Factors associated with maternal satisfaction of care during labour and delivery among women who delivered at Kisarawe hospital – costal region.

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Department of Community Health Nursing

FACTORS ASSOCIATED WITH MATERNAL SATISFACTION OF CARE DURING LABOUR AND DELIVERY AMONG WOMEN WHO DELIVERED AT KISARAWEHOSPITAL – COSTAL REGION.

By

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A Dissertation Submitted in (partial) Fulfillment of the Requirements for the Degree of Master of Science (Midwifery and Women's Health) of

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CERTIFICATION

The undersigned certify that I have read and hereby recommend for acceptance by the Muhimbili University of Health and Allied Sciences a dissertation entitled **"*Factors associated with maternal satisfaction of care during labour and delivery among women delivered at Kisarawe hospital – Costal Region Tanzania*"**in partial fulfillment of the requirements for the degree of Master of Sciences in Midwifery and Women Health of Muhimbili University of Health and Allied Sciences.

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Dr. Sebalda Leshabari, PhD

Supervisor

_____

Date

DECLARATION AND COPYRIGHT

I, **Alex Jacob Nyaruchary** declare that this **dissertation** is my original work and that it has not been presented and will not be presented to any other University here in Tanzania or elsewhere for a similar or any other degree award.

Signature_____Date_____

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I dedicate my thanks to hospital management of Kisarawe for allowing me undertake the study to come up with this useful information which can help to improve quality of services as well as mother`s satisfaction with the services provided at Kisarawe hospital and other health facilities in Tanzania.

Lastly, special gratitude is directed to my lovely wife and my family for their genuine moral support and endurance during my study time.

ABSTRACT

Background: The World Health Organization (WHO) has emphasized that countries should monitor and evaluate maternal satisfaction in public health care sectors to improve the quality and efficiency of health care as well as a means of secondary prevention of maternal mortality. Despite of this international emphasis, researches in sub-Saharan African reported that women face discrepancies in care provided during labour and delivery which causes negative impacts to mother's and neonate's health and wellbeing.

Aim of the study: Thisstudy assessedfactors associated with maternal satisfaction among women who delivered at Kisarawe hospital in Coastal Region-Tanzania.

Methodology: A descriptive cross-sectional study design was conducted using a quantitative approach. A Likert scale questionnaire with closed ended questions adapted from Donabedian framework was used to collect data. The simple random sampling technique using a lottery method was used to obtain a sample size of 242 participants and they all agreed to participate in the study. Data were checked for completeness and consistence before leaving from the field and then processed, entered, coded and analyzed using the STATA software Version 12.

Frequency distributions and two way tables were used to summarize the dependent and independent variables. The questionnaire contained 52 items on Likert scale of different aspects of delivery care service. Women were considered to be satisfied if they reported satisfaction to at least above than 26 items assessed. Bivariate and Multivariate logistic regression analysis were used and Chie square and Fisher`s exact test were used to identify predictors for maternal satisfaction during labour and delivery

Results: The total of 242 participants was interviewed. The overall proportion of 71.1% of mothers was satisfied with care provided during labour and delivery. Proportion of mothers satisfied varied in different variables of care ranging from 36.4% reported to be satisfied with process of care provision to 95.5% reported to be satisfied with outcome of care provided. With regard to variable of process of care provision, the majority of respondents (78.5%) was not satisfied with theaspects in respectful maternity care, client-provider relationship (62.0%),

information sharing (59.9%), emotional support (companionship) and perceived good care (57.0%).

Furthermore, findings of this study revealed the couple of factors were associated with maternal satisfaction. Factors such as availability of bed sheets to every individual client all the time [AOR= 14.3, 95% CI (1.1-80.6)], providers taught about pain relieving methods [AOR= 10.2 95% CI(2.2-48.4)] , health care provider listened and answered client`s questions and concerns all the time [AOR= 17.6, 95%CI(2.6-19.4)], giving feedback about mother`s and fetal condition and progress of labour after every examination [AOR=26, 95% CI (3.9-73.7)] were strongly assdociated with maternal satisfaction of care during labour and delivery.

Conclussion: The finding have revealed high level of maternal satisfaction across the variables of outcome of care provided, accessibility of services and condition of physical facility;however, majority of respondents reported extremely high disatisfaction in the variable of the process of care provisionspecifically in aspects of respectful maternity care, client provider relation-ship, informational sharing, emotional support and perceived good care.

Recommendations: The findings of this study have brought about recommendations in three different areas of policy, practice and for further research.

For practice:

The special consideration needs to be focused on respectful maternity care, client-provider relationship, and information sharing during labour and delivery, and emotional support for laboring and delivering women.

For policy:

The hospital system management (CHMT and HMT) needs to consider the aspects in which mothers were not satisfied so as to set plans and strategies to improve the level of maternal satisfaction as well as quality of services provided during labour and delivery at Kisarawe hospital.

For further research

The findings of this study were only based on quantitative approach. Therefore, more studies with mixed methods (quantitative and qualitative) are needed to include mother`s experience and perceptions about services provided during labour and delivery.

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ABBREVIATIONS

CI	Confidence Interval
CHMT	Council Health Management Team

DHIS	Demographic Health Information System
DMO	District Medical Officer
HMT	Hospital Management Team
MoHCDEC	Ministry of Health, Community and Development, Gender Elderly and Children
MUHAS	Muhimbili University of Health and Allied Health
NEDAC	Network for Development of Agricultural Cooperation
NHP	National Health Policy
SPSS	Statistical Package of Social Science
TDHS	Tanzania Demographic and Health Survey
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
USA	United States of America
WRA	White Ribbon Alliance

OPERATIONAL DEFINITIONS

Satisfaction of care; Is a pleasant feeling that you get when you receive care you wanted.

Dissatisfaction of care; Is a feeling that service/care received is not as good as it should be.

Maternal; Relating to a mother, especially during pregnancy or shortly after childbirth.

Maternal satisfaction;Is the extent to which mothers is contented with care receive during pregnancy, childbirth and after delivery.

Maternal dissatisfaction;Is the negative felling of care that is provided during child birth process.

Dependent variable: Is what is being studied and measured in the experiment.

Independent variable; Is the variable that is changed or controlled in a scientific experiment to test the effects on the dependent variable.

Antepartum period;The period of pregnancy before the woman is coming into labour.

Intrapartum period; The period during labour and delivery process.

Postpartum period: The period following immediately after birth.

Quality of care: Is "the extent to which health care services provided to individuals and patient populations improve desired health outcomes (WHO, 2016)

Maternal mortality: Isthe death of a woman while pregnant or within 42 days of termination of pregnancy,irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes (WHO, 2016).

Neonatal mortality; Is the deaths during the first 28 completed days of life per 1 000 live births in a given year or period (WHO, 2006).

CHAPTER ONE:

1.0 INTRODUCTION

1.1 BACKGROUND

Maternal satisfaction is a measure of the extent to which pregnant women are contented with delivery services which they received from midwives or trained personnel during the antepartum, intrapartum and postpartum period (Farley et al., 2014). Satisfaction is a complex and multidimensional concept comprising structure, process, and outcome of care (Donabedian, 1980). Assessing maternal satisfaction helps in the provision of a more responsive and culturally acceptable care which can lead to an increase in service utilization and better outcomes.

The World Health Organization has emphasized monitoring and evaluation of maternal satisfaction in public health care sectors to improve the quality and efficiency of health care(WHO, 2012).Furthermore, it has cited that evaluating maternal satisfaction is a means of secondary prevention of maternal mortality since satisfied women may be more likely to adhere to health providers' instructions (WHO, 2012).

Different studies conducted around the globe revealed that patients who are satisfied with the care provided by the healthcare staff are more likely to utilize health services in future and comply with the prescribed medical treatment to completion, adhere to health provider's recommendations, and recommend the institution to their friends and relatives, affecting an increased demand for the service (Kifle et al., 2017; Karkee et al., 2014).

Despite of the international emphasis; progress for addressing the unmet health needs for pregnant women and children in reducing maternal and neonatal mortalities has been slow. This is particularly in Sub-Saharan Africa where most maternal deaths occur every year because of absence of quality healthcare (WHO, 2012). Recent studies have shown that, globally every day about 830 women die from pregnancy or childbirth-related complications and about 99% of maternal deaths occur in developing countries (WHO, 2015). The ratio of

maternal mortality in the Sub-Saharan Africa region is highest, reaching 686 per 100,000 live births (Bitew et al, 2015, WHO, 2015).

In Tanzania, the (WRA 2017) report showed that, 30 women are dying every day from pregnancy and childbirth related complication, and 180 neonates are dying every day. Furthermore, (TDHS, 2015/2016)hasreported that, the rate of maternal mortality is higher as 556 per 100000 live births. Despite the fact that maternal and child health services are provided free of charge (NHP, 2007); yet, the TDHS 2015/2016 survey revealed that, only 64% were facility delivery and 36% were home deliveries. For this reason, there is need to do this study in order to assess maternal satisfaction with care provided during labour and delivery and predictors of mother's satisfaction so as discover the reasons to why until now, some pregnant women prefer home delivery than facility delivery.

1.2 Problem statement

Women's satisfaction with maternity services care, especially during labour and delivery has become increasingly important concern to healthcare providers, administrators, and policy makers (Conesa et al., 2016).

Although, some studies in sub-Saharan African countries have highlighted some features of maternity care that influence maternal satisfaction with childbirth services such as support from the presence of a partner and qualified midwives, the caregiver-client relationship and involvement in decision-making (Conesa et al., 2016; Srivastava et al., 2015);yet, recent studies done in Ethiopia and Nigeria reported that mothers had high level of dissatisfaction on care provided during labour and delivery which was highly associated with condition of physical facility and client-providers relationship (Asres, 2018; Okonofua et al., 2017).

Dissatisfaction with labour and delivery services can have a negative impact on women's and newborn's health and well-being (Mohamed et al., 2014). Kifle and colleagues discovered that, maternal dissatisfaction was associated with poorer postnatal psychological adjustment, a higher rate of future abortions, preference for a caesarean section, negative feeling towards the infant and breastfeeding problems (Kifle et al., 2017).Further studies cited that, maternal dissatisfaction increases the risk of developing postpartum depression and anxiety, post-traumatic stress symptoms, fear of a subsequent birth, and problems with maternal/infant attachment (Mohammad et al., 2014; Naghizadeh et al., 2013).

Moreover, study done in Southern Zone of Tanzania, to assess maternal satisfaction with continuum of care (during antepartum, intrapartum and postnatal care) reported that large proportion of mothers (96%) were highly satisfaction with care of newborn; howeverhigh-level of dissatisfaction was reported on the aspects of provider- client communication, labour pain management, drugs availability issues and unacceptance of companionship during labour (Mpembeniet al., 2014).

Little is known about the factors associated with maternal satisfaction of care during labour and delivery in Coastal Region particularly in Kisarawe district.Therefore, this study

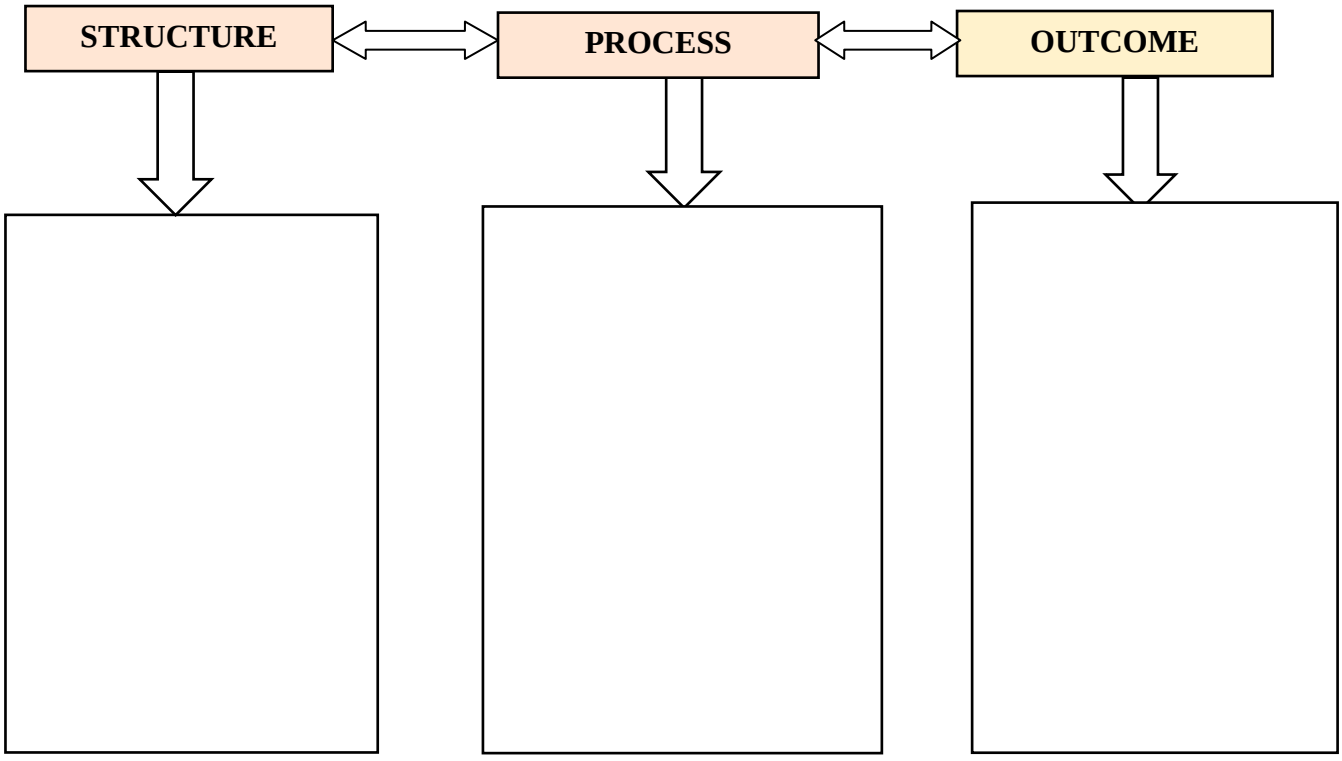
focusedon assessing factors associated with maternal satisfaction of care provided during labour and deliveryamong women who delivered at Kisarawe district hospital.

1.3 Conceptual Framework

The conceptual framework for this study adapted the Donabedian model (1980) for examining quality of care. According to the model, information about quality of care can be drawn from three categories: “structure,” “process,” and “outcomes.

Structure; describes the context in which care is delivered, including hospital buildings, staff, financing, and equipment. Process; denotes the transactions between patients and providers throughout the delivery of healthcare. Finally, Outcomes; refer to the effects of healthcare on the health status of patients and populations

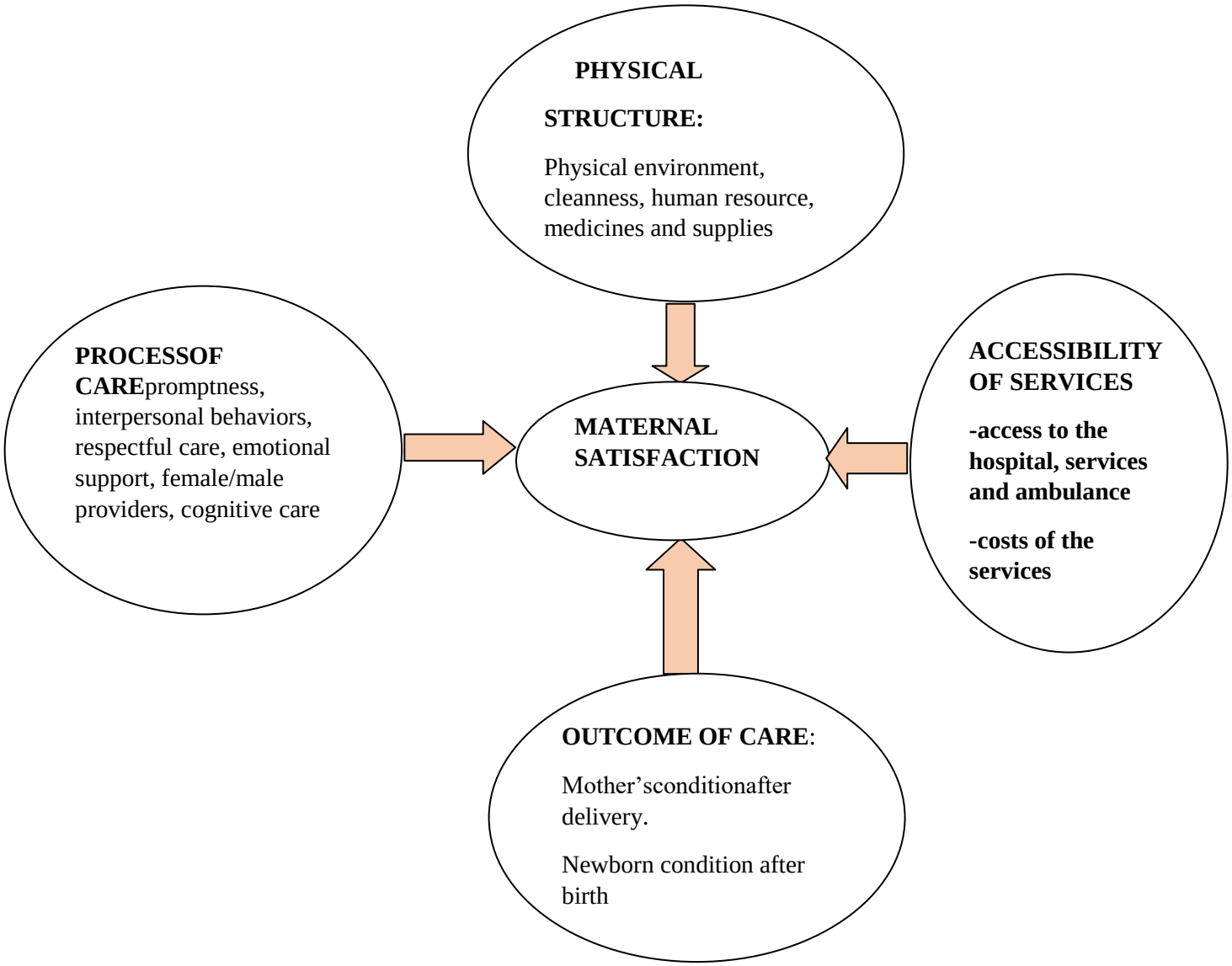
1.3.1Assessment of quality of care



Source: Donabedian framework model (1980)

According to the adapted model, level of maternal satisfaction of care provided during labour and delivery and predictors of maternal satisfaction were assessed from categories of physical structure, process of care, outcomes of care provided, and an added category of accessibility of services.

In this study, this conceptual framework was used in guiding the entire process of the research study, formulation of research questions, guide the analysis of the findings, and guiding the organization of the findings.



1.3.2 The adapted conceptual framework for this study

1.4 Significances of the study

The study findings will be used to inform the health care providers working at obstetric department about aspects of maternity care services with low level of satisfaction (dissatisfaction) that need improvement. This will lead to advancement of quality of maternity care provision during labour and delivery.

Furthermore, study findings will be used to inform the health system managements (CHMT& HMT) on aspects of services which mothers reported dissatisfaction leading to the formulation of strategies for improvement of quality of maternity care during the critical period of childbirth at Kisarawe district hospital.

Moreover, the study findings can be used as baseline for further qualitative research to ascertain the mother's perceptions and experiences on care received during labour and delivery in the coastal region and other parts in Tanzania.

1.5 Research questions

1. What are the levels of satisfaction of care among mothers who gave birth at Kisarawe district hospital?
2. What are the predictors of maternal satisfaction of careduring labour and delivery among women who gave birth at Kisarawe district hospital?

1.6 Broad objective

To assess factors associated with maternal satisfaction with care provided during labour and delivery among women who gave birth at Kisarawe district hospital.

1.7 Specific objectives

- To determine mother's levels of satisfaction with labour and delivery services among mothers who delivered at Kisarawe hospital.
- To identify the predictors of mother's satisfaction with care during labour and deliveryamong mothers who delivered at Kisarawe district hospital.

CHAPTER TWO

2.0 LITERATURE REVIEW

Introduction

Maternal satisfaction is one of the most frequently reported outcome measures for quality of care, and it needs to be addressed to improve the quality and efficiency of health care during pregnancy, childbirth, and the post-delivery period to provide quality maternal-friendly services (Panth, 2018). The World Health Organization promotes skilled attendance at every birth to reduce maternal mortality, and recommends that women's satisfaction should be assessed to improve the quality and efficiency of health care (WHO, 2014), thus regarded as a means of secondary prevention of maternal mortality, since satisfied women may be more likely to adhere to health providers' recommendation (WHO, 2012).

Furthermore, in response to safe motherhood and to a respectful maternity care, White Ribbon Alliance recommends that a laboring woman deserve various rights during care process such as freedom from harm and ill treatment, information, informed consent, and refusal, and respect for choices and preferences, including the right to a companion of choice wherever possible, confidentiality and privacy, dignity and respect, equality, freedom from discrimination etc (WRA, 2016). These rights are very strong predictor of high level of satisfaction with care thatwomen receive during labour and delivery. Despite the international recommendations, different studies around the globe report that a mother's satisfaction varies in different aspects of care during childbirth.

Level of maternal satisfaction of care during labour and delivery

The study which was done in Eritrea portrayed that the majority of mothers in postnatal ward (79.2%) were highly dissatisfied, however, 20.8% of mothers were satisfied with care during labour and delivery (Kifle et al., 2017). Furthermore, the related findings were also found in the study done in Jordan that revealed that the majority of women (75.6%) were dissatisfied with their intrapartum care (Mohamed et al. 2014). The study done Kifle and colleague cited that the associated factors was being attended by staff that a woman did not want present,

experiencing labour as more painful than expected, and perceptions of inadequate help from health care providers to manage pain during labour.

Despite that, recent study done by Asres (2018) in Ethiopia reported high level of maternal satisfaction (87%) with care during labour and delivery which was higher compared to the previous study (79.1%) done by Tesfaye et al (2016); yet, Asres recommended that there is still unmet needs and expectations of mothers during labor and delivery that the hospital should focus as delivery service quality improvement.

Likewise, a related finding was foundin a study done in Tanzania on continuum maternity care, showed that large proportion of mothers (80%) reported to be satisfied with the delivery care services. Proportion of satisfaction varied in different aspects of care ranging from 30% reporting to be satisfied with management of labour pains to 96% reporting to be satisfied with care of the newborn.

Although, the level of maternal satisfaction with care provided during labour and delivery as cited in different studies varies from high to low; dissatisfaction (low level of satisfaction) of care during labour and delivery is a concern cited by many participants, which health care providers and hospital management teams need to address so as to improve quality of maternity care hence lead to reduction of maternal and neonatal morbidity and mortality.

The predictors of maternal satisfaction with care during labour and delivery

Structure (Physical factor of the facility) in which care was provided

Satisfaction with the physical environment is a significant predictor of women's overall satisfaction and positive experience of labour and delivery services.In Southeast Europe, particularly in Serbia, environmental factors generally showed the lowest level of satisfaction. The study reported that nearly one-half of all mothers were dissatisfied with hygiene, the sanitary facilities and quality of served meals (Mateji et al., 2014).

In Sub-Saharan Africa, a recent study done in Nigeria reported that mothers in postnatal ward were highly dissatisfied with services such as lack of and/or insufficient equipment, irregular electricity and water supply and inadequate number of doctors and midwives (Okonofua et al.,

2017).Furthermore, The same findings was also cited by Kifle and colleague that women were not given clean bed and beddings, there was poor toilet cleanliness and ease of access, unavailability of comfortable chairs for relatives, unavailability of water for showering, sanitary pads were not provided after delivery (instead, women bring their own sanitary items at their own expense), and adequate food and hot drinks were not provided during and after (Kifle et al., 2017).

Process of care provided during labour and delivery

Support from the health care providers during labour tends to improve childbirth outcomes and women's satisfaction (Mohamed, 2014). A recent study done in USA to examine whether there is a difference in birth- experience satisfaction between women who received care from midwives compared with obstetricians, and family physicians compared with obstetricians reported that women cared for by midwives were three times more likely to be highly satisfied with their care compared with women cared by obstetricians(Mattison et al., 2018).

Likewise, the study done in Serbia revealed the highest level of maternal satisfaction associated with the overall participation of midwives during delivery. A high proportion of mothers (nearly 82%)were satisfied with the treatment and procedures during the preparation for childbirth, and after delivery(Mateji et al., 2014).

Contrary in sub- Saharan Africa, Okonofua and collegue reported a high level of dissatisfaction with the quality of care received during pregnancy, delivery and after delivery in the whole process of care (Okonofua et al., 2017). The aspects of dissatisfaction reported were unfriendly attitudes of providers, and other support staff, long waiting time to retrieve folders and receive treatment, poor radiological and laboratory services poor attention to women in labour, and late arrival to work by providers and substandard facilities.

Moreover, the same study cited that women reported that these factors are the reasons as to why many of them used traditional birth attendants rather than modern hospitals for childbirth care (Okonofua et al., 2017). Likewise, the study done in Eritrea by Kifle and colleague reported that, women were not given adequate privacy during examination, not taught how to

breathe in deeply during severe pain, and not receive any back-massage application to relieve pain during labour (Kifle et al., 2017).

Additionally, a study done in southern zone of Tanzania revealed that aspects such as provider-client communication, labour pain management, drugs availability issues and unacceptance of birth companion during labour and delivery were associated with high levels of maternal dissatisfaction during labour and delivery (Mpembeni et al., 2014).

Outcome of care provided during labour and delivery

Maternal and newborn outcomes in terms of survival and health of mothers and newborns affected satisfaction with care in the subsequent pregnancies. Research shows that maternal satisfaction with childbirth is partly related to the health and well-being of the mother and her baby. The study done by Kifle and collegue revealed that maternal dissatisfaction is associated with poorer postnatal psychological adjustment, a higher rate of future abortions, preference for a caesarean section, more negative feeling towards the infant and breastfeeding problems (Kifle et al., 2017).

In Tanzania, despite the fact that maternal and child health services, including labour and delivery care, are provided free of charge (NHP, 2007), the recent survey revealed that only 64% were facility delivery and 36% were home deliveries (TDHS, 2015/2016). There is no supportive evidence to ascertain why some mothers prefer home delivery than facility delivery.

Convenience access of care

Convenience of access to maternity care is an important determinant of maternal dissatisfaction in developing countries. Access included both distance and connectivity (availability of public transport between residence and facility). A study done Ethiopia reported that access to ambulance services was among the factors associated with maternal dissatisfaction (Asres, 2018).

Cost of care provided during labour and delivery

Besides overall cost of care, affordability of drugs and supplies, availability of finance for healthcare and transparency in financial transactions also influenced dissatisfaction with care. In Tanzania, despite that reproductive health services are provided for free (NHP, 2007) but still labour and delivery resources are scarce in most of public health facilities in which laboring women need to come with their supplies such as gloves, cotton wool etc. at the delivery facilities.

CHAPTER THREE

3.0 RESEARCH METHODOLOGY

3.1 Study Design

The Facility based descriptive cross-sectional study with quantitative approach was used. A descriptive cross-sectional study is a study in which the disease or condition and potentially related factors are measured at a specific point in time for a defined population (NEDAC, 2016). Therefore, in this study maternal satisfaction and its associated factors were assessed during the period of data collection.

3.2 Study setting

Kisarawe is one of the 6 districts of the Coastal Region of Tanzania. It is bordered to the North by the Kibaha district, to North East by Ilala municipal council, to the East by the Mkuranga district, to the South by the Rufiji district and to the West by the Morogoro Region. Kisarawe has population of 101,598 people (Population Census, 2012).

It is administratively divided into 15 wards in which there are 29 dispensaries and 4 health centers offers reproductive health services including labour and deliveries. Kisarawe hospital is the first referral hospital for pregnant women from dispensaries and these health facilities. Moreover, Kisarawe hospital has been saving patients including pregnant women from different nearby areas from Ilala municipal council particularly Chanika, Pugu, Gongo la Mboto, etc.Therefore, in this hospital, there is an overload of patients and clients (pregnant women) seeking care, more than its catchment areas which outweighs the limited resources available. The number of facility deliveries has increased from 3859 in 2015 to 4500 deliveries in 2018 (DHIS, 2015-2018). The situation of maternal mortality since 2015 to 2018 was 7, 6, 9 and 8 while the number of neonatal deaths was 48, 69, 69, and 34 respectively.

The setting was chosen for study to assessfactors associated with maternal satisfaction among women during labour and delivery period to ascertain reasons leading to the increase of the clients seeking care from its catchment areas as well as other parts from Ilala municipal council.

3.3 Study population

The study population in this study was 242 postnatal mothers in postnatal ward who gave birth at Kisarawe district hospital during the period of data collection.This population was chosen because they have undergone the whole process of labour and delivery, therefore, they can explain the quality of care they receive during the whole process of labour and delivery.

3.4 Variables

3.4.1 Dependent Variable

Maternal satisfaction with services during labour and delivery

3.4.2 Independent Variables

Socio-demographic characteristics, physical structure, service provision, outcome of care provided, access to services.

3.5 Inclusion and Exclusion criteria

3.5.1 Inclusion criteria

Mothers who gave birth at Kisarawe district hospital during the period of data collection and consented to participate in the study were included in the study.

3.5.2 Exclusion criteria

Sick mothers who were admitted in postnatal ward.

3.6 Sample size

The sample size was determined by using a single population proportion formula, which took the proportion of overall satisfaction as 80% from study done in Tanzania by Mpembeni and colleague, (2014), with a margin of error of 5% at the 95% confidence interval (CI).

$$n = \frac{[z^2 p (100 - p)]}{\varepsilon^2}$$

Where by: n = Minimum required sample size

z = percentage point of normal distribution corresponding to the level of confidence (1.96)

ε = Maximum likely error/ margin of error (5%)

p= expected proportion with the characteristic of interest (80%)

Therefore, n = $[1.96^2 x80(100-80)]/5^2$ = 241.85 approximate sample size of 242 participants.

Therefore, the final sample size was 242 participants

3.7 Sampling procedure

Simple random procedure using lottery method was used to obtain a representative sample.Random procedure was used to control selection bias which could affect the representation of the sample.The purposes and benefits of the study were explained to mothers in postnatal ward very clearly, and mothers who agreed to participate were listed (sampling frame). To obtain the representative sample from the list, half of them were selected to participate as a representative sample in a daily basis before they are discharged home.

The researcher made pieces of paper according to the list, half were numbered and other half not numbered (for example if they are 14 listed participants, researcher made 14 pieces of papers and 7 papers assigned numbers while other 7 papers left un numbered).

The researcher ensured that papers were mixed and mothers listed were asked to pick one piece of paper each. Then those who select a numbered paper were selected to participate in the study. The written informed consent was obtained from each individual participant who was selected. This procedure was done on daily basis until the required sample has been reached.

3.8 Data collection instruments/tools

The data was collected using structured questionnaire with closed-ended questions adapted from the Donabedian framework of care. This questionnaire has been used in many studies for the assessment of patient's satisfaction as well as quality of care (Asres., 2018; Mpembeni et al., 2014).

The questionnaire was divided into two parts;

1) - questions on socio demographic characteristics of the respondents, and

2)-questions on maternal satisfaction and its associated factors using 5-points of Likert scale.

3.9 Pre-testing of the instrument/tool

The questionnaire was pre-tested to 24 (10% of the sample size) mothers in postnatal ward who gave birth at Amana hospital before they are discharged home. The purpose of study was explained to women in postnatal ward and researcher obtained an informed written consent from mother who agreed to participate. Then data related to factors associated maternal satisfactionwere collected. Then questions which need rewording or clarification were corrected and adjustment made accordingly before going to the actual data collection, and the findings obtained during pre-testing instrument were not included in the actual study.

3.10 Validity of the instrument

This is the degree to which an instrument, such as a survey questionnaire, measures what it is intended to measure (Crossman, 2017). In this study, the questionnaire was reviewed by 3 research experts from MUHAS who have experience in midwifery/obstetric care and adjustment was made accordingly prior to actual use.

3.11 Reliability of the instrument

This is the degree to which an instrument measures the same way each time when it is used under the same condition with the same subjects (Shields, 2004). Therefore, in this study questionnaire was pre-tested to 24 mothers delivered at Amana hospital to assess wording, interpretation of the questions by participants and length of the questionnaire. Then adjustment of discrepancies was made accordingly prior to actual data collection

3.12 Data collection instruments/tools

The data was collected using structured questionnaire with closed-ended questions adapted from the Donabedian framework for assessing quality of caredeveloped in English and then translated in Kiswahili language.

The questionnaire was divided into two parts;

1) - questions on socio demographic characteristics of the respondents, and

2)-questions on maternal satisfaction using 5-points of Likert scale.

3.13 Data collection procedure

The researcher identified women who meet the inclusion criteria, and then explanation of the research purpose, benefit and risks of the research was made verbally. The list of participants (sampling frame) who consented to participate was made. Researcher made half numbered and unnumbered piece of papers and mixing them well, then each individual participant on the list was asked to pick one piece of paper. Those who picked a numbered piece were selected to participate. Then informed written consent was obtained from each individual participant who consented to participate.

Subsequently, Researcher collected information from participants using Likert scale questionnaire adapted from Donabedian framework for assessing quality of care, developed in English and then translated in Kiswahili language. Data were collected at a location convenient to the woman and out of reach of health care providers to ensure confidentiality and privacy.

3.14 Data management and processing

In this study, data were checked for completeness and consistence before leaving from the field. Questionnaires were stored at the place out of reach of other people to prevent loss of vital information and breach of confidentiality. During processing, data were entered, coded and analyzed using the STATA software Version 12.

3.15Data Analysis.

The maternal satisfaction with labour and delivery and its associated factors were assessed using questionnaire adapted Donabedian frame work model for assessing maternal satisfaction with quality of services. The variables assessed were physical facility (physical structure), process of care, outcome of care and accessibility of the services.

Across all variables, the total of fifty-two (52) satisfaction indicators (questions) was assessed. The5 points of Likert scale were used to evaluate levels of agreement, in which 1= strongly disagree (SDAG), 2= Disagree (DAG), 3= Neutral (N), 4= Agree (AG) and 5= strongly agree (SAG).

The maternal satisfaction was determined with postnatal mothers who responded strongly agree and agree were considered “Satisfied” while neutral, disagree and strongly agree wereconsidered “Not satisfied. Neutral response was considered as not satisfied considering that mothers may represent a fearful way of expressing dissatisfaction.

To determine satisfaction, scoring was done where by a score of 1 was given for each question which the woman said she was very satisfied/satisfied and a score of 0 if she was not satisfied/ very unsatisfied or had no opinion/neutral. The totalcomposite scores were computedfor each respondent. The composite score was ranging from 1-52. Participant who scored for at least 50% and above (≥26 scores) were considered “Satisfied” while those who scored less than 50% (< 26 scores) were considered “Not satisfied”.

Frequency distributions and two-way tables were used to summarize satisfaction and the independent variables of interest. Bivariate and multivariate logistic regression analysis was done to identify factors associated with mothers’ satisfaction on service delivery.

3.16 Ethical consideration

Ethical clearance to conduct a research study was sought from MUHAS Ethical Clearance Committee. Request letter for permission to conduct the study was sought from the District Health Management. The purpose and benefits of research study were explained very clearly to allpostnatal mothers and confidentiality was assured to all mothers who participated in the study. Furthermore, explanation was given that participation is voluntary and mothers who were not willing to participate in this study were not penalized or being deprived their rights to equitable treatments.Therefore**,** informed written consent was obtained from each participant who agreed to participate after they understood the main purpose, benefit and risks of the research.

3.17 Dissemination of findings

Findings will be disseminated to:

1. Health care providers working at obstetric department at Kisarawe for improvement of services provision,
2. Health system management teams (CHMT and HMT) of Kisarawe district hospital who can set strategies and plans for improvement of maternal services to enhance quality of care,
3. Directorate of post graduate studies -MUHAS for reference,
4. Dean office school of nursing-MUHAS for reference,
5. Presentation in the international and national Midwifery professional conferences
6. International peer reviewed journals

CHAPTER FOUR

4.0 RESULTS

This chapter provides a detailed analysis of the data collected from the field. It starts byanalyzing data according to the research questions which guided this study. Socio-demographic characteristics of the respondents were presented in frequencies and followed by analysis of maternal satisfaction and lastly, followed by predictors for mother's satisfaction.

4.1 Demographic characteristics of the respondents

This study involved the total of 242 respondents. As shown in table 1. Majorityof the respondents (50.4%), were aged 26-35 years, followed by those ≤ 25 years (44.2%). Almost two third respondents were married (68.2%), and majority of respondents were between 1-2 parity (63.6%). In this study, more than half of respondents (53.7%) had primary education while one third (39.3%) had secondary school education. The majority of participants were business women (46.7%) and house wife mothers (33.9%) while the least number were employed (19.4%).

Table 1. Socio-demographic characteristics of mothers involved in the study at Kisarawe Hospital

Variable		Number of mothers (n)	Percent of mothers (%)
Overall		242	100.0
Age category (years)	≤25	102	42.2
	26-35	122	50.4
	≥36	18	7.4
Marital status	Currently married	165	68.2
	Currently unmarried	77	31.8
Gravidity	1-2	154	63.6
	3-4	65	26.9
	≥ 5	23	9.5
Level of education	Never attended	17	7.0
	Primary	130	53.7
	Secondary and above	95	39.3
Occupation	Employed	47	19.4
	Business	113	46.7
	House wife	82	33.9

4.2 Maternal satisfaction with labour and delivery services

4.2.1 Satisfaction with physical structure (facility)

With regard to satisfaction with the situation of hospital (physical structure), the majority of respondents reported high satisfaction with the sub-variables of availability of human and non-human resources and cleanliness of the hospital environments; however, low satisfaction was reported on the condition of the hospital environment.

As shown in table 2, concerning hospital environments, the overwhelming majority of respondents (95.9 %) reported the availability of electricity all the time and 90.1% reported that hospital has a welcoming environment from the gate; however, the large proportion of respondents reported dissatisfaction with adequate availability of water supply all the time, availability of functional toilets and shower in maternity ward, adequate availability of bed sheets to every individual client and clean sheets changed throughout (87.2%, 74.8%%, 72.3%% and 71.5% respectively).

Table 2.Maternal satisfaction with physical facility during labour and delivery

Satisfaction indicators	Level of Satisfaction (n=242)	
	% Not satisfied	% Satisfied
Condition of the hospital environment	**35.5**	**64.5**
The hospital is welcoming starting from the gate	9.9	90.1
Getting to maternity unity was very easy	8.3	91.7
Delivery room have adequate room	35.1	64.9
The bed sheets were adequately available to every client	72.3	27.7
The clean bed sheets were changed throughout	71.5	28.5
The electricity was available all the time	4.1	95.9
The labour ward have functional toilets and shower all the time	74.8	25.2
Water supply was adequately available all the time	87.2	12.8
Cleanliness of the hospital environment	**18.2**	**81.8**
Labour room and ward cleanliness was satisfactorily	7.4	92.6
Cleaners were available all the time during hospital stay	19.8	80.2
Cleanliness of sheets were satisfactorily	63.6	36.4
Availability of human and non-human resources	**12.0**	**88.0**
The drugs needed for labour and delivery were available	57.0	43.0
All supplies needed for labour and delivery were available	73.6	26.5
All diagnostic tests needed during labour were available	9.1	90.9
Midwives were available all the time during my hospital stay	0.8	99.2
Doctors were available and attended me when I need them	5.4	94.6

4.2.2 Satisfaction with process of care

The variable of process of care provision during labour and delivery was the area where the majority of the women showed a high dissatisfaction rate. As shown in table 3, the overwhelming majority of respondents reported extremely dissatisfaction rate on the items of respectful maternity care, client-provider relationship and information sharing during labour and delivery.

For example, with regard to respectful maternity care, large proportion of respondents were satisfied with obtaining consent by doctors and midwives, curtaining or screening the bed during per vaginal examination, using preferable position for delivery and received care which respects their dignity (84.3%, 81.8 %, 78.1% and 73.1% respectively).

Moreover, concerning with client-provider relationship, less than 50% of all respondents reported dissatisfaction with aspects of providers giving explanation of all care provided, giving feedback about mother`s and baby`s condition and progress of labour after each examination and being taught about pain relieving methods during labour and delivery.

Furthermore, regarding to information sharing during labour and delivery, results showed that less than 50% of the respondents were dissatisfied with aspects of care providers introducing themselves to clients, care providers listening and answering the clients concern all the time, providers showing smiling face during care provision, midwives and doctors answering their questions pertaining to labour progress and providers using polite language during care provision.

Not only that but also, regarding emotional support during labour, a large proportion of respondents (94.2%) who participated in this study reported that their companions were not allowed to be with them in labour room, 55% reported that care providers were not close to them, while almost half of the respondents (52.1%) reported that they were not encouraged with providers closeness during the period of labour and delivery.

Table 3. Maternal satisfaction with process of care provision

Sub-variables	Level of satisfaction (n=242)	
	% not satisfied	% satisfied
Promptness of the services	**1.7**	**98.3**
I was directed to maternity ward quickly from the reception	3.7	96.3
I was admitted by providers with smiling face	9.9	90.1
I was given a bed quickly as I got into maternity unit	1.2	98.8
I was attended by the doctor on all the time I needed him/her	9.5	90.5
Action was taken as I alived in maternity unit	3.7	96.3
Client-provider relationship	**62.0**	**38.0**
Care providers introduced themselves to me	90.1	9.9
Care providers listened and answered my concern all the time	54.1	45.9
Providers showed me a smiling face during care provision	55.8	44.2
Midwives and doctors answered my questions pertaining to labour progress	60.7	39.3
Providers used polite language during care provision	67.4	32.6
Perceived good care	**51.7**	**48.3**
Midwives showed competencies when my labour	2.9	97.1
Providers gave me pain relieving medication/ technique when labour pain got worse	53.7	46.3
Providers gave me fluids or tea to give energy during labour	78.9	21.1
Respectful maternity care	**78.5**	**21.5**
Doctors and midwives obtained my consent when examining me	84.3	15.7
Bed was curtained during my examination of labour progress	81.8	18.2
I used my preferable position during delivery	78.1	21.9
All care I received respected my dignity	73.1	26.9
Information sharing (cognitive support)	**59.9**	**40.1**
All care provided were explained to me	56.6	43.4
Feedback about my condition and my baby was given after every exam	60.3	39.7
Feedback about per vaginal exam were given	62.8	37.2
Provider taught me pain relieving method during labour & delivery	73.6	26.5
Preferences of female or male provider	**1.2**	**98.8**
The care provided by female care providers was good	57.4	42.6
The care provided by male care providers was good	4.5	95.5
Emotional support (companionship)	**57.0**	**43.0**
My companion was allowed to stay in labour room all the time	94.2	5.8
The care providers were close to me all the time	55.0	45.0
I was encouraged by the closeness of care providers during my labour	52.1	47.9

4.2.3 Satisfaction with outcome of care provided

As shown in table 4, the overwhelming majority of participants were highly satisfied with their condition and baby`s conditions after delivery (95.9% and 95.5% respectively).

Table 4. Maternal satisfaction with outcome of care provided during labour and delivery

	Level of satisfaction (n=242)	
	% not satisfied	% satisfied
Satisfaction with outcome of the care	**4.6**	**95.4**
The labour was prolonged (more than 14 hours)	78.1	21.9
My baby cried without any measures from midwife	5.8	94.2
The baby has no problem	4.5	95.5
My condition after delivery is good	4.1	95.9
I will come for delivery in the next pregnancy	13.6	86.4
I will recommend my relatives to come to deliver at this hospital	13.2	86.8

4.2.4 Satisfaction with accessibility of services

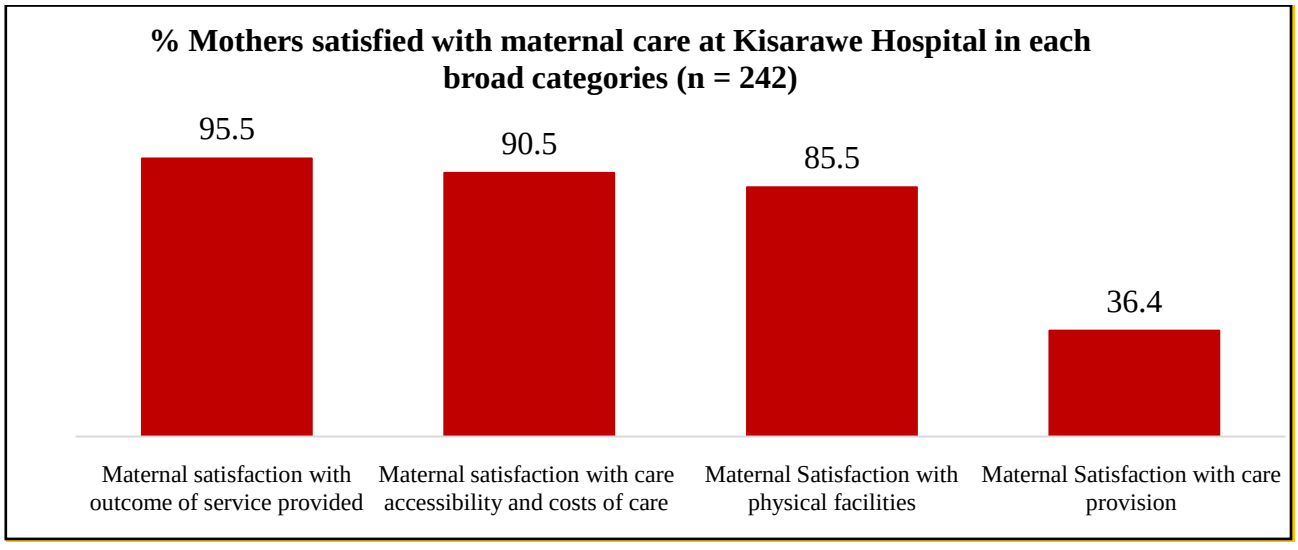
As shown on table 5, the overwhelming majority of participants (96.3%) were highly satisfied with accessibility of the hospital nearby their residences, while 96.3% of respondents were satisfied with availability of the ambulance for emergences; however, high level of dissatisfaction rate was reported on the aspects of accessibility of free costs of delivery services and drugs needed during labour and delivery (85.5% and 92.6% respectively).

Table 5. Maternal satisfaction with accessibility of services

Sub-variables	Level of satisfaction (n=242)	
Accessibility of the hospital	**3.3**	**96.7**
Kisarawe hospital is nearby people's residences for women in Kisarawe and Dar es salaam	3.7	96.3
Services are available compared to other hospitals in Dar es salaam	7.4	92.6
Ambulances for referral system are available	3.7	96.3
Accessibility of the cost	**85.1**	**14.9**
The labour and delivery services were free	85.5	14.5
All drugs and other supplies used were free	92.6	7.4

Therefore, overall 71.1% of the respondents showed satisfaction with labour and delivery services. As shown in figure 1 below, the level of satisfaction was ranging from extremely low on the process of care provision to high on the outcome of service provided and accessibility of services.

Figure 3. mother`s satisfaction with labour and delivery services



4.3 The predictors of mother's satisfaction of care during labour and delivery

4.3.1 Socio-demographic characteristics of the respondentsin relation to maternal satisfaction

According to logistics regression analysis output findings of this study revealed that maternal satisfaction was not statistically associated with socio-demographic characteristics of the respondents

4.3.2 Other predictors for mothers's satisfaction during labour and delivery

As shown in table 6, the regression output showed that mothers who reported the availability of drugs needed for labour and delivery were 19 times more likely to be satisfied than those who did not. Likewise, mothers who reported adequate availability of bed sheets to every individual client were 14.3 times more likely to be satisfied than those who did not. Not only that but also, mothers whose questions and concerns were listened to and answered were 17.6 times more likely to be satisfied than those whose questions and concerns were not.

Furthermore, the study found that mothers who were taught about pain relieving methods during labor and delivery were 10.2 times more likely to be satisfied than those who were not taught. Moreover, the findings showed that mothers who were given feedback about mother`s and baby`s condition after each examination were 26 times more likely to be satisfied than mothers who were not given feedback. Last but not least, the findings showed that mothers who thought that labour and delivery services were free are 53.6 times more likely to be satisfied than mother who did not think so.

Table 6. Bivariate and Multivariate regression analysis output of factors associated with maternal satisfaction with care during labour and delivery.

Variables	category	Maternal satisfaction		COR (95%CI)	AOR (95%CI)	p-value
		Not satisfied n(%)	Satisfied n(%)			
The hospital has welcoming starting from the gate	No	10(41.7)	14(59.3)	1		
	Yes	60(27.5)	158(72.5)	1.9(0.8-4.5)		
Delivery room have adequate space	No	46(54.1)	24(15.3)	1	1	-
	Yes	39(45.9)	133(84.7)	6.5(3.6-2.0)	15.6(3.3-73.4	0.001
Labour room and ward cleanliness was satisfactorily	No	6(33.3)	12(66.7)	1		
	Yes	64(28.6)	160(71.4)	1.3(0.4-3.5)		
The drugs needed for labour and delivery were available	No	59(42.8)	79(57.3)	1	1	-
	Yes	11(10.6)	93(89.4)	6.3(3.1-12.8)	19(3.2-112.2	0.001
All diagnostic tests needed during labour and delivery were available	No	8(36.4)	14(63.6	1		
	Yes	62(28.2)	158(71.8)	1.5(0.6-3.6)		
Providers taught me pain relieving methods	No	58(44.6)	72(55.4)	1	1	-
	Yes	12(10.7)	100(89.3)	6.7(3.4-13.4)	10.2(2.2-48.4)	0.003
Care providers introduced themselves to me	No	69(31.7)	149(68.4)	1		
	Yes	1(4.2)	23(95.8)	10.7(1.4-80.5)		
The bed sheets were adequately available to every individual client	No	68(38.9)	107(61.1)	1	1	-
	Yes	2(3.0)	65(97.0)	20.7(4.9-87.1)	14.3(1.1-80.6)	0.040
All supplies needed for labour and delivery were available	No	66(37.1)	112(62.9)	1	1	-
	Yes	4(6.3)	60(93.8)	8.8(3.1-25.4)	7.4(1.1-49.8)	0.040
Care providers listened and answered my concern all the time	No	59(45.0)	72(55.0)	1	1	-
	Yes	11(9.9)	100(90.1)	7.4(3.7-15.2)	17.6(2.6-19.4)	0.003
Midwives and doctors answered my questions on labour progress	No	64(43.5)	83(56.5)	1		
	Yes	6(6.3)	89(93.7)	11.4(4.7-27.8)		
Doctors and midwives obtain my consent when examining me	No	69(33.8)	135(66.2)	1		
	Yes	1(2.6)	37(97.4)	18.9(2.5-140.8)		
Bed was curtained during examination of labour progress	No	67(33.8)	131(66.2)	1		
	Yes	3(6.8)	41(93.2)	7.0(2.1-23.4)		
All care I received respected my dignity	No	68(38.4)	109(61.6)	1		
	Yes	2(3.1)	63(96.9)	19.7(4.7-82.9)		
Feedback about my condition and my baby was given after every exam	No	65(44.5)	81(55.5)	1	1	—
	Yes	5(5.2)	91(94.8)	14.6(38.1)	26 (3.9-73.7)	0.001
The baby has no problem	No	65(44.5)	81(55.5)	1		
	Yes	5(5.2)	91(94.8)	1.4(0.4-5.0)		
Providers uses polite language during care provision	No	67(41.1)	96(58.9)	1		
	Yes	3(3.8)	76(96.2)	17.7(5.4-58.4)		
The labour and delivery services were free	No	69(33.3)	138(66.7)	1	1	—
	Yes	1(2.9)	34(97.1)	17(2.3-126.8)	53.6 (1.9-85.7)	0.019

CHAPTER FIVE

5.0 DISCUSSION

Maternal satisfaction is a measure of the extent to which women are contented with delivery services which they received from midwives or trained personnel during antepartum, intrapartum and postpartum period (Farley et al., 2014). This study assessed factors associated with maternal satisfaction during labour and delivery among women delivered at Kisarawe district hospital.

5.1 Maternal satisfaction with services

Overall results showed that 71.1% of mothers who delivered at Kisarawe district hospital were satisfied with care provided during labour and delivery. These findings are comparable to study results obtained from the study done in Ethiopia which revealed that overall satisfaction was 78.7% (Gonie et all, 2018). However, the results from this study were found to be a bit lower than other studies in Ethiopia done by Asress (2018) (88%) and Bitewet et al, (2015)(81.7%), and in Tanzania (80%) (Mpembeni et al., 2014);However, the difference was found in study done in Eritrea in which the overall satisfaction was low (20.8%) (Kifle et al., 2017).

The differences noted from these studies was may be mother`s expectation of qualityof servicesprovided, or the type of health facilities. For example, in Ethiopia the studies were done in referral health facilities in which there is an advanced health services compared to Kisarawe health facility where this study was done.

With regard to satisfaction with specific items/indicators of care, the majority of respondents were satisfied with items of the outcome of care provided. For example, the majority of respondents (95.9%) reported high satisfaction with their conditions and 95.5% were satisfied with baby`s conditions after delivery. The study showed that majority of respondents (86.4%) expects to come for delivery in the next pregnancy and 86.8% reported to recommend their relatives to come to deliver at Kisarawe hospital. These findings were consistent with study done by Gonie and colleagues, (2018),which showed that 86.9% of mothers were likely torecommend that health facility for delivery service to their family or friends and 89.4% of

mothers were likely to deliver in the same facility again.

The findings of this studyrevealed that majority of respondents were highly dissatisfied with the items in the process of care provision. The overwhelming majority of respondents (90.1%) reported that health care providers did not introduce themselves to clients, while more than half of respondents (60.7%) reported that providers did not answer clients` questions regarding to progress of labour and condition of the fetus.

These findings were consistent with other previous studies done in different parts. For example, the study done in Tanzania by Mpembeni and colleagues (2014) reported that, a small proportion of respondents (21.1%) reported satisfaction with aspects of communication between the health care provider and the client especially information provided on danger signs of the mother and the newborn, newborn care and on postnatal care.

Likewise, the findings of this study revealed that providing confidentiality and privacy was the key satisfaction indicator for the most clients seeking health services. With regard to respectful maternity care, the majority of respondents (84.3%) reported that providers did not obtain consent and 81.8% reported that providers did not curtain/screen the bed during per vaginal examination. These findings were supported by study done by Kiffe and colleagues, (2017) which found that high rate of dissatisfaction was disclosed on whether permission was requested before any procedure and the degree of involvement in decision making.

Moreover, findings of this study found that failure of providers to deliver key messages to the laboring and delivering women was also noted to be a problem among postnatal women who gave birth at Kisarawe district hospital. The majority of respondents (73.6%) reported dissatisfaction with sharing information related pain-relieving techniques during labour and delivery, 62.8% reported that there were not given feedback about progress of labour progress, mothers` and baby`s condition after every examination, while more than half of respondents (56.6%) reported that they were not given explanations about medication or care provided to mother during labour or delivery.

These findings were in line with study done in southern part of Tanzania which revealed that client-provider communication was the area where majority of the women showed to be

dissatisfied. The study reported that less than50% of women were satisfied with most of the provider- client communication items assessed(Mpembeni et al., 2014).

5.2 Maternal satisfaction in relation to Socio- demographic characteristics of respondents

The findings of this study revealed that socio-demographic characteristics of respondents paticipated in this study has not statistically associated with maternal satisfaction during labour and delivery. This means that, mother's satisfaction under this variable could happen by chance.

5.3Predictors of maternal satisfaction in physical facility (structure)

The findings of this study showed that mothers who thought that there was adequately availability of bed sheets to every individual client were 14.3 times more likely to be satisfied than those who did not think so. These findings were supported by many studies done in sub-Saharan Africa and other foreign literatures (citations). For example, a study done in Eritrea revealed that those who thought that they were provided with clean bed and beddings were 18.87 times more likely to be satisfied than those who did not think so(Kifle et al., 2017).

5.4Predictors of maternal satisfaction in process of care provision

The perception of respondents on labour pain management has been frequently reported in many studies as having strong association with level of maternal satisfaction. In this study mothers who were taught about pain relieving techniques were 10.2 times more likely to be satisfied than those who not taught. These findings were supported with other studies in sub-saharan Africa and other foreign literatures. For example recent studies done in Ethiopia revealed that those who answered "Yes" were 4.51 times more likely to satisfy than those who answered "No" to proper labor pain management according to their perception (Asress, 2018).

Furthermore, attention to laboring mother's concern was also related to maternal level of satisfaction. The study found that those who thought that their questions and concerns were answered during labor and delivery were 17.6 times more likely to be satisfied than those who did not think so. These findings were also supported by Asress, (2018) which revealed that

those who thought their questions and concerns were answered during labor were 3.61 times more likely to satisfy than who thought not.

Provision of cognitive support through effective communication and sharing adequate information with women during labour and delivery about their condition or the care required, is critical determinant of satisfaction with maternal care(Srivastava et al., 2015). This study revealed that mothers who were given feedback about mother`s and baby`s condition after every examination were 26 times more likely to be satisfied than those who did not.
This is may be because if they receive information about the progress of labour they respondents gain hope about the time they are going to give birth and it can influence their participation in decision making about the delivery procedure.

5.5 Predictors of maternal satisfaction in accessibility of services

The findings of this study found that maternal satisfaction was increased with availability of free labour and delivery services. Findings showed that mothers who received free labour and delivery services during labour and delivery were 53.6 times more likely to be satisfied than those who did not. This may be due to the fact that Kisarawe hospital serves many clients from remote health facilities and communities who have limited economy thus are unable to pay for health services.

This variation in satisfaction may be because they expect to get free delivery service in health institution but they paid in hospital indirectly for drugs and other supplies needed for labour and delivery, for example gloves and other drugs for the case of operation.These findings were supported by study done by Tesfaye and colleague (2016) which found that client satisfaction was reduced if the women had to pay for the services. Furthermore, thefindings were also supported by a study done by Gonie and colleague (2018) which reported that, mothers who obtained free delivery service were 2.9 times more likely to be satisfied than mothers who paid for delivery service.

CHAPTER SIX

6.0 CONCLUSION AND RECOMMENDATION

6.1 Conclusion

The high satisfaction was found in the variables of outcome of care provided during labour and delivery, condition of physical facility and accessibility of care; however, the extremely high dissatisfaction rate was reported in the variable of process of care provision during labour and delivery.

6.2 Recommendation

- The findings of this study have brought about recommendations in three main different areas
    - ✓ For practice
    - ✓ For policy
    - ✓ For future research

For practice:

The health care providers in maternity unity need to improve the aspects of respectful maternity care, client-provider relationship, information sharing during labour and delivery, and emotional support for laboring and delivering women.

For policy:

The hospital system management (CHMT and HMT) needs to consider the aspects in which mothers were not satisfied so as to set plans and strategies to improve the level of maternal satisfaction as well as quality of services provided during labour and delivery at Kisarawe hospital.

For further research

The findings of this study were only based on quantitative approach. Therefore, more studies with mixed methods (quantitative and qualitative) are needed to include mother`s experience and perceptions about services provided during labour and delivery.

6.3 Study Limitation

It should be pointed out that cross-sectional data are only snapshots of events during the time of the study and therefore the material does not usually allow for establishing causal relationships. Hence, this study can only contribute to descriptive analyses of levels of maternal satisfaction, the degree of satisfaction and the statistical associations in question

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APPENDICES

APPENDIX A: QUESTIONAIRE (English version)
Part 1. Socio-demographic characteristics

1. How old are you?
    a) 18-25 [ ]
    b) 26-35 [ ]
    c) 36-49 [ ]
2. Marital status;
    a) Married [ ]
    b) single [ ]
    c) divorced [ ]
    d) widow [ ]
3. Which pregnancy (Gravida) is this;
    a) 0 1-2 [ ]
    b) 3-4 [ ]
    c) 5 and above [ ]
4. Which level of educationare you:
    a) I did not attend to school [ ]
    b) Primary school [ ]
    c) secondary school [ ]
    d) college and university [ ]
5. [1]Do you have income generating activities or employed?
    a) Employed [ ]
    b) Business [ ]
    c) House wife [ ]

Part 2: Factors associated with maternal satisfaction of care

Maternal Satisfaction with physical facilities

Variables	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
A: Physical environment					
1. The hospital is welcoming starting from the gate	5	4	3	2	1
2. Getting the maternity unit is easy starting from the gate	5	4	3	2	1
3. Adequate labour room space	5	4	3	2	1
4. Beds and linens were available to every individual client					
Electricity was available all the time	5	4	3	2	1
5. Maternity ward toilet, and shower was functional during my labour and delivery	5	4	3	2	1
6. Water supply was available all the time	5	4	3	2	1
7. The clean sheets and blankets were changed frequently	5	4	3	2	1
B: Clean environment					
1. Cleanness of the ward was good during my labour and delivery	5	4	3	2	1
2. Presence of housekeeping services all the time	5	4	3	2	1
3. The cleanness of the sheets was satisfactorily	5	4	3	2	1
C: Availability of human and non-human resources					
1. All drugs and needed for labour and delivery were available in the hospital	5	4	3	2	1
2. All supplies needed for labour and delivery were available (cotton wools, cord cramps, gauze, etc)	5	4	3	2	1
3. All those diagnostic tests prescribed for me were available in the hospital	5	4	3	2	1
4. Midwives were adequate available all the time	5	4	3	2	1
5. Doctor attended me when I need him/her	5	4	3	2	1

Maternal satisfaction with Maternal Satisfaction with process of care provision

Variables	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
A. Promptness of care					
1. I was directed to the maternity ward immediately without recording and other procedures	5	4	3	2	1
2. I was seen by the doctor immediately I have got to the maternity ward	5	4	3	2	1
3. I have got a bed immediately	5	4	3	2	1
4. I was examined and action was taken immediately on alive	5	4	3	2	1
B. Interpersonal behavior					
1. The health care providers introduced themselves to me	5	4	3	2	1
2. The care midwives and doctors listen and answer all my questions/concern during labour and delivery	5	4	3	2	1
3. When I called the midwife or doctor for help, they were very polite	5	4	3	2	1
4. Midwives showed a good welcoming face to me, so I felt very accepted	5	4	3	2	1
5. The midwife or doctor were willing to hear my concern	5	4	3	2	1
C: perceive good care					
1. The midwife showed competency when caring me	5	4	3	2	1
2. They provide medicine and advice on usage, side effects and outcome	5	4	3	2	1
3. The service I got is good					
D. Respectful maternity care					
1. All the care given to me was with my consent during labour	5	4	3	2	1
2. The care I received respected my dignity	5	4	3	2	1
3. The bed was curtained during examination	5	4	3	2	1
4. I used my preferred position during my labour and delivery	5	4	3	2	1
5. Midwives and doctors use polite language all the time	5	4	3	2	1
E. Information sharing (cognitive support)					
1. I was given explanation for any treatment given	5	4	3	2	1

2. Explanation about the side effects of drugs was given	5	4	3	2	1
3. I was given feedback about progress of labour for any every examination done	5	4	3	2	1
4. I was given feedback about the examination of my condition and my baby's condition	5	4	3	2	1
5. I was involved in decision making	5	4	3	2	1
6. During labor and delivery my pain was properly managed	5	4	3	2	1
F. Preference of male or female care provider					
1. I feel very good when I receive delivery care from male midwife	5	4	3	2	1
2. I feel very good when I receive delivery care from female midwife	5	4	3	2	1
G. Emotional support					
3. I was allowed to have my companion on my side during my labour and delivery	5	4	3	2	1
4. The midwife or health care provider was with me all the time	5	4	3	2	1

Maternal satisfaction with outcome of service provided

Variables	**Strongly agree**	**Agree**	**Neutral**	**Disagree**	**Strongly disagree**
1. The labour was prolonged (more than 14 hours)	5	4	3	2	1
2. My baby cried without any measures from midwife	5	4	3	2	1
3. The baby has no problem	5	4	3	2	1
4. My condition after delivery is good	5	4	3	2	1
5. I will come for delivery in the next pregnancy	5	4	3	2	1
6. I will recommend my relatives to come at this hospital for delivery	5	4	3	2	1

Maternal satisfaction with care accessibility and costs of care

Variables	**Strongly agree**	**Agree**	**Neutral**	**Disagree**	**Strongly disagree**
A: Accessibility of care					
1. Kisarawe hospital is nearby people's residences for women in Kisarawe and those from Dar es salaam	5	4	3	2	1
2. Services are available compared to other	5	4	3	2	1

hospitals in Dar es salaam					
3. Ambulances for referral system are available	5	4	3	2	1
B: Cost of care					
1. The labour and delivery services were free	5	4	3	2	1
2. All drugs and other supplies used were free	5	4	3	2	1

APPENDIX B: DODOSO KWA LUGHA YA KISWAHILI

Kipengele cha kwanza: Dodoso la taarifa binafsi.

1. Je, una umri wa miaka mingapi?
   a) 18-25 [ ]
   b) 26-35 [ ]
   c) 36-49 [ ]
2. Hali yako ya ndoa!
   a) Nimeolewa [ ]
   b) Sijaolewa [ ]
   c) Mjane [ ]
   d) Nimeachika [ ]
3. Hii mimba ni ya ngapi?
   a) 1-2 [ ]
   b) 3-4 [ ]
   c) Mimba ya 5 na kuendelea [ ]
4. Una kiwango gani cha elimu?
   a) Sinasoma kabisa [ ]
   b) Darasa la saba [ ]
   c) kidato cha nne [ ]
   d) chuo au chuo kikuu [ ]
5. Je, nishughuli gani unajishughulisha nacho cha kukuongezea kipato?
   a) Nimeajiriwa [ ]
   b) biashara [ ]
   c) mama wa nyumbani [ ]

Kipengele cha pili cha dodoso: Taarifa za vipengele vinavyosababisha kuridhika na huduma zinazotolewa.

Dodoso la kupima uridhikaji wa upatikanaji wa miundo mbinu

Vipengele vya huduma	**Nakubali ani kabisa**	**nakuba liana**	**Nakubali ama sikubali**	**Sikubali ani**	**Sikubal iani kabisa**
A. Mazingira ya hospital					
1. Mazingira yanavutia kuanzia getini had wodini	5	4	3	2	1
2. Kuanzia getini hadi wodini ni rahisi (kuna kielelzo cha kuelekeza wazazi)	5	4	3	2	1
3. Chumba cha kujifungulia kina ukubwa wa kutosha	5	4	3	2	1
4. Kuna vitanda na mashukua ya kutosha kwa kila mzazi	5	4	3	2	1
5. Shuka na blanketi zinabadilishwa muda wote	5	4	3	2	1
6. Umeme upo muda wote	5	4	3	2	1
7. Vyoo na bafu vinafanya kazi muda wote	5	4	3	2	1
8. Maji ya kutosha yapo muda wote	5	4	3	2	1
B. Usafi wa mazingira ya hospitali					
1. Chumba cha kujifungulia na wodi ni safi muda wote	5	4	3	2	1
2. Wafanya usafi wapo muda wote kwa ajili ya usafi	5	4	3	2	1
3. Usafi wa mashuka ni wa kuridhisha	5	4	3	2	1
C. Kuridhika na upatikanaji wa rasilimali watu na vitu katika hospitali					
1. Dawa zilizohitajika kwa ajili ya kujifungulia zimepatikana hapa hapa hospitali	5	4	3	2	1
2. Vifaa vya kujifungulia vimepatikana hapa hapa hospitali	5	4	3	2	1
3. Vipimo vyote nilivyoandikiwa vinapatikana hapa hapa hospitali	5	4	3	2	1
4. Wakunga wapo muda wote	5	4	3	2	1
5. Madaktari wamepatikana muda wote nilipowahitaji	5	4	3	2	1

Dodoso la kupima uridhikaji wa namna huduma zinavyotolewa tangu ulivyoingia hadi kujifungua

Vpengele ya huduma	Nakubaliana sana	Nakubaliana	Nakubali ama sikubali	Sikubaliani	Sikubaliani sana
A. Uharaka wa huduma kwa mama anapoingia wodini					
1. Nilipofika mapokezi nimeelekezwa wodi ya wazazi haraka bila mzunguko wa kufungua faili na taratibu zingine	5	4	3	2	1
2. Nilipofika wodini nimepokelewa na wahudumu wenye nyuso za furaha na kuvutia	5	4	3	2	1
3. Nimepewa kitanda mara tu nilipofika wodini	5	4	3	2	1
4. Nimeonwa na daktarin mara nilipofika wodini	5	4	3	2	1
5. Nimefanyiwa uchunguzi haraka na hatua zote zikachukuliwa mara moja	5	4	3	2	1
B. Mawasiliano ya mtoa huduma na mjamzito kipindi cha kutoa na kupokea huduma					
1. Watoa huduma wa wodi ya uzazi wamejitambulisha kwangu mara nilipo ingia	5	4	3	2	1
2. Nilipohitaji msaada kutoka kwa mkunga au daktarin walikuwa na utayari wa kusikiliza shida zangu	5	4	3	2	1
3. Wakunga na madaktari walionyesha nyuso za kuvutia. Nimejihisi kama nimekubalika	5	4	3	2	1
4. Wakunga na madaktari walikuwa wanajibu maswali yangu muda wote	5	4	3	2	1
5. Watoa huduma wametumia lugha nzuri kipindi chote cha huduma	5	4	3	2	1
C. Uzuri wa Huduma uliyoipata					
1. Wakunga wameonyesha umahili wa kazi wakati wote walipokuwa wakinihudumia	5	4	3	2	1
2. Maumivu yalipozidi wamenifundisha nbinu za kupunguza maumizu (kama kupumua kwa ndani)	5	4	3	2	1
3. Wamenipa chai au maji ya kunya ili kunitia nguvu	5	4	3	2	1
D. Huduma inayojali heshima na utu wa mwanamke					
1. Madaktari na wakunga wliomba idhini	5	4	3	2	1

yangu katika kila huduma waliyonipa					
2. Wakunga na madaktari walifunga mapazia au milango kila walipokuwa wananipima njia na maendeleo ya mtoto	5	4	3	2	1
3. Wakati wa kujifungua nimetumia mlalo nilioona unanifaa	5	4	3	2	1
4. Huduma zote nilizopewa zimejali heshima yangu	5	4	3	2	1
E. Namna ya kupeana taarifa muhimu katika kipindi cha kutoa na kupokea huduma					
1. Nimepewa maelezo yote ya matibabu niliyopewa	5	4	3	2	1
2. Nimepewa mrejesho kuhusu maendeleo yangu na mtoto kila baada ya kupimwa	5	4	3	2	1
3. Nimepewa majibu					
4. Nimefundishwa mbinu za kupunguza maumivu wakati wa uchungu na kujingua	5	4	3	2	1
F. Huduma zitolewazo na mkunga wa kiume au wa kike					
1. Nimejisikia vizuri sana kuhudumiwa na mkunga wa kike	5	4	3	2	1
2. Nimejisikia vizuri sana kuhudumiwa na mkunga wa kiume	5	4	3	2	1
G. Huduma ya kutia moyo wakati wa uchungu					
1. Nimeruhusiwa kukaa na ndugu yangu wakati wote nilipokuwa wodini	5	4	3	2	1
2. Wakunga au watoa huduma wamekuwa karibu nami	5	4	3	2	1
3. Nimetiwa moyo sana na ukaribu wa watoa huduma	5	4	3	2	1

Kuridhika na matokeo ya huduma za uzazi

1. Uzazi umechukua muda murefu tangu uchungu had kujifungua (Zaidi ya masaa 14)	5	4	3	2	1
2. Mtoto wangu amelia na kupumua bila kupewa hewa	5	4	3	2	1
3. Hali ya mtoto ni nzuri	5	4	3	2	1
4. Hali yangu baada ya kujifungua ni nzuri	5	4	3	2	1
5. Nitakuja kujifungulia hapa hapa kwa mimba zitakazofuata	5	4	3	2	1
6. Nitamshauri ndugu yangu au jirani yangu kuja kujifungulia kwenye hospitali hii.	5	4	3	2	1

Kuridhika na urahisi wa kufikika kwa huduma na gharama

Vipengele vya huduma	**Nakubaliana kabisa**	**Nakubaliana**	**Nakubaliani ama sikubaliani**	**Sikubaliani**	**Sikubaliani kabisa**
A; kufikika kwa huduma					
1. Hospitali ya Kisarawe inafikikakwawakaziwa Kisarawe na Dar es Salaam	5	4	3	2	1
2. Huduma za uzazi zinapatikana kwa urahisi hapa hospitalini	5	4	3	2	1
3. Gari la dhalula kubebea wagonjwa linapatikana muda wote	5	4	3	2	1
B; Gharama za huduma					
1. Huduma za uzazi ni bure ukilinganisha na hospitali zingine	5	4	3	2	1
2. Madawa na vifaa tiba vinapatikana bure	5	4	3	2	1

Appendix C: Informed Consent in English Version

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES (MUHAS)

Consent to participate in a study titled "**Factors associated with maternal satisfaction of care provided during labour and delivery among women who delivered at Kisarawe district hospital in Coastal region"**

ID NO: HD/MUH/T.285/2017

IDENTIFICATION NO:		

Greetings! My name is **Alex J. Nyaruchary.** Currently, I am a student at Muhimbili University of Health & Allied Sciences pursuing MSc in Midwifery and Women's Health. I am conducting a research on the title: "**Factors associated with maternal satisfaction of care provided during labour and delivery among women who delivered at Kisarawe district hospital in Coastal region"**

Purpose of the study: Is to assess factors associated with maternal satisfaction of care provided during labour and delivery among women delivered at Kisarawe district hospital in Coastal region

Sponsor: This study is self-sponsored

Risk: The researcher anticipates no harm will happen to you as you participate in this study.

Confidentiality: The information that will be shared in this study will be treated as strictly confidential and will be used only for research purpose and not for other reasons. Your name will not be used for identification during data analysis and report development, instead number will be used.

Benefits: There will be no direct financial benefits to you; however; participation in this research has the potential for assessing factors associated with maternal satisfaction of care provided during labour and delivery among women delivered at Kisarawe district hospital in Coastal region so as to improve the quality of maternity care

Rights to Withdraw and Alternatives. You are free to choose whether to participate or not or withdraw in this study at any time. Refusal to participate or withdraw will not imply any effect to your service or treatment. However, I would like you to participate in this study because your views are very important.

Whom to Contact: In case of any emergence concern you may contact the researcher through the following address:Alex J. Nyaruchary, School of Nursing, MUHAS. P.0 Box P. O. BOX 65004, Dar es Salaam. Email address:**nyarucharyalex@gmail.com.** Mobile phone number +255 652 710 110

Agreement for participation

I……. Identification number……, aged……years, I am willing to participate in this study.

Participant's signature……Researcher's signature…….....

Date…… Date……...

Thank you for participation.

Appendix D: Ridhaa ya Mshiriki (Kiswahili version)

CHUO KIKUU CHA AFYA NA SAYANSI SHIRIKISHI MUHIMBILI (MUHAS).

NA YA USAJIRI: HD/MUH/T.285/2017

NAMBA YA UTAMBULISHO		

Habari, Jina langu ni **Alex J. Nyaruchary**. Ni mwanafunzi wa mwaka wa pili wa shahada ya uzamili katika fani ya ukunga na afya ya mwanamke toka Chuo Kikuu cha Afya na Sayansi Shirikishi Muhimbili (MUHAS).

Nafanya utafiti juu: Kuangalia mambo yanayopelekea kuridhika kwa huduma zinazotolewa katika kipindi cha kujifungua kwa akina mama waliojifungua katika hospitali ya wilaya ya Kisarawe- Pwani.

Malaengo ya utafiti: Ni kupata taarifa za namna huduma zinavyotolewa ili kwa taarifa hizo serikali iweze kuboresha miundo mbinu na huduma zenyewe katika hospitali ya Kisarawe na sehemu mbalimbali zinazotoa huduma za mama za uzazi

Mdhamini wa utafiti: Utafiti huu unadhaminiwa na mimi mwenyewe.

Madhara yanazoweza kujitokeza kwa mshiriki: Hakuna madhara yoyote yatakayojitokeza kutokana na ushiriki wako katika utafiti huu.

siri: Taarifa utakayoitoa wakti wa kujibu maswali yaliyomo katika utafiti huu itabaki kuwa ni siri na itatumika tu kwa ajili ya kufanikisha utafiti huu na si vinginevyo. Jina lako halitatumika na wala halitaonekana katika taarifa ya mwisho katika utafiti huu, badala yake namba itatumika kwa ajili ya kutambua aina ya mchango ulioutoa wakti wa mahojiano

Haki ya kujitoa au kuendelea na utafiti: Upo huru kushiriki katika utafiti huu, hata hivyo unaweza kukataa au kujitoa katika utafiti huu wakati wowote, na wala kutoshiriki kwako hakutaathiri upatikanji wa huduma unayostahili. Aidha ningependa ushiriki kwa kuwa uzoefu wako na mtazamo wako ni muhimu katika utafiti huu.

Mawasiliano: Kwa shida yoyote tafadhali usisite kuwasilina name kwa anuani ifuatayo: Alex J. Nyaruchary wa Skuli ya Uuguzi chuo kikuu cha afya na sayansi shirikishi Muhimbili, S.L.P 65004, Dar es Salaam, au kwa barua pepe:nyarucharyalex@gmail.com. Simu Na. 0652 710 110

Tamko la Kukubali kushiriki

Namba ya mshiriki…….umri miaka……nipo tayari kushiriki katika utafiti huu.

Sini ya mshirki……. Saini ya Mtafiti…….....

Tarehe……...Tarehe……

Asante kwa kushiriki

Appendix E: Ethical Clearance

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES
OFFICE OF THE DIRECTOR OF POSTGRADUATE STUDIES

P.O. Box 65001
DAR ES SALAAM
TANZANIA
Web: www.muhas.ac.tz

Tel G/Line: +255-22-2150302/6 Ext. 1015
Direct Line: +255-22-2151378
Telefax: +255-22-2150465
E-mail: dpgs@muhas.ac.tz

9th April, 2019

Ref. No. DA.287/298/01A/

Mr. Alex J. Nyaruchary
MSc. Midwifery and Women's Health
MUHAS.

RE: APPROVAL OF ETHICAL CLEARANCE FOR A STUDY TITLED: "FACTORY ASSOCIATING WITH MATERNAL SATISFACTION OF CARE PROVIDED DURING LABOUR AND DELIVERY AMONG WOMEN DELIVERED AT KISARAWE DISTRICT HOSPITAL IN COAST REGION"

Reference is made to the above heading

I am pleased to inform you that, the Chairman has, on behalf of the Senate, approved ethical clearance for the above-mentioned study. Hence you may proceed with the planned study.

The ethical clearance is valid for one year only, from **9th April, 2019 to 8th April, 2020.** In case you do not complete data analysis and dissertation report writing by **8th April, 2020, you** will have to apply for renewal of ethical clearance prior to the expiry date.

Dr. Emmanuel Balandya
ACTING: DIRECTOR OF POSTGRADUATE STUDIES

cc: Director of Research and Publications
cc: Dean, School of Nursing, MUHAS

Appendix F: Permission Letter

KISARAWE DISTRICT COUNCIL

(All correspondence should be addressed to the District Executive Director)

Phone No. 023 2401045
Fax 023 2401046
023 2401044

P. O. BOX 28001,
Kisarawe.
COAST.

Ref. No.KDC/PF.30/154/60 **01st April, 2019**

Alex J. Nyaruchary,
Nurse II,
P. O. BOX 65001,
DAR ES SALAAM - TANZANIA.

Dear Sir,

RE: PERMISSION FOR CONDUCTING RESEARCH STUDY AT KISARAWE DISTRICT HOSPITAL IN APRIL TO MAY 2019

The District Executive Director's Office has received your letter dated 11th May, 2019 regarding the heading above. I would therefore like to inform you that your request is positively accepted to Conduct Research at Kisarawe Hospital respectively as from 01st April 2019 to 30th May, 2019.

We promise to provide any pertinent information, possible assistance with regard to dissertation, whenever needed by the student.

Thank you for your continued co operation.

Fatuma A. Mabira,
For: District Executive Director,
KISARAWE.

For: DISTRICT EXECUTIVE DIRECTOR
KISARAWE

Copy to: District Executive Director - (For File Reference)
KISARAWE.

District Medical Officer - (For your attention)
KISARAWE.