Client Satisfaction with Delivery Service in Debre Markos Referral Hospital, Amhara Region, North Ethiopia

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Abstract

Background: Mother's satisfaction with delivery service is a means of secondary prevention of maternal mortality, since satisfied women may be more likely to adhere to health providers' recommendations .The care that a mother receives during pregnancy, delivery and soon after childbirth is crucial for her survival and well-being of the child. An increase in the number of mothers who received a satisfactory delivery service will increase the subsequence utilization of health services.

Objectives: The objective of this study was to assess the level and factors of client satisfaction with delivery service at Debre Markos Referral Hospital, Amhara Region, North Ethiopia.

Methods: The study was conducted at Debre Markos Referral Hospital using a cross-sectional study design from April to June. The total sample size for the study was 422. The sample included all clients who gave birth at the study site during the study period. A structured and pre tested questionnaire was used to collect data. Data was checked, entered and analyzed using SPSS version 16.0 for Windows. Binary and multivariate logistic regression was applied to identify the relative effect of each explanatory variable on the outcome variable. Variables which showed association in multivariate analysis was considered as final predictors of client satisfaction with delivery service.

Results: A total of 420 mothers participated in the study making a response rate of 99.5%. The overall client satisfaction level with the delivery services provided at the hospital was 87.6%. Satisfaction was reported to be higher (97.3%) with availability of drugs and supplies and the lower satisfaction report were with the cost paid for service (47.2%). Final predictors of clients satisfaction with delivery service were: fetal outcome (AOR=3.67, 95% CI: 1.65, 8.16); mother's condition immediately after delivery (AOR=2.24, 95%CI=1.22, 4.11) and feeling being treated with respect (AOR=12.95 95%CI: 4.25, 39.53).

Conclusion: This study showed that the overall level of client satisfaction with the delivery services provided at the hospital was found to be high. The lower rate of satisfaction was attributed to the total cost paid for service and diminished privacy and comfort during delivery. The hospital management should make sure that services provided be respectful to their clients and service charge to the hospital to be revised.

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List of Abbreviation

ANC- Antenatal Care

AOR- Adjusted Odd Ratio

DMRH- Debre Markos Referral Hospital

EDHS- Ethiopian Demographic and Health Survey

ETB - Ethiopian Birr

HSDP- Health Sector Development Plan

MDGs- Millennium development goals

MMR- Maternal Mortality Rate

NSNS- Newcastle Satisfaction with Nursing Scale

SPSS- Statistical Package for Social Science

SVD- Spontaneous vaginal delivery

UOGTRH-University of Gondar Teaching and Referral Hospital

WHO- World Health organization

Chapter 1: Introduction

1.1 Back ground

World Health Organization estimates that globally over half a million women of reproductive age die each year from pregnancy related complications. Almost all (99%) of these deaths occur in the developing countries, where the lifetime risk of death from pregnancy-related conditions is 1 in 16, compared with 1 in 4,000 in developed countries[1] . According to EDHS 2011, Ethiopia is one of the countries with high maternal mortality. The estimated MMR is about 676/100,000 live births [2].

Maternal deaths result from a wide range of direct and indirect causes. Maternal deaths due to direct causes account 80% of the global total. The direct cause includes hemorrhage, infection, unsafe abortion, hypertensive disorders of pregnancy, and obstructed labor. The majority of maternal deaths 61% occur in the postpartum period, and more than half of these take place within a day of delivery. Many of these deaths could be avoided if preventive measures and cares were taken during pregnancy, delivery and postpartum period [3].

Globally, it is estimated that 34% of mothers deliver with no skilled attendant. Skilled attendants assist in more than 99% of births in developed countries compared to 62% in developing countries [3]. According to EDHS 2011, in Ethiopia the proportion of birth delivered with skilled birth attendant is about 10% [2].Skilled attendance at delivery is one of the key indicators that reflects progress towards the Millennium Development Goals [1].

Client satisfaction is the level of satisfaction that clients experience after using the service. Clients or patients are the ultimate users of a hospital or health facility [4]. They expect from hospital comfort, care and cure [5]. After clients come to the hospital to get a service and experience the care and the treatment they received, they may become either satisfied or dissatisfied [6]. Human satisfaction is a complex concept that is related to a number of factors including lifestyle, past experiences, future expectations and the value of both individual and society [7].

The goal of any service organization is creation of satisfaction among customers. Perceptions of care are influenced by the expectations of the patients or clients who use the service and by actual nature of the care being received. Therefore, the care providers are the key element for patient or client satisfaction. Measuring client or patient satisfaction has become an integral part of hospital management strategies across the globe. Moreover, the quality assurance and accreditation process in most countries require that the satisfaction of clients be measured on a regular basis [8].

Mother's satisfaction with delivery service is a means of secondary prevention of maternal mortality, since satisfied women may be more likely to adhere to health providers' recommendations. The cares that a mother receives during pregnancy, delivery and soon after childbirth are crucial for her survival and well-being of the child. An increase in the number of mothers who received a satisfactory delivery service will increase the subsequent utilization of the service. It also increases the interests of others to receive the service based on positive recommendation of satisfied client's .In addition satisfaction in childbirth experience is important for mother-infant relationship [9].

1.2 Statement of the problem

Worldwide, about 536,000 women of reproductive age die each year from pregnancy related complications. These deaths were almost equally divided between Africa (251,000) and Asia (253,000), with about 4% (22,000) occurring in Latin America and the Caribbean and less than 1% (2500) in the more developed regions of the world. In terms of the maternal mortality ratio, the world figure is estimated to be 400 per 100,000 live births. By region, MMR was higher in Africa (830), followed by Asia (330) [1].

Maternal health care coverage in developing countries is still by far lower than the global targets. They are still suffering from pregnancy related complication. About 80% of all maternal deaths are resulted from direct obstetric causes; such as, post-partum hemorrhage (24%), unsafe abortion (13%), infection (15%), pre-eclampsia and eclampsia (12%) and obstructed labor (8%). Between 11% and 17% of the maternal deaths happen during delivery and 50% to 71% death occur during the postpartum period. About 45% of postpartum deaths occur during the first 24 hours of delivery. More than two thirds of post partum deaths occur during the first week. Severe

bleeding after the mother gave birth contributed to the largest proportion of maternal mortality [3].

Childbirth is a natural phenomenon; associated with risks and unforeseen complications which may result in death. A woman is not at risk of maternal death unless she becomes pregnant [11] Maternal death has an impact in the health and well-being of families, communities and the social and economic situation of the societies. When a woman dies during childbirth, her infant and her other children's survival is threatened. Evidences show that infants without mother are more likely to die within two years. Children up to 10 years of age who lost their mothers die 3 to 10 times more likely than children living with their mothers. Maternal death has also long term effects on a child's education and health. When a mother dies, older children often leave school to support their family. Children without a mother are less likely to be immunized, and are more likely to suffer from malnutrition [3].

In many developing countries, the majority of births occur without the help of a skilled attendant. Deliveries without a skilled attendant are chosen for a variety of reasons. Some of these include, distances of health facilities from residence, costs of delivery services and perceived lack of quality of care in a health facility [2].

The Ethiopian government is working hard to make hospital delivery services accessible and usable for all pregnant women. However, some of the problems and implementation gaps identified by HSDP III were: absence of twenty four hours services in most health care facilities especially in health centers; low quality of service provision (long waiting time, poor counseling service, lack of privacy); inadequate organization of hospital services to effectively handle emergencies; poor delivery room environment and poor attitude of the health workers; service inaccessibility and transportation problem [10]. Currently in Ethiopia the utilization of skilled delivery services is still low nationally as well as in Amehara region which is 10 % [2]. In-spite of low utilization of the services the level of satisfaction and factors associated with satisfaction is not well known. Knowing the levels and factors for client satisfaction is necessary to improve the service quality for subsequent utilization of services. Therefore the aim of this study was to assess the level of client satisfaction with the delivery service and factors associated with satisfaction in Amehara region, Debre Markos

Chapter II: Literature Review

2.1 Client satisfaction

Client's satisfaction is one of the desired outcomes of health care delivery system. Satisfaction is the state of pleasure with an action, event or service [4] .Satisfaction is an integral component and encompasses evaluation of quality, access and cost of the service [5] .Satisfaction is not a pre-existing condition. It is directly related with utilization of a service and perception of the outcome of care that meets client's expectations [6].

The emerging health care literature suggests that client satisfaction is an important issue that is linked with strategic decisions in the health care services. Satisfaction studies can be used for three purposes: as evaluations of the quality of care, as outcome variables and as indicators of aspects of a service need to be changed to improve client response .In addition satisfaction studies can give care providers some idea of modification of their provision of services to make their clients more satisfied [7].

Satisfaction survey assesses the non-technical aspects of quality of care; and the effectiveness of health care based on the satisfaction of a client with the services provided. Meeting client satisfaction improves the utilization of health care services .Satisfied clients most likely come back to get services when necessary and recommend the services to others.[7] Satisfaction with childbirth is important both for the woman and her infant health .Also it increases mother-infant relationship [9].

Clients have expectations when they receive health care. The degree to which these expectations are met influences clients perception of quality of care. Client's perspective has been accepted as valid, important and standard component of quality of care [11]. Mothers who were treated with respect, courtesy and dignity, and positive relationships with their care providers were more likely to be satisfied with the obstetric care [9].

2.2 Delivery service utilization

A study has shown that most of the obstetric complications cannot be predicted. However, it can be prevented and treated if women have access to appropriate health care. Most delivery outcome is directly related with the three phases of delays. One of the three delays is present in health facility, such as inadequate skilled attendants, poorly motivated staff, inadequate equipment and supplies [12]**.**

In north part of Ethiopia, Tigray regional state, a community based study was conducted to assess the determinant of skilled birth attendant utilization. The study showed that preference of institutional delivery service was related with maternal level of education, gravidity and previous obstetric history. The study showed that as gravidity increases the likelihood of using institutional delivery service decreases. Six percent of women with low parity (1-4 children) prefer HF than mothers with more than five children (1%). Mothers having previous complicated obstetric history (11%) were assisted by skilled attendant more than mothers without complication (2%). Also it was found that ANC follow up contributed for the utilization of HF delivery service (7%Vs 1%). Other contributing factors for the selection of institutional delivery included economic and transport problems, inaccessibility of health facilities, lack of maternal decision power, cultural and traditional practices [13].

Another study conducted in North Shoa zone, Amhara Region, to assess factors affecting safe delivery service utilization showed that selection of delivery place is related with location of residence of clients, income, husband educational status and maternal knowledge about danger sign during pregnancy. Mothers living in urban area were more likely to utilize delivery at HF (49%) than women in rural area (15%). Women having husbands with educational level above secondary school (48%) prefer institutional delivery than having illiterate husband (16%). Mothers who did not face problem during pregnancy were 43% less likely to utilize health facility delivery service. The same study also revealed that mothers who gave birth at health facility were more subsequent utilization the service (28%) compared to women who delivered at non institutional delivery (14%) [14].

A community-based cross-sectional comparative survey was conducted in North Gondar Administrative Zone on women who had at least one live birth in the five years preceding the

survey. The study revealed that a total of 13.5% of mothers gave birth to their last babies in health facilities. Untrained traditional birth attendants and relatives attended 76.4% of the deliveries. The reported reasons were: absence of health problems, short duration of labor, preferring the attention of relatives and trust in traditional birth attendants. Educational status of the mothers, place of residence, access to radio, monthly income, prenatal care, history of intrapartum complications and other selected obstetric behaviors of the respondents showed statistically significant association with the utilization of safe delivery services ($p<0.05$, for each factor)[15].

2.3 Delivery service satisfaction

A community based study on women satisfaction with delivery care in Nairobi's informal settlements, Kenya at private and government owned health facilities was conducted. The result showed that 56%of women were satisfied. With the same study dissatisfaction was greater among women who gave birth at government hospitals [16]. A community based study at Gossas district in Senegal showed that forty-seven per cent of mothers were satisfied with the service provided during the last delivery made within a health facility [17]. another community based cross-sectional study at Kongwa district, in Dar es Salaam showed that the main reasons for home delivery was related with the mother's more interest to deliver at home and in addition the finding showed that 53.8% of mothers were dissatisfied with the service provided at health facilities [18].

A facility based cross sectional study at Queen Elizabeth Central Hospital maternity unit in Malawi showed that the majority of women 97.3% were satisfied with the care they received from admission through labor and delivery and the immediate postpartum period [19]. A prospective matched cohort study was conducted in British Columbia to compared satisfaction among women planning midwife-attended births at home with those planning midwife-attended births in hospital. The finding showed that the overall satisfaction was higher in the homebirth group, (home birth=4.95 _ 0.20 versus hospital birth= 4.75 _ 0.53; *P* _ .001) [20]. Another study in Scotland showed that 80 % of women were satisfied at all three phases of care provision during the prenatal, in trapartum and postnatal periods [21]

In Ethiopia, A facility-based study in Amehara Region, in three public referral hospitals showed that 61.9 % of women were satisfied with the service provided. with the same study dissatisfaction of mothers were higher at UOGTRH which was 74.7% of mothers were dissatisfied with the delivery service provided [9].In Arsi zone a community -based study was conducted to assess women's satisfaction with institutional delivery .It was found that 8% of mothers who delivered their last child at health institution were not satisfied with the service they received [22]

2.4 Associated factors for delivery service satisfaction

A study done in Mampong-Ashanti district hospital ,in Ghana on mother's satisfaction with care during labor showed that mothers satisfaction was influenced by negative behaviors' of caregivers (ineffective communication, neglect and unfriendliness) such as shouting at them; ignoring them, frowning at them, belittling them, and whispering among caregivers that make clients uncomfortable. Other sources of dissatisfaction include characteristics of the hospital setting, which include the non-availability of human and material resources, such as infrastructure, staffing and financial problems. In addition, clients did not understand their hospital bills and this made them dissatisfied with the hospital because they felt they were being exploited. They were also dissatisfied with the hospital procedures such as vaginal examinations and assisted deliveries such as caesarean section [23].

another study in Ghana in two public referral hospital on prediction of satisfaction with childbirth service showed that the key predictor variable for mothers satisfaction were friendliness of staff (AOR=15.12, p=0.000); the amount of information provided on the condition and treatment of women (OR=9.3857, p=0.007) and the feeling of being treated with respect (AOR=3.5581, p=0.023) [24].

A community based study on women satisfaction with delivery care in Nairobi's informal settlements , Kenya, showed that women's satisfaction with delivery care was associated with greater provider empathy (OR ¼ 3.68, 95% CI 2.27, 5.97) and the pregnancy having been wanted (OR ¼ 2.75, 95% CI1.82, 4.14) .In the same study women delivering at private facilities in the settlement near the industrial area were more satisfied than women delivering at private facilities in the more distant and marginalized settlement (OR ¼ 2.12, 95% CI 1.45, 3.09). The

study also reviled that the association of women's satisfaction and provider empathy was stronger among women who experienced complications compared to those who did not [16].
A study done in Malawi showed that women satisfaction was based on outcome of delivery, appropriate reception during admission, having a short waiting time (less than an hour), cleanliness of health facilities and behavior of health care provider during labor [25].

A study conducted in Scotland showed that women were asked how satisfied they were with the care they received during the prenatal, in trapartum and postnatal periods. Factors which influence satisfaction levels of mothers were characteristic of the care provided and the number of care providers during delivery was some of the factors. The fewer the number of caregivers the woman had during childbirth, the more likely she satisfied with the care received. Regarding the parity of mothers no statistically significant differences occurred in the satisfaction of first-time mothers and mothers with previous children [21].

A cross-sectional study at five hospitals in Puttalam district, Sri Lanka, was carried out through exit interview. The results showed that 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. The satisfaction rates were lower with physical environment (6.1–10.1%) and higher with outcome of care (41.0–48.0%). Multivariate analyses indicated that mothers were more satisfied with the services available from lower level hospitals. Multiparae were more satisfied than primiparae. Determinants of satisfaction included providing immediate mother–newborn contact and the information provided after examination [26].
In Ethiopia, Arsi zone a community -based study was conducted to assess women's satisfaction with the delivery service. Satisfaction was related with approaches of health personnel, waiting time, privacy and perceived quality of care [2]. A facility-based study in Amehara Region in three public referral hospitals, showed that women's satisfaction with delivery care was associated with wanted status of the pregnancy (AOR=2.2,95%CI:1.2,3.93), favorable immediate maternal condition after delivery (AOR=2.1,95%CI: 1.12,3.93), short waiting time (AOR=2.9, 95%CI: 1.14,7.58), perceived availability of waiting area (AOR=6.3,95%CI:3.33,11.88), care providers measure taken to assure privacy during examinations (AOR=2.1, 95%CI: 1.13,3.83), and amount of cost paid for service (AOR=1.9 95% CI:1.15,3.60)[9].

Conceptual framework

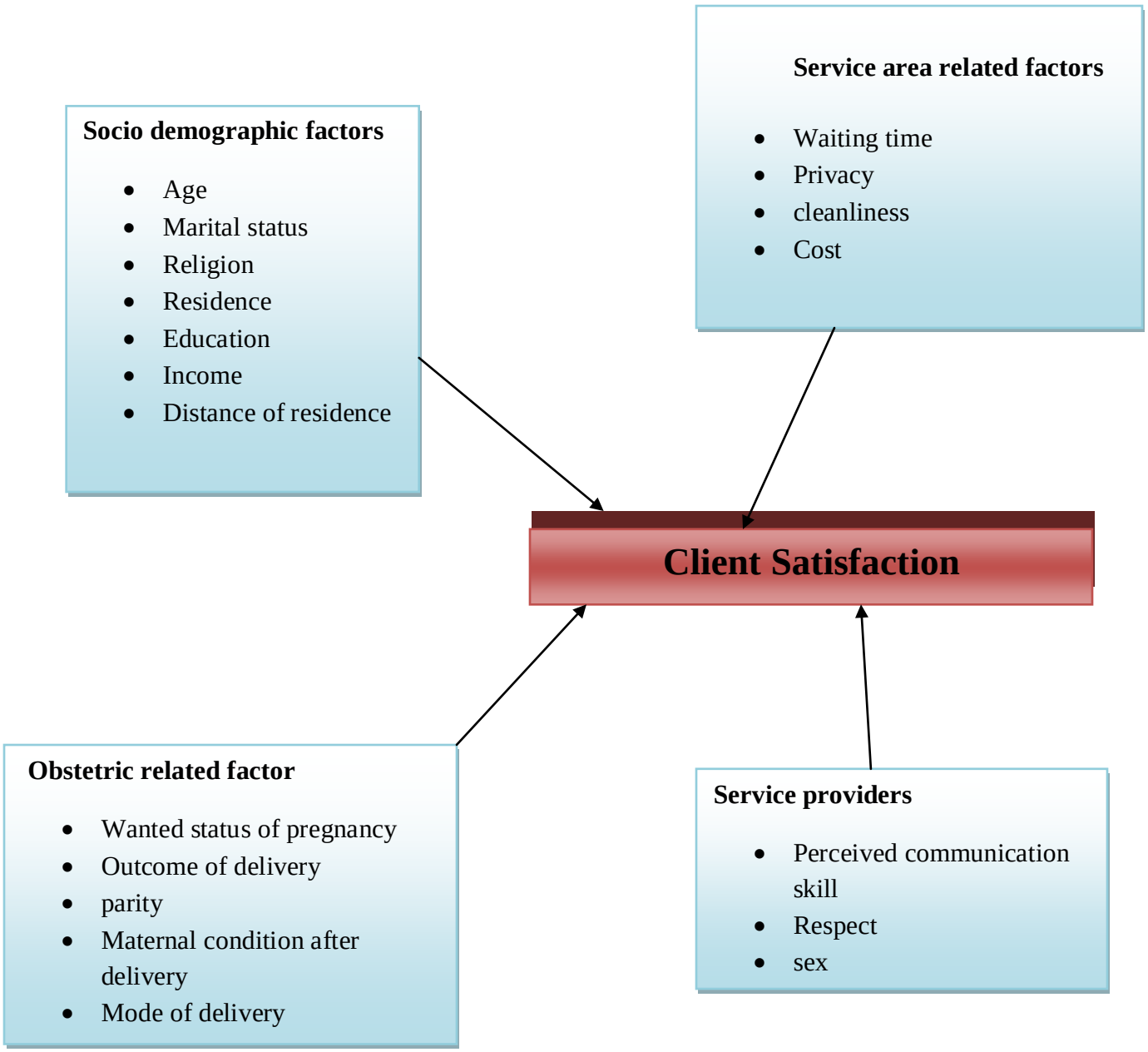

Figure 1: Conceptual framework for client satisfaction with delivery service in Debre Markos Referral Hospital, Amehara region, North Ethiopia.2012

Chapter III: Significance of the Study

Currently in Ethiopia, high maternal mortality and low coverage of skilled delivery are the two major problems [2]. Researchers have shown that client satisfaction towards delivery service is influenced by several factors. Interaction of health care providers and clients, distance of service area from residence and cost of service were found to be some of the factors that predict client satisfaction [9].

Knowledge of client satisfaction assists in the evaluation of health care services from the client's point of view. It also facilitates the identification of problem areas and generates ideas for solving the identified problems. Monitoring client satisfaction is an important and useful quality improvement tool for health care organizations.

The finding of this study will help health care providers to have an insight about their clients view towards their provision of services for better satisfaction. In addition, it will help administrators of the hospital to be aware of the client's perception of care and consequently take a decisive measure to improve the quality of service and increase the number of satisfied clients who use the service subsequently. Finally it will motivate other interested researchers to conduct more study in this area using the findings as a baseline data.

Chapter IV: Objectives of the Study

4.1. General Objective

- To assess the level of client satisfaction and factors affecting satisfaction with delivery service in Debre Markos Referral Hospital, Amhara Region, Ethiopia. From April to June 2012.

4.2 Specific Objectives

- To assess the level of client satisfaction with delivery service in Debre Markose Referral Hospital among mothers who came for childbirth.
- To assess factors affecting client satisfaction with delivery service in Debre Markose Referral Hospital among mothers who came for childbirth.

Chapter V: Methods and Materials

5.1 Study Area and period

The study was conducted at Debre Markos Referral Hospital from April to June; 2012. Debre Markos Referral Hospital is located 300km and 265 km away from the capital city of Ethiopia: Addis Ababa and Bihar Dar respectively. DMRH has more than 3.5 million a catchment population. It has 5 inpatient wards (Gynecological &Obstetric, Surgical, Medical, Pediatric and Eye unit) with 127 hospital beds. The major health services provided in the hospital are outpatient and inpatient services. The hospital has approximately 176 technical and 181administrative staff who deliver health service for peoples residing east and West Gojjam, Awi, half of Oromia (Guatsion, Fechie&Burie wolega) region. The hospital gives referral service for those who come from 104 health centers and 2 district hospitals. The delivery room has 25 beds and 5 delivery coach with three waiting and one neonatal resuscitation rooms .Delivery service is provided with one Gynecologist and 16 midwives (Six with Bsc degree and Ten with diploma level of education) .The others staffs who contribute for the service are post graduate emergency surgery student, Health officers and Nursing students from Debre Markos University and Midwifery student from Bahirdar college .On average 200 laboring mother are served in the hospital per Month.

5.2 Study Design

Facility based cross sectional study design was employed to assess client satisfaction with the delivery service

5.3 Population

5.3.1 Source population and study population

All women who came for child birth and gave birth at Debre Markos Referral Hospital during the study period were considered both source and study populations for this study.

5.3.2 Inclusion and Exclusion Criteria

Inclusion Criteria

Clients who gave birth through all type of delivery in the hospital, irrespective of the outcome of the neonate

Exclusion Criteria

Clients who were critically ill were excluded from the study.

5.4 Sample size and Sampling techniques

5.4.1 Sample size determination.

The sample size was estimated based on single population proportion (p). The formula:

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

Where *n* is sample size, *P* (proportion of clients satisfied with the services) in the study sites and d is the margin of error. The following assumptions were used. *P* was taken to be 50% (*P*=0.5) to allow maximum sample size. Allowing 5% for expected margin of error (*d*) and 95% confidence level $\left(Z_{\alpha/2} = 1.96\right)$, the required sample size *n* was 384. With 10% non-response rate the total sample size was 422.

5.4.2 Sampling techniques

All women who received delivery care in the hospital were interviewed on exit basis until the calculated sample size was met.

5.5 Study Variables

Dependant variables

- Client satisfaction with delivery service.

Independent variables

Socio-demographic descriptive variables

- Age
- Marital Status
- Educational status
- Occupation
- Religion
- In -come
- Location of residence

Obstetrics related variables

- Wanted status of pregnancy
- Outcome of delivery
- parity
- Mode of delivery
- Maternal condition after delivery

Service provider related variable

- Perceived Communication skill
- Respect
- Sex of providers

Service area related variable

- Waiting time
- Privacy
- Cost of service
- Cleanliness of health facility
- Availability of drugs and supplies

5.6. Data collection tools and measurements

5.6. 1. Data collection tools

Data were collected using a pretested and structured questionnaire adapted from Newcastle Satisfaction with Nursing Scale (NSNS).The questionnaire was adapted and modified depending on the research objective. The questionnaire which was prepared first in English was translated in to Amharic which is the local language of the area. The questionnaire had two parts.

The first part of the questionnaire were closed ended questions to address socio demographic characteristics which included (age, marital status, occupation, education, residence, religion, ethnicity and monthly house hold income) ,obstetrical history of respondent (parity, wanted status of pregnancy and mothers condition immediately after delivery), service providers(respect, communication skill) and service area related factors(distance of health facility, waiting time, cleanliness of health facility, cost of service, and drug availability), outcome of delivery (alive, stillbirth), mode of delivery (spontaneous vaginal delivery, assisted delivery, caesarean section) and delivery assisted by (female, male).

The second part of the questionnaire included 13 satisfaction questions which incorporated response on a five point Likert scale format, ranging from 'very dissatisfied' to very satisfied. Each of the response was scored as 'very dissatisfied'=1, 'dissatisfied'=2, 'neutral'=3, 'satisfied'=4 and 'very satisfied'=5. Based on the mean score, the responses were categorized into satisfied (score above mean value) and not satisfied (score below mean value).

5.6.2 Personnel recruitment and training

Four female data collectors with diploma and two supervisors with BSC both having health back ground were recruited. Both data collectors and supervisors were not working at the study site. Prior to data collection one day training was given to supervisors and data collectors by the principal investigator. The training covered the objective of the study, methods of data collection and the procedure of supervisors.

Data collection procedures

Data were collected using a structured survey questionnaire. The questionnaire was pre-tested at Feligehiwot Hospital in Bahir Dar Town. The questionnaire was administered by trained interviewer .Interviews were conducted after the clients finished their hospital discharge process.

5.7 Operational definition

- **Satisfied client**: - A woman is satisfied if she responds greater than the mean score.
- **Not satisfied**: - A women is not satisfied if she responds less than the mean score.
- **Skilled attendant**- is a professionally trained health worker usually a doctor, health officers, midwife, or nurse with the essential skills to manage normal labor and delivery.
- **Delivery service a** service provided in the hospital for women who came for child birth with all type of delivery.
- **Counseling:** is a confidential dialogue between the client and the health care service provider aimed at creating an enabling environment for the mother to cope with stress and to make personal decisions.
- **Privacy**: - The state of freedom from interference while delivery service is provided
- **Respected Client**: - greeted and called by name during giving delivery service.

5.8 Data Quality Control

Prior to data collection

The English version questionnaire was translated to Amharic. One day training on the questionnaire techniques of interviewing was given for interviewers by the principal investigator. The questionnaire was pre-tested before the actual data collection using 5% of the sample size of population in Feleghiwot Hospital, which was not a study area and had similar hospital service delivery system to the study area. The purpose of pretesting was to make sure that the respondents were able to understand the questions, to evaluate the wording and logic behind it and consequently edit and use the most applicable questions in the questionnaire.

During data collection

Data were checked for completeness by the immediate supervisors. After checking all questionnaires for consistency and completeness the supervisors submitted the completed questionnaire to the principal investigator. To crosscheck the collected data and maintain the quality of data, the principal investigator rechecked all of the completed questionnaires daily.

Data Processing, Analysis and Interpretation

The collected data was critically checked for its completeness, and then coded, edited, entered, and cleaned using SPSS version 16 for Window. Descriptive statistics such as frequency, mean, standard deviation, median, minimum and maximum of the study variables were determined by using soft ware. Bivariate and multivariate logistic regression was used to observe the effects of independent variables on the outcome variable. For the overall satisfaction level, those who were satisfied greater or equal to the mean score of satisfaction were categorized as "satisfied" and those who were less than the mean score of satisfaction were categorized as "not satisfied". First, the different independent variables were used in bivariate analysis to assess their independent effect in terms of the crude odds ratio and its 95% confidence interval (CI). Next, a multivariable logistic regression model was fitted containing all the independent variables that showed significant effect in the bivariate analysis at the 5% significance level, leading to adjusted odds ratio and their 95% confidence interval and P value less than 0.05 was used as cut off point.

5.10 Ethical Consideration

The proposal was approved and ethical clearance was obtained from the ethical committee of Jimma University College of Public Health and Medical Sciences before commencing data collection. Permission was also obtained from the concerned bodies at Debre Markos Referral Hospital. Prior to the interview, verbal consent was obtained from the study participants. The survey was anonymous and a client confidentially was assured.

5.11 Dissemination of the Results

The findings of the study will be submitted to Jimma University, College of Public Health and Medical Sciences, Department of Health Service Management. Then findings of the study will be publicly defended at Jimma University. After approval by the department, Copies of the study findings will be provided to relevant stakeholders like Zonal and Regional Health Bureau and to DMRH. An effort will be made to present the results at scientific conferences and to publish in a national or an international journal.

Chapter VI: Results

6.1 Socio-demographic Characteristics

In this study, a total of 420 mothers participated making a response rate of 99.5%. The median age of respondents was 26 years with SD of 5.6 years. The minimum age was 18 while the maximum was 45 years. One hundred nighnty one (52.6%) of the respondents came from rural areas. Over three-quarters of respondent (76.2%) were house wives followed by government employees 85 (20.2 %). The inter quartile range (50^{th}) of monthly house hold income was 900 ETB and the 25^{th} and 75^{th} quartile of monthly income was found to be 600ETB and 2000 ETB respectively. Regarding educational back ground 134(31.9%) of the respondents were with no education. Almost all, 418 (99.5%) were Amhara by ethnicity and 405 (96.4%) of respondent were Orthodox Christians by religion. The majority (95.2%) were married at the time of interview (Table 1).

Table 1: Socio-demographic Characteristics of Clients who gave birth at Debre Markos Referral Hospital Amhara region, Ethiopia, from April to June 2012(n=420).

Variable		Frequency	percent
Age	<=20	20	4.8
	21-34	331	78.8
	>34	69	16.4
Residence	Rural	221	52.6
	Urban	199	47.4
Education	No education	134	31.9
	Only read and write	86	20.5
	Grade 1-6	56	13.3
	Grade 7-12	94	22.7
	Above grade 12	40	11.9
Ethnicity	Amhara	418	99.5
	Agew	2	0.5
Religion	Muslim	9	96.4
	Protestant	6	2.1
	Orthodox	405	1.4
Occupation	Daily laborer	7	1.7
	Student	8	1.9
	Employed	85	20.2
	House wife	320	76.2
Marital status	Never married	10	2.4
	Separated	10	2.4
	Married	400	95.2
Monthly income	<=600	103	24.5
	601-900	108	25.7
	>900	209	49.8

6.2 Obstetrics characteristics of service users

In this study, it was found that one hundred sixty five (39.3%) of women had their first delivery, 213 (50.7%) women had 2-5 deliveries; and 41 (10.0%) women had more than five deliveries. About 375 (89.3%) women had a wanted pregnancy. Two hundred seventy two (64.8%) of labor was attended by male health care provider. three hundred eighty eight (92.4%) of outcome of delivery was live birth. Three hundred sixty one (86.0%) of mothers were perceived in a good health condition immediately after delivery. Two hundred seventy four (65.2%) of mothers didn't have previous institutional delivery. Regarding referral system 344(81.9%) of mothers bypass the nearby health facility and came with self request. The majority (82.6%) had one or more ANC visits regarding the mode of delivery .Regarding the mode of delivery, Vaginal delivery (SVD) was the commonest mode of delivery 216 (51.4%) followed by assisted Delivery 131(31.2%) and caesarean section 73(17.4%) (Table2)**.**

Table 2: Obstetrics Characteristics of Clients who gave birth at Debre Markose Referral Hospital Amhara region, Ethiopia, from April to June 2012(n=420)

Obstetric characteristic		Frequency	Percent
Parity	One	165	39.3
	Two-five	213	50.7
	More than five	42	10.0
Pregnancy	Wanted	375	89.3
	Unwanted	45	10.7
Fetal outcome	Live birth	388	92.4
	Still birth	32	7.6
ANC follow up	Yes	347	82.6
	No	73	17.4
Labor attended			
	Male provider	272	64.8
	Female provider	148	35.2
History of previous health facility delivery			
	Yes	146	34.8
	No	274	65.2
Mode of delivery			
	SVD	216	51.4
	Assisted Delivery	131	31.2
	C/S	73	17.4

6.3 Service area related factors

Thee fourths 288(75%) of women responded that they had a short waiting time less than25 minute before seen by health care providers. The majority 408(97.1) of the respondents got their ordered medication in the hospital pharmacy. Nearly all, 406 (96.7%) of participant paid out of pocket for the services, the average fee for delivery service was 240 birr. 124(29.5%) of respondents replied that the fee for delivery service was unaffordable where as 66 (15.7%) of the respondent found it to be a reasonable cost. The majority, 374(89.0%) reported that the service area was clean (Table3).

Table 3: Factors related to Service area of Debre Markos Referral Hospital Amhara region, Ethiopia, from April to June 2012.

Variables	Frequency	Percent
Waiting time before seeing a doctor or a nurse		
<=25 mint	214	51.0
>25 mint	206	49.0
Presence of ordered medication		
Yes	408	97.1
Partial	12	2.9
Delivery service provided with		
Payment	406	96.7
Free	14	3.3
Opinion towards the service fee		
Unaffordable	124	30.0
Fair	216	52.1
Cheap	73	16.0
Don't have suggestion	8	1.9
Cleanliness of the delivery room		
Yes	374	89.0
No	46	11.0

6.4 Level of client satisfaction with delivery service.

In this study, it was found that the overall level of client satisfaction with the delivery service provided was 364(87.6%). The higher rate for client satisfaction were for availability of drugs and supplies with a mean rating of 4.03(SD=0.19) and cleanses of delivery room with a mean rating of3.81 (SD=0.53). The lower rate of satisfaction response were regarding the fee paid for service with the mean rating of 3.22(SD=0.92), distance of health facility from client residence with mean rating of 2.85(SD=1.08) and privacy and comfort during delivery with a mean rating of 3.40(SD= 0.90) (Table 4).

Table 4: Level of Client Satisfaction with Delivery service at Debre Markose Referral Hospital Amhara region, Ethiopia, from April to June 2012(n=420)

Variables	Very Dissatisfied N (%)	Dissatisfied	Neutral N (%)	Satisfied N (%)	Very satisfied N (%)	Mean Rating
Distance of DMRH	36 (8.6)	168 (40.0)	49 (11.7)	158 (37.6)	9 (2.1)	2.85 (±1.08)
General information of the hospital	1 (0.2)	14 (3.3)	57 (13.6)	345 (82.1)	3 (0.7)	3.8 (±0.5)
Time spent before seen	0	35 (8.3)	79 (18.8)	302 (71.9)	4 (1.0)	3.65 (±0.6)
Courtesy and respect	4 (1.0)	17 (4.0)	109 (26.0)	284 (67.6)	6 (1.4)	3.65 (±0.63)
Time the provider spent with you	2 (0.5)	29 (6.9)	92 (21.9)	292 (69.5)	5 (1.2)	3.64 (±0.64)
willingness of health care provider to respond to your requests	1 (0.2)	26 (6.2)	92 (21.9)	297 (70.7)	4 (1.0)	3.66 (±0.61)
The information provided about your condition and treatment	2 (0.5)	34 (8.1)	92 (21.9)	285 (67.9)	7 (1.7)	3.62 (±0.67)
Privacy and comfort during examination and delivery	3 (0.7)	33 (7.9)	111 (26.4)	268 (63.8)	5 (1.2)	3.40 (±0.90)
Cleanliness of delivery room	0	25 (6.0)	33 (7.9)	359 (85.5)	3 (0.7)	3.81 (±0.53)
Communication skill of provider	1 (0.2)	36 (8.6)	97 (23.1)	283 (67.4)	3 (0.7)	3.6 (±0.66)
Availability of drugs and supplies	0	0	12 (2.9)	384 (91.4)	24 (5.7)	4.03 (±0.17)
Cleanliness of toilets and bath room	1 (0.2)	41 (9.8)	65 (15.5)	310 (73.8)	3 (0.7)	3.65 (±0.67)
The cost you paid for service	17 (4.0)	85 (20.2)	116 (27.6)	194 (46.2)	8 (1.)	3.22 (±0.92)

6.5 Variables Associated with Client Satisfaction with delivery Service.

Statistical association of different explanatory variables with outcome variable was done. Based on bivariate analyses socio-demographic characteristics of clients such as age, being married, women's monthly income, occupational status, educational level and type of residence were not associated with overall satisfaction with delivery service (Table 5).

Table 5: Association of Independent Variables with Clients Satisfaction at Debre Markos Referral Hospital, Amhara Region, Ethiopia, from April to June 2012(n=420)

Variables	**Satisfied N (%)**	**Not satisfied N (%)**	**COR(95%CI)**	**P-value**
Age in years				
<=20	32(61.5)	20(38.5)	1.02(0.99,1.09)	0.65
21-34	189(63.4)	109(36.6)	1.00	
>34	48(68.6)	22(31.4)	1.36(0.64,2.89)	0.79
Residence				
Urban	135(67.8)	64(32.2)	1.00	
Rural	134(60.6)	87(39.4)	0.73(0.48,1.09)	0.13
Education				
No education	76(56.7)	58(43.3)	1.00	
Only read and write	60(69.8)	26(30.2)	1.76(0.99, 3.12)	0.05
Grade1-6	44(78.6)	12(21.4)	1.79(0.35,5.77)	0.05
Grade7-12	56(59.6)	38(40.4)	1.12(0.65,1.92)	0.66
Above grade 12	33(66.0)	17(34.0)	1.48(0.75,2.91)	0.25
Occupation				
Employed	54(63.5)	31(36.5)	1.00(0.61,1.65)	0.98
House wife	203(63.4)	117(36.6)	1.00	
Others	12(80.0)	3(20.0)	2.3(0.63,8.33)	0.20
Marital status				
Married	255(63.8)	145(36.2)	1.00	
Others	14(70.0)	6(30.0)	1.32(0.49,3.52)	0.57

Based on obstetric history of mothers a significant statistical result was not found among parity of mothers and mode of delivery .However, a significant statistical association was found with fetal outcome, maternal condition immediately after delivery and wanted status of pregnancy (Table 6).

Table 6: Obstetrical factors of mothers in relation with Delivery Service Satisfaction at Debre Markos Referral Hospital Amhara Region, Ethiopia, from April to June 2012

Variables	**Satisfied N (%)**	**Not Satisfied N (%)**	**COR(95%CI)**	**p-value**
Parity				
one	103(62.4)	62(37.6)	0.96(0.63,1.46)	0.84
Two-five	135(63.4)	78(36.6)	1.00	
More than Five	31(73.8)	11(26.2)	1.62(0.77,3.42)	0.19
Mode of delivery				
SVD	139(64.4)	77(35.6)	0.94(0.54,1.64)	0.82
Assisted delivery	82(62.6)	49(37.4)	0.87(0.47,1.58)	0.65
C/S	48(65.8)	25(34.2)	1.00	
Fetal outcome				
Live birth	257(66.2)	131(33.8)	1.00	
Still birth	12(37.5)	20(62.5)	0.31(0.14,0.64)	0.002
Mothers condition after labor				
perceived good condition	240(66.5)	121(33.5)	1.00	
Perceived some problem	29(49.2)	30(50.8)	0.48(0.28,0.85)	0.011
Wanted status of pregnancy				
Yes	248(66.1)	127(33.9)	1.00	
No	12(33.4)	24(66.6)	0.44(0.24,0.83)	0.012

A significant statistical association of satisfaction was found among women being treated with respect, good communication between clients and health care provider, cleanliness of delivery room and availability of drugs and supplies (Table7).

Table 7: Service area and Service provider related factors in relation with Clients Satisfaction with Delivery Service at Debre Markos Referral Hospital Amhara Region, Ethiopia, from April to June 2012

Variables	Satisfied N (%)	Not satisfied N (%)	COR(95%CI)
Cleanse of delivery room			
Yes	256(68.4)	118(31.6)	1.00
No	13(28.3)	33(71.7)	0.18(0.09,0.35)
Availability of drugs and supplies			
Yes	266(65.2)	142(34.8)	1.00
partial	3(6.0)	9(94.0)	0.17(0.04,0.66)
Respect offered			
Yes	265(98.5)	4(1.5)	1.00
No	124(82.1)	27(17.9)	0.06(0.02,0.20)
Communication skill of providers			
Yes	265(65.6)	139(34.4)	1.00
No	4(25)	12(75)	0.17(0.05,0.55)
Waiting time before seeing a doctor or a nurse			
<=25 mint	139(64.9)	75(35.1)	1.00
>25 mint	76(36.9)	130(63.1)	0.92(0.62,1.37)
Labor attended by			
Female provider	90(60.8)	5839.2)	0.80(0.53,1.22)
Male provider	179(65.8)	93(34.2)	1.00

6.5 Determinant of client satisfaction with delivery service

Multivariate logistic regression analysis was carried out in order to identify the independent predictors of client satisfaction with delivery service. Those variables which had P value of less than 0.05 in bivariate analysis were entered in multivariate analysis. Only fetal outcome, mother's condition immediately after delivery, feeling of being treated with respect and cleanliness of delivery room were predictors of mother's satisfaction.

Mothers who lost their neonate were dissatisfied than mothers who had live births (AOR=0.31, 95% CI: 0.14, 0.64). Clients who perceived that they were not in good condition immediately after delivery were dissatisfied than women who perceived that they were in good health condition after delivery (AOR=0.44, 95%CI=0.24, 0.81). Being treated with respect (AOR=0.07 95%CI: 0.02, 0.23) and cleanliness of delivery room were found to be predictors of delivery service satisfaction (AOR=0.19 95% CI: 0.09, 0.39) (Table8).

Table 8: Factors which predicts Client Satisfaction with Delivery Service at Debre Markos Referral Hospital Amhara region, Ethiopia, from April to June 2012

Variables	Satisfied N (%)	Not Satisfied N (%)	COR(95%CI)	AOR(95%CI)
Fetal outcome				
Live birth	257(66.2)	131(33.8)	1.00	1.00
Still birth	12(37.5)	20(62.5)	0.31(0.14,0.64)	0.27(0.12,0.60)
Mothers condition after labor				
perceived good condition	240(66.5)	121(33.5)	1.00	1.00
perceived some problem	29(49.2)	30(50.8)	0.48(0.28,0.85)	0.44(0.24,0.81)
Respect offered				
Yes	265(98.5)	4(1.5)	1.00	1.00
No	124(82.1)	27(17.9)	0.06(0.02,0.20)	0.07(0.02,0.23)
cleanliness of delivery room				
Yes	256(68.4)	118(31.6)	1.00	1.00
No	13(28.3)	33(71.7)	0.18(0.09,0.35)	0.19(0.09,0.39)
Communication skill of providers				
Yes	265(65.6)	139(34.4)	1.00	1.00
No	4(25)	12(75)	0.17(0.05,0.55)	0.319(0.08,1.17)
Availability of drugs and supplies				
Yes	266(65.2)	142(34.8)	1.00	1.00
partial	3(6.0)	9(94.0)	0.17(0.04,0.66)	0.28(0.06,1.27)
Wanted status of pregnancy				
Yes	248(66.1)	127(33.9)	1.00	1.00
No	12(33.4)	24(66.6)	0.44(0.24,0.83)	0.53(0.26,1.09)

Chapter VII: Discussion

In this study, it was attempted to assess the level of client satisfaction with delivery service and the factors that contributed to their satisfaction. The overall rate of satisfaction of client was 86.7% which is almost similar with the findings of a study conducted in Malawi and Cotidivuar, where the overall rating of satisfaction was 97.3% and 92.5% respectively (19,26).However the satisfaction level found in this study was higher than the results found in Kenya (56%) and Daressalaam (53.8%) (16, 18).The possible explanation for the observed difference might be differences in time and the type of study. This study was facility based while a study with the lower satisfaction were community based study.

The highest rate for client satisfaction was availabilities of drugs and supplies, because 97% of clients got their ordered medication and supplies in the hospital pharmacy. This finding is higher than the results found in Tigray Zonal hospitals which was reported to be about 61%(8).Also in Jimma University Specialized hospital about 70% didn't get some or all of the ordered drugs from the hospital's Pharmacy (7).This difference might be due the time period of the study conducted and the implementation of auditable pharmacy transaction service in this study the hospital addressed high level of client satisfaction regarding the need for drug and supplies.

Lower rate of satisfaction was associated with the high fee for delivery service, distance of health facility from client's residence, privacy and comfort during delivery. 96.7% of clients paid out of pocket for the service and 81.9% of mothers came without referral by passing the nearby health facilities .The reason for this might be mother's perception of better quality of service and weak referral linkages. Women who came for delivery service from a distant area would need additional money for transportation and accommodation of themselves and person accompanying them compared to women who came for delivery from a distance closer to the hospital. This had contributed to the high cost of out of pocket.

About 37% of clients were not satisfied regarding privacy and comfort during delivery .This finding agree with the study done in Scotland (27) that the number of caregivers the woman had during childbirth was one of the determinant factors for delivery service satisfaction. The possible reason for lower satisfaction in this study could be the crowded hospital delivery room

with students (Health officer and nursing students) from governmental and private health institution.

31% of clients were not satisfied with the information provided about their condition and treatment. This implies that women greatly valued the provision of information about their condition and treatment. The finding of this study agree with results in prior studies in two public hospital in Ghana that reported effective communication and provision of adequate information were important determinants of satisfaction with childbirth services (23).

In this study live birth accounts 92.4% of all delivery. The outcome of delivery was the significant predictor variable of satisfaction with delivery service. The possible explanation for this might be difficult to explain because this study was cross sectional study that doesn't show cause and effect relationship of that resulted mothers dissatisfaction. Cross sectional study designs lack the power to provide explanation for the cause and effect of dissatisfaction of mothers.

One of the predictor for client's satisfaction in this study was being treated with respect. This finding indicates that mothers who were not respected during delivery were dissatisfied (AOR=0.07) as compared to those who were respected. This finding agrees with the study done in two public hospital in Ghana, in 2011 that the feeling of being treated with respect (AOR=3.5581) was one of the predictor for satisfaction (23). In Sri Lanka a study showed that delivery service satisfaction was related to communication and discipline (25).

Another predictor of satisfaction for delivery service was found to be condition of mothers immediately after delivery. Clients who perceived that they were not in good condition immediately after delivery were dissatisfied (AOR=0.44) as compared to those who were perceived in good health condition after delivery. This finding is similar with the result found in Kenya that there was a difference in satisfaction among women who experienced complications compared to those women with no health problem after delivery (22).

Statistically there were no significant differences among the satisfaction of first-time mothers and mothers with more than one previous child. This finding agrees with the study conducted in

Scotland (27).However, it was different from the findings in Sri Lanka where Multiparae were more satisfied than primiparae (25).

There were no statistical significant difference in satisfaction with the sex of health care provider .This finding was different from the results found in Senegal, in which delivery done by male provider was the predictor for dissatisfaction for delivery service. The possible explanation for the observed difference may be socio-cultural difference of the two countries (17).

Strength and limitation of the study

Strength

- The questionnaire was adapted from a validated statistical survey tool and pretest was conducted in 5% of the study population.
- There was a high response rate.

Limitation

- Potential response biases often present in patient satisfaction studies related to social desirability. To minimize this bias interviewers were selected not working in the study site.
- Hawthorne effect (courtesy bias).
- The other limitation was the study design itself, one of the predictor variables for satisfaction was out comes of delivery. In this case the reason for mother's dissatisfaction is because of the bad outcome or due to poor quality care that led to both poor birth outcome and dissatisfaction and cross sectional study designs lack the power to provide explanation for such issue.

Chapter VIII: Conclusion and Recommendation

Conclusions

In, general the overall level of client's satisfaction with delivery service in the hospital was found to be higher than some African countries. The highest rate for their satisfaction was due to availabilities of drugs and supplies and cleanliness of delivery room. However, the lowest rate of satisfaction was associated with the high fee for delivery service, distance of health facility from client's residence, privacy and comfort during delivery and lack of enough information provided about their condition and treatment.

This study also revealed that the independent predictors for client satisfaction were fetal outcome, maternal condition immediately after delivery and the feeling of being treated with resp**o**ect.

Recommendations

Based on the findings of this study, the following recommendations were forwarded.

To Regional Health bureau:-

- ☞ The cost of delivery service at hospital level should be revised.
- ☞ Nearby health facilities should be strengthened with human power and necessary supplies.

To Debre Markose Hospital Administrative bodies:-

- ☞ Regularly follow up on the number of students who are engaged for practice in order to assure privacy and comfort for clients is necessary.
- ☞ Training for care providers about communication skills is necessary.
- ☞ The hospital management should work to make sure that services provided be respectful to their clients and service charge to the hospital to be revised

To health care providers:-

- ☞ Caregivers should follow the proper protocols of managing labor and be consistent with medical ethics.

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Annexes

Annex A: English data collection tool.

Verbal Consent Form

Hello. My name is _____ and I am here to collect health related data for the purpose of research for a study being conducted in coordination with the department of health Service Management and Planning at Jimma University.

I would like to ask you questions related to your satisfaction on delivery service while you were giving birth at Debre Markos Referral Hospital. The information you provide will help us to improve the quality of delivery care, which is vital to improve maternal and child health. We assure you that whatever information you provide will only be used for the purpose of this research and will not be made available to anyone. I appreciate you too much for your willingness and support to respond the interview. We also assure that the interview process will not bring any harm to you and your family. The interview process will require approximately 20 to 25 minutes of your time. Your participation is voluntary. If you choose not to answer a particular question, that is your right. You are also permitted to withdraw any time from the study when you feel uncomfortable with it.

The purpose of the study and confidentiality procedures has been explained to me and I on my own consent: a) agree ---- b) disagree

If the subject does NOT agree to voluntarily participate in the study, document the reason for their abstention in the space provided below.

_____

_____

_____

- Date of Interview ---------- Time Started----------Time Finished----------
- Interviewer's Name ----------
- Interviewer's Signature ----------

Thank you very much!

Questionnaire : Part I

Participant #_____

Questionnaire code: _____

Section one:- socio-demographic of respondent			
No	**Questions**	**Response**	
101	Age	_____years	
102	Level of education	1.Illiterate(can't read or write) 2.Able to read and write 3.Attend elementary school 4.Attend junior or senior high school 5.Attend higher education	
103	Ethnicity	1. Amhara 2. Agaw 3. Oromo 4. Tigray 5. Others_____	
104	Religion	1. Orthodox 2. Muslim 3. Protestant 4. Others_____	
105	occupation	1. Employed (government/private) 2. House wife 3. Student 4. Daily laborer 5. other (Specify)_____	
106	Marital status	1. Never married 2. Married 3.Separated	

		4.widowed 5. Divorce	
107	What is your house hold monthly income in ETB?	1.----------Birr per month(estimate of respondent) 2.No response	
108	Residence	1.Urban 2. Rural	
109	How far is DMRH from your residence?	1.--------Kms OR 2.-------walking hours	
110	Why do you come to DMRH?	----------	
Section two :- current obstetric related questions			
201	Parity (number including the new baby**)**	1.----------	
202	Status of pregnancy	1.Planned 2.Unplanned	
203	Did you have ANC follow up during current pregnancy?	1. Yes 2. No	If no skip to205
204	How many times did you visit ANC till delivery?	----------times	
206	Who attend your labor?	1 Female health care provider 2.Male health care provider	
207	Mode of delivery	1. Spontaneous vaginal delivery(SVD) 2 Assisted delivery 3. Caesarean section(C/S)	
208	Fetal outcome	1. Live birth 2. Stillbirth	

209	What was your condition Immediate after delivery	1 I was ok 2.Iwas with some problem	
Section three: previous obstetrical history related questions			
301	Did you have previous Institutional delivery?	1. Yes 2.No	
302	If yes in how many time?	1. ----------times	
303	If no what was the reason?	1. .This is my first delivery 2. Facility too far 3. Not seriously ill 4. High cost of facilities 5. Other, specify---------	
Section four :- Health facility related			
401	How much was the waiting time before seeing a doctor or a nurse?	1. ---------hrs	
402	How was cleanliness of the delivery room?	1. clean 2. Not clean	
403	Do you get the ordered medication and materials in DMRH?	1.Yes 2.No	
404	How did you receive the delivery service?	1. Free of charge 2. On payment basis	
405	If you received on payment, how much did you pay?	1. ----------Birr	
406	Were you able to pay for the Services?	1. Yes 2. No	

407	What was your opinion on the Payment?	1. Unaffordable 2. Fair 3. Cheap 4. I do not have suggestions	
Section five :- Health care provider related question			
No	**Questions**	**Response**	**Code**
501	Did health care provider offered courtesy and respect?	1.Yes 2.No	
502	Did health care provider communicate with you effectively?	1.Yes 2. No	
503	Where do you preferred to give birth for your next delivery?	1.Home 2.Health facility	
504	Would you recommend the delivery services of this hospital to someone else?	1.yes 2.No	

Part II Level of satisfaction questions.

The following 13 questions are about your satisfaction while you received delivery care during your stay in the hospital. For each question, please mark the answer that best describes your view

S.N	Questions	Very dissatisfied	dissatisfied	Neutral	satisfied	Very satisfied
1	How satisfied are you with the distance of DMRH to your residence	☐1	☐2	☐3	☐4	☐5
2	How much are you satisfied with the information of the service of the DMRH? (e.g., In locating the rooms for registration, delivery room, lab and drug dispensing).	☐1	☐2	☐3	☐4	☐5
3	How much are you satisfied with the Time spent waiting to be seen by the Health care provider?	☐1	☐2	☐3	☐4	☐5
4	How much satisfied are you with the Courtesy and respect offered by the health care provider during delivery?	☐1	☐2	☐3	☐4	☐5
5	How satisfied are you with the time the health worker spent with you during your delivery?	☐1	☐2	☐3	☐4	☐5
6	How satisfied are you with the willingness of health care provider to respond to your requests?	☐1	☐2	☐3	☐4	☐5
7	How satisfied are you with the information given to you about your condition and treatment by the providers?	☐1	☐2	☐3	☐4	☐5
8	How satisfied are you with the measures taken to assure privacy, comfort during your examinations and delivery?	☐1	☐2	☐3	☐4	☐5

S.N	Questions	Very dissatisfied	dissatisfied	Neutral	satisfied	Very satisfied
9	How satisfied are you with the overall cleanses of the delivery room?	☐1	☐2	☐3	☐4	☐5
10	How satisfied are you with the communication skill of the health care provider?	☐1	☐2	☐3	☐4	☐5
11	How satisfied are you with the Availability of drugs and supplies?	☐1	☐2	☐3	☐4	☐5
12	How satisfied are you with the Cleanliness of toilets and bath room?	☐1	☐2	☐3	☐4	☐5
13	How satisfied are you with the cost you paid for the service?	☐1	☐2	☐3	☐4	☐5
14	How do you rate your overall level of Satisfaction regarding the delivery service you received?	☐1	☐2	☐3	☐4	☐5

Annex B

ጅማ ዩንቨርስቲ የህብረተሰብ ጤና እና የህክምና ፋካሊቲ

ለተሳታፊዎች የሚነገር አጭር መረጃ

ትዉዉቅ

ጤና ይስጥልኝ እኔ ---------- እባላለሁ በጅማ ዩኒቨርሲቲ የህብረተሰብ ጤና እና የህክምና ፋካሊቲ ትምህርት ቤት ጤና ነክ መረጃዎችን ለማሰባሰብ የጥናት ቡድን አባል ነኝ .የጥናቱ ዓላማ እናቶች በጤና ድርጅት በሚሰጣቸው የወሊድ አገልግሎት እርካታ መጠናቸውን ለመለካትና የአሉትነ ችግሮች ለይቶ የመፈተሄ ሀሳብ ለመጠቆም ነው፡፡ ለዚሁ ዓላማ የወሊድ አገልግሎት በሚያገኙበት ወቀት የነበረዎትን መረጃ እንሰበስባለን በመሆኑም የሚሰጡን መረጃ መንግስትና የሚመለከታቸው አካላት የሚሰጠውን የማዋላጃ አገልግሎት ጥራት ለማሻሻል ይረዳቸዋል ፡፡ በጥናቱ ላይ በመሳተፍው በእርስዎም ሆነ በቤተሰብዎ የሚደርስብዎ ችግር የለም ቃለ መጥይቁ ከ 20 – 25 ደቂቃዎች ያህል የሚወሰድ ሲሆን በጥናቱ ላይ የሚሳተፍት በፍላጐት ነው ፡፡በሙሉም ሆነ በከፊል ያለመሳተፍ መበትዎ የተጠበቀ ነው፡፡በጥናቱ ላይ ያለመሳተፍ ውሳኔዎ የተከበረ ከመሆኑም በላይ ሚስጥርዎት እንደማይባክን እርግጠኛ ይሁኑ

በጥናቱ ለመሳተፍ ፈቃደኛ ነዎት

አዎን----------

አይደለም----------

ፈቃደኛ ካለሆኑ ያልሆኑበትን ምክንያት ይግለጽ ----------

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ቃለ መጠየቅ የተካሄደበት ቀን ---------- የተጀመረበት ሰዓት ----------

ያለቀበት ሰዓት --------

ቃለ መጠይቅ ያካሄደው ሰው ስም ----------

ፊርማ ----------

ስለ ትብብረዎ በጣም እናመሰግናለን !

ክፍል አንድ፤ የተጠያቂዉ አጠቃላይ የማህበራዊና ኮኖሚያዊ መረጃ የተመለከተ መጠይቅ			
ተ. ቁ	ጥያቄዎች	አማራጭ መልሶች	ኮድ
101	እድሜዎ ስንት ነዉ	1. ------ አመት	
102	የትምህርት ደረጃዎ	1. ምንም አላዉቅም 2. ማንበብና መጻፍ ብቻ 3. አንደኛ ደረጃ ያጠናቀቀ 4. ሁለተኛ ደረጃ ያጠናቀቀ 5. ከፍተኛ ትምህርት ያጠናቀቀ	
103	ብሔር	1. አማራ 2. አገዉ 3. ኦሮሞ 4. ትግሬ 5. ሌላ ይጠቀስ	
104	ሐይማኖት	ነ. ኦርቶዶክስ 2. እስላም 3. ፕሮቴስታንት 6. ሌላ (ይጠቀስ)_____	
105	የስራ ድርሻዎ	1. የመንግስት/የግል/ሰራተኛ 2. የቤት እመቤት 3. ተማሪ 4. የቀን ሰራተኛ 5. ሌላ (ይጠቀስ) ------	
106	የጋብቻ ሁኔታ	1. ያላገባች 2.ያገባች አብረዉ የሚኖሩ 3. አግብታ ተለያይተዉ የሚኖሩ 4. ባልዋ የሞተባት 5. አግብታ የፈታች	
107	የወር ገቢ በወር ሲሰላ?	1----------	
108	መኖሪያ	1.ከተማ 2. ገጠር	

109	ደብረማርቆስ ሆ/ል ከመኖሪያ ቤትዎ ምን ያህል ይርቃል	1. በኪሎ ሜትር ወይም ---------- 2. በእግር ---------- ሠዓት	
110	ወደ ደብረማርቆስ ሆ/ል በምን መጡ	----------	
ክፍል ሁለት :- ከአሁኑ እርግዝናና የወሊድ ሁኔታን በተመለከተ			
201	ስንት ጊዜ ወልደዋል	1----------	
202	እርግዝናዎ የታቀደ ነበር?	1.አዎ 2. አይደለም	
203	የነፍሰጡር ምርመራ አድርገዉ ያዉቃሉ?	1. አዎ 2. አላዉቅም	2 ወደ 205
204	እስከ ወሊድ ድረስ ስንት ጊዜ ክትትል አድርጉ	1----------ጊዜ	
205	የወሊድ አገልግሎቱን የሰጠዋት ማነው ?	1.ሴት የጤና ባለሙያ 2.ወንድ የጤና ባለሙያ	
206	ልጅዎን የወለዱት በምን መልኩ ነው	1.በማህፀን በኩን ያለምንም መሳሪያ 2 በማህፀን በኩል በማዋለጃ 3. በሆዴ በኩል የቅ ጥገና ተደርጐልኝ	
207	የህፃኑ ሁኔታ እንዴት ነበር;	ነ. በህይወት ነዉ የተወለደዉ 2.ሞቶ ነው የተወለደው	
208	ከወለድ በኋላ የጤናዎ ሁኔታ እንዴት ነበር	ነ.ምንም ችግር አልነበረብኛም 2. የጤና ችግር ገጥሞኛል	
ክፍል ሶስት : ከዚህ በፊት የነበረ የእርግዝናና የወሊድ ሁኔታ የተመለከተ ጥያቄ			
301	ጤና ማእከል ወልደዉ ያዉቃሉ;	1. አዎ 2. የለም	
302	ጤና ማእከል ወልደው የሚያውቁ ከሆነ ?	1. ----------ምን ያህል ጊዜ	
303	ለምንድን ነው ጤና ድርጅት ለመውለድ የመረጡት / ምርጫዎች አይነበብም /	1. ከምኖርበት ቦታ ቅርብ ስለሆነ 2. ከዚህ በፊት ጤና ማእከል ወላጅ ጥሩ ነገር ስላጋጠመኝ 3. ጤና ተቋሙ እንድወልድ ስለተነገረኝ 4. የወሊድ ችግር ስላጋጠመኝ 5.ከዚህ በፊት ወልጄ ችግር ስላጋጠመኝ 6.ሌላ ምክንያት ካለ ይጥቀሱ	

ክፍል 4፡ ጤና ድርጅቱን የተመለከተ ጥያቄዎች			
401	በባለሙያ ከመታየትዎ በፊት የቆይታ ግዜዎ በሰአት ሲለካ ?	1. --------- ሰአት	
402	የማዋለጃ ክፍሉ ንጽህና እንደት ነው ?	1. ንጽህ ነው 2. ንጽህ አይደለም	
403	የታዘዘልዎትን መድሃኒትና አስፈላጊ ቁሳቁሶችን በጤና ድርጅቱ አግኝተዋል	1. አዎ 2.በከፊል የተሚላ ነው 3.አልተሟላም	
404	የወሊድ አገልግሎት እንዴት ነበር ያገኙት?	1. በነፃ 2. በክፍያ	
405	ከከፈሉ ሰንት ብር ነበር የከፈሉ?	1----------ብር	
406	ለመክፈል አቅም ነበረዎት?	1. **አዎ** 2. የለኝም	
407	በክፍያው ላይ ምን አስተያየት አለዎት?	1. ውድ ነው 2. መካከለኛ ነው 3. ርካሽ ነው 4. አስተያየት የለኝም	
ክፍል አምስት :- የጤና አገልግሎት ሰጭውን የሚመለከት ጥያቄ			
501	አገልግሎት ሰጭዉ ባለሙያ ሰላምታና አቀባበል እንዴት ያዩታል	1. አዎ 2. የለም	
502	አገልግሎት የሰጠዎት ባለሙያ ባግባቡ ያናግረዋታል	1. አዎ 2. የለም	
503	ለሚቀጥለው ጊዜ የት መውለድ ይፈልጋሉ?	1. ቤት 2.ጤና ድርጅት	

504	በሆስፒታሉ የሚሰጠው የወሊድ አገልግሎት ሌሎችም ተጠቃሚ እንዲሆኑ ይነግራሉ ?	1. አዎ 2. የለም	

ክፍል ሁለት

ከዚህ በታች በሰንጠረዡ የተቀመጡ 13 ጥያቄዎች የወሊድ አገልግሎት በሚያገኙበት ወቅት የነበራቸዉን የእርካታ መጠን ያሳያል፡፡

ተ/ቁ	ጥያቄዎች	በጣም አያረካም	አያረካም	ምንም አይደል	ያረካል	በጣም ያረካል
1	የጤና ድርጅቱ ከመኖሪያ አድራሻዎ ያለዉ ርቀት	☐1	☐2	☐3	☐4	☐5
2	በሆስፒታሉ ውስጥ የመረጃ አሰጣጥ አመልካች ሁኔታዎች እንዴት ያዩዋቸዋል (ለምሳሌ ላብራቶሪ ክፍል፣ማዋለጃ ክፍል፣ መድሀኒት ቤት)	☐1	☐2	☐3	☐4	☐5
3	እዚህ ጤና ድርጅት ከመጡ በኋላ በባለሙያ እስከሚታዩ ያለዉ ቆይታ እንዴት ያዩታል	☐1	☐2	☐3	☐4	☐5
4	አገልግሎት ሰጭዉ ባለሙያ ሰላምታና አቀባበል እንዴት ያዩታል	☐1	☐2	☐3	☐4	☐5
5	የወሊድ አገልግሎት የሰጠዉ ባለሙያ አገልግሎቱን ለመስጠት ያሳለፈዉን ጊዜ እንዴት ያዩታል	☐1	☐2	☐3	☐4	☐5
6	የወሊድ አገልግሎት የሰጠዎ ባለሙያ ለጥያቄዉ ምላሽ ለመስጠት ያለዉ ፈቃደኝነት	☐1	☐2	☐3	☐4	☐5
7	አገልግሎቱን ከሰጠዎ ባለሙያ ስለ ጤንነትዎ ሁኔታና ስለ ህክምናዎ ያገኙት መረጃ እንዴት ያዩታል	☐1	☐2	☐3	☐4	☐5
8	የወሊድ አገልግሎቱን በሚያገኙበት ጊዜ ምን ያህል ነው ምቾቶ የተጠበቀሎት	☐1	☐2	☐3	☐4	☐5
9	የማዋለጃ ክፍሉን ንፅህና እንዴት ያዩታል	☐1	☐2	☐3	☐4	☐5
10	አገልግሎት ከሰጠዎ ባለሙያ ጋር የነበረዎት ቅርርብ እንዴት ያዩታል	☐1	☐2	☐3	☐4	☐5
11	የህክምና መሳሪያዎችና መድሀኒት አቅርቦት መሟላት እነዴት ያዩታል	☐1	☐2	☐3	☐4	☐5
12	በማዋለጃ ክፍል ዉስጥ የሽንት መሸኛ እና የመታጠቢያ ክፍል ንፅህና እንዴት ያዩታል፡፡	☐1	☐2	☐3	☐4	☐5
13	ለማዋለጃ አገልግሎት ክፍያ የከፈሉትን ክፍያ እንዴት ያዩታል	☐1	☐2	☐3	☐4	☐5
14	በአጠቃላይ በዚህ ጤና ድርጅት	☐1	☐2	☐3	☐4	☐5

	ዉስጥ የወሊድ አገልግሎት አሰጣጥን እንዴት ያዩታል					