the same place for future pregnancy and those who agreed to recommend health centers to relatives and friends were more satisfied than those who disagreed to recommend health centers to others.

Table 6: Process and outcome related satisfaction of mothers who gave birth in public health centers, Addis Ababa, Ethiopia, 2017 GC.

Variable	Maternal satisfaction		COR(95%CI)	AOR(95%CI)
	Satisfied (n, %)	Dissatisfied (n, %)		
Waiting time satisfaction				
Satisfied	339(86.3%)	54(13.7%)	**4.668(2.667,8.171)**	0.538(0.074,3.893)
Dissatisfied	39(57.4%)	29(42.6%)	1.0	1.0
Permission before procedures				
Agree	306(93%)	23(7%)	**11.087(6.429,19.119)**	1.041(0.252,4.299)
Disagree	72(54.5%)	60(45.5%)	1.0	1.0
Explanation about labour				
Agree	337(90.3%)	36(9.7%)	**10.731(6.242,18.447)**	2.626(0.533,12.940)
Disagree	41(46.6%)	47(53.4%)	1.0	1.0
Encouraged by health workers				
Agree	359(89.1%)	44(10.9%)	**16.748(8.902,31.490)**	1.369(0.313,5.985)
Disagree	19(32.8%)	39(67.2%)	1.0	1.0
Respectfulness of health workers				
Satisfied	355(92.4%)	29(7.6%)	**28.741(15.498,53.299)**	**8.712(2.171,34.961)**
Dissatisfied	23(29.9%)	54(70.1%)	1.0	1.0
Time spent for examinations				
Satisfied	342(91.9%)	30(8.1%)	**16.783(9.545,29.510)**	1.297(0.297,5.656)
Dissatisfied	36(40.4%)	53(59.6%)	1.0	1.0
Competency of health workers				
Satisfied	347(94.6%)	20(5.4%)	**35.260(18.912,65.735)**	**5.441(1.165,25.406)**
Dissatisfied	31(33%)	63(67%)	1.0	1.0
Satisfaction with privacy measures				
Satisfied	355(86.2%)	57(13.8%)	**7.040(3.761,13.178)**	3.907(0.247,6.735)
Dissatisfied	23(46.9%)	26(53.1%)	1.0	1.0
Sex of birth attendant				
Satisfied	346(93.8%)	23(6.2%)	**28.207(15.452,51.489)**	**10.742(3.218,35.866)**
Dissatisfied	32(34.8%)	60(65.2%)	1.0	1.0
Being able to ask any questions				
Agree	371(88.1%)	50(11.9%)	**34.980(14.693,83.277)**	**18.611(2.658,30.294)**
Disagree	7(17.5%)	33(82.5%)	1.0	1.0
Baby received enough care				
Agree	369(88.5%)	48(11.5%)	**29.896(13.543,59.994)**	**38.784(1.869,804.655)**
Disagree	9(20.5%)	35(79.5%)	1.0	1.0

Qualitative study result

About 18 mothers who gave birth in 6 health centers (Nefas silk Woreda 2 health center, kolfe health center, Selam health center, Addisu gebeya health center, Feres meda health center and Woreda 7 health center)have participated in the In-depth interviews. The interviews were held using a semi-structured interview guide with probing questions linked to maternal satisfaction aspect. Main themes of the conversations are used as sub-headings

Mothers' experience of care at the health centers

All of the participants stated the sequence of care they received at the health centers starting from the time of admission until after they gave birth. Most received immediate care from health care providers without having to wait for a longer time. And they reported health care providers were respectful and friendly throughout the process. One of the respondents who gave birth at kolfe health center stated; -

"*I reached here around 1 pm in the evening and two health care providers started taking history and physical examinations immediately. They told me my cervix has opened and took me to the delivery couch where i gave birth without complication.But my baby was sick, she got febrile and couldn't suck my nipples and they told me that they are about to take her to paulos hospital. I was very much worriedand the health care workers were reassuring me and my family. They took my baby with her father soon after by ambulance and now I am about to go there too… I would like to thank them all for their cooperation*"

Satisfaction with the care received

All of the respondents experienced a satisfactory care at the health centers.Starting from the time of admission until after they gave birth; they perceived a relatively good quality care in all the three dimensions i.e, structure, process and outcome. However, they pointed out that there are still some factors that may affect the level of satisfaction of clients.

Structural factors

Majority of the respondents were highly satisfied with the structural components of the health centers. Delivery rooms, beds, bed sheets, toilets, waiting areas, amount of health care providers and instruments were high sources of satisfaction by the mothers. Some of the respondents indicated that the pharmacy is not well equipped and there were electricity and water shortages. As one of the participants from Addisu Gebeya health center said; -

"*As you can also see, everything in here is clean and adequate, I slept on clean bed sheets, in a clean room, the toilet is also very clean and i saw the cleaners cleaning now and then. There is also a nice shower room, but there is no water. There was electricity shortage last night and they told me they referred two mothers to a hospital and they were about to refer me too, fortunately it got fixed before i left*"

Another participant from Feres meda health center stated; -

"*Both the bed rooms and the environment are very clean and comfortable and i believe the amount of health care providers is sufficient. But the pharmacy is not well equipped, prescribed medications were not available*"

Process factors

All of the respondents were highly satisfied with the process factors in the health centers. They reported lower waiting time, respectful, friendly and competent staff members and assurance of privacy measures. A respondent from Selam health center said; -

"*I am very satisfied with everything i experienced here; the health care workers were very cooperative. They were encouraging and reassuring me during labor and delivery.And after i gave birth they were checking up on me and my baby repeatedly*"

Another respondent from Addisu Gebeya health center said; -

"*The health care providers are amazingly respectful, friendly and competent, I had some complications and they helped me a lot. I would like to thank them; may God bless them"*

Pain management was also another area of care which generated high level of satisfaction. All of the participants claimed that pain control measures were taken by the health care providers. A participant from Nifas silk woreda 2 health center stated; -

"*When they were stitching up the episiotomy site they gave me anti – pain and i felt much better after that. In my previous delivery five years ago, the health care workers refused to give me anti pains and i had unbearable pain*"

Outcome factors

Some of the participants' and their babies' outcomes were complicated, and yet they were thankful for the care they received. Two of the participants stated that their babies had complications and that they were sent to hospitals. A respondent from kolfe health center said;-

"*My baby could not suck my nipples and they took her to paulos hospital. They operated me to save her and yet she is not in a good condition. The health center is well equipped to the point of performing surgeries but I don't know why they don't have the settings*to *treat babies*"

Areas of care to be improved

Majority of the respondents claimed that they were excited with the care they received and some of them have pointed out areas of care that should be improved and how. All comments were given on the structural components of the health centers. Most women only indicated the problems and not the ways to solve them. A respondent from Addisu Gebeya health center stated; -

"*Water and electricity should not be a problem in institutions like this, they are mandatory to give care for delivering mothers; I believe they should at least have generators and water tankers*"

Another participant who delivered in feres meda health center said; -

"*Pharmacies should be well equipped, they should have the necessary supplies for delivering mothers and other emergencies because it would be difficult to find prescribed medicines quickly outside the health center, especially in the night time*"

6. Discussion

Maternal satisfaction with delivery services is an important outcome measure for the quality of care provided. This study's finding indicated that the overall level of maternal satisfaction with the delivery services given by public health centers of Addis Ababa city to be 82%. This finding is similar with the study conducted in Assela hospital, Arsi zone, Oromia region Ethiopia, among women who received delivery care, where the level of satisfaction with the delivery service was 80.7% (35).

This finding is higher than the studies conducted in Amhara region, Ethiopia and Islamabad, Pakistan, among women who received delivery services, where the levels of satisfaction were 61.9% and 61% respectively (27,38). These variations may be due to real difference in quality care, the lesser burden nature of health centers or the increased number of newly built health centers in the city, payment free services and increased number of midwives, nurses and emergency surgery health officers.

In this study the socio demographic factors, maternal age (p=0.180), marital status (p=0.344), educational status (p=0.445), occupation (p=0.936) and average house hold income (p=0.804) did not have significant association with mothers' level of satisfaction with delivery services. A similar result had been found in the study conducted in Malawi, socio demographic factors were not found associated with mothers perceived quality of delivery care (mothers age (P=0.81), marital status (p=0.3), religion(p=0.44) (49).

Multivariate analysis revealed that, mothers' satisfaction with the respectfulness of the staff, confidence and competency of health care workers, the sex of the birth attendants, being able to ask any questions about their babies and whether their neonates received good enough care, were statistically significant predictors of maternal satisfaction with delivery services.

Mothers who were satisfied with the respectful approach of the staff members were 8.7 times more satisfied with the delivery services than those who were dissatisfied with the respectfulness of the staff AOR (95%CI) 8.712(2.171,34.961). Similarly, in a study conducted in Vietnam, components of high satisfaction were the politeness, courtesy, and respect from providers (nurses, midwives, and doctors) (50)

Competency and confidence of the health care workers with their job was also a significant predictor of maternal satisfaction, mothers who felt satisfied with the competency and confidence of health care workers were 5.4 times more satisfied with the overall delivery

services AOR (95%CI) 5.441[1.165-25.406]. In support of this a study conducted in governmental and private hospitals of Addis Ababa city indicated mothers who agreed with the confidence and competency of health providers perceived high quality of care AOR (95%CI) 3.1[1.7- 5.18] (21).

Mothers who felt satisfied with the sex of the health worker who attended their delivery were 10.7 times more satisfied than those who were dissatisfied AOR (95%CI) 10.742[3.218-35.866].Similarly, preference for female providers emerged as a significant determinant of satisfaction with care in developing countries contexts, as evidenced in studies from Nigeria, Lebanon, Senegal, India, Saudi Arabia and Thailand (26). In contrary in a study conducted in west arsi, Oromia, Ethiopia satisfaction level with the sex of birth attendant was not a significant predictor for maternal satisfaction (28). This variation might be due to cultural and religious differences, preferences on account for greater comfort, easy communication, greater sense of privacy.

Communication with the health workers by asking them any questions about their babies was perceived to be a significantly satisfactory factor by the mothers. Mothers who were able to ask any questions at anytime were 18.6 times more satisfied than those who perceived they were not able to ask the health workers any questions they want, AOR (95%CI) 18.611(2.658,30.294). Similarly, a study from Ghana revealed that clients who had information during labour felt involved in their care which contributed to their satisfaction with care (40).

Neonatal care was also another significant factor that affected maternal satisfaction. Mothers who perceived their neonates received adequate care were 38.8 times more satisfied with the delivery service than those who perceived that their baby did not get good enough care and support AOR(95%CI) 38.784(1.869,804.655).

"*My baby could not suck my nipples and they took her to paulos hospital. They operated me to save her and yet she is not in a good condition. The health center is well equipped to the point of performing surgeries but I don't know why they don't have the settings*to *treat babies*"

7. Strength and Limitations of the study

Strength

- The study used mixed design
- Data collectors were assigned from institutions other than the study health centers (hospitals)
- The study was conducted in multiple settings (20 health centers).

Limitations

- 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.

8. Conclusion

The level of maternal satisfaction with the delivery services of public health centers in this study was 82%. Areas of interpersonal behavior, such as respectful health care provider and mothers' opportunity of asking questions about the delivery process, competency and confidence of the health workers with their jobs, mothers' preference of the sex of the health care worker attending their delivery and adequate neonatal care were strong predictors of maternal satisfaction in this study.

9. Recommendations

Addis Ababa City Administration Health Bureau and facility managers:-

Should work together

- To provide on job trainings to health care workers to improve interpersonal areas of care such as respectfulness and cognitive care through effective communication with clients and also to improve their competence in caring for mothers and neonates.
- To equip health centers with the necessary pharmaceutical supplies.
- To make infrastructural improvements to overcome shortages of water and electricity.

Health professionals: -

- Should accept mothers' preferences of the gender of the personnel who attends their delivery.
- Should approach the mothers in a respectful manner.
- Should conduct further studies by using observational assessment toassess the qualities of care given in the facilities.

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11. Annexes

Annex I

English version information sheet and consent form.

Good morning/ afternoon?

My name is _____. I am working as a data collector on behalf of Blen Assefa who is currently a postgraduate student on Maternity and Reproductive health at Addis Ababa University, College of Health Sciences, School of Allied Health Sciences, Department of Nursing and Midwifery. The objective of this study is to assess the level of mothers' satisfaction with delivery services and factors affecting the level of mothers' satisfaction at public health centers in Addis Ababa city.

This interview might take 20 - 30 minutes. Your name will not be written anywhere in the form and all the information you give us is confidential except for the purposes of this study and it will never be disclosed for the third parity. In addition, I would like to inform you that by participating in this study, you will get no short term or long term risk or benefit. I also would like to inform you that you have a full right to withdraw from the study or to stop the interview any time or to skip any question that you do not want to answer. Your cooperation and willingness for the interview is very helpful in identifying the problem related to the issue.

So do you agree to participate in this study?

Respondent agrees to be interviewed go to the next part.

Respondent does not agree to be interviewed stop interview.

Thank you in advance for your cooperation

Data collectors Name_____ sign: _____

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

Name of the principal Investigator: Blen Assefa

Mobile: +251 913 646 528. E-mail: blen.assefa25@gmail.com

Annex II

English version questionnaire

Questions on the assessment of mother's satisfaction with the quality delivery services given in the selected public health centers of Addis Ababa, Ethiopia.

Instruction; - Circle the response in the response column that best matches with the answer of the respondent.

01. Questionnaire identification number----------

02. Interviewer code ---------- and name ----------

03. Date of interview ---------- 04. Health center code ----------

Part one : -Socio-demographic characteristics of the participants

S no	Question	Response	Skip
101	Age (in years)		
102	Marital status	1. Single 2. Married 3. Divorced 4. Widowed 5, Separated	
103	Educational status	1. No formal education 2. Grade 1–6 3. Grade 7–12 4. Diploma and above	
104	Occupation	1. Governmental employee 2. private employee 3. self employed 4. unemployed 5. Other(specify)_____	
106	Average monthly household income		

Part two: obstetric history

S. no	Question	Response	Skip
201	Parity (number)	_____	
202	Status of pregnancy	1, Wanted 2, Unwanted	
203	Mode of delivery	1, Spontaneous vaginal delivery (SVD) 2, Assisted delivery	
204	Maternal outcome	1, Normal 2, With complication	
205	Fetal outcome	1, Live birth 2, Still birth 3, Neonatal death 4, Others --- specify	
206	Did you have ANC follow up?	1, Yes 2, No	
207	Time of admission	1. 6 am – 12 pm 2. 12 pm – 6 pm 3. 6 pm – 12 am 4. 12 am – 6 am	

Part –three: Questions on structure - related satisfaction

S. no	Question	Response	Skip
301	How satisfactory was the number of health providers in labour and delivery rooms ?	1. Strongly dissatisfied 2. Dissatisfied 3. Neutral 4. Satisfied 5. Strongly satisfied	
302	How satisfied are you with the availability and adequacy of medical supply and drugs?	1. Strongly dissatisfied 2. Dissatisfied 3. Neutral 4. Satisfied 5. Strongly satisfied	
303	How satisfied are you with sufficiency of rooms, beds and spaces for laboring and delivering mothers?	1. Strongly dissatisfied 2. Dissatisfied 3. Neutral 4. Satisfied 5. Strongly satisfied	
304	How satisfied are you with the availability of the requested laboratory investigations?	1. Strongly dissatisfied 2. Dissatisfied 3. Neutral 4. Satisfied 5. Strongly satisfied	
305	How satisfied are you with the availability and sanitation of toilets?	1. Strongly dissatisfied 2. Dissatisfied 3. Neutral 4. Satisfied 5. Strongly satisfied	
306	How satisfied are you with the availability and sanitation of shower rooms?	1. Strongly dissatisfied 2. Dissatisfied 3. Neutral 4. Satisfied 5. Strongly satisfied	
307	How satisfied are you with	1. Strongly dissatisfied	

	the availability and comfort of waiting area for clients and their companions?	2. Dissatisfied 3. Neutral 4. Satisfied 5. Strongly satisfied	
309	Have you had to pay for any services or products during your stay?	1, Yes 2, No	If 'No' skip question no 310
310	How satisfied are you with the cost of the service	1. Strongly dissatisfied 2. Dissatisfied 3. Neutral 4. Satisfied 5. Strongly satisfied	

Part four: Questions on process and outcome related satisfaction

S.no	Question	Response	Skip
401	How long did you wait in this health center before receiving care from health care providers?	1. <15 minute 2. 15-30 minute 3. 30-1 hour 4. > 1 hour	
402	How satisfied are you with the time spent waiting to be seen by a health care provider?	1. Strongly dissatisfied 2. Dissatisfied 3. Neutral 4. Satisfied 5. Strongly satisfied	
403	Health providers asked permission before applying any procedures and examination	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree	
404	Health worker explained the labour progress to you by	1. Strongly disagree 2. Disagree 3. Neutral	

	using your local and clear language.	4. Agree 5. Strongly agree	
405	Have you felt confused because different member of staff have given you conflicting advice or information.	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree	
406	Health workers verbally encouraged praised and reassured during the time of labour.	1.Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree	
407	How satisfied are you with the respect and courtesy of the health care providers ?	1.Strongly dissatisfied 2. Dissatisfied 3. Neutral 4. Satisfied 5. Strongly satisfied	
408	How satisfied are you with the adequacy of time health workers spent for examination?	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree	
409	How satisfied are you with the competency and confidence of the health care providers with their work.	1.Strongly dissatisfied 2. Dissatisfied 3. Neutral 4. satisfied 5. Strongly satisfied	
410	Were there measures taken to assure privacy during physical examinations and delivery? For example, a private room, Curtained or screened area, etc	1, Yes 2, No	

411	How satisfied are you with the privacy during physical examinations and delivery?	1.Strongly dissatisfied 2. Dissatisfied 3. Neutral 4. Satisfied 5. Strongly satisfied	
412	What was the sex of the health care provider who attended your labour and delivery?	1, Male 2, Female	
413	How satisfied are you with the sex of the health care provider who attended your labour and delivery?	1.Strongly dissatisfied 2. Dissatisfied 3. Neutral 4. Satisfied 5. Strongly satisfied	
414	How satisfied are you with the overallcare and support during the time of labour and delivery.	1.Strongly dissatisfied 2. Dissatisfied 3. Neutral 4. Satisfied 5. Strongly satisfied	
415	Was there any health problem on your newborn baby?	1, Yes 2, No	
416	You were able to ask any question about your baby at any time.	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree	
417	Received enough support from the staff in breastfeeding your baby immediately after birth and how to care for your baby.	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree	
418	Your baby received enough care and support.	1. Strongly disagree 2. Disagree	

		3. Neutral 4. Agree 5. Strongly agree	
419	Would you seek delivery service in the same facility next time if you get pregnant?	1, Yes 2, No	
420	Would you recommend this facility to your family and other relatives?	1, Yes 2, No	

Annex III

Guide for in depth interview

Hello! I am ----------. I am a post graduate student at Addis Ababa University College of Health Sciences department of nursing and midwifery. I am here today to discuss with you about your level of satisfaction and associated factors with the delivery services in this healthcenter. Please note that this session will be recorded or I will be taking notes to ensure that i adequately capture your ideas during the conversation. However, your comments remain confidential and your name will not be attached to any comments you make. If you have any questions, contact me with the address below.

Consent to Participate in the in depth interview

The purpose of this interview is to assess the level of mothers' satisfaction and associated factors with the delivery services and exploring your experiences of child birth. The information will be used to solve problems in related to the quality of care. You can choose whether to participate or stop at any time. Although the interview will be tape recorded, your responses will remain anonymous and no names will be mentioned in the report. If you have any doubt or question you can contact us by the address stated bellow.

I understand this information and agree to participate fully under the conditions stated above:

Signed: _____ Date: _____

Contact address: Name of the investigator: - Blen Assefa

Tell :-251-913-64-65-28 e mail:- blen.assefa25@gmail.com

Date, ------/-----/--------.

In depth interview questions

1, Tell me about your experiences of care during child birth from when you arrive at the health center until after you have given birth

2, How satisfied are you with the care you received?

- Availability and adequacy of resources/ human resources
- Cleanliness of the environment
- Staff skill and attitude
- Pain management
- Yours and your baby's health status

3, Which areas of care would you like to be improved and how?

Annex IV

Amharic version information sheet and consent form

<u>የመረጃ መስጫ እና ስምምነት ቅጽ (ውል)</u>

በአዲስአባባ ከተማ አስተዳደር ስር በሚገኙ ጤናጣቢያዎች ለእናቶች በሚሰጡ የወሊድ አገልግሎቶች ላይ የእናቶችን ዕርካታ መጠን ለመመዘን እና የእርካታ መጠን ላይ ተጽዕኖ የሚያሳድሩ ነገሮችን ለመለየት የተዘጋጀ መጠይቅ፡፡

የጥናቱ ባለቤት፤ ብሌን አሰፋ

የጥናቱ ርእስ፡ በአዲስአባባ ከተማ አስተዳደር ስር በሚገኙ ጤናጣቢያዎች በሚሰጡ የእናቶች ወሊድ አገልግሎቶች ላይ የእናቶች የእርካታ መጠን

ጥናቱን የሚያሰራው፡- አዲስአበባ ዩኒቨርስቲ

ጤና ይስጥልኝ! ስሜ ----------ይባላል፡፡ እኔ የመረጃ ሰብሳቢ ስሆን፤ ይህንን መረጃ የምሰበስበው ብሌን አሰፋ (በአዲስ አበባ ዩኒቨርስቲ የህክምና ሳይንስ ኮሌጅ፤ የነርሲንግ እና ሚድዋይፈሪ ትምህርት ክፍል፤ የድህረ ምረቃ ተማሪ) የማስተርስ ትምህርታቸውን ለማጠናቀቅ የመመረቂያ ጽሁፋቸውን ለማዘጋጀት እንዲረዳቸው ሲሆን የጥናቱ አላማ በጤናጣቢያዎቹ በሚሰጡት የወሊድ አገልግሎት ላይ የእናቶችን የእርካታ መጠን መመዘን እና በአገልግሎቱ ላይ የሚታዩ ችግሮችን መለየት ነው፡፡ ጥያቄዎቹን ለመጠየቅ 25-30 ደቂቃ ሊፈጅ ይችላል፡፡ በጥናቱ ላይ የእርሶ ስምና አድራሻ አይጠቀስም፡፡ የሚሰጡትም መረጃ ከዚህ ጥናት አላማ ውጭ ለሌላ አካል ተላልፎ አይሰጥም ሚስጥራዊነቱም የተጠበቀ ነው፡፡ በዚህ ጥናት ላይ በመሳተፎት የሚደርስቦት ጉዳት ወይም የተለየ ጥቅም አይኖርም፡፡በዚህ ጥናት መሳተፍ ፈቃደኛ ካልሆኑ፤ በመጠይቁ መሀል ማቋረጥ ከፈለጉ ወይንም መመለስ የማይፈልጉት ጥያቄ ሲኖር የማቋዋረጥ ሙሉ መብት እንዳሎት ልገልጽሎት እወዳለሁ፡፡ በጥናቱ ላይ ለመሳተፍ የእርሶ ትብብር እና ፈቃደኝነት በጉዳዩ ላይ የሚነሱ ችግሮችን ለመለየት እጅግ ጠቃሚ ስለሆነ በጥናቱ ላይ በፍቃደኝነት እንዲሳተፉ በትህትና እንጠይቃለን፡፡ከላይ በተሰጠኝ መረጃ መሰረት በዚህ ጥናት ላይ ለመሳተፍ ፍቃደኛ ነኝ፡፡

ፊርማ ----------

መጠየቅ የሚፈልጉት ወይም ግልጽ ያልሆነ ነገር ካለ ከታች በተጠቀሰው አድራሻ ማግኘት ይችላሉ፡፡የጥናት አድራጊው ስም፡- ብሌን አሰፋስልክ ቁጥር- +251 — 913 — 646 — 528ኢ-ሜይል - blen.assefa25@gmail.com

ቃለመጠይቅ

በጤናጣቢያዎችለእናቶችበሚሰጡየወሊድአገልግሎቶችላይየተገልጋዮችንእርካታለመመዘንእ ናየሚገጥሙችግሮችንለማወቅየተዘጋጀመረጃመሰብሰቢያመጠይቅ፡፡

መመሪያ፤ከተጠያቂውመልስጋርየሚመሳሰለውንመልስመርጣችሁአክብቡ፡፡

01.**የመጠይቅመለያቁጥር**----------

02.**የመረጃሰብሳቢውኮድ**---------- **ስም** ----------

03.**ቃለመጠይቅየተደረገበትቀን**---------- 04.**የጤናጣቢያውኮድ**----------

ክፍል 1፡የተጠያቂዋማህበራዊእናዲሞግራፊያዊነባራዊሁኔታ

ተራቁ	**ጥያቄ**	**መልስ**
101	**እድሜ**	
102	**የጋብቻሁኔታ**	1.**ያላገባች**2.**ያገባች** 3.**የፈታች**4.**የሞተባት** 5.**የተለያየች**
103	**የትምህርትደረጃ**	1. **ያልተማረች**2. **ክፍል** 1 — 6 3. **ክፍል** 7 — 124.**ዲፕሎማ እና ከዛ በላይ**
104	***ሥራ***	1. **የመንግስትሰራተኛ** 2. **የግለሰብመስሪያቤትተቀጣሪ** 3. **የግልስራ** 4. **ስራየሌላት** 5. **ሌላካለይጥቀሱ**
105	**አማካኝወርሃዊአጠቃላይ የቤትገቢብር?**	

ክፍል 2፤የወሊድሁኔታ

ተራ.ቁ	**ጥያቄ**	**መልስ**	**ማለፊያ**
201	**ስንትልጅአለሽ**		

202	የእርግዝናውሁኔታ	1. የታቀደ/የሚፈለግ 2. ያልታቀደ/የማይፈለግ	
203	የወለድሽበትመንገድ	1. በማህጸን 2. በመሣሪያበመታገዝ	
204	ከወሊድበኋላየነበረሽየጤናሁኔታእንዴትነበር?	1. ጤናማ 2. በጤናዬላይችግርነበር	
205	የልጅሽየጤናሁኔታስእንዴትነበር	1. በህይወትየተወለደ 2. ሞቶየተወለደ 3. ከተወለደበኃላየሞተ 4. ሌላካለይገለጽ---------	
206	የእርግዝናክትትልነበረሽ	1. አዎ 2. አልነበረኝም	
206	እዚህየደረስሽበትሰአት	1. ከጠዋት 12 - ቀን 6 ሰአት 2. ከቀኑ 6 - ምሽት 12 ሰአት 3. ከምሽት 12 ሰአት - ሌሊት 6 ሰአት 4. ከሌሊቱ 6 ሰአት - ጠዋት 12 ሰአት	

ክፍል 3፤ - አጠቃላይየጤናጣቢያውንአቋም/መዋቅርንበተመለከተ

ተራ.ቁ	ጥያቄ	መልስ	ማለፊያ
301	በምጥእናበማዋለጃክፍል ውስጥበሚገኙየጤናባለ ሙያዎችብዛት	1. በጣምእረክቻለሁ 2. እረክቻለሁ 3. ገለልተኛ 4. አልረካሁም 5. በጣምአልረካሁም	
302	በጤናጣቢያውየህክምና መሳሪያዎችእናየመድሐ	1. በጣምእረክቻለሁ 2. እረክቻለሁ	

	ኒቶችአቅርቦት	3. ገለልተኛ 4. አልረካሁም 5. በጣምአልረካሁም	
303	በምጥናማዋለጃክፍሎች፤ አልጋዎችእናቦታዎችመ ጠንላይ	1. በጣምእረክቻለሁ 2. እረክቻለሁ 3. ገለልተኛ 4. አልረካሁም 5. በጣምአልረካሁም	
304	በላቦራቶሪምርመራዎችአ ቅርቦትላይ	1. በጣምእረክቻለሁ 2. እረክቻለሁ 3. ገለልተኛ 4. አልረካሁም 5. በጣምአልረካሁም	
305	በመጸዳጃቤቶችአቅርቦትእ ናጽዳትላይ	1. በጣምእረክቻለሁ 2. እረክቻለሁ 3. ገለልተኛ 4. አልረካሁም 5. በጣምአልረካሁም	
306	በሻወርቤቶችአቅርቦትእና ጽዳትላይ	1. በጣምእረክቻለሁ 2. እረክቻለሁ 3. ገለልተኛ 4. አልረካሁም 5. በጣምአልረካሁም	
307	ለታካሚዎችእናቤተሰቦች መጠባበቂያቦታዎችአቅር ቦትእናንጽህናላይ	1. በጣምእረክቻለሁ 2. እረክቻለሁ 3. ገለልተኛ 4. አልረካሁም 5. በጣምአልረካሁም	
308	ለግልጋሎቶችወይምለህክ ምናመሳሪያዎችክፍያከፍ ለሻል?	1. አዎ 2. አልከፈልኩም	መልሱአል ከፈልኩም ከሆነጥያቄ

			ቁጥር310 ይታለፍ
309	በዋጋው ተመጣጣኝነት ላይ	1. በጣም እረክቻለሁ 2. እረክቻለሁ 3. ገለልተኛ 4. አልረካሁም 5. በጣም አልረካሁም	

ክፍል 4፤ በሒደትና ውጤቶች ላይ

ተራ.ቁ	ጥያቄ	መልስ	ማለፊያ
401	በጤናባለሙያዎች እርዳታ ለማግኘት ምን ያህል ጠበቅሽ	1. < 15 ደቂቃ 2. 15-30 ደቂቃ 3. 30 ደቂቃ - 1 ሰአት 4. > 1 ሰአት	
402	በጤናባለሙያዎች ለመታየት ጠበቅሽው ሰአት ላይ የእርካታሽመጠን	1. በጣም እረክቻለሁ 2. እረክቻለሁ 3. ገለልተኛ 4. አልረካሁም 5. በጣም አልረካሁም	
403	ጤናባለሙያዎች ምርመራ እና ህክምና ከማድረጋቸው በፊት ፈቃደኛነት ሽንጠይቀው ሻል	1. በጣም እስማማለሁ 2. እስማማለሁ 3. ገለልተኛ 4. አልስማማም 5.በጣም አልስማማም	
404	የጤናባለሙያዎች ስለምጥሽሂደት በሚገባሽቸንቹ አስረድተውሻል	1. በጣም እስማማለሁ 2. እስማማለሁ 3. ገለልተኛ 4. አልስማማም	

		5. በጣምአልስማማም	
405	የጤናጣቢያውሠራተኞችየሚቃረንወይምየተለያየምክርወይም መረጃስለሰጡሽግራተጋብተሸነበር	1. በጣምእስማማለሁ 2. እስማማለሁ 3. ገለልተኛ 4. አልስማማም 5. በጣምአልስማማም	
406	የጤናባለሙያዎችበምጥእናወሊድሰአት፣እያበረታቱሽ፤እያጽናኑሽ፤ነበር	1. በጣምእስማማለሁ 2. እስማማለሁ 3. ገለልተኛ 4. አልስማማም 5. በጣምአልስማማም	
407	የጤናባለሙያዎችትህትናእናአክብሮትየተሞላበትግልጋሎትላይያለሽእርካታምንያህልነው	1. በጣምእረክቻለሁ 2. እረክቻለሁ 3. ገለልተኛ 4. አልረካሁም 5. በጣምአልረካሁም	
408	የጤናባለሙያዎቹበምርመራላይበሚቆዩበትሰአትላይ	1. በጣምእረክቻለሁ 2. እረክቻለሁ 3. ገለልተኛ 4. አልረካሁም 5. በጣምአልረካሁም	
409	በጤናባለሙያዎቹበሚሰሩትስራበራስመተማመንእናስራውላይባላቸውብቃት፡፡	1. በጣምእረክቻለሁ 2. እረክቻለሁ 3. ገለልተኛ 4. አልረካሁም 5. በጣምአልረካሁም	
410	በምርመራእናበወሊድወቅት፤ከሰዎችእይታውጪእንድትሆኚየተደረገነገርነበርለምሳሌየተለየክፍልወይምበመጋረጃየተከለለስፍራ	1. በጣምእስማማለሁ 2. እስማማለሁ 3. ገለልተኛ 4. አልስማማም	

		5. በጣምአልስማማም	
411	በምርመራእናበማዋለጃስፍራዎ ችገለልተኝነትምንያህልእረክተሻ ል	1. በጣምእረክቻለሁ 2. እረክቻለሁ 3. ገለልተኛ 4. አልረካሁም 5. በጣምአልረካሁም	
412	ያዋለደሽየጤናባለሙያጾታምንነ በር	1. ወንድ 2. ሴት	
413	ባዋለደሽየጤናባለሙያጾታምንያ ህልእረክተሻል	1. በጣምእረክቻለሁ 2. እረክቻለሁ 3. ገለልተኛ 4. አልረካሁም 5. በጣምአልረካሁም	
414	በምጥእናበወሊድወቅትበተደረገ ልሽድጋፍምንያህልእረክተሻል	1. በጣምእረክቻለሁ 2. እረክቻለሁ 3. ገለልተኛ 4. አልረካሁም 5. በጣምአልረካሁም	
415	በተወለደውህጻንላይያጋጠመየ ጤናችግርነበር	1. አዎ 2. አልነበረም	
416	ስለልጅሽሁኔታማንኛውንምጥያ ቄበማንኛውምሰአትመጠየቅችለ ሽነበር	1. በጣምእስማማለሁ 2. እስማማለሁ 3. ገለልተኛ 4. አልስማማም 5. በጣምአልስማማም	
417	ልጅሽንጡትእንድታጠቢእናእን ዴትመንከባከብእንዳለብሽከጤና ባለሙያዎችበቂድጋፍአግኝተሻ ል	1. በጣምእስማማለሁ 2. እስማማለሁ 3. ገለልተኛ 4. አልስማማም	

		5. በጣምአልስማማም	
418	ልጅሽበቂእንክብካቤእናድጋፍአግ ኝታለች/ቶል	1. በጣምእስማማለሁ 2. እስማማለሁ 3. ገለልተኛ 4. አልስማማም 5. በጣምአልስማማም	
419	ከዚህበኋላለሚፈጠርእርግዝናየ ወሊድአገልግሎትለማግኘትእዚ ህጤናጣቢያት መጫለሽ?	1. አዎ 2. አልመጣም	
420	ይህንንጤናጣቢያለዘመዶችሽወ ይምለጓደኞችሽአገልግሎት እነዲያገኙበትትመክሪያለሽ?	1. አዎ 2. አልመክርም	

Annex VI

Amharic version guide for in depth interview

- ጤናይስጥልኝ እኔ በአዲስአበባዩኒቨርስቲጤናሳይንስኮሌጅየነርሲንግእናሚድዋይፈሪትምህርት የድህረ ምረቃ ክፍል ተማሪ ነኝ፤ ላሬእዚህ የተገኘሁበትየጥናትአላማበዚህጤናጣቢያውስጥለእናቶች በሚሰጡ የወሊድአገልግሎቶችየእናቶችንየእረካታመጠንመመዘን እና እርካታ ላይ ተጽዕኖ የሚያሳድሩ ነገሮችን መለየት ነው፤ አስተያየትሽን በደንብ ለመውሰድ እነዲያስችለኝ ድምጸመቅረጽ እጠቀማለሁ፡፡ የምትሰጭን መረጃ ጋር ስምሽ የማይያያዝ ሲሆን ሚስጥራዊነቱ የተጠበቀ እነደሆነ አረጋግጥልሻለሁ፡፡ የትኛውም አይነት ጥያቄ ካለሽ ከታች በተጠቀሰው አድራሻዬ ልታገኚኝ ትችያለሽ፡፡

በቃለ - መጠይቁ ላይ ለመሳተፍ የስምምነት ውል

የዚህ ጥናት አላማ በአዲስአበባ ጤና ጣቢያዎች በሚሰጡ የወሊድ አገልግሎቶች ላይ የእናቶችን የእርካታ መጠን እና እርካታ ላይ ተጽዕኖ የሚያሳድሩ ነገሮችን ለመለየት እንዲሁም በወሊድ ሰአት ስላጋጠማችሁ ነገሮች ለማጥናት ነው፡፡ ከዚህ ጥናት የሚገኘው መረጃ የአገልግሎቶቹን ጥራት ለማሻሻል ይጠቅማል፡፡መመለስ የማትፈልጊው ጥያቄያለመመለስናበማንኛውም ሰአት ማቋረጥ ትችያለሽ፡፡

መጠየቅ የምትፈልጊው ጥያቄካለበማንኛውምሰአትየጥናቱንአድራጊበሚከተለውአድራሻ ማግኘት ትችያለሽ፡፡

አድራሻ፡-የጥናትአድራጊውስም፡-ብሌንአሰፋ

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ከላይየተሰጡትን መረጃች በሙሉተረድቼ በቃለ- መጠይቁ ላይለመሳተፍተስማምቻለሁ፡፡

ፊርማ ቀን

የቃለ-መጠይቅ ጥያቄዎች

1. **እዚህ ጤናጣቢያ ከደረስሽበት ሰአት ጀምሮ አስካሁን ድረስ ምን ምን እነዳጋጠመሽ ንገሪኝ?**
2. **በተሰጠሽ አገልግሎት ላይ ምን ያህል እረክተሻል?**
    - **በመገልገያዎች እና የሰው ሀይል አቅርቦት ላይ**
    - **በአካባቢ ንጽህና ላይ**
    - **በባለሙያዎች ብቃት እና ስነ-ምግባር ላይ**
    - **የህመም ስሜትን ቁጥጥር ላይ**
    - **በአንቺና በልጅሽ የጤና ሁኔታ ላይ**
3. **የትኛዎቹ የአገልግሎት አይነቶች እንዲሻሻሉ ትፈልጊያለሽ?እንዴት?**

Declaration

I the undersigned declare that this is my original work and has not been presented in this or any other University and all source of materials used for the proposal have been fully acknowledged.

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Signature: _____

Date: _____

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