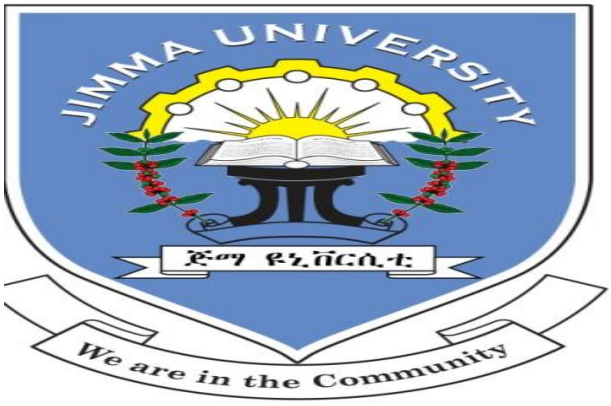

Satisfaction Towards Skilled Delivery Services and Associated Factors Among Mothers Who Gave Birth at Government Health Facilities, Jimma Town, South-West Ethiopia.

By:

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A Research Thesis Submitted to Jimma University, College of Public Health and Medical Sciences, Department of Nursing and Midwifery; In Partial Fulfillment of The Requirements for The Degree of Masters In Maternity Nursing.

Jimma, Ethiopia

June, 2014

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June, 2014

ABSTRACT

Background: *Client satisfaction is the level of satisfaction that clients experience having used a service. It was patients' subjective responses to experienced care mediated by personal preferences and expectations. Women's satisfaction with childbirth is partly related to women's post-partum adherence to providers' recommendations. However, not much studies are available that assess the quality of skilled delivery service in terms of mothers' satisfaction and examining factors that influence satisfaction on delivery services in Jimma town government health facilities.*

Objective: *The study assessed satisfaction on skilled delivery service and associated factors among mothers who gave birth at Jimma town government health facilities, South West Ethiopia, 2014.*

Methods: *Cross-sectional study was conducted from March 5-May10/2014 in Jimma town government health facilities. A total of 366 mothers were enrolled in the study. Respondents were selected by systematic random sampling. In-depth interview was conducted as part of qualitative data. Interviewer administered structured questionnaires were employed to collect data. Data were analyzed by using SPSS version 20.0. Bivariable and multiple logistic regression analysis were applied. The independent variables with p<0.05in multiple analysis were considered as predictors of delivery service satisfaction. Qualitative data were analyzed by thematic area.* [1]

Result: *In general, 288(78.7%) mothers were satisfied with delivery services. The study found that mothers who had planned delivery were 2.5 times more likely to be satisfied than those referral delivery cases (AOR 2.5& 95% CI=1.2-5.6) and mothers who obtained free delivery service were 2.9 times more likely to be satisfied than mothers who paid(AOR=2.9 & 95% CI=1.3-6.4). Mothers who perceived the toilet is cleaned were 2 times more likely to be satisfied than their counter parts (AOR=2.0& 95% CI=1.01-3.8) and mothers who felt being treated with respect were 1.7 times more likely to be satisfied than mothers who did not been respected(AOR=1.7 & 95% CI =1.1-6.8) and mothers* who *perceived that their privacy was maintained were 1.5 times more likely to be satisfied than their counter parts (AOR= 1.5& 95% CI =1.9-9.5).*

Conclusion: *In this finding, more than three fourth of mothers were satisfied on skilled delivery services. This study also revealed predictors of satisfaction including planned delivery, free delivery service, perceived cleanness of toilets, perceived presence of privacy and empathetic interactions of staffs. As a recommendation, health facilities should take into account mothers' feedback to improve quality of delivery service.*

Key words: *mothers satisfaction, delivery service, Jimma town government health facilities*.

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ABBREVIATIONS AND ACRONYMS

ANC	Antenatal Care
AOR	Adjusted Odds Ratios
BSS	Birth Satisfaction Scale
CI	Confidence Interval
CN	Clinical Nurse
ETB	Ethiopian Birr
FMOH	Federal Ministry Of Health
HC	Health Center
HEW	Health Extension Worker
HSDP	Health Sector Development Plan
JPSNQ	Jipi's Postnatal Satisfaction with Nursing-care Questionnaire
JU	Jimma University
JUSH	Jimma University Specialized Hospital
LADSI	Labour And Delivery Satisfaction Index
MDG	Millennium Development Goal
MMR	Maternal Mortality Ratio
OR	Odds Ratios
SVD	Spontaneous Vaginal Delivery
PI	Principal Investigator
QPP	Intrapartum-Specific Quality from Patient Perspective
TBA	Traditional Birth Attendant
WHO	World Health Organization

CHAPTER ONE: INTRODUCTION

1.1. Background

Traditionally, quality of healthcare services was assessed from the provider's point of view or based on certain outcomes determined by the assessor, with little or no input from clients accessing the services. Over time, clients' perception of the quality of services is increasingly being seen as an important measure in examining quality of health care (1). Patient satisfaction ,as outcomes healthcare services, have been emphasized as measures of quality from the patient perspective and are useful indicators of the effectiveness of health services, making them integral components of monitoring and evaluation tools (2).

The definitive conceptualization of satisfaction with healthcare has still not been achieved and that understanding the process by which a patient becomes satisfied or dissatisfied remains unanswered. Deferent satisfaction theorists suggest that satisfaction is a relative concept and that it only implies adequate service (3).

They define client satisfaction as :
Crow R (2002) define that patient satisfaction is a cognitive evaluation of the service that is emotionally affected, and it is therefore an individual subjective perception. He also highlights the most important determinants of satisfaction are the interpersonal relationships and their related aspects of care(4). According to Ahmad and Din(2010) satisfaction is regarded as a psychological state resulting when the emotions surrounding unmet expectations are coupled with the consumer's prior feelings about the consumption experience (5). Ware J(1983) argued that patient satisfaction was a function of patients' subjective responses to experienced care mediated by personal preferences and expectations. Dissatisfaction was occurred where there was violation of the relationship between client's expectations of ideal care and his /her perception of the real care he/she receives (6).

Donabedian(1988), arguably the leading theorist in the area of quality assurance, postulated as client satisfaction may be considered to be one of the desired outcomes of care, even an element in health status itself. It is defined as patient satisfaction or dissatisfaction is also the patient's

judgment on the quality of care in all its aspects, but particularly as concerns the interpersonal process (7).

It therefore reflects the gap between the expected service and the experience of the service**,** from the client's point of view (8). It is believed that one of the most important criteria of health care's quality is care satisfaction. Donabedian has emphasized that client satisfaction is of fundamental importance as a measure of the quality of care because it gives information on the provider's success at meeting those client values and expectations, which are matters on which the client is the ultimate authority (7).

Allowing women to express their views about the different phases of care, the care provided by different health professionals, often in different settings and to say or write in their own words about what concerned or benefited them particularly, provides a richer and more realistic picture of the care they received. Therefore, client satisfaction has been increasingly recognized as an important outcome for the health care delivery system (9).

The World Health Organization (WHO) recommends that women's satisfaction must be assessed to improve the quality and effectiveness of health care. WHO further emphasizes ensuring patient satisfaction as a means of secondary prevention of maternal mortality, since satisfied women may be more likely to adhere to health providers' recommendations (2).

Therefore evidence is needed to determine women's satisfaction with service provided by public health system and what other facilitators of women's satisfaction should be strengthened (or barriers removed) to support long-term demand and generate changes in health-seeking behavior (10).

1.2. Statement of the problem

Globally, there were an estimated 289 000 maternal deaths in 2013. The sub-Saharan Africa region alone accounted for 62% (179 000) of global deaths followed by Southern Asia at 24% (69 000). The global MMR in 2013 was 210 maternal deaths per 100 000 live births. The MMR in developing regions (230 maternal deaths per 100 000 live births) was 14 times higher than in developed regions (16 maternal deaths per 100 000 live births). Sub-Saharan Africa has the highest regional MMR (510 maternal deaths per 100 000 live births)(11).

Ethiopia is one of the ten countries that comprised 58% of the global maternal deaths reported in 2013 (13 000, 4%). In Ethiopia, MMR is estimated to be 420/100,000 live births in 2013 which is under high category of WHO MMR classification (high MMR 300–499)(11). In other words, for every 1,000 live births in Ethiopia, about four women died during pregnancy, during childbirth, or within two months of childbirth. Part of this mortality is attributed to poor quality of delivery care(12) and unhappy previous experience of institutional delivery service (13).

The fifth millennium development goal (MDG) aims to improve maternal health with a target of reducing the MMR by 75% between 1990 and 2015. While most countries or regions aspire to achieve MDG 5 by 2015, some countries will not attain this goal if current trends persist. Nineteen countries have already achieved MDG-5 by 2013, 63 countries were characterized as 'making progress' while 13 countries have made 'insufficient progress and 2 countries are having made "no progress" and are likely to miss MDG target unless accelerated interventions are put in place (11).

The Government of Ethiopia is committed to achieving MDG-5 to improve maternal health with a target of reducing maternal mortality ratio by three-quarters over the period 1990 to 2015. Accordingly, the Federal Ministry of Health (FMOH) has applied multi-pronged approaches to reducing maternal mortality and were characterized as 'making progress' by 2013 (11). Improving access to and strengthening facility-based maternal and newborn services through implementing BEmOC and improving referral systems and Health Sector Development Plan (HSDP) strategic objective are the two most approaches (14).

Despite the notable achievements of these initiatives, it appears that major problems still exist with the quality of health facility-based childbirth services in Ethiopia. Only eleven percent of births were assisted by skilled attendance by 2013 (36). On the other hand, almost nine women in every ten delivered at home. Less than 1 percent of births were assisted by health extension workers (HEW) and 57 percent of births were assisted by a relative or some other person. Twenty-eight percent of births were assisted by traditional birth attendant(TBA) while 4 percent of births were unattended(12) which was much lower than the average level in developing countries in general (59%), Sub-Saharan regions (44%), and very far from MDG target of 90% coverage (11).

Even if there is physical access to institutional delivery services, many women may not use them because of unsatisfied quality delivery care that shape mother's ability to seek delivery service. Lack of satisfaction with quality of care could be a major demotivating factor in the use of maternity care facilities. Mothers who are treated with respect, courtesy and dignity, and have trusting relationships with their care providers are more likely to be satisfied with the delivery care whereas lack of involvement in decision making and inadequate information and education about the care are associated with dissatisfaction (15). More happier childbearing mothers which might enhance further utilization of institutional delivery (16). In general, satisfaction is a major determinant of health service utilization (15).

Research shows that women's satisfaction with childbirth is partly related to the health and well-being of the mother and her baby. For example, dissatisfaction is associated with poorer postnatal psychological adjustment, a higher rate of future abortions, preference for a caesarean section, more negative feelings towards the infant and breast-feeding problems (17). Poor quality service(dissatisfied delivery service) decrease further utilization of institutional delivery and leads the mother to prefer home deliveries which are bound to be un-hygienic, unsupervised and when intervention is required it usually late (11),(12). Home deliveries have been associated with adverse infant and maternal outcomes (18).

The reasons forwarded by researchers for the higher maternal mortality, and lower coverage of skilled delivery in Ethiopia include poor quality of maternal healthcare services, women's unhappy previous experience of institutional delivery service/don't trust health facility,

poor/disgusting health care workers approach, and women's dissatisfaction with childbirth services continue to be cited as being responsible for under-utilization of facility-based childbirth services in Ethiopia (13),(19).

There have been very few facility- based studies focused on mothers satisfaction towards skilled delivery services at public health facilities in Ethiopia. Nonetheless, the assessment of mothers satisfaction in those studies constituted only a small aspect of variables and therefore impossible to provide information on key variables that are likely to influence mother's satisfaction about delivery service and none has specifically assessed their future intention to use delivery services again. Additionally, no studies are available that assess the quality of institutional delivery care provided in terms of clients' satisfaction and examining factors that influence satisfaction about delivery services in Jimma town government health facilities. By elucidating the determinant factors of mothers satisfaction about delivery services, the study will provide suggestions for better implementation of delivery services in those settings.

CHAPTER TWO: LITERATURE REVIEW

2.1 General information on satisfaction

There are a number of ways by which quality of care could be assessed, but client-centered outcomes such as satisfaction, appears to have taken center stage as the primary means of measuring the effectiveness of health care delivery. Client satisfaction with the quality of care is an important indicator that can effectively provide a good reflection of the quality of care (10). It is believed that the most important criteria of health care quality is care satisfaction (8).

Mothers' satisfaction concerning childbirth care process would be a determinant factor in family health (8) specially it is important to the women, infant's health and well-being, and mother-infant relationship. Studies reported that mother's positive perception of birth experience has been linked to positive feelings toward her infant and adaptation to the mothering role (20). In addition, maternal satisfaction with maternal care is critical to enhancing the utilization of maternal health care services and to ensure improved health outcome and indispensable for identifying areas of quality improvement in maternal care (10).

2.2. Level of delivery service satisfaction

In most studies the level of maternal satisfaction was determined depend on the dimension of care and some studies also determined the overall maternal satisfaction level. A study in Sri Lanka indicated that satisfaction rates were lower with physical environment (6.1–10.1%) and higher with outcome of care (41.0–48.0%) (21). In a study of 12,000 women delivering in United States military hospitals, less than 50 percent of respondents would recommend the military hospital to family and friends (21).

A population-based survey done on women's satisfaction with intrapartum care in Sweden, showed that 67% of the women reported satisfaction, including 20% that were fairly (average) satisfied over all dimensions of care(interpersonal care, information and involvement in decision-making and physical birth environment) and 47% that were very or fairly satisfied in various combinations. The remaining 33% reported some form of dissatisfaction. Regarding the

dissatisfaction reported by 33% of women, 15% was related to the birth environment, 8% to information and decision-making, 6% to interpersonal care and 3% to all three dimensions (22).

A study done in South Africa, levels of overall satisfaction with care balanced out all facets of mothers' experiences, emphasizing what was important to them: 11.4% of mothers were very satisfied; 39.2% were satisfied; 31.2% were neutral; 13.9% were dissatisfied; and 2.5% very dissatisfied with the services rendered at the regional hospital or its 11 referring clinics.

In a study that was done in Queen Elizabeth Central Hospital Maternity Unit in Malawi to measure women's satisfaction, it was found that the majority of women (97.3%) were satisfied with the care they received from admission through labour and delivery and the immediate postpartum period. 99.1% of respondents were satisfied with their relationship/interaction with health care provider. Less than 3% of the participants disliked delayed attendance or infrequent doctors/nurses reviews or unnecessary prolonged stay and less than 20% of the respondents dissatisfied with hygiene in the toilets and postnatal rooms (23).

A community based study conducted in Kenya among women who delivered in health facilities showed that over half (56%) of women are satisfied with delivery care. Approximately 60% of women giving birth at government hospitals responded 'very likely' to each of the two questions about how likely they would be to recommend the facility to others or to deliver there again (24).

The study done in Amhara region referral hospitals the proportion of mothers who were satisfied with delivery care was 61.9%. A facility based cross-sectional survey conducted on mothers" utilization of antenatal care and their satisfaction with delivery services in selected public health facilities of Wolaita zone, Southern Ethiopia, mothers were dissatisfied with health facility distance and access and/or cleanliness of toilet 132(36.4%), overall cleanliness of the facility (19.8%) and waiting area cleanliness and comfort (18.2%) (16).

2.3. Factors associated with delivery service satisfaction

In most studies the determinants of maternal satisfaction covered all dimensions of care. The largest determinant that evidences supporting it was interpersonal behavior. Provider behavior in terms of respect, politeness, friendliness and encouragement emerged as a predictor of maternal satisfaction with care in most studies (10).

The qualitative research and Community survey done in India revealed that seven key determinants of maternal satisfaction that particularly influence Indian women's decisions whether to deliver in institutions or at home were: interpersonal behaviors of the providers, influence of community health workers in deciding the place of delivery, accessibility of the institution, emotional support during delivery, belief in clinical care in terms of presence of skilled staff, availability of medicine, the cost of the services (10).

In a study of 12,000 women delivering in United States military hospitals, courtesy and availability of staff, confidence and trust in provider, treatment with respect and dignity, information and education, physical comfort, involvement of friends and family, continuity and transition, and involvement in decision-making were significantly associated with women's satisfaction (15).

A study in Sri Lanka, the proportion of mothers who were fully satisfied varied from 10.8% to 31.4% for interpersonal aspects, and from 10.1% to 28.9% for technical aspects of care. Mothers' satisfaction with the politeness, courtesy and respect shown by the care providers were declined. Determinants of satisfaction with delivery care included providing immediate mother–newborn contact, information after examination and counseling on family planning and the delivery care facility(21).

A population-based survey done on Women's satisfaction with intrapartum care in Sweden, emotional reactions during labour and in labour outcomes, but not in background characteristics, were statistically significantly associated with women's satisfaction (22).

A study done in South Africa, mothers scored the highest on the manner in which privacy was maintained; followed by general cleanliness of the ward; information given on baby care; and

thoroughness of examinations. Mothers were most dissatisfied with the manner that pain was relieved during labour and delivery; followed by the way in which they were involved in decision making related to their care; explanation of procedures and their condition; availability and cleanliness of linen; and cleanliness of toilets(25).

In a study of predictors of satisfaction with child birth services in Ghana, out of the nine reported four key predictor variables of women's satisfaction with delivery service were: friendliness of staff, the amount of information provided on the condition and treatment of women; the feeling of being treated with respect; and the provision of information about channels of complaint about care(26).

A community based study conducted in Kenya among women who delivered in health facilities, women's satisfaction with delivery care was associated with greater provider empathy, women with and without complications and also associated with the pregnancy having been wanted or mistimed verses unwanted, but the quality of counseling, delivery care expenditures was no longer significant (24).

The study done in Amhara region referral hospitals, women's satisfaction with delivery care was associated with wanted status of the pregnancy, immediate maternal condition after delivery, waiting time to see the health worker, availability of waiting area, care providers' measure taken to assure privacy during examinations, and amount of cost paid for service. Results also indicated that health facility related factors and health providers' characteristics were important predicators of maternal satisfaction(20). A facility based cross-sectional survey conducted in public health facilities of Wolaita zone, Southern Ethiopia, age, duration of labor and educational status were significantly associated with delivery service satisfaction (16).

Despite these few delivery service satisfaction studies which have been conducted in Ethiopia, generalizability of findings is limited due to sampling techniques. The study participants for these studies were drawn as a systematic convenience sample from mothers who delivered at health facility by specifying the study period. In addition, the care dimensions are restricted (perceived client- care provider interaction) which are key dimensions of care in client satisfaction were not included in the study.

Theoretical Framework

Theories related to patient satisfaction are psychological and experiential(4). Drawing on psychology, expectancy theories center on the patient's expectations of care, and classify expectations into different typologies. Concerns about viewing satisfaction in light of expectations are that patients' expectations can be raised or lowered without any concomitant improvements in health service delivery. Socio-demographic factors, health status and health beliefs are believed to influence individual expectation and their satisfaction ratings (4).

The second theoretical perspective on satisfaction focuses on the attributes of health care received. Proponents of this perspective measure satisfaction with different aspects of the health care quality, where these were mediated by the values of the patient. These implication is that construct of patient satisfaction covers all aspects of care quality, particularly the interpersonal processes. Patient dissatisfaction will occur where there are a cluster of small transgressions of these dimensions or a major failure in service provision (6). Although the dimensions of medical care that are studied vary based on the type of care provided, in the context of childbirth, it generally fit into Donabedian's framework of structure, process, outcome (7). The theoretical framework developed by Crow R, and the theoretical formwork of quality of care from the patients' perspective by Donabedian was used as the theoretical basis in this thesis (fig.1).

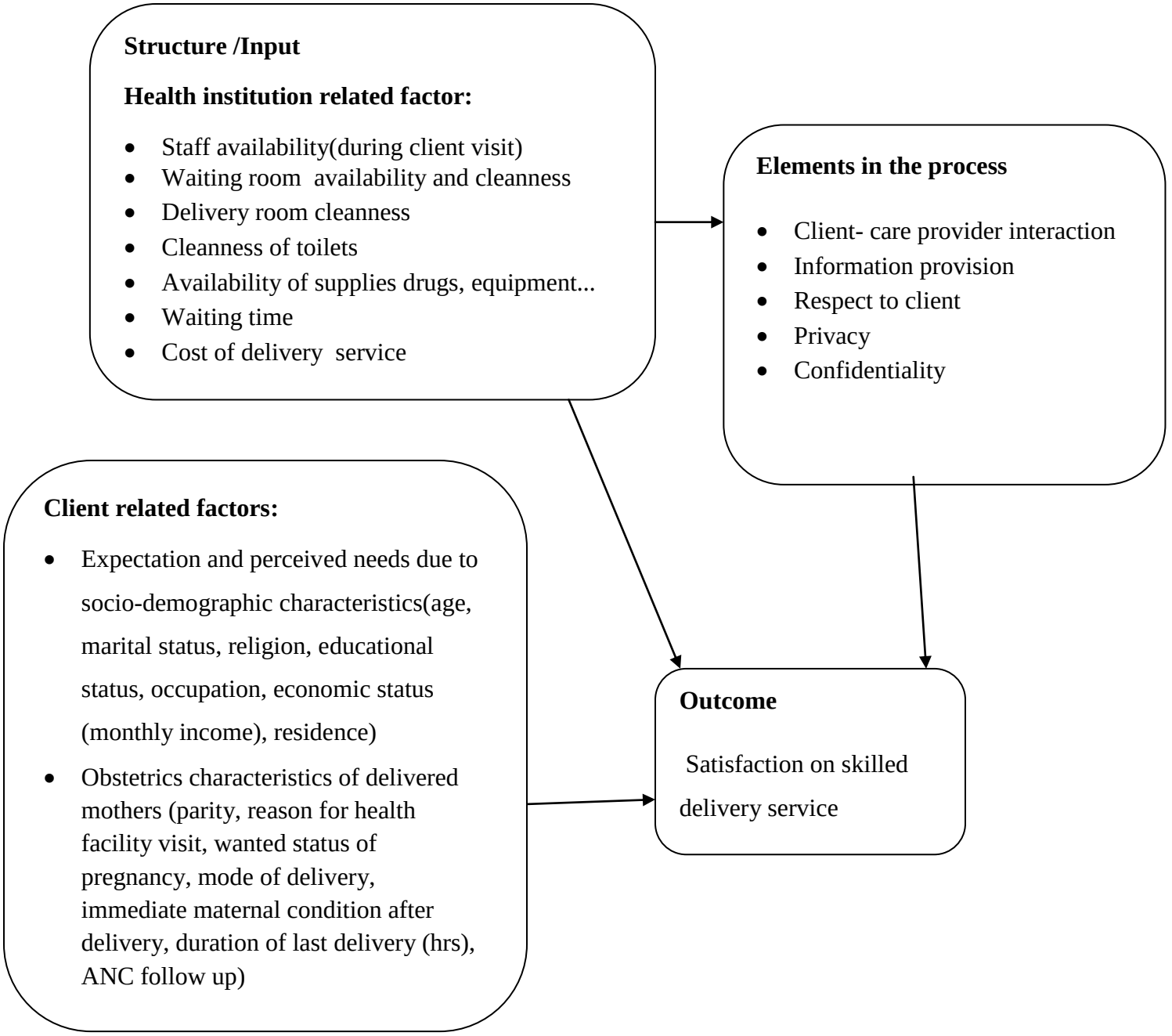

Fig.1. Donabedian's framework of structure, process, outcome from the perspective of client in three different aspects as structure/input, process, output/outcome(27)**.**

CHAPTER THREE: SIGNIFICANCE OF THE STUDY

Satisfaction and related concepts are vital in reflecting patient or user views back into the system (9). Measuring patient satisfaction has many purposes, but there are three prominent reasons to do so. Such measurements help to evaluate health care services from the patient's point of view, facilitate the identification of problem areas and help generate ideas towards resolving these problems (20). Women's satisfaction with maternity services, especially care during labour and birth, has become increasingly important to healthcare providers, managers/ administrators, and policy makers in improving the quality of maternity care and thus the experience of women and their families at this important time in their lives (21).

There have been very few facility- based studies focused on mothers satisfaction towards skilled delivery services at government health facilities in Ethiopia. Nonetheless, the assessment of mothers satisfaction in those studies constituted only a small aspect and therefore impossible to provide information on key variables that are likely to influence mother's satisfaction about delivery service received and none has specifically assessed their future intention to use delivery services again. Additionally, no studies are available that assess the quality of institutional delivery care provided in terms of clients' satisfaction and examining factors that influence satisfaction about delivery services in Jimma town government health facilities.

This study therefore were look at what mothers think about the services they get and what improvements are needed. The results from this study provide important feedback to the Jimma town government health facilities managements and health care providers. It may help the health management at a higher level in particular those looking after the health facilities in the zone to understand the extent of the problem in the health facilities and provide direction for improving skilled delivery services in Jimma town government health facilities.

It also contributes to increase knowledge and awareness of the problem areas by the government health facilities administrative bodies including the health facilities staffs. It is also hoped that the findings offer a better understanding of those aspects of delivery services that are of unacceptable quality and also constitute to show problem area of skilled delivery services dissatisfaction. In addition, the finding may be useful to other researchers as reference material while conducting further studies on similar problems.

CHAPTER FOUR: OBJECTIVES

4.1. General objective

To assess satisfaction towards skilled delivery services and associated factors among mothers who gave birth at government health facilities, Jimma town, Oromia regional state, South-West Ethiopia, 2014.

4.2. Specific objectives

1. To determine level mothers' satisfaction towards skilled delivery services who gave birth at government health facilities, Jimma town, South-West Ethiopia, 2014.
2. To identify factors associated with mothers' satisfaction towards skilled delivery services who gave birth at government health facilities, Jimma town, South-West Ethiopia, 2014.

CHAPTER FIVE: METHODS

5.1. Study area and period

The study was conducted at Jimma town government health facilities from March 5-May 10/2014. Jimma town is located 357 kms South West of Addis Ababa with a total projected population of 151,010. The town has five government health facilities(Jimma University Specialized Hospital, Shenen Gibe hospital, Jimma health centers, Higher 2 health centers and Mendera Kochi health centers).

JUSH serves teaching and referral hospital for south-western part of the country and most of the laboring mothers come from rural areas where most deliveries are attended at home. JUSH serves for a catchment population estimated to be 1.2 million people and the annual expected deliveries were 14400. In 2013 fiscal year, this specialized hospital conducted 4176 deliveries with an average monthly delivery of 346.

Shenen Gibe hospital and the health centers(Jimma HC, Higher 2 HC and Mendera Kochi HC) serves for 185940 people with 6240 annual expected deliveries. In 2013 fiscal year, Shenen Gibe hospital, Jimma HC, Higher 2 HC and Mendera Kochi HC conducted 446, 252, 228, and 122 deliveries with an average monthly delivery service of 37,21,19,11 respectively. In these five health facilities the average monthly deliveries were 434 *(Jimma town health office and JUSH).*

5.2. Study design

A facility based cross-sectional study design with both quantitative and qualitative methods of data collection were employed. The qualitative data were used to support the findings of quantitative results.

5.3. Source population

All postnatal mothers who were visiting Jimma town government health facilities for delivery service during the study period.

5.4. Study population

Quantitative

Sampled postnatal mothers who gave birth at Jimma town government health facilities during the study period.

Qualitative

Purposively selected postnatal mothers during the study period were included for in-depth interview. Mothers were selected on basis of previous facility based birth experience and based on the need of the study.

5.5. Inclusion and exclusion criteria

Inclusion criteria

All postnatal mothers who gave birth at Jimma town government health facilities**.**

Exclusion criteria

1. Those postnatal mothers who are critically sick and those with hearing problem to be interviewed were excluded.
2. Postnatal mothers with stillbirths or neonatal deaths at present pregnancy were excluded on the basis that women with stillbirth may give a misrepresented view and may affect the results of a study of this nature.

5.6. Sample size determination

The sample size for this study was determined using single population proportion formula:

$\mathbf{n} = \frac{(Z_{\alpha/2})^2 * P(1-P)}{d^2}$, with considering the following assumptions:

P = proportion of delivering mothers satisfied with hospital delivery care service as 61.9% (p = 0.619) [taken from a study on mothers' satisfaction with referral hospital delivery service in Amhara region hospitals].

$Z_{\alpha/2}$= critical value for normal distribution at 95% confidence level which equals to 1.96 (Z value at alpha=0.05).

d= margin of error to be 4% (d = 0.04).

With the above assumptions the formula yields: $\mathbf{n} = \frac{(1.96)^2 * 0.619(1-0.619)}{(0.04)^2}$ **n=567**

Since the number of average expected deliveries conducted within study period were 868 (which is less than 10000), correction formula was used as follow:

$$nc = \frac{n}{1+\frac{n}{N}} \qquad nc = \frac{567}{1+\frac{567}{868}} \qquad nc = 344$$

Adding non responses rate of 10%, a total sample size of 344+34= **378** postnatal mothers were selected. Therefore, total sample size for this study was 378 postnatal mothers who gave birth in those five government health facilities.

From reviewing the annual document of skilled delivery services provided in 2013 physical year, the average monthly deliveries in JUSH, Shenen Gibe hospital, Higher 2 HC, Jimma HC and Mendera Kochi HC were 346,37,21,19 and 11 respectively and total delivery were 434 (346+37+21+19+11=434).

Depending on the annual document of skilled delivery services provided in 2013 fiscal year, the average expected deliveries during the study period(two month) were 692,74,42,38 and 22 in JUSH, Shenen Gibe hospital, Higher 2 HC, Jimma HC and Mendera Kochi HC respectively and total delivery were 868(692+74+42+38+22=868).

The sample size for each health facilities was determined by proportionate allocation formula:

$$n_j = \frac{n}{N} N_j$$

$n_j =$ sample size of each government health facilities.

$N_j =$ number of average expected deliveries during study period in each health facilities.

n = total sample size

N = total expected deliveries during the study period.

Thus, sample size for JUSH, Shenen Gibe hospital, Higher 2 HC, Jimma HC and Mendera Kochi HC were 298,36, 17,16 and 11 respectively.

For in-depth interview 22 postnatal mothers were involved (9 from JUSH, 4 from Shenen Gibe hospital, 3 from Higher two HC, 3 from Mendera Kochi HC,3 from Jimma HC).

5.7. Sampling procedure/technique

Selection of postnatal mothers were by systematic random sampling method. The total sample was allocated proportionally to the number of average expected deliveries within two month in each government health facilities (two hospital and three health center) by reviewing annual document of average monthly deliveries attended in 2013 fiscal year. Thus, sample size for JUSH, Shenen Gibe hospital, Higher 2 HC, Jimma HC and Mendera Kochi HC were 298,36, 17,16 and 11 respectively. The sampling interval (**K**) was determined by dividing the number of average expected deliveries within two month in each health facilities by the sample size in each health facilities. Then **K=2** for each health facilities (i.e. 692/298≈2, 74/36≈2, 42/22≈2, 38/17≈2, 22/11≈2). Study participants were selected systematically i.e. from the two postnatal mothers the first postnatal mother was selected by lottery method from their order of discharge of registration and every other postnatal mothers just at the exit of the health facility after receiving delivery service were selected. Data were collected from every other postnatal mother who received delivery service in those five government health facilities for two month (from March 5-May10/2014) till the proportional sample for each facility was fulfilled (fig 2).

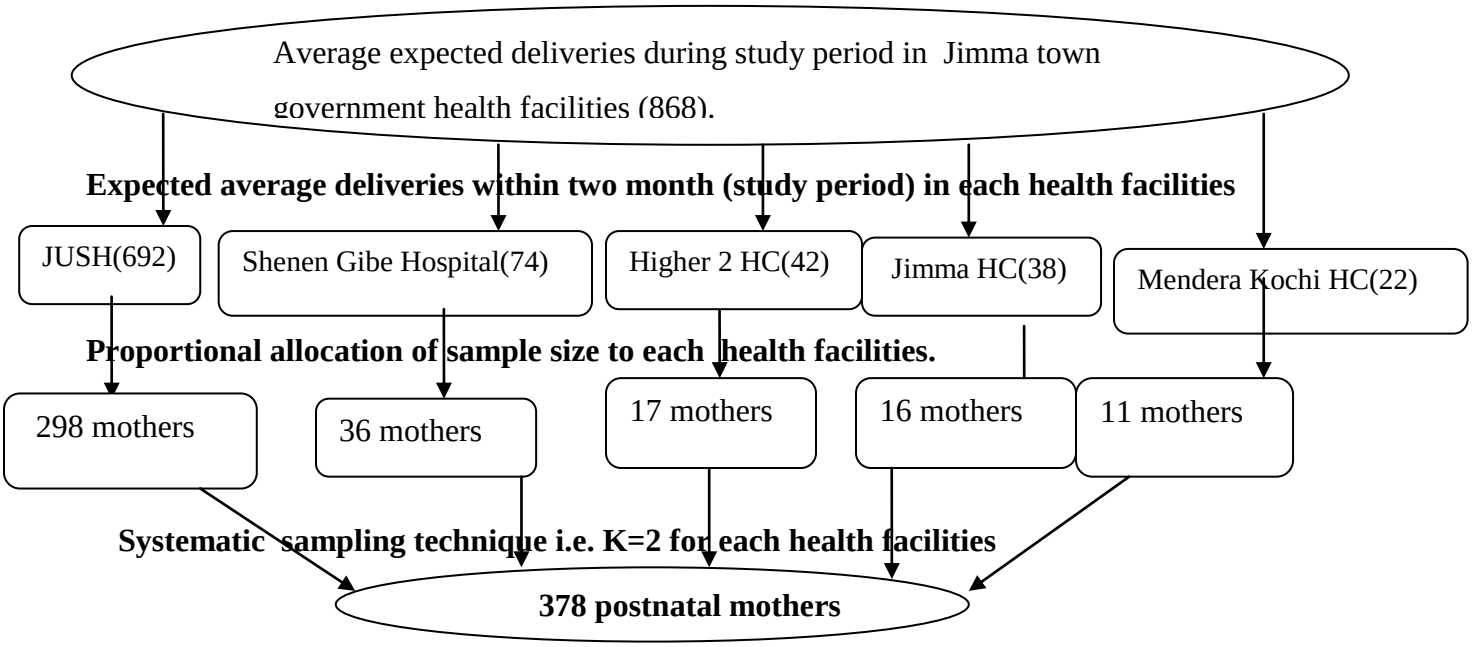

Fig. 2. Proportional allocation of sample size to each health facilities by estimating expected deliveries at Jimma town government health facilities, 2014.

For in-depth interview, postnatal mothers who were not included in quantitative study was selected purposively on basis of women who had given birth in health facility previously and based on the need of the study.

5.8. Data collection (Methods, Instruments and Procedures)

Data collection were carried out with the aid of structured, interviewer-administered questionnaires after reviewing deferent literatures which had previously been done on this topic (28),(24),(20),(29),(30). The questionnaires were also adapted from Labour and Delivery Satisfaction Index (LADSI)questionnaire, Intrapartum-Specific Quality from Patient Perspective-I(QPP-I)questionnaire, birth satisfaction scale(BSS)questionnaire, Jipi's postnatal satisfaction with nursing care questionnaires(JPSNQ) which had previously been tested and utilized to measure women's satisfaction during delivery in developing countries (31),(32),(33).

The questionnaires were comprises of 44 items(eight socio demographic characteristics questions, seven obstetrics characteristics questions, ten health institution and process aspect questions, nineteen 5-point Likert scales questions which measures satisfaction and two questions which measure satisfaction indirectly). Since the response categories for Likert scale items should have four or more categories to maximize variation(4), the outcome variable questioners are five points Likert scale with 1 and 5 indicating the lowest and highest levels of satisfaction respectively. Level of satisfaction was indicated by selecting responses ranging from

very dissatisfied=1, dissatisfied = 2, neutral=3, satisfied, =4 and very satisfied =5. These contextually adapted questionnaires were pre-tested in 5% of the sample in JUSH before the actual data collection period to make sure clarity of the questioner, after which correction of concepts and statements were made. The satisfaction scale questioners had reliability score ranging from 0.735 to 0.863 as shown below:-

Reliability score for measure of satisfaction scale

Scale	Cronbach's alpha value
Organizational aspect questions	0.735
Technical aspect questions	0.862
Overall satisfaction scale questioners	0.838

The questionnaires were translated into two local languages(Amharic and Affaan Oromo) by three independent translators who were health professionals and can speak Amharic and Affaan Oromo languages fluently and then back to English to make sure the questions are clear and to check for consistency. Finally the data collectors used either of the two local language for exit interview after discharge registration have been made for postnatal mothers. Five female nurses who were not working in the study sites were recruited for data collection based on their experience in data collection. Two BSc nurses were supervise data collection. Data collectors and supervisors were trained for one day before the actual data collection. The training was focused on understanding the research question, ethical conduct, and quality of data collection.

Qualitative data were collected though in-depth interview guide from purposively selected postnatal mothers. The data collectors were conduct the in-depth interview using guideline questions. The in-depth interview guideline includes probing questions on areas of skilled delivery service satisfaction(client-care provider interaction, information provision, respect to client and health facility related factors) to collect their suggestions regarding on satisfaction/dissatisfaction. All information's were tape recorded & field notes were taken and transcribed to texts immediately. Data were collected until saturation points of ideas have been reached. The in-depth interview guidelines were translated into Amharic and Affaan Oromo languages by three independent translators then back to English to make sure the clarity of guideline questions.

5.9. Data quality assurance

The quality of data were ensured through training of data collectors, regular supervision, immediate feedback, spot checking and reviewing each of completed questionnaires daily was carried out by the principal investigator to maintain data quality. Daily information exchange by telephone were a means used to correct problems during the course of data collection. Data collectors were those who were not working in maternity ward to minimize interviewer bias. Consent for data collection were obtained and confidentiality was assured to improve the quality of data. Data completeness were made throughout data collection, data entry and during analysis. Epi-data version 3.1 was used to cleaned up and prevent data entry errors, and then exported to SPSS version 20.0 statistical package for further analysis. The qualitative data were recorded by tape recorder to convey ideas and opinions accurately.

5.10. Data processing and Analysis

The completed questionnaires were checked for completeness by the investigator. Epi-data version 3.1 was used for data entry and to cleaned up data and then exported to SPSS version 20.0 statistical package for further analysis. Data were edited and cleaned for inconsistencies and missing value. Descriptive statistics were computed to describe the respondents by demographic characteristics, obstetric characteristics and childbirth experience within the health facility. Bi-variable and multiple logistic regression analysis were applied to see significance of association between dependent and independent variables. All independent variables which had association in bivarible analysis with p-value less than 0.25 were included in multiple logistic regression model using backward stepwise method to determine the independent predictors of satisfaction. The variables with $p<0.05$ in multiple logistic regression model were considered as significant predictors of satisfaction towards delivery service. Odds ratio was used to determine the strength of association between selected variables.

For the overall satisfaction level, a cut of point calculated using the demarcation threshold formula: {(total highest score-total lowest score)/2} + Total lowest score were used (34), (35). Since each item had 5 point Likert Scale which ranges between 1 and 5; the scores for each domain was calculated by summing the answers to all items in each domain. Then overall and

component wise level of satisfaction was classified into two categories (satisfied/dissatisfied) by the demarcation threshold formula.

Additionally, to measure overall satisfaction level indirectly respondents were asked 'how likely are you to recommend this facility for delivery care to your family or friends?' and 'how likely are you to deliver in this same facility again?'. The response categories were ‘very likely,’ ‘somewhat likely,’ neutral ‘somewhat unlikely’ and ‘very unlikely’. During analysis, the responses of ‘very likely’ and ‘somewhat likely’ will be classified as 'likely' and responses of ‘very unlikely’ and ‘unlikely’ as 'unlikely'. The response "unlikely" was considered as "dissatisfied" because unlikely responses are believed to reflect some reservation about the service received) (24).

For qualitative study, the in-depth interview were conducted in Amharic and Oromifa languages so that it was transcribed and then translated to English and back translated to Amharic and Affaan Oromo languages. Next completed transcription was compared with hand written notes to fill gaps. The data were coded as "R1"for the first interviewed mother, R2, R3....R22 for the final interviewed mother and grouped based on thematic areas (two thematic areas-health facility related and care-provider related). Concepts were extracted from themes and presented in narratives & used to support the quantitative results.

5.11. Study Variables

Dependant variable: Satisfaction towards skilled delivery service

Independent variables

- Socio-demographic characteristics postnatal mothers(age, marital status, religion, ethnicity, educational status, occupation, economic status (monthly income), residence)
- Obstetrics characteristics of postnatal mothers(parity, reason for visit, wanted status of pregnancy, mode of delivery, immediate maternal condition after delivery, duration of last delivery (hrs), ANC follow up)
- Process aspects of delivery service(Client-care provider interaction, information provision, respect to client, privacy & confidentiality).
- Health institution related factor(staff availability waiting room cleanness, delivery room cleanness, cleanness of toilets, availability of supplies(drugs, equipment...), waiting time, cost of delivery service).

5.12. Operational definitions

Delivery service: delivery care given to the mother starting from admission until discharge of the mother.

Skilled delivery: defined as a delivery that has taken place at health center or a hospital.

Satisfaction:- meeting the perceived needs and the expectations of the mothers in relation to process and health institution aspects of deliver service as measured by 5 point Likert scale questions.

Cut off point for satisfaction: − Since each item had 5 point Likert Scale which ranges between 1 and 5; the scores were calculated by summing the answers to all items. Cut of point was calculated using the demarcation threshold formula: {(total highest score-total lowest score)/2} + Total lowest score(34), (35).

Mothers overall satisfaction level:- by summing up the response of 19 satisfaction questions those who were satisfied above the cut point were categorized as satisfied and those who were satisfied less than cut point were categorized as dissatisfied (34),(35).

Waiting time: perceived time interval from arrival of the mother at the hospital/health center until first registered. The actual waiting time which is less than 30 munities.

5.13. Ethical consideration

Before data collection, the ethical approval and clearance for the study was obtained from institutional review board of Jimma university collage of public health and medical sciences. A formal letter written from Jimma university collage of public health and medical sciences, department of nursing and midwifery was submitted to JUSH and Jimma town health office then support letter was written to each respective health facilities. Permission was obtained from respective health facilities. Verbal consent were also obtained from the study participants after the purpose of the study explained. To ensure privacy and confidentiality the exit interview was conducted where questions and answers cannot be overheard. They were also informed that the information obtained from them will not be disclosed to the third person. To assure complete confidentiality other identifying information including name was not recorded on questionnaires.

5.14. Dissemination of the result

The findings of this study will be disseminated to Jimma zone health department, Jimma town health office, JUSH and to Jimma university collage of public health and medical sciences of graduate studies. The findings will also be disseminated to different organizations that will have contribution to improve maternal health service delivery in Jimma town and Jimma zone health facility. The findings may also be presented in different seminars and workshops. Finally, the thesis will be prepared for publication in journals.

CHAPTER SIX: RESULT

6.1. Characteristics of respondents

A total of 366 postnatal mothers were enrolled in the study with the response rate of 96.8%; of which 287(78.8%) were from JUSH, 35 (9.3) from Shenen Gibe hospital,17 (4.4%) from Higher 2 HC, 16(4.4%) from Jimma HC and 11(3.0%) from Mendera Kochi health center.

Socio-demographic characteristics

The average age of postnatal mothers was 25.45± 4.92 years. The largest numbers of postnatal mothers 283(77.7%) were belonging to the age group of 20-34 years. Two hundred thirty three(64%) mothers came from urban and 331(90.4%) were married. Regarding ethnic and religious distribution of respondents, the predominant ethnicities 249(68.1%) were Oromo while the dominant religion 193 (51.1%) was Muslim. With regard to mothers occupation,198(54.1%) of mothers were housewives and merchants accounting for 42(11.5%). One hundred thirty six (37.1%) of mothers attended primary education (grade 1–8) followed by those who had no education 113(31.0%). More than half of mothers, 206(56.6%) had average family monthly income between 500-1500 birr (Table 1)

Table 1. Socio demographic characteristics of postnatal mothers who gave birth at Jimma town government health facilities, South-West Ethiopia, March 5-May 10/2014.

Socio demographic variable		Number (n=366)	Percent
Age (in years)	< =20	69	18.9
	21-34	250	68.3
	35-49	47	12.8
Marital status	Married	331	90.4
	Single	19	5.2
	Divorced/Widowed	16	4.4
Religion	Muslim	187	51.1
	Orthodox	107	29.2
	Protestant	63	17.2
	Others	9	2.5

Ethnicity	Oromo	249	68.1
	Amhara	39	11.8
	Gurage	29	7.9
	Other(Yam, Kefa, Dauro,Tigre..)	45	12.3
Occupation	Housewives	97	54.1
	Merchants	42	11.5
	Government employees	38	10.4
	Private employees	38	10 .4
	Farmers	33	8.8
	Others(student...)	17	4.6
Educational status	No formal Education	113	30.9
	Primary School	136	37.7
	High School	75	20.5
	College Education	42	11.5
Residence	Urban	234	63.9
	Rural	132	36.1
Monthly family income in cash (approximately)	< 500	126	34.3
	500-1500	206	56.4
	>1500+	34	9.3

Obstetrics characteristics of postnatal mothers

Among the total studied participants, nearly half of them 182 (49.3%) had 2-5 deliveries and for 141(38.3%) of mothers this was the first delivery. Three hundred twenty one (87.7%) respondents agreed that their current delivery was wanted whereas 45(12.3%) unwanted. Half (50.5%) of mothers had four and more ANC visits and 20(5.5%) of mothers had one ANC visits. More than half of postnatal mothers 203(55.5%) had visited the health facilities for referral delivery from other health facility. Around a quarter 91(24.7%) of postnatal mothers gave birth by caesarean section and 275(75.3%) were gave birth with assisted delivery(spontaneous vaginal delivery and instrumental delivery). Two hundred sixty mothers (71.0%) stayed on labour less than 12 hours and about three fourth 278(76.1%) of mothers were normal immediately after delivery (Table 2).

Table 2. Obstetrics characteristics of postnatal mothers who gave birth at Jimma town government health facilities, South-West Ethiopia, March 5- May 10/ 2014.

Obstetrics characteristics		**Number (n=366)**	**Percent**
Parity	One	141	38.3
	Two-five	182	49.3
	More than five	43	11.4
Status of pregnancy	Wanted	321	87.7
	Unwanted	44	12.3
ANC visits	One	20	5.5
	Two	35	9.6
	Three	126	34.4
	Four and more	185	50.5
Reason for health facility visit	Planned delivery	163	44.5
	Referral delivery	203	55.5
Mode of delivery	Assisted delivery (SVD and instrumental)	275	75.3
	Caesarean section	91	24.7
Duration of last delivery (hrs)	<12	260	71.0
	12-24	89	24.3
	>24	17	4.6
Maternal condition after delivery	Normal	278	76.1
	With complication	87	23.9

Based on the result of this study, 304(83.1%) of postnatal mothers admitted in the ward with in 30 munities. Almost three fourth (74.6%) of postnatal mothers obtained free delivery service. More than half of mothers 213(58.2%) perceived that the toilet is not cleaned and almost three fourth of mothers 284(77.6%) responded that delivery room is not cleaned. Regarding care provider interaction, two hundred sixty six (72.7%) of mothers answered that staffs showed politeness, courtesy and respection to mothers. Majority 251(68.6%) of mothers perceived that their confidentiality was assured and two third 224(61.2%) of mothers responded that their privacy was maintained during examination. Concerning information provision and education service, 248(67.8%) of mothers were informed about family planning, breast feeding and baby care (Table 3).

Table 3. Dimensions of delivery service received and postnatal mothers response who gave birth at Jimma town government health facilities, South-West Ethiopia, March 5- May 10/ 2014.

Variables		Number (n=366)	Percentage
Waiting time to be admitted	<30 minutes	304	83.1
	>30 minutes	62	16.9
Payment status	Free	273	74.6
	Paid	93	25.4
Delivery room cleanness	Yes	284	77.6
	No	82	22.4
Waiting room cleanness	Yes	264	72.6
	No	102	27.4
Satisfied with cleanness of the toilets?	Yes	213	58.2
	No	153	41.8
Availability of staffs at any time you want	Yes	254	69.4
	No	112	30.6
Confidentiality assured	Yes	251	68.6
	No	115	31.4
Privacy maintained during examinations	Yes	224	61.2
	No	142	38.8
Staffs shown politeness, courtesy and respect	Yes	266	72.7
(care provider interaction)	No	100	27.3
Obtained information provision and education	Yes	248	67.8
service (e.g. FP, BF, Baby care)	No	118	32.2

6.2. Level of mothers satisfaction on delivery service

In general, two hundred eighty eight(78.7%) of postnatal mothers were satisfied and the rest 21.1% were dissatisfied with skilled delivery services. Based on component wise level of satisfaction, 304(83.5%) of postnatal mothers were satisfied with process aspect of delivery services and 248(68.1%) of mothers were satisfied with institutional aspect of delivery service. Meanwhile, dissatisfaction was higher, 116(31.9%), in institutional aspect of delivery service (Figure 3).

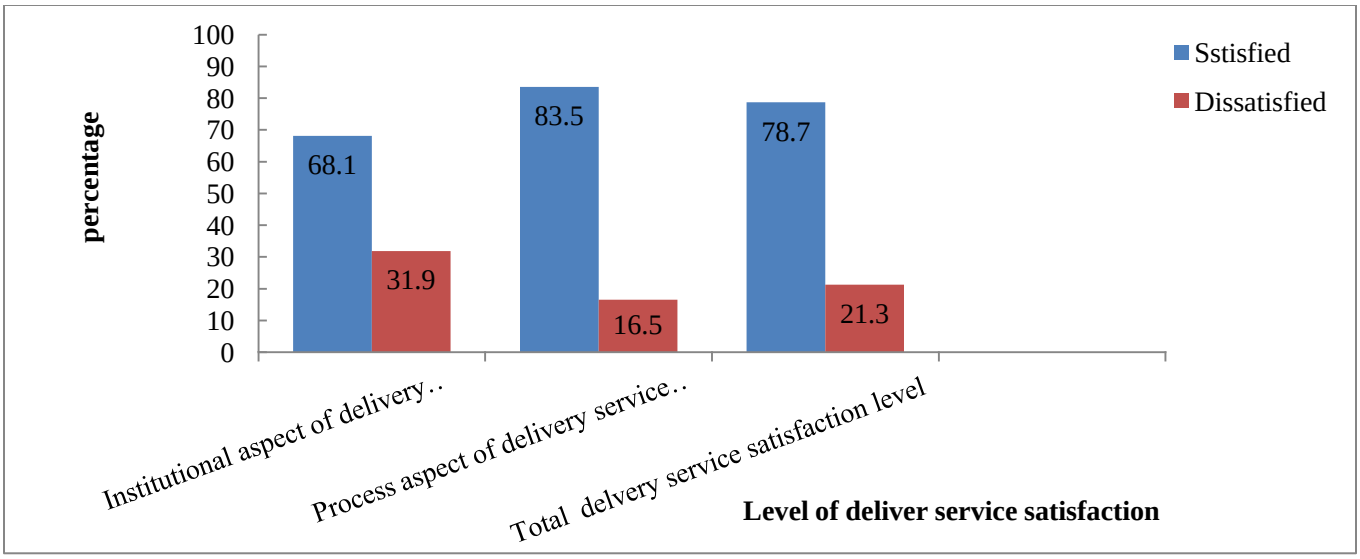

Fig. 3. Component wise level of delivery service satisfaction among postnatal mothers who gave birth at Jimma town government health facilities, South-West Ethiopia, March 5- May 10/ 2014.

In line with quantitative findings, the results from the interview also showed that many mothers were happy, while some were unhappy as the quote below illustrates:

"...I would be totally lost if they weren't here, they have really helped me"(R7 JUSH).

Another interviewed mother from Shenen Gibe Hospital said that:

'...I think staffs are just really helpful, and I could get what I want during my stay"(R3 Shenen Gibe Hospital).

However, few of the interviewed mothers reported that there is still problem in respecting clients. One participant said;

"*...Majority of staff members have good respection to mothers, but some of staffs show unexpected behavior and even insult our relatives and are still unethical…."(R17 JUSH)*

Majority of the interviewed mothers from JUSH shared the idea that they were dissatisfied with cleanness of toilets. One of the interviewed mother said that*:*

"I was not happy with toilets because there no water, was not tidy" (R2 JUSH).

Another interviewed mother from Higher 2 HC said that;

"*There is nothing bad but for me I think the toilet is somewhat faraway and not clean..."(R2 Higher 2 HC).*

Of all the interviewed, majority complained that the way privacy was maintained. One mother reported that:

> *"I didn't expect to have such type of service, no one is following delivery procedures until the end, they were frequently changed, I think they are students, and did not looking after me, and that was just not good..." (R12 JUSH).*

Another interviewed also said that:

> *"I was not happy the way privacy was maintained during physical examinations because many students were around me, so I did not feel comfort". I have been made frequent vaginal examination..."(R15 JUSH).*

Mothers were asked about the sort of information they felt they needed on discharge to home from health facility. For some mothers it was information that would help them to develop their confidence in basic practical aspects of care of their baby such as nappy changing, BF and bathing the baby. However, for few mothers a range of insufficient information were raised, as illustrated in the following:

> *"Health professionals told me how to breastfeed, but I have not told how often I do breastfeed and how often I do change the baby nappy?".*

To measure satisfaction of mothers indirectly, questions exploring the willingness of delivering mothers to recommend the health facility to family or friends, and deliver in this same health facility again were asked. From these questions 318(86.9%) of mothers responded that they are likely to recommend this health facility for delivery service to their family or friends. Regarding delivering in this same health facility again, 327(89.4%) of mothers responded that they are likely to deliver in this same facility again (Fig. 4).

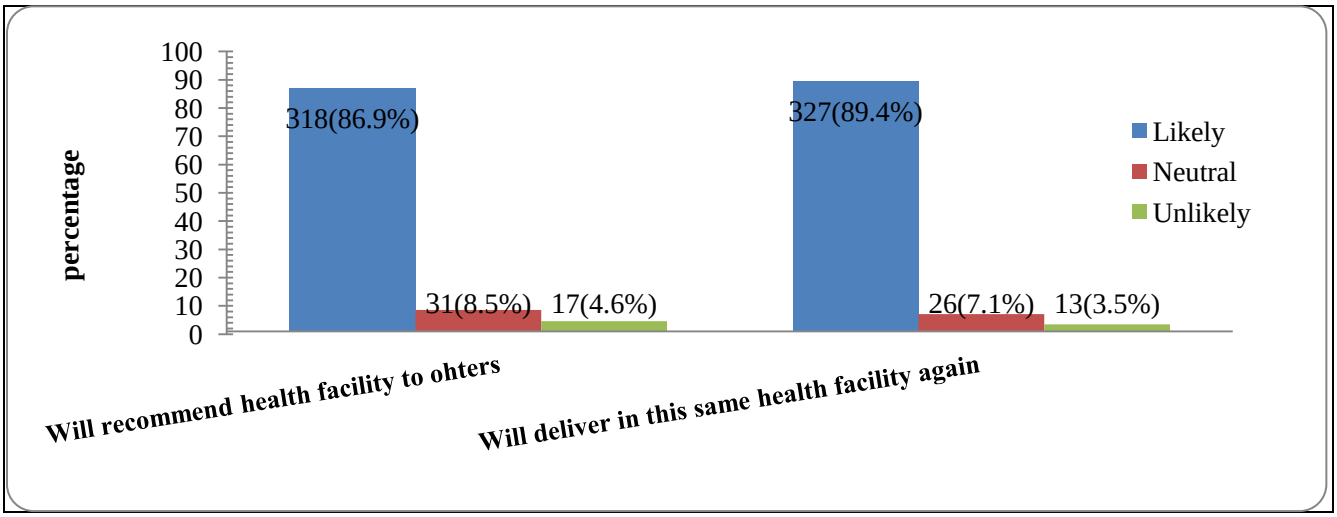

Fig.4. The responses of mothers(will recommend the facility/deliver again in the same facility?) who delivered at Jimma town health facilities, South-West Ethiopia, March 5- May 10/ 2014.

6.3. Factors associated with delivery service satisfaction

The results from binary logistic analyses showed that there were no association between sociodemographic characteristics, parity, duration of last delivery(hrs), ANC follow up, waiting time to be admitted, availability of staffs at any time, waiting room cleanness and delivery room cleanness with level of mothers satisfaction(i.e. p-value>0.25). However, there were relationship between residence, reason for health facility visit, status of pregnancy, mode of delivery, maternal condition after delivery, payment status, cleanness of toilets, delivery room cleanness, information provision, privacy maintained by health staff, being treated with respect and confidentiality with level of mothers satisfaction towards skilled delivery service (p-value< 0.25). These explanatory variables (p-value <0.25) were entered again into multiple logistic regression analysis to control confounding. Other independent variables (p-value >0.25) in the crude analysis were excluded from multiple logistic regression analysis. The independent variables with p-value <0.05 in multiple logistic regression analysis were taken as significant predictors of delivery satisfaction. The results from multiple logistic regression model showed that five influential predictors of delivery service satisfaction out of thirteen reported from crude analysis. These were the reason for health facility visit (planed delivery), payment status(free delivery service), cleanness of the toilets(cleaned), privacy maintained by the health staffs(privacy was maintained) and being treated with respect (yes)(Table 4).

The regression analysis indicated that mothers who had planned delivery were 2.5 times more likely to be satisfied than those referral delivery cases (AOR 2.5& 95% CI=1.2-5.6) and mothers who obtained free delivery service were 2.9 times more likely to be satisfied than mothers who paid for delivery service(AOR=2.9 & 95% CI=1.3-6.4). On the question of payment status of delivery service, the regression result showed that mothers who obtained free delivery service were 2.9 times more likely to be satisfied than mothers who paid for delivery service (AOR=2.9 & 95% CI=1.3-6.4). It was also observed that mothers satisfaction were affected by cleanness of toilets i.e. mothers who perceived that the toilet is cleaned were 2 times more likely to be satisfied than their counter parts (AOR=2.0& 95% CI=1.01-3.8). Moreover, mothers who felt being treated with respect were 1.7 times more likely to be satisfied than mothers who did not been respected(AOR=1.7 & 95% CI=1.1-6.8) and mothers who perceived that their privacy was maintained by health staffs were 1.5 times more likely to be satisfied than their counter parts(AOR= 1.5& 95% CI =1.9-9.5) (Table 4).

Table 4. Predicators satisfaction on multivariate analysis among mothers who gave birth at Jimma town government health facilities, South-West Ethiopia, March 5- May 10/2014.

Variable		**Satisfied n(%)**	**COR**	**AOR**	**95.0% CI**	
					Lower	Upper
Reason for health facility visit	Planned delivery*	133(90.3%)	4.026	2.500	1.118	5.588
	Referral delivery	155(68.0%)		1		
Payment status	Free*	230(84.2%)	3.289	2.864	1.273	6.440
	Paid	58(57.7%)		1		
Satisfied with cleanness of the toilets?	Yes*	166(88.1%)	4.030	2.014	1.016	3.793
	No	122(67.8%)		1		
Being treated with respect	Yes*	221(85.9%)	3.787	1.67	1.126	6.845
	No	67(61.5%)		1		
Privacy maintained by the health staff	Yes*	182(86.7%)	3.137	1.471	1.879	9.463
	No	106(67.9%)		1		

Note: *statistically significant associations in multivariate analysis ($p<0.05$). '1' reference group.

CHAPTER SEVEN- DISCUSSION

The overall proportion of mothers who were satisfied with delivery service in this study was 78.7%. This percentage is lower compared to other studies in developing countries -Malawi (97.3%)(23) and it is comparable to a study in Wolaita zone, Southern Ethiopia(82.4%) (16) but it is greater than a study in Sri Lanka 48% (21), Nairobi Kenya (56 %)(24), Sweden(67%)(22), South Africa(50.6)(25) and study done in Amhara region referral hospitals-Ethiopia(61.9%)(20). The difference could be due to subjective nature of satisfaction, and/or study period difference due to the increase in expectation of mothers to the service they are going to receive with rapid advancement in technology and it may also be a real difference in quality delivery service provided or the type of health facilities in different settings. The underlying justifications for higher mothers' satisfaction with delivery service in Ethiopia might be the focus of attentions for government of Ethiopia to reduce maternal mortality. Different polices and implementation guidelines are functional for delivery services.

The study also showed that 318(86.9%) of mothers were likely to recommend this health facility for delivery service to their family or friends and 327(89.4%) of mothers were likely to deliver in this same facility again. This percentage is higher than study conducted in Kenya in which 60% of women recommend the facility to others or to deliver there again (24) and in Amhara region referral hospitals in which 69.1% of mothers were very likely to recommend the hospital where they delivered to others and 287(68.8%) of delivering mothers are likely to deliver in the hospital where they deliver again (20). This difference suggests that the health facilities are providing an acceptable quality of delivery service and there is substantial improvement at health facilities.

The findings of this study showed that there was no relationship between most of sociodemographic variables and mothers overall level satisfaction with delivery service. This could be due to the fact that most of sociodemographic variables did not affect overall level of satisfaction; hence they did not influence mothers expectations. However, variables like the reason for health facility visit, payment status, cleanness of the toilets, privacy maintained by the health staff and being treated with respect were significant predictors of satisfaction towards delivery service.

This finding indicates that mothers who had planned delivery were 2.5 times more likely to be satisfied than those referral delivery cases. Mothers who had planned delivery might have high faith on the service as they were received during their last pregnancy and this contribute to their satisfaction with care. On the other hand, if mothers with referral delivery expect pleasant delivery service but had an unpleasant one, then they might be dissatisfied.

In this study, mothers who obtained free delivery service were 2.9 times more likely to be satisfied than mothers who paid for delivery service. This result is similar with the study done in India; in which the cost of the services were one of the seven key determinants of delivery care(10) and Amhara region referral hospitals (20). This might be mothers expectation on cost of delivery service & the application of cost exempted service of delivery service in health facility.

A study done in South Africa, general cleanliness of the ward and condition of toilets were indeed areas requiring serious attention needing most urgent improvements (25). Similarly, in this study the investigator found that mothers who perceived that the toilet is cleaned were 2 times more likely to be satisfied than their counter parts. This reflects there is poor cleanness of toilets which should be improved.

Moreover, mothers who felt being treated with respect were 1.7 times more likely to be satisfied than mothers who did not been respected. This is clearly consistent with the findings of United States military hospitals(15), India(10), Ghana(26) and Nairobi Kenya (24). Thus, this findings further strengthens the argument that interpersonal relationships including being treated with respect constitute an essential determinant of mothers satisfaction. If caregivers give respection to mothers, then they were satisfied with delivery service even when other factors were not addressed. If a positive caregiver attitude was attained, mothers found the health facility safe enough to deliver again and attracts mothers to deliver at health facility. Similarly, the same result was obtained from the in-depth interview in which there are still problems with courtesy and respect by some health staffs.

During providing of delivery services, respect for privacy is one of the aspects in which mothers were most satisfied. In this finding mothers who perceived that their privacy was maintained by health staffs were 1.5 times more likely to be satisfied than their counter parts. This finding agree

with studies done in Sri Lanka(21) and in Amhara region referral hospitals in which absence of privacy were a means for dissatisfaction (20). In relation to this finding, the qualitative result also supports the presence of inadequate privacy during physical examination. This reflects there is privacy breach which made mothers dissatisfied. If the health facilities were not found to be safe enough because of inadequate privacy during physical examination, this led to mothers not to use the health facilities in future.

CHAPTER EIGHT : CONCLUSION AND RECOMMENDATION

8.1. Conclusion

In this finding, more than three fourth of postnatal mothers were satisfied towards skilled delivery services. Dissatisfaction was higher in organizational aspect of delivery service than technical aspects. This study also revealed predictors of satisfaction on skilled delivery services including planned delivery, free delivery service, perceived cleanness of toilets, perceived presence of privacy maintained by the health staff and empathetic interactions of staffs.

8.2. Recommendation

Based on the findings of this study the following recommendations were forwarded:

- ✓ Those health facilities should use screens and curtains where more than one women are delivering in the same room.
- ✓ Those health facilities also should enhance cleanliness of toilets to improve the environment of the health facilities.
- ✓ The health facilities should check curb irregularities in supplies of medications/delivery materials associated with deliveries to avoid informal payments. Thus, full application of cost exempted service should be applied for mothers coming for delivery.
- ✓ Delivery care-provider empathy should be encouraged by health facilities management bodies through in-service training to help providers improve empathetic interactions with delivering mothers.
- ✓ Finally, the investigators recommend further research be undertaken on quality of delivery services using qualitative methods.

8.3. Limitation and strength of the study

- Since the study was cross sectional, it shows only temporal relationship between variables (inability to infer causality).
- Satisfaction ratings were collected through face-to-face interviews which might be subjected to response biases.
- Mothers were not interviewed at sites away from the health facility. So, social desirability bias is also likely as the respondents were interviewed in the compound of health facility.
- Again, it should be remembered that, unless special precautions are taken, mothers may be reluctant to reveal their opinions for fear of being alienated by their attendants.
- However, interview was conducted by non-staff members of the ward to minimize response bias. The study also involved both quantitative and qualitative methods of data collections to maximize the reliability of the data collected.

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ANNEXES
Annexes 1. Questionnaires

1. English version of consent form and questionnaires

Jimma University

College of Public Health And Medical Sciences,

Department of Nursing And Midwifery

Verbal Consent Form

Sir madam Good morning/afternoon;

My name is_____. I am Master's Degree students from Jimma University. As part of my academic requirements, I am expected to conduct a research. The study is on mothers' satisfaction on delivery service in Jimma town government health facilities. Thus this interview is prepared for this purpose to get appropriate information on the topic. The information that will be obtained using this interview will be used only for research purpose and also confidentiality is assured.

Therefore, I politely request your cooperation to participate in this interview. You do have

the right not to respond at all or to withdraw in the meantime, but your input has great

value for the success of the objectives the research.

Did you agree? 1. Yes continue 2. No stop

Thank you for your cooperation!!!

Interviewer name _____ signature _____ Date_____

Code N^{o}	Questionnaire code------	Health facilities Code----	

English Version of Interviewer Administered Questionnaires

1. Instruction to the interviewer: please circle the letter in the appropriate column according to the mother's response.

Table 1. Socio demographic characteristics of postnatal mothers in Jimma town government health facilities, Oromia Regional State, South-West Ethiopia, March to April 2014.

1. Sociodemographic characteristics		
Sr.N^{o}	**Questions**	**Choices /alternatives**
1.1	Age (years)	----------
1.2	Marital status	a) Married b) Single d) Divorced e) widowed
1.3	Religion	a) Orthodox b) Protestant c) Muslim d) Others, Specify
1.4	Ethnicity	a) Oromo b) Amhara c) Tigre d) Gurage e) Other, specify-------
1.5	Educational status	a) No formal Schooling b) Primary School c) High School d) College Education
1.6	Occupation	a) Housewife b) Private Employee c) Government employee d) Student e) Farmer f) Merchant g) Others, Specify
1.7	Monthly income	----------
1.8	Residence	a) Urban b) Rural
1.9	Health facility delivery took place	a) JUSH b) Shenen Gibe hospital c) Higher 2 HC d) Jimma HC e) Menderakochi HC

Table 2. Obstetrics characteristics of postnatal mothers in Jimma town government health facilities, Oromia Region, South-West Ethiopia, March to April 2014**.**

2. Obstetrics characteristics		
Sr.N^{o}	**Questions**	**Choices /alternatives**
2.1	Parity	a) One b) Two to five c)More than five
2.2	Reason for health facility visit	a) Planned delivery b)Referral delivery
2.3	Status of pregnancy	a) Wanted b)Unwanted

2.4	Mode of delivery	a) Spontaneous vaginal delivery b) Assisted delivery c) Caesarean section
2.5	Duration of last delivery (hrs)	----------
2.6	Maternal condition after delivery	a) Normal b) With complications
2.7	ANC follow up	a) one b) two c) three d) four

Table 3. Dimensions of delivery service in Jimma town government health facilities, Oromia Regional state, South-West Ethiopia, March to April, 2014.

Sr.N^{o}	**Variables**	
2.8	What was the waiting time to be admitted	a) <30 minutes b) >30 minutes
2.9	Payment status	a) Free b) Paid
2.10	Was Delivery room cleaned?	a) Yes b) No
2.11	Was Waiting room cleaned?	a) Yes b) No
2.12	Are you satisfied with cleanness of toilets?	a) Yes b) No
2.13	Did you get the staffs at any time you want?	a) Yes b) No
2.14	Was Confidentiality assured during your stay?	a) Yes b) No
2.15	Was your Privacy maintained during examinations?	a) Yes b) No
2.16	Do you feel being treated with respect ?	a) Yes b) No
2.17	Did you obtained information provision and education service (e.g. FP, BF, Baby care) during your stay?	a) Yes b) No

2. Instruction to the interviewer; please (√) tick mark whether you are very satisfied (vs), satisfied (s), neutral(n),dissatisfied(d) very dissatisfied (vds).

Table 4. Dimensions of care affecting mothers satisfaction on delivery service in Jimma town government health facilities, Oromia Regional state, South-West Ethiopia, March to April, 2014.

3. Care dimensions						
Sr. N$_{O}$	**Part I. Health institution related factor question**	vs 1	s 2	n 3	ds 4	vds 5
3.1	How satisfied are you with the delivery room comfort?					
3.2	How satisfied are you with waiting room comfort?					
3.3	How satisfied are you with the number of staff who came into your room during labor(including medical interns for hospital)?					

3.4	How satisfied are you with delivery facilities in the ward(drugs, equipment etc.)?					
3.5	How satisfied are you with sanitary facilities (water, toilets,)?					
3.6	How satisfied are you with the access of the toilets?					
3.7	How satisfied are you with availability and cleanliness of linen?					
3.8	How satisfied are you with postnatal room comfort?					
Part II. Technical aspects of deliver service						
3.9	How satisfied are you with politeness of staff during delivery ?					
3.10	How satisfied are you with courtesy and respect shown by staff?					
3.11	How satisfied are you with providers' counseling on both you and your baby health (family planning, breast feeding, baby care)					
3.12	How satisfied are you with the staff encouragement to make decisions about how you wanted your birth to progress?					
3.13	How satisfied are you with the staffs in assisting you in keeping yourself clean &groomed?					
3.14	How satisfied are you with support of staff during delivery?					
3.15	How satisfied are you with Staffs responding your needs in a timely manner?					
3.16	How are you satisfied with the measures taken to assure confidentiality about your health problem?					
3.17	How satisfied are you with the skill of the staff in providing care to both you and your baby?					
3.18	How satisfied are you with the presence of staff throughout labour and delivery.					
3.19	How satisfied are you with the staff checked your vital signs regularly.					
3.20	How do you rate your overall level of satisfaction regarding the delivery service you received?					

Part III: Overall delivery service indirectly						
Thinking about your delivery experience/stay in this health facility,		**very likely**	**somewhat likely**	**neutral**	**Somewhat unlikely**	**very unlikely**
4.22	are you to recommend this facility for delivery care to your family or friends?					
4.23	are you to deliver in this same facility again?					

THANK YOU!!!

2. In-depth Interview Guideline and specific probing questions for qualitative data.

Jimma University

College of Public Health and Medical Sciences,

Department of Nursing And Midwifery

Good morning/afternoon.

My name is-----. I am Master's Degree students from Jimma University. As part of my academic requirements, I am expected to conduct a research. I am here to talk about how the (Name of health facility) can best serve mothers coming for delivery service. This interview will provide invaluable information to our research about mothers satisfaction on delivery services. I will be keeping a record of this interview so that I don't have to take notes. I like to follow what is being said and then go back later to review what you said again so I can accurately convey your ideas and opinions. My role is to summarize your feelings. I will not refer to any participant by name in the reports I prepare. The information will be kept confidential and used only our research. Did you agree? 1. Yes continue 2. No stop

I am very pleased you have agreed to join us today!!!

Question one: I would like to begin by asking to tell us a little about your newborn and the services you are using. **Probe for awareness and delivery services.** (Insert list of services so that you can ask about them if they are not mentioned.

Question two: When you come to the health facility do you feel like you are coming to a place that is clean and welcoming? How do you explain it?

Question three: How do you explain the skill of care provider?

Question four: How do you explain the care provider interaction(politeness, friendliness, respect, communication)?

Question five: Did you feel comfortable asking them for assistance? How do you explain it?

Question six: How do you explain the this facility(cost of service, toilet, room comfort)?

Question seven: You have told many services that the health facility provides for you. If you had to pick three that you personally think are most satisfied/dissatisfied, which three would they be? Finally, do you have any additional suggestions about delivery services?

Thank you for your cooperation!!!

3. በአማርኛ የተተረጎሙ የስምምነት ቅፅ እና ጥያቄዎች)

ጅማዩኒቨርሲቲ

የህብረተሰብ ጤና እና የህክምና ሳይንስ ኮሌጅ

የነርስ እና ሚድዋይፈሪ ትምህርት ክፍል

የእናቶችን በወሊድ አገለግሎት ላይ ያላቸዉን ደስተኝነት እና ተዛማጅ ተፅዕኖወችን **ለመጥናት የተዘጋጀ መጠይቅ**

የጥናቱ ቦታ ጅማ ከተማ

እናቴ እንደምን አደሩ/ዋሉ

እኔ ---------- አባላለሁ። የጂማ ዩኒቨርሲቲ የማስተር ተማሪ ስሆን የምረቃ ማሙያ የመመረቂያ ጥናታዊ ፅሁፍ መስራት ይጠበቅብኛል። ይህ ጥናታዊ ፅሁፍ እናቶች በወሊድ አገለግሎት ላይ ያገኙትን እርካታ /ደስተኝነት እና ተዛማጅ ተፅዕኖወች በሚል ርዕስ በጅማ ከተማ በሚገኙ የመንግስት የጤና ተቋማት ላይ የሚዳስስ ነዉ። ስለዚህ ይህ መጠይቅ የተዘጋጀዉ ለዚህ ጥናት ተገቢዉን መረጃ ለማግኘት ሲባል ነዉ። በዚህ መጠይቅ መሰረት የሚሰጡት መረጃ ለትናታዊ ፅሁፉ ብቻ የሚዉል ሲሆን ምንም አይነት መረጃ ለሌላ ወገን አሳልፎ አይሰጥም። ስለዚህ ይህን ለማድረግ እንዲተባበሩኝ በትህትና እተይቀዎታለሁ።በማንኛዉም ጊዜ መጠይቁን የማስቆም መብት አለዎት ነገር ግን እርስዎ የሚሰጡኝ መረጃ ለዚህ ጥናታዊ ፅህፍ መሳካት ትልቅ ሚና ይኖረዋል።

ይስማማሉ? 1-አዎን 2- አልስማማም

ስለትብብርዎ አመሰግናለሁ

ከተስማ ሙ ወደ ሚቀጥለው ገፅ ይለፉ።

የጠያቂዉ ስም----------ፊርማ----------ቀን----------

ኮድ ቁጥር	የጥያቄ ኮድ	**የጤና ተቋም ኮድ**	

በአማርኛ የተተረጎሙ ጥያቄዎች

***1.*ትዕዛዝ ለጠያቂዉ፡-እናቶች በሚሰጡት መልስ መሰረት ፊደሎችን በተሰጠዉ ረድፈ ላይ ይክበቡ።**

ሰንጠረዥ 1፡-በጅማ ከተማ የመንግስት ጤና ተቋማት የወለዱ እናቶችን ስነ-ማህበረሰባዊ ባህሪ ለመሙላት የተዘጋጀ ቃል መጠይቅ፤አሮሚያ ክልል፤ደቡብ-ምዕራብ ኢትዮጵያ፤ 2006 ዓ.ም።

1. ስነ-ማህበረሰባዊ ባህሪ		
ተ.ቁ	**መጠይቅ**	**ምርጫ**
1.1	እድሜ በዓመት	----------
1.2	የትዳር ሁኔታ	1. ያገባች 2. ያላገበች 3. አግብታ የፈታች ወይም ባል የሞ ተባት
1.3	ሃይማኖት	1. ኦረቶዶክስ 2. ፕሮቴስታነት 3. ሙስሊም 4. ሌለ ካለ ይገለፅ
1.4	ብሄር	1. ኦሮሞ 2.አማራ 3.ትግሬ 4.ጉራጌ 5.ሌለ ካለ ይገለፅ
1.5	የትምህርት ሁኔታ	1. መደበኛ ት/ት ያልተማረች 2. አንደኛ ደረጃ 3. ሁለተኛ ደረጃ 4. የኮሌጅ ት/ት
1.6	የሰራ ሁኔታ	1. የቤት እመቤትት 2. የግል ሰራተኛ 3. የመንግስት ሰራተኛ 4. ተማሪ 5. አረሶ አደር 6. ነጋዴ 7. ሌላ ካለ ይገለፅ
1.7	የወር ገቢ	----------
1.8	የሚኖሩበት ቦታ	1. ከተማ 2. ገጠር

ሰንጠረዥ 2፡-በጅማ ከተማ የመንግስት ጤና ተቋማት የወለዱ እናቶችን የወሊድ ሁኔታን ለመሙላት የተዘጋጀ ቃለ- መጠይቅ፤አሮሚያ ክልል፤ደቡብ-ምዕራብ ኢትዮጵያ፤ 2006 ዓ.ም።

2. የወሊድ ሁኔታ		
ተ.ቁ.	**መጠይቅ**	**ምርጫ**
2.1	የወሊድ ብዛት	1. አንድ 2. ከሁለት-አምስት 3. ከአምስት በላይ
2.2	ጤና ተቋሙ የመጣችበት ምክንያት	1. የወሊድ ቀን ስለደረሰ 2. ለሪፈራል ወሊድ
2.3	የርግዝና ሁኔታ	1. የተፈለገ እርግዘና 2. ያልተፈለገ እርግዘና
2.4	የወሊድ ሰልት	1. በራሱ ጊዜ የተወለደ 2. በባለሙያ እርዳታ የተወለደ 3. በቀዶ ጥገና የተወለደ
2.5	የምጥ የቆይታ ጊዜ በስዓት	----------
2.6	የእናት ሁኔታ ወዲያዉኑ ከወሊድ በሗላ	1. በጤንነት ላይ 2. ህመም ነበረባት
2.7	የርግዝና ክትትል	1. አንድ ጊዜ 2.ሁለት ጊዜ 3.ሶስት ጊዜ 4.አራት ጊዜ

ሰንጠረዥ 3፡-በጅማ ከተማ የመንግስት ጤና ተቋማት የወለዱ እናቶች የወሊድ አገልግሎቶችን ለመመሙላት የተዘጋጀ ቃለ-መጠይቅ፤አሮሚያ ክልል፤ደቡብ-ምዕራብ ኢትዮጵያ፤ 2006 ዓ.ም።

ተ.ቁ	**የወሊድ አገልግሎቶች**	
2.8	ሆስፒታል/ጤና ጣቢያ ከደረሽበት ጊዜ እስከ ማዋለጃ ክፍል ለመግባት በጠበቁት ጊዜ ምን ያህክል ነበር?	a) <30 ደቂቃ b) >30 ደቂቃ

2.9	የክፍያ ሁኔታ	1.ነፃ አገልገሎት 2. በክፍያ
2.10	በማዋለጃ ክፍሉ ንፅህ ነበር?	1. አዎን 2. አልነበረዉም
2.11	በመቀበያ ክፍሉ ንፅህ ነበር?	1. አዎን 2. አልነበረዉም
2.12	በመፀዳጃ ቤቱ ንፅህ ነበር?	1. አዎን 2. አልነበረዉም
2.13	ባለሙያዎቹን በፈለጉት ጊዜ ማግኘት ይችሉ ነበር?	1. አዎን 2. አልነበረዉም
2.14	ባለሙያዎቹ የእርስዎን ሚስጥር እዲጠበቅ ያደርጉ ነበር?	1. አዎን 2. አልነበረዉም
2.15	ባለሙያዎች በወሊደ ጊዜ የግል ክብርዎ እዲጠበቅ ያደረጉት ጥረት ነበር ?	1. አዎን 2. አልነበረዉም
2.16	ባለሙያዎቹ እርስዎን በማክበር ሲያገለግሎት ነበር?	1. አዎን 2. አልነበረዉም
2.17	መበቆይታዎ መነረጃና የትምህርት አገልግሎት ለምሳሌ ጡትማጥባት፤የቤተሰብ መጣኔ፤ህጸኑ እንክብካቤ....አግኝተዋል	1. አዎን 2. አልነበረዉም

2. ትዕዛዝ ለጠያቁዉ፡- እናቶች በሚሰጡት መልስ መሰረት በጣም ተደስቻለሁ (በተ)፣ ተደስቻለሁ(ተ)፣ ገለልተኛ(ገ)፣ አላስደሰተኝም(አላ)፣ በጣመ አላስገሰተኝም (በአላ) የሚሉትን መልሶች በተሰጠዉ ረድፈ ላይ (√) ምልክት ያድርጉ።

ሰንጠረዥ 4፡-በጅማ ከተማ የመንግስት ጤና ተቋማት የወለዱ እናቶች በወሊድ አገለግሎት ላይ እንድይደሰቱ የሚያደርጉ የወሊድ አገልግሎቶችን ለመሙላት የተዘጋጀ ቃለ-መጠይቅ፤ኦሮሚያ ክልል፤ደቡብ-ምዕራብ ኢትዮጵያ፤ 2006 ዓ.ም።

3. የአገልግሎት ዝርዝር						
ተ.ቁ	**ክፍል አንድ. ከጤና ተቋሙ ጋር የተያያዙ ምክንያቶች**	በተ	ተ	ገ	አላ	በአላ
3.1	በማዋለጃ ክፍሉ ምቾት ምን ያህክል ተደስተዋል/እረክተዋል?					
3.2	በመቀበያ ክፍሉ ምቾት ምን ያህክል ተደስተዋል/እረክተዋል?					
3.3	በሆስፒታል/ጤና ጣቢያ ቆይታዎ በሚኪታተሉዎት የተለያዩ የጤና ባለሙያዎች (ተመራቂ ሀኪሞችንጨምሮ) ቁጥር ምን ያህክል ተደስተዋል/እረክተዋል?					
3.4	ለወሊደ አገልግሎት በሚጠቀሙባቸዉ እቃዎች፣መሳሪያዎች፣ መደሃኒቶች ወ.ዘ.ተ ምን ያህክል ተደስተዋል/እረክተዋል?					
3.5	ለነፅህና አገልገሎት በሚዉሉ ቁሳቁሶች(ዉሃ፣መፀዳጃ ቤት፣ሳሙና ወ.ዘ.ተ)ምን ያህክል ተደስተዋል/እረክተዋል?					
3.6	በመፀዳጃቤቱ አቅርቦት ምን ያህክል ተደስተዋል/እረክተዋል?					
3.7	በመፀዳጃ ቤቱ ንፅህና ምን ያህክል ተደስተዋል/እረክተዋል?					
3.8	ከወሊድ በኃላ በረፉበት ክፍሉ ምቾት ምን ያህክል ተደስተዋል/እረክተዋል?					
ክፍል ሁለት: *ሙያዊ የወሊድ አገልግሎት ዝርዝሮች*						
3.9	በጤና ባለሙያዎቹ በሚያሳዩት ርህራሄ፣ክብር ምን ያህክል ተደስተዋል?					

3.10	በጤና ባለሙያዎቹ በሚያሳዩት ትህትና ምን ያህክል ተደስተዋል?					
3.11	የጤና ባለሙያወቹ በሚሰጡት የምከር አገልግሎትና የጤና mekere ምን ያህክል ተደስተዋል/እረክተዋል?					
3.12	የጤና ባለሙያዎቹ ምጥዎ እርስዎ በሚፈልጉት መንገድ እንዲቀጥል ዉሳኔ እንዲሰጡ ባደረጉት ማበረታታት ምን ያህክል ተደስተዋል/እረክተዋል?					
3.13	የጤና ባለሙያዎቹ የርስዎን ንፅህና ለመጠበቅ ባደረጉት እገዛ ምን ያህክል ተደስተዋል/እረክተዋል?					
3.14	የጤና ባለሙያዎች በወሊድ ጊዜ ባደረጉለዎት ድጋፍ ምን ያህክል ተደስተዋል?					
3.15	የጤባሙያዎቹ እርስዎ የሚፈልጉትን በስዓቱ በሚሰጡት መልስ ምን ያህክል ተደስተዋል/እረክተዋል?					
3.16	የጤና ባለማየወች የርስዎን የጤና ችግር ለሌላ ወገን ላለመስጠት(ሚስጥረ) ለመጠበቅ ባደረጉት ጥረት ምን ያህክል ተደስተዋል/እረክተዋል?					
3.17	የጤና ባለሙቹ ለህፃንዎና ለርስዎ በሚያደርጉት የጤና እንክብካቤ ችሎታ ምን ያህክል ተደስተዋል/እረክተዋል?					
3.18	ባለሙያዎቹ ምጥዎ ከጀመረበት እስከ ወለዱበት ሳይለዮት ባደረጉት እንክብካቤ ምን ያህክል ተደስተዋል/እረክተዋል?					
3,19	ባለሙያዎቹ በተከታታይ ዋነዋና የጤና መርጀዎችን በመለካትባደረጉት እንክብካቤ ምን ያህክል ተደስተዋል/እረክተዋል?					
3.20	በአጠቃላይ የተሰጠዎን የወሊድ አገልግሎት በደረጃ እንዴት ያስቀመጡታል?					

ክፍፍል ሦስት፡ አጠቃላይ በወሊድ አገልግሎት መደስተሰቸዉን በተዘዋዋሪ ለመለካት

የተደረገልዎትን የወሊደ አገልግሎት በማስታወስ		በጣም አደርጋለሁ	በመጠኑ አደርጋለሁ	ገለል ተኛ	በመጠኑ አላደርግም	በጣም አላደርግም
4.22	ከዚህ የጤና ተቋም ቤተሰብዎን ወይንም ጓደኛዎን የወሊድ አገልግሎት እንዲያገኙ የገፋፉሉ?					
4.23	ወደፊት የሚወልዱ ከሆነ ከዚህ የጤና ተቋም መተዉ የወልዳሉ?					

አመሰግናለሁ!!!

4. In-depth Interview Guideline and questions for qualitative data (በአማርኛ የተተረጎሙ).

ጅማዩኒቨርሲቲ

የህብረተሰብ ጤና እና የህክምና ሳይንስ ኮሌጅ

የነርስ እና ሚድዋይፈሪ ትምህርት ክፍል

እንደምን አደሩ/ዋሉ::

እኔ ----------እባላለሁ:: የጂማ ዩኒቨርሲቴ የማስተር ተማሪ ስሆን የምረቃ ማሙያ የመመረቂያ ጥናታዊ ፅሁፍ መስራት ይጠበቅብኛል። ይህ ጥናታዊ ፅሁፍ የእናቶችን በወሊድ አገለግሎት ላይ ያገኙትን እርካታ/ደስተኝነት እና ተዛማጅ ተፅዕኖወችን የሚዳስስ ነዉ። ::አሁን እኔ የምጠይቀዎት ይህ ጤና ተቋም ለዎሊድ የሚመጡ እናቶችን እንዴት አገልግሎት እንደሚሰጥ ነዉ:: ይህ ጥናታዊ ፅሁፍ እናቶች በወሊድ አገለግሎት ላይ ያገኙትን እርካታ ለመዳሰስ ጠቃሚ መረጃ ይሰጣል:: የሚሰጡትን መረጃ በትክክል እየተከታተልኩ በመቅረፀ-ድምፅ ስለምወስድ ከመጠይቁ በኃላ የሚሰጡኝን ሃሳብ እና አስተያየት እወስዳልሁ:: እኔ የሚሰጡኝን ሃሳብ ብቻ እወስዳለሁ::በዚህ መጠይቅ መሰረት የሚሰጡት መረጃ ለጥናታዊ ፅሁፉ ብቻ የሚዉል ሲሆን በመረጃዉ ላይ ስም አይጠቀስም፤ለልላ ለሶስተኛ ወገንም አይሰጥም::

ቃለ- መጠይቁን ለማድረድ ስለተስማሙ አመሰግናለሁ::

<u>ጥያቄ አንድ፡</u> ህፃኑ እንዴት ነዉ? ያገኙትስ የወሊድ አገልግሎት ምን ይመስል ነበር?(የወሊድ አገልግሎቶችን መጥቀስ ካለቻሉ ዝርዝሮች ይጠቀሱላቸዉ)

<u>ጥያቄ ሁለት፡</u> ከዚህ ጤና ተቋም ሲመጡ ጥሩና ደስ የሚል ስሜት ይሰማዎት ነበር

<u>ጥያቄ ሶስት፡</u> የጤና ባለሙቹ ለርስዎ ያደርጉትን እንክብካቤ እና ችሎታን እንዴት ይገልፀታል?

<u>ጥያቄ አራት፡</u> የጤና ባለሙያወቹን የሚያሳዩትን ትህትና፣ርህራሄ፣ክብር፤ ከርስዎ ጋር የሚያደርጉት መግባባትን እንዴት ይገልፀታል?

<u>ጥያቄ አምስት፡</u> የጤና ባለሙያወቹን እርስዎ የሚፈልጉትን እንዲያደርጉልዎ ለመጠየቅ አየፈሩም ነበር እንዴትስ ይገልፀታል?

<u>ጥያቄ ስድስት፡</u> የጤና ተቃሙን እና የወሊድ አገልግሎቱን (ክፍያ, መፀዳጃ ቤት፣በማዋለጃ ክፍሉ ንፅህና, ምቾት እንዴት ይገልፀታል)?

<u>ጥያቄ ሰባት፡</u> እርስዎ ብዙ አገልግሎቶችን ጠቅሰዋል ከጠቀሱት ዉስጥ ሶስት በጣም የረኩበትወይም የተከፉበት ካለ ቢጠቅሱለኝ? ሌላ የሚጨምሩት ነገር ካለ?

ስለ ትብብርዎ አመሰግናልሉ::

5. Guucha Eeyyamaa Fi Gaaffilee Afaanin Gaafataman Afaan Oromootiin

Yuniversiitii Jimmaatti

Kollejjii Fayya Hawaasaa Fi Saayinsii Meedikaala,

Muummee Midwaayferii fi Nursii.

Eyyama Barreffama

Ayoo/adde ; ***Akkam jirtuu, Nagaa kessanii***

Ani maqaan koo_____ Ani yuniversitii Jimmaatti digirii lammafan barachaa jira.Akka qaama barnootaa kennamutti, waggaa dhumaa ebbifamuuf qorannoo gaggeessun qaba.kanaafuu mata dureen qorannoo kootii haala dhiibaa fi hariiro akasumas gamachuu tajaajila da'umissa haadhotaa qorachuuf gafii dhiyaate irratti xiyyeeffata.Qoranoon kun mana yaala motumma magala jimmaa argaman iratti ademisifama. Sababii kaanaf gaaffilee muuraasa Kan dhimma kana illaalan siingafachuun barbaada. Bu'aan qoraanoo kanas tajaajila fayyaa haadhotaa amma keenama jiruu foyyeesudhaaf ni fayyada. Deebin isiin kennitan fedhii keessanin ala eenyumattuu hin himamu. Akkasumas maqaan fi eenyumaan keessan asirratti hinkatabamu/ hinibsamu. Hirmaannaan keessan fedhii irrati kan hunda'eedha. Yaadnii isiin keennitan Kun tajaajila fayyaa haadholee isin argatan irraati dhiibbaa hin qabu waan ta'eef hin sodaatina. Yeroo barbaaddanitti gaaffii fi deebii kana dhaabu/dhissuu ni dandessu. Gaafii fi deebiin qorannoo Kun daqiiqqa 10 fudhachuu danda'a. Nii hirmmattu jadhee abdii qaba.Illaalchi isin qabdan baay'issee na fayyada.

Yaada kessan laachuuf/kennuuf fedhii qabduu? 1. Eyyee 2.Lakki

Deebiin keessan 'eeyyee' yoo ta'e itti fuufaa,' lakki' yoo ta'e addaan kutaa/ dhaabaa.

Maqaa gaaffii gaafaataa_____mallaattoo_____guyyaa_____

Code N^{o}	Questionnaire code------	Health facilities Code----	

I . Deebii haadholii irrraa argamu irratti hunda'uudhaan isa sirrii ta'e irratti marsi.

Gabatee 1: Odeefannoo Hawaasumaafi Haala Ummataa Gaafatamanii da'umissa hadhawaani dhabilee tajajilaa fayaa motuumma magalaa jimma naannoo Orommiyaa kibba Dhiha Ethiopiaa,2014.

1. Gaaffiiwwan		
Lakk.		Filannoowwan
1.1	Umriin kee meqaa	----------
1.2	Haala Heerumaa	a) Kan Heerumte b) kan Hin heerumne c) Kan hiktee d) kan ja;aa du'e
1.3	Amantaa	a) Orthodoksii b) Prootestaantii c) Musliima d) Kan biroo yoo jiraate --
41.	Sabni kee maali?	a) Oromoo b) Amaaraa c) Tigree d)Guragee e) Kan biroo yoo ta'e ibsi----------
1.5	Sadarkaa barumsa keetii	a) Hin barannee b) Sadarkaa tokkoffaa c) Sadarkaa lammaffaa d) Sadarka (kolejii,digirii fi isa oli)
1.6	Hojiin kee maali?	a) Hadha Manaa b) Hojjettuu Dhabbata Dhuunfaa c) Hojeetu Motuumaa d) Barattuu. e) Qootee Bulaa f) Daldaaltu. g) Kan birroo yoo ta'e ibsi --- -----
1.7	Galii ji'aan	----------
1.8	Bakka jireynaa	a) Magalaa b) Badiyyaa

Gabatee 2:Gaaffilee haala Kununsa hadholiidhaaf da'umissa booda kennamu ilaallatan dhabilee tajajilaa fayaa motuumma magalaa jimma nannoo Orommiyaa Dh'ia kibba Ethiopiaa ,2014.

2. Haala da'umssa booda		
Sr.no		Fillanoo
2.1	ijoollee meeqa deesse?	a) Tokko b) Lamaa-sadii c) Shaani oli
2.2	Sababa daawwannaa hoospitaalaa	a) Karoora da'umsaatiif b) Riiferiidhaan
2.3	Feedhii ulffaa'uu	a) Fedhiidhaan b) Fedhii koo malee dha

2.4	Akaamitti deese	a) Akkasumatti /rakkoo malee b) Gargarssa meshaatini c) Garaa bakqaaksaniiti
2.5	Ciniinsuun hagam sirra ture (sa'atiidhaan)	----------
2.6	Yeroo dhuma sanaa haali haadha daumisaa booda mali fakaata?	a) Siriidha b) Rakoo wajinii
2.7	Hordooffiin daa'umisa duraa kee meeqa?	a) Tokko b) Laama c) Saadii d) afuuri

Table 3. Dimensions of delivery service in Jimma town government health facilities, Oromia Regional state, South-West Ethiopia, March to April, 2014.

Sr.Nº	**Variables**	
2.8	Yeroo mooraa dhaabilee fayyaa seentee eegalee hanga galmee mana/ kutaa da'umsaattii hammam siti fudhate?	a) <30 daqiqa b) >30 daqiqa
2.9	Haala Baasii tajaajila da'umsaa	a) Tajaajila tolaa b) Kanfaltidhaan/qarshiidhaan
2.10	Kutaan da'umsaa qulqulludhaa?	a) eyyee b) miti
2.11	Kutaan yeroof kessa turaan qulqulludhaa?	a) eyyee b) miti
2.12	Hammam gamadee tajaaila dhuunfaa kanneen akka mana fincaani, bishaani fi kan birootti)?	a) eyyee b) miti
2.13	Hammam gamade yeroo barbaddetti hojjetota argachuutii?	a) eyyee b) miti
2.14	Was Confidentiality assured during your stay?	a) eyyee b) miti
2.15	Hammam gamade raawii hiciiti faayaan eeguu waliin qabate irrati ?	a) eyyee b) miti
2.16	kabajaa dhosika qaani dhuunfaafi qabanuuti hammami gamadee ?	a) eyyee b) miti
2.17	Hojeetota kutaa kanaati hamam itti gammada; daandeetii hubanoo tajaajila sii fi da'ima keetif godhaamu irratti(e.g. FP, BF, Baby care)?	a) eyyee b) miti

2 . Gaffilee armaan gadiitti gafataman isa sirrii ta'etii (√) tassis baay'ee gammadeera(Vs), Gammadeera(S), giddugala(N), Hingammadne(Ds), Baay'ee hin gammadne(Vds).

Gabatee 4: Safartuu kunuunisa fi dhibbaa haadhawaan gamachuu tajaajilaa yeroo da'umisaa dhabilee tajajilaa fayaa motuumma magalaa jimma nannoo Orommiyaa Dh'ia- kibba Ethiopiaa ,2014.

3. Bayiina gaafi/safaartuu kunuunisa						
Lakk.	**Garee I: Sabaaba dhaabilee fayaan wali qabataani**	Vs 1	S 2	N 3	Ds 4	Vds 5
3.1	Haala qulqullina kutaa/ bakka turtii(waiting room cleanness)?					
3.2	Haala itti tolumsa kutaa/ bakka turtii(waiting room comfort) iasaa?					
3.3	Hammamigamadee quliqulina kutaa da'umsaatti?					
3.4	Hammam gamadee tolumisa kutaa da'umsaatti ?					
3.5	Hamaam gamadde gurmaa'ina wantotaa kuta da'umsaa kanati (qoricha, meshaa, …)?					
3.6	Bayiina mana fincaani kutaa kantii hammam gamade?					
3.7	Quliqulina mana ficani kanatti hamaam gamadee ?					
3.8	How satisfied are you with postnatal room comfort?					
Garee II. Garee tajaajila teekinila daa'umissa						
3.9	Hojeetoota kutaa kanatii kenna kabajaa dhosika qaani dhuunfaafi qabanuuti hammami gamadee ?					
3.10	Hojeetota kutaa kanaati kabajaa, namaafi dhimmamu , namafi yaadu isaaniti angami gamade ?					
3.11	Hojeetota kutaa kanaati kenna odeefanoo fayyaafii ,barumisa da'umisa boodati hangam gamadee?					
3.12	Hojeetota kutaa kanaati jajabina fi cimmina yeroo da'umsaa namaa kennaniti hangam gamadee?					
3.13	Hojeetota kutaa kanaati gargarisa quliqulina eguu kenanitti hangami gamad?					
3.14	Hojeetota kutaa kanaati garigarisa yeroo da'umisaa keenanuti hangam gamade?					
3.15	Hojeetota kutaa kanaati feedhi kee yeerodhan debissurati hagam gamade?					
3.16	Hammam gamade raawii hiciiti faayaan eeguu waliin qabate irrati ?					
3.17	Hojeetota kutaa kanaati hamam itti gammada; daandeetii hubanoo tajaajila sii fi da'ima keetif godhaamu irratti?					
3.18	.hamam itti gammade hojetota fayya as kessatti cininsu keraa kasee hang a da'umsatti?					
3.19	Hamam itti gammade yero yerooti si qorachhu isaanitti?					
3.21	Walumaa galati tajaajila siif raawatamee/kenname yoo sadaarkaan keesu itti gamaduu kee akkamitii ibsita?					

Garee III. Walumaa galati tajaajiila da’umisa kalatiin alatti						
	Muxanoo kee yoo yaanu	Baay'ee nan gorsa	Xiqqo nan gorsa	Hinmurt essu	Xiqqo hin gorsa	Bay'ee hin gorsu
4.22	Maatin ykn hiriyaan kee akka asiitti kunuunsaafi tajaaijila da’umisa akka argatan in gorsitaa ?					
4.23	Yeroo biraa asiiti dhuftee ni deessaa?					

Galatoomaa !!

6. Yuniversiitii Jimmaatti Kollejjii Fayya Hawaasaa Fi Saayinsii Meedikaala, Muummee Midwaayferii fi Nursii.

Qaabbiyyee gaffii gad-fageenyaa

Gaffii 1. Jalqabaarratti waa'ee daa'iimaa keessani fi garqarsaa inni argachaa jiru maal akkaa fakkatu osoo naaf ibsitani nati tola? waa'ee hubanno fi garqarsa da'uumsa akka siif ibsan carra kennif

Gaffii 2. Yeroo garaa golaa/kutaa da'uumsa dhuftan qulqullinni naanno sana fi gamaachuun isin simaachu isaanii maal fakkaata?

Gaffii 3.Muxanno fi dandeetti ogeessa fayya hangam isin gammachiise?

Gaffii 4.Hariiro nama isin garqaruu hangam isin gamaachiseerra?(Simanna, hirriyumma, kabajaa fi hassa'an)

Gaffii 5. Hojjatoota achitti isin garqaran fi da'iimman keessan irra hangaam gammadan yookin quftan?

Gaffii 6. Baayi'inna hojjatoota achii keesaatti hangam gammadan yeroo hordoffirra turtan, gatii da'uumsaa, mana fincaanii fi eddoo yaala itti fudhattan ykn kutaa qormaata?

Gaffii 7. Mana yaala garqarsaa baay'ee akka isinif kennu dhaggeettanirtu, qarqarsaa kannen keessa yeroo carra isinif kennan, qarqarsi akka garitti isin gamachisee yookin isin gadisisee isaa kaam jeettan? Dhumarratti waanti dabalatan jechu barbadan jira?

Galatoomaa !!

ASSURANCE OF PRINCIPAL INVESTIGATOR

The undersigned agrees to accept responsibility for the scientific ethical and technical conduct of the research project and for provision of required progress reports as per terms and conditions of the College of Public Health and Medical Sciences**,** Department of Nursing and Midwifery in effect at the time of grant is forwarded as the result of this application.

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