

Predictors of Satisfaction With Childbirth Services Amongst Postnatal Women in Two Selected Teaching Hospitals in Ogun State, Nigeria

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ABSTRACT

Satisfaction with childbirth service is a multi-dimensional construct embracing satisfaction with self (personal control), and with the physical environment of delivery ward and quality of care. Maternal health care service encompasses family planning, preconception, antenatal, delivery and postnatal care. Goals of preconception care include providing education, health promotion, screening tests for various health problems and interventions for women of reproductive age to reduce risk factors that might affect future pregnancies. Women who begin prenatal care early in their pregnancies have better birth outcomes than those who receive little or no care during their pregnancies. This study was conducted to identify predictors of satisfaction with childbirth services and the factors influencing them. A well-structured questionnaire was used to get responses from 81 postnatal women in OOUTH and BUTH. Data was analyzed using Statistical Package for Social Science. Descriptive and inferential statistics were used in analyzing the research questions and hypotheses respectively. Majority of the participants revealed good level of satisfaction with most child birth services rendered by the two selected teaching hospitals, but more than two-third of the respondent's claims, dissatisfaction in pain control and baby care after birth in the two hospitals. Findings revealed more satisfaction towards child birth services in BUTH than OOUTH, this might be as a result of inadequate equipment, structural facilities and poor waiting areas in the public hospital. It was recommended among others that Government should facilitate focused antenatal care, institutional delivery and postnatal care in terms of reducing maternal and neonatal mortality.

Keywords: Predictors, Postnatal Women, Satisfaction, Childbirth Services

INTRODUCTION

The risk, of dying due to complications related to pregnancy and childbirth, in countries in the south of the Sahara is 300 times higher than that of a woman living in an industrialized country (Ball Anne, et al., 2017). To decrease maternal morbidity and mortality, strong health systems offering accessible, quality and satisfactory maternal health care is needed (Requejo et al., 2015). The health of women is an important contributory factor to the overall health of any nation and maternal health care service is one of the most effective health interventions for preventing maternal morbidity and mortality (Biniyam, et al., 2017).

To assess the quality of care, and to consider the level of client satisfaction, proper monitoring and evaluation of the perceived maternal satisfaction must be recommended as satisfaction correlates with client's health behaviors. Research discovered that after the birth of a baby in a health facility, mothers and newborns should receive postnatal care in the facility for at least the first 24 hours and at least three additional visits should be provided on day 3 (48–72 h), between days 7 and 14 after birth, and 6 weeks after birth in order to ensure the physical and mental well-being. During this period, maternal health problems, such as bleeding, infection, pain, breast problems, fatigue, feelings of inadequacy regarding motherhood and newborn care might occur reducing the quality of life (Zeyneloğlu, et al., 2017).

Predictors have been shown to influence women's satisfaction/dissatisfaction with their birth experience and several predictors like personal characteristics such as age of mother, place of residence, working status and so forth indicate strong positive influence on the utilization of ANC. ANC and health facility factors such as geopolitical zone of residence, place of residence whether urban or rural, health insurance coverage, medical personnel, physical facilities predicts facility delivery, while personal characteristics, health facility, economic, socio-cultural and obstetric factors such as age of mother, geopolitical zone, maternal and husband levels of education, cost of services pregnancy wanted ness, affects ANC attendance (Abagero et al., 2017). Aside from these factors, the quality of health services offered by the caregivers is a parameter that is often taken into account in the analysis of the predictors that drive the use or satisfaction of child birth care.

Therefore, this study is designed to investigate the level of satisfaction of postnatal mothers on maternal and child health care services and the factors that contribute to it in two selected university teaching hospitals Ogun State, Nigeria. The study specifically:

1. assessed the predictors for the satisfaction of child birth services among postnatal mothers;
2. assessed the level of satisfaction of postnatal mothers on child birth services;
3. ascertained the significant influence of predictors on mother's birth service satisfaction; and
4. determined the level of satisfaction amongst women attending postnatal clinic in a private institution compared to a public institution.

Research Questions

The following research questions were raised for the study:

1. What are the predictors for the satisfaction of child birth services among postnatal mothers?
2. What is the level of satisfaction of postnatal mothers on child birth services?

Research Hypotheses

The following hypotheses were generated for this study;

1. There is no significant influence between prompt care and child birth service satisfaction.
2. There is no significant influence between waiting time and child birth service satisfaction.
3. There is no significant influence between economic status and child birth service satisfaction.

METHODOLOGY

This research adopted a cross sectional descriptive design to assess the predictors influencing the satisfaction of child birth services among postnatal mothers in two selected teaching hospitals (Babcock University Teaching Hospital, Ilishan and Olabisi Onabanjo University Teaching Hospital, Sagamu) in Ogun State. The target population was 81 mothers attending postnatal clinics in BUTH AND OOUTH selected via convenience sampling technique. Data was collected from the participants with the use of a questionnaire. The questionnaire comprises of three sections, this includes; Section A which consisted of 12 items of socio-demographic data. Section B, consisted of 6 items on information about child birth services (antenatal services) while section C consisted of 13 items, on predictors that influence maternal level of satisfaction with antenatal services, and Section D consisted of 10 items on predictors that influence maternal level of satisfaction with intra-partum and postnatal services.

Face and content validity of the self-designed questionnaire were ascertained by the Tests and measurement and nursing experts, the reliability was done via test re-test method and was found reliable. Data generated were coded, analyzed using statistical package for social science version 22. Descriptive statistics of frequency count and percentage was used in analyzing the research question. Hypotheses were analyzed with the use of inferential statistics of Pearson Correlation at 0.05 level of significance.

RESULTS

Research Question 1: What are the predictors for the satisfaction of child birth services among postnatal mother in two the selected teaching hospital in Ogun State?

Table 1: Predictors for child birth services satisfaction among postnatal mother in OOUTH and BUTH

Items	Agree F (%)	Disagree F (%)
Distance travelled to the health facility	56(69%)	25(30.9%)
Clarity of information at Antenatal Clinics	70(86.4%)	11(13.5%)
Language of interaction	68(83.9%)	13(16%)
Referral link	70(86.4%)	11(13.6%)
Cost of child birth services	66(81%)	15(18.5%)
Availability of prescribed drugs	60(74.1%)	21(25.9%)
Presence of waiting areas for clients and their relatives	54(66.7%)	27(33.3%)
Cleanliness of waiting area	62(76.5%)	19(23.4%)
Waiting time to see a Midwife/Nurse	57(70.4%)	24(29.6%)
Courtesy and respect during encounter or interaction	71(87.7%)	9(12.3%)
Privacy during examination	73(80.3%)	8(19.7%)
Being attended to by a male nurse/midwife	57(64.5%)	24(35.5%)
Being attended to by a female nurse/midwife	74(91.4%)	7(8.6%)
Care given to me after birth	61(66.9%)	20(33.1%)
Overall childbirth services received	72(88.9%)	9(11.1%)

Source; field work, 2021

Table 1 revealed the predictors responsible for the satisfaction of child birth services in OOUTH and BUTH. Majority (69%) of the women agreed that distance travelled to the health facility (69%), clarity of information at antenatal clinics (86.4%), language of interaction (83.9%), referral link (86.4%), cost of child birth services (81%), availability of the prescribed drugs (74.1%), cleanliness of waiting area (76.5%), privacy during examination (80.3%), overall child birth services received (88.9%) and courtesy and respect during interaction (87.7%) are seriously influencing the utilization of a child birth services. More so, most of the women strongly agreed (91.4%) that being attended to by a female nurse/midwife would be a special factor predicting child birth satisfaction especially in northern part of Nigeria. More than half (66.9%) of the respondents also seen care given after birth (postnatal care) as an inevitable factor predicting child birth services satisfaction especially between the first two weeks of birth.

Hence, this study showed that distance to health facility, communication, referral link, cost of child birth series, cleanliness of the waiting areas, female midwife attention and postnatal quality care are factors contributing to the satisfaction of a child birth service satisfaction among postnatal mothers in OOUTH and BUTH.

Research Question 2: What is the level of satisfaction of postnatal mothers on child birth services in two selected teaching hospital in Ogun State.

Table 2: Respondents Level of satisfaction

	Level of satisfaction in the two selected hospital	Comparison between Level of satisfaction of child birth services in private teaching hospital and public teaching hospital	
Categories	OOUTH and BUTH	Olabisi Onabanjo University Teaching Hospital (OOUTH)	Babcock University Teaching Hospital (BUTH)
High satisfaction	41(50.6%)	28(57.1%)	19(59.4%)
Average satisfaction	40(49.4%)	21(42.9%)	12(40.6%)
Total	81(100%)	49(100%)	32(100%)

Field Work, 2021

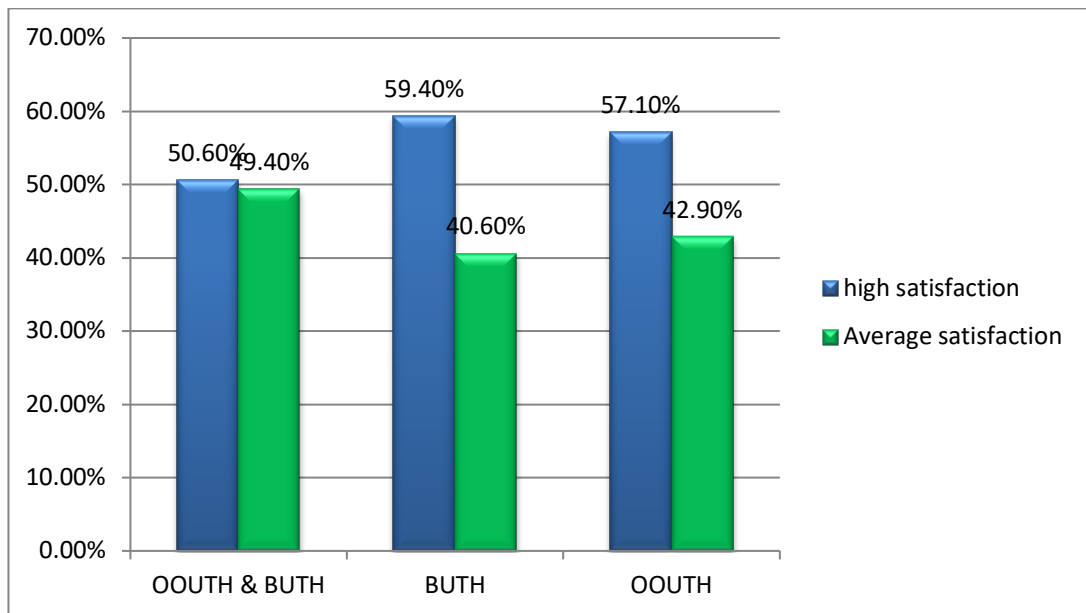
**Figure i: Comparison between respondent's level of satisfaction based on the study area**

Table 2 showed the level of satisfaction towards child birth services in the two selected teaching hospital. It revealed that 50.6% of the women are highly satisfied while 49.4% were average satisfied with the child birth services rendered in OOUTH and BUTH. However, this study also revealed that most of the respondents from OOUTH were more averagely satisfied with the child birth services provided in OOUTH than BUTH. This might be as a result of inadequate health, structural facilities and poor waiting areas while majority of the respondents from BUTH were highly satisfied with the child birth services provided by BUTH. This might occur as a result of been private hospital with good and adequate health care facilities. Therefore, this study showed that there was more increase in satisfaction in child birth services in private teaching hospital than OOUTH, public teaching hospital.

Table 3: Level of satisfaction towards child birth services among postnatal mothers in OOUTH and BUTH

Items	Very Satisfied (5)	Satisfied (4)	Somehow Satisfied (3)	Dissatisfied (2)	Very dissatisfied (1)	X; SD
Distance travelled to the health facility	11(13.6%)	21(25.9%)	24(29.5%)	15(18.5%)	10(12.3%)	3.0;±1.22
Clarity of information at Antenatal Clinics	11(13.6%)	30(37%)	29(35.8%)	8(9.9%)	3(3.7%)	3.4; ±0.97
Language of interaction	16(19.8%)	28(34.6%)	24(29.6%)	10(12.3%)	3(3.7%)	3.5; ±1.06
Referral link	6(7.4%)	36(44.4%)	28(34.6%)	11(13.6%)	-	3.5; ±0.82
Cost of child birth services	12(14.8%)	27(33.3%)	27(33.3%)	9(11.1%)	6(7.4%)	3.4; ±1.13
Availability of prescribed drugs	13(16%)	26(32.1%)	21(25.9%)	9(11.1%)	12(14.8%)	3.2; ±1.30
Presence of waiting areas for clients and their relatives	7(8.6%)	24(29.6%)	23(28.4%)	27(33.4%)	-	3.0; ±1.06
Cleanliness of waiting area	10(12.3%)	30(37%)	22(27.2%)	14(17.3%)	5(6.2%)	3.2; ±1.16
Waiting time to see a Midwife/Nurse	10(12.3%)	16(19.8%)	31(38.3%)	22(27.2%)	2(2.5%)	3.1; ±1.02
Courtesy and respect during encounter or interaction	8(9.9%)	28(34.6%)	35(44.4%)	8(9.9%)	1(1.2%)	3.4; ±0.84
Privacy during examination	15(18.5%)	27(33.3%)	31(38.3%)	5(6.2%)	3(3.7%)	3.6; ±0.98
Being attended to by a male nurse/midwife	10(12.3%)	15(18.5%)	32(39.5%)	13(16%)	11(13.6%)	3.0; ±1.18
Being attended to by a female nurse/midwife	25(30.9%)	32(39.5%)	17(21%)	5(6.2%)	2(2.5%)	3.9; ±0.99
Measure of pain control	3(3.7%)	20(24.7%)	20(4.7%)	19(23.5%)	19(23.5%)	2.6; ±1.24
Measures taken to assure privacy	10(12.3%)	28(34.6%)	27(33.3%)	11(13.6%)	5(6.2%)	3.3; ±1.12
Completeness of information given	8(9.9%)	29(35.8%)	30(37%)	8(9.9%)	6(7.4%)	3.2; ±1.15
Assurance of confidentiality	13(16%)	28(34.6%)	23(8.4%)	11(13.6%)	6(7.4%)	3.3; ±1.22
General Labour Room cleanliness	12(14.8%)	25(30.9%)	34(42%)	4(4.9%)	6(7.4%)	3.4; ±1.11
Care given to me after birth	14(17.3%)	22(27.2%)	25(30.9%)	12(14.8%)	8(9.9%)	3.2; ±1.33
Distance from the labor room to the postnatal ward	7(8.6%)	25(30.9%)	32(39.5%)	11(13.6%)	6(7.4%)	3.2; ±1.09

Number of days spent on the ward after giving birth	9(11.1%)	25(30.9%)	24(29.5%)	23(28.4%)	-	3.2; ±1.10
Admission of baby into another room from mine	5(6.2%)	23(28.4%)	24(29.6%)	18(22.2%)	11(14.6%)	2.9; ±1.22
Overall childbirth services received	17(21%)	30(37%)	25(30.9%)	6(7.4%)	3(3.7%)	3.6; ±1.09

Field work, 2019

Criterion Mean: 3. (Somehow Satisfied); < 3-Dissatisfied while >3 very satisfied

Table 3 showed the level of satisfaction of postnatal mothers in OOUTH and BUTH. This study revealed that half of the women were highly satisfied with the child birth services. While almost half of the respondents derive average satisfaction in their child birth services they received. However, this findings revealed that majority of the postnatal mothers were averagely satisfied with the distance to their health facility, antenatal clinics, language of interaction, referral link, cost of child birth services, availability of prescribed drugs, presence of waiting areas , cleanliness of the waiting area, waiting areas, courtesy and respect during communication, privacy in their records by the health provider.

Meanwhile, most postnatal mothers showed that they were not satisfied or less satisfied with the system of controlling pain and admission of baby into another room from mother room in child birth serviced rendered in OOUTH and BUTH. Therefore, majority of the factors were averagely satisfied by the postnatal mothers but were less satisfied with their means of controlling or measuring their pain and also admitting their baby to another room.

Test of hypotheses

Hypothesis 1: There is no significant relationship between prompt care and child birth service satisfaction in two selected teaching hospital in Ogun State.

Table 4: Correlation between prompt care and child birth service satisfaction in OOUTH and BUTH

		Child birth service satisfaction	Remarks
Prompt care	Pearson correlation	.574	Reject null hypothesis
	Sig. (2-tailed)	.000	
	N	81	

***. Correlation is significant at the 0.05 level (2-tailed).**

The results in Table 4 revealed a significant relationship between prompt care and child birth service satisfaction ($r = .574$; $p=0.000 < .05$). The hypothesis which stated that “There will be no significant relationship between prompt care and child birth services satisfaction” was rejected by this finding. This implies that prompt care has a great influence in predicting child birth services satisfaction.

Hypothesis 2: There is no significant relationship between waiting time and child birth service satisfaction in two selected teaching hospital in Ogun State.

Table 5: Relationship between waiting time and child birth service satisfaction in OOUTH and BUTH

		Child birth service satisfaction	Remarks
Waiting time	Pearson correlation	0.409	Reject null hypothesis
	Sig. (2-tailed)	.000	
	N	81	

***. Correlation is significant at the 0.05 level (2-tailed).**

The results in Table 5 revealed a significant relationship between waiting time and child birth service satisfaction ($r = .409$; $p = 0.000 < .05$). The hypothesis which stated that “There will be no significant relationship between waiting time and child birth services satisfaction” was rejected by this finding. This implies that waiting time as a great impact in predicting child birth services satisfaction.

Hypothesis 3: There is no significant association between economic status and child birth service satisfaction in two selected teaching hospital in Ogun State.

Table 6: Correlation between prompt care and child birth service satisfaction in OOUTH and BUTH

		Child birth service satisfaction	Remarks
Economic status	Pearson correlation	.512	Reject null hypothesis
	Sig. (2-tailed)	.000	
	N	81	

***. Correlation is significant at the 0.05 level (2-tailed).**

The results in Table 6 revealed a significant relationship between economic status and child birth service satisfaction ($r = .512$; $p = 0.000 < .05$). The hypothesis which stated that “There will be no significant relationship between economic status and child birth services satisfaction” was rejected by this finding. This implies that economic status has a great influence in predicting child birth services satisfaction.

DISCUSSION

Findings from the study revealed that distance to health facility, communication, referral link, cost of child birth services, cleanliness of the waiting area, female midwife attention and postnatal quality care are factors contributing to the satisfaction of a child birth service satisfaction among postnatal mothers in OOUTH and BUTH. This finding corroborated with a study carried out by Abagero, et al., (2017). It revealed that Antenatal care and health facility factors such as geopolitical zone of residence, place of residence (rural/urban), health insurance coverage, medical personnel, physical facilities predicts facility delivery While personal characteristics, health facility, economic, socio-cultural and obstetric factors such as age of mother, geopolitical zone, maternal and husband levels of education, cost of services pregnancy wanted-ness, ANC attendance, among others.

Similarly, Atiya (2016) revealed that satisfaction with birth service care reaches 75% in most developing countries and displeasure mainly comes from the physical characteristics of the facility, technical aspects of care, caregiver and client interaction, inadequate pain control

during labor, and outcome of labor. Findings also showed that 50.6% of the women are highly satisfied while 49.4% were averagely satisfied with the child birth services rendered in OOUTH and BUTH. This study was supported by Mekonnen et al. (2015) who reported that 75% of the women were satisfied with the level of child birth services provided in the hospital.

There was a significant relationship between prompt care and child birth service satisfaction ($r = .574$; $p=0.000 < .05$). This implies that prompt care has a great influence in predicting child birth services satisfaction. This correlates with a study carried out by Changole (2017) who said women are either satisfied or dissatisfied with child birth services depending on how prompt they were able to be attended to. There was also a significant relationship between waiting time and child birth service satisfaction ($r = .409$; $p=0.000 < .05$) as related to a finding conducted by Getenet, et al., (2019) in Eastern Ethiopia. It reviewed that participants who waited for 15 minutes or less to be seen by the HCPs were 2.5 times more likely satisfied compared to women who waited for 15 minutes (AOR 2.50, 95% CI: 1.03, 6.17).

There was also a significant relationship between economic status and child birth service satisfaction ($r = .512$; $p=0.000 < .05$) which showed that an economic status of pregnant woman predicts the satisfaction of birth care services. If she had low economic strength, she cannot be satisfied with a high cost of birth care services especially in a private hospital. This finding corroborates with a study conducted by Srivastava et al. (2015) that access to care and cost of care have emerged as determinants of maternal satisfaction. Indifferently, Okonofua et al. (2017) stated in her study conducted in Nigeria, that the high cost of services was the reason for dissatisfaction among women seeking care in referral hospitals.

CONCLUSION

In this study, most of the participants revealed good level of satisfaction with most services performed by the two selected teaching hospital on child birth but more than two-third of the respondent's claims, dissatisfaction in pain control and baby care after birth in the two hospitals. This finding revealed more satisfaction towards child birth services in BUTH than OOUTH, this might be as a result of inadequate health, structural facilities and poor waiting areas in the public hospital. Therefore, government should equip the state hospital and reduce the cost of care because of the public.

RECOMMENDATIONS

1. Proper monitoring and evaluation of the perceived maternal satisfaction must be recommended
2. Strong health systems offering quality and satisfactory maternal health care is needed
3. Government should facilitate focused antenatal care, institutional delivery and postnatal care in terms of reducing maternal and neonatal mortality.
4. Skilled midwives and other health providers must be appointed.
5. Government should provide surgery equipment and best way for pain control.
6. Good quality of care requires appropriate use of effective clinical and non-clinical interventions, strengthened health infrastructure and optimum skills and attitude of health providers resulting in improved health outcomes and positive experience of women and providers.

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