UNIVERSITY FOR DEVELOPMENT STUDIES

FACTORS INFLUENCING CLIENTS' SATISFACTION WITH DELIVERY SERVICES IN HEALTH FACILITIES IN THE SISSALA EAST MUNICIPALITY OF THE UPPER WEST REGION.

BRAIMAH ALIJATA

UDS/CHD/0007/19

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BY

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DECLARATION

Student

I declare that this research work submitted to the University for Development Studies (UDS) Tamale is my work for the award of a Master of Philosophy. This work or part of it has not been submitted anywhere for other degrees in the University or elsewhere. Again, all academic materials used herein have been duly acknowledged by referencing.

04/04/2022

ALIJATA BRAIMAH **DATE**

UDS/CHD/0007/19

Supervisor

This thesis, as presented, was supervised by me in accordance with the University's guidelines.

..... **04/04/2022**

DR. GIFTY APIUNG ANINANYA **DATE**

(SUPERVISOR)

DEDICATION

This study is dedicated to the principal of Midwifery Training College, Tumu Madam Ladi Kanton, who gave me words of encouragement throughout this study. Also, I want to dedicate this work to my late husband, Mr Abangya Titus Abokalum, the children and the entire family.

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ABSTRACT

Maternal health care has received great global attention as a result of millions of delivery related mortalities. In the wake of calls for enhanced maternal health care, several factors inform the decision of women to seek delivery services, including their satisfaction with the caregiving processes, which is often not in their best interest. Also, studies on delivery clients' satisfaction in Ghana including the study area are sparse. This analytical cross-sectional study therefore, examined the determinants clients' satisfaction with delivery services in the Sissala East Municipality. Structured questionnaires were administered among 401 clients. Analysis of data was done using frequencies, chi-square test of association and binary logistic regression model. Level of satisfaction with delivery services was high (80.3%). Also, general satisfaction with structural (64%) and process-related factors (80.3%) was high but clients were dissatisfied with the waiting time. A Chi-square analysis revealed that age, occupation, kind of delivery, structural factors, process factors, and the health facility in which 'respondents delivered had a significant relationship with the dependent variable. Logistic regressions analysis showed that the kind of delivery, structural factors, and process factors were predictors of clients' satisfaction with delivery services ($p<0.05$). Also, clients who were satisfied with the structural factors were 1.8 times more likely to be satisfied with delivery services than those unsatisfied with the structural factors. Women who were satisfied with the process-related factors were 32.6 times more likely to be satisfied with the delivery services in general. In conclusion, the study found a high clients' satisfaction with delivery services and both structural and process-related factors determined satisfaction with delivery services. Interventions such as the free maternal health initiatives and health education on the importance of facility delivery should be intensified for a more comprehensive coverage of clients' satisfied delivery service in the municipality.

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CHAPTER ONE

INTRODUCTION

1.0 Introduction

The first chapter entails the background, problem statement, significance, research questions, research objectives, theoretical framework, key terms definitions, and study structure.

1.1 Background

Globally, perinatal and maternal health services usage was low, which affected birth outcomes. Moreover, antenatal and delivery care services are safe and decrease maternal and perinatal morbidities. It also offers services that are crucial to women who are pregnant, and those services are meant to detect any abnormalities in the fetus and protect the general health of the women till delivery (Akowuah & Danquah, 2019).

Globally, between 2013-2018, 81% of all births were attributed to skilled birth attendants (WHO, 2018). The African region recorded 59% of births through skilled birth attendance, whereas nations in America, European and Western Pacific Regions recorded over 90% of professional birth deliveries. Variations do exist across countries in these regions due to the different health care infrastructures which exist in those regions (WHO, 2018).

Globally maternal deaths have witnessed a significant reduction compared with the maternal deaths in the year 2000. An estimated number of 495 000 maternal deaths were recorded globally, and the 2017 global maternal deaths were estimated to be 279,000 (35%) (WHO et al., 2019). Also, in 2017, an estimated 515,000 pregnancy-

related deaths were recorded globally, and 30 million women suffered from maternal related complications in developing countries yearly (Alemu & Aragaw, 2018).

Over 98% of these maternal deaths were recorded in resource-poor countries (Aradeon & Doctor, 2016). Currently, the WHO African Region accounts for 65% (two thirds) of 94% of maternal deaths obtained in the low- middle-income countries (WHO, 2019). Statistics concerning sub-Saharan Africa are startling; over 800 maternal deaths occurred daily from preventable pregnancy and childbearing complications (Alemu & Aragaw, 2018). In addition, WHO, in their World health monitoring report for SDGs in 2018, reported that the rate of newborn and maternal mortality increased among developing nations especially, in Sub Saharan Africa.

The study found that stillbirths occurring before delivery are more common than those occurring during the delivery process, 90% of which are associated with maternal problems (WHO, 2018). These maternal problems are hypertensive disorders of pregnancy, non-obstetric complications, obstetric haemorrhage, and pregnancy-related infections account for three out of every four stillbirths or maternal deaths (WHO, 2018). Nonetheless, there are disparities across the various regional blocks, and even within these regional blocks, differences also exist among multiple countries (WHO et al., 2019).

The joy of welcoming a newborn into the world is sometimes short-lived by their death either on their first day on earth or in their first seven days. It was estimated that about one million newborns died on their first day in life, and about two million newborns passes on in their first seven days of life (Tekelab et al., 2019). Also, the sub-Saharan African region has the highest under-five mortality worldwide. In 2019, an average of 76 under-five deaths per 1000 live births were recorded, comparable to

one child in every thirteen children dying before they reach the age of five (UNICEF,2019).

In Ghana, maternal mortality is reported to have decreased sharply from 760/100,000 live births in 1990 to 319 per every 100,000 live births in 2015 (Apanga & Awoonor-Williams, 2018).To tackle the increased maternal and neonatal deaths, particularly in developing countries, several measures have been recommended. For instance, WHO has proposed a minimum of eight(8) antenatal visits (WHO, 2018).

In 2009 the WHO developed a handbook on how to handle emergency obstetric care in their bid to help reduce maternal mortality around the world. Reduction in maternal mortality can be achieved by making health services available, accessible and of quality to women in cases of complications related to pregnancy and childbirth (WHO, 2009).

Also, WHO has set up a framework for improving upon quality healthcare offered to mothers and newborns during the time of birthing. In the framework, the provision and experience of care by mothers and newborns is at the core. The quality of care framework consists of eight domains that should be constantly assessed and monitored to improve the health system (World Health Organization, 2017). The most common evidence-based practice for improving quality care includes active referral and actionable information systems, adequate flow of communication, respect, dignity preservation, supporting women emotionally, engagement of talented and motivated human resources, and making available essential physical infrastructure or resources (WHO, 2016a).

Recognizing complexities related to maternal and child health issues, strategic choices have been made by the World Health Organization (WHO) to reduce maternal

mortality by advocating for a synergy in approaches to improve maternal and neonatal care, making sure that all strategic choices are uniform. Implementation of effective intrapartum-care set using a strategic priority to discuss the other ways of conformations of such strategy by using best available evidence; another one was based on delivery in primary-level facilities, accessibility of health care centres and early referral to the facilities(Nesbitt et al., 2013). The WHO and its partners have also developed strategies geared towards reducing maternal and neonatal mortality. For example, Ending Preventable Maternal Mortality (EPMM)' and "Every Newborn Action Plan" (ENAP) are strategies that were conceptualized to this effect (Tunçalp et al., 2015).

In addition to the above, the Lancet maternal survival series also advocated for strategies such as health facility-based delivery of pregnant women, making available 24hour maternity health services at the health centres, encouraging skilled attendants' in-home deliveries and repositioning community health workers' role helping in the reduction of maternal mortality. The best strategies based on evidence that prove the strategies work should be chosen and implemented (Campbell & Graham, 2006).

Client satisfaction could be viewed as the differences between the healthcare services delivered and the needs of the client. This measurement allows reducing maternal mortalities because the mothers will obey the instructions of the health care provider once they are satisfied with the delivery of care which meets their needs, and health authorities use the feedback from clients to improve upon service delivery which will ultimately help in reducing mortalities (Tesfaye et al., 2016).

Furthermore, client satisfaction is the evaluation of health care received. It is usually based on their perception of the health service rendered to them and the physical

structures and relationships which exist between health providers' performance of their roles, while others see clients' satisfaction as a comparison between their expectations and what they experienced (Amu & Nyarko, 2019; Sayed et al., 2018).

Diverse factors affect clients' satisfaction with health services. The experiences women go through during child delivery leave them with either positive or negative feelings. A positive feeling leads to an amount of satisfaction with the women, which influences their health-seeking behaviour towards future pregnancies (Mensah et al., 2014).

Proper maternal care is crucial for positive birth outcomes. The care that pregnant women receive before, during or after delivery helps identify birth-related complications. Hence, pregnant women need to sustain usage of maternal care services in addition to antenatal, delivery and postnatal care so the identified and mitigated in time. However, a series of studies suggest that certain factors affect the level of satisfaction of both pregnant women and labour clients when they access maternal healthcare services.

Studies in countries such as Australia, Caregivers' continuous support, a close relationship with them, and a welcoming ambience at maternity centres have been shown to enable women to get more information and engage in decision-making procedures, resulting in higher overall satisfaction (Imtithal Adnan, Noor, et al., 2020). Also, in Italy, which is one of the developed countries, conducted a study highlighting satisfaction with services provided in connection with delivery revealed that factors like listening to women's needs, involvement, effective information relay, timely and respectful provision of care were strongly associated with their satisfaction during childbirth (Lazzerini et al., 2020). Furthermore, a systematic literature review

in developing countries identified structural (cleanliness, availability of adequate human resources, good physical environment, supplies and medicines), procedures like promptness, privacy, cognitive care, intentional behaviour, perceived provider competency, emotional support and outcome (newborn and mother) dimensions as factors associated with maternal satisfaction (Srivastava et al., 2015).

Also, Avortri and colleagues reported that women's satisfaction with maternal services depended on the friendliness of healthcare workers, the information provided and management of their conditions, feeling of being treated with respect and providing channels for complaints concerning the nature of the care they receive (Avortri et al., 2011). Prolonged waiting at service delivery points, low coverage scope of services, disrespect, mistreatment and abuse, prolonged waiting time, insufficient infrastructure and bed spacing, as well as adverse birth outcomes, were also found to have discouraged pregnant mothers from accessing health services at some health facilities in Nigeria (Ajayi, 2019). Some of the women in this study were dissatisfied due to negative treatment given to them by healthcare providers(Ajayi, 2019).

In Ghana, a qualitative study involving 15 women in the Ketu South municipality explored women's satisfaction with services rendered to clients at a health facility established that study participants were largely satisfied with the quality education given them on health, including the maternal healthcare services received. Nonetheless, they were not satisfied with procedures adopted for drug administration, challenges with logistics were observed and poor attitudes of healthcare providers (Amu & Nyarko, 2019). This could prevent women who are dissatisfied from going back to the hospital for delivery which will hamper global efforts towards reducing maternal and neonatal mortality.

To have an appreciation of good health care service delivery, the level of satisfaction across the maternal health delivery system (antenatal, perinatal and postnatal), then understanding pregnant women and mothers' expectations and experience is of great importance towards the assessment of the maternal health system (Amu & Nyarko, 2019).

Quality maternal healthcare is a product of both women seeking health care and the service provider taking decisions together for the benefit of the woman. Evidence suggests that clients' satisfaction with maternal healthcare services is relevant in providing healthcare quality enough. Although, there is limited evidence in developing countries on women's satisfaction with delivery services (Akowuah & Danquah, 2019; Amu & Nyarko, 2019).

In addition, there are gaps in previous studies on factors influencing clients' satisfaction with delivery care; most previous studies were systematic reviews and qualitative studies (Ajayi, 2019; Amu & Nyarko, 2019; Avortri et al., 2011; Srivastava et al., 2015). The study, therefore, looks to fill this gap by assessing factors influencing clients' appreciation of delivery services in healthcare providing facilities in the Upper West Region's Sissala East Municipality of Ghana.

1.2 Problem statement

According to World Health Organization, Ghana made some gains towards addressing maternal and under-five (5) mortalities during the MDGs era. Currently, maternal mortality stands at 319 in every 100, 000 live births and 52/1,000 live births for children under five (Azaare et al., 2020; Ghana Statistical Service (GSS), Ghana Health Service (GHS), 2018; World Health Organization, 2018). Antenatal coverage nationally was 89%, while pregnant women who received skilled birth delivery

accounted for 79% (World Health Organization, 2018). Although diverse interventions such as free maternal health initiative have been implemented to improve health facility delivery in Ghana(Ajayi, 2019; Azaare et al., 2020), there are still challenges. According to a recent survey, roughly 72 percent of childbirths in Ghana take place in a health facility (Dankwah et al., 2019). Though this proportion is higher than the 61.9 percent health facility delivery rate reported in a previous study (Boah et al., 2018), it is still too low if universal coverage in terms of health facility delivery is the goal.

Poor quality of delivery services including poor satisfaction with delivery services contribute to the situation(Abdallah, 2018). A study in Daffiama Bussie Issa district and the three Ghana Health Service research areas (Dodowa, Kintampo and Navrongo) found attitudes portrayed by healthcare providers, facility characteristics and socio-demographic characteristics of pregnant women seeking care to be linked to facility delivery (Adjei et al., 2019; Haruna et al., 2019), and location or residence of women was also a factor (Abdallah, 2018; Laar et al., 2019).

In Ghana, including the Upper West Region, evidence suggests that the quality of maternal health services, including delivery services is appalling(Apanga & Awoonor-Williams, 2018; Boah et al., 2018; Kanmiki et al., 2014). For instance, an assessment of 86 health facilities in the then Brong Ahafo Region shows that the quality of maternal care, in general, was low (Nesbitt et al., 2013). This could be due to poor quality of maternal and child health services including poor clients' satisfaction(Aninanya et al., 2021; Roger A. Atinga & Baku, 2013; Williams et al., 2016).

In addition, unpublished evidence suggests that clients are not satisfied with maternal and child health services rendered by healthcare workers in health facilities in the Upper West Region, including the Sissala East Municipality. Moreover, maternal health outcomes are not encouraging The region recorded 87% in ANC and 68.7% in supervised deliveries, according to the 2018 report on Ghana's health sector facts and Figures (GHS, 2018). Recent unpublished data from the Municipal Health Directorate of the Sissala East shows that ANC attendance for 2019 and 2018 was 2,439 and 2,805, respectively, whereas deliveries for the same respective years were also recounted to be 2,272 and 2,456, respectively. Stillbirths for 2019 and 2018 were also recorded as 20 and 22, respectively. Moreover, anecdotal evidence suggests that some pregnant women in this municipality are not happy with some of the maternal and child health services received. The consequences of pregnant women not being attended to or served by skilled healthcare providers could result in complications for mother and baby(Yahaya, 2014). In the unfortunate event, maternal and neonatal deaths may occur and hence the need to explore the factors accounting for clients' satisfaction within delivery services in the Municipality.

1.3 Significance of the study

This study will unearth factors influencing clients' appreciation of rendered maternal health services in the study area. Client satisfaction with maternal health services influences maternal healthcare service utilization. So in the long run, the study will help policymakers, including the Ghana Health Service and Ministry of Health, with information that will help in the configuration of health care policies and interventions at both Municipal and Regional levels for improving healthcare services which have a

potential to help decrease maternal and child mortality in the Municipality, Upper West Region and Ghana at large.

The Nursing and Midwifery Council can also utilize the results of the findings as a basis for further studies on the subject and make it part of the curriculum for the training of midwives and nurses in the country. Factors that promote clients' dissatisfaction will be identified and will serve as a guide for health workers in the Municipality to provide respectful care to women and to do away with conduct that leads to clients' dissatisfaction with care. It will also further raise the awareness level of health care providers concerning clients' perception of the quality service that is being delivered in the Municipality. This will also inform policymakers to improve upon interventions to enhance maternally, and child health and will lead to women getting better service delivery.

Data from this study will add to the growing literature on clients' satisfaction with maternal health services. Lastly, it may also serve as a resource of material for researchers to conduct related studies on the subject shortly.

1.4 Research Questions

The study answered the following questions.

1. What is clients' level of satisfaction with delivery services in the Sissala East Municipality?
2. What structural factors contribute to clients' satisfaction with delivery services?
3. What process factors affect clients' satisfaction with delivery service
4. What association exists between socio-demographic features and clients' satisfaction with delivery care?

1.5 Objectives

1.5.1Main Objective

The main objective of the study was to assess factors influencing clients' satisfaction with delivery services in the Sissala East Municipality.

1.5.2 Specific Objectives

The following specific objectives were achieved by the study;

1. To assess level of clients' satisfaction with delivery services
2. To determine structural factors influencing clients' satisfaction with delivery services
3. To determine process factors influencing clients' satisfaction with delivery services
4. To assess association between socio-demographic characteristics and clients' satisfaction with delivery care.

1.6 Theoretical Framework

In the field of quality measurement and improvement, Avedis Donabedian, a University of Michigan professor, is well-known for his expertise. His theoretical approach establishes a solid platform for systematic study and evaluation of healthcare quality (Naranjo & Kaimal, 2011).In 1988, Avedis Donabedian developed a model referred to as structure, process and outcome (SPO) to measure and evaluate the quality of healthcare which gives an insight into the factors that accounts for satisfaction or dissatisfaction among clients (Ameh et al., 2017; Sayed et al., 2018).

The assessment of client satisfaction can be done from two different points of view is from the technical point of view and from the client who is the recipient of the service rendered. The technical point of evaluating health care services rendered is made by

using a gold standard to compare with the service that has been rendered to the clients. Despite the model's shortcoming of being rigid, it has been widely used in the assessment of health care and clinical quality in many countries for over thirty years (Ameh et al., 2017; Naranjo & Kaimal, 2011).

Donabedian's model is unidirectional, and a good structure is said to have an impact on the process, which also results in a good outcome (Kajonius & Kazemi, 2016).

The Donabedian framework below is adapted to assess the influence the structure and process have on the outcome (satisfaction with delivery services). A modification is made to add demographic characteristics of women attending health facilities who had delivered and accessed postnatal care services. The socio-demographic characteristics include Age, Marital status, Occupation, Education, Parity, Monthly income, Location of the facility (Urban /Rural), Religion, Ethnic affiliation, maternal and newborn status, and NHIS Status (Figure 1.0).

The conceptual framework is operationalized in the following ways. The structural factors, which include the availability of staff and the cleanliness of the ward and the washroom, have a positive or negative association with delivery clients' satisfaction level.

The process factors comprise of the attitude of Staff towards pregnant women during the care process, waiting time before being attended to by midwives, doctors or nurses, health education provided to pregnant women, providing privacy during delivery and how the pregnant women perceive the Staff to be competent all have an influence satisfaction.

Factors (socio-demographics) of the individual pregnant women have a significant role in terms of how satisfied one would be with delivery services rendered to them.

These include the occupation, marital status, education, age, parity, location of the facility (Urban /Rural), religion, ethnic affiliation, health status of mother and newborn and National Health Insurance Scheme Status.

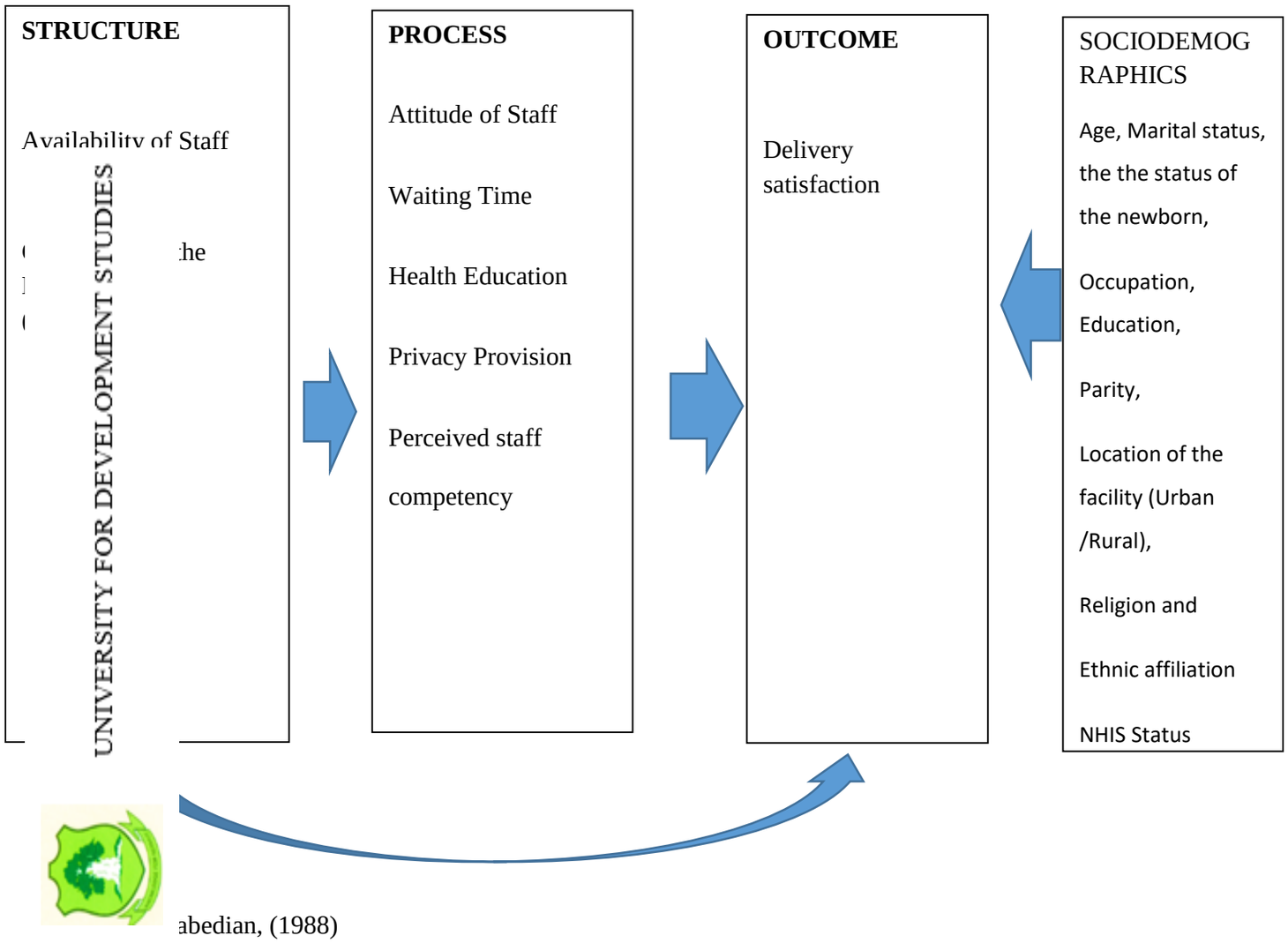

Figure 1: Conceptual Framework for Factors Influencing Delivery Clients' Satisfaction with care

1.6 Definition Concepts

Maternal health services refer to healthcare services offered to pregnant women and women who have delivered and are in the first seven days of postnatal.

Delivery services refer to services offered to pregnant women during labour and seven days after delivery.

Client satisfaction refers to the positive rating of the maternal health services during delivery and in the first seven days of postnatal by clients.

Client dissatisfaction refers to the negative rating of the maternal health services during delivery and in the first seven days of postnatal by clients.

1.7 Structure of the Study

The research is presented or grouped into six chapters. The background to the study, statement of the problem, research questions, and objectives are covered in the first chapter. The literature review in Chapter 2 examines scholarly publications and other authorities regarding the study's specific objectives.

Methods and materials adopted for the study are outlined in the third chapter, providing a detailed description of how the current research was done in the selected study settings, the population involved, procedures for sampling and sample size determination, data sources, data collection tools, processing and analysis of data amongst others.

The study results in terms of collected and analyzed data (qualitative and quantitative) were presented in Chapter Four. The fifth chapter focuses on delving deeper into the thematic themes highlighted in the study's results. Finally, the sixth chapter provides a summary of the findings, draws inferences, and as well as provides pertinent recommendations which emanates from the findings.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

Chapter two of the study involves the review of related literature on factors influencing satisfaction of women with delivery care under the following headings: *i.* Maternal health services, *ii.* Client satisfaction *iii.* Client satisfaction with delivery services, *iv.* Facility-related factors of women's (clients') satisfaction with delivery services, socio-demographic characteristics, and clients' satisfaction, and summary of the literature.

2.1 Maternal Health Services

Maternal health care has received great attention in the recent past globally as a result of millions of women within the reproductive age who die during the procreation process. According to Fagbamigbe and Idemudia (2015), most of these mortality cases could have been avoided if the necessary maternal health services were provided to these women. Antenatal (ANC), delivery, and post-delivery care are examples of healthcare given to women throughout gestation, childbirth, and the postpartum period (PNC). Studies conducted by Kifle et al., (2017) and WHO AFRO (2020) reported that infections, haemorrhage, high blood pressure, obstructed labour, and unsafe abortions account for the majority of mortality and morbidity. These services are usually given by health professionals such as nurses, midwives, and gynaecologists (Fagbamigbe & Idemudia, 2015).

According to WHO AFRO, (2020), globally, 830 women perish daily through pregnancy and childbirth-related complications. In 2015, it was projected that about 303 000 women died during their pregnancy period and child delivery. Most of the deaths were linked to a lack of resources.

The WHO African region has made some gains in the areas of ANC coverage and also reduced maternal mortality (Save the Children, 2013; WHO AFRO, 2020). Developing countries still hold the largest share in the proportion of deaths attributed to gestation and delivery as it accounts for about 99% of the deaths. Even though numerous efforts and investments have been made towards that regard, developing countries are still grappling with the issue (D. Kifle et al., 2017; WHO, 2016 & 2017).

2.2 Prenatal (ANC) care services

The WHO characterizes antenatal care (ANC) as the care given by gifted/trained medical experts to pregnant women or young adolescent women to guarantee the well-being of the unborn (infant) and mother throughout pregnancy (WHO, 2017. ANC has various components which include: health promotion and education; prevention or management of pregnancy-induced or concurrent diseases; and risk identification. ANC or perinatal care plays a very crucial role in reducing maternal and child mortality and mobility through the key activities or components of ANC. It is recommended that a pregnant woman attends four or more times ANC before delivery (Sakeah et al., 2017; WHO, 2016b).

ANC utilization among Low and Middle-Income Countries (LMICs) has increased with the introduction of focused antenatal care in 2002 by WHO. Globally, ANC utilization in the period of 2007 – 2014 was only 64% (WHO, 2016b). ANC provides the platform towards contributing to achieving Sustainable Development Goal 3 as it makes available health services for the woman to experience a positive pregnancy. ANC coverage in Africa varies from country to country (Ataguba, 2018; WHO AFRO, 2020).

Sub-Saharan Africa recorded 75% in at least one ANC attendance, 4+ ANC 48%, and deliveries by skilled birth attendants 48% (Fagbamigbe & Idemudia, 2015).

Several factors contribute to maternal deaths and this varies from country and within a country. Some of the factors include difficulty in accessing health services due to inequities, adolescents less than 15 years are most prone to maternal mortality. The birth rate among women in developing countries is higher than birth rate among women in developed countries and this puts developing countries at a higher risk of maternal deaths. Woman's lifetime risk of maternal death in the advanced world is one (1) in 4,900, but in developing countries, it stands at 1 in 180. In countries (Fragile States) where there is no political stability and there is frequent breakdown of the healthcare system, the ratio is 1 in every 54 (WHO AFRO, 2020).

According to Fagbamigbe & Idemudia (2015), there are three major problems militating against ANC coverage in Nigeria. They listed them as;

1. The ability of expectant mothers to get money to go to the hospital
2. Fairness of ANC service providers and
3. The inadequate or lack of transport to convey them to the hospital constituted 44.3%.

In the African context, some of these factors are applicable in most countries due to the development deficit in health infrastructure.

In Okedo-Alex et al. (2019)’s systematic review on the determinants of ANC utilization in Sub-Saharan Africa, reported that urban residence, socioeconomic status, older/increasing age, religion, education (educated partner), parity, employment status, and marital status predicted whether one would attend ANC or not. The religious belief system contributes so much to health decisions in the African culture. It is a common notion and phenomenon to find more well-equipped health facilities cited in urban centres than the rural areas. Financial resources impacted significantly access to healthcare and also understanding issues related to pregnancy.

There is a link between wellbeing and health of mother and newborn. An estimated 2.7 million newborn deaths were recorded in 2015, and stillbirths accounted for about 2.6 million. Prenatal care or ANC services play a vital role in preventing most of this maternal and newborn mortality by providing them with the needed services and support by skilled health professionals on a timely basis. This goes a long way in preventing mortality associated with severe bleeding, infections, and pre-eclampsia. The availability of contraception, safe and healthy abortion care, post-abortion care, and evidence-based management of pre-eclampsia reduce the risk of further complications (WHO AFRO, 2020).

2.3 Labour

Globally it is estimated that births attended to by skilled personnel were about 81% while Ghana recorded about 71% of births conducted by SBAs in 2014 (The World Bank Group, 2020). The report indicated that skilled birth delivery in developing countries has improved since 1990 due to the numerous interventions in the health sector. In 2012 for instance, 68% of deliveries in developing countries were supervised by skilled health professionals, an increment of 12% from the 1990 rate of 56%. This results in the utilization of the health facilities thereby reducing maternal and neonatal deaths and morbidity that are preventable (Tunçalp et al., 2015).

Pregnant women in developing countries are entreated to deliver in a health facility (hospital) where they would receive the best of care from trained health professionals also known as Skilled Birth Attendants (SBA). SBA are trained specially to recognize, manage or major health complications emanating from the newborn or mother (Save the Children, 2013).

Numerous elements impact the care that SBAs can give to women during labour. These incorporate training and oversight; the numbers and remaining tasks at hand; pay rates and conditions of living; access to equipment, availability of a functioning health system with adequate water supply, power, and transport systems in place. Different variables that may assume a role include the presence of cooperation and trust, joint effort, and correspondence between health professionals and mothers (Munabi-Babigumira et al., 2017). The availability and non-availability of these will either lead to care that can be optimal or suboptimal and which have implications for the satisfaction or dissatisfaction of women who visit health facilities for care.

According to research carried out in Zambia by Sialubanje et al., (2015) on the experiences and beliefs of women on Maternity Waiting Homes (MWHs) majority of women valued the role performed by the MWHs as it allows them to have access to skilled delivery thereby advancing maternal health outcomes. Several factors hinder women from getting the benefits of skilled delivery. Some of these factors include inequalities concerning gender, low socioeconomic statutes, socio-cultural norms which hinder their utilization of MWHs, and lack of women's autonomy to make decisions (Sialubanje et al., 2015).

In the Garu-Tampane District (Upper East Region) for instance, factors including proximity to the health facility, ANC visit of 4 or more, valid NHIS card possession, satisfaction with antenatal care received, approval from partner to deliver in a health facility (hospital), cultural norms, and religious beliefs were strong predictors for women to either deliver in a health facility or not. Even though the district recorded high ANC coverage (90.4%), supervised deliveries constituted 68%. This indicates that about 32% of those who attended ANC delivered at home (Ganle et al., 2019).

Quality care expectant mothers received during childbirth in a health facility reflected the overall state of the health system in terms of physical infrastructure, medicines and supplies, and human capital with the knowledge, skills, and capacity to adequately deal with pregnancy and childbearing related matters (Tunçalp et al., 2015).

2.4 Postnatal

Postnatal represents the period from delivery of the baby and lasts till six (6) weeks after delivery. The period is essential for the survival of the newborn and mother. Postnatal care is among the continuum of care women receive during pregnancy and childbirth. This involves administering health care services to both the mother and child. Neonatal and maternal mortality occur across the continuum of care and the provision of these services reduces/prevents infections, fever, puerperal sepsis, and haemorrhage (Save the Children, 2013; Sultana & Shaikh, 2015; WHO, 2015).

According to WHO (2015) report, most newborns and women in low and middle-income nations do not receive the optimal health care services during the PNC period. In 2012, almost one million neonates died within 24 hours after delivery due to asphyxiation, infections of babies, or being born too early and too small within lower and middle-income economies (WHO 2015). Research conducted by Save the Children reported that countries that are experiencing political instability have higher first-day death rates compared to those that are politically stable (Save the Children, 2013).

A study conducted in Islamabad, Pakistan among postnatal mothers with neonates (0 – 1 month) showed that only 30% of neonates in Islamabad had received PNC. Several reasons were given for the low utilization of the services. Some of this included lack of interest in PNC, mobility, and transportation issues coupled with the health care cost. The

educational level of mothers was also a strong predictor of PNC utilization (Sultana & Shaikh, 2015).

2.5 Client/Patient Satisfaction

The definition of customer or consumer satisfaction has evolved over the years and several researchers in the field have given their definitions on the topic. For instance, Oliver Richard defined consumer or customer satisfaction as "*the final psychological state resulting from the disconfirmed expectancy related to initial consumer expectation"*. Halstead and colleagues in 1994 also defined customer satisfaction as *"the emotional response associated with a specific transaction resulting from the comparison of the result of the product to some set standard before purchase"*. All the definitions are geared towards the point that consumers have an aim for utilizing a product or service which needs to be achieved through judgment with a set standard (Cengiz, 2010).

Gustafsson and colleagues define customer satisfaction as the *"overall evaluation of the performance of a product or service offered after experiencing it"*. Service quality and satisfaction both are related in the sense that the latter predicts the former (Agyapong et al., 2017).

Client satisfaction refers to how satisfied customers are after receiving a given service. From the client's perspective, it indicates the gaps that exist between the expected service and the actual service experience. Patient or clients' satisfaction has become a critical component of hospital and clinic management methods all around the world. Furthermore, most countries' quality assurance and accreditation processes demand that client satisfaction be assessed on a routine basis (Mathew & Beth, 2001).

According to Polyakova and Mirza (2015), enquiring from patients/clients, their thought about the treatment and care they receive is a critical step in enhancing the quality of care and ensuring that healthcare providers are meeting their requirements. Product or service satisfaction has been proven to influence medical advice sought by persons, adheres to care processes, and maintains a long-term relations with care givers (Naseer et. al. 2012). Satisfaction of clients is of primary relevance as a means of determining the quality of treatment, according to Hemadeh et al. (2019), since it provides information on the caregivers' effectiveness in achieving those expectations and values of clients, which are topics which the service seeker (client) has ultimate authority.

Accountability for performance was not a priority in past years when hospitals or health facilities were perceived as symbols of humanitarian interventions for community welfare. Notwithstanding, people are gradually becoming increasingly worried about hospital or health facility performance because 1) Health facilities are consuming an increasing amount of limited community resources. 2) There are more and more concerns regarding the quality and usefulness of the program. Furthermore, addressing those components of healthcare service that customers value the most, such as access, provider relationships, information availability, and engagement opportunities, can have an impact on health care quality results (Naseer et. al., 2012).

According to Mensah et al., (2017)’s research, most developing countries' healthcare systems have major finance, efficiency, equality, and quality problems, making them ill-prepared to tackle these difficulties related to quality service delivery. The study also argued that a very powerful indicator for customer satisfaction with healthcare service is the behaviour of the providers, particularly how responsive and polite they are to the patient. The knowledge and experience of the health facility's personnel play another critical role in client satisfaction.

Furthermore, patients who had visited a primary care facility in the year before to the interview and were retained in the analysis in a study done in South Africa expressed differing perspectives on what pleasure in healthcare delivery entails.

After correcting for gender, age, and type of facility visited, it was discovered that both race and SES were significant predictors of levels of satisfaction with the health care provider's services. When compared to Black and low SES respondents, White and high SES respondents were nearly 1.5 times more likely to report outstanding service. From a client's perspective, it is thus conceivable that one's degree of education and race play a role in influencing patient happiness (Myburgh, Solanki, Smith, & Lalloo, 2005). Another possibility is that the actual treatment delivered differed as a result of the patient-provider relationship being influenced by race or class.

This is similar to a mixed-methods study conducted in Ghana, which found that women with a middle level/junior high school education were less likely than women without education to be happy with overall delivery services. Women were dissatisfied with the unusual demands, unpleasant attitude, and unavailability of healthcare staff, as well as the excessive wait time, on a qualitative level (Adjei, Kikuchi, Owusu-Agyei, Enuameh, Shibanuma, Ansah, & Jimba, 2019).

Women with at least a primary education or higher were less likely to be satisfied with delivery services than those with no education, according to a study conducted in Guatemala among pregnant women between the ages of 15 and 49 years (Colombara, Hernandez, Schaefer, Zyznieuski, Bryant, Desai, & Mokdad, 2016). Furthermore, women were more satisfied with delivery services when nurses treated them with respect, spoke their native language, and allowed them to wear whatever clothes they wanted while giving birth.

An in-depth study in the Iringa District of Tanzania revealed that patients shunned low-quality hospitals (health facilities) for those delivering high-quality healthcare, having more knowledgeable staff (clinicians), and essential medical equipment (Ochan et al., 2018). The low socio-economic development level in Ghana, which has resulted in one of the lowest standards of living in the world, as well as terrible environmental conditions and a lack of social services, have all contributed to the people's poor health (Mensah et. al., 2017).

In the past 30 years, fields of service quality have evolved with researchers proposing several models of perceived service quality. These service quality models had their limitations which led to evolution of other models. The concept of service is frequently associated with actions, deeds, processes, and interactions (Polyakova & Mirza, 2015).

Researchers accept the fact that planning, implementation as well as evaluation of health facilities in healthcare delivery leads to delivering quality service and thereby patient or client satisfaction (Badri et al., 2009; Venkatesh & Dhyana, 2015, Yoharmes, Tareken, & Paulos, 2013).

Other studies suggest that service could be considered in three dimensions, process, solution to problems customers encounter, and valuable customer expected outcomes (Grönroos, 2001; Gummesson, 2007; Kang & James, 2004). Since the emergence of service quality, several models of quality of service have been postulated by different schools of thought. Some of these service quality models include SERVICEQUAL and SERVICEPREF among others which were postulated to assess the quality of service rendered to clients from either the clients' perspective or the service delivery aspect (Polyakova & Mirza, 2015).

It has been broadly agreed among researchers in the healthcare literature that there exist an association between satisfactions of patients and quality of healthcare services. This link between satisfaction of patient and perceived service quality is strong (Nguyen & Nguyen, 2014; Azizan et al., 2013).

In public hospitals in the United Arab Emirates, it was observed that service quality was related positively to patient/client satisfaction. This was arrived at by way of structural equation modelling (Badri et al., 2009). The American Marketers Association defines *"customer satisfaction as the degree to which the customer's expectations are fulfilled or surpassed by a product or service"* (Gopal et al., 2014).

Client or maternal health satisfaction about the maternal health services offered to women has received much attention just as the issues of maternal and child mortality in the last two decades. Client/patient satisfaction serves as an important measurement of the health care rendered against the expectations of those receiving the care and plays a vital role in maintaining the quality of care by health professionals in the health facilities (Ayranci & Atalay, 2019; Berhane & Enquselassie, 2016; Kifle et al., 2017; Lankarani et al., 2016; Okonofua et al., 2017). Satisfaction in itself is multifaceted and complex. This is because it is perceived by the client/patient point of view and technical from the health care providers' end. It also consists of structure, process, and outcome of care (Kifle et al., 2017).

The concept of maternal satisfaction is built on patient satisfaction theories. A lot of authors agree that the subject is multidimensional and is influenced by many factors. One can define maternal satisfaction to be a constructive evaluation of the birthing experience. Assessment of maternal satisfaction and its related factors couldn’t have come at a better

time than now that efforts have been intensified globally towards reducing maternal mortality (Srivastava et al., 2015).

The landscape of the health care system has evolved over the past years due to investment in the sector in developing and developed nations. This poses the questions of the quality of health care services it offers to patients/clients and the need to constantly evaluate healthcare services offered to clients/patients in health facilities and with clients/patients becoming conscious of their rights (Abekah-Nkrumah et al., 2010; Atinga & Baku, 2013). This explains why client/patient satisfaction plays a great role when it comes to the assessment of healthcare facilities in delivering healthcare services to the women population. It is also an important indicator when it comes to assessing the quality of care rendered (Panth & Kafle, 2018).

2.6 Satisfaction of Women with Delivery Services

Bleich et al., (2009) reported that patients globally, are increasingly interested in a health care system that gives priority to their satisfaction. The expanding importance of patient experience, as well as the ongoing focus on comparing people's satisfaction with the health system across nations and time periods, suggests that the relationship between them must be distinguished. Research has shown that there is a strong association between patients' rating of their experience and global satisfaction rating. A survey of the healthcare system among twenty-one (21) European countries revealed that majority of participants positively rated their health systems. In all but five countries, more than half of the respondents reported feeling "fairly satisfied" or "very satisfied" (Bleich et al., 2009)

In their systematic literature review on satisfaction of women with maternal services in developing countries, more than 75% of women in 24 studies reported that they were

satisfied, 50 – 75 per cent reported satisfaction in 10 studies and less than 50 per cent reported satisfaction in only three studies. Satisfaction in the studies was rated in mean scores, proportions, and other non-numerical values due to the qualitative nature of those studies (Srivastava et al., 2015).

A survey of seven healthcare facilities in Ghana's capital, Accra, found that 69.5 per cent of patients/clients expressed satisfaction with the level of service, 29.3 per cent were somewhat satisfied, and 1.2 per cent was not satisfied. In comparison to their male counterparts, female clients/patients (86.0%) were happier with the level of care they received (61.9 per cent) (Odonkor et al., 2019).

Patient/client satisfaction was revealed to be influenced by a variety of variables at the Sunyani Regional Hospital in Ghana. Nurses' attitudes toward clients/patients, their ability to provide timely service without time wasting, their ability to transmit information to patients, and their access to the most up-to-date medical equipment are all examples. The hospital's ability to provide 24-hour service, response to emergency cases, the doctor's patience in clearly exploring what was wrong with patients before giving treatment, providing patients with detailed information about their medication, and the hospital's attractiveness and cleanliness, among other factors, all played a role in determining patients' satisfaction (Awuah-Peprah, 2014).

In Northern Ghana' Tamale Teaching Hospital, most (80.0%) of the patients/clients indicated satisfaction with services they received from the hospital. A lot of factors influenced this satisfaction with health-care services, including a positive attitude (64.5%), effective communication skills (56%), being informed of their diagnosis before interventions (44.5%), and the availability of nurses (59.0%). In the same survey, patients' satisfaction was significantly impacted by longer waiting periods (more than an

hour) to access folders (54.0%) and delays by 30 minutes or more before seeing a doctor (60.5%) (Iddrisu et al., 2019).

Again, a cross-sectional study done in three Ghana Health Service research areas, it was revealed that although all the women 94% of the study participants indicated they were satisfied generally with service rendered to them during delivery, they were however dissatisfied with some aspects of the health service. In this regard adequate service delivery is required to improve women's overall satisfaction. Thus, additional sensitivity training and a reduction in work hours may also improve the experience of clients (Adjei et., al 2019).

In the Central Regional Capital of Ghana, a client's/patients satisfaction survey conducted among three health facilities indicated that the majority (91.4%) were fairly satisfied, 4.2% were very satisfied and 4.4% were not satisfied with the quality of care received. The level of satisfaction was influenced by waiting time, family income, cleanliness of the environment, and the information revelation (Ampofo, 2015).

A study conducted in Nepal showed that about 90% of women were satisfied with delivery services. In terms of the technical and interpersonal components, about 94% of postnatal women said there satisfied. The level of satisfaction related to the health facility and health information was 91% and 92% respectively. The study further found no association between both obstetric and socio-demographic variables and maternal satisfaction. Even though not significant, illiteracy and multiparity were more likely to be satisfied than literate mothers. In terms of going back to use the same facility for future delivery, 87.1% of them said yes they would (Panth & Kafle, 2018).

In 2018, 896 recently delivered women were interviewed in a facility-based comparative cross-sectional study utilizing systematic random sampling, and maternal satisfaction

with delivery service (SVD and CS) was found to be 61.4 percent among health facilities in Bahir Dar, Ethiopia (Karoni et al., 2020).

Furthermore, a similar facility-based cross-sectional survey of pregnant women in selected Public Health Facilities in Wolaita Zone, Southern Ethiopia, revealed that 82.9 percent of expectant women were satisfied with delivery care (Yohannes, Tarekegn, & Paulos, 2013). This is supported by a cross-sectional poll conducted in Pakistan, which found that 61 percent of women were satisfied, while 39 percent were unsatisfied. Women were most satisfied with the communication aspect of care (79 percent), next with the interpersonal aspect of care (75 percent), management satisfaction (75 percent), and overall satisfaction (75 percent) (70 percent). They were least satisfied with AAC (availability, accessibility, and convenience), knowledge and counsel (46 percent), technical quality TQ (56 percent), and financial aspect FA (58 percent) (2012) (Ashraf, Ashraf, Rahman, & Khan).

A study conducted in Chhattisgarh, India among women attending postnatal clinic found that satisfaction with delivery services was higher, about 79% among cesarean births when compared with vaginal delivery (69%) but in terms of postpartum care mothers who had cesarean sections were least satisfied (Jha et al., 2017). The majority (77.3%) of the respondents were satisfied with the services they were given at Gaza Strip in Palestine conducted in government health facilities. The majority of the items on their questionnaire recorded scores close to the neutral point of 3 on a Likert scale of 1-5 (Abu-El-Noor et al., 2020).

In contrast, satisfaction scores for childbirth were higher for vaginal births than for cesarean births in Madrid, Spain. Support received from health professionals was also very high (Catala et al., 2020).In Chile, satisfaction among postpartum mothers regarding

their intrapartum care rated their satisfaction as worse (22%), adequate (29%), and optimal (49.4%). Health professionals' treatment of pregnant women and the nature of the physical conditions were the most significant measurement anticipating the maternal level of satisfaction played an important role in the satisfaction level of mothers (Pantoja et al., 2020).

Imtithal Adnan et al., (2020), found a labour satisfaction score with a normal distribution ranging from 52.5 to 92.0 in a study in the northeast of Peninsular Malaysia.

Similar findings were reported in a study done in Sabzevar, Iran, in the Maternity Unit of Mobini Hospital, where 81.7% had a high level of satisfaction, moderate satisfaction 17.3%, and 1% dissatisfaction (Hoseini et al., 2019). The percentage of mothers with complete satisfaction with health care services ranges from 2.4% to 21.0% (Melese et al., 2014).

According to the findings of the survey, 15.3% and 30.2% were unsatisfied and neutral respectively with 55.0% of participants being satisfied with delivery services provided under the free maternal health policy (Gitobu et al., 2018). According to a survey conducted in Ghana, practically all mothers (94%) expressed satisfaction with the general services provided during delivery (Adjei et al., 2019). Another study indicated that in the study zone in south Ethiopia, roughly 68 per cent of consumers were happy with delivery care in public health facilities (Darebo et al., 2016).

The satisfaction level of mothers who attended hospitals and health centres delivery services were 58% and about 94% respectively, overall, client level of satisfaction with delivery service was about 79% (Tesfaye et al., 2016).To add to, evidence from a cross-sectional study conducted in Kenyan Public Health facilities has it that more than half of the pregnant women (54.5%) were satisfied with delivery services whereas 12.1% of the

respondents were dissatisfied with the cost implications (Gitobu, Gichangi, & Mwanda, 2018). This indicates that cost is not a major determinant of satisfaction with delivery services.

According to many researches, the level of satisfaction with delivery treatment varies by country; one study in Nairobi found that overall satisfaction with childbirth care was 56 percent (Bazant, & Koenig, 2009). Similarly, a research conducted in central Ethiopia found that 62.6 percent of women said they were satisfied with their visit and the treatments they received (Birhanu, Assefa, Woldie, & Morankar, 2010). Another survey conducted in the Amhara region found that 61.9 percent of moms were happy with delivery care services (Tayelgn & Kebede, 2011).

The proportion of women satisfied with delivery care was 74.9 percent in a hospital-based cross-sectional research done in Northwest Ethiopia among women who had visited the facility to give birth. Client privacy related satisfaction (64.3 percent), availability of bed related satisfaction (66.3 percent), encouragement and support during labor (67.3 percent), and health advice and information given to the client related satisfaction (67.5 percent) were the least values among the indictors used to measure the overall level of satisfaction with childbirth care in this study.

However, mothers who were less than 20 years, and those between the ages of 20-34 years were dissatisfied with the care they received in the time of childbirth compared to mothers who were above the age of 35 years (Mekonnen, Yalew, & Anteneh, 2015).

The majority of women were satisfied with the structure/health facility-related aspects determining mothers' satisfaction with delivery services at Uduth Sokoto, according to the study's findings of Lawali et al., (2020). This was also corroborated in a study at the Gondar teaching hospital, where about 61% of respondents were satisfied with the

infrastructure of health facilities (Gashaye et al., 2019). In public health institutions in the West Shewa zone, Oromia Region, Ethiopia, the overall percentage of mothers who were happy with labour and delivery services was around 61 per cent (Bulto et al., 2020). A related research done in Ghana's Kumasi at the Komfo Anokye Teaching Hospital showed that 62% of postnatal mothers were satisfied with the delivery care services (Ebu et al., 2015).

2.7.0 Factors influencing Clients' Satisfaction with Delivery Services

2.7.1 Physical environment/infrastructure

The idea of infrastructure is used indirectly to measure the quality of care. Infrastructure incorporates tangible features related to service delivery. These include the physical appearance of the facility, equipment, furniture, the environment, and how resources are available for their use. Infrastructure can also be seen as the physical facility which can be found outside (parking space, signpost, and the landscape) and those found inside (equipment and design). Since the infrastructure is an idea that is very stable and has a huge relationship with the quality of care, subsequently, it can influence the performance in terms of the quality of service delivered. This can have an effect on the perception of patients regarding the quality of service rendered (Azizan et al., 2013; Zeithaml et al., 2009).

Patient satisfaction with the quality of care rendered is influenced by the physical tangibles that can be seen, touched, and felt within the environment of the health care facility. The issue is that patients infer their early introduction into the health facility through its physical appearance and this strengthens the need to keep the health facilities clean at all times. A spotless, safe, and satisfying environment can altogether improve the patient's mindset, satisfaction, and perceived quality of the service experienced.

Maintaining a clean health facility environment provides an opportunity to meet or surpass clients/patients' desires, it improves the mood and lifts the confidence of the patients and care providers, and value addition to other roles played by the health facility (Atinga et al., 2011; Venkatesh & Dhyana, 2015; Ziapour et al., 2016).

Participants in a study conducted in Nigeria said they were satisfied with all the three (ANC, Intrapartum, and Postnatal) aspects of care. Structural factors associated with respondents' satisfaction include the availability of routine drugs, doctors, and nurses are available (Okonofua et al., 2017).

A study in Ethiopia comparing spontaneous vaginal delivery (SVD) and cesarean section (CS) showed that more than one-third of the respondents (SVD AND CS) were very satisfied with facility overall cleanliness; however, both groups were dissatisfied with hospital bed availability, waiting for area comfort and cleanliness, and accessibility and cleanliness of toilets (Karoni et al., 2020). Clients' complete satisfaction rate with the hospital environment ranged from 3.3% to 40.2% (Melese et al., 2014). Satisfaction with the hospital's physical environment was found to be very low, a mean score of 3.01±0.87 among respondents in their study (Regmi et al., 2017).

In another study, about 52% of the participants were not satisfied with the cleanliness of the health facilities (Getachew, 2019). Clients (less than 56%) were dissatisfied with the cleanliness of the hospital environment among some public hospitals in Kenya (Gitobu et al., 2018).

Clients who were satisfied with the cleanliness of the health facilities toilets were just about 35%, meaning a greater number of the respondents were dissatisfied with environmental cleanliness in the facilities (Tesfaye et al., 2016). Respondents in their study said they were not satisfied with the condition of toilets and showers in the delivery

room (Lawali et al., 2020). About 73% of respondents cited their dissatisfaction coming from the accessibility and cleanness of toilets/showers (Bulto et al., 2020).

Similarly, respondents in the study conducted at the Koforidua Regional Hospital had diverse views about the environmental conditions of the hospital. For instance, other study participants expressed the view that the hospital surroundings were clean but the public toilets and urinals were not in good shape and needed to be improved upon (Ofosu-Kwarteng, 2012).

2.7.2 Medicines and Supplies

Administering medicines that are of quality at the appropriate time can greatly save the lives of newborns and their mothers as well as pregnant women (WHO, 2020). The issue of low-quality medicines/drugs used for the management of maternal conditions that are life-threatening in Low- and Middle-Income Countries (LMICs) is widespread and affects the fight in reducing preventable maternal deaths due to complications. Nearly half (48.9%) of the uterotonic medications sampled failed quality evaluations, according to a comprehensive analysis of the quality of medicines used during pregnancy. One out of every seven injectable antibiotic samples (13%) and one out of every 29 magnesium sulfate samples (3.4%) were of poor quality. The authors called for more attention to be given to the quality of medicine been developed for the management of maternal complications (Torloni et al., 2020).

Medicines and equipment were identified as determining factors for maternal satisfaction in the review of literature related to the subject in developing countries (Srivastava et al., 2015). In another study, major satisfaction variables identified were lack of equipment, interrupted water and electricity supply (Okonofua et al., 2017). Similarly, supplies and drugs were also identified in their study setting (Gitobu et al., 2018).

2.7.3 Availability of Adequate Human Resources

The shortfall in doctors and other health care workers was identified as a source of dissatisfaction among mothers (Okonofua et al., 2017). In a study done by Adjei et al. (2019) also showed the unavailability of health care workers in the health facilities at the time the respondents visited for health care was a major determinant of satisfaction in Ghana

In terms of the availability of health care professionals, a majority (86.7%) of clients(respondents) were satisfied with the presence of professionals at the Gondar University teaching Hospital (Gashaye et al., 2019). This indicates that patients consider the availability of health care providers as key in the measure of their satisfaction.

2.7.4 Interaction or interpersonal behaviour and communication

Several studies reveal that health care services are impalpable and frequently require understanding and contribution from patients in the treatment cycle. This circumstance goes to suggest that closer collaborations and broad communications among patients and care providers are essential to bring about quality service and satisfaction. Accordingly, in healthcare administration the communication among patients and care suppliers is significant (Azizan et al., 2013; Hausman, 2004; Zineldin, 2006). Communication is a critical behavioural ingredient in human relationships. This calls for professional communication ethics among clinical service providers and medical care experts to bring about the optimum benefit of their services to clients (Katebi et al., 2017).

In Katebi et al., (2017), the current clinical education curriculum focuses much on theoretical issues and with limited attention to the relational abilities of the caregiver (Katebi et al., 2017).

Srivastava et al., (2015) reported that the relational conduct of caregivers and patients are major determinants of patient satisfaction in the healthcare system. The biggest proof produced in the survey spins around health care provider conduct regarding respect and non-abuse, implying the significance women append to being handled courteously and compassionately, regardless of their socio-cultural or monetary context (Srivastava et al., 2015)

Good communication among the patients/clients and the health professionals and support staff is very crucial to client satisfaction. Also, the behaviour of the health care team contributes significantly to delivering quality service and ultimately to client/patient satisfaction (Venkatesh & Dhyana, 2015). Melese et al., (2014)'s study revealed that clients rated their communication with health care providers as complete satisfaction which ranged from 0.7% to 26% among respondents in the study at a referral hospital in Ethiopia (Melese et al., 2014). Good interpersonal relationships, providing care on time and the positive attitude of nurses were identified as factors contributing to respondents' satisfaction in the study. Among participants in the same study, mothers who were not satisfied with some of the healthcare pointed out verbal abuse and some nurses being unfriendly (negative attitude) as a source of dissatisfaction.

Odonkor and colleagues in their study in Accra, Ghana found that most (87.8%) of the female clients/patients said they were treated with respect and courtesy. Conversely, about 52% of the male clients/patients complained about not being treated with respect and courtesy (Odonkor et al., 2019). Another study by Maya et al., (2018) revealed that during labour pregnant women in some health facilities in Ghana are sometimes mistreated. Mistreatment has so many forms; some of which include verbal abuse in the form of shouting, insults, and derogatory remarks, physical abuse such as pinching and slapping, abandonment, and lack of support were findings in a study among adolescents

during the second stage of labour (Maya et al., 2018). Verbal abuse was higher during admission than delivery coupled with low physical abuse. Higher parity predicted an increased risk of verbal abuse in the study

A study of midwives' attitudes and beliefs towards physiological childbirth in Iran showed that professionals with higher education (master's degree) had a greater score of 4.32 in the areas of beliefs and attitudes beliefs toward physiologic childbirth, contrasted with those with a four-year certification. Likewise, there were 0.09 increments in the attitude and belief score per one score increment to their greatest advantage in the profession (Sadeghzadeh et al., 2019).

A study in Ethiopia among SVD & CS mothers showed that health professionals had a positive attitude towards patients (Karoni et al., 2020). Another study in Ethiopia among mothers at a maternity referral hospital found that the attitude of providers and communication coupled with the number of days spent in the facility were predictors of client satisfaction (Melese et al., 2014). About 87% of mothers were satisfied with the behaviour put up by midwives during the childbirth process. Similarly, respondents in the study were satisfied with the way health care providers interacted or communicated with them, more than 56% of all respondents. About 40% of respondents were satisfied with the behaviour of health professionals and the way they communicated with them.

The attention offered by healthcare providers towards clients/respondents in the study was found to be very low as about 43% noted no satisfaction. The negative attitude of health workers was cited by Women as a source of their dissatisfaction with the services received during delivery (Melese et al., 2014).

Several studies conducted in different health facilities all reported a similar trend of satisfaction variables across Ghana. A study conducted by Tesfaye et al., (2016) reported that the percentage of women who complained about health care providers being

unfriendly or resentful of care was found to be high in hospitals than in the health centres. Poor communication of health care providers among postnatal mothers visiting the Komfo Anokye Teaching hospital, Kumasi, Ghana was reported to be 44% and bad attitudes put up by health professionals were reported by respondents to be 24% (Ebu et al., 2015). Another study conducted in the Koforidua Regional Hospital on customer satisfaction found that Physicians were rated higher than Nurses in terms of human relations, responses about service provision, and the environmental conditions of the hospital were diverse (Ofosu-Kwarteng, 2012).

2.7.5 Privacy

Maintenance of privacy and confidentiality is an indicator of good care and a key determinant of maternal satisfaction. Satisfaction is significantly affected by the respect accorded to women and the confidentiality of care (Srivastava et al., 2015).

In an empirical study carried out by Karoni et al., (2020) it was reported that in terms of their privacy being kept, about 85% and 70% of SVD and CS mothers said they were satisfied. Among women who had vaginal deliveries, the overall satisfaction was influenced by a good interaction with health care providers, how their privacy is maintained, and their anxiety is relieved from childbirth (Jha et al., 2017).

Another study reported that clients claimed their privacy was maintained by health care providers at a mean score of 4.37±0.92 out of 5 recorded (Regmi et al., 2017). It was also reported in the Gashaye et.al. study where about 58.2% of the women indicated satisfaction with the privacy provided during their pelvic examination (Gashaye et al., 2019). In contrast, respondents of the study in Kenya mentioned that their privacy was not maintained during the healthcare service delivery process, as less than 56% of respondents were not satisfied with how their privacy was kept by the healthcare delivery process (Gitobu et al., 2018). All studies on the need for privacy in the healthcare system

indicate that clients are much concerned about how their privacy is kept while receiving health support services.

2.7.6 Health Education on labour and perceived competency of the provider

According to the World Health Organization, patients have the right to information on the health and the treatment they receive from healthcare providers. Patients ought to get all information about their care and should feel engaged with all choices made concerning their treatment (WHO, 2017b). Provision of adequate information about prescribed drugs and explaining procedures to be carried out by clients were found to be a major area of dissatisfaction at the health institutions (Melese et al., 2014).

The WHO defines quality care a "*the extent to which health care services provided to individuals and patient populations improve desired health outcomes*", quality of care has components, and these include; safety, effectiveness, timely, efficiency, equitable and people-centred. Quality provision of care for pregnant women and babies in healthcare facilities requires skilled and inspired healthcare professionals and the availability of fundamental physical resources, for example, clean water, essential medicines, equipment, and supplies (WHO, 2017a).

Perceived competence was related to the qualification or experience of care providers, and was a determinant for maternal satisfaction in Cuba, Vietnam, Thailand, Nigeria, India, Kenya, and China (Srivastava et al., 2015). The Network for Improving Quality of Care for Maternal, Newborn and Child Health is championing the core values of quality, equity, and dignity of care provided to women globally which aim to deliver the vision of the Every Woman Every Child Global strategy for women's, children's and adolescents' health (WHO, 2017a).

2.7.7 Waiting time

The time clients/patients spend before getting care has been a constant variable in many studies conducted in the healthcare system. All-round clinical and administrative procedures, for example, clinical appointments, waiting time to see a health care provider, admission, and discharge protocols significantly affect client satisfaction with the nature of quality service offered in the hospitals. The issue of waiting time is sometimes compounded by the unavailability of human resources and service facilities. Client's perception of the time they have to wait for health care services influences their level of satisfaction regarding the service provided (Atinga et al., 2011; Bielen & Demoulin, 2007).

A research carried out by Okonofua et. al in Nigeria found that respondents were dissatisfied with the long waiting times as they cited health workers reporting late for work as a variable leading to dissatisfaction. According to Adjei et al., (2019), some women respondents expressed dissatisfaction with the healthcare delivery system in many health facilities in Ghana because they waited for long hours before receiving care services.

Karoni et al., (2020) reported in their study that waiting time satisfaction according to SVD mothers was about 49% and 35% of the CS mothers were also satisfied. About 31% and 11% of SVD and CS mothers waited more than one hour before having access to a health worker. In another study by Tesfaye et. al., the majority of the clients/patients (94%) waited for less than thirty minutes before health care providers attended to them (Tesfaye et al., 2016). Longer waiting time was a predictor of satisfaction with maternity care.

Respondents in Ghana who had attended the Koforidua Regional Hospital complained about the duration of time they had to wait. . Ninety per cent (199) of the 221 respondents said they spent too much time seeking care at the hospital. Only 10% (22) of those polled indicated they don't waste time in the hospital. Among the 199 persons who said they spent more time looking for medication, 94 per cent, or 188 people, said they spent between 3-6 hours. As little as 6% of respondents spent between 1-2 hours, which they considered to be excessive (Ofosu-Kwarteng, 2012). So far all literature reviewed under waiting time for health care points to the fact that waiting time is an important variable in measuring satisfaction in the healthcare delivery system.

2.8 Socio-demographics and Clients' Satisfaction with Delivery Services

Researchers argue that mode of delivery, age, parity, education level, type of health facility (public/private), and the number of days stayed in the facility affects the level of clients' satisfaction which either is a positive or negative experience (Melese et al., 2014; Mohammed, 2016; Regmi et al., 2017).

A study by Karoni et al., (2020) reported that women who had spontaneous vaginal delivery (SVD) had a satisfaction level of 65.6% while mothers with Cesarean section delivery were 57.2% in health facilities in Bahir Dar city of Ethiopia. In contrast, a study by Tesfaye et al., 2016 in southwest Ethiopia reported that women who had undergone a cesarean section were four times more likely to express satisfaction than spontaneous vaginal delivery mothers. In either debate, both SVD mothers and CS mothers expressed satisfaction with the health delivery process in health facilities in Ethiopia's North West Bahir Dar city.

On variables such as educational level, age, and the number of deliveries, a study by Hoseini et al., (2019) found out that those variables were significant to the maternal level

of satisfaction. Abu-El-Noor et al., 2020 found age to influence satisfaction among respondents

The age of the clients, educational status, outcome of labour, income of clients, and clients' location in a cross-sectional descriptive study with 423 postpartum women found that the above-listed variables predicted client satisfaction at the Gandhi Memorial Hospital (GMH) in Ethiopia in 2006 (Melese et al., 2014). Satisfaction of patient correlated negatively with age and social status of the patients among respondents across seven health care facilities in Accra, Ghana (Odonkor et al., 2019)

2.9 Conclusion

Client satisfaction refers to how satisfied customers are after receiving a given service. In summary, studies have shown varied factors that determined clients' satisfaction with delivery services. The attractiveness of the facility affects the way patients view services rendered to them, patient sometimes judged their satisfaction based on the outcome of services rendered. The attitude of health care providers equally plays a major role in the way clients view satisfaction with care in the health sector. The time waited in the facility as well as the way providers interact with clients and the experiences these patients go through determined their satisfaction levels with the care received.

CHAPTER THREE

RESEARCH METHODS

3.0 Introduction

The current chapter comprises of the study setting, study design, health sector related information, education, population considered for the study, criteria for inclusion, and exclusion, variables considered (dependent and independent). The chapter also includes sample size estimation, sampling techniques, tools and procedures for data collection, quality control, data analysis, and ethical consideration.

3.1 Study Setting

The study was conducted in four health facilities within the Sissala East Municipality. In 2004, the parliament of Ghana by a Legislative Instrument (L.I 1766) created the Sissala East District with Tumu being its capital and the District Hospital also located in Tumu(Ghana Statistical Service (GSS), 2014). The Sissala East District, which is now a municipality, is located in Ghana's Upper West Region's north-eastern enclave. It is located between 1.300 W longitude and 10.000 N and 11.000 N latitude. It shares a border with Burkina Faso on the north, Kassena-Nankana West and Builsa District on the east, West Mamprusi District on the south, Wa East, and Daffiama-Bussie-Issah districts on the south, and Sissala West District on the west (Figure 2.0). The Municipality's total land area is 5,092.8 square kilometres, accounting for 26.7 per cent of the region's total landmass(Ghana Statistical Service (GSS), 2014).

About four out of ten people aged 12 and above are married (52.7%), 1% are divorced, and 0.8 per cent are separated. By the age of 25-29, more than half (79.8%) of females are married while below fifty percent (44.4%) married male population exist. Widowed women make up 51.0% of individuals 65 and older, while widowers make up only 6.7%.

78.5% of married adults have never attended school, compared to 30.8% of unmarried people. 85.3% of married people are employed, 1.3% are jobless, and 13.5 per cent are economically inactive(Ghana Statistical Service (GSS), 2014). According to the Ghana Statistical Service (GSS), those who have never married are more economically inactive (48.6%), with 1.4% unemployed (Ghana Statistical Service, 2014).

The projected population of Sisaala East Municipal is 67,029 with Women in the fertility age (WIFA) target population of 16,087 and the Municipal has the second-highest fertility rate of 85.7 births per 1000 women aged 15- 49 years(Ghana Statistical Service, 2013; GHS, 2018).

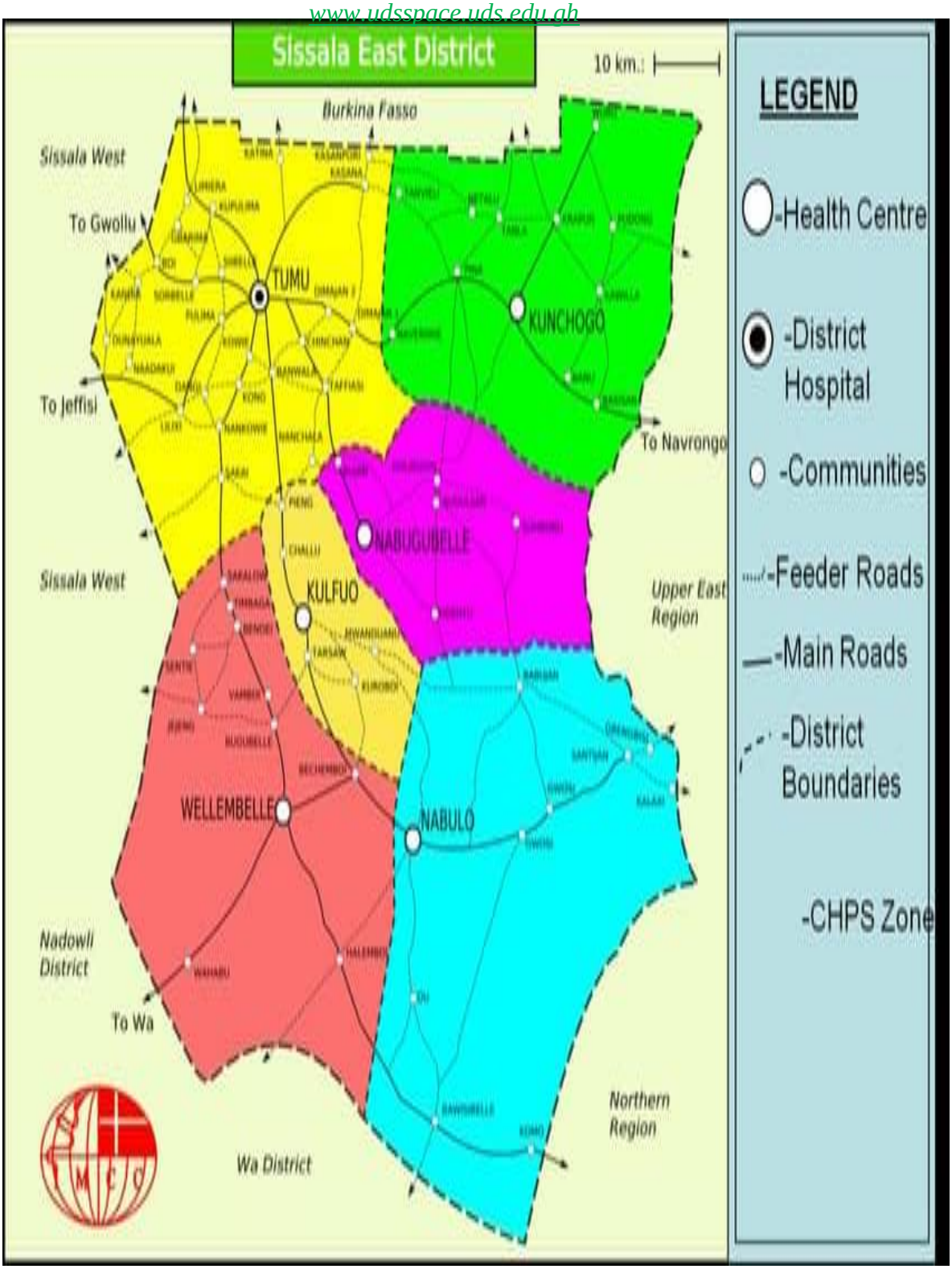

Figure 2: A Map of the Sissala East Municipality

Source: (Ghana Statistical Service (GSS), 2014; Yahaya, 2014).

3.3 Health Sector

Daffiama-BussieIssa (DBI), Lambussie, Jirapa, Lawra, Nandom, Nadowli –Kaleo, Sissala Wa East, Wa Municipal, East and West and Wa West are the 11 documented administrative districts of the region. The eleven Budget Management Centres (BMCs) govern the various district health systems, with the District Health Management Teams (DHMTs) having supervision authority. The Regional Health Management Team (RHMT) also supervises the DHMTs. The entire 11 administrative districts are also divided into sub-districts which are also further divided into Community Health Planning Services (CHPS)(Chedar, 2019).

The region has sixty-eight (68) sub-districts and 1009 communities, the Sub-district Health Teams (SDHTs) supervise the Sub-district Health Teams (SDHTs) (GHS, 2017). The municipality has eleven hospitals, four polyclinics, seventy health centers, fifteen clinics, 227 CHPS compounds, and five maternity homes (Ofosu, 2017). Tumu which is the capital and has a municipal which is the only referral facility for the municipality and also receives referrals from the Sissala West District (Sissala East District Assembly, 2018).

According to the Ghana News Agency of November 2019 during the maiden meet the press session of the Municipal Chief Executive (MCE); Mr. Karim Nanyua, said the Municipal has 56 Community Health Planning Services (CHPS) compounds of which 46 were operational (with compounds) at the time. About 80% of the population in the Municipality were receiving health care from CHPS compounds (Chedar, 2019).

Furthermore, the doctor/patient ratio has improved from only one medical doctor serving the 58,000 clients to three more medical doctors. The number of midwives in the municipality has also increased from six to twenty-four and the number of enrolled nurses has also increased to more than 100% from 2013 to 2019. Despite these achievements, women are not satisfied with

maternal health services. Neonatal deaths are on the ascendancy in Tumu and other parts of the Municipality and health financing is dwindling gradually which affects clients' access to health services. To make matters worse, the National Health Insurance Authority has not reimbursed the health sector for almost a year now. Although some maternal and child health indicators have improved, stakeholders and researchers have been asked to help improve the situation further. The total number of deliveries rose from 62% in 2015 to 66.3% in 2016. Late teenage pregnancies were 13% in 2016.

The institutional maternal mortality ratio in 2016 was 118 deaths per 100,000 live births, down from 156 deaths per 100,000 live births in 2015. In 2015, there were 161 fatalities per 100,000 live births, compared to 161 in 2014. From 2013 to 2019, the Maternal Mortality Ratio has barely decreased from 221 mortality cases in every 100,000 live births to 36 deaths in every 100,000 live births. In 2016, family planning services coverage was 53%. All family planning services have also improved from 23% in 2013 to 57% in 2019 (Ofosu, 2017).

3.4 Education

The municipality has nine (9) education circuits under its care and it is through these circuits that young people received education at the basic level i.e. primary and junior high school education. Circuits in the municipality include Tarsaw/Kulfuo, Wellembelle, Nabulo, Tumu East, Tumu West, Sakai, Bujan, Fachuboi, and Kunchogu(Ghana Statistical Service (GSS), 2014). The municipality has three-second cycle institutions in the locality providing secondary education to pupils that successfully passed their BECE. The Senior High Schools in the municipality are Kanton Senior Secondary School (SHS), Tumu Senior High/Technical, and Holy Child Senior High School located in the Walembelle community(Ghana Statistical Service (GSS), 2014).

3.5 Study Design

An analytical cross-sectional design involving the quantitative approach was selected for the study. The design was used to determine the factors that influenced clients' satisfaction with care in a specific population at a single moment in time (Kesmodel, 2018).

3.6 Study Population

All women who had delivered in the last seven days before data collection and were between the ages of 18 to 49 years at the time of conducting the study in the four selected health facilities were the targeted population.

3.7 Criteria for Inclusion

Women included in the study were those who had just delivered and those who have not exceeded seven days post-natal. Again, respondents who could speak English, Sissali, or Dagaari were also made to take part in the study.

3.8 Criteria for Exclusion

Exclusion criteria include pregnant women in labour. Postnatal mothers who had exceeded the seventh day following delivery and had reported to the facility were excluded from the study. Again, women who met the criteria for inclusion but were outside the health facility were excluded from partaking in the study. Also, the sub-districts excluded from the study were Mwmanduonu sub-district, Tumu Municipal sub, Kunchogu sub-district, Nabulo, Bawiesibelle, Nabugubelle sub-district,

3.8. Study variables

The dependent variable considered was the satisfaction of clients with delivery services. On the other hand, the independent variables were socio-demographics, process factors, and structural factors.

Table 3 1: Study Variables

DEPENDENT/OUTCOME VARIABLE	INDEPENDENT VARIABLE
	Socio-demographics
Satisfaction with delivery care	Age, Marital status, Parity, Location of facility, Occupation, Educational level
	Process factors
	Structural factors

Field Survey, 2021

3.9 Sample Size estimation

The women in the fertility age (WIFA) population in the municipality was 16,087 in 2019. This size calculation was done based on Yamane's formula for a random sample size of a known population. Calculation of the sample size was based on the WIFA population formula (Yamane, 1967).

$$n = \frac{N}{1+N(e)^2}$$

At 95% confidence interval

n = sample size

N = population size (WIFA population)

e = margin of error (5%).

Given N (WIFA population) of the Sissala East Municipal of 16,087.

n= sample size

N= Target (WIFA) population which is 16,087

e= 5% margin of error which is 0.05

$$n = \frac{16087}{1+16087*0.05^2}$$

$$n = \frac{16087}{1+40.2175}$$

$$n = \frac{16,087}{41.2175} = 390.3$$

n = 391.

With the addition of 10% (39.1 which is equivalent to 40 respondents) for non-response of the respondents, the final sample size of the study was 431 respondents.

3.10 Sampling techniques

Multistage and simple random sampling techniques were used in selecting the sub-Municipals and the health centers within the sub-Municipals respectively. At the Municipal level, the Tumu Municipal Hospital which is the main referral facility was purposively selected into the study. The Municipal has seven (7) sub-Municipals through which it provides health care services to individuals within its catchment areas and to ensure that some important characteristics of the population are fairly represented, a simple random sampling through balloting without replacement was used to select three (3) sub municipals from the seven (7) sub municipals. This was done through balloting where the names of all sub-municipals were written on paper, folded, and placed in one

bowl for rural sub municipal and the other bowl for urban sub-municipality. With one's eyes closed, two sub-municipals from the rural bowl and one from the urban sub municipals were picked. Next was picking two health facilities under the already chosen two rural sub municipals and picked one health facility in the urban sub-municipal category from the one that was selected. The facilities selected for the study include the Tumu Municipal Hospital, Wellembelle Health Centre, Sakai Health Centre and Kulfuo health centre. Respondents in these facilities were selected consecutively after consented participate in the study.

3.11 Tools and Procedures for Data Collection

The study utilized a structured questionnaire for data gathering. This was developed based on studies done earlier among delivery clients (Adjei et al., 2019; Aninanya et al., 2021; Duysburgh et al., 2016). The questionnaire consists of questions related to both structured factors and process factors. Participants demographic information and level of clients' satisfaction with care was ascertained. All clients who came to the selected facilities were questioned once they accepted to partake in the study and after signing the agreement form. The questionnaires were developed in English before translating it to the Sissali language the primary data include raw data collected by the use of a questionnaire which was done by the researcher and four research assistants. Data collection was carried out at the health facilities. Four hundred and thirty-one questionnaires were administered to the respondents in four health facilities where labour and delivery services were provided. Data collection started on 24th February 2021 after obtaining ethical approval on 11th February 2021 and ended in April 2021. An average of 30 minutes was spent to interview each respondent. The questionnaires were administered in English, Sissali, or the Dagaare language.

The researcher entered selected health facilities to identify post-natal mothers who delivered day one up to the seventh day. The principal investigator explained tin details the purpose of the study in the preferred language of a respondent to gain their consent and cooperation to participate in the study.

3.12 Measures for Quality control

A pretest was conducted among 20 respondents at a health facility in the Nabulo sub-district which was not part of the study. This facility that was chosen shared similar characteristics with respondents who were used in the study. This was done to confirm the appropriateness of the data collection tools. The principal researcher monitored the research team to ensure that interviews were well conducted in the selected study areas.

Four trained research assistants assisted the researcher in the administration of the questionnaire. Due diligence was done to ensure that the research assistants collected complete data on each respondent. All returned questionnaires were checked for completeness before data entry.

3.13 Data Analysis

A total of 431 questionnaires were conducted. Completed questionnaires were processed for easy input into the SPSS version 21 for the data analysis; both descriptive and inferential analysis was done. A Chi-square association test was conducted for association between the outcome variable and the independent variables was made and predictors of clients' satisfaction with delivery services were established through binary logistic regression analysis.

3.14 Ethical Consideration

The Kwame Nkrumah University of Science and Technology (KNUST) ethics board granted ethical approval for the study. Administrative approval letters were obtained from the University for Development Studies and the Upper West Regional Health Directorate. Lastly, all aspects of the informed consent form were explained to the respondents and they agreed to participate in the study; the form was signed by both the researcher and respondents to ensure confidentiality. Data was stored in a cupboard/computer under lock and key and only opened when necessary.

Conclusions

Chapter 3 discussed methods used in conducting the study. The next chapter will present the results based on the study objectives.

CHAPTER FOUR

RESULTS

4.1 Introduction

This chapter presents findings on factors influencing clients' satisfaction with delivery services in the Sissala East Municipality of the Upper West Region of Ghana. The results are presented based on the following sub-themes; the respondents' demographic information, level of satisfaction with delivery services, danger signs that delivery clients should report, danger signs found in newborns, structural and process factors influencing clients 'satisfaction with delivery services.

4.2. Respondents' Demographic Information

A total of 431 participants were engaged in the study. The response rate was 100% because none of the study participants declined to participate in the study. Among the study participants, the Tumu Municipal Hospital had total deliveries of 220, representing 51%. Walembelle Health Centre's had total deliveries of 62, representing 14.4%. Sakai Health Centre had 39 deliveries indicating 9% and Kulfo Health Centre deliveries of 110 making 25.5%, 99.1% of the study participants who delivered at the facility had a normal delivery and 0,9% had slight complications and dizziness following delivery.

Among the study participants, 90.3% were married women, 9.7% were single women. For parity, 60.3% of the study subjects had given birth more than once, while 39.7% had given birth once. The number of Primipara women aged 18-22 years who had given birth once or more than once were 77.9% and 22.1%, respectively. Among the age group 23-27 years, primiparous women were 37.2%, while those within the same age group were multiparous women 62.83%. Illustrated in table 4.0 is the percentages and frequencies of the other age categories for women who have given birth either once or multiple times.

The study results indicated that 25.2% of married women had never been to school, the majority (52.2%) of study participants had attained primary and secondary school level, 5.1% vocational/technical, 15.8% tertiary, and 0.7% had other qualifications. The majority (32.9%) of the study subjects were farmers, 28.8% were housewives, 11.8% were students, 10.9% were traders, and 15.5% had other jobs. 90% of the respondents were married, while 10% were not married. The majority (83.3%) of the respondents had a monthly income ranging from 100 to 300 Ghana cedis, while only 2.6% earned GHS 1,000 or more (Table 4.1).

Ninety-two per cent of 92.1% (397) of the study subjects had a normal delivery, while 7.9% delivered with complications. Regarding the kind of delivery, a majority (82.4%) had a normal vaginal delivery, and the rest of the percentage among respondents who had vaginal delivery assisted by equipment, planned cesarean delivery, and emergency cesarean delivery (Table 4.0).

Table 4.0 1: Demographic Characteristics of the Respondents

Variable	Category	Frequency	Percent
	Total	431	100.0
Facility name	Tumu Municipal Hospital	220	51.0
	Wellembelle Health Centre	62	14.4
	Sakai Health Centre	39	9.0
	Kulfuo Health Centre	110	25.5
Marital Status	Single	42	9.7
	Married	389	90.3
Parity	Primi-para	171	39.7
	Multi-para	260	60.3
Age groups	less than 20	54	12.5
	20-29	255	59.2
	30-39	116	26.9
	40-49	6	1.4
Educational level	Never attended school	113	26.2
	Primary/secondary	225	52.2
	Vocational/technical	22	5.1
	Tertiary	68	15.8
	Others	3	.7
Occupation	Trader	47	10.9
	Farmer	142	32.9
	house wife	124	28.8
	Student	51	11.8
	Others	67	15.5
Average monthly income	100gh - 300gh	359	83.3
	400gh - 600gh	49	11.4
	700gh - 900gh	12	2.8
	1000gh & above	11	2.6
Kind of delivery	normal vaginal delivery	355	82.4
	vaginal delivery assisted by equipment	12	2.8
	planned caesarean delivery	36	8.4
	emergency caesarean delivery	28	6.5
Outcome of delivery	Normal	397	92.1
	with complications	34	7.9

Source; Field Survey, 2021

4.3 Danger Signs that Delivery Clients should Report

Providing information or education to the mother after delivery is essential in mitigating maternal mortalities. Therefore, participants were required to state some danger signs that should be reported to a health facility when they experience it. The majority of the respondents said 'yes' vaginal bleeding and severe abdominal pain were danger signs with 62.6% and 53.1% responses, respectively. On the other hand, respondents were also able to mention convulsions, fast and difficult breathing as danger signs representing 75.2% and 79.6%, respectively. Fever and too weak to get out of bed, fever, breast that is swollen, red, tender or sore, and pain on micturition or dribbling urine had 65.4%, 76.8%, 56.6%, and 68.9% respectively of the respondents not knowing them as danger signs after delivery(Table 4.2). The table below shows the danger signs attributed by respondents.

Table 4.0 2: Danger Signs that should be reported by delivery clients

Danger sign	No (%)	Yes (%)
Vaginal bleeding	161 (37.4)	270 (62.6)
Convulsions	324 (75.2)	107 (24.8)
Fast and difficult breathing	343 (79.6)	88 (20.4)
Feverish and very weak to get out of bed	282 (65.4)	149 (34.6)
Severe abdominal pain	202 (46.9)	229 (53.1)
Fever	331 (76.8)	100 (23.2)
Breast swollen, red or tender breast, sore nipple	244 (56.6)	187 (43.4)
Urine dribbling or pain on micturition	297 (68.9)	134 (31.1)

Field Survey, 2021

4.4 Danger Signs Found in Newborns

Just as providing education to the mother about the danger signs concerning herself after delivery, giving information on the danger signs about the child is also vital. Respondents were asked to mention the danger signs associated with the newborn. Just a slight majority (51.7%) mentioned that a newborn having difficulty breathing was a danger sign for the child and should be sent to the health facility. In terms of the other variables on the danger signs of the child; convulsions, fever, feel cold, diarrhea, difficulty in feeding, no feeding at all, pus from the eyes, skin pustules, and a cord stump which is red or draining pus recorded 65.7%, 53.8%, 67.1%, 74.5%, 58.5%, 64.7%, 71.5%, 76.6%, 63.1%, and 72.2% respectively were not mentioned by the respondents. The details are presented in table 4.3.

Table 4.0 3: Danger Signs in Newborns

Danger sign	No	Yes
Difficulty in breathing	208 (48.3)	223 (51.7)
Convulsions	283 (65.7)	148 (34.3)
Fever	232 (53.8)	199 (46.2)
Feels cold	289 (67.1)	142 (32.9)
Diarrhea	321 (74.5)	110 (25.5)
Difficulty in feeding	252 (58.5)	179 (41.5)
Not feeding at all	279 (64.7)	152 (35.3)
Pus from eyes	308 (71.5)	123 (28.5)
Skin pustules	330 (76.6)	101 (23.4)
Yellow skin	272 (63.1)	159 (36.9)
A cord stump which is red or draining pus	311 (72.2)	120 (27.8)

Field Survey, 2021

4.5 Satisfaction with Delivery Related Services

Respondents were required to rate their satisfaction level with the delivery services in the various health facilities, the majority (80.3%) of them rated it as satisfactory. The results are presented in figure 4.1.

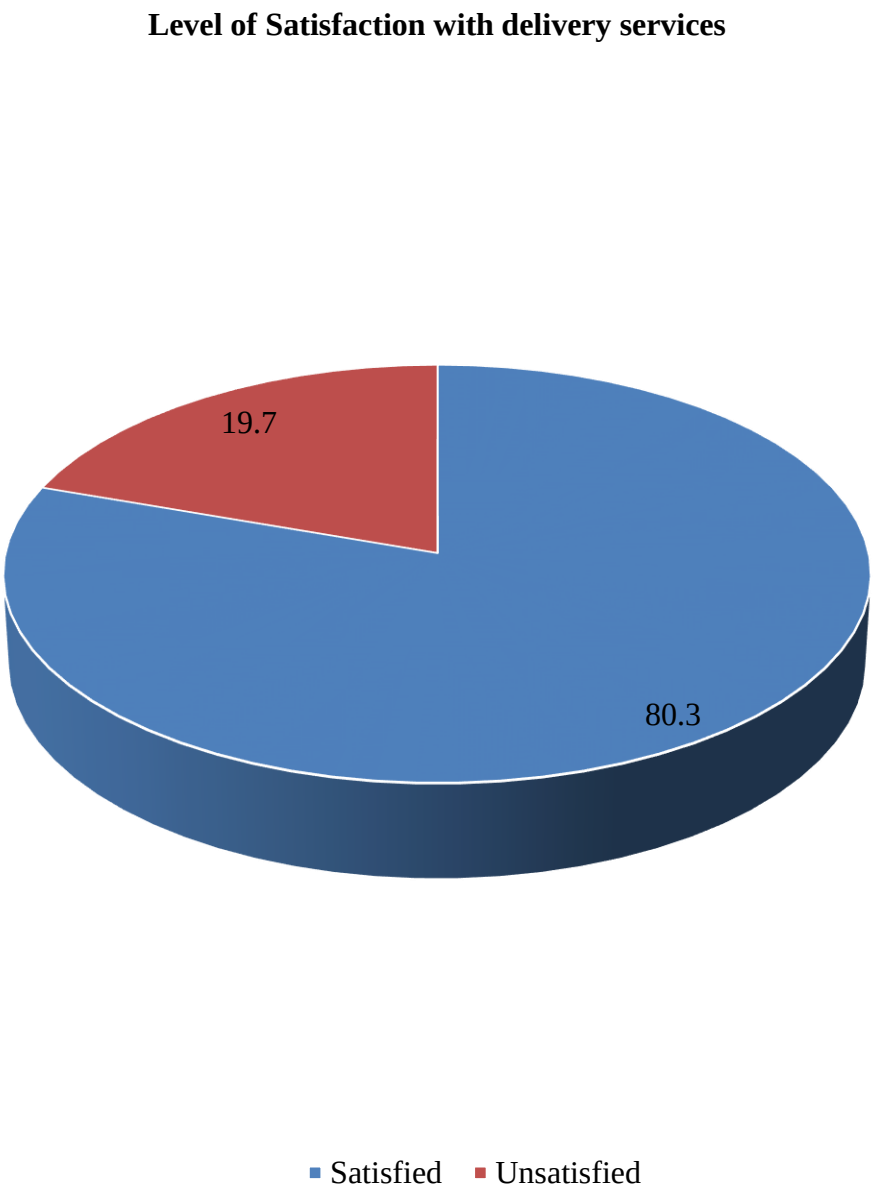

Figure 4.1: Level of Satisfaction with Delivery Services

Source; Field Survey, 2021

4.6 Structural Factors Influencing Clients Satisfaction with Delivery Services

The structurally related factors include clinical/medical examination during labor, level of assistance during delivery, a drug prescribed; drugs received medical equipment availability, and hygiene of the health facility. Most of the items measured in this category were satisfied, with percentages ranging from 77.7 to 94.2. Very few clients were unsatisfied with structural factors. Outlined in table 4.4 are the various frequencies and percentages of the structurally related factors. .

Table 4.0 4: Structural Factors Influencing Clients Satisfaction with Delivery Services

Variables	Satisfied (%)	Unsatisfied (%)
Satisfaction with the level of support from health workers	406 (94.2)	25 (5.8)
Medical examination satisfaction by the health worker	398 (92.3)	33 (7.7)
Satisfaction with the level of assistance by health workers during delivery	398 (92.3)	33 (7.7)
Satisfaction with hygiene at the health facility	377 (87.5)	54 (12.5)
Satisfied with the drugs received at the health facility	335 (77.7)	96 (22.3)
Satisfaction with the medical equipment available at the health facility	373 (86.5)	58 (13.5)

Field Survey, 2021

In general, about 64% of respondents were satisfied with the structural factors, as presented in figure 4.2.

General satisfaction with structual factors

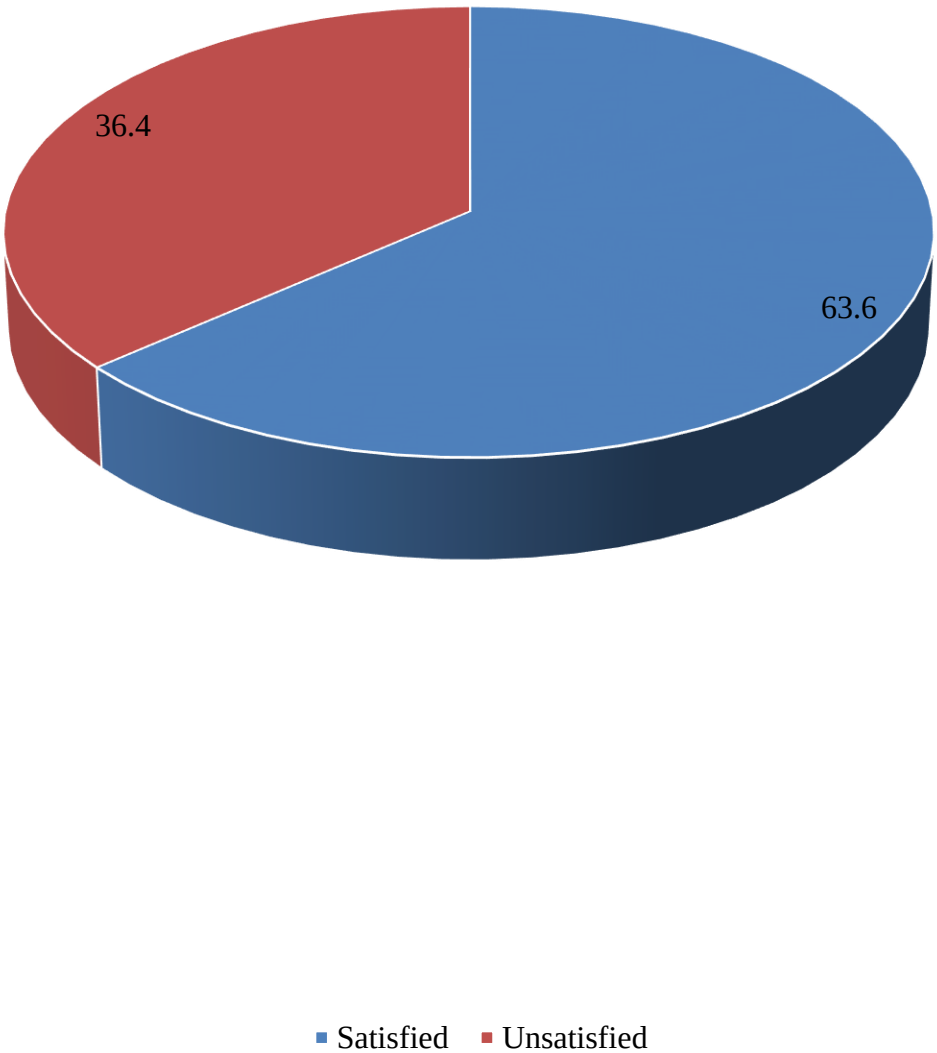

Figure 4.2: Clients' general satisfaction with structural factors

4.8 Process-Related Factors Influencing Clients' Satisfaction with Delivery Services

The process-related factors include the level of reception received, privacy, respect, support, information, waiting time and, clinical examination during labor. In addition, the level of assistance received during delivery, attention, and care of the newborn baby after delivery, and attention and care given to the mother after delivery. In all the variables under consideration, most of the respondents were satisfied with the process factors but majority (56.1%) were dissatisfied with the waiting time in all the four health facilities. Below are the frequencies and percentages of the process- related factors of satisfaction with delivery services shown in table 4.5.

Table 4.0 5: Processes-Related Factors Influencing Clients' Satisfaction with Delivery Services

Variable	Satisfied	Unsatisfied
Satisfaction with the reception you received at the health facility	410 (95.1)	21 (4.9)
Satisfaction with the level of privacy	404 (93.7)	27 (6.3)
Satisfaction with the respect of health workers	400 (92.8)	31 (6.3)
Satisfaction with the level of support from health workers	406 (94.2)	25 (5.8)
Satisfaction with information offered by health workers	404 (93.7)	27 (6.3)
Satisfaction with the level of attention and care given to your newborn baby after delivery	400 (92.8)	31 (6.3)
Satisfaction with the level of attention and care given after delivery	395 (91.6)	36 (8.4)
Satisfaction with the waiting time	189 (43.9)	242 (56.1)

Field Survey, 2021

In general, the majority (80.3%) of the respondents were satisfied with the process factors, as presented in figure 4.3.

Clients' General Satisfaction with process related factors

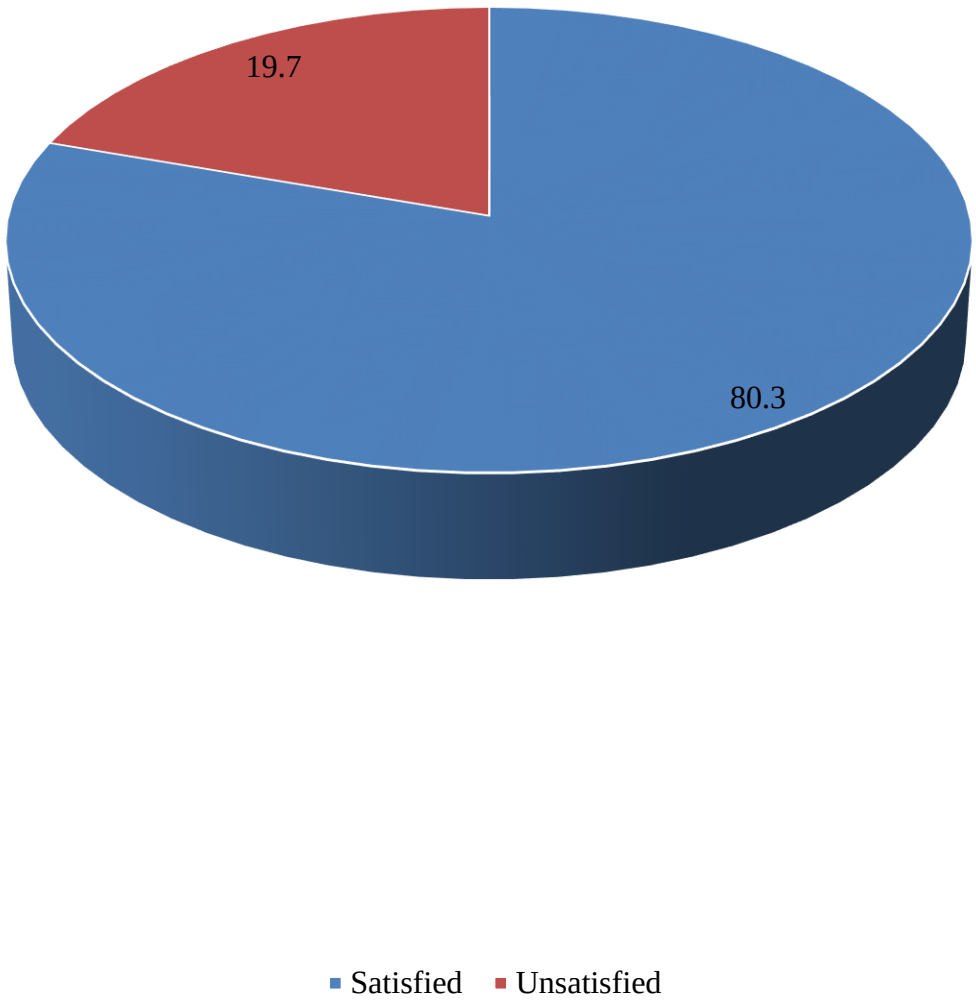

Figure 4.3: Clients' general satisfaction with process-related factors

Source; Field Survey, 2021

4.8 Association of satisfaction with delivery services and demographic and economic characteristics.

A Chi-square analysis was conducted using respondents' demographics and satisfaction with delivery services. It was found that the age, occupation, kind of delivery, structural factors, process factors, and the health facility in which 'respondents delivered had a significant relationship with the dependent variable. Other variables were not significant. The results are presented in Table 4.6.

Table 4.0 6: Chi-square test of the relationship between women's demographic characteristics and satisfaction with delivery services

		Satisfaction with child birth services		Chi-square (p-value)
		Satisfied	Unsatisfied	
Facility name	Tumu Municipal Hospital	154	66	31.259
	Wellembelle Health Centre	59	3	(0.001)
	Sakai Health Centre	36	3	
	Kulfuo Health Centre	97	13	
Marital status	Single	37	5	1.796
	Married	309	80	(0.180)
Age	Less than 20	48	6	9.791
	20-29	211	44	(0.002)
	30-39	83	33	
	40-49	4	2	
Parity	Primi-para	144	27	2.768
	Multi-para	202	58	(0.096)
Educational level	Never attended school	97	16	7.021
	Primary/secondary	177	48	(0.135)
	Vocational/technical	18	4	
	Tertiary	53	15	
	Others	1	2	
Occupation	Trader	29	18	13.642
	Farmer	122	20	(0.009)
	House wife	101	23	
	Student	42	9	
	Others	52	15	
Average monthly income	100gh - 300gh	290	69	0.515
	400gh - 600gh	38	11	(0.916)
	700gh - 900gh	9	3	
	1000gh & above	9	2	
Kind of delivery	Normal vaginal delivery	295	60	12.937
	Vaginal delivery assisted by equipment	6	6	(0.005)
	Planned caesarean delivery	26	10	
	Emergency caesarean delivery	19	9	
Structural factors	Satisfied	255	19	77.686
	Unsatisfied	91	66	(0.000)
Process related factors	Satisfied	329	17	242.998
	Unsatisfied	17	68	(0.000)

Field Survey, 2021

4.9 Logistic regression analysis of significant variables associated with delivery services satisfaction

Logistic regression was conducted to determine the following independent variables' effect on the likelihood of respondents' satisfaction with delivery services. These independent variables were facility name, age, occupation, structural factors, kind of delivery, and process factors. The dependent variable was satisfaction with delivery services (satisfied and unsatisfied). The results showed that the kind of delivery, structural factors, and process factors were significant ($p<0.05$). Respondents who had normal vaginal delivery were 10.43 times more likely to be satisfied with the delivery services than those who had a vaginal delivery with equipment assisted and cesarean delivery (planned or emergency).

Also, clients who expressed satisfaction with structural factors were 4.6 times more likely to be satisfied with delivery services than those unsatisfied with the structural factors.

In terms of the process factors, women who were satisfied with the process-related factors were 83.4 times more likely to be satisfied with the delivery services in general (Table 4.7).

Table 4.0 7: Logistic regression analysis of significant variables associated with delivery services satisfaction

Variable	Category	Odds ratio	P-value	95% odds ratio	
				Lower	Upper
Facility name	Tumu Municipal Hospital	Ref			
	Wellembelle Health Centre	.721	.729	.113	4.592
	Sakai Health Centre	.216	.096	.036	1.313
	Kulfuo Health Centre	.866	.824	.243	3.090
Age	Less than 20	Ref			
	20-29	.996	.996	.192	5.163
	30-39	1.545	.652	.234	10.214
	40-49	16.852	.069	.803	353.613
Occupation	Trader	Ref			
	Farmer	.609	.499	.145	2.563
	House wife	.558	.426	.133	2.345
	Student	.325	.241	.050	2.127
	Others	.915	.911	.194	4.318
Kind of delivery	Normal vaginal delivery	Ref			
	Vaginal delivery assisted by equipment	10.430	.009	1.817	59.877
	Planned cesarean delivery	1.109	.889	.261	4.720
	Emergency cesarean delivery	1.752	.477	.373	8.232
Structural factors	Satisfied	Ref			
	Unsatisfied	4.640	.001	1.826	11.788
Process related factors	Satisfied	Ref			
	Unsatisfied	83.395	.000	32.612	213.256

Field Survey, 2021

4.10 Conclusion

Conclusively, the respondents' satisfaction level with delivery services within the Tumu municipality was high (80.3%). However, there were variations in terms of individual variables when the respondents were asked to rate each aspect of the service rendered.

CHAPTER FIVE

DISCUSSION OF FINDINGS

5.0 Introduction

The chapter five presents discussions of findings concerning factors influencing clients' satisfaction with services related to delivery in the Sissala East Municipality of Ghana. The discussion was therefore organized with recourse to clients' satisfaction with delivery services, structural as well as process-related factors that determine clients' satisfaction within the study area.

5.1 Level of clients' satisfaction with delivery services

In this study, it was found that clients' satisfaction with delivery services within the Tumu Municipality of the Upper West Region was high (80.3%). This indicates that most of the clients that received delivery services were satisfied with issues regarding reception, respect, privacy, information, and level of support they had received from the facilities' staff. This finding was important and corroborates that of previous studies. It confirms a similar research carried out in Northern Ghana's only teaching hospital in which 80% of clients expressed satisfaction with rendered delivery services in the facility (Iddrisu et al., 2019). Again, another study reported that most (94%) women in Ghana were satisfied with the overall services provided during delivery (Adjei et al., 2019). The finding also corroborates a recent review which reported that three-quarters (75%) of women in developing countries were generally satisfied with delivery services (Srivastava et al., 2015). The current finding may have positive outcomes for maternal health as satisfied clients are likely to continually patronize delivery and related services in the future. This is because addressing those components of healthcare service that customers value the most, such as access, provider relationships, information availability,

and engagement opportunities, can impact healthcare quality and its utilization (Naseer et. al., 2012). For instance, privacy and confidentiality of clients in the health facility are deemed a relevant indicator of good service delivery and a key determinant of client satisfaction with the service provided (Srivastava et al., 2015; Jha et al., 2017; Karoni et al., 2020). Findings from the current study reveal that most (94%) of study participants expressed satisfaction with service delivery regarding privacy and confidentiality. This finding contradicts a similar study conducted in Kenya where about half (56%) of clients were not satisfied with delivery services due to privacy issues (Gitobu et al., 2018). The differences in client satisfactory levels in the two studies may be due to the differences in research settings and possible interplay of some influencing factors. The current finding may imply enhanced and progressive uptake of maternal health services in the Ghanaian setting. Women are likely to go back to use the same facility for future delivery if they perceive the quality of delivery services is of high quality (Panth & Kafle, 2018). It is thus, paramount to sustain the gains made in this regard with regular staff training and motivation especially on the need to keep client information confidential and private.

In addition, respect, non-abuse, as well as courtesy accorded clients at the health facilities during delivery form critical domains of client satisfaction (Srivastava et al., 2015; Odonkor et al., 2019). This was further elaborated in the current study as 93% and 94% of the respondents pointed out respect and information received respectively from health workers as a major contributor to their satisfaction. This finding is supported by a study conducted in Mid-Western Nepal which reported that 94% and 92% of postnatal women were satisfied with interpersonal and health information components of delivery care respectively (Panth & Kafle, 2018). Similarly, this finding supports a study conducted in Ethiopia in which over three quarters of women were highly satisfied with the communication (79%) and interpersonal (75%) aspects of delivery care they had received

(shraf, Ashraf, Rahman, & Khan, 2012). With most care receivers deriving higher satisfaction in the intangible aspect of health care, it is paramount to pay more attention to these areas so as to sustain continuous utilization of maternal and delivery services.

5.2 Structural and process related factors influencing satisfaction

Results of the present study reveal that generally, satisfaction with structural factors was high (64%). Since structural factors relate to the physical appearance of the facility, this finding implies that significant proportion of participants were satisfied with the facilities' surrounding, equipment, furniture, and the availability of resources. The finding in this study corresponds with a research work done in Nigeria in which most study participants were satisfied with all structural factors associated with their respective facilities (Okonofua et al., 2017). The finding also agrees with that of a study conducted at the Gondar University Teaching Hospital where most (86.7%) of the clients expressed satisfaction with the presence of diverse health care professionals (Gashaye et al., 2019). However, the current finding contradicts the study in Kenya where less than half (44%) of respondents were found to be satisfied with the cleanliness of their hospitals' environment (Gitobu et al., 2018). Also, in Ethiopia, less than half (33.3%) of respondents were satisfied with the overall cleanliness of their facilities (Karoni et al., 2020). These findings are crucial for maternal health care delivery. Structural factors of the facility can affect the perception of patients regarding the quality of service. Satisfaction of clients with quality of care rendered is influenced by the physical tangibles that can be seen, touched, and felt within the environment of the health care facility (Azizan et al., 2013; Zeithaml et al., 2009). Patients infer their early introduction into the health facility through its physical looks and this strengthens the need to keep the health facilities clean at all times. A spotless, safe, and satisfying environment can altogether

improve the patient's mindset, satisfaction, and perceived quality of the service experience. Maintaining, a clean health facility environment provides an opportunity to meet clients' expectations. It also improves the mood and lifts the confidence of the patients and care providers, and add value to other roles played by the health facility (Atinga et al., 2011; Venkatesh & Dhyana, 2015; Ziapour et al., 2016). Hence, it is crucial for facility managers to maintain an appropriate structural care environment that would continuously appeal to the desires of women seeking delivery services.

Furthermore, this study found that most (80.3%) respondents were satisfied with process related factors of delivery services. Thus, the respondents were generally satisfied with the kind of reception they received, privacy, respect, support, information, and respect accorded them. In addition, they were satisfied with the level of assistance received during delivery, attention, and care of the newborn baby after delivery, and attention and care given to the mother after delivery. The current finding supports another study conducted in Accra, Ghana which found that most (87.8%) clients were treated with respect and courtesy during service delivery. Similarly, most (87.0%) mothers in Ethiopia were satisfied with the behavior of midwives during the childbirth process (Melese et al., 2014). However, the current finding disagrees with that of a study conducted in Kenya where less than half (44.0%) of respondents were satisfied with issues relating to privacy during the delivery process (Gitobu et al., 2018). The difference in client satisfaction between the two countries may relate to differences in health system structure, staff training, motivation, as well as policy regarding maternal care in both countries. Nonetheless, the finding in the current study is encouraging and may imply propensity for continuous delivery service utilization by women. Relational conduct of caregivers is a major determinant of satisfaction among clients in the health care system. It demonstrates how important it is for women to be treated with decency

and compassion, regardless of their socio-economic or financial background (Srivastava et al., 2015). Additionally, health care services frequently require understanding and inputs from clients in the treatment cycle. This suggests that closer collaborations and broad communication between patients and care providers is essential to bring about quality service delivery and satisfaction. Accordingly, in health care administration, the level of communication between patients and care givers significantly relates with their satisfactory levels (Azizan et al., 2013; Hausman, 2004; Zineldin, 2006). Communication is a critical behavioral ingredient in human relationships. Therefore, there is the need to intensify professional communication ethics among clinical service providers and medical care experts so that the impacts of services provided to clients can be maximized.

However, majority (56.1%) of respondents in this study were dissatisfied with the waiting time in all the four health facilities. This result is congruent with a study done in Southern Ghana which reported that over 90% of clients were not satisfied with time they spent seeking care (Ofosu-Kwarteng, 2012). Similarly in Nigeria, women were generally not satisfied with maternal health services they received as a result of the time they had to spend at the health facility (Okonofua et. Al, 2017). Thus, long waiting time for service delivery seems a common place across most developing countries. For all-round clinical and administrative procedures, including clinical appointments, waiting time to see a health care provider, admission, and discharge protocols, clients would have to spend considerable amount of time. This invertedly affect their satisfaction regarding the adequacy of service received at the health facility. However, the issue of waiting time is sometimes compounded by the unavailability of resources and service facilities (Atinga et al., 2011; Bielen & Demoulin, 2007). Therefore, reducing waiting time may require improving logistic supply for maternal health care.

5.3 Factors associated with satisfaction with delivery services

A binary logistic regressions analysis indicated that the kind of delivery, structural factors, and process factors were predictors of satisfaction ($p<0.001$). These results are generally in line with literature which cited the place of delivery, kind of delivery, and delivery outcomes as factors contributing to client satisfaction with delivery services (Melese et al., 2014; Karoni et al., 2020). Specifically, Melese et al (2014) and Karoni et al (2020) found the type of health facility (public and private), the mode of delivery (normal vaginal delivery, vaginal delivery assisted, planned cesarean delivery, and emergency cesarean delivery), and delivery outcomes (outcome of labour) to be factors significantly influencing client satisfaction with delivery services. On the mode of delivery, Karoni et al (2020) reported that mothers who had normal vaginal delivery had a satisfaction level of 65.6% while mothers with cesarean section delivery were 57.2% satisfied in Bahir Dar city in North West Ethiopia. However, an earlier study by Tesfaye et al (2016) in South West Ethiopia reported that women who had undergone a cesarean section were four times more likely to be satisfied than mothers with normal vaginal delivery. It could therefore be argued that other factors besides the mode of delivery could account for client satisfaction with delivery services.

However, the findings indicate that waiting time and time health workers spent providing labour and delivery was not statistically significant. Thus, waiting time did not show any significant association with clients' level of satisfaction. The above findings are inconsistent with most literature which generally cited waiting time and time spent providing labour and delivery services as key factors contributing to client satisfaction (Atinga et al., 2011; Okonofua et al., 201; Adjei et al., 2019). In Atinga et al. (2011)'s study on healthcare quality in Ghana, it was reported that perception of clients concerning time spent waiting for healthcare was associated with their satisfaction level regarding the

service provided. Similarly, Okonofua et al. (2017) established association between long waiting time and dissatisfaction among women seeking delivery care in Nigeria. Majority (56.1%) of the study participants were dissatisfied with waiting time during service delivery. Thus, the inconsistent finding in the current study is not well understood, hence further research may be required to identify other factors accounting for respondents' dissatisfaction with waiting time.

5.4 Chi-square Test for Demographic Factors and Satisfaction with Delivery Services

Furthermore, a Chi-square analysis revealed that age (0.002), occupation (0.009) and kind (0.005) of delivery had a significant relationship with clients' satisfaction. Previous studies reported that number of deliveries, the level of education, and occupation of clients were socio-demographic factors associated with clients' level of satisfaction (Melese et al., 2014; Hoseini et al., 2019). According to Melese et al. (2014), the educational status of clients predicted their satisfaction with delivery services at the Gandhi Memorial Hospital (GMH) in Ethiopia. Also, Hoseini et al. (2019) found age, educational level, and the number of maternal deliveries as variables that were significantly related with maternal satisfaction level. Nonetheless, a quantitative study conducted among providers of maternal and child health service in the Upper East Region revealed that clients expressed satisfaction with antenatal and delivery care in selected health facilities because of the introduction of a computerized decision support system and performance-based incentives (Aninanya et al., 2021). This implies if facility managers should introduce these strategies in health facilities in the Upper West Region, clients may be satisfied with delivery services which could help advance maternal and child health outcomes in Ghana.

5.5 Summary of findings

The study revealed a 94% client satisfactory level of support received at the health facilities which confirmed that of Catala et al (2020). Also, the study findings of over 96% of clients' satisfaction with services in line with delivery within the study area are in line with Srivastava and co. (2015) found a high maternal satisfaction among the developing countries in a systemic review. Clients' satisfaction in terms of reception as found by Panjota et al, (2020) is in line with the current studies.

Other works carried out by Srivastava et al. (2015) and Odonkor et al. (2019) found respect rendered to clients during delivery services by health workers as a hallmark of client satisfaction which was equally confirmed by the current study in which over 90% of the participant reporting respect as a major determinant of satisfaction with delivery service.

CHAPTER SIX

SUMMARY, CONCLUSION AND RECOMMENDATIONS

6.1 Introduction

The current chapter presents a summary of major findings. Conclusion drawn, recommendations and limitations based on the study's findings are equally presented.

6.2 Summary of key findings

The study found high (80.3%) satisfaction with regards to delivery services. Also, general satisfaction with structural (64%) and process-related factors (80.3%) was high but clients were dissatisfied with the waiting time. The structurally related factors include clinical/medical examination during labor, level of assistance during delivery, a drug prescribed; drugs received medical equipment availability, and hygiene of the health facility. Also, the process-related factors include the level of reception received, privacy, respect, support, information, waiting time and, clinical examination during labor. In addition, the level of assistance received during delivery, attention, and care of the newborn baby after delivery, and attention and care given to the mother after delivery. Predictors of clients' satisfaction were age, occupation, kind of delivery, structural factors, process factors, and the health facility in which 'respondents delivered

6.3 Conclusions

In conclusion, high satisfaction related to delivery services was pbserved. Also, general satisfaction with structural and process-related factors was high but clients were dissatisfied with the waiting time. Predictors of clients' satisfaction were age, occupation, kind of delivery, structural factors, process factors, and the health facility in which 'respondents delivered.

6.4 Recommendations

With the findings observed, the researcher recommends that;

1. The Upper West Regional and Tumu municipal health directorates should pay attention to the environment of the health facilities and equip them since the place of delivery played a key role in clients' satisfaction with services.
2. Even though the majority of delivery clients acknowledged being satisfied with care provided to them, Ministry of Health (MOH) and Ghana Health Service (GHS) as well as managers of health facilities should not be complacent but should continue to provide quality care to all manner of clients including delivery clients because satisfaction of patients with maternal health services will to a large extent contribute to clients' satisfaction with rendered services. Also, to ensure that all delivery clients are satisfied with the services provided, there is an urgent need for the Upper West Regional Health Directorate to work on enhancing infrastructural quality of the health facilities especially the provision of a favorable waiting area for clients and that visit the facilities for delivery services.
3. The Upper West Regional and the Tumu Municipal Health Directorate should ensure that management of all health facilities places the patient charter on all notices of health facilities in the Upper West Region to remind health staff of the rights of the clients to receive quality services. Furthermore, they should organize training programs for health staff to put up a responsible attitude towards the needs of the clients.

5. Regular clients' satisfaction interviews should be done by managers of health facilities in the Tumu Municipality among clients and staff to assess whether clients' level of satisfaction with delivery care has changed or not.

6.5 Study Limitations

There is no empirical evidence on factors influencing clients' satisfaction with services related to delivery among midwives in selected health facilities in the Tumu municipality and so this quantitative study has contributed significantly in addressing a knowledge gap in the Upper West Region. Nonetheless, the current study involved selected health facilities in the Tumu municipality and for that matter, future researchers should include all the health facilities in the Upper West Region through a mixed-method approach. Also, delivery clients were the only participants that took part in the study and so future studies should interview both health staff and clients so that responses provided could be validated.

Also, the study was conducted among delivery clients in the wards of the health facilities selected and so it is possible that the majority of the clients reported clients' satisfaction with services rendered because they wanted to please the health staff who were around the ward during the survey. Despite these issues, the trained researchers applied innovative research techniques to interview the respondents.

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CONSENT FORM

Title of Research: **Factors Influencing Client Satisfaction with delivery Service in the Facilities of the Sissala East Municipality of the Upper West Region.**

Name(s) and affiliation(s) of researcher(s): This research is being conducted by Briamah Alijata student from the Community Health and Development programme, Department of Public Health, School of Allied Health Sciences, University for Development Studies, Tamale.

Background: This study is about determining factors influencing level of satisfaction with delivery services. Thus this study focused on identifying structural, processes and outcome factors which affect the level of satisfaction pertaining to delivery services.

Purpose(s) of research: The purpose of this study is to identify factors influencing client's satisfaction with delivery services in the Sissala East Municipality of the Upper West Region.

Procedure of the research, what shall be required of each participant and approximate total number of participants that would be involved in the research:

Data will be collected from women (18-47 years) in the Sissala East Municipality with the aid of a structured questionnaire to document information on socio-demographic characteristics, individual level characteristics

Socio-demographic characteristics: Information was collected on level of education, age, sex and ethnicity.

Medical history: Information on the parity of the participants was taken

Participants were required to be candid and truthful in their response. In total 431 participants were recruited into this study in four selected health facilities in the Sissala East Municipality

Risk(s): Participants were also be asked to provide information about demographic data and other sensitive information. Stress and feelings of guilt or embarrassment may arise from thinking or talking about these sensitive issues.

Benefit(s): The study was conducted to provide insights into the factors affecting clients' level of satisfaction with maternal health services which will guide stakeholders in the municipality to addressing the issue.

Confidentiality: Identification numbers were used to protect the participants' identities, thus no name was recorded. The records were stored appropriately and accessible to only those who conducted the study. No name was used in any publication or reports from this study.

Voluntariness: Participation in the study was out of their own free will. They were not not under any obligation to participate in the study.

Alternatives to participation: They could choose to participate or not to participate in the study.

Withdrawal from the research: They were given the right to withdraw from the study at any time.

Consequence of Withdrawal: There were no consequences, loss of benefit to participants who choose to withdraw from the study. We do promise to comply with your wishes as much as practicable.

Costs/Compensation: There was no compensation to participants

Contact: For any concerns regarding this study, please do not hesitate to contact me through 0244570340 or email- alijatabraima580@gmail.com. You may as well contact my supervisor via email- gapiung@gmail.com.

CONSENT FORM

Statement of person obtaining informed consent:

I have fully explained this research to _____ and have given sufficient information about the study, including that on procedures, risks and benefits, to enable the prospective participant make an informed decision to or not to participate.

DATE: _____ NAME: _____

Statement of person giving consent:

I have read the information on this study/research or have had it translated into a language I understand.

I have also talked it over with the interviewer to my satisfaction.

I understand that my participation is voluntary (not compulsory).

I know enough about the purpose, methods, risks and benefits of the research study to decide that I want to take part in it.

I understand that I may freely stop being part of this study at any time without having to explain yourself

I have received a copy of this information leaflet and consent form to keep for myself.

NAME_____

DATE: _____ SIGNATURE/THUMB PRINT: _____

Statement of person witnessing consent (Process for Non-Literate Participants):

I_____ (Name of Witness) certify that information given to

_____ (Name of Participant), in the local language, is a true reflection of what l have read from the study Participant Information Leaflet, attached.

INDEPENDENT LITERATE WITNESS' SIGNATURE: _____

PARENT'S SIGNATURE/THUMB PRINT: _____

PARENT'S NAME_____

Questionnaire for women's satisfaction survey on delivery care

Administrative Information

Facility Information		
A.1	Name health facility	
A.2	Name district	
Information about interview		
A.3	Name interviewer	
A.4	Date interview	_ _ / _ _ / _ _ _ _
A.5	Time interview started	h m
Information about the interviewed woman		
A.6	Age Range	18-47
	Marital status	1. Single 2. Married 3. Divorce 4. Other(Other Specify).....
A.7	Parity	1.Primi-para 2.Multi-para
A.9	Education level	1Never attended school 2 PrimarySecondary 3.Vocational/Technical School 4. Tertiary 5. Other (Specify).....
	Occupation	1.Trader

		2.Farmer 3. House wife 4.Student 5. Other (Specify).....
	Average Monthly Income	1. GHS100- GHS300 2. GHS400-GHS 600 3. GHS 700-GHS 900 4. 1000 & above
Information about the delivery		
A.10	Kind of delivery	○ vaginal delivery – normal ○ vaginal delivery – assisted by equipment (vacuum or forceps) ○ a planned caesarean delivery ○ an emergency caesarean delivery
A.11	Outcome of delivery	1.Normal 2. With Complications

Inform patient that:	The study looks at management of delivery The study is completely confidential No name is written on this questionnaire She can refuse to answer individual questions if they wish The interview will take less than 15 minutes
Now I'm going to ask you some questions about your delivery in the health facility.	

1	Are you satisfied with the reception you received at the health facility? *(read out the options)*	1 = very satisfied 2 = satisfied 3 = neutral 4 = unsatisfied 5 = very unsatisfied
2	Are you satisfied with the level of privacy provided during your stay in the health facility and the delivery? *(read out the options)*	1 = very satisfied 2 = satisfied 3 = neutral 4 = unsatisfied 5 = very unsatisfied
3	Are you satisfied with the level of respect you received from the health worker(s)? *(read out the options)*	1 = very satisfied 2 = satisfied 3 = neutral 4 = unsatisfied 5 = very unsatisfied
4	Are you satisfied with the level of support you received from the health worker(s)? *(read out the options)*	1 = very satisfied 2 = satisfied 3 = neutral 4 = unsatisfied 5 = very unsatisfied

5	Are you satisfied with the information you received from the health worker(s) during labour, delivery and after the delivery? *(read out the options)*	1 = very satisfied 2 = satisfied 3 = neutral 4 = unsatisfied 5 = very unsatisfied
6	Was the time you had to wait between arriving at the health facility and seeing a health worker; *(read out the options)*	1 = far too long 2 = long 3 = neutral 4 = I was helped immediately; I did not had to wait.
7	Was the time the health worker(s) spend with you during labour and delivery; *(read out the options)*	1 = not enough 2 = enough 3 = neutral 4 = there was all the time a health worker with me
8	How long (hours and if applicable days) did you spend in the health facility after you delivered? _____hours (_____ days)	
9	Was the time you spent in the health facility after you delivered; *(read out the options)*	1 = not long enough 2 = neutral (=enough) 3 = too long
	Are you satisfied with the information you received about:	

10		• Breastfeeding *(read out the options)*	1 = very satisfied 2 = satisfied 3 = neutral 4 = unsatisfied 5 = very unsatisfied 6 = I did not received any information on this topic
11		• Your own nutrition *(read out the options)*	1 = very satisfied 2 = satisfied 3 = neutral 4 = unsatisfied 5 = very unsatisfied 6 = I did not received any information on this topic
12		• Postpartum care and hygiene *(read out the options)*	1 = very satisfied 2 = satisfied 3 = neutral 4 = unsatisfied 5 = very unsatisfied 6 = I did not received any information on this topic

13		• Family planning *(read out the options)*	1 = very satisfied 2 = satisfied 3 = neutral 4 = unsatisfied 5 = very unsatisfied 6 = I did not received any information on this topic
14		• Danger signs after childbirth for the mother - when you have to seek care again at a health facility *(read out the options)*	1 = very satisfied 2 = satisfied 3 = neutral 4 = unsatisfied 5 = very unsatisfied 6 = I did not received any information on this topic

15		Can you give/mention some of these danger signs? *(do not read the options, tick the signs the woman mentions)*	○ vaginal bleeding ○ convulsions ○ fast and difficult breathing ○ fever and too weak to get out of bed ○ severe abdominal pain ○ fever ○ breast swollen, red or tender breasts, or sore nipple ○ urine dribbling or pain on micturition ○ others: _____
16		• Danger signs after childbirth for the child - when you have to seek care again at a health facility *(read out the options)*	1 = very satisfied 2 = satisfied 3 = neutral 4 = unsatisfied 5 = very unsatisfied 6 = I did not received any information on this topic

17		Can you give/mention some of these danger signs? *(do not read the options, tick the signs the woman mentions)*	○ difficulty in breathing ○ convulsions ○ fever ○ feels cold ○ diarrhoea ○ difficulty in feeding ○ no feeding at all ○ pus from eyes ○ skin pustules ○ yellow skin ○ a cord stump which is red or draining pus
18	Are you satisfied about the clinical examination performed by the health worker(s) during labour and after the delivery? *(read out the options)*		1 = very satisfied 2 = satisfied 3 = neutral 4 = unsatisfied 5 = very unsatisfied
19	Are you satisfied with the level of assistance provided by the health worker(s) during the delivery? *(read out the options)*		1 = very satisfied 2 = satisfied 3 = neutral 4 = unsatisfied 5 = very unsatisfied

20	Are you satisfied with what was done to relief your pain during labour and delivery? *(read out the options)*	1 = very satisfied 2 = satisfied 3 = neutral 4 = unsatisfied 5 = very unsatisfied 6 = nothing was done
21	Are you satisfied with the level of attention and care given to your newborn baby after delivery? *(read out the options)*	1 = very satisfied 2 = satisfied 3 = neutral 4 = unsatisfied 5 = very unsatisfied
22	Are you satisfied with the level of attention and care given to you after delivery? *(read out the options)*	1 = very satisfied 2 = satisfied 3 = neutral 4 = unsatisfied 5 = very unsatisfied
23	Are you satisfied with the help received for breastfeeding? *(read out the options)*	1 = very satisfied 2 = satisfied 3 = neutral 4 = unsatisfied 5 = very unsatisfied 6 = no help received

24	Are you satisfied with the drugs prescribed by the health worker(s)? *(read out the options)*	1 = very satisfied 2 = satisfied 3 = neutral 4 = unsatisfied 5 = very unsatisfied 6 = no drugs prescribed
25	Are you satisfied about the level of knowledge of the health worker(s)? *(read out the options)*	1 = very satisfied 2 = satisfied 3 = neutral 4 = unsatisfied 5 = very unsatisfied
26	Are you satisfied about the attitude of the health worker(s)? *(read out the options)*	1 = very satisfied 2 = satisfied 3 = neutral 4 = unsatisfied 5 = very unsatisfied
27	Are you satisfied with the opportunity you received to ask questions? *(read out the options)*	1 = very satisfied 2 = satisfied 3 = neutral 4 = unsatisfied 5 = very unsatisfied

28	Are you satisfied with the opportunity you received to express your concerns? *(read out the options)*	1 = very satisfied 2 = satisfied 3 = neutral 4 = unsatisfied 5 = very unsatisfied
29	Are you satisfied about the drugs you received at the health facility? *(read out the options)*	1 = very satisfied 2 = satisfied 3 = neutral 4 = unsatisfied 5 = very unsatisfied 6 = did not receive any drugs
30	Are you satisfied about the medical equipment available at the health facility? *(read out the options)*	1 = very satisfied 2 = satisfied 3 = neutral 4 = unsatisfied 5 = very unsatisfied
31	Are you satisfied about the hygiene at the health facility? *(read out the options)*	1 = very satisfied 2 = satisfied 3 = neutral 4 = unsatisfied 5 = very unsatisfied
	Finally, three questions to sum up	

32	If you have to deliver again will you come back to this health facility? *(read out the options)*	1 = yes 2 = no 3 = don't know *(always ask)* Why? _____ _____
33	Would you recommend this health facility to a relative or friend for them to deliver? *(read out the options)*	1 = yes 2 = no 3 = don't know
34	In general, how satisfied are you with the care you received during your delivery at this health facility? *(read out the options)*	1 = very satisfied 2 = satisfied 3 = neutral 4 = unsatisfied 5 = very unsatisfied

Time interview ended: h m

Comments:

PERMISSION LETTER

In case of the reply the number and date of this letter should be quoted.

My Ref. No GHS/UWR/TP-51
Your Ref. No.....

GHANA HEALTH SERVICE
REGIONAL HEALTH ADMIN
P. O. BOX 298
WA UWR
GHANA

Tel: +233 07 56 22 204 or 22 016
Fax: +233 07 56 22 471
Email: ghs-uwr@africaonline.com.gh

December 10, 2020

THE MDHS – SISSALA EAST

INTRODUCTORY LETTER: ALIJATA BRAIMAH

The bearer of this letter is a final year MPhil Community Health and Development student of the Department of Global and International Health, School of Public Health of the University for Development Studies, Tamale.

She is seeking to conduct a research on the topic **"Factors Influencing Clinical Satisfaction with Maternal Health Services in the Sissala East Municipality of the Upper West Region".**

She has duly complied with all the requirements of the Ghana Health Service in conducting research.

Kindly accord her the necessary support and cooperation and take the necessary steps to ensure that the privacy and confidentiality of our staff and clients are guaranteed.

Thank you.

BASADI RICHARD
CHIEF HEALTH RESEARCH OFFICER
FOR REGIONAL DIRECTOR OF HEALTH SERVICES

Cc:

1. Research file
2. Alijata Braimah

ETHICAL CLEARANCE LETTER

KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY
COLLEGE OF HEALTH SCIENCES
SCHOOL OF MEDICAL SCIENCES / KOMFO ANOKYE TEACHING HOSPITAL
COMMITTEE ON HUMAN RESEARCH, PUBLICATION AND ETHICS

Our Ref: CHRPE/AP/067/21 — 11th February, 2021.

Ms. Alijata Braimah
Department of Global and International Health
University for Development Studies
TAMALE.

Dear Madam,

LETTER OF APPROVAL

Protocol Title: ***"Factors Influencing Client Satisfaction with Delivery Services in Health Facilities in the Sissala East Municipality of the Upper West Region."***

Proposed Site: ***Sissala East Municipality.***

Sponsor: ***Principal Investigator.***

Your submission to the Committee on Human Research, Publications and Ethics on the above-named protocol refers.

The Committee reviewed the following documents:

- A notification letter of 10th December, 2020 from the Upper West Regional Health Directorate (study site) indicating approval for the conduct of the study at the Region.
- A Completed CHRPE Application Form.
- Participant Information Leaflet and Consent Form.
- Research Protocol.
- Questionnaire and Interview Guide.

The Committee has considered the ethical merit of your submission and approved the protocol. The approval is for a fixed period of one year, beginning **11th February, 2021** to **10th February, 2022** renewable thereafter. The Committee may however, suspend or withdraw ethical approval at any time if your study is found to contravene the approved protocol.

Data gathered for the study should be used for the approved purposes only. Permission should be sought from the Committee if any amendment to the protocol or use, other than submitted, is made of your research data.

The Committee should be notified of the actual start date of the project and would expect a report on your study, annually or at the close of the project, whichever one comes first. It should also be informed of any publication arising from the study.

Thank you, Madam, for your application.

Yours faithfully,

Rev. Prof. John Appiah-Poku.
Honorary Secretary
FOR: CHAIRMAN

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Our Core Values
People Centred
Professionalism
Team Work
Innovation
Discipline
Integrity

Tel: +233 07 56 22856

Our Ref: GHS/UWR/SEDHA-G-72/F-
Your Ref:

GHANA HEALTH SERVICES,
MUNICIPAL HEALTH
ADMINISTRATION,
P. O. BOX 89,
TUMU, UWR.
GHANA .

Monday, 25 January 2021

MS. ALIJATA BRAIMAH
MIDWIFERY TRAINING COLLEGE
TUMU
UPPER WEST REGION

Dear Madam,

RE-REQUEST FOR LETTER OF APPROVAL TO CONDUCT A RESEARCH

With reference to your letter dated 23rd December, 2020 requesting for a letter of approval to conduct a research entitled **"FACTORS INFLUENCING CLIENT SATISFACTION WITH MATERNAL HEALTH SERVICES IN THE SISSALA EAST MUNICIPAL OF THE UPPER WEST REGION"**, I have granted you approval to conduct the research on the said topic.

I have interest in the findings of this study and would be grateful if the findings are shared with my office for timely and appropriate public health action.

Thank you.

ALEX K. BAPULA
MUNICIPAL DIRECTOR OF HEALTH SERVICES
SISSALA EAST

UNIVERSITY FOR DEVELOPMENT STUDIES

GRADUATE SCHOOL

STUDENT'S FINAL THESIS SUBMISSION FORM

tudent Name: Braimah Alijata

tudent Index Number: UDS/CHS/0007/19

chool/ Faculty: Department of Social and behavioural Change

hesis Topic: Factors Influencing client Satisfaction with Delivery Service in Health Facilities in the Sissala East Municipality of Upper West Reg

egree sought for: MPHIL

certify that, the candidate has effected all corrections and changes suggested by assessors nternal and external) of his/her thesis. The candidate is hereby cleared for final submission of hesis/dissertation.

Internal Examiner: Dr. Ahmad Sukparzy Alhassan

Signature: [signature]

Date: 13.10.2022